

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 4 August 2010										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1	KARAKIA										
	The Chair declared the meeting open at 2:10pm. Naida Glavish led the meeting with the karakia.										
2	ATTENDANCE AND APOLOGIES										
	<p>Board Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Brian Fergus</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Seiuli Juliet Walker</td> <td>Ian Ward</td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman - Chief Financial Officer Greg Balla – Director Performance & Innovation Ngaire Buchanan – General Manager Operations Taima Campbell – Executive Director Nursing Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health Chris Morgan – Manager Materials Management Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>An apology had been received from Harry Burkhardt.</p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the apology be sustained.</i></p> <p><u>Carried</u></p>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Dr Chris Chambers	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Juliet Walker	Ian Ward
Pat Snedden (Chair)	Jo Agnew										
Susan Buckland	Dr Chris Chambers										
Rob Cooper	Dr Brian Fergus										
Dr Ian Scott	Rt Hon Bob Tizard										
Seiuli Juliet Walker	Ian Ward										
3	CONFLICTS OF INTEREST										
	<p>There were no notifications of conflicts of interest for any item on the agenda. Pat Snedden advised that a painting firm in which he had an interest was doing some work for Tihi Ora Mapo.</p> <p><u>Moved Pat Snedden; seconded Rob Cooper</u></p> <p><i>That the Interest Register be noted.</i></p> <p><u>Carried</u></p>										

4	<p>CONFIRMATION OF MINUTES 7 JULY 2010</p>
	<p><u>Moved Susan Buckland; seconded Jo Agnew</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 7 July 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>In response to a question whether the demand for emergency services is taken into account with the six hour target the Board was informed that ED is often under pressure with acute volumes which keeps pressure on the hospital. Central Auckland was experiencing a societal change with young involved with alcohol and drugs who presented in the latter part of the week and weekend as very sick and intoxicated which primary care After Hours services could not handle. With old patients there needed to be more effective primary care support for Aged Residential Care but it was important that older people seek admission rather than defer treatment.</p> <p>The new Auckland Council wards were logical for the locality approach to primary care.</p>
5	<p>ACTION POINTS 7 JULY 2010</p>
	<p>Board Planning Day</p> <p>This would take the format of two presentations in the morning and in the afternoon discussion and debate.</p>
7.1	<p>CHAIRMAN'S REPORT</p>
	<p>Pat Snedden advised that Cindy Kiro had been appointed the Chair of the combined Maori PHOs. The Tamaki Transformation Project was being considered at the Prime Minister level and he had presented to the CEs of the Social Sector Forum. Housing New Zealand planned for development of the area through public/private partnerships. There was commitment with community facilitators appointed, the pathways to health careers etc. The Pacific Health Advisory Committee would be involved to foster discussion with health providers, discussions with Alastair Woodward of the School of Public Health and Iain Martin looking at alliances with Maori and Pacific NGOs. 40% of the population was Pacific and this would dovetail with Whanau Ora. It was suggested this would be an ideal opportunity for health research on a multi sectorial project.</p>
7.2	<p>Summary of Performance Outcomes 2009/2010</p>
	<p>This would be discussed with the Minister and while there was still not a clear view on Maori progress anecdotally more was being done. There was a comprehensive regional agreement in DAPs on the health priorities. The target for diabetes Get Checked had been met with it exceeding the 55% target. Cardiovascular Risk Assessments were also better than target. There had been a high level of clinical involvement.</p> <p>The Summary of Performance Outcomes 2009/2010 was noted.</p>
7.3	<p>ADHB Strategic Planning Day</p>
	<p><u>Moved Pat Snedden; seconded Bob Tizard</u></p> <p><i>That the ADHB Board notes that the ADHB Strategic Planning Day is to be held on Wednesday 18 August 2010 and replaces and includes topics that would have discussed at the Community and Public Health Advisory Committee, Maori Health Advisory Committee and Pacific Health Advisory Committee and as such any attendance fees that would have been payable for those committees will be payable for that day.</i></p> <p><u>Carried</u></p>

