

<b>MEETING DETAILS</b>											
Time and Date	2:00 pm, Wednesday, 7 December 2011										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
<b>1</b>	<b>Karakia</b>										
	The Chair declared the meeting open at 2:08pm. Naida Glavish led the meeting with the karakia.										
<b>2</b>	<b>Attendance and Apologies</b>										
	<p><b>Board Members</b></p> <table> <tr> <td>Dr Lester Levy (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Judith Bassett</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Lee Mathias</td> </tr> <tr> <td>Robyn Northey</td> <td>Gwen Tepania-Palmer</td> </tr> <tr> <td>Ian Ward</td> <td></td> </tr> </table> <p><b>Management in Attendance</b></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 of Nursing  Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health  Janice Mueller – Executive Director of Allied Health, Scientific and Technical  Vivienne Rawlings – General Manager Human Resources  Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>Apologies had been received from Peter Aitken (leave of absence) and Susan Buckland.</p>	Dr Lester Levy (Chair)	Jo Agnew	Judith Bassett	Dr Chris Chambers	Rob Cooper	Dr Lee Mathias	Robyn Northey	Gwen Tepania-Palmer	Ian Ward	
Dr Lester Levy (Chair)	Jo Agnew										
Judith Bassett	Dr Chris Chambers										
Rob Cooper	Dr Lee Mathias										
Robyn Northey	Gwen Tepania-Palmer										
Ian Ward											
<b>3</b>	<b>Conflicts of Interest</b>										
	There were no declarations of conflicts of interest for any item on the agenda. Robyn Northey advised that she has a new role as a member of the University of Auckland Human Participants Research Ethics Committee.										
<b>4</b>	<b>Confirmation of Minutes 2 November 2011</b>										
	<p><u>Moved Judith Bassett; seconded Lee Mathias</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 2 November 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>It was noted that as a matter of good governance the Finance Report should be formally received by the Board.</p>										

<b>5</b>	<b>Action Points 2 November 2011</b>
	All the action points had been addressed.
<b>6.1</b>	<b>Chairman's Report</b>
	<p>The Chair advised that he had attended a meeting of all the DHBs Chairs on Monday where the key issues discussed being HBL (advancement of the business cases) and clinical leadership. The Director General of Health and the Minister had attended. There had been agreement to advance the first stage of the first HBL business case so that savings, which would be critical, can be delivered to DHBs.</p> <p>Progress being made on clinical leadership was variable between DHBs with different ways of involving the CMO. There is some frustration at the length of time being taken to get the level of change required for clinical leadership around the country. It was advised that Waitemata District Health Board was to disestablish the COO role in order to create more opportunity for the involvement of the CMO, Clinical Heads and Clinical Directors as well as the General Managers. Clinical Leadership was important and ADHB has strong structural involvement with clinical leaders.</p> <p>It is expected as a result of the global economic situation that in the next few years there will be pressure on financial resources and consequently productivity gains as well as cost savings will be critical. There is also likely to be alterations in the health targets which will require further enhancement of performance.</p>
<b>6.2</b>	<b>Executive Committee of the Board</b>
	<p>The proposed Executive Committee could be called at the request of the Chair or CE.</p> <p><u>Moved Gwen Tepania-Palmer; seconded Chris Chambers</u></p> <ol style="list-style-type: none"> <li>1. <i>That the Board approve the establishment of an Executive Committee (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/ New Year Board recess.</i></li> <li>2. <i>That membership of the Committee is to comprise the Board Chair, the Deputy Board Chair and the Chair of the Audit and Finance Committee, with the Chair of the Hospital Advisory Committee as an alternate.</i></li> <li>3. <i>That the Executive Committee be given delegated authority to make decisions on the Board's behalf relating to the urgent approval of business cases, leases and the awarding of contracts for facilities development, services and supplies and information services and on any other urgent recommendations from a Committee or the Chief Executive.</i></li> <li>4. <i>That all decisions made by the Executive Committee be reported back to the Board at its meeting on 15 February 2012 for ratification.</i></li> <li>5. <i>That the Executive Committee be dissolved as at 15 February 2012.</i></li> </ol> <p><u>Carried</u></p>
<b>7.1</b>	<b>Chief Executive's Report</b>
	<p>Vital Signs briefings had been on the basis of a presentation by each HSG with the Chief Executive having 10 minutes at the beginning. An example of the presentation had been given by the Cancer and Blood service to the Hospital Advisory Committee. These had been very well attended and received. Celebration Week and Health Excellence Awards had been held with thanks to Greg Balla and the team and congratulations on the excellence of both functions.</p> <p>The publication of Serious and Sentinel Events by the Health Quality and Safety Commission had been postponed until February. ADHB did expect to report more incidences as the data improved. The HQ&amp;SC were aware of possible reaction to reporting more incidents.</p>

