

MEETING DETAILS													
Time and Date	2:00pm, Wednesday, 2 September 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 Brent Wiseman - Chief Financial Officer Greg Balla – Director Performance and Innovation Ngairé Buchanan – General Manager Operations Taima Campbell – Executive Director Nursing Chris Morgan - Manager Material Management Kristine Nicol – Professional Leader Physiotherapy Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>The Chair opened the meeting at 2:30pm and the meeting commenced with a karakia by Rob Cooper.</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												
	There were no notifications of conflicts of interest for any item on the agenda.												
3	CONFIRMATION OF MINUTES 5 AUGUST 2009												
	<p><u>Moved Bob Tizard; seconded Ian Scott</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 5 August 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>It had been suggested at the last meeting that there be a review of the Board's performance assisted by a facilitator which would entail a meeting with the Board and completing a questionnaire. After discussion it was agreed that Pat Snedden and Chris Chambers would consider how to reflect on the work of the Board.</p> <p>The Chair and the CEO had had a meeting with Anthony Hill of the MoH which had cleared up a number of issues and established a transparent protocol going forward. There had been no formal response to the Minister's letter with the District Annual Plan and if issues arise they will be reported to the MoH at the regular two monthly meeting.</p>												

6	CHAIRMAN'S REPORT
	<p>Matters over the past month were:</p> <ul style="list-style-type: none"> • The transfer to Labtests • The Ministerial Review Group was seen as an opportunity for the Board and views of Board members were sought. • Health Sector Relationships was going to have a shared day with the unions and DHBs to attempt to break impasses in the context of the financial situation and to try and find change attitudinal responses to settlements into the future. • He had been invited to be on a panel for awards for private surgical hospitals.
7	CHIEF EXECUTIVE OFFICER'S SUMMARY
	<p>Summary</p> <p>Primary Care did not have a status indicator on it at the moment as it was a very fluid situation with an Expression of Interest letter received inviting PHOs, with DHBs support, to respond to the future structure of primary care. There was feedback from the PHO/primary care environment and PHOs in the region had met the previous Thursday. This work was being done to implement the Primary Healthcare Plan. The cooperation between the PHOs working together was good and the DHBs should work regionally to have a common response as, at a high level, the DHB primary care plans were similar. Criteria for obtaining DHB signoff had been issued including a requirement to be flexible to respond to individual communities. It should be an indicative direction without being prescriptive where DHBs could be influential. There had been a positive response from clinical directors.</p> <p>National procurement had ADHB well placed for greater involvement following the LECG "Quicksan" review which showed ADHB as being well positioned in the sector. This was further assured by the CHFA A rating with a good supporting commentary.</p> <p>There would be a strong focus in the current and next year on efficiencies with the "CONCORD" project indicator orange for 09/10 and indicator red for 10/11.</p> <p>The MoH targets were shown in the DAP reporting format and there would be a need for progress to get to the targets. It was noted from 1 September 2009 that nicotine replacement therapy was available.</p> <p>2008/09 Review</p> <p>The highlights for the year were a whole system approach, elevating quality to the top of the agenda and delivering a break even budget. The statistics for the year were presented as were the progress on the top ten health targets and clinical quality indicators. Of the improvement activities 80% of projects will fully deliver. The Primary Care Plan had been signed off with the 5 PHOs and Ngati Whatua. 59 performance improvement projects had been started out of 64 with 47 of these that will fully deliver. ADHB was involved in five national quality improvement projects and was working on more integration between primary and secondary care. The improvements in secondary care were improved cancer waiting times, improved cardiac surgery waiting times and more electives delivered. Within the goal of Living Within Our Means 8 projects had started out of 9 of which 5 will fully deliver. In delivering the financial performance of break even the key challenges had been the delivery of electives, MECA settlements and valuation of property.</p> <p>The efforts of the whole organisation were acknowledged.</p> <p>The Board noted that the Tamaki project would target people to promote into health careers, thanked the CEO for the presentation and congratulated the team on the results.</p>

	<p>Ministerial Review Group</p> <p>A summary of the Ministerial Review Group recommendations showing proposed operational, ADHB current strategic and operational accountabilities and proposed strategy was tabled with 9 points highlighted.</p> <p>What was needed was consistency and standardisation to take out variability of 21 DHBs and have clarity and authority in decision making that everyone must comply with. This could be based on centres of excellence rather than Wellington, examples being procurement and the Clinical Practice Committee presently operating in ADHB, as long as there was single decision making.</p> <p>The process was to try and develop one response from the DHBs to go to the Minister and the first draft would be a consolidated document from the 21 DHBs and although it was unlikely to get total agreement the consensus would go forward. The process was that the response would go to the Chairs meeting 14 September 2009 and back to the Minister by 18 September 2009.</p> <p>The Board supported the process.</p>
	<p>COMMITTEE REPORTS</p> <p>The Pacific Health Advisory Committee had discussed the connection with the Stroke Service, a regional Pacific meeting had been held to look at what could be done regionally and they had noted that the Horn report had not mentioned Pacific. The proposed Strategic Planning summit would be on 1 October 2009.</p> <p>The Disability Support Advisory Committee would be meeting this month and Jo Agnew would be representing the Board at the meeting with Hon Turiana Turia.</p> <p>The Quality, Risk and Audit Committee had had a presentation on DAP reporting and it was suggested that this be set up at the next Board meeting so that members could view it on-line. It was also suggested that this could be submitted for a health innovation award.</p> <p>The Hospital Advisory Committee had noted the high hopes for the “CONCORD” project to modify clinical behaviour and had noted the improvement in Cardiac services production.</p>
10	<p>LIVE WITHIN OUR MEANS</p>
10.1	<p>Finance Committee Recommendations</p> <p>The only recommendation concerned the orthotics contract back dated to 1 July 2008.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board:</i></p> <p><i>(1) approves that the Chief Planning and Funding Officer (CPFO) be delegated authority to sign the Orthotics NZ contract for ADHB for the term 1 July 2008 to 30 June 2011 with a total contract value of \$6.6m;</i></p> <p><i>(2) approves that the CPFO be delegated to sign variations to the contract within the above term for the purposes of applying changes in IDF revenue, FFT and demographics and any such changes to be advised to the Finance Committee.</i></p> <p><u>Carried</u></p>

10.2	<p>Finance Report</p> <p>The results for the month were good although it was noted that it was only the first month of the year.</p> <p><u>Moved Pat Snedden; seconded Jo Agnew</u></p> <p><i>That the Finance Report be noted.</i></p> <p><u>Carried</u></p>
11	<p>PAPERS</p>
11.1	<p>Labtests</p> <p>ARDHB 18 August 2009</p> <p><u>Moved Bob Tizard; seconded Pat Snedden</u></p> <p><i>That the Community Laboratory Services Report dated 18 August 2009 be noted.</i></p> <p><u>Carried</u></p>
12	<p>GENERAL BUSINESS</p>
	<p>Starship Foundation</p> <p>The Starship Foundation was having their Super Nova event on 16 September 2009 and those members wishing to attend should contact Susan Buckland. The Chair would be acknowledging the donation for the MRI.</p>
	<p>NEXT MEETING</p>
	<p>The meeting closed at 4:40pm.</p> <p>The next scheduled meeting is : 2:00pm, Wednesday 7 October 2009 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	