

MEETING DETAILS													
Time and Date	2:00pm, Wednesday, 5 August 2009												
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton												
1	ATTENDANCE AND APOLOGIES												
	<p>Board Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Rob Cooper</td> </tr> <tr> <td>Dr Brian Fergus</td> <td>Dr Ian Scott</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td></td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning and Funding Officer Dr David Sage – Chief Medical Officer Brent Wiseman – Chief Financial Officer Greg Balla – Director Performance and Innovation Taima Campbell – Executive Director Nursing Chris Morgan – Manager Materials Management Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair opened the meeting at 2:10pm and the meeting commenced with a karakia by Rob Cooper.</p> <p>The Board Administrator apologised for not bringing “Puanga” to the Board table.</p>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	
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2	CONFLICTS OF INTEREST												
	<p>There were no notifications of conflicts of interest for any item on the agenda. The Chair reminded members to update their information, particularly to include the nature of the financial interest.</p>												
3	CONFIRMATION OF MINUTES 1 JULY 2009												
	<p><u>Moved Juliet Walker; seconded Ian Ward</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 1 July 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>												
4	ACTION POINTS 1 JULY 2009												
	<p>Cardiac Services</p> <p>This had been presented to the Hospital Advisory Committee.</p>												

5	<p>CHAIRMAN'S REPORT</p>
	<p>The year end result was very pleasing and he congratulated the Management Team. The Minister had advised that FFT would only be 2%, which was the lowest it had ever been, and that there was only \$1.1bn capital expenditure over all of the Government so it would be highly contested and that allocated to Health would be highly contested between DHBs. There had been a DHB Employment Relations Forum attended by Harry Burkhardt and Garry Smith. This reflected huge pressures on workforce with New Zealand being the highest importer and exporter of health people, and there was a lack of coordination between workforces and structural imbalances. There would be intense pressure from different sectors of the workforce to get their share.</p> <p>It was agreed that there would be an internal review of Board performance, assisted by a facilitator.</p>
6	<p>CHIEF EXECUTIVE OFFICER'S SUMMARY</p>
	<p>The Chief Executive acknowledged the Board's support and the support of his team for the time he took leave. There would be a full review of the 2008 – 2009 projects and drafting of the Annual Report occurring at present.</p> <p>Points noted were:</p> <ul style="list-style-type: none"> • Service Development Planning; good relationships were being developed with PHOs. • Birthcare Contract; this had been settled and was presently being signed. • Annual Plan; all projects for the forthcoming DAP had been planned and were being resourced. • B4 School checks; the Minister had agreed funding for another year with a review in December with funding to ADHB \$40k less than costs which would be funded through PBF. How this could be devolved from the Provider to Primary Care was being considered. One of the problems in achieving rates was the short implementation time with the learnings being that lead times can be significant to get to targets. With regards to the services to under aged five, these are contained in the Child Health Plan, including Wellchild, but the difficulty was that there was no one database to track a child's health progress. It was estimated to cost \$3.2m of 2 years to develop a single database and there was a suggestion that this be raised with the Starship Foundation. • H1N1; the trend for the region was now decreasing, although there was considerable pressure in ICUs. There would be a substantial debriefing which may lead to a change in the manner in which flu is handled next year. • 2009 – 2010 Financial Performance; there would be significant pressure on delivering the next year's result. <p><u>Moved Pat Snedden; seconded Rob Cooper</u></p> <p><i>That the Chief Executive Officer's summary be noted.</i></p> <p><u>Carried</u></p>
7	<p>LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY</p>
	<p>Community and Public Health Advisory Committee</p> <p>There were no clinical issues with Home Based Support Services, but there was still contracts to be signed. This would be updated to the next CPHAC meeting.</p> <p>Maori Health Advisory Committee</p> <p>In the coming year there would be a focus on less things to ensure that they were achieved, such as getting Did Not Attend (DNA) embedded as at present key data was not being captured. There was development of what Maori Mental Health in Auckland may look like with a needs analysis and articulating what was needed and what could be delivered including consideration of an Iwi based structure.</p>