8.1	Chief Executive's Summary
	<p>The Alliance Health+ launch was well attended with the Ministers of Health and Pacific Affairs. On the same day the announcement on the ACH Car Park was made. There was good progress on the 6 +1 health targets with a huge effort and commitment. The region had agreed the primary care locality approach. ADHB has been successful in its application as a site for the Productive Operating Theatre initiative with leads in cardiothoracic and Greenlane Surgical Unit getting the organisational structure right and discussions to get the right decisions. There was pressure in the hospital and with industrial action the staff were acknowledged in keeping patients safe.</p> <p>There was an extra \$1.8m in the Budget for electives and work was being done with the MoH to come up with a regional solution to cater for 1200 additional electives. Elective intervention rates were different across the region and there was a desire not to exacerbate this. There was funding to do more at Greenlane and lesions in primary care. The arrangement for radiotherapy at St George's Private Hospital in Christchurch was a further contingency back-up if Auckland capacity is reached. Waiting times were getting close to the December 4 week target now but there would be a blip when there was the replacement of a linear accelerator. The financial results were good.</p>
8.2	Minister's Six Health Priorities 2009/2010
	<p>The smoking cessation initiatives were coming to fruition with data coming in the next month relating to Maori and Pacific to the Quality, Risk and Audit Committee. There is a focus on use of NRT to manage withdrawal. It was suggested that information on Maori and Pacific be related to all targets to show how the DHB is addressing disparities and improving population health. The target for diabetes Get Checked was reached and exceeded for Maori and Pacific. In the coming year there would be a new denominator and pressure to get primary care to accept this as their target with support for primary care with a population health tool. Consideration was being given for nurses' limited prescribing rights for diabetes management.</p> <p>At the next months meeting would be a briefing on preparedness for managing the World Cup. In ED there were escalation procedures and a response team to ensure safety of staff with increased alcohol/drug and weapon incidents which were being monitored through the risk schedule.</p> <p><u>Moved Ian Ward; seconded Bob Tizard</u> <i>That the Chief Executive's report be noted.</i> <u>Carried</u></p>
8.3	Starship Foundation Trust Deed
	<p><u>Moved Ian Scott; seconded Rob Cooper</u> <i>That the ADHB Board notes the changes to the Starship Foundation Trust Deed.</i> <u>Carried</u></p>
9.1	Committee Recommendations
	<p>Community and Public Health Advisory Committee</p> <p>There had been a good presentation on diabetes.</p> <p><u>Moved Jo Agnew; seconded Susan Buckland</u> <i>That the Board endorses that to enhance diabetes health and outcomes that they:</i></p> <ol style="list-style-type: none"> 1. Fund 3.0 FTE LTC diabetes Coordinators for 24 months and review (est. \$540,000.00 over two years) 2. Fund \$500/annum towards population analysis tool annual license for 24 months (\$123,000.00 (over 2 years)).

3. *Fund diabetes clinical care pathway coordinator for 18 months (est. \$50,000.00)*
4. *Fund a contribution of \$35,000 to support the review and linkage of the existing data collection forms in primary care.*
5. *Fund \$15,000 for consumer representation and input in care pathway development for 18 months then assess ongoing support requirements.*

Total requested: Year 1: \$411,500 Year 2: \$351,500

Carried

Maori Health Advisory Committee

Regionality had been discussed with Ngati Whatua responding with development of the Ngati Whatua Health Plan. Discussions with Tainui Waikato were work in progress as were with Te Waka Te Tokerau.

Pacific Health Advisory Committee

There was thoughtful discussions on abortion rates and the need for research this being a social and cultural issue. There had been a presentation on the Tamaki Transformation Project Pathways to Health Careers (P2HC) which had been endorsed. There was much interest in HVAZ with media reports and a dvd issued with the Steering Group managing ably. The Alliance Health+ had two ADHB representatives on the group.

