

<b>MEETING DETAILS</b>									
Time and Date	2:00pm, Wednesday, 1 July 2009								
Venue	Pohutukawa Room, Sorrento in the Park, One Tree Hill Domain, Royal Oak, Auckland								
<b>1</b>	<b>ATTENDANCE AND APOLOGIES</b>								
	<p><b>Board Members</b></p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Dr Brian Fergus</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Seiuli Dr Juliet Walker</td> <td>Ian Ward</td> </tr> </table> <p><b>Management in Attendance</b></p> <p>Dr Denis Jury – Acting CEO, 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  Hilda Fa’asalele - GM Pacific Health  Kay Hyman - GM Woman’s and Children’s Services  Chris Morgan – Manager Materials Management  Vivienne Rawlings – GM HR Operations  Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>Harry Burkhardt assumed the Chair and declared the meeting open at 1:13pm.</p> <p>Apologies had been received from Jo Agnew, Susan Buckland, Rob Cooper and Garry Smith. An apology for lateness was recorded for Pat Snedden. The Board acknowledged the recent bereavement of Garry Smith.</p> <p>The Hoe Waka “Puanga” was on the Board table being the acknowledgement of Ngati Whatua of the relationship with ADHB. It would help and guide the Board to go forward.</p>	Pat Snedden (Chair)	Harry Burkhardt	Dr Chris Chambers	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward
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<b>2</b>	<b>CONFLICTS OF INTEREST</b>								
	There were no notifications of conflicts of interest for any item on the agenda.								
<b>3</b>	<b>CONFIRMATION OF MINUTES 3 JUNE 2009</b>								
	<p><u>Moved Ian Scott; seconded Chris Chambers</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 3 June 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>								
<b>4</b>	<b>ACTION POINTS 3 JUNE 2009</b>								
	<p><b>Terms of Reference sustainable cardiac services.</b></p> <p>This item was carried forward.</p>								

8	<p><b>LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY</b></p>
	<p><b>Community and Public Health Advisory Committee</b></p> <p>Items raised at that Committee were retinal screening with more money in the budget to increase screening, there was a second round of CTA funding applications which would be reported back in August, the Oral Health initiative, and the value for money tool was being used to review contracts coming up for renewal. An application for funding for the After Hours project had been successful.</p> <p><b>Maori Health Advisory Committee</b></p> <p>Ngati Whatua had presented Puanga to the ADHB through the Chair of the Maori Health Advisory Committee. The Committee had had a presentation on Hohou I te Rongo with discussion on how to overlay the programme from a health perspective. There had also been a presentation on improving immunisation rates.</p> <p><b>Pacific Health Advisory Committee</b></p> <p>There had been a diagrammatic structure of HVAZ which was noted to have people at the top and governance at the bottom. It was noted that 12 new churches were joining HVAZ within the five zones. There had been an update on the planning documents of the Statement of Intent, primary care direction and Strategic Plan. There had been comment from the Committee on pandemic communication to the Pacific community and on the health indicator list a lack of specific indicators for the Pacific population.</p> <p>The appointment of Hilda Fa’asalele as GM Pacific had been noted and congratulations offered to her and the Board also noted that Alfred Ngaro had received a Sir Peter Blake Emerging Leader award.</p> <p><b>Statement of Intent 2009 - 2010</b></p> <p><u>Moved Ian Scott; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board ratifies the resolution of the Community and Public Health Advisory Committee approving the signing of the Statement of Intent 2009 - 2010 by the Chair and Deputy Chair with the support of Te Runanga o Ngati Whatua.</i></p> <p><u>Carried</u></p>
9	<p><b>PERFORMANCE IMPROVEMENT</b></p>
9.1	<p><b>Committees</b></p>
	<p><b>Hospital Advisory Committee</b></p> <p>There had been discussion coming out of the minutes on the WIES model and WIES pricing including alteration to the WIES for the new financial year. There had been discussion on pricing relating to Herceptin and on access rates to Auckland City Hospital for ADHBs own population to aim for the same intervention rates as other Health Boards. The Cardiac waiting lists were being reduced with an aim to get to 81 by October. Other items noted by the Committee were direct treatment costs, haematology services and the volume of out sourced surgery. The award to Kirsten Finucane in the Birthday’s Honours had been acknowledged.</p> <p><b>Quality Committee</b></p> <p>The Committee had received a presentation from Infection Control Services which included information on hospital acquired infection rates and costs and ADHB being the lead DHB for the Hand Hygiene project bringing a change of culture to the organisation. There had been an update on the Quality Improvement Committee’s project on reportable events with an invitation to Board members to attend training in July.</p>

