

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 1 June 2011										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1	KARAKIA										
	The Chair declared the meeting open at 2:15pm. Aroha Haggie led the meeting with the karakia.										
2	ATTENDANCE AND APOLOGIES										
	<p>Board Members</p> <table> <tr> <td>Dr Lester Levy (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Peter Aitken</td> <td>Judith Bassett</td> </tr> <tr> <td>Susan Buckland</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Lee Mathias</td> <td>Robyn Northey</td> </tr> <tr> <td>Gwen Tepania-Palmer</td> <td>Ian Ward</td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning and Funding Officer Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman - Chief Financial Officer Greg Balla – Director Performance and Innovation Taima Campbell – Executive Director Nursing Aroha Haggie – Health Gain Manager Maori Janice Mueller – Director Allied Health Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Rob Cooper was on leave of absence and apologies had been received from Naida Glavish and Vivienne Rawlings.</p>	Dr Lester Levy (Chair)	Jo Agnew	Peter Aitken	Judith Bassett	Susan Buckland	Dr Chris Chambers	Dr Lee Mathias	Robyn Northey	Gwen Tepania-Palmer	Ian Ward
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Gwen Tepania-Palmer	Ian Ward										
3	CONFLICTS OF INTEREST										
	There were no declarations of conflicts of interest for any item on the agenda. Lee Mathias advised that she was Chair of the Tamaki Transformation Transitional Board and Lester Levy advised that he was a Trustee of the A+ Trust.										
4.1	CONFIRMATION OF MINUTES										
	<p>4 MAY 2011</p> <p><u>Moved Lee Mathias; seconded Judith Bassett</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 4 May 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

	<p>18 MAY 2011</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 18 May 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
5	<p>ACTION POINTS 4 MAY 2011</p>
	<p>Annual Plan</p> <p>This had been filed and issued electronically to Board members.</p> <p>Diabetes Management</p> <p>This would be covered at the next CPHAC meeting. The diabetes targets were being reviewed and discussed at both the national and regional levels and a target that is pragmatic would be welcomed. It was noted that the present targets were different for different DHBs and did not show the real picture of diabetes management.</p> <p>Mortality Reviews</p> <p>A summary by services of what reviews were undertaken was tabled. All inpatient child deaths are reviewed as a matter of course and services that undertook mortality reviews did those under legal protection. Deaths in frail elderly and oncology were expected but may be reviewed on a case by case basis. The level of reviews was acceptable and it was noted that there were about 1,000 inpatient deaths per annum.</p>
6.1	<p>CHAIRMAN'S REPORT</p>
	<p>The Minister of Health had visited to review Rugby World Cup preparedness with this well under control with well practiced disaster management procedures and team.</p> <p>Issues being monitored were elective surgery and primary care with a report on what is happening in primary care, after hours and integrated health centres requested.</p>
6.2	<p>Chairman's Recommendations</p>
	<p>The recommendations concerned membership of the CPHAC, DSAC, MHGAC and Finance Committee.</p> <p><u>Moved Gwen Tepania-Palmer; seconded Chris Chambers</u></p> <p>CPHAC</p> <p><i>That the Auckland District Health Board appoints the following as members of its Community and Public Health Advisory Committee (CPHAC):</i></p> <p><i>Chair: Lee Mathias (ADHB)</i></p> <p><i>Deputy Chair: Warren Flaunty (WDHB)</i></p> <p><i>Ex Officio: Lester Levy (ADHB/WDHB)</i></p> <p><i>Representing both Boards: Rob Cooper (WDHB/ADHB)</i></p> <p><i>Members ADHB: Jo Agnew, Peter Aitken, Susan Buckland, Chris Chambers, Robyn Northey</i></p> <p><i>Members WDHB: Max Abbott, Pat Booth, Sandra Coney, Christine Rankin, Allison Roe</i></p>

