

<b>MEETING DETAILS</b>											
Time and Date	2:00 pm, Wednesday, 7 September 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>Peter Aitken</td> <td>Judith Bassett</td> </tr> <tr> <td>Susan Buckland</td> <td>Rob Cooper</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><b>Management in Attendance</b></p> <p>Garry Smith - Chief Executive  Dr Denis Jury – Chief Planning &amp; Funding Officer  Dr Margaret Wilsher – Chief Medical Officer  Brent Wiseman - Chief Financial Officer  Greg Balla – Director Performance and Innovation  Kristine Nicol – Professional Leader Allied Health  Margaret Dotchin – Nurse Director, Adult Health Services  Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health  Vivienne Rawlings – General Manager Human Resources  Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>An apology had been received from Dr Chris Chambers.</p>	Dr Lester Levy (Chair)	Jo Agnew	Peter Aitken	Judith Bassett	Susan Buckland	Rob Cooper	Dr Lee Mathias	Robyn Northey	Gwen Tepania-Palmer	Ian Ward
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<b>3</b>	<b>CONFLICTS OF INTEREST</b>										
	There were no declarations of conflicts of interest for any item on the agenda. Susan Buckland advised that she had been appointed to the Northern Regional Ethics Committee. Jo Agnew advised that she was now Professional Teaching Fellow, School of Nursing, University of Auckland and Ian Ward advised that his consulting company was involved in a tender for work with Health Benefits Limited.										
<b>4.1</b>	<b>CONFIRMATION OF MINUTES 3 AUGUST 2011</b>										
	<p><u>Moved Gwen Tepania-Palmer; seconded Robyn Northey</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 3 August 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

<b>5</b>	<b>ACTION POINTS 3 AUGUST 2011</b>
	<p>The delegated authorities work was progressing. The primary care summary of initiatives, in its final form, would be circulated to the Board in the next couple of weeks. The paper on credentialing was carried forward and the resolution concerning annual financial accounts had been actioned and confirmed.</p>
<b>6.0</b>	<b>CHAIRMAN'S REPORT</b>
	<p>The Chair had attended the Chair's and CEO's meeting in Wellington with discussions on regionalisation and Better, Sooner, More Convenient. The CEOs and Chairs had asked for more direction from the National Health Board. There had been a briefing with the Minister who seemed quite pleased with the improved deficit situation for the sector and the targets, with the 6-hour target being at 92% across the whole sector.</p> <p>Two significant business cases had been approved by Health Benefits Limited in relation to management information systems and supply chain. The process would be for CEOs to provide some feedback and then they would be sent to the DHBs for feedback. These would address 85% of shared services' rationalisation.</p> <p>The consolidation of resources between ADHB and Waitemata would continue. The CEOs and the Chair had met on collaboration of primary care and Maori Health, which were symbolic of the direction being taken. In 2012 there would be an increase effort on regional collaboration.</p> <p>The Regional After Hours proposal had been approved and is now being implemented, with some issues on regional collaboration being resolved. Regional decisions would be based on principles. The monitoring of the Regional After Hours service would be resolved by the end of the month with data going to the Regional Funders Forum and final development of KPIs.</p>
<b>7.1</b>	<b>CHIEF EXECUTIVE'S REPORT</b>
	<p>This was the first month of the financial year. There was a move to reporting daily and weekly, both retrospective and prospective. While Te Whetu Tawera had been in the press, there had been positive improvements that were not reflected in their articles. A response is being prepared to highlight positive actions that they have not reported to provide a balanced view.</p> <p>The reporting on performance against priorities would be against the Board priorities. The improvement in immunisation was acknowledged.</p>
<b>7.2</b>	<b>MINISTER'S 6 HEALTH PRIORITIES</b>
	<p>Emergency department and electives had been discussed in the Hospital Advisory Committee. Better help for smokers needed to be better and Waitemata, who had made great gains, were on the steering group and providing information on their initiatives. The cardiac target had changed from a waiting time to a list target with the ADHB goal being less than the MoH target. There was still debate on the diabetes targets and how to measure that risk.</p>
<b>7.3</b>	<b>ANNUAL REVIEW 2010 - 2011</b>
	<p>The report was a detailed analysis on the year. A revised section on Goal 3 was tabled. It was noted that the operating expenditure was \$44m unfavourable in the Provider. A revised table of service performance would be provided once all the data had been collected. The purpose of the paper was for the Board and would be used for CE performance and SLT performance.</p> <p>The Audit Committee had reviewed the Annual Report and sought some improvement in readability of the Statement of Service Performance noting, however, that other means of communicating to the public would be used, including NOVA. The increases in nurse numbers were spread across the Greenlane Surgical Unit, Emergency and Operating Theatres.</p> <p>The CEO advised that the 3 things that should not have been done were having unrealistic budgets, not having more sophisticated production planning i.e. clinical supplies for increased volumes and not having made gains in the out-of-hospital environment. Demographic growth was</p>

