

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 4 November 2009										
Venue	A+ Trust Room Clinical Education Centre, Level 5, Auckland City Hospital Grafton.										
1	<p>KARAKIA</p> <p>The Chair declared the meeting open at 2:05pm and Taima Campbell lead the meeting with the karakia.</p>										
2	<p>ATTENDANCE AND APOLOGIES</p> <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>Dr Brian Fergus</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> <p>Management in Attendance</p> <p>Garry Smith - Chief Executive Dr Denis Jury - Chief Planning and Funding Officer Brent Wiseman - Chief Financial Officer Greg Balla - Director Performance and Innovation Taima Campbell - Executive Director Nursing Hilda Fa'asalele – General Manager Pacific Health Chris Morgan – Manager, Materials Management Janice Mueller - Director Allied Health Vivian Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Rob Cooper and Dr Ian Scott.</p> <p><u>Moved Pat Snedden; seconded Bob Tizard.</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Dr Brian Fergus	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	
Pat Snedden (Chair)	Jo Agnew										
Susan Buckland	Harry Burkhardt										
Dr Chris Chambers	Dr Brian Fergus										
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker										
Ian Ward											
3	<p>CONFLICTS OF INTEREST</p> <p>There were no notifications of conflicts of interest for any item on the agenda.</p> <p>Juliet Walker had notified the Board Administrator of a change in her interests with her ceasing to be a consultant on the Pacific Medical Advisory to the Ministry of Health.</p>										

4	<p>CONFIRMATION OF MINUTES 7 October 2009</p>
	<p><u>Moved Brian Fergus; seconded Harry Burkhardt.</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 7 October 2009 be confirmed as a true and correct record with a correction that Ian Scott had moved the approval of the financial accounts to the 30 June 2009.</i></p> <p><u>Carried.</u></p>
7	<p>CHAIRMAN'S REPORT</p>
	<p>The Chair advised that there have been significant time on Community Laboratories</p> <p>He had talked to Murray Horn and had obtained a sense of what was going on financially for 2010 - 2011 with the amount available as increase to DHBs being only about \$200m of which ADHB's share would be approximately \$28m.</p>
8	<p>CHIEF EXECUTIVE OFFICER'S SUMMARY</p>
	<p>It was expected that the primary care EOI submitted outcome would be positive.</p> <p>Elective services were running at 116%.</p> <p>The Hand Hygiene launch had been undertaken with ADHB leading the project which was going well. There was some way to go on the Ministers six priority goals and he had authorised proactive communication on the league tables that would be published.</p> <p>There had been support for the Ministerial Review Group report and the formation of the National DHB. The GMHR and CIO had communicated with their staff to reinforce support for them. He had met with Murray Horn recommending centres of excellence in the country and the Auckland region was well placed.</p> <p>State of the Nation had been a review of the last financial year, performance to date against goals and objectives, the new way of reporting and management and reminding people of the tough year we are presently in and the context for the next financial year.</p> <p>The Senior Leadership Team was working hard on cost pressures.</p> <p>The Health Sector Relationship group of the MOH, DHBs and unions had been going for two years and was building the ability to address issues and find alternative ways to address the financial pressures with unions working with the sector on how people could work differently. A separate meeting had been held with the RDA.</p> <p>In the following weeks the Ministers' six health priority targets would be published. ED had been divided between adults and children as there were two separate projects. It was noted that for radiation oncology there were a number of patients that were too ill to treat. There had been a presentation earlier in the day on smokers offered advice. The health targets were getting visibility and input to achieve those targets. With elective surgery the figures did not include the private sector and there was some argument that people pay for private as they could not get their treatment in public.</p>
9	<p>LIFTING THE HEALTH OF PEOPLE IN AUCKLAND CITY</p> <p>Community and Public Health Advisory Committee.</p> <p><u>Moved Brian Fergus; seconded Juliet Walker.</u></p> <p><i>That the Auckland District Health Board recommends the continued support of the Auckland Sexual Abuse Help Foundation service.</i></p> <p><u>Carried</u></p> <p>The Committee had also had a presentation on the health of Asian people.</p>

	<p><u>Moved Brian Fergus; seconded Bob Tizard.</u></p> <p><i>That the ADHB approved the signing of the Memorandum of Understanding: an interagency approach for rough sleeping in Auckland City.</i></p> <p><u>Carried.</u></p> <p>The next meeting would consider health spend against demographics.</p> <p>Pacific Health Advisory Committee</p> <p>The Committee had had feedback on the summit which would be collated by the Consultation Team for input into the Strategic Plan. The summit had been very successful with points made on work force development and access to information on health.</p> <p>Disability Support Advisory Committee</p> <p>The Chair of the Committee, Jo Agnew, had spoken at the “Step Up” launch and an environmental audit had commenced. A meeting with regional Chairs had been held with issues being disability training including employee training, management training and training at orientation. The Committee also sought understanding of disabled people working within the organisation.</p> <p>The Chair nominated Susan Sherrard, a registered nurse who had suffered a spinal injury after graduation and now was a quadriplegic working for the Ripple Trust to become a member of the Committee.</p> <p><u>Moved Jo Agnew; seconded Brian Fergus.</u></p> <p><i>That Susan Sherrard be appointed a member of the Disability Support Advisory Committee.</i></p> <p><u>Carried</u></p> <p>This appointment was in line with having people with disabilities on the Committee.</p>
10	<p>PERFORMANCE IMPROVEMENT</p> <p>Hospital Advisory Committee</p> <p>The Committee had received a presentation on Improving the Patient Journey project through Starship OR noting that most of the improvements were outside the OR rather than inside. The pressure on workforce with a number of patients needing intensive one-on-one care had been noted. A question was raised on the matter of HIV testing in the first trimester. There had been an update on summer planning and H1N1 preparation and inclusion of this in next seasons flu vaccinations.</p> <p>Quality Risk and Audit Committee</p> <p>The Committee had received a presentation on smoking cessation “Elephant in the room”. There had been a verbal update from the Mental Health team with five central work themes. The Board were well aware of the issues and supported the team managing and running a difficult service.</p> <p>The huge improvement in coding over the three months by setting a seven day challenge was noted as were the significant benefits of having coding current. The Board noted the improvement and thanked and congratulated the coding team. Coding was essential for capacity planning. The seven day challenge had been communicated to the team explaining the impact on the organisation which they had taken on board and had change practices. There would be a retrospective audit.</p>
10.2	<p>DAP Projects Report</p> <p>This was a high level consolidation and there were no red alerts. Those in the detail as seen by other Committees were being managed.</p>

