

MEETING DETAILS													
Time and Date	2:00 pm, Wednesday, 3 February 2010												
Venue	A+ Trust Room Clinical Education Centre, Level 5, Auckland City Hospital Grafton.												
1	<p>KARAKIA</p> <p>The Chair declared the meeting open at 2:10pm and Rob Cooper led the meeting with the karakia.</p>												
2	<p>ATTENDANCE AND APOLOGIES</p> <p>Board Members</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Pat Snedden (Chair)</td> <td style="width: 50%;">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 Dr Margaret Wilsher – Deputy Chief Medical Officer Brent Wiseman - Chief Financial Officer Greg Balla - Director Performance and Innovation Taima Campbell - Executive Director Nursing Hilda Fa'asalele – General Manager Pacific Janice Mueller - Director Allied Health Vivian Rawlings – General Manager Human Resources Ian Bell - Board Administrator</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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3	<p>CONFLICTS OF INTEREST</p> <p>There were no notifications of conflicts of interest for any item on the agenda.</p> <p>The following members had advised some changes to the interest register at previous meetings; Chris Chambers, Credentialing Committee for Ormiston private hospital and Surveyor Quality Healthcare NZ, Ian Scott, chair Auckland PHO and Ian Ward, Principal/Director C-4 Consulting Limited and Chair, Advisory Board, Healthvision Limited.</p>												
4	<p>CONFIRMATION OF MINUTES 2 DECEMBER 2009</p> <p><u>Moved Chris Chambers; seconded Bob Tizard.</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 2 December 2009 be confirmed as a true and correct record with an alteration to reference to the Auckland Sexual Abuse Help Foundation.</i></p> <p><u>Carried.</u></p>												

5	ACTION POINTS 2 DECEMBER 2009
	<p>City Mission</p> <p>It was proposed that the presentation by the City Mission be in the second quarter, April to June 2010.</p> <p>Hospital Advisory Committee</p> <p>Professor Iain Martin had been asked to present strategic issues for the provider at the next Hospital Advisory Committee.</p>
6	RESEARCH
	<p>Margaret Wilsher supported by Samantha Jones presented on research at ADHB.</p> <p>Research added an academic dimension to working at ADHB and was greatly valued. Examples of the research at ADHB was given including investigative initiated research and pharmaceutical funded clinical trials which tended to be phase 3 studies. The number of research projects had grown with 257 in 2009. Pharmaceutical studies assisted in bringing in considerable funds, there was a balance of funds in the A+ Charitable Trust and over \$1m in overheads had been recovered during 2009. Approvals included Maori Research Review Committee, Research Revenue Committee, Research Grants Committee and legal signoff. External research approvals included the National Ethics Committee.</p> <p>Research was supported by the Research Office which was a coordination point and provided administrative support to the approval committees. It acted as a liaison between stakeholders and ensured all the necessary approvals were in place throughout the duration of studies. There was a research strategy to promote high quality research by strengthening governance, increasing research outputs, improving internal support and growing capability, the latter through training.</p> <p>The ADHB Annual Research Report 2008 was distributed.</p> <p>The Board thanked the presenters.</p>
7	CHAIRMAN'S REPORT
	<p>The Prime Minister and Minister of Health had visited and had expressed their appreciation.</p>
8	CHIEF EXECUTIVE OFFICER'S SUMMARY
	<p>Primary care initiatives EOIs had been presented to the CPHAC and it was noted that family healthcare centres needed to be in the areas of need. The Regional Public Health Service funding had been presented to the CPHAC. The summer plan it had assisted but improvements were still possible. While AED flows had improved there was a need to make them sustainable. With production there had been a presentation on Releasing Time to Care which was fully supported and production overs and unders.</p> <p>Paediatric Oncology funding required national engagement with the distribution of services from Capital and Coast with a need for the money to follow the change to service configurations. With shared services the national strategies were a strong opportunity for ADHB with the Auckland regional population being 40% of New Zealand.</p> <p>It was noted that in the presentation of Releasing Time for Care the tools were providing permission and empowering people to make change with a model providing leadership but letting staff make the necessary changes. It was nurses leading nurses making quick early wins and giving the time to undertake the project. The 5s were aimed at getting sustainability.</p> <p>The Minister's Six Health Priorities were tabled.</p>