9.2	<b>DAP Projects Report</b>
	The input of projects for 2009/2010 were on track with the first report coming to the next months meeting. There was progress on mapping the projects and allocating resources which were a mixture of internal and external. There were a number of IT projects that it had been decided not to fund and so in the next report there would be a project cancelled column.
10	<b>LIVE WITHIN OUR MEANS</b>
10.1	<b>Finance Committee Recommendations</b>
	<p>There had been discussion on getting to break even for year end looking at accruals and adjustments with an adjustment due to revaluation of properties and \$2.5m funding being made available from the Ministry following their negative response to the \$6.5m MECA issue. It was understood that the change in MoH monitoring was at their discretion so there was not expected to be a penalty if the final result was a small deficit.</p> <p><b>Mobile Oral Health Units</b></p> <p>These had been tendered through a national procurement programme however the Finance Committee had noted a number of risks including the price being estimated until a prototype was developed when the price would then be fixed.</p> <p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board approves the purchase of mobile units for Oral Health over the years 2009/2010 \$713,720; 2010/2011 \$357,270 and 2011/2012 \$357,270.</i></p> <p><u>Carried</u></p> <p><b>MRI Starship</b></p> <p>The Board had approved the MRI replacement and the purpose of this resolution was to note the agreement with Siemens giving a right to cancel the order by May 2010 for the Starship MRI if funding was not available through the Starship Foundation. The resolution was supported by the Finance Committee.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board enters into the contract with Siemens for the conditional purchase of two MRIs for a combined price of \$5,799,000. The purchase of the second MRI, being for Starship, to be conditional on the Board resolving not later than April 2010 that sufficient Starship Foundation funding is available and that the purchase may proceed. Failing a resolution by the Board to that effect ADHB is to cancel the order not later than May 2010.</i></p> <p><u>Carried</u></p> <p><b>Auckland Regional Public Health Services Core Services 2009 – 2012</b></p> <p>This was a funding contract from the MoH to the Auckland metropolitan region of \$13m per annum for 3 years which presently excludes FFT which if given was likely to be targeted. Planning was being done on the basis of not receiving FFT.</p> <p><u>Moved Harry Burkhardt; seconded Ian Ward</u></p> <p><i>That the Auckland District Health Board approves that a three year MoH funding contract for Core Public Health Services for the 2009 - 2012 period for the Auckland Metro Region be signed and that the Chief Planning and Funding Officer be authorised to sign on the Board's behalf. The proposed value of the contract over the 3 year period is \$39,439,515 or \$13,146,505 per annum.</i></p> <p><u>Carried</u></p> <p><b>Home Based Support Services</b></p> <p>The Board had previously approved a pool of \$15.3m for the four HBSS provider contracts with a further residual pool of \$2m. The recommendation was to increase the sum related to the contracts to \$16.3m and reduce the residual pool to \$1m. All people receiving support go through</p>