	<p>1%, but the organisation was trying to grow faster and needed to step back and get spending improvement gains and these gains should not be spent as fast as they are made, but rather held to invest in the Board's priorities.</p> <p>He advised that the 3 best achievements in the year had been the improvement processes that were increasing, particularly with nursing initiatives, Radiology and Cancer services and the number of services who were now engaged in health improvement initiatives. The Health Services Group model and the clinical appointments had been established with this bringing clinical leadership in to action. There was some concern expressed by the Board as to accountability with the HSG director being responsible for strategy, the GM a performance director requiring commercial acumen, improvement and general management skills and the director and CMO responsible for clinical safety. This resolved the previous differences between clinicians and general managers. It was noted that the presentations that had been made to the Board had involved the Clinical Directors and Nurse Leaders. The other important improvement was the HealthCare Excellence initiative with all HSGs doing improvement projects.</p> <p>The progress in changing the workforce for Maori and Pacific was an objective of the Board and what ADHB was doing for Maori health needed more visibility. While the Maori Health Plan was linked to the Annual Plan, the reporting for Maori needed to be improved and consolidated from the differing venues that Maori statistics are reported, to get consolidated visibility to the Maori Health Gain Advisory Committee and the Board.</p>
8.1	<b>LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY</b>
	<p><b>Hospital Advisory Committee</b></p> <p>The Committee expressed their concerns for elective surgery and had asked Management to have more focus on getting to the elective target and progressively removing impediments. The Committee had expressed their support for General Medicine and it's concerned on recruitment, improving educational opportunities and resolving administration problems.</p>
9.0	<b>PERFORMANCE IMPROVEMENT</b>
	<p>All of the projects for the coming year had been loaded. The number of projects, with 850 research projects, 1000 IT projects in the region and 200 in the Annual Plan raised the question of whether there were too many projects for the resources available. It may be better to identify fewer larger changes that require investment and ring-fence the resources going into them.</p>
10.1	<b>FINANCE COMMITTEE RECOMMENDATIONS</b>
	<p><b>Relocation of Heart Towers</b></p> <p><u>Moved Gwen Tepania-Palmer; seconded Lee Mathias</u></p> <p><i>That the Board approves the capex of \$782,511 to fit-out vacant space in Building 16 of the Cornwall Complex on the Greenlane site for the Hearty Towers Service which will enable Hearty Towers to vacate Building 10 at Greenlane in accordance with the Exit Plan for that building approved by the Board in December 2007; and</i></p> <p><i>That the tender from Practec Ltd to undertake the fit-out works in Building 16 be accepted and the CEO be delegated authority to execute the contract once finalised on the condition that there were no more funds for exiting of Building 10 above the original approved overall budget of \$7.56m.</i></p> <p><u>Carried</u></p>

