

MEETING DETAILS									
Time and Date	2:00 pm, Wednesday, 2 November 2011								
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton								
1	Karakia								
	The Chair declared the meeting open at 2:14pm. Gwen Tepania-Palmer led the meeting with the karakia.								
2	Attendance and Apologies								
	<p>Board Members</p> <table> <tr> <td>Dr Lester Levy (Chair)</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 & Funding Officer Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman - Chief Financial Officer Greg Balla – Director Performance and Innovation Taima Campbell – Executive Director of Nursing Janice Mueller – Executive Director of Allied Health, Scientific and Technical Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Jo Agnew, Peter Aitken and Rob Cooper.</p>	Dr Lester Levy (Chair)	Judith Bassett	Susan Buckland	Dr Chris Chambers	Dr Lee Mathias	Robyn Northey	Gwen Tepania-Palmer	Ian Ward
Dr Lester Levy (Chair)	Judith Bassett								
Susan Buckland	Dr Chris Chambers								
Dr Lee Mathias	Robyn Northey								
Gwen Tepania-Palmer	Ian Ward								
3	Conflicts of Interest								
	There were no declarations of conflicts of interest for any item on the agenda. The Board Administrator had noted changes to the Interests Register for Lee Mathias and Robyn Northey.								
4	Confirmation of Minutes 5 October 2011								
	<p><u>Moved Robyn Northey; seconded Lee Mathias</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 5 October 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>								
5	Action Points 5 October 2011								
	The action points had been addressed.								

6.0	Chairman's Report
	<p>As part of the Board's governance responsibility, which it takes very seriously, it is in the process of assessing its overall performance as well as that of individual Board members performance. The purpose is to ensure any areas of weaknesses can be identified and remedied. Work being undertaken by Garry Smith (Chief Executive, Auckland DHB) and Dale Bramley (Chief Executive, Waitemata DHB) on collaboration between the two Boards was progressing constructively. A meeting is to be held on 9 November of those Board members handling the collaboration portfolio (Lester Levy, Lee Mathias, Max Abbott, Chris Chambers, Wendy Lai and Gwen Tepania-Palmer). This group will act as a governance steering group to guide the overall collaboration process. Proposals would be considered by the Waitemata DHB Board in November and the Auckland DHB Board in December.</p>
7.1	Chief Executive's Report
	<p>Key events included the gas leak and its subsequent impact on ADHB and also the successful handling of the Rugby World Cup through AED. This was acknowledged by the Board. During the previous week the home dialysis unit at Greenlane was formally opened.</p> <p>Events surrounding the Challenge Trust (who were contracted for Mental Health Services) pose a risk to ADHB and steps are being taken to ensure that the Trust is able to maintain continuity of service.</p> <p>The Clinical Practice Committee released its Annual Report.</p> <p>The submission on the Auckland Council Plan had been made incorporating changes resulting from the Waitemata District Health Board meeting. The relationship between with the ADHB, the Regional Public Health Service and the Council is critical in order to promote health gain. More Maori health statistics were being brought to the Board with a new Maori Health Plan is being developed through the consolidation of the Auckland and Waitemata plans.</p>
7.2	Minister's Six Health Priorities
	These had been discussed at previous meetings.
7.3	Management Operating System (MOS)
	Prior to the meeting there had been a presentation to the Board on the Management Operating System (MOS) which was a visual management system with the key outcome being the boards understanding of how the system was worked.
	Accountability Structure
	A revised explanation of the structure was provided based on the HSG structure. Accountability and how the relationships work were discussed in detail.
8.1	Committee Recommendations
	<p>Community and Public Health Advisory Committee Recommendation</p> <p><u>Moved Lee Mathias; seconded Gwen Tepania-Palmer</u></p> <p><i>That the Auckland District Health Board notes the background and progress made to date on developing a locality approach in Auckland DHB, the linkage with concurrent primary care and community engagement activity, and the actions to align and coordinate across Auckland and Waitemata DHB.</i></p> <p><u>Carried</u></p>
9.1	DAP Projects Report
	The report was noted.

Crown Health Funding Agency

Moved Lee Mathias; seconded Gwen Tepania-Palmer

That the Auckland District Health Board resolves that the signatories of persons who have been fully authorised to give notices and other communications to the Crown Health Funding Agency be updated by deleting Pat Snedden and Harry Burkhardt and replacing them with Lester Levy and Ian Ward and confirms the CEO and CFO as signators.

Carried

Oracle Upgrade

Moved Ian Ward; seconded Robyn Northey

That the Board:

