



Auckland District Health Board Board Minutes

MEETING DETAILS													
Date and Time	2:00pm , Wednesday, 6 May 2009												
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton, Auckland												
1	ATTENDANCE AND APOLOGIES												
	<p>Board Members</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Pat Snedden (Chair)</td> <td style="width: 50%;">Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Rob Cooper</td> </tr> <tr> <td>Dr Brian Fergus</td> <td>Dr Ian Scott</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td></td> </tr> </table>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	
Pat Snedden (Chair)	Jo Agnew												
Susan Buckland	Harry Burkhardt												
Dr Chris Chambers	Rob Cooper												
Dr Brian Fergus	Dr Ian Scott												
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker												
Ian Ward													
	<p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr David Sage – Chief Medical Officer Dr Denis Jury – Chief Planning & Funding Officer Brent Wiseman – Chief Financial Officer Greg Balla – Director Performance and Innovation Taima Campbell – Executive Director Nursing Chris Morgan – Manager Materials Management Vivienne Rawlings – GM HR Operations Ian Bell – Board Administrator</p>												
	<p>Apologies</p> <p>The Chair declared the meeting open at 2:00pm. Rob Cooper opened the meeting with a karakia.</p>												
2	CONFLICTS OF INTEREST												
	There were no notifications of conflicts of interest for any item on the agenda.												
	H1N1 FLU												
	<p>Ngairie Buchanan was in attendance to update the Board on the emergency activations. The major response by Public Health, which was activated very quickly, and the total regional response was noted. The flu was in the “contain” and “stamp out” phases. Many staff had been involved including community nurses, medical staff, Dr Julia Peters and the Clinical Advisory Group with ADHB contribution to the Regional Public Health Service including logistics and communications etc totaling approximately 50 people. There was good regional support and the acknowledgment of the health workforce giving time and energy.</p> <p><u>Moved Ian Scott; seconded Ian Ward</u></p> <p><i>That the Auckland District Health Board acknowledges the efforts and skill of staff in addressing the H1N1 influenza event and thanks all those involved for their dedication and commitment.</i></p> <p><u>Carried</u></p>												

3	CONFIRMATION OF MINUTES 1 APRIL 2009
	<p><u>Moved Jo Agnew; seconded Susan Buckland</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 1 April 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
4	ACTION POINTS 1 APRIL 2009
	<p><u>Moved Ian Ward; seconded Chris Chambers</u></p> <p><i>That the decision to repay \$35m Equity to the Ministry of Health be ratified.</i></p> <p><u>Carried</u></p>
5	PRESENTATIONS
	<p>Barry de Geest, former Chair of the Disability Support Advisory Committee was unable to attend but had undertaken to provide a written report.</p>
6	CHAIRMAN'S REPORT
	<p>The Chairman advised that issues were:</p> <ul style="list-style-type: none"> • Cardiac waiting times and as discussed at the Hospital Advisory Committee cancer waiting times. • LabTest facilities had been visited. • H1N1 flu was a major public health issue. • The Government had approved the Tamaki Redevelopment Project. • He had attended the UK Health Select Committee (in New Zealand) on quality. • He had been in almost daily contact with the Minister.
7	CHIEF EXECUTIVE OFFICER'S SUMMARY
	<p>Points noted by the Chief Executive were:</p> <ul style="list-style-type: none"> • Incident management of the H1N1 flu with a fantastic response and a lot learning's with the CEOs linking the regional response. • The region had met with the Horn Committee with the regional plan and they were impressed with the depth and breadth of the report which had been received favourably. • He had attended the farewell to Aseta Redican and Hilda Fa'asalele would be taking the GM Pacific Health acting role while the position was advertised. The Primary Health Care Plan had been supported and signed by the PHOs and Ngati Whatua. • There were a couple of clinical issues, bone marrow and cardiac and work was being done on cardiac and cancer waiting times as requested by the Minister. • Acute volumes had been commented on. • Today would be the significant sign off of the District Annual Plan 2009/2010 (DAP). • The Auckland City Car Park building resource consent had been lodged. <p>The Board asked that the CEOs report included a brief note on the Minister's six priorities.</p> <p><u>Moved Chris Chambers; seconded Ian Scott</u></p> <p><i>That the CEO's report be noted.</i></p> <p><u>Carried</u></p>
8	LIFTING THE HEALTH OF PEOPLE IN AUCKLAND
	<p>The poor uptake of CTA funded courses by Maori had been referred to the Maori Health Advisory Committee. The CPHAC had had input to the DAP, a briefing on LabTest and of significance was the finalization of the Primary Health Care Plan.</p>