	<p>Pacific Health Advisory Committee</p> <p>There had been progress on developing the “summit”. The question of disparity of services related to the incidence of strokes for Pacific people was to be considered at the next meeting. There had been an update on HVAZ with the strengthening of leadership and maturing of the project with now 42 churches involved and a huge involvement of the community across a whole range of services. One of the issues was getting denominations to work better together. The Pacific Best Practice Development Project was nearing completion which had a quality patient focus and was supported by the Committee. There had been a regional collaborative meeting.</p> <p>Disability Support Advisory Committee</p> <p>The question of the small number of Board numbers on the Committee was raised. The meeting had considered the intersectorial regional report “Step Up” which would be released at the end of August. One of the issues identified was the Ministry of Health being responsible for disabilities and DHBs being responsible for health needs which could lead to conflicts. The Committee had received an update on Home Based Support Services and would consider the ADHB Rehabilitation Strategy at its next meeting. An effort was being made to contact the Chairs of Waitemata and Counties Manukau Disability Committees to discuss regional issues.</p> <p><u>Moved Brian Fergus; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board notes the feedback from the Community and Public Health Advisory Committee, Maori Health Advisory Committee, Pacific Health Advisory Committee and Disability Support Advisory Committee.</i></p> <p><u>Carried</u></p>
8	PERFORMANCE IMPROVEMENT
8.1	Committee Recommendations
	<p>Hospital Advisory Committee</p> <p>The Committee had received a report on Cardiac Services and impacts on waiting lists which would be reduced by October this year. The question of consumer choice had been raised which raised the broader issue of wishes and informed consent and the role of the DHB in non-essential but patient requested procedures. This would be discussed further by the Committee.</p> <p>Quality Risk and Audit Committee</p> <p>There had been some debate on the effect on the hospital of H1N1. New items on the Risk Register were Éclair system with an upgrade that had lead to a downgrade of performance. The 3 day RCA training in relation to incident reporting had been very successful, with a bigger pool of trained people available to the DHB. Policies and Guidelines were being reviewed with a project to reduce and clarify policies and separate them from the guidelines. The response had been provided to the Office of the Auditor General on diabetes “Get Checked”, Home Based Support Services were proceeding to be implemented and the Committee had discussed measures of stress and burnout in staff with ‘how to measure’ to be discussed at its next meeting.</p> <p><u>Moved Susan Buckland; seconded Jo Agnew</u></p> <p><i>That the Board notes the reports from the Hospital Advisory Committee and Quality, Risk and Audit Committee.</i></p> <p><u>Carried</u></p>
9	LIVE WITHIN OUR MEANS
9.1	Finance Committee
	<p>The Finance Committee had received the Asset Management Plan which was a good start, Starship funding for the MRI was noted and appreciation was expressed to the Starship Foundation. The Elective Services Unit development was taking a cautious approach to see where DHB neighbours sat in capacity and where revenue streams came from but would be the</p>

start on ADHB's own capacity. The principles were right and could be scaled up.

Financial results to 30 June 2009

There would be Finance Committee review prior to the figures being submitted to the Ministry.

Moved Harry Burkhardt; seconded Ian Scott

That the Auckland District Health Board approves the submission to the Ministry of Health and for Audit of the financial results to 30 June 2009 of a surplus to \$326K and authorises the Chair and Deputy Chair to sign the submission on their behalf together with the Letter of Representation for the Year Ended 30 June 2009.

Carried

Greenlane Elective Surgical Unit

Moved Harry Burkhardt; seconded Ian Ward

That the Auckland District Health Board approves the submission of an ADHB business case for the Greenlane Elective Surgical Unit as part of the regional submission to the Ministry of Health by 31 August 2009, and delegates approval of the regional submission and the ADHB component of that submission to the Chair, Deputy Chair and Chief Executive. Further the Auckland District Health Board agrees in principle that ADHB should implement stage 1 of the business case with the fit-out of theatres 3 and 6 at a cost of \$4.6m in 2009/2010 and that stage 2 should progress following Ministry of Health written confirmation of the additional capital and revenue streams, assessment of the impact of those streams and subsequent Board approval of Stage 2 business case.

