

| MEETING DETAILS | | | | | | | | | | | |
|------------------------|--|---------------------|----------|-----------------|----------------|-------------------|------------|-----------------|--------------|-------------------|----------|
| Time and Date | 2:00 pm, Wednesday, 7 July 2010 | | | | | | | | | | |
| Venue | A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton | | | | | | | | | | |
| 1 | KARAKIA | | | | | | | | | | |
| | The Chair declared the meeting open at 2:06pm. Rob Cooper 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>Harry Burkhardt</td> <td>Susan Buckland</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>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 Taima Campbell – Executive Director Nursing Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health Ngairie Buchanan – General Manager Operations Mark Fenwick – Communications Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Juliet Walker and Fionnagh Dougan. Rob Cooper advised that he would have to leave early.</p> <p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p> | Pat Snedden (Chair) | Jo Agnew | Harry Burkhardt | Susan Buckland | Dr Chris Chambers | Rob Cooper | Dr Brian Fergus | Dr Ian Scott | Rt Hon Bob Tizard | Ian Ward |
| Pat Snedden (Chair) | Jo Agnew | | | | | | | | | | |
| Harry Burkhardt | Susan Buckland | | | | | | | | | | |
| Dr Chris Chambers | Rob Cooper | | | | | | | | | | |
| Dr Brian Fergus | Dr Ian Scott | | | | | | | | | | |
| Rt Hon Bob Tizard | Ian Ward | | | | | | | | | | |
| 3 | CONFLICTS OF INTEREST | | | | | | | | | | |
| | There were no notifications of conflicts of interest for any item on the agenda. Pat Snedden had advised a temporary change to the interest register with him providing assistance to Maori PHO to choose a Chair and Chris Chambers advised that he was no longer on the Credentialing Committee for Ormston Private Hospital. | | | | | | | | | | |

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| 4 | <p>CONFIRMATION OF MINUTES 2 JUNE 2010</p> |
| | <p><u>Moved Chris Chambers; seconded Bob Tizard</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 2 June 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>The Chair advised that the ACH Car Park had been approved by the Minister and a letter would be forthcoming.</p> |
| 5 | <p>ACTION POINTS 2 JUNE 2010</p> |
| | <p>The Strategic Planning Day would be held on Wednesday 18 August 2010.</p> |
| 7 | <p>CHAIRMAN'S REPORT</p> |
| | <p>Pat Snedden advised that he had had a meeting with midwives who were very complimentary of the discussion with ADHB on where midwifery sits. It included discussion on laboratories and the new referral form for midwives which had been developed by them.</p> <p>Harry Burkhardt advised that he had attended the DHBNZ Chairs meeting and noted its downsizing with the establishment of the National Health Board, Shared Services Board etc. He noted that regional progress was limited unless there was a national impetus.</p> <p>Pat Snedden advised that he had attended the regional Chairs and CEOs meeting where there is an emphasis on the primary care debate and a number of issues that would be raised in public exclusion. There was a question of the ADHB's view for primary care in its own area. The Board favoured a locality approach by providing leadership in this area on what needed to be focused on being the commitment to the PHO GAIHN, Maori Coalition and Alliance +. ADHB sought to split the population into communities of interest/neighbourhoods to give the ability to connect with clinicians in those neighbourhoods so that a difference could be made. The National Health Board had recognised a clinical leadership gap and was taking a generally conservative approach to PHOs but had not discussed the primary care environment. Gains could not be made without involvement of the primary sector itself. The Primary Care Strategy took a neighbourhood approach which the Board supported noting the sensitivity of the present political environment.</p> <p>Naida Glavish joined the meeting at 2:30pm.</p> <p>There was a need to engage with the Auckland Council and Auckland Leadership Group to put forward how ADHB could integrate with the Council and the 20 Regional Boards recognising that the wards reflected the population centres of interests better than the present DHB boundaries did.</p> <p><u>Moved Ian Scott; seconded Rob Cooper</u></p> <p><i>That the ADHB agrees that the development of a locality/ward approach is the preferred strategic method to allow integration of health services to meet the health needs of people in their area. The goal is to govern, with support of our Treaty partners Te Runanga O Ngati Whatua, the delivery of best care at the right place and the right time with this emphasis seen as a way to deliver improved care across all care settings.</i></p> <p><u>Carried</u></p> <p>There would be further clarification and discussion at CPHAC. The policy statement is consistent with the Primary Care Plan.</p> <p>Rob Cooper left the meeting at 2:38pm.</p> |

