

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 2 March 2011										
Venue	Sorrento in the Park, One Tree Hill Domain, Epsom, Auckland										
1	KARAKIA										
	Naida Glavish led the meeting with the Karakia. The Chair acknowledged the support being given to the people of Christchurch by ADHB and individuals. Individual acknowledgements of those staff that had gone to Christchurch to assist would be made on behalf the Board. There would also be a special edition of NOVA.										
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 & 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, GM Maori Health Aroha Haggie – Maori Health Gains Manager Janice Mueller – Director Allied Health Ian Bell - Board Administrator</p> <p>Apologies</p> <p>An apology had been received from Rob Cooper.</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
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										
3	CONFLICTS OF INTEREST										
	Ian Ward advised his interest in the energy sector concerning item 10.1 Electricity Tender. There were no other declarations of interest for any other item on the agenda.										
4	CONFIRMATION OF MINUTES 2 FEBRUARY 2011										
	<p><u>Moved Gwen Tepania-Palmer; seconded Chris Chambers</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 2 February 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

5	ACTION POINTS 2 FEBRUARY 2011
	The DHB performance dashboard had been distributed.
6	CHAIRMAN'S REPORT
	The Chair emphasised the importance of the health targets.
7.1	Chief Executive's Summary
	<p>The regional shared services commenced on 1 March as healthAlliance NZ Limited with a new CEO who was presently meeting staff. Formal transfers of shareholdings and assets would be undertaken on 1 July 2011.</p> <p>There was to be a meeting of DHB chairs on Monday, 8th March 2011 with a recommendation that DHBNZ be liquidated by 30 June 2011. The Chair was unable to attend due to University teaching commitments and Dr Lee Mathias would attend on his behalf with ADHB's Waitemata's proxy vote for the liquidation which was supported by the Board. Three DHBNZ functions would be retained by DHBs collectively, being national services contracts, employment relations and a small secretariat to support collaboration and Chair/CEO meetings. These would be run by the central shared services agency.</p> <p>Diabetes services were at risk and the service improvement approach was being used, first to stabilise the service and then to implement improvements through the longer term. However, initial rapid improvement processes were required through several short term actions.</p>
7.2	Whanau Ora Framework
	<p>Measures were being developed and would be completed by 30 June 2011 and will be updated to the Board. There will be a section on Whanau Ora in the Board agenda on a monthly basis. .</p> <p>The Tamaki Makarau leadership group would oversee the six providers with the philosophy to make integration work. Whanau Ora is in the establishment stage at present and there would be research and evaluation of the whanau driven initiative.</p>
7.3	Better Sooner More Convenient
	<p>This would also be a regular item in the Board papers but would be discussed more fully in CPHAC. The pharmaceutical costs were incorrect as they had not taken into account the Pharmac rebates and are expected to recover costs. A number of projects would require RFP processes which raised questions of probity and conflicts of interest.(with probity paramount). The DAP deliverables were critical.</p> <p>POAC had been going for 10 years and was funded at \$2m across the region and it was planned to move to a single provider. The delays in the Maori service development were due to difficulties in unpicking funding lines. PHOs did not think that after hours were part of their responsibility.</p>
7.4	Regional Services Planning Progress Summary
	The full plan would be presented to the Board in April 2011 for review. It was focused on what DHBs controlled and was aligned to the national plan based on reducing disparities and achieving financial breakeven. It was suggested that there would be only one Maori Health Plan between Waitemata and Auckland DHBs.