1. *Approves a dispensation from tender.*
2. *Approves the business case for forwarding to the Regional Capital Committee and the Crown approval processes on the basis that:*
 - a) *The business case is for the purpose of migrating ADHB on to the shared services Oracle Release 12 system operated by healthAlliance (in accordance with the standardisation principle of shared services) from the current partially supported Oracle software*
 - b) *The business case comprises the components (inclusive of contingency budget) of:*
 - i. *Project Office \$201k*
 - ii. *System Functional and Technical \$1,247k*
 - iii. *Staff Backfill \$251k*
 - iv. *Infrastructure and IS Technical \$150k*
 - v. *IPM, Analytics and Barcode \$131k*
 - vi. *Change Management and Training \$102k*
 - vii. *Purchase of new Oracle Licences \$539k**Totalling up to \$2.675 million including \$0.222 million contingency budget*
3. *Notes the reprioritisation of ADHB capital expenditure budget of up to \$1.875 million over the 2011/12 and 2012/13 financial years to finance this business case.*
4. *Notes the increased annual operating costs from 2012/13 of \$0.8 million per annum estimated by healthAlliance in the business case, to be met from a reprioritisation of other planned ADHB operating expenditure.*
5. *Notes and supports that negotiation is undertaken with Oracle in order to minimise the increased license, and associated maintenance support costs, incurred by the sector.*
6. *Notes that, during detailed planning, healthAlliance will review the proposed go live date in order to ensure that the implementation and change management risks are minimised whilst not unduly jeopardising any national FMIS developments.*
7. *Requires that, concurrent with the Crown approval processes, healthAlliance finalises and provides the detailed project plan specifying project timeline, detailed resourcing and detailed costings to enable confirmation and approval by ADHB of the final budget within the above limit.*
8. *Requires that healthAlliance confirms that any operational costs currently funded by the DHBs will not be charged to the project and therefore double-funded.*
9. *Requires that healthAlliance confirms, supported by a stakeholder impact analysis, that no matters specified as being outside of project scope will require additional unbudgeted expenditure in order to achieve successful delivery of this project.*

	<p>10. Notes that healthAlliance shall only charge for actual costs incurred and authorised within the limit of the final approved budget.</p> <p>11. Requires that the healthAlliance Board considers and recommends for Shareholder approval whether their services are charged to the sector at cost recovery or at “commercial” charge out rates.</p> <p>12. Approves commencement of the implementation, subject to Crown approvals and the above requirements, at a time which enables the achievement of a successful go live within the final approved budget.</p> <p>13. Subject to the Capital Asset Management Planning Committee and Expenditure Committee approval.</p> <p>14. Subject to bi-monthly reports from the CFO on the project’s progress, risk etc.</p> <p><u>Carried</u></p> <p>Primary Options for Acute Care</p> <p><u>Moved Robyn Northey; seconded Lee Mathias</u></p> <p><i>That the Auckland District Health Board agrees to host the Primary Options for Acute Care contract of a Metro Auckland value of \$5,344,474 noting that ADHB’s share will be \$1,416,309.</i></p> <p><u>Carried</u></p> <p>ADHB as host would be managing the contract and the figures stated were the annual figures in a two year contract. There was research and evaluation of the project planned in the coming year.</p> <p>It was noted that a Waitemata District Health Board member was doing research into the Six Hour target in ED at ADHB and the necessary probity and declarations of interest had been provided.</p>
10.2	Finance Report
	<p>A number of matters had been discussed at the Hospital Advisory Committee including patient volumes. At the consolidated level the year to date result is a \$719k surplus which is \$1.28 favourable to budget. Revenue was favourable with the PHO realignment, which was offset in Funder Payments, increased revenue from Ministry contracts and IDFs.</p> <p>Capex expenditure was increasing pace now that more proposals had moved through the approval process. Cash resources were reducing but this was planned until the \$21m CHFA draw down planned for February. FTE were of some concern with potential flow through of unfavourable employee costs, however, there was a management review process in place.</p> <p>The Audit and Finance Committee had asked Regional Internal Audit to review the GAIHN contract noting that when contracts are let there must be a process to ensure appropriate governance was in place.</p>
11	General Business
	<p>Celebration Week and Healthcare Excellent Awards</p> <p>The Board were invited to the Health Excellence Awards and Celebration Week.</p>

13	Public Exclusion									
	<p><u>Moved Chris Chambers; seconded Susan Buckland</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> <table border="1" data-bbox="199 504 1356 996"> <thead> <tr> <th data-bbox="199 504 614 638">General subject of each matter to be considered:</th> <th data-bbox="614 504 981 638">Reason for passing this resolution in relation to each matter:</th> <th data-bbox="981 504 1356 638">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td data-bbox="199 638 614 728">13.1 Confidential Board Minutes 5 October 2011</td> <td data-bbox="614 638 981 728" rowspan="4">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 data-bbox="981 638 1356 728" rowspan="4">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> <tr> <td data-bbox="199 728 614 817">13.2 Laboratory Services Update</td> </tr> <tr> <td data-bbox="199 817 614 884">13.3 ER Update</td> </tr> <tr> <td data-bbox="199 884 614 996">13.4 ACH Car Park Leases</td> </tr> </tbody> </table> <p><u>Carried</u></p> <p>The items discussed in public exclusion were confidential minutes 5 October 2011, laboratory services update, employment relations update, ACH car park leases and Te Whetu Tawera.</p> <p><u>Moved Robyn Northey; seconded Susan Buckland</u></p> <p><i>That the meeting resume in public.</i></p> <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:	13.1 Confidential Board Minutes 5 October 2011	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.	13.2 Laboratory Services Update	13.3 ER Update	13.4 ACH Car Park Leases
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	Next Meeting									
	<p>The meeting closed at 4:17pm</p> <p>The next scheduled meeting is: 2:00pm, Wednesday, 7 December 2011 A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>									
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>										