	<p>the assessment process of intRia.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board notes that the total available funding pool for Home Based Support Services contracts is increased to \$16.3m and approves the delegated authority to the Chief Planning and Funding Officer to sign the four HBSS provider contracts.</i></p> <p><u>Carried</u></p>
<b>7</b>	<b>CHIEF EXECUTIVE OFFICER'S SUMMARY</b>
	<p>Points noted by the Acting Chief Executive were:</p> <ul style="list-style-type: none"> <li>• The winter plan had been updated to the Hospital Advisory Committee</li> <li>• H1N1 – there was now a shift in focus to manage it which would reduce the load on the Auckland Regional Public Health Service</li> <li>• The certification survey had been noted by the Hospital Advisory Committee</li> <li>• The Senior Leadership Team would have involvement in the devolution to primary care services and the Strategic Plan</li> <li>• The new reporting against the District Annual Plan 2009 - 2010 would commence at the September meeting in the new format</li> <li>• There had been good attendance and engagement at the State of the Nation presentations</li> </ul> <p>Administration costs/FTE were being established for the new financial year.</p> <p>Pat Snedden joined the meeting at 1:56pm and assumed the Chair.</p> <p>The Minister's six Health Priorities 2009/2010 were noted for the next years reporting.</p> <p><u>Moved Brian Fergus; seconded Juliet Walker</u></p> <p><i>That the Chief Executive Officer's summary be noted.</i></p> <p><u>Carried</u></p>
<b>6</b>	<b>CHAIRMAN'S REPORT</b>
	<p>The Chairman noted the following:</p> <ul style="list-style-type: none"> <li>• The Minister had presented to the DHBs Chairs' Meeting. Points noted were that swine flu had now moved to the management stage in line with Australia. In the budget \$2.1b over three years for Health was a significant part of the Government's expenditure with Health being in the most advantaged position. This amounted to confirmation of an additional \$750m for the 2009/10 financial year and then then level being held for the next two to three years. In that period Health would have to compete with all other services to access additional funding above the base. Treasury forecast a best case scenario that the Government would have only \$1.1B worth of additional expenditure per year out of which any health increase would come. DHBs in deficit needed to get in order as there was no additional top up and the Minister had noted that of the 21 District Annual Plans a great majority showed productivity reduction and would need to demonstrate a productivity improvement. He was interested in collaboration across the sector to extract value. The industrial relations environment for the Ministry of Health and the State Sector was a zero starting point for next year. The Minister would not interfere in employment relations.</li> <li>• Priorities outlined by the Minister were the need for administration costs to fall and this needed to be shown in the District Annual Plans, waiting times for cancer and ED needed to be improved and the "In Good Hands" clinical governance leadership needed to be demonstrated. One of the moves would be to decant from ED to primary care, including moving funding out of the provider or risk sharing, to establish Integrated Community Family Health Centres. There had been a reduction of compliance requirements in the MoH by 40% and the Minister expected from the Horn report improved productivity. Regional collaboration needed to be wider and deeper.</li> <li>• Treasury had presented to the Health Sector Relationships meeting which consisted of</li> </ul>

	<p>Chairs, unions and the MoH. There was realism from the unions with pressure for low paid workers but other parts of the sector taking a longer view including retention of jobs.</p> <ul style="list-style-type: none"> <li>• The Regional Collaboration HP report was expected to be activated from the Horn report in July with regional collaboration likely to be deeper further and faster. It was noted that quality meant quality at the right price or reduced costs by finding better ways of delivery with a need in these economic times to move faster. ADHB had delivered more this year and the Minister was intensely interested in improving cardiac performance.</li> <li>• There was a need for a highly engaged workforce and systematic approach to organisational change which would be supported by clinicians in a business improvement framework using “business excellent” principles with support of the Board.</li> </ul>
<b>10.2</b>	<b>Finance Report</b>
	<p>The month had a positive variance but this was mainly due to a \$3.9m accounting adjustment decreasing depreciation on IT. Year to date was on budget but the donation money budgeted in June would not be received and there was discussions on the adjustment for MECA pricing in the DAP. The large intake of nurses at the beginning of the year together with a reduced turnover meant that they were now over budget however there would be fewer taken the next year although there was a need for training to increase numbers for future growth. It was noted that there was some delay in nurses going overseas, being more available and wanting to work full time.</p>
<b>11.1</b>	<b>Minister Statement of Intent (SOI)</b>
	<p>The SOI had been filed on 19 June 2009 and no feedback was expected.</p> <p><u>Moved Ian Scott; seconded Brian Fergus</u></p> <p><i>That the letter from the Minister on the SOI be noted.</i></p> <p><u>Carried</u></p>
	<b>GENERAL BUSINESS</b>
	There were no items of General Business.
	<b>PUBLIC EXCLUSION</b>
	<p><u>Move Harry Burkhardt; seconded Juliet Walker</u></p> <p><i>That in accordance with provisions of Schedule 3, clauses 32 and 33 of the New Zealand Public Health Disability Act 2000 public be excluded for consideration of an item.</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> <p><i>General subject of each matter to be considered: Community Laboratory Services</i></p> <p><i>Reason for passing this resolution in relation to each matter: 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)</i></p> <p><i>Ground(s) under clause 34 for the passing of this resolution: 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.</i></p> <p><u>Carried</u></p> <p><u>Moved Pat Snedden; seconded Chris Chambers</u></p> <p><i>That the Auckland District Health Board meeting resume in public meeting.</i></p> <p><u>Carried</u></p>

	<b>NEXT MEETING</b>
	<p>The meeting closed at 3:15pm.</p> <p>The next meeting is scheduled for 2:00pm, Wednesday, 5 August 2009 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>
<b>CONFIRMED</b>	
<b>CHAIR:</b>	<b>DATE:</b>