Carried

ADHB Asset Management Plan 2009

The review of the Asset Management Plan will be an annual event.

Moved Harry Burkhardt; seconded Brian Fergus

That the Auckland District Health Board approves the submission to the Ministry of Health of the ADHB Asset Management Plan 2009.

Carried

The question of clinical input to assumptions was raised noting that information was sourced from throughout the organisation and the Plan had gone to the Senior Management Team, although it had been developed without comprehensive service planning.

Ian Scott left the meeting at 3:42pm.

Dental Surgery Equipment

This was a DHBNZ procurement project.

Moved Harry Burkhardt, seconded Juliet Walker

That the Auckland District Health Board ratifies the signing by the Chair and Deputy Chair of Deeds of Standing Offer for the Supply of Dental Surgery Equipment negotiated by DHBNZ with Cattani NZ Limited, Gunz Dental Pty Limited, Henry Schein Regional Limited, Ivoclar Vivadent Limited and Mercer Technologies Limited.

Carried

Additional Equipment for H1N1

Chief Medical Officer advised that this was appropriate.

Moved Harry Burkhardt, seconded Juliet Walker

That the Auckland District Health Board approves the purchase of:

- A 3 x ECMO systems
- B 2 x Oscillator ventilators
- C 2 x CVVH machines
- D 1 x TOE probe

	<p><i>E 2 x ECMO equipment sets for Theatres equipment at a capital expenditure of \$554,000, the capital expenditure to be financed by reprioritising the 09/10 capital expenditure budget and a small donation.</i></p> <p><u>Carried</u></p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <p><i>That the ADHB Board notes the report from the Finance Committee.</i></p> <p><u>Carried</u></p>
9.2	Finance Report
	<p>The result for the year was a surplus of \$326,000 which was achieved through a major exercise in calculation of accruals, such as leave etc, but this has enabled an increase in the SMO in the job sizing accrual. Revenue had been assisted by the higher elective volumes in the last month. The figures were being submitted for audit.</p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <p><i>That the Financial Report to 30 June 2009 be noted.</i></p> <p><u>Carried</u></p>
10	PAPERS
10.1	Minister's Letter 2009/10 District Annual Plan
	The Chair would respond to the letter.
10.2	Meeting Schedule 2010
	The calendar for the 2010 year was noted.
10.3	Labtests
	<p>Ulf Lindskog, Chief Executive, Richard Lloyd, Medical Director and Trish Sherson, Communications Manager Labtests were in attendance. Harry Burkhardt, Chair of the subcommittee for the lab project, advised that they had worked with Labtests over the last 3 months and understood that they had a feel for the risks for DHBs but were committed to the implementation for Counties Manukau on 10 August, Auckland on 24 August and Waitemata on 7 September.</p> <p>Labtests advised all training had been completed and they were fully operational with no major issues. Collection centres would be functional on time. They were addressing communications with starter packs and consumables being delivered the week before implementation in each area. During the transition period both providers would accept clients. The question of service to private specialists who draw patients from all DHB areas was raised with their transition based on physical location not patient source.</p> <p>Recruitment of 1 haematologist and 2 anatomical staff was continuing. GP and practitioner queries would be provided by pathologists and as part of Healthscope there was access to a Australasian network of experts. Practices would be visited with the deliver of packs and there is a dedicated service manager for each DHB and liaison officers. With 9:00am test results, would be available by 2:00pm and home visits would be similar to at present. E-updates would be issued over the implementation period.</p> <p>The Board thanked Labtests for their attendance.</p>

11	GENERAL BUSINESS
	Quality Committee Anne Kolbe is to be invited to join the Quality, Risk and Audit Committee. Mercy Hospice The Board had been invited to visit the Mercy Hospice with this to be arranged on a CPHAC or Board day.
	NEXT MEETING
	The meeting closed at 3:54pm. The next meeting is scheduled for 2:00pm, Wednesday, 2 September 2009 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton
CONFIRMED CHAIR: DATE:	