	<p>The target of having ethnicity stated on new NHI numbers was 98% which ADHB had only partially achieved.</p> <p>Serious harm work injury occurrences had a poor quarter with 8 compared to 3 in the same period the previous year. Wet floor signage is used and the OHS newsletter is used to raise awareness. A new product being used by the cleaners was being investigated as this may have contributed to work injuries.</p> <p>There were requirements for additional FTE resources in some areas so Adult Services have reprioritised resources through a combination of people, supplies and practices.</p> <p>The issue with the Auckland Normal Intermediate School concerning the proposed dental clinic was a change to the business plan. It was now proposed to build a 3 chair unit at the Greenlane site rather than the school. This may be advantageous in attracting more adolescents to Greenlane and there would be an ability to increase the facility to a 4 chair unit. The final proposal would be brought back to the Board and would include a total site plan.</p> <p>There had been improvement in the B4 School Checks however the cervical screening contract was to be exited by the provider who was unable to focus on high needs areas. PHOs and HVAZ had been used to try and reach high needs populations. It was proposed to use the funds from the contract to have a coordinator role in primary care. The rate for cervical screening for the region is to be provided with the new proposal to the CPHAC in February.</p> <p>The provider of forensic services and support services for sexually abused and long term counselling services may close. Counselling services had historically been funded by ACC who had withdrawn that funding with the service continuing with interim funding. An application for funding through the MSD had been declined.</p> <p>The Chair was meeting with the Chair of GAIHN to advance this initiative. Pacific Best Practice training had been provided across the organisation and had been well received. There was concern at the Pacific youth suicide rate and Pacific Health and colleagues were working on strategies with Senior Leadership Team support. Work was being undertaken with Waitemata, ADHB and Ngati Whatua in bringing them together to work in a true collaboration.</p> <p>It had been a successful research year and the Research Annual Report was distributed to members.</p> <p>The Regional Governance Group was to meet with the National Capital Committee to present the regional capital requirements</p> <p>The patient experience report was the first report with a surprisingly good uptake including those wanting follow up phone calls. The information can be analysed by ward and service and there had been a presentation of the results to the Clinical Leadership Group. It could be benchmarked as the data accumulated and improved.</p>
<b>7.2</b>	<b>Health Targets</b>
	<p>The health targets are showing that we are meeting target for elective surgery and radiation therapy. We are close but not quite there in a sustainable way for the six hour target and immunisation. Whilst there have been significant improvements in help for smokers we are still falling short of the target. The diabetes and CVD target is to be reframed.</p> <p>Management and clinical focus on meeting targets continues to be essential.</p> <p>Management advise that the cardiac waiting list was at 104 and will be at the required level (10%) by February 2012 and (7.5%) by April 2012. The targets were of critical importance to the Board and they asked that, for those targets not being met, the February report to advise when they would be met.</p>

<b>8.1</b>	<b>Committee Recommendations</b>
	<p><b>Community and Public Health Advisory Committee Recommendation</b></p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the Auckland District Health Board:</i></p> <ol style="list-style-type: none"> <li>1. Approves the approach to annual planning for 2012/13, including the longer term direction and timetable.</li> <li>2. Notes the suggestion for a joint set of annual plan priorities for Auckland and Waitemata DHBs through joint activity.</li> <li>3. Notes the draft national planning guidance which has been sent out to members electronically.</li> </ol> <p><u>Carried</u></p> <p><b>Disability Support Advisory Committee Recommendation</b></p> <p>The recommendation had budget implications so needed management recommendations to be included. This would be resubmitted to the next Board meeting.</p>
<b>8.2</b>	<b>Auckland Plan Submission</b>
	<p>It was noted that the Wellington DHBs had created publicity on the harm of alcohol.</p> <p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p><i>That the ADHB endorses the Auckland Regional Public Health Services submission to the Draft Auckland Plan.</i></p> <p><u>Carried</u></p> <p>There was now good connections and relationships with Auckland Council Planning.</p>
<b>9.1</b>	<b>DAP Projects Report</b>
	<p>These were progressing with the main watch being on timeliness.</p>
<b>10.1</b>	<b>Finance Committee Recommendations</b>
	<p><b>Northern Region Telecommunications Contract</b></p> <p><u>Moved Gwen Tepania-Palmer, seconded Robyn Northey</u></p> <p><i>That the ADHB as part of the Northern Region DHB Boards approve that:</i></p> <ol style="list-style-type: none"> <li>1. Dispensation be granted from tender for fixed line, cellular, voice and data services contracts currently held by Gen-i and Vodafone respectively;</li> <li>2. ADHB enter into a 30 month extension to these existing contracts with Gen-i and Vodafone from 1 January 2012 to 30 June 2014 as a regional contract with the three northern DHBs, estimated value of \$22m over the term;</li> <li>3. Execution of the contract to be by the healthAlliance CEO; and</li> <li>4. Contract schedule variation over the contract term may be executed by the healthAlliance GM Information Services, provided that such variations are within approved budgets of the DHBs and consistent with parameters set by the regional CEs.</li> </ol> <p><u>Carried</u></p>