	<p>DSAC</p> <p><i>That the Auckland District Health Board appoints the following as members of its Disability Support Advisory Committee (CPHAC):</i></p> <p><i>Chair: Sandra Coney (WDHB)</i> <i>Deputy Chair: Jo Agnew (ADHB)</i> <i>Ex Officio: Lester Levy (ADHB/WDHB)</i> <i>Members ADHB: Susan Buckland, Robyn Northey</i> <i>Members WDHB: Max Abbott, Pat Booth</i></p> <p>Maori Health Gain Advisory Committee</p> <p><i>That the Auckland District Health Board appoints the following as members of its Maori Health Gain Advisory Committee (MHGAC):</i></p> <p><i>Chair: Rob Cooper (ADHB/WDHB)</i> <i>Deputy Chair: Gwen Tepania-Palmer (WDHB/ADHB)</i> <i>Ex Officio: Lester Levy (ADHB/WDHB)</i> <i>Members ADHB: Chris Chambers, Robyn Northey</i> <i>Members WDHB: Wendy Lai, James Le Fevre</i></p> <p>Finance Committee</p> <p><i>That the Auckland District Health Board rename its Finance Committee as the Audit and Finance Committee.</i></p> <p><u>Carried</u></p>
7.1	Chief Executive's Report
	<p>The change in the format of the report was appreciated. The report outlined events and news and then the performance priorities which covered the Board priorities and those of the region and Annual Plan. While comments were emerging related to 2011 - 2012 the focus was on delivering the 2010 - 2011 year end at 30 June. The key focus with diabetes was on retinal screening and getting the new provider operational with an interim provider in place. Cardiac waiting lists were being impacted by acute bypass and thoracic surgery with outsourcing of 5 cases per week to ensure the waiting list numbers are within t the agreed limits. Elective surgery in May was 50 procedures ahead of target with a focus in June on meeting the year to date target noting that there was one less productive day due to the statutory holiday. Waiting times for cancer treatment were at target but to maintain this work was being done to understand referral practices.</p> <p>Other points noted were the impact of the changes to KiwiSaver of approximately \$5m per year commencing July 2012. Whilst the budget provided additional money for GP subsidies, a question was raised as to whether the public knew which were low cost practices. There was a suggestion that this information be disseminated to other services i.e. budgeting services as well as having links on websites. This should include information on after hours fees. The extra budget money for dementia care was to give a price increase to providers.</p>
7.2	Minister's Six Health Priorities 2009 - 2010
	These had been discussed at the CPHAC and HAC.
7.3	Eligibility
	Bruce Northey, Corporate Counsel was in attendance advising that a new direction had been made by the Minister of Health in regard to eligible patients and consequently the ADHB eligibility i policy has to be updated. In acute situations there is a duty of care to treat the patient to a position where they recover from their acute situation. Following that a discussion can be had as

