

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 3 March 2010										
Venue	Pohutukawa Room, Sorrento in the Park, One Tree Hill Domain, Epsom										
1	<p>KARAKIA</p> <p>The Chair declared the meeting open at 1:02pm 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>Rob Cooper</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>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 Kay Hyman – General Manager Children’s and Woman’s Services Hilda Fa’asalele – General Manager Pacific Health Chris Morgan – Manager Materials Management Janice Mueller - Director Allied Health Vivian Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>An apology had been received from Dr Chris Chambers.</p>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	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>										
4	<p>CONFIRMATION OF MINUTES 3 FEBRUARY 2010</p> <p><u>Moved Rob Cooper; seconded Ian Scott</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 3 February 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>The Laboratory Governance Group had met on 8 February 2010 where they considered things were progressing with the IANZ audit in March, KPIs being reported and a low level of complaints. The results of the tender for cervical screening were expected in March. A review of histology throughout the Auckland region was being undertaken including hospital laboratories.</p>										

6	<p>PRESENTATION Director General of Health</p>
	<p>Stephen McKernan, Director General of Health presented to the Board covering some of the current pressures and challenges including the economic and fiscal environment, driving productivity and value for money, workforce shortages, safety and quality, and equity of access and timely access, and making decision in the national interest including improving collaboration across DHB boundaries. Forthcoming challenges and pressures were population growth, increasing risk and prevalence of long term conditions, health inequalities, effective utilisation of the available workforce, effective application of technological advances and rising consumer expectations.</p> <p>A graphical example of New Zealand's population aging and distribution around the country showed that 4 DHBs were above the mean of New Zealand annual population growth and 5 DHBs were above the mean annual growth in 65 plus with the 3 Auckland regional DHBs being in both categories. In addition the savings challenge was compelling due to fiscal deficits forecast until 2016.</p> <p>Health system changes were the establishment of the National Health Board business unit and the Shared Services Establishment Board. The National Health Board was a business unit of the MoH and would cover funding and planning, services and performance monitoring. MoH would concentrate on policy and strategy. There were a number of government decisions pending concerning prioritisation of new technology and interventions, medical device procurement, quality improvement agency and national/regional/local decision making rights which would involve legislative change. Key priorities and expectations for 2010 - 2011 were to achieve financial stability, deliver against health targets, improve productivity and quality, implement change within primary care following the EOI process and enhance regional/national cooperation.</p> <p>Financial savings were expected to occur from a focus on productivity and quality improvements, procurement and shared back office support functions, other local saving initiatives and regional/national service planning initiatives. The MoH role was to provide joint sector leadership, system performance advice, support DHB productivity and quality improvement and to monitor DHBs performances. There was considerable sharing of information but there was also a need to have this interpreted and focused. Examples were average length of stay, day surgery rate, surgical case weights per theatre and across provider arms potential savings in excess bed days.</p> <p>He advised on learning's from a recent UK study tour with high performing in NHS Trusts being absolutely committed to national targets, having clear accountabilities for success and consequences for failure, stable leadership, strong clinical engagement and involvement and a strong focus on the patient. Further factors were strong measurement and reporting systems, a strong focus on benchmarking, strong commitment to improvement tools and methodologies and leadership actively planning and preparing for funding downturn.</p> <p>He advised 28% of admissions were ambulatory sensitive so the focus on targets was fundamental.</p> <p>The Chair thanked him for his presentation.</p>
5	<p>ACTION POINTS 3 FEBRUARY 2010</p>
	<p>City Mission</p> <p>The City Missioner would be coming to the Board meeting in May.</p> <p>Strategic Planning Day</p> <p>A proposed programme covering financial sustainability and clinical challenges with a future looking focus was tabled with the timing to be after the Budget or early June.</p>

7	CHAIRMAN'S REPORT
	<p>There had been an appearance before the Health Select Committee with a major focus on the Community Laboratories and ADHB had received compliments on its financial performance.</p> <p>He had met with the Royal College of General Practitioners on the Community Laboratories and they were engaged on getting information and a full survey of the sentinel practices. There had been a Regional Chair and CEO meeting and cooperation was good and regional service planning progressing although not fast enough. It had not achieved the step changes needed.</p> <p>The Chief Executive was asked for a regional governance report covering what had been achieved and what were impediments to progress.</p>
8.1	Chief Executive's Summary
	<p>The achievement of the immunisation rates target was acknowledged.</p> <p>Radiation oncology services needed a strategic regional plan to get to the four week waiting time. A total of 6 people had missed the six week waiting time target with some of those not wanting to be treated or having co-morbidities. The service was facing industrial action.</p> <p>In Health of Older People there were areas of contracted expenditure increasing so this was being watched carefully. ADHB was doing the assessments of people transferring from other DHBs with the reasons for coming to Auckland being mostly family and availability of more rest home facilities. The rate of increase over the last few months was less. ADHB did have a higher proportion of frail elderly.</p> <p>The EOIs had been signed off under delegated authority with all three supported with varying covenants. There had been concern expressed as to GP engagement.</p> <p>Emergency Department throughput was improving. The schedule of performance indicators had now been removed from the agenda with only exception reporting.</p> <p>The risk to the 2009/2010 results was being managed with weekly meetings chaired by the Chief Financial Officer with General Managers. With electives there was a planned slow down for Christmas and Easter. The funding of the new national configuration for paediatric oncology has not been resolved with a need for money to follow the patients. Shared Services were engaged with the Shared Services Establishment Board.</p>
8.2	Minister's Six Health Priorities 2009 - 2010
	<p>By the end of the year ADHB may not achieve all the targets, an example being an expected 18 months to achieve the ED waiting times. Diabetes "Get Checked" was reported at the GP level and there needed to be pressure on PHOs to ensure GPs are recording the data.</p> <p><u>Moved Pat Snedden; seconded Brian Fergus</u></p> <p><i>That the Chief Executive Summary and Minister's Six Health Priorities reports be received.</i></p> <p><u>Carried</u></p>