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| 8.1 | Chief Executive's Summary |
| | <p>The Tamaki Makaurau Leadership Group was being established for Whanau Ora with Garry Smith the lead CEO. The improvement in triage 2 was noted. The regional clinical work stream had been updated to the Chairs/CEOs with communication now to be formulated. There was some industrial action which was disruptive and ongoing.</p> <p>There was a further meeting on the organisation realignment following feedback from operating rooms and anaesthesia. The number of people coming through the hospitals was at its highest numbers and while 2.4% would be expected as population growth ADHB was experiencing 4.3% above this although regionally Waitemata was experiencing 16% and Counties Manukau 10% growth. It was noted that ADHB had the highest concentration of GPs. The paper to the Minister on analysis of changes to acute demand is to be distributed to members.</p> <p>X-Factor had been a success and there would be photos in the next Nova publication. The 2009/2010 result had been managed strongly by a team that had commenced in the New Year.</p> |
| 8.2 | Minister's Six Health Priorities 2009/2010 |
| | <p>Adult acute patient flows improvement gains to achieve 6 hours had flattened and although many things were happening within the hospital there was an increased flow of patients so the improvements made were sustainable. How sensitive to volumes to drive a capacity step was unknown. In the last two weeks there had been 6 red alerts but the process improvements had mitigated these.</p> <p>Volumes were of concern for children acute patient flows especially at weekends and nights. It was thought that some of the access to GPs was being affected by the economic environment.</p> <p>Waiting times for radiation therapy was back on target but it was a struggle to maintain sufficient radiation therapists resource. The workforce posed a significant risk and work was being done with the union, a professional leader had been appointed for the group and there was an issue of supply. AOR were recruiting from ADHB and Waikato. The MoH was modelling supply requirements for radiation therapists and had been asked to include physicists. There are constraints in the MECA but work was being done as flexibly as possible within those constraints.</p> <p>Advice to smokers had improved to 66% with the introduction of an advice box in the discharge summary and reporting back to services on how they were doing. Mental Health had done extremely well exceeding 94%. The indicator was improving and the demand for cessation products had increased exponentially.</p> <p>Cardiac was a separate Health Services Group. Diabetes would be discussed at the CPHAC meeting with recommendations including a coordinator in primary care. While smaller DHBs were doing better on these targets the work was seen as an extra task in primary care and was a recording issue. Focus on this was being kept through the Primary Care Clinical Advisory Group.</p> <p>The cardiovascular risk assessment was slightly above target and immunisation rates had reach 87%. The target for the new year would be 91%.</p> |
| 9.1 | Committee Recommendations |
| | <p>Maori Health Advisory Committee</p> <p>The Maori Health Advisory Committee supported the Ngati Whatua O Orakei application to the Maori Provider Development Fund and noted the Orakei Health sustainability plan. They have received a presentation on cancer services waiting times and supported the campaign to inhibit cigarette sales. The Committee wanted to proceed to recover the art works from the MoH in Penrose and redistribute them within the regional hospitals and offices. Progress was being made on the regionalisation of Maori governance.</p> |