**Replacement 3 General Rooms GCC Radiology**

Moved Susan Buckland; seconded Robyn Northey

*That the Board agrees to the replacement of the three Toshiba general rooms with direct capture General rooms at Greenlane Radiology noting that a budget of \$1.34M has been approved in the 2011/12 capital plan for this purchase and that a tender process will be carried out with Procurement and Radiology to select a vendor.*

Carried

**Northern DHB Support Agency Ltd Agency Agreement**

Moved Lee Mathias; seconded Robyn Northey

*That the Board:*

- i. Approves the Northern DHB Support Agency Limited entering into an agency agreement with Greater Auckland Integrated Health Network (GAIHN) partners with the objective of the Northern DHB Support Agency Limited acting as agent for GAIHN, holding funding and contracting with third parties for the delivery of services on behalf of GAIHN.*
- ii. Delegates to the Chief Executive Officer authority to vote at a special meeting of the Northern DHB Support Agency Limited in favour of the Northern DHB Support Agency Limited entering into an agency agreement with the GAIHN partners.*
- iii. Approves the Northern DHB Support Agency Limited entering into a funding agreement with the Ministry of Health for the funding of Migrant Health services.*

*noting that this is a requirement of Section 129 of the Companies Act in relation to major transactions.*

Carried

**Community Pharmacy Agreements - Extension of Term until 30 April 2012**

Moved Peter Aitken; seconded Jo Agnew

*That the Board that approves the Community Pharmacy Agreements Extension of Term until 30 April 2012 including for Auckland DHB t/a Auckland City Hospital Pharmacy and Grafton Pharmacy Limited t/a Grafton Pharmacy and delegates the signing of the Community Pharmacy Services Agreements for the period 1 September 2011 to 30 April 2012 to the CPFO.*

Carried

**Ach Carpark building tenancy – Long Term Leases**

Moved Lee Mathias; seconded Robyn Northey

*That ADHB seek a general approval from the Minister of Health to enter long term leases (5 to 20 years) for the retail and commercial premises in the new Auckland City Hospital Car Park Building.*

Carried

<b>10.2</b>	<b>FINANCE REPORT</b>
	The report for the first month of the financial year was noted.
<b>12.0</b>	<b>GENERAL BUSINESS</b>
	<p><b>Maori Services</b></p> <p>There had been a meeting between ADHB and WDHB with a view to bringing the tikanga Maori processes and resources together, reporting to a lead CEO and more integration with Ngati Whatua.</p>

<b>14.0</b>	<b>PUBLIC EXCLUSION</b>						
	<p><u>Moved Robyn Northey; seconded Rob Cooper</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 14.</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="204 510 1362 884"> <thead> <tr> <th data-bbox="204 510 584 622">General subject of each matter to be considered:</th> <th data-bbox="584 510 983 622">Reason for passing this resolution in relation to each matter:</th> <th data-bbox="983 510 1362 622">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 651 584 763">           14.1 Confidential Board Minutes                  3 August 2011            14.2 Cardiac Surgery            14.3 Banking Arrangements         </td> <td data-bbox="584 651 983 819">           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="983 651 1362 884">           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> </tbody> </table> <p><i>The items discussed in public exclusion were confidential minutes 3 August 2011, Cardiac Surgery and banking arrangements.</i></p> <p><u>Moved Lee Mathias; seconded Robyn Northey</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:	14.1 Confidential Board Minutes 3 August 2011 14.2 Cardiac Surgery 14.3 Banking Arrangements	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.
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	<b>NEXT MEETING</b>						
	<p>The meeting closed at 4:32 pm</p> <p>The next scheduled meeting is:          2:00pm, Wednesday, 5 October 2011          A+ Trust Room          Clinical Education Centre          Level 5, Auckland City Hospital          Grafton</p>						
	<p><b>CONFIRMED</b></p> <p><b>CHAIR:</b> <span style="float: right;"><b>DATE:</b></span></p>						