	<p><u>Moved Bob Tizard; seconded Jo Agnew</u></p> <p><i>That the Chief Executive Officer's report be noted.</i></p> <p><u>Carried</u></p>
11.1	Finance Committee
	<p>Harry Burkhardt reported that the Finance Committee had received the research overview which was a highly transparent process of managing risks, received a report on the funding envelope, been updated on the surgical centre which was a good opportunity and been briefed on the national procurement model managed by the Ministry of Economic Development. Other information was on the Shared Services Establishment Board and where DHBs were sitting financially this year with ADHB being one of four rated good noting that the sector deficit was \$130m.</p> <p><u>Moved Pat Snedden; seconded Ian Ward</u></p> <p><i>That the report from the Finance Committee be received.</i></p> <p><u>Carried</u></p>
10.1	Performance Improvement Committee Reports
	<p>Ian Scott advised that the Quality Committee had received a presentation on Releasing Time to Care and reports on sabbatical taken by Chief Medical Officer David Sage and Deputy Chair Medical Officer Margaret Wilsher.</p> <p>Harry Burkhardt and Ian Scott left the meeting at 3:00pm.</p>
9	LIFTING THE HEALTH OF PEOPLE IN AUCKLAND
9.1	Committee Recommendations
	<p>Community and Public Health Advisory Committee</p> <p>The CPHAC had received the EOI presentations and were making a recommendation of a formal process for signoff of the EOIs to go to the MoH on 1 March 2010 under delegation to the Chair and CEO. There was some uncertainty as to whether the EOIs were addressing inequalities and there was substantive concern by the Board that integrated family health centres needed to be in areas of need.</p> <p><u>Moved Brian Fergus; seconded Ian Ward</u></p> <p><i>That the Auckland District Health Board:</i></p> <p>Notes <i>the emerging themes from the three primary care consortiums selected to submit business cases to the Ministry of Health:</i></p> <ul style="list-style-type: none"> • <i>The Greater Auckland Integrated Health Network (GAIHN) covering over one million enrolled people across 10 PHOs (including over 90% of the CMDHB population)</i> • <i>The Alliance Health+ - a coalition of the three Pacific led PHOs in Auckland across CMDHB and ADHB</i> • <i>The National Maori PHO Coalition – a north island consortium of PHO with a focus on Whanau Ora.</i> <p>Notes <i>the next steps and DHB signoff process:</i></p> <ul style="list-style-type: none"> • <i>Near final business cases to be submitted to the 17 February CPHAC meeting</i> • <i>ADHB signoff through delegated authority and CPHAC advice</i> • <i>Submission to the Ministry of Health due 1 March</i> <p>Delegates <i>authority to the Board Chairman and CEO to approve submission for each EOI Business Case to the Ministry of Health on 1 March 2010.</i></p> <p><u>Carried</u></p>

	<p>Hospital Advisory Committee</p> <p>The question of the role of the Hospital Advisory Committee had been raised which was an interesting challenge. There had been a presentation on oncology networks and cancer control and the interaction between public and private service provision. Other issues raised were workforce stress and burnout which was for a future discussion, networks with the evolving need to understand them and an update on plastic services to the region with concern at the breast reconstruction services.</p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the Committee reports be received.</i></p> <p><u>Carried</u></p>
10.2	<p>DAP Projects Report</p>
	<p>This was a high level report.</p> <p><u>Moved Bob Tizard; seconded Juliet Walker</u></p> <p><i>That the DAP projects report be noted.</i></p> <p><u>Carried</u></p>
11.2	<p>Finance Report</p>
	<p>Operating was on budget but it would be challenging as this included one offs with prior year revenue and interest swap gains. The targeted savings gains needed to increase from \$2m to \$3m per month so it would be more challenging with a lot of activity to identify initiatives. Management FTE reviews had been completed and discretionary savings trending down with the imposition of travel guidelines. There was focus on break even. The other longer term initiatives would deliver beyond this financial year. The balance sheet was affected by the early payment of January funding increasing cash resources and income in advance.</p> <p>The Board had an overall impression that finances were being managed.</p>
13	<p>GENERAL BUSINESS</p>
	<p>Community Laboratories</p> <p>The Chair, Pat Snedden, updated the Board on the Community Laboratories with the 18 December 2009 governance group meeting giving clear direction to close off the audit report. Points that had been done were the Australasian Pathologists review had been completed, the numbers of complaints were down and an immunologist and haematologist had been employed. Performance had now been cleared to proceed with the IANZ March 2010 accreditation and the quality systems were now ably led.</p> <p>Conversation with stakeholders, Procure and midwives had shown improvements. There remained the question of sustainability and building confidence with the GP and physician community as it would take time for that clinical intimacy to be established. Contact is also being kept with DML with a question of viability however they were holders of a cervical smear contract which was presently being tendered. Communication was open with all parties and all were reporting to KPIs although the KPIs may need to be refined. Concern was, with Labtests, the lower volumes over Christmas and whether it is sustainable at higher volumes as previous experience had seen improvements and then a deterioration. Labtests were recruiting for a Chief Operating Officer in New Zealand and likewise a Quality Manager to replace the present secondment from Southern Laboratories. It was noted that DML had decided to let staff go. There would be a further meeting of the governance group on 8 February 2010.</p> <p><u>Moved Pat Snedden; seconded Jo Agnew</u></p> <p><i>That the report on Community Laboratories be received.</i></p> <p><u>Carried</u></p>

Strategic Planning

The question of a Strategic Planning day for the Board would be considered by the Chair and Chief Executive.

NEXT MEETING

The meeting closed at 3:40pm

The next scheduled meeting is :
2:00pm, Wednesday, 3 March 2010
Pohutukawa Room
Sorrento in the Park
One Tree Hill Domain
Auckland

CONFIRMED**CHAIR:****DATE:**