<b>10.2</b>	<b>Finance Report</b>																
	<p>The results in October had slipped which the Board was concerned about, particularly FTE being above budget levels.</p> <p>The Board Chair requested frequent reporting (regular fortnightly reporting to the Executive Committee of the Board) until further notice. The Board Chair advised that a financial deficit at 30 June 2012 was completely unacceptable, a view that was support by the Board.</p> <p><u>Moved Ian Ward; seconded Jo Agnew</u></p> <p><i>That the Financial Report October 2011 be received and noted.</i></p> <p><u>Carried</u></p>																
<b>12</b>	<b>Public Exclusion</b>																
	<p><u>Moved Gwen Tepania-Palmer; seconded Jo Agnew</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 12</i></p> <p>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:</p> <table border="1" data-bbox="199 929 1356 1344"> <thead> <tr> <th data-bbox="199 929 582 1064">General subject of each matter to be considered:</th> <th data-bbox="582 929 981 1064">Reason for passing this resolution in relation to each matter:</th> <th data-bbox="981 929 1356 1064">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td data-bbox="199 1064 582 1153">12.1 Confidential Board Minutes 2 November 2011</td> <td data-bbox="582 1064 981 1153">To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations:</td> <td data-bbox="981 1064 1356 1153">That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good</td> </tr> <tr> <td data-bbox="199 1153 582 1220">12.2 ER Update</td> <td data-bbox="582 1153 981 1220">Official Information Act 1982</td> <td data-bbox="981 1153 1356 1220">reason for withholding would exist under s 9 of the Official</td> </tr> <tr> <td data-bbox="199 1220 582 1288">12.3 Health Services Groups</td> <td data-bbox="582 1220 981 1288">s.9(2)(i) and s.9(2)(j)</td> <td data-bbox="981 1220 1356 1288">Information Act 1982.</td> </tr> <tr> <td data-bbox="199 1288 582 1344">12.4 Bi-Lateral Collaboration Initiative: ADHB/WDHB</td> <td data-bbox="582 1288 981 1344"></td> <td data-bbox="981 1288 1356 1344"></td> </tr> </tbody> </table> <p><u>Carried</u></p> <p>The items discussed in public exclusion were the Confidential Minutes 2 November 2011, Employment Relations Update, Health Services Groups, Bi-lateral Collaboration Initiative ADHB/WDHB, the Starship communication plan and the Performance Improvements Savings report in public exclusion in the Hospital Advisory Committee agenda.</p> <p><u>Moved Robyn Northey; seconded Jo Agnew</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:	12.1 Confidential Board Minutes 2 November 2011	To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations:	That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good	12.2 ER Update	Official Information Act 1982	reason for withholding would exist under s 9 of the Official	12.3 Health Services Groups	s.9(2)(i) and s.9(2)(j)	Information Act 1982.	12.4 Bi-Lateral Collaboration Initiative: ADHB/WDHB		
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:															
12.1 Confidential Board Minutes 2 November 2011	To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations:	That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good															
12.2 ER Update	Official Information Act 1982	reason for withholding would exist under s 9 of the Official															
12.3 Health Services Groups	s.9(2)(i) and s.9(2)(j)	Information Act 1982.															
12.4 Bi-Lateral Collaboration Initiative: ADHB/WDHB																	

	<b>Next Meeting</b>
	The meeting closed at 4:55pm The next scheduled meeting is: 2:00pm, Wednesday, 15 February 2012 A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital Grafton
<b>CONFIRMED</b>  <b>CHAIR:</b> <span style="float: right;"><b>DATE:</b></span>	