11.1 Finance Committee Recommendations

Natural Gas

Ian Ward advised to Vector and abstained from voting on this item.

Moved Ian Scott; seconded Bob Tizard

That the ADHBB Board accept the tender from Genesis Energy Ltd to supply ADHB with natural gas for a term of two years nine months from 1 September 2010 at an estimated annual cost for gas energy of \$1,937,000 (total contract value over the term is \$5,327,000) and;

That the CEO be delegated authority to execute the contract with Genesis Energy Ltd once it has been finalised.

Carried

Exceed Delegation Funder Contracts

A background paper was tabled with the Home Based Support Services being a new model with capped expenditure and a move towards casemix.

Moved Ian Scott; seconded Chris Chambers

That the ADHB Board approves delegation to the Chief Planning and Funding Officer (CPFO) to sign the renewal of the Mercy Hospice contract (total contract value \$12,193,375.89 over three years) and the four Health of Older People Enhanced Home Based Support Service contracts (total value \$18.8m per annum, for a one year period) and;

Approves the price variation to the Odyssey Trust contract to \$8,665,064.70 and delegation to the CPFO to sign the variation and;

Approves the price variation to the Affinity Services Limited contract to \$5,862,937.85 and delegation to the CPFO to sign the variation.

Carried

Uniservices MRI Scanner

The Finance Committee had considered this and a further background paper was tabled. This was the best short term strategy with the next owned machine preferably located at Greenlane. The contract was based on existing contract arrangements just relocating the machine to ADHB premises.

	<p><u>Moved Ian Scott; seconded Pat Snedden</u></p> <p><i>That the ADHB Board endorses the proposal to contract sessions from Uniservices MRI Scanner located on Level 5, Radiology, ACH.</i></p> <p><u>Carried</u></p>
9.1	Committee Recommendation (continued)
	<p>Disability Support Advisory Committee</p> <p>There had been a presentation from Garry Williams of Housing New Zealand Corporation with a high turnout of attendees and a lot of spirited discussion. In September the Environment Access Audit would be presented and a regional DSAC meeting had been held at Counties Manakau which had not been attended by Waitemata or Northland.</p>
10.1	Committee Recommendations
	<p>Hospital Advisory Committee</p> <p>Tools for the management of patient volumes from other DHBs had been developed and Cardiac Services had made excellent progress. There had been changes in the profile of presentations to ED and industrial action was impacting on the hospital on staff.</p> <p>Quality Risk and Audit Committee</p> <p>The Committee had had a presentation on Physician Assistants which originated in the USA and was being piloted at Counties Manukau.</p>
11.2	Finance Report
	<p>The result for the year was a positive break even after making the necessary level of provisions. The Finance Committee would be meeting with the Auditors at the next meeting. Focusing on the budget for the next year would be based on historical data with still an aim to get staff off over Christmas/New Year but this would be a fine balance with spreading electives. Leave was being managed but can be difficult, however, there was monthly reporting to Level 2 and 3 management.</p> <p><u>Moved Pat Snedden; seconded Chris Chambers</u></p> <p><i>That the ADHB Board acknowledges the break even result for the financial year ended 30 June 2010 and congratulates the whole organisation on achieving that result.</i></p> <p><u>Carried</u></p>
13	GENERAL BUSINESS
	<p>Whanau Ora</p> <p>The team implementing Whanau Ora policy would be coming to talk to the DHBs about how funding and staffing may occur. The Government wanted to involve iwi more and there may be regulations through the Minister of Health on iwi governance seeking cooperation not an expression of entitlement. While changes would not be dramatic there would be a change of involvement as a continuous process. Children were central and fundamental to Whanau Ora and in Tamaki Makarau 17 applications made to the implementation team.</p>

	NEXT MEETING
	The meeting closed at 3:45pm The next scheduled meeting is : 2:00pm, Wednesday, 1 September 2010 A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital Grafton
CONFIRMED CHAIR: DATE:	