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| | <p><u>Moved Pat Snedden; seconded Brian Fergus</u></p> <p><i>That the Board acknowledges Ngati Whatua taking responsibility on behalf of the Board for the safe keeping of art works and artefacts for the Northern Region.</i></p> <p><u>Carried</u></p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the ADHB Board appoints Kere Cookson-Ua as a Ngati Whatua representative on the Maori Health Advisory Committee replacing Tepania Kingi.</i></p> <p><u>Carried</u></p> <p>Community and Public Health Advisory Committee</p> <p>The Committee had had a report on the emergency contraceptive pill pilot and noted the Maori Health Advisory Committee's and Pacific Health Advisory Committee's concern and request for further research on the wider sexual health issues.</p> <p>Pacific Health Advisory Committee</p> <p>The Committee had had a presentation on cancer waiting times and inequities, considered the Pacific Health Action Plan with this being supported with a more concise communication document for the community and they had noted the excellent Church Ministers' Forum which had been held at ACH.</p> |
| 10.1 | Committee Recommendations |
| | <p>Hospital Advisory Committee</p> <p>The Committee had appreciated the success of the Cardiac theatre work stream and its affect on national health services.</p> |
| 10.2 | DAP Projects Report |
| | The report was noted. |
| 11.1 | Finance Committee Recommendations |
| | <p>The natural gas recommendation was withdrawn with it going back to a national process.</p> <p>Auckland City Hospital Car Park Building</p> <p>The price for the Auckland City Hospital Car Park building included \$1m for future proofing.</p> <p><u>Moved Harry Burkhardt; seconded Bob Tizard</u></p> <p><i>That the ADHB accepts the tender from Mainzeal Ltd to construct the Auckland City Hospital Car Park Building for \$11,303,722 plus GST and delegates authority to the CEO to execute the contract once it is finalised as the Minister's approval had been received.</i></p> <p><u>Carried</u></p> <p>Supply of Contractors and Temporary Recruitment Services</p> <p>The Finance Committee while agreeing to move to one Contractors and Temporary Staff supplier had expressed concern at losing skill sets.</p> <p><u>Moved Harry Burkhardt; seconded Ian Ward</u></p> <p><i>That the ADHB endorses the supply of Contractors and Temporary Recruitment Services-Non Clinical from 30 June 2010 to 30 June 2013 with a two year right of renewal (RoR) with Alpha Personnel Recruitment with the estimated annual value for this contract being \$3,915,807 p/a or \$19,579,035 over the full term including RoR's.</i></p> <p><u>Carried</u></p> |

IBM Contract Extension 2010

Moved Harry Burkhardt; seconded Ian Scott

That the ADHB endorses the extension of the IBM Hardware and Support contract to 30 June 2012 at an estimated value of the term of the extension of Capital \$500,000, Support \$720,000 a Total of \$1,220,000.

Carried

Specialist Eating Disorders Residential and Day Programme Services

The Challenge Trust was an appropriate supplier being established in 1993, having a staff of 28 and chaired by Alan Duffy. This was clinical services provided by an NGO provider with their Clinical Director having established clinics in Melbourne and Sydney. There was assured clinical oversight. The Board supported the outcome.

Moved Harry Burkhardt; seconded Ian Scott

That the ADHB Board approves a three year contract with Challenge Trust for the provision of Specialist Eating Disorders Residential and Day Programme Services, committing the DHB to up to \$8,073,872.96 and;

approves the delegation to the Chief Planning and Funding Officer to sign the three year contract and;

notes that this is a Northern and Midland Region contract providing services to all Northern and Midland DHBs.

Carried

Treasury Debt Profile to 2020

Moved Harry Burkhardt; seconded Ian Scott

That the ADHB Board notes the proposed debt maturity profile to 2020 and authorises the Treasurer to arrange the necessary documentation and draw downs with CHFA of \$70m to finance the first tranche of Bonds maturing on 15 September 2010 and the redraw of \$21m to finance the Greenlane Surgical Unit development.

Carried

11.2 Finance Report

The May surplus was \$3.6m and year to date virtually breakeven. The MRI had been installed and the donation received which should be sufficient to offset cost pressures with the year end expected to break even. There was nothing to highlight in the balance sheet. The Finance Report was note.

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| 15 | PUBLIC EXCLUSION | | |
| <p><u>Moved Pat Snedden; seconded Chris Chambers</u></p> <p><i>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 15.</i></p> | | | |
| <p><i>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:</i></p> <p><i>General subject of each matter to be considered:</i></p> | | | |
| | <p><i>Reason for passing this resolution in relation to each matter:</i></p> | <p><i>Ground(s) under clause 34 for the passing of this resolution:</i></p> | |
| <p>15.1 Community Laboratory Services</p> | <p><i>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)</i></p> | <p><i>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.</i></p> | |
| <p><u>Carried</u></p> <p>Items were discussed in public exclusion concerning Community Laboratories Services</p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the meeting resume in public.</i></p> <p><u>Carried</u></p> | | | |
| NEXT MEETING | | | |
| <p>The meeting closed at 3:46pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday, 4 August 2010 A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital Grafton</p> | | | |
| <p>CONFIRMED</p> <p>CHAIR: DATE:</p> | | | |