7.5	Northern Regional Shared Services Summary
	While the target was to have the Northern Regional Shared Services operational by 1 March 2011 the shareholders agreement and constitution needed the Minister's approval as did delegated authorities, so on legal advice from Simpson Grierson, who provided an independent review, the transfer of assets would occur on 1 July 2011. There would be an independent Chair and directors appointed by each DHB and Health Benefits Limited.. The work of Brent Wiseman and Vivienne Rawlings on behalf of the organisation was acknowledged in delivering a vision but protecting the interests of staff.
7.6	Minister's Six Health Priorities 2010/2011
	The KPIs and targets had been discussed at both the Hospital Advisory Committee and the Community and Public Health Advisory Committee, but the Board requested that they remain as an item on the Board agenda. Cardiac bypass surgery was experiencing reduced demand, partially attributed to the use of aspirin and Lipex in the population. Access rates for Maori and Pacific are appropriate as they have a different type of disease which may not be suitable for surgery i.e., as a result of diabetes. It was expected in the future that there would be lower intervention rates.
7.7	Election 2010 Report
	This was the formal report by the Electoral Officer on the election and it was noted that the STV and First Pass Post voting systems created confusion.
8.1	Committee Recommendations
	The recommendation was from the Disability Support Advisory Committee. <u>Moved Jo Agnew; seconded Robyn Northey</u> <i>That the ADHB adopts the Accessibility Report in principle with a request to Management to develop an implementation plan.</i> <u>Carried</u>
9.1	DAP Projects Report
	The Tamaki P2HC project was being translated into an ADHB own workforce project to lift the percentage of the workforce to more closely reflect our population. While there is processes to prioritise Maori and Pacific normal employment criteria by hiring managers applied although affirmative action was the philosophy.
10.1	Finance Committee Recommendations
	Ian Ward's conflict of interest in the energy sector was declared. Electricity costs were increasing by 20% and there was a 15% risk factor using the spot market. <u>Moved Gwen Tepania-Palmer; seconded Chris Chambers</u> 1. <i>That ADHB enter an Electricity Supply Agreement with Meridian Energy for the Auckland City Hospital, Greenlane Clinical Centre and the Point Chevalier sites for two years from April 1st 2011. The estimated value of the contract is approximately \$1.9million p.a. The contract will also have the effect of setting the price for electricity purchased from Energy for Industry who operate the cogeneration facility at Auckland City Hospital. The estimated cost of this electricity will now be approximately \$3.0million pa.</i> 2. <i>That the CEO be delegated authority to execute the contract once the final terms and conditions have been reviewed by the ADHB legal team.</i> <u>Carried</u> Ian Ward did not participate in the discussion and abstained.

10.2	Finance Report						
	The Finance Committee had reviewed the financial reports thoroughly and had been assured by Management of a breakeven for year end. For the DHB sector as a whole it was \$71.7m ahead of plan with only four under budget and a roughly half in surplus.						
11	GENERAL BUSINESS						
	There were no items of general business.						
12	PUBLIC EXCLUSION						
	<p><u>Moved Gwen Tepania-Palmer; seconded Robyn Northey</u></p> <p>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.</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="0" data-bbox="204 786 1358 1122"> <thead> <tr> <th data-bbox="204 786 584 853">General subject of each matter to be considered:</th> <th data-bbox="635 786 975 853">Reason for passing this resolution in relation to each matter:</th> <th data-bbox="1034 786 1358 853">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 931 584 1077"> 12.1 Confidential Board Minutes 2 February 2011 12.2 Supporting Primary Care Across ADHB and WDHB 12.3 Budget 2011 - 2012 </td> <td data-bbox="635 931 975 1077"> 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="1034 909 1358 1122"> 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><u>Carried</u></p> <p>The items discussed in public exclusion were the Confidential Minutes 2 February 2011, Supporting Primary Care across ADHB and WDHB and the Budget 2011/2012.</p> <p><u>Moved Chris Chambers, 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:	12.1 Confidential Board Minutes 2 February 2011 12.2 Supporting Primary Care Across ADHB and WDHB 12.3 Budget 2011 - 2012	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.
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 February 2011 12.2 Supporting Primary Care Across ADHB and WDHB 12.3 Budget 2011 - 2012	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.					
	NEXT MEETING						
	<p>The meeting closed at 4:17 pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday 6 April 2011 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>						
<p>CONFIRMED</p> <p>CHAIR: _____ DATE: _____</p>							