11	LIVE WITHIN OUR MEANS
11.1	<p>Finance Committee Recommendations</p> <p>The Chair of the Committee advised that the Carpark had taken 10 years to develop but now had resource consent and will rationalise space on site being more convenient for patients and providing more space in other parking for staff. It had a positive NPV and with the retail space there was an opportunity to build higher. Funding would be from cash flow.</p> <p><u>Moved Harry Burkhardt; seconded Brian Fergus.</u></p> <p><i>That the Auckland District Health Board endorses the business case for the Auckland City Hospital Car Park Building for submission to the Minister of Health; that subject to Ministerial approval the Board approve the capex for \$18.335m to construct the Auckland City Hospital Car Park Building and subject to the tender price and other project costs falling within the approved capex budget, the CEO be delegated authority to execute the contract with the successful tenderer for this project subject to a review at each time point, revision of the letting potential and noting the need to manage the downsides.</i></p> <p><u>Carried</u></p> <p>The proposed Greenlane Surgical Centre was building internal capacity for the organisation although it is started as the Minister's elective initiative. There was some urgency to undertake work at Christmas with an initial focus on sterile supplies. This was a good outcome for ADHB and the Ministers initiative and was not competitive within the region although there was some issue of volumes for ophthalmology. The proposal had been raised with the Minister who was comfortable with the proposal.</p> <p><u>Moved Harry Burkhardt; seconded Pat Snedden.</u></p> <p><i>That the Auckland District Health Board:</i></p> <ol style="list-style-type: none"> 1. <i>Agrees to the financial commitment in the 2009/10 year for the stage 1 costs of \$9.737m including sterile supply completion.</i> 2. <i>Agrees that delegated authority be given to the CEO and CFO to approve the various expenditures for design, consent, equipment purchase, building, commissioning and other costs associated with the stage 1 and sterile supply completion.</i> 3. <i>Confirms that the previously approved pre-commitment of \$300,000 has been committed for stage 1 design fees and building consent application fees.</i> 4. <i>Confirms that the financing for this initial stage 1 work be from free cash-flow pending MOH approval of the full business case.</i> <p><u>Carried</u></p> <p>The IT Resilience proposal was the third step of a four step process.</p> <p><u>Moved Harry Burkhardt; seconded Brian Fergus.</u></p> <p><i>Auckland District Health Board, to address a risk identified in the ADHB risk register and to deliver a key project in the District Annual Plan,:</i></p> <ol style="list-style-type: none"> a) <i>Approves the purchase and implementation of ICT Resilience Hardware at a capital cost estimated to be \$2.63M and annual operating costs of \$254K; and</i> b) <i>Notes that this is Phase 3 of a 4 Phase Programme of Work with a total estimated cost of \$7.2M over 3 years, apportioned as follows:</i> <ul style="list-style-type: none"> • <i>Phase 1 (ICT Strategy) 08/09 Fin Year – \$86K</i> • <i>Phase 2 (ICT Architecture Design), 08/09 Fin Year - \$800K</i> • <i>Phase 3 (First Stage Implementation – this business case), 09/10 Fin Year - \$2.63M</i> <p><i>Phase 4 (Second Stage Implementation), 10/11 Fin Year, \$3.72M</i></p> <p><u>Carried</u></p>

11.2	<p>Finance Report</p> <p>The first quarter was close to budget. Of note was the \$3.6m of IDF wash ups, the \$0.4M reduction in asbestos provision and variances in payroll of which \$2.4 was a timing variance and included \$4.8m of savings targets. Within the funder Health of Old People was a cost pressure and in the balance sheet \$70m of bonds due in September 2010 had moved from non-current to current liabilities.</p> <p><u>Moved Pat Snedden; seconded Bob Tizard</u></p> <p><i>That the Finance Report for September 2009 be noted.</i></p> <p><u>Carried</u></p> <p>There were new contracts with DML and Lab Tests.</p> <p><u>Moved Brian Fergus; seconded Chris Chambers.</u></p> <p><i>That the ADHB approves the contracts were Diagnostic Medilabs and Labtests Auckland.</i></p> <p><u>Carried</u></p>
13	<p>GENERAL BUSINESS</p>
	<p>Chief Executive</p> <p>The Board thanked the Chief Executive for his work over the last financial year, were supportive of his role and agreed his assessment for the CEO's performance for the year.</p>
	<p>NEXT MEETING</p>
	<p>The meeting closed at 3:36pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday, 2 December 2009 A+ trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton.</p>
<p>CONFIRMED</p> <p>CHAIR: _____ DATE: _____</p>	