	<p>to continuing care at cost to the patient or the patient return to their country of origin. In developing the policy it was important to have discussions with clinical staff. There was also a question of patients who were not acute at present but will become acute if there is not a pragmatic approach to treatment taken. This is a complex question for long term overstayers, as distinct from health tourists, as was the position of children born here after 2006.</p> <p>The Board supported the recommendations and a policy paper will be brought back, with clinical input, taking a pragmatic approach.</p>
	<p>Improvement Projects to support Achievement of 2011 - 2012 Budget</p>
	<p>A list of projects were tabled, although these was not all the projects, and as there was continuing change i.e. with the KiwiSaver changes there would be a need for further initiatives. The projects had a percentage expectation of achievement to understand the risk of non-achievement . Risk percentages were set by the project teams and their sponsors and were agreed, not imposed. There is a 3% volume pressure with smaller FTE growth but the budget does break even. A high percentage of the projects are well underway and they range across the organisation i.e. Concord project which has a number of small improvements rather than one or two larger projects. Reporting will be by HSG, as part of the CEO monthly report, with a more complete quarterly report. The Audit and Finance Committee had discussed the issue of holding capital expenditure concluding that it was not sustainable.</p>
	<p>DHBNZ</p>
	<p>Garry Smith has ceased to be Chair of the CEOs with this position moving to the CEO of the Hawkes Bay DHB. There was concern that the new group should focus on employment relations and the key national contracts and not expand into other areas. It was proposed to have a Chairs group, with one per region, with their Chair's role being to provide communication and coordinate the group.</p> <p><u>Moved Peter Aitken; seconded Chris Chambers</u></p> <p><i>That the report on DHBNZ be received and that ADHB supports Lee Mathias as representing the Northern Region.</i></p> <p><u>Carried</u></p>
8.1	<p>Committee Recommendations</p>
	<p>Pacific Health Advisory Committee</p> <p>Unfortunately Alfred Ngaro had been unable to attend the PHAC meeting. The intention was to reduce committees and for Pacific people to be represented through the CPHAC and access through the CEO. For a representative to be on CPHAC, acknowledging the diversity of Pacific peoples, there was a need to have an infrastructure behind them which could be a group meeting quarterly and expanding to Waitemata. The GMs Pacific at both Auckland and Waitemata were working well together. The DHBs would provide venue and support to the Pacific representative support group.</p> <p><u>Moved Jo Agnew; seconded Susan Buckland</u></p> <p><i>That the ADHB supports a Pacific representative to be appointed to the CPHAC and supports an advisory group to support that representative, meeting quarterly.</i></p> <p><u>Carried</u></p>
9.1	<p>DAP Projects Report</p>
	<p>This was a high level summary and the projects had been discussed at other meetings. Projects were mapped to HSGs or, if they are going across the organisation, to the manager responsible for that goal.</p>

10.1	Finance Committee Recommendations
	<p>Insurance</p> <p>While the Finance Committee was recommending Option 3, being a decrease in the aggregate limit, this may not be possible as the Minister had indicated that the Crown did not have an appetite for any additional risk.</p> <p><u>Moved Chris Chambers; seconded Gwen Tepania-Palmer</u></p> <p><i>That for the insurance renewal 2011/2012 the Auckland District Health Board recommends Option 3 as recommended by HBL, which was for DHBs to decrease their current loss aggregate limit from \$320m to \$100m. It was noted that in making this recommendation this did not take into account the Crown's risk profile, which when clarified may render this option to be inappropriate.</i></p> <p><u>Carried</u></p> <p>Starship</p> <p><u>Moved Chris Chambers; seconded Robyn Northey</u></p> <p><i>That the Auckland District Health Board approves a sum yet to be established for investigation into the viability of the Starship building for Children's Services in the future.</i></p> <p>Cardiac Investigative Unit (CIU) and Cath Lab (CL) Consumables</p> <p>The proposal was supported by HBL.</p> <p><u>Moved Lee Mathias; seconded Judith Bassett</u></p> <p><i>That ADHB enter into joint contracts with CMDHB, WDHB and Canterbury DHB for provision of Cardiac Investigative Unit (IU) and Cath Lab (CL) consumables with 10 companies for a period of 3 years with a 2 year right of renewal.</i></p> <p><u>Carried</u></p> <p>Linear Accelerator Maintenance Contract</p> <p>The contract for maintenance was in conjunction with ADHB's Clinical Engineering department. The Audit and Finance Committee had noted that, while one site should have one supplier, for New Zealand there should be different suppliers for different sites.</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the ADHB endorses the purchase of a Linear Accelerator Maintenance Contract with Varian Medical Systems to cover the 6 accelerators in the Radiation Oncology Department at ADHB for 3 years with a 2 year right of renewal.</i></p> <p><u>Carried</u></p> <p>Request for Dispensation to Tender Ophthalmology Clinic</p> <p><u>Moved Judith Basset; seconded Peter Aitken</u></p> <p><i>That the Auckland District Health Board approves dispensation for a closed tender limited to Fletchers, Mainzeal, Hawkins, Watts and Hughes, Kalmar Construction and Canam rather than an open tender and delegates authority for the CEO and CFO to approve an acceptable tender for the new Ophthalmology Clinic Greenlane Surgical Centre.</i></p> <p><u>Carried</u></p>