	<p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That Auckland District Health Board endorses the adoption of the Primary Health Care Plan as signed by itself, PHOs and Ngati Whatua.</i></p> <p><u>Carried</u></p> <p>The report from the Community and Public Health Advisory Committee was noted.</p> <p>Maori Health Advisory Committee</p> <p>The Committee had discussed the Maori Mental Health project and Did Not Attend (DNA) which is a formal project in the next years DAP which will be run and resourced as a project next year. Maori were specified as a priority however the learning should be able to be applied wider.</p> <p>Pacific Health Advisory Committee</p> <p>Ian Ward and Juliet Walker had represented the Board at the farewell for Aseta Redican which had gone well with a huge turnout. The Committee impressed on the Board the need to understand the importance of HVAZ as well as its importance in the Primary Health Care Plan noting that HVAZ will be included in that Plan's implementation plan. A meeting would be held on strategic consultation later in the year. The Chair advised that he had attended the HVAZ function for Aseta Redican and noted its importance in relationships and connection with churches.</p> <p><u>Moved Pat Snedden; seconded Ian Ward</u></p> <p><i>That the Board notes the reports from the Community and Public Health Advisory Committee, Maori Health Advisory Committee and Pacific Health Advisory Committee.</i></p> <p><u>Carried</u></p>
9	PERFORMANCE IMPROVEMENT
9.1	Committee Recommendations
	<p>Topics discussed by the Hospital Advisory Committee were cardiac, oncology and acute and electives.</p> <p>The Quality, Risk and Audit Advisory Committee had focused on DAP reporting with the 2009/2010 DAP being more relevant to the reporting structure. The Committee was proud of ADHB's leadership through the Auckland Regional Public Health Service on the H1N1 influenza risk and had also discussed ESBL where patients had developed resistance and which was becoming a major problem from importation into the hospital from other DHBs with a need for isolation. It was being contained within ADHB but the issue was being raised with other DHBs.</p> <p>HR had reported positively on reductions in staff turnover from, in 2000 21.09% to 12.28% in 2009 with significant decreases in clinical staff turnovers which was credited partly to clinical leadership.</p> <p>The reports were noted.</p>
9.2	DAP Projects Report
	The report was noted and the Board was looking forward to 1 July 2009 with the new DAP reporting being better linked.
10	LIVE WITHIN OUR MEANS
10.1	Finance Committee Recommendations
	<p>Residential Rehabilitation Services</p> <p>The Board addressed the first four recommendations together being Mental Health consolidated</p>

contracts with some Future Funding Track (FFT) and the Finance Committee had asked that they be referred to the Maori Health Advisory Committee to ensure that they were sensitive to Maori needs. This aimed at lifting services to Maori within mainstream providers.

Moved Harry Burkhardt; seconded Ian Scott

That the Auckland District Health Board approves a three year contract for residential rehabilitation services with Delamore and Reidy from 1 July 2009 to 30 June 2012 for up to \$6,056,500 and that the CEO be authorised to sign the contract on behalf of the Board.

Carried

That the Auckland District Health Board approves a three year contract for residential rehabilitation services with Richmond NZ from 1 July 2009 to 30 June 2012 for up to \$14,354,958 and that the CEO be authorised to sign the contract on behalf of the Board.

Carried

That the Auckland District Health Board approves a three year contract for residential rehabilitation services with Framework Trust from 1 July 2009 to 30 June 2012 for up to \$6,234,844 and that the CEO be authorised to sign the contract on behalf of the Board.

Carried

That the Auckland District Health Board approves a three year contract for residential rehabilitation services with Affinity Services Ltd from 1 July 2009 to 30 June 2012 for up to \$7,781,152 and that the CEO be authorised to sign the contract on behalf of the Board.

Carried

CSSD Instrumentation

The amount of expenditure was less than the depreciation charged for the year and was aimed at reducing fast tracking through CSSD.

Moved Harry Burkhardt; seconded Ian Ward

That the Auckland District Health Board approves the purchase of additional instrumentation for Grafton and Greenlane operating rooms totaling \$800,000.

Carried

Wide bore CT Scanner

Moved Harry Burkhardt; seconded Ian Scott

That the Auckland District Health Board approves the purchase of a Wide Bore CT Scanner from Siemens Ltd for \$1,135,462 and approves a total budget of \$1,600,000 to purchase the scanner and associated hardware and software.

Carried

It was thought that Waikato did their treatment planning within shorter timeframes.

MRI Scanner for Radiology

Moved Harry Burkhardt; seconded Brian Fergus

That the Auckland District Health Board approves the purchase of a replacement 1.5 Tesla System (1.5T) Magnetic Resonance Imaging Scanner (MRI) for Radiology for a total budget of \$2,000,000.

Carried

Building 10 Exit Plan - IMTS

The Finance Committee had requested that the cost be compared with the fit-out of Building 15.

	<p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board approves a capex of \$2.21 million to fit-out Building 16 in the Cornwall Complex for IMTS and approves the contract with Construct Interiors to undertake the fit-out work and authorizes the CEO to execute the contract once finalised.</i></p> <p><u>Carried</u></p>						
10.2	Finance Report						
	The year to date results were better than last year but \$2m behind budget.						
10.3	Capital Report						
	The Financial Report and Capital Report were noted.						
11	PUBLIC EXCLUSION						
	<p><u>Moved Pat Snedden; seconded Jo Agnew</u></p> <p style="text-align: center;"><u>AUCKLAND DISTRICT HEALTH BOARD</u></p> <p style="text-align: center;">RESOLUTION TO EXCLUDE THE PUBLIC FROM A MEETING OF THE BOARD</p> <p style="text-align: center;">Clauses 32 and 33, Schedule 3, New Zealand Public Health and Disability Act 2000 (“ Act”)</p> <p>That, in accordance with the provisions of Schedule 3, Clauses 32 and 33, of the New Zealand Public Health and Disability Act 2000, the public be excluded for consideration of Item 8.1.</p> <p>The general subject of the matters to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under the above clause for the passing of this resolution are as follows:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">General subject of each matter to be considered:</th> <th style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Reason for passing this resolution in relation to each matter:</th> <th style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding-top: 10px;"> 11.1 District Annual Plan 2009 – 2010 11.2 Confidential Minutes Board 3 December 2008 11.3 Confidential Minutes Hospital Advisory 4 March 2009 11.4 Confidential Minutes 1 April 2009 11.5 Building 5 – Plan Change 217 Decision. </td> <td style="vertical-align: top; padding-top: 10px;"> To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j) </td> <td style="vertical-align: top; padding-top: 10px;"> That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982. </td> </tr> </tbody> </table> <p><u>Carried</u></p>	General subject of each matter to be considered:	Reason for passing this resolution in relation to each matter:	Ground(s) under clause 34 for the passing of this resolution:	11.1 District Annual Plan 2009 – 2010 11.2 Confidential Minutes Board 3 December 2008 11.3 Confidential Minutes Hospital Advisory 4 March 2009 11.4 Confidential Minutes 1 April 2009 11.5 Building 5 – Plan Change 217 Decision.	To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)	That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.
General subject of each matter to be considered:	Reason for passing this resolution in relation to each matter:	Ground(s) under clause 34 for the passing of this resolution:					
11.1 District Annual Plan 2009 – 2010 11.2 Confidential Minutes Board 3 December 2008 11.3 Confidential Minutes Hospital Advisory 4 March 2009 11.4 Confidential Minutes 1 April 2009 11.5 Building 5 – Plan Change 217 Decision.	To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)	That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.					

	<p>The Board discussed items in public exclusion.</p> <p><u>Moved Pat Snedden: seconded Chris Chambers</u></p> <p><i>That the Auckland District Health Board resume in public meeting.</i></p> <p><u>Carried</u></p>
12	PAPERS
12.1	DAP Final
	<p>Julie Helean was in attendance and advised that the District Annual Plan for 2009/2010 had been sent to the Ministry at midday with some 14 minor changes from that distributed to the Board on Friday. The Board suggested endorsement by Ngati Whatua and the attachment with their permission of the Ngati Whatua logo. The national targets for Health had still not been approved by the Minister and may be amended which included shorter waiting times for cancer treatments to 6 weeks from 1 July 2010 and to 4 weeks by the end of 2010.</p> <p><u>Moved Brian Fergus: seconded Bob Tizard</u></p> <p><i>The Board;</i></p> <ul style="list-style-type: none"> - <i>Noted that Goal 1 initiatives have previously been reviewed by CPHAC.</i> - <i>Noted that Goal 2 initiatives have previously been approved by the Quality Committee</i> - <i>Noted that Goal 3 initiatives have previously been approved by the Finance Committee</i> - <i>Noted that the Minister's expectations have been addressed</i> - <i>Noted that the revised Ten National Health targets have been incorporated</i> - <i>Noted that the Indicators of DHB Performance have been incorporated</i> - <i>Approves the 2009/10 District Annual Plan for submission to the Ministry of Health on Wednesday 6 May 2009</i> - <i>Noted the Statement of Intent (SOI) is to be submitted on Friday 15 May 2009</i> - <i>Approves delegation of sign-off of the SOI by Board Chair and Deputy Chair</i> <p><u>Carried</u></p> <p>The SOI would be provided to CPHAC following feedback from the Ministry and was due to be filed on 15 May 2009.</p>
	NEXT MEETING
	<p>The meeting closed at 4:40pm.</p> <p>The next meeting is scheduled for: 2:00pm, Wednesday, 3 June 2009 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton, Auckland</p>
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>