8.3	2010 - 2011 District Annual Plan and Statement of Intent
	<p>A further iteration of the District Annual Plan 2010 - 2011 was tabled. There was no room to set aside funds for other initiatives with the Funder expenditure increasing \$20m greater than the funding increase. There was a page by page review of the plan.</p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <p><i>That the ADHB Board notes the areas of changes required to the District Annual Plan 2010 – 2011; and</i></p> <p><i>notes that the Treaty partners have an interest in the District Annual Plan and are co-signatures to it; and</i></p> <p><i>notes the timeframes for printing the Statement of Intent; and</i></p> <p><i>approves signoff for submission to the Ministry by the Chair and Chief Executive.</i></p> <p><u>Carried</u></p>
9.1	Committee Recommendations
	<p>The CPHAC had discussed the DAP and had received a presentation from Professor Sir Peter Gluckman.</p> <p>The MHAC had very qualified support for the EOIs and had deferred the DNA report to a later meeting.</p> <p>The PHAC had considered the EOIs. It was noted that the Pasifika Week would be profiled from 8 – 12 March.</p> <p>The DSAC was considering holding monthly meetings and noted that other DHBs had disability coordinators. The last meeting had had a presentation from the CEO of the Elizabeth Knox Home on the Eden initiative which involved residents and working with them. HR would be advising the Committee on disability issues within ADHB. The Chair and Board members were invited to attend meetings.</p>
10.1	Committee Recommendations
	<p>The Quality Risk and Audit Committee had a good presentation by HR who did maintain excellent data bases.</p> <p><u>Moved Ian Ward; seconded Rob Cooper</u></p> <p><i>That the reports from the Committees be noted.</i></p> <p><u>Carried</u></p>
10.2	DAP Project Report
	<p><u>Moved Jo Agnew; seconded Juliet Walker</u></p> <p><i>That the DAP Projects Report be noted.</i></p> <p><u>Carried</u></p>

11.1	Finance Committee
	<p>The Committee had considered the DAP. There was a level of comfort of being able to deliver this year with management taking opportunities. The budget for the next year was achieved through bottom up budgeting so people owned the budgets and it was realistic.</p> <p><u>Moved Harry Burkhardt; seconded Ian Ward</u></p> <p><i>That the Auckland District Health Board agrees that the proposed repayment of \$10.5m to CHFA due in March 2010 as contained in the District Annual Plan 2009 – 2010 be suspended and that amount be lodged in an amortisation fund and that the redraw of \$13.5m of loan from CHFA be on the debt maturity profile as approved by the Committee, namely, \$3.5m to mature in 2012 and \$10m in 2019.</i></p> <p><u>Carried</u></p>
11.2	Finance Report
	<p>There was a good result for the month through planned leave and reduced production however the challenges going forward were not underestimated with savings increases required with this being addressed through weekly management meetings.</p> <p><u>Moved Pat Snedden; seconded Rob Cooper</u></p> <p><i>That the Financial Report be received.</i></p> <p><u>Carried</u></p>
12.1	2010 Triennial Election
	<p>A poll of members was conducted concerning the order of candidate's names on the voting papers with a majority in favour of the alphabetical order of candidate names.</p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <ol style="list-style-type: none"> <i>1. The Auckland District Health Board confirms the appointment of Dale Ofsoske, electoral officer for the Auckland Council, as the electoral officer for the Auckland District Health Board for the conduct of the 2010 triennial election; and</i> <i>2. resolves for the 2010 Auckland District Health Board triennial election, to adopt the alphabetical order of candidate names as permitted under regulation 31 of the Local Electoral Regulations 2001; and</i> <i>3. resolves for the 2010 Auckland District Health Board triennial election to adopt the early processing of returned voting documents, as permitted under section 79 of the Local Electoral Act 200; and</i> <i>4. authorises the Chief Executive to approve and sign the Memorandum of Understanding on behalf of the Auckland District Health Board with the Auckland City Council, for the conduct of the 2010 triennial Board election.</i> <p><u>Carried</u></p>

	CEO Professional Development
	<u>Moved Brian Fergus; seconded Rob Cooper</u> <i>That the Auckland District Health Board approves the professional development programme for the Chief Executive in the 2010 calendar year noting that it spans two financial years.</i> <u>Carried</u>
	NEXT MEETING
	The meeting closed at 3:34pm The next scheduled meeting is : 2:00pm, Wednesday, 7 April 2010 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton
CONFIRMED	
CHAIR:	DATE: