Board Meeting

Wednesday, 05 August 2015
2:30pm

A+ Trust Room
Clinical Education Centre
Level 5
Auckland City Hospital
Grafton

He Oranga Tika Mo Te Iti Te Rahi
Healthy Communities, Quality Healthcare

Published 28 July 2015
Agenda
Meeting of the Board
05 August 2015

Venue: A+ Trust Room, Clinical Education Centre
Level 5, Auckland City Hospital, Grafton

Board Members
Dr Lester Levy (Chair)
Jo Agnew
Peter Aitken
Doug Armstrong
Judith Bassett
Dr Chris Chambers
Dr Lee Mathias (Deputy Chair)
Robyn Northey
Morris Pita
Gwen Tepania-Palmer
Ian Ward

Auckland DHB Executive Leadership
Ailsa Claire Chief Executive Officer
Fiona Barrington Change Director
Simon Bowen Director of Health Outcomes – AHB/WDHB
Margaret Dotchin Chief Nursing Officer
Joanne Gibbs Director Provider Services
Naida Glavish Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Dr Debbie Holdsworth Director of Funding – ADHB/WDHB
Elizabeth Jeffs Group HR Director
Dr Andrew Old Chief of Strategy, Participation and Improvement
Rosalie Percival Chief Financial Officer
Linda Wakeling Chief of Intelligence and Informatics
Sue Waters Chief Health Professions Officer
Dr Margaret Wilsher Chief Medical Officer

Auckland DHB Senior Staff
Bruce Levi General Manager Pacific Health
Auxilia Nyangoni Deputy Chief Financial Officer
Marlene Skelton Corporate Business Manager
Gilbert Wong Director Communications

(Other staff members who attend for a particular item are named at the start of the respective minute)

Apologies Members: Robyn Northey

Apologies Staff: Margaret Dotchin, Sue Fleming

Karakia

Agenda
Please note that agenda times are estimates only

2.30pm
1. Attendance and Apologies
2. Register of Interest and Conflicts of Interest
   Does any member have an interest they have not previously disclosed?
   Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
3. Confirmation of Minutes 24 June 2015
3.1 Circulated Resolution: 2016 Meeting Schedule
2.40pm  4.  Action Points
2.45pm  5.  Health and Safety Report
2.50pm  6.  Chairman’s Report - verbal
2.55pm  7.  Chief Executive’s Report
2.55pm  8.  Lift the Health of People in Auckland City - NIL
3.00pm  9.  Manawa Ora Recommendations
         9.1  Maori Health Gain Integrated Contracts and Outcomes Framework
3.05pm  10  Live Within Our Means
        10.1  Financial Report
3.15pm  11  General Business
        12  Resolution to Exclude the Public

Next Meeting:  Wednesday, 16 September 2015 at 2.30pm
               A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

Hei Oranga Tika Mo Te Iti Me Te Rahi
Healthy Communities, Quality Healthcare
## Attendance at Board Meetings

<table>
<thead>
<tr>
<th>Members</th>
<th>18 Feb. 15</th>
<th>01 Apr. 15</th>
<th>13 May. 15</th>
<th>24 Jun. 15</th>
<th>05 Aug. 15</th>
<th>16 Sep. 15</th>
<th>28 Oct. 15</th>
<th>09 Dec. 15</th>
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<td>Lester Levy (Chair)</td>
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<td>Joanne Agnew</td>
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<td>Judith Bassett</td>
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<td>Morris Pita</td>
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<td>Gwen Tepania-Palmer</td>
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Key: 1 = present, x = absent, # = leave of absence
Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full nature of the interest is disclosed, not just the existence of the interest.

## Register of Interests – Board

<table>
<thead>
<tr>
<th>Member</th>
<th>Interest</th>
<th>Latest Disclosure</th>
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</table>
| **Lester LEVY** (Chair) | Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman)  
Chairman - Auckland Transport  
Independent Chairman - Tonkin and Taylor Ltd (non-shareholder)  
Director - Orion Health (includes Director – Orion Health Corporate Trustee Ltd)  
Professor (Adjunct) of Leadership - University of Auckland Business School  
Head of the New Zealand Leadership Institute – University of Auckland  
Member – State Services Commission Performance Improvement Framework Review Panel  
Director and sole shareholder – Brilliant Solutions Ltd (private company)  
Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder)  
Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder)  
Trustee – Levy Family Trust  
Trustee – Brilliant Street Trust | 19.02.2015 |
| **Jo AGNEW**      | Professional Teaching Fellow - School of Nursing, Auckland University  
Appointed trustee Starship Foundation  
Casual Staff Nurse - ADHB | 01.03.2014 |
| **Peter AITKEN**  | Pharmacy Locum - Pharmacist  
Shareholder/ Director, Consultant - Pharmacy Care Systems Ltd  
Shareholder/ Director - Pharmacy New Lynn Medical Centre | 17.01.2014 |
| **Doug ARMSTRONG** | Fisher and Paykel Healthcare  
Ryman Healthcare  
Trustee – Woolf Fisher Trust  
Daughter is a partner – Russell McVeagh Lawyers  
Member – Trans-Tasman Occupations Tribunal | 18.06.2015 |
| **Judith BASSETT** | Fisher and Paykel Healthcare  
Westpac Banking Corporation | 14.05.2014 |
| **Chris CHAMBERS** | Employee - ADHB  
Wife is an employee - Starship Trauma Service  
Clinical Senior Lecturer in Anaesthesia - Auckland Clinical School  
Member – Association of Salaried Medical Specialists  
Associate - Epsom Anaesthetic Group  
Shareholder - Ormiston Surgical | 26.01.2014 |
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Date</th>
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<tbody>
<tr>
<td>Lee MATHIAS</td>
<td>Chair - Counties Manukau Health, Deputy Chair - Auckland District Health Board, Chair - Health Promotion Agency, Chair - Unitec., Director - Health Innovation Hub, Director - Health Alliance Limited, Director - Health Alliance (FPSC) Limited, Chair - IAC IP Limited, Director/shareholder - Pictor Limited, Director - Lee Mathias Limited, Director - John Seabrook Holdings Limited, Advisory Chair - Company of Women Limited, Trustee - Lee Mathias Family Trust, Trustee - Awamoana Family Trust, Trustee - Mathias Martin Family Trust, Director – New Zealand Health Partnerships</td>
<td>29.06.2015</td>
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<tr>
<td>Robyn NORTHEY</td>
<td>Self-employed Contractor - Project management, service review, planning etc., Board Member - Hope Foundation, Trustee - A+ Charitable Trust</td>
<td>20.06.2012</td>
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<tr>
<td>Morris PITA</td>
<td>Member – Waitemata District Health Board, Shareholder – Turuki Pharmacy, South Auckland, Owner and operator with wife - Shea Pita &amp; Associates Ltd, Wife is member of Northland District Health Board, Wife provides advice to Maori health organisations</td>
<td>13.12.2013</td>
</tr>
<tr>
<td>Gwen TEPANIA-PALMER</td>
<td>Board Member - Waitemata District Health Board, Board Member - Manaia PHO, Chair - Ngati Hine Health Trust, Committee Member - Te Taitokerau Whanau Ora, Committee Member - Lottery Northland Community Committee, Member - Health Quality and Safety commission</td>
<td>02.04.2013</td>
</tr>
<tr>
<td>Ian WARD</td>
<td>Board Member - NZ Blood Service, Director and Shareholder – C4 Consulting Ltd, CEO – Auckland Energy Consumer Trust, Shareholder – Vector Group</td>
<td>09.07.2014</td>
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Minutes
Meeting of the Board
24 June 2015

Minutes of the Auckland District Health Board meeting held on Wednesday, 24 June 2015 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 2:00pm

Board Members Present
Dr Lester Levy (Chair)
Jo Agnew
Peter Aitken
Doug Armstrong
Judith Bassett
Dr Chris Chambers
Dr Lee Mathias (Deputy Chair)
Morris Pita (Present for open agenda)
Gwen Tepania-Palmer
Ian Ward

Auckland DHB Executive Leadership Team Present
Ailsa Claire Chief Executive Officer
Simon Bowen Director of Health Outcomes – AHB/WDHB
Dr Debbie Holdsworth Director of Funding – ADHB/WDHB
Dr Andrew Old Chief of Strategy, Participation and Improvement
Rosalie Percival Chief Financial Officer
Linda Wakeling Chief of Intelligence and Informatics
Sue Waters Chief Health Professions Officer
Dr Margaret Wilsher Chief Medical Officer

Auckland DHB Senior Staff Present
Fiona Barrington Human Resources Change Director
Bruce Northey Legal Counsel
Marlene Skelton Corporate Business Manager
Gilbert Wong Director Communications

(Other staff members who attend for a particular item are named at the start of the minute for that item)

[Secretarial Note: The Chair, Lester Levy welcomed Fiona Barrington, Human Resources Change Director to her first meeting of the Board.]

1. ATTENDANCE AND APOLOGIES

That the apologies of Board Member Robyn Northey and Morris Pita (for early departure) be accepted.

That the apology of Executive Leadership Team Member, Margaret Dotchin and Senior Staff Member, Bruce Levi, General Manager Pacific Health be accepted.

2. CONFLICTS OF INTEREST

Dr Lee Mathias (Deputy Chair) asked that it be recorded in the interests register that she was now a Director with New Zealand Health Partnerships Ltd.

There were no declarations of conflicts of interest for any items on the open agenda.

3. CONFIRMATION OF MINUTES 13 May 2015 (Pages 8-16)

Resolution: Moved Judith Bassett / Seconded Lee Mathias

That the minutes of the Board meeting held on 13 May 2015 be confirmed as a true and accurate record.
Carried

4. **ACTION POINTS 13 MAY 2015** (Pages 17)

No issues were raised.

5. **CHAIRMAN’S REPORT**

The Board Chair did not raise any matters at this point in the meeting.

6. **CHIEF EXECUTIVE’S REPORT** (Pages 18-25)

The Chief Executive Ailsa Claire, asked that her report be taken as read. Matters highlighted or updated by the Chief Executive included:

- The very successful Staying Connected Sessions held for staff during April and May at Auckland City Hospital, Greenlane and Rehab Plus. These were attended by approximately 600 people. During the sessions the Chief Executive provided an update on progress, and future direction. The refreshed values were also revealed and were positively received. A video of the sessions is available on the staff intranet.

- On 9, 10 and 11 June 2015 celebrations were held with those who had dedicated more than 20 years’ service with Auckland DHB. Around 320 people attended. As with the very successful inaugural A+ Trust Nursing and Midwifery Awards, the Long Service Award events were managed by Maxine Stead from Communications. Her dedicated effort had ensured these events ran smoothly and were highly enjoyable and favourably comment upon by staff. As a result Maxine had been awarded a Local Hero Award.

- Improved access to elective surgery and increased immunisation 8 months were shown on page 21 of the agenda as unlikely to have their targets met. The eight month immunisation health target projected result for the quarter is 94%, against the target of 95%. As at 5 June 2015, 93.5% of the cohort turning eight months in the quarter are fully immunised though some of these were immunised after the milestone of eight months of age. Within target, 92.5% are fully immunised and a further 33 children need to be vaccinated to achieve the target. However, it is possible to immunise at most 27 more children. These 27 children are on active follow up with the outreach immunisation service (OIS). The maximum possible coverage rate achievable this quarter is 94.2%.

- Some exciting results emerging with the Better Brain Care Pathway programme underway in the Older People’s Health and General Medicine wards. This improves care and treatment for dementia patients. With family assistance, patients are encouraged to complete a “This is me” booklet to provide information about the patient and their routines. The booklet stays with the patient to help those involved with their care to understand more about the patient as a person, what calms them and makes them feel safe. A further focus of the Better Brain Care Pathway is
making sure people are discharged safely with ongoing support.

Matters covered in discussion and response to questions included:

- It was explained to Committee members that the currently used National Register for Immunisation had also been utilised for the capture of Flu Vaccination data. Tens of thousands of flu vaccination notices had been loaded into the system which had overloaded it, substantially slowing the system. The issue had been elevated to the Ministry of Health along with suggestions for improvement however no acknowledgement had as yet been forthcoming that this was a contributing factor to the Auckland DHB not being able to meet its target.

Action

That Dr Debbie Holdsworth, Director of Funding – Auckland DHB/Waitemata DHB, prepare a letter for the Board Chair and Deputy Board Chair to send to the Minister in relation to issues causing difficulty in being able to meet the eight month immunisation health target.

That the report be received.

7. HEALTH AND SAFETY SCORECARD

There was no open Health and Safety Scorecard report.

8. LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY

There were no recommendations to refer from the Community and Public Health Advisory Committee.

9. LIVE WITHIN OUR MEANS

There were no reports

10. GENERAL BUSINESS (Pages 26-27)

10.1 Meeting Schedule 2016

This item was inadvertently overlooked and not considered at this time.

[Secretarial Note: This item was considered under circular resolution following the meeting and a decision was made by the Board on 3 July 2015 to approve the attached meeting schedule for 2016. This decision will be reported back to the 5 August 2015 Board Meeting.]
11. **RESOLUTION TO EXCLUDE THE PUBLIC** (Pages 28-32)

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

**Resolution:** Moved Gwen Tepania-Palmer / Seconded Lee Mathias

<table>
<thead>
<tr>
<th>General subject of item to be considered</th>
<th>Reason for passing this resolution in relation to the item</th>
<th>Grounds under Clause 32 for the passing of this resolution</th>
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</thead>
</table>
| 1. Confirmation of Confidential Minutes 13 May 2015 | **Confirmation of Minutes**  
As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000. | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 2. Action Points 13 May 2015 | **Confirmation of Action Points**  
As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000. | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 3.1 Health and Safety Performance Report (May 2015) | **Commercial Activities**  
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]  
**Obligation of Confidence**  
The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 4.1 Financial Report | **Commercial Activities**  
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]  
**Obligation of Confidence**  
The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
<p>| 4.2 Funder Report | Commercial Activities | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000] |
| 4.3 Regional After Hours Services | Commercial Activities | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000] |
| 4.4 Delegation of Authority – Contract Approval and Signing | Commercial Activities | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000] |
| 4.5 Maori Provider Integrated Contract | Commercial Activities | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000] |</p>
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<th>Section</th>
<th>Commercial Activities</th>
<th>Confidentiality Consideration</th>
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| 5.1     | Alcohol Free Environments Policy | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]
|         | **Obligation of Confidence** | The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] |
| 6.1     | Bond FRA Accounting Treatment | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]
|         | | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 6.2     | Revised Treasury Policy | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]
|         | | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 6.3     | Detailed Capital Expenditure Budget | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]
|         | | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 6.4     | Amendments to healthAlliance NZ Governance Documents | To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]
|         | | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding |
| 6.5 | Regional Core Public Health Services Contract | **Commercial Activities**  
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
|  |  | **Obligation of Confidence**  
The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] |  |
| 6.6 | E-Prescribing Phase Two (2.3/2.4) – Intra and Inter Hospital Referrals Business Case | **Commercial Activities**  
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
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| 6.7 | Northern Region Histology Contract Sign Off Request | **Commercial Activities**  
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
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| 6.8 | Osborne’s Pharmacy (1974) Ltd | **Commercial Activities**  
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
|  |  | **Obligation of Confidence**  
The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of |  |
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<th>Security Access Control and CTV Systems Upgrade</th>
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<td>commercial activities [Official Information</td>
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<td><strong>7.1</strong></td>
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<th>Confidence</th>
<th>NZ Health Innovation Hub 2015/2016 Plan</th>
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<td><strong>8.1</strong></td>
<td><strong>Commercial Activities</strong></td>
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<th>Confidence</th>
<th>Auckland/Waitemata DHBs Maternity Services Collaboration: Summary of Communications and Consultation</th>
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<td><strong>8.2</strong></td>
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<td><strong>Commercial Activities</strong></td>
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### Commercial Activities
**To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]**

That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

**Carried**

The meeting closed at 4.50pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 24 June 2015

Chair: ____________________________
Lester Levy

Date: ____________________________
Circulated Resolution

2016 Meeting Schedule
3 July 2015

Recommendation

That the Board approve the Meeting Schedule for 2016 as set out in pages 26 and 27 of the open agenda for the meeting of 24 June 2016.

Prepared by: Marlene Skelton (Corporate Business Manager) for Lester Levy (Board Chair)

1. Background

This report outlines for information purposes a decision made by the Board between meetings via the circulated resolution process.

2. Summary

At the last Board meeting held on 24 June 2015, a brief but important item was inadvertently overlooked, being Item 10.1 “2016 Board and Committee meeting schedule”.

The proposed schedule was prepared on the same basis as for 2015, continuing to operate on a collaborative basis with Waitemata DHB for CPHAC, DSAC and MHGAC meetings and on a six weekly meetings cycle coordinated with Waitemata DHB’s cycle.

As for 2015 the cycle follows the pattern (all meetings on Wednesdays):

- Week 1 – ADHB Audit and Finance and combined MHGAC / DSAC (alternating)
- Week 2 – WDHB Audit and Finance and combined CPHAC
- Week 3 – No meetings (but may be used at times for Special meetings, workshops etc.)
- Week 4 – ADHB HAC and ADHB Board
- Week 5 – WDHB HAC and WDHB Board
- Week 6 – No meetings (may be used at times for Special meetings, workshops etc.)

Week 1 combined meetings are at Auckland DHB and Week 2 at Waitemata DHB.

The proposed cycle for the two Boards for 2016 commences on 27 January and concludes on 14 December.

3. Conclusion

The Board, by circulated resolution, approved the 2016 Meeting Schedule and the decision below was passed on 3 July 2015.

That the Board approve the Meeting Schedule for 2016 as set out in pages 26 and 27 of the open agenda for the meeting of 24 June 2016.
### Action Points from Previous Board Meetings

As at Wednesday, 24 June 2015

<table>
<thead>
<tr>
<th>Meeting and Item</th>
<th>Detail of Action</th>
<th>Designated to</th>
<th>Action by</th>
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</table>
| 9.3 18 February 2015 | **Rules of Sourcing**  
That the Chief Finance officer and Legal counsel undertake to ensure that the matter of development of a policy and supporting practises being put in place for rules of sourcing is placed on the agenda of the other Regional District Health Boards.  
The response has not addressed the issues raised. Bruce Northey, Legal Counsel is following this up and will update the Board with progress.  
MBIE sent a letter to all District Health Board Chief Executives regarding issues raised about the Rules of Sourcing. Auckland DHB Legal Counsel is working with hA and the other District Health Board Lawyers in the region to develop a common procurement policy that incorporates this feedback. This policy will then be forwarded to Boards for approval. | Rosalie Percival/Bruce Northey | When regional policy is developed. |
| 4 1 April 2015 |  |  |  |
| 22 April 2015 |  |  |  |
| Item 6 24 June 2014 | **Eight Month Immunisation Health Target**  
That Dr Debbie Holdsworth, Director of Funding – Auckland DHB/Waitemata DHB, prepare a letter for the Board Chair and Deputy Board Chair to send to the Minister in relation to issues causing difficulty in being able to meet the eight month immunisation health target. | Debbie Holdsworth | ASAP |
Health and Safety Report

Recommendation

That the Health and Safety report be received.

Prepared by: Sue Waters Chief Health Professions Officer
Endorsed by: Ailsa Claire (Chief Executive Officer)

Health and Safety Management at Auckland DHB

Introduction

Safety at Auckland DHB is a joint responsibility between a number of departments and services. It is the wider aspects of facilities and site safety that often pose the highest risk for harm to workers, patients and visitors.

The Health and Safety Reform Bill proposes to reform NZ health and safety systems following the work of the Independent Task Force on Workplace Health and Safety and the Royal Commission on the Pike River Coal Mine Tragedy.

The Bill is part of “Working Safer”, a major package of changes to the Health and Safety in Employment Act 1992. It will also amend the Hazardous Substances and New Organisms Act 1996 and The Accident Compensation Act 2001 to give effect to the Working Safer reforms.

A suite of regulations will support the Act and provide more detail. These will be in two phases of Regulations and the first phase draft was published at the end of May 2014.

Auckland DHB has mature health and safety systems that provide a good foundation for meeting the requirements of the new legislation. All health and safety systems are under internal review to identify any gaps and prepare a detailed action plan. The review includes benchmarking health and safety systems and practices with other organisations, both health and outside of health, to inform improvements.

An external reviewer has undertaken a review of all health and safety systems against likely requirements under the new act and regulations.

Background

The Health and Safety in Employment Act 1992 (HSE) requires that an employer take all practical steps to keep people safe in the work place. This obligation is wider than employees alone. The obligation includes employees, students, contactors, volunteer, patients and visitors.

The health and safety at Auckland DHB is managed through a number of services:

- Occupational Health and Safety addresses the safety of workers.
- Quality and Safety manages the all aspects of patient safety related to medical treatment,
- Facilities manage the safety of the buildings and grounds used by Auckland DHB (including major building projects).
- Non-Clinical Support manages the safety in relation to companies contracted to provide services with in Auckland DHB (i.e. Taylors, Mail Services, Security).
Health and safety management is based on managing the risks related to hazards identified in the workplace. These are generally organised into 5 main categories: Physical Environment, Chemical, Biological, Ergonomic, and Psycho-social.

This means that health and safety management applies to all work processes, equipment, furniture and materials etc. used within the facility as well as the entire facility itself. The facilities that apply are all areas where the employer conducts business; i.e. these are all work areas, all aspects of the infrastructure and plant within the buildings used, common areas indoors, common areas outdoors.

Current process in place

Safety is an integral part of all management activities. Most people managers deal primarily with occupational health and safety requirements as a key accountability for them is to keep the workers safe within the workplace. The wider aspects of safety are managed through various systems and processes in a number of non-clinical support areas. The systems and processes are outlined below:

Hazard Management system

This applies to general hazard identification that all workers are encouraged to participate in i.e. “if you see it report it”. Auckland DHB currently has a paper based system but is moving towards an on-line system later this year. Hazards go onto a Hazard Register and significant hazards require a formal Hazard Control Plan that is reviewed 6 monthly. This system is monitored twice a year by Health and Safety Representatives as part of the Workplace Checklist.

Occurrence Reporting

If an accident occurs to a worker in the workplace this may indicate that there has been a breach in hazard control, therefore every Occurrence report is investigated to identify the root cause and potential safety issue.

Procurement

Ideally hazards are identified before they are introduced into the workplace. This is done through risk assessment of materials and equipment that are purchased for use in the workplace. Health and safety endorsement is required on all purchases between $1000 and $100,000 via the Capex process.

Facilities schedule of regular preventative maintenance

This is managed by Facilities via the BIEMS system and applies to all aspects of the general building safety including such things as elevators, mechanical ventilation, fire equipment, alarm systems, portable non-clinical equipment electrical inspections, and other item required for the Building warrant of fitness.

Facilities Repairs and Maintenance

All repairs to facilities and non-clinical equipment are managed through the BIEMS system. Requests are raised and work orders completed by PAE and various subcontractors i.e. general repairs, plumbing, electrical repairs.

Facilities/Occupational Health and Safety Action Plan

Occupational Health and Safety meet monthly with Facilities to review progress on agreed action points. These generally include significant hazards existing in common areas, for example, roadways.
Action points are raised based on hazards identified at Health and Safety Committee meetings as well as accident investigations, hazards identified by staff, Occupational Health and Safety Advisor recommendations coming out of workplace safety assessment and Health and Safety representatives.

**Facilities Design and Commission Projects**

Large renovation and new build work on behalf of Auckland DHB results in larger projects occurring within or adjacent to areas used by workers, patients and members of the public. Each of these projects is managed by a Project Manager within Facilities and contracted out to construction companies such as Hawkins or Fletchers. This results in a large number of subcontractors utilised in the projects. The sites are isolated and restricted from Auckland DHB staff and patients by fencing or similar. The health and safety within the site is managed by the main contractor and overseen by the Auckland DHB project manager. Under the principle/contactor relationship within the HSE Act the principle (Auckland DHB) hold ultimate liability for any serious harm that may occur during the project.

**Clinical Equipment**

Certification and preventative maintenance of clinical equipment is managed by Clinical Engineering. This includes all electrical inspections and calibrations.

**HSNO Site Certification**

The Hazardous Substances New Organisms Act requires that all workplaces are site certified by an independent inspector annually. This applies mainly to storage of hazardous substances over threshold volumes or of a high level of risk for causing serious harm. At Auckland DHB this applies to the large LPG tanks, various diesel tanks, the dangerous goods store etc. Auckland DHB is currently not site certified but a process is in place with an independent site certifier to achieve that.

**Management of Contractor Safety**

The HSE requires that a principle ensures that the activity of contactors working within a business is conducted in a safe manner both for the workers of the contractors as well as ensuring that work that the contractor undertakes does not cause harm with the principles workers, for example, ensuring that processes of the contractor are designed to ensure that transport of bins within the site by a contractor does not harm an Auckland DHB employee.

**Due Diligence**

The due diligence of compliance within the various systems occurs under a number of pieces of legislation and is the responsibility of services that provide the system, these are:

- Health and Safety in Employment Act
- Accident Compensation Act
- Hazardous Substances New Organisms Act
- Building Act
- NZ Fire regulations

Compliance is achieved through inspection and certification conducted by external certifiers. See the table attached for a list of current compliance activity. (Note: this list may not be exhaustive)
# Health and Safety Related Compliances. (Not an exhaustive list)

<table>
<thead>
<tr>
<th>Purpose and Standard</th>
<th>Status</th>
<th>Managed by</th>
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<tbody>
<tr>
<td><strong>ACC Partnership Programme</strong></td>
<td>Current</td>
<td>Occupational Health &amp; Safety</td>
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<tr>
<td>The standard/legislation is compliant to ACC 440 with an annual frequency.</td>
<td>Date of last audit November 2014.</td>
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<tr>
<td><strong>HSNO Site Certification</strong></td>
<td>Not current. Certification in progress by external certification services.</td>
<td>Facilities Management</td>
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<tr>
<td>The standard/legislation is compliant to HSNO with an annual frequency.</td>
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<tr>
<td><strong>Staff Health Surveillance in Relation to Hazardous Substance Exposure</strong></td>
<td>Current</td>
<td>Occupational Health &amp; Safety</td>
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<tr>
<td>Monitor the health of staff exposed to hazardous substances.</td>
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<tr>
<td>The standard/legislation is compliant to HSE 1992 with an annual frequency.</td>
<td></td>
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<tr>
<td><strong>Fire Equipment</strong></td>
<td>Current</td>
<td>Facilities Management</td>
</tr>
<tr>
<td>Ensure fire access and equipment is maintained.</td>
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<tr>
<td>The standard/legislation is compliant to NZ Fire Service with an annual frequency.</td>
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<tr>
<td><strong>Non Clinical Equipment Electrical Certification</strong></td>
<td>Current</td>
<td>Facilities Management</td>
</tr>
<tr>
<td>Ensure all portable non- clinical equipment is safe. Managed via BIEMS.</td>
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<tr>
<td><strong>Fire Drills</strong></td>
<td>Current</td>
<td>Emergency Management</td>
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<tr>
<td>Ensure building and floor wardens are correctly trained. The standard/legislation is</td>
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<tr>
<td>compliant to HSE Act/NZ Fire Service with a frequency of 6 months.</td>
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<tr>
<td><strong>Fire Alarm Testing</strong></td>
<td>Current</td>
<td>Facilities Management</td>
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<tr>
<td>Ensure all fire alarms are operating as required.</td>
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<tr>
<td>The standard/legislation is compliant to Building WOF with an annual frequency.</td>
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<tr>
<td><strong>Clinical Equipment Electrical</strong></td>
<td>Ongoing</td>
<td>Clinical Engineering</td>
</tr>
<tr>
<td>Ensure clinical equipment has an annual check and meets operating requirements.</td>
<td></td>
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<tr>
<td><strong>Annual Hoist Testing (Including slings)</strong></td>
<td>Current</td>
<td>Facilities Management</td>
</tr>
<tr>
<td>Ensure all patient hoists are safe.</td>
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<tr>
<td>The standard/legislation is compliant to NZ Patient handing Guidelines. The frequency is annual.</td>
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<tr>
<td><strong>Scheduled Preventative Maintenance Buildings Infrastructure</strong></td>
<td>Current</td>
<td>Facilities Management</td>
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<tr>
<td>Ensure maintain all aspects of the building systems, ventilation, elevators,</td>
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<tr>
<td>escalators, boilers, electrical systems, generators, sprinkler systems etc. The</td>
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<tr>
<td>standard/legislation is compliant to the Building Act 2004 on an as required basis.</td>
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<tr>
<td><strong>Other Health and Safety Reporting</strong></td>
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Chief Executive’s Report

Recommendation

That the report be received.

Prepared by: Ailsa Claire (Chief Executive)

Glossary
AAHA Auckland Academic Health Alliance
FMHS Auckland Faculty of Medical and Health Sciences
NZMA New Zealand Medical Association
RACS Royal Australasian College of Surgeons
RDA Resident Doctors Association
VTE Venous thromboembolism

1. Introduction
This report covers the period from 5 June – 17 July. It includes an update on the management of the wider health system and is a summary of progress against the Board’s priorities to confirm that matters are being appropriately addressed.

2. External and Internal Communications

2.1 External
Auckland DHB has made public statements about:
- Soliciting public views on our café services
- The start of Dry July fundraising

We received 75 requests for information, interviews or for access from media organisations in the period from 5 June to 17 July. Media enquiries included interest in:
- requests for information about NICU staff and services (who were being publicly praised by the parents of a former patient)
- numbers of GP clinics offering after hours care for children under 13 at no charge
- training accreditation and culture in the Department of Critical Care Medicine
- regarding patients of the Mental Health and Addictions service absenting themselves.

Apart from those noted, approximately 70 per cent of the enquiries over the period were routine enquiries about the status of patients hospitalised following crimes or accidents or who were of interest because of their public profile.

We received 32 Official Information Act requests.

2.2 Internal

- Four CE blog posts were published. These covered the Long Service Awards, Dementia Services, the improvements in the Clinical Sterile Supplies Department and the new Digital Wall.
- One Team Talk blog by Margaret Wilsher encouraging use of the Transition lounge.
- 23 news updates were published on the DHB intranet.
- six eNova (weekly electronic newsletters) were published.
2.3 Events and Campaigns

**Digital Wall**
A new digital wall is in place on level 5 of Auckland City Hospital. The wall provides an opportunity to promote key health messages to patients, visitors and staff. As well as providing news, entertainment and sport.

Alongside the screen is a wall of plants, light boxes and a book exchange library. There is also a place to charge devices and to connect to wifi.

The space was developed by student interns as part of the 2014/15 Rosella programme and picked up on feedback we heard through the Public Spaces Discovery Week in 2014. Rosella is a technology and creative design programme focusing on meaningful use of information via digital media. Content has been developed and sourced by the Communications Team and the day-to-day running will be managed by that team and Reception staff. Feedback will be sought to develop content for the digital wall and make any further design changes.

**Dry July**
Dry July kicked off and staff were encouraged to join Deputy CMO and Director of the Northern Region Cancer and Blood Service Dr Richard Sullivan and go teetotal for the cause.

Dry July is a way of raising money for projects in our cancer services that directly benefit patient experience and improving your own health by having an alcohol-free month.

**Flu Vaccination Clinics**
The Flu Vaccination campaign continues to roll out. It is in Phase four, with some staff still to be vaccinated at work in the variety of opportunities we provide. As of this report’s preparation, 75 per cent of staff had been vaccinated. The previous years’ results are:

- 2012 55 per cent
- 2013 63 per cent
- 2014 74 per cent.

**Health Excellence Award Applications open**
The fifth Health Excellence Awards will take place on 3 December 2015. Applications for these Awards opened on 21 July. Auckland DHB staff and organisations that support the health and wellbeing of the Auckland DHB population are invited to put forward an application.

**Pink Morning Tea**
Two of the Administration Team in level 5, Natalie Rees and Charlotte West put together a ‘Pink Morning Tea’ to raise money for Breast Cancer Awareness. With baking donations from colleagues, the pair managed to raise $1200 for the cause.

**Quality Improvement Grand Round**
A quality Grand Round encouraging staff to live the value and Aim High was held in July. The Grand Round was held to inspire people to apply for the Health Excellence Awards. It was also an opportunity to hear from two of last year’s Health Excellence Award finalists – Janine Mortimer and Ian d’Young and from one of the judges – Greg Balla, Executive Vice President, Orion Health. The awards launched the applications for the Health Excellence Awards 2015.
**Rapid Response Service**

This new nurse-led service launched on 22 July and is available 8am to 8pm, daily. The service will support patients with a safe and earlier discharge by providing rapid assessment, care and treatment in the community and aims to reduce hospital admissions and readmissions and provide support after discharge.

**The Vulnerable Children Act**

The Act came into effect from 1 July 2015. The Act requires us to put in place additional measures to protect the safety of children (under 17) who access our services.

The biggest impact for us is the additional safety checks for those defined by the Act as a children’s worker. A children’s worker is defined as anyone whose work may, or does, involve regular or overnight contact with a child or children and where contact takes place without a parent or guardian of the child being present. This will include many of our roles at Auckland DHB, both clinical and non-clinical. From 1 July it will be a breach of the law to start a core service children’s worker who has not been safety-checked.

Hiring managers were invited to attend 30 minute drop-in sessions run by the HR Manager for Child Health with the Recruitment Manager to find out what the act means for them.

**2.4 Social Media**

Our social media channel engagement continues to increase:

- 2,856 like us on Facebook
- 1,727 follow us on Twitter
- 3,608 connect with us on LinkedIn

Most popular items of content this period were:

- Campaigns – Public transport forums, Dry July, Influenza vaccination
- Our People – Starship National Air Ambulance, Local Heroes, Honouring Sir Patrick Eisdell Moore, Pink Ribbon breakfast, hand hygiene poster competition, TVNZ’s Good as Gold person of the week, Long Service awards, welcoming new staff/new volunteers
- Wellness – step it up campaign, #adhbwelling
- Partners – #StepForward mental health initiative, Drager patient care monitoring launch
- Patient Experience – NZ Herald’s raves, #highfives patient compliments
- Sustainability tips

**2.5 People**

**Gil Sewell**

Gil Sewell has been appointed Organisation Development Director. Gil joins us from Fonterra and has more than 25 years’ experience in organisation development. She will be responsible for designing, developing and rolling out a strategy for our development, with a particular focus on leadership and culture.

**Local Heroes**

Fifteen people were nominated as ‘Local Heroes’ during June. Local hero awards were presented to Dr Suresh Navadgi, Hepato-biliary Fellow with Ward 78 and Dr Kavin King, Consultant Dental Surgeon for Special Needs. Suresh was nominated by a patient’s family who said, “My wife has had some real ups and downs, and had to be readmitted because of post-operative complications.”
We have both witnessed some really excellent staff and high levels of care. One of your staff has really gone the extra mile - surgeon Suresh Navadgi who is part of Adam Bartlett’s team. Suresh personally intervened on a number of occasions to ensure my wife got the treatment she needed when (we felt) communication between departments was breaking down. On one occasion he personally escorted my wife to a follow up ultrasound to ensure that the procedure was correct and to give my wife reassurance.”

Kavin was also nominated by a patient’s family who said, “Dr King has been treating my sister who is intellectually and physically disabled. Dr King is always kind and gentle with her. He exhibits compassion and respect to his special patients in a manner that reflects him to be a genuine and lovely man.”

Long Service Awards
We held three Long Service Events in June - with more than 300 people attending. The events were a good opportunity for staff to celebrate together with their family and friends. The events celebrated 20, 30, 40 and even 50 years’ Service. Everyone received a badge, certificate and personally signed card from the Chief Executive. The longest serving person was Frances Buchanan, a transcriptionist at Auckland DHB who has been with the organisation for 50 years.

The events were well received by those who attended and people were grateful for this opportunity to be recognised. In addition to presentations at the Awards about 200 Certificates, badges and cards were also distributed via directors to staff who had unable to attend the events.

The Long Service recognition scheme is an ongoing process as we catch up in recognising the long service of around 900 members of the DHB team. We will be holding further events on 21 and 22 October 2015.

3. Performance of the Wider Health System

3.1 National Health Targets Performance Summary

<table>
<thead>
<tr>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute patient flow (ED 6 hr)</td>
<td>Jun 94%, Target 95%</td>
</tr>
<tr>
<td>Improved access to elective surgery</td>
<td>99% to plan for the year</td>
</tr>
<tr>
<td>Shorter waits for radiation therapy &amp; chemotherapy</td>
<td>Jun 100%, Target 100%, Year to Date 100%</td>
</tr>
<tr>
<td>Better help for smokers to quit</td>
<td>Jun 95%, Target 95%</td>
</tr>
<tr>
<td>Cardiac bypass surgery</td>
<td>Jun 70 patients, Target &lt; 104</td>
</tr>
<tr>
<td>More heart &amp; diabetes checks</td>
<td>Jun Qtr 90%, Target 90%</td>
</tr>
<tr>
<td>Increased immunisation 8 months</td>
<td>Jun Qtr 94%, Target 95%</td>
</tr>
</tbody>
</table>

Key: Proceeding to plan | Issues being addressed | Target unlikely to be met
Commentary

Acute patient flow
We have had peaks of record high volumes since May and while winter is always busy, this season surges of high-acuity patients have superimposed on top of the winter load. With some staff shortages in medical and nursing, the acute patient flow target is at risk. A range of mitigations are in place or coming on stream. They include:

- Filling the roster gaps
- Flexing ward capacity
- A winter communications plan to raise awareness of the issue
- Extending the staff flu vaccination
- A rapid response service alleviating some patient admission demand and facilitating discharge

Eight month immunisation target
Please see the detailed description of activity to address the eight-month immunisation target in the Funder report to Board.

3.2 Financial Performance
The preliminary and unaudited result for the year ended Jun-15 is a net surplus of $310k, which was $283k favourable to budget. Underlying this net position was additional revenue of $1.6m, primarily from the Ministry of Health for additional side contracts funding and for reimbursement of additional capital charge cost incurred as a result of the revaluation of land at 30 June 2014. This was sufficient to fully offset expenditure which was higher than budget by $1.3m. Within expenditure categories, personnel costs and Funder payments to external providers were favourable to budget, partially offsetting adverse cost variances realized in outsourced services, clinical supplies and infrastructure costs. Our savings program fully achieved the year’s target of $49.6m.

3.3 Clinical Governance Commentary

Culture among medical staff
We are responding to two organisations concerned with the issue of bullying in the health sector – the Royal Australasian College of Surgeons (RACS) and the Resident Doctors Association (RDA). The latter has surveyed junior doctors and, as per a previous report (Child S et al NZMA), found a high prevalence of bullying and harassment of RMOs in DHBs. The RACS has initiated a review of bullying by surgeons and commissioned an expert advisory group to help it tackle this.

Michael Geraghty
Michael, a nurse practitioner in Auckland City Hospital’s Emergency Department, has been acknowledged by the Director-General, Ministry of Health. Michael contributed to the New Zealand Medical Assistance Team (NZMAT) deployment to the Shepherd Islands in Vanuatu earlier this year. This was in the wake of the destruction caused by Cyclone Pam.

Sir Patrick Eisdell Moore
Sir Patrick Eisdell Moore, a medical pioneer and one of the most distinguished alumni of Auckland City Hospital, passed away in June aged 97. Sir Patrick was an esteemed ear, nose and throat specialist. A pioneer of cochlear implants, he was the first person in the world to perform an eardrum transplant. He established Auckland’s Hearing House and for many years travelled to the East Cape to run clinics for local children with ear problems.
During World War Two he served as a medical officer and was feted as the ‘most Māori’ of the Pākehā doctors in the 28th Māori Battalion. Chief Medical Officer Dr Margaret Wilsher has expressed our condolences to the family on behalf of Auckland DHB.

**Dr Gill Bishop**

Dr Gill Bishop has been appointed Service Clinical Director of the Department of Critical Medicine (DCCM), Auckland City Hospital. Most recently Gill has been employed as Director of Intensive Care, Campbelltown Hospital, South-western Sydney Local Health District. Gill has been a pioneer in Australia developing hospital-wide systems for managing the deteriorating patient. This is a major issue for us at Auckland DHB, and we are looking forward to her expertise in this area.

We acknowledge the efforts of Dr Mark O’Carroll, Respiratory Service Clinical Director who has provided leadership to the service this year. Mark’s contribution has been all the more remarkable as he has also made a significant contribution in addressing the issues connected to the training accreditation matters we note above.

**Tackling Venous Thromboembolism (VTE)**

Patients admitted to hospital are known to be at an increased risk of VTE. Surgery increases this risk by up to 40 per cents. Risk stratification for VTE is a recognised international best practice standard, endorsed by the Ministry of Health and Health and Disability Commissioner.

At Auckland DHB we have changed the admission process for surgical patients to incorporate a section for VTE risk assessment and provided training and promotion of this activity to raise awareness amongst staff. This has been in conjunction with surgical services, anaesthesia and pharmacy to ensure completion of the assessment.

**Auckland Academic Health Alliance Research Grants**

The first AAHA research grants have been advertised and of the 29 generally excellent applications, five outstanding projects have been selected for funding. This funding round generated a lot of interest and exciting new collaborations have emerged. The announcements will be made at a function at the Auckland Faculty of Medical and Health Sciences (FMHS), Park Road, Grafton following Auckland DHB’s board meeting.

The purpose of this funding is to directly encourage and boost relationships between the FMHS and Auckland DHB research staff and to encourage researchers from both organisations to work together. All applications will have one Auckland DHB and one FMHS co-lead investigator. Applications were assessed on scientific merit, feasibility and contribution of the research to AAHA Collaboration goals. In 2015, two grants of up to $50,000 and two grants of up to $100,000 will be awarded and successful applicants will need to obtain all other necessary approvals to start their research by 1st November 2015.

**Care Capacity Demand Management Discovery Week**

Care Capacity Demand Management is a programme that supports the DHB to safely and consistently match the demand it places on its services (care required by patients) with the supply of resources required to meet this (staff, knowledge, equipment, facility). Care Capacity Demand Management has its origins in a collaborative agreement between the New Zealand Nurses’ Organisation (NZNO) and New Zealand’s District Health Boards a decade ago. Auckland DHB will progressively roll-out this programme, beginning with a ‘Discovery Week’.

Discovery Week is a current-state assessment exercise to engage and gather facts from staff. It was conducted 21 through 27 July, with further communication and engagement programmed to follow.
Maori Health Gain Integrated Contracts and Outcomes Framework

Recommendation

That Board:

2. Endorse the ongoing implementation of the framework.

Prepared by: Marlene Skelton (Corporate Business Manager)

Glossary

1. **Background**
   This was discussed by the Manawa Ora Committee at their meeting held on 15 July 2015 and was item 9.2 on the agenda (see pages 166-205).

   The Manawa Ora Committee recommends to the Board as set out above.
Financial Performance Report

Recommendation
That the Board receives this Financial Report for June 2015

Prepared by: Rosalie Percival, Chief Financial Officer

1. Executive Summary

The preliminary and unaudited DHB financial result for the 2014/15 financial year is a surplus of $310k, which is favourable to the approved DAP financial plan by $282k. This result is subject to year-end audit. An update will be provided to the Board should the final position change. Divisional results show the Funder Arm performing favourable to budget for the year, fully offsetting the unfavourable result realised in the Provider and Governance Arms.

Full year revenue is favourable by $1.6M with the main underlying revenue movements including: $5M additional MoH Base revenue (mainly capital charge reimbursement), $9.3M additional MoH Sourced revenue for direct contracts. These are offset by adverse IDF revenue ($10.5M reflecting provisioning for full year IDF wash-ups) and unfavourable Other Income ($3.3M). For expenditure, significant variances include favourable Funder NGO payments $27.6M (reflecting the transfer of some Community Laboratory services in-house and lower pharmaceutical and other NGO spend than planned), Clinical Supplies costs $5.5M adverse (reflecting abnormally high blood product costs) and Outsourced Personnel costs $9.6M (mainly in support and management & admin staff costs, partially offset by lower personnel costs).

Auckland District Health Board
Summary Results: Month of June 2015

<table>
<thead>
<tr>
<th>$000s</th>
<th>Month (Jun-15)</th>
<th>YTD (Jun-15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOH Sourced - Base</td>
<td>90,775</td>
<td>90,623</td>
</tr>
<tr>
<td>IDF Inflows</td>
<td>53,191</td>
<td>58,085</td>
</tr>
<tr>
<td>MoH Sourced (Other Contracts - Incl CTA)</td>
<td>11,066</td>
<td>10,993</td>
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<tr>
<td>Other Income</td>
<td>12,441</td>
<td>11,091</td>
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<td>Trust &amp; Donation Income</td>
<td>441</td>
<td>693</td>
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<tr>
<td>Financial Income</td>
<td>506</td>
<td>533</td>
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<tr>
<td><strong>Total Income</strong></td>
<td><strong>168,420</strong></td>
<td><strong>172,018</strong></td>
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<tr>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>67,049</td>
<td>69,864</td>
</tr>
<tr>
<td>Outsourced Personnel</td>
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<td>1,319</td>
</tr>
<tr>
<td>Outsourced Clinical Services</td>
<td>2,928</td>
<td>1,814</td>
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<tr>
<td>Outsourced Other Services (includes hA Costs)</td>
<td>5,371</td>
<td>4,081</td>
</tr>
<tr>
<td>Clinical Supplies</td>
<td>20,663</td>
<td>19,996</td>
</tr>
<tr>
<td>Funder Payments - NGOs</td>
<td>40,478</td>
<td>51,478</td>
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<tr>
<td>Funder Payments - IDF Outflows</td>
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<td>9,019</td>
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<tr>
<td>Infrastructure &amp; Non-Clinical Supplies</td>
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<td>10,263</td>
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<td>Finance Costs</td>
<td>1,250</td>
<td>1,374</td>
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<td>Capital Charge</td>
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<td>3,057</td>
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<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>168,631</strong></td>
<td><strong>172,266</strong></td>
</tr>
<tr>
<td>Net Surplus / (Deficit)</td>
<td>(211)</td>
<td>(248)</td>
</tr>
</tbody>
</table>
2. **Result by Arm**

<table>
<thead>
<tr>
<th>Result by Division</th>
<th>Month (Jun-15)</th>
<th>YTD (Jun-15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td>Funder</td>
<td>(979)</td>
<td>(2,771)</td>
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<tr>
<td>Provider</td>
<td>1,606</td>
<td>2,522</td>
</tr>
<tr>
<td>Governance</td>
<td>(838)</td>
<td>1</td>
</tr>
<tr>
<td>Net Surplus / (Deficit)</td>
<td>(211)</td>
<td>(248)</td>
</tr>
</tbody>
</table>

The full year $6.6M favourable Funder Arm result fully offset the unfavourable results realised in both the Provider and Governance Arms.

- The Funder result reflects lower spending against laboratories, pharmaceuticals, Mental Health and residential care contracts, sufficient to fully offset the impact of higher provisions for IDF wash-ups.
- For the Provider Arm, the adverse performance to budget is primarily due to Outsourced staff costs (not fully offset by the reduction in personnel costs) and higher clinical supplies costs (mainly driven by high cost treatment supplies).
- The Governance Arm result is mainly driven by higher insurance costs than budgeted (premiums set after the budget was completed) and joint funder related costs.

3. **Financial Commentary for June 2015**

**Month Result**

Major Variances to budget on a line by line basis are described below.

Revenue for the month was unfavourable to budget by $3.6M with key variances as follows:

a) Unfavourable revenue was realised in: IDF inflow unfavourable by $4.9M (8.4%), mainly reflecting provisions for under-delivery of contracted volumes.

b) Favourable revenue was realised mainly in Other income ($1.3M favourable mainly from Research grants).

Expenditure was higher than budget for the month by $3.6M with key variances as follows:

a) Personnel costs were $2.8M (4%) favourable overall but mainly in Medical staff costs ($2.8M favourable) and also favourable in Allied Health, Support and Management & Admin staff costs, reflecting vacancies. Only Nursing personnel costs were adverse to budget ($795k).

b) Outsourced Personnel costs were $1.2M (88.6%) unfavourable to budget, mainly in support and Management & Admin staff areas, reflecting temporary staff to cover vacancies, projects and leave.

c) Outsourced clinical services were adverse by $1.1M, mainly in radiology.

d) Outsourced non-clinical services were $1.3M adverse, mainly healthAlliance, Health Benefits and joint Funder costs).

e) Clinical Supplies $667k (3.3%) unfavourable mainly in treatment disposables and diagnostic costs.

f) Funder Payments to NGOs $11M (21.4%) favourable, mainly reflecting ongoing less than planned expenditure across various services and also the impact of year-end financial reviews and release of accruals.

g) Funder payments for IDFs adverse by $1.5M (17%) reflecting provision for wash-ups for services provided for the ADHB population by other DHBs.

h) Infrastructure costs adverse by $4.1M (40.2%) spread across various non-clinical supplies and services areas.
Year to Date Result

Major Variances to Budget on a line by line basis are described below.

Revenue was higher than the budget by $1.6M, with significant underlying variances as follows:

a) Additional MoH Base Funding $5M (0.5%), mainly funding to reimburse the DHB for higher capital charge costs arising from the DHB land revaluation at 30 June 2014.

b) Additional MoH Other Contracts revenue $9.3M (7.2%) reflecting FY14 Electives wash-up revenue and contracts finalised by the Ministry after budgets were set, some of which have corresponding additional expenditure.

c) Unfavourable IDF Revenue of $10.5M (1.5%) reflecting provisioning for year-end IDF wash-ups, mainly for under-delivery of inpatient services for other DHB populations.

d) Unfavourable Other Income $3.3M (2.6%) reflecting less than planned revenue across various categories and including laboratory services revenue no longer received via invoicing (now received in-house).

Expenditure is adverse to budget by $1.3M with significant underlying variances as follows:

a) Personnel costs $1.3 (0.2%) favourable, with FTEs below budget by 200, reflecting vacancies across all other employee groups except Nursing. However, some of the FTE savings were offset by planned savings not realised and an increase in provision for staff liabilities.

b) Outsourced Personnel Costs unfavourable by $9.6M (60.7%), with partial offsets in personnel costs. $2M of the unfavourable variance is in Support staff (relating to contract cleaning staff and strategies to reduce high leave balances) and $5.5M is in management and admin staff costs (driven by cover for vacancies/leave and project work).

c) Outsourced clinical services were adverse by $2.3M (10.2%), mainly for contracted surgical, children and radiology services.

d) Outsourced non-clinical services were adverse by $1.9M (3.7%), mainly Health Benefits Limited costs for the Food service, higher than planned Joint Funder costs.

e) Clinical Supplies costs were $5.5M (2.4%) adverse mostly due to high treatment costs for Haemophilia (offset by additional funding) and adverse costs in other treatment disposables and diagnostic costs.

f) Funder Payments $27.6M (4.5%) favourable. $11.2M of this relates to the transfer of Anatomical Lab services from DML to delivery in-house by the DHB Provider Arm. $6.2M relates to a favourable Community Pharmacy variance that includes a Drug rebate upside of $0.2M and a Discretionary Pharmaceutical Fund refund of $0.7M. The remaining favourable variance reflects the net aggregate impact of demand patterns within Age Related Residential Care and Mental Health Residential Care as well as service commitments and a CEO risk budget not expensed for the year.

g) Funder payments for IDF Outflows adverse by $2M (1.8%). The adverse full year variance in IDF Outflows is mostly the result of the year end wash-up with $1.0M of that relating to Community Pharmacy and $0.9M relating to Inpatient Services.

h) Infrastructure & Non-Clinical Supplies costs are adverse by $4.8M (3.9%), reflecting unfavourable performance to budget in various areas but mainly costs for insurance, repairs and maintenance, rents and bad debts.

i) Capital Charge cost was $3.8M (10.3%) adverse, mainly driven by the revaluation of Land at 30 June 2014, with offsetting revenue received from the Ministry.
4. Performance Graphs

Figure 1: Consolidated Net Result (Month)

![Performance Graph](image1)

Figure 2: Consolidated Net Result (Cumulative YTD)

![Performance Graph](image2)

5. Efficiencies / Savings

The full year budget included a total of $49.6M of savings initiatives to bridge the funding gap. $39.3M of these savings were planned to be realised in the Provider Arm and the balance of $10.2M in the Funder Arm. The DHB achieved the full year savings of $49.6M, although some new savings were realised to offset those that could not be achieved during the year.
## Financial Position

### Statement of Financial Position as at 30 June 2015

<table>
<thead>
<tr>
<th>$'000</th>
<th>30-Jun-15</th>
<th>31-May-15</th>
<th>Variance</th>
<th>30-Jun-14</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Actual</td>
<td>Variance</td>
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<tr>
<td>Public Equity</td>
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<td>576,798</td>
<td>0F</td>
<td>576,798</td>
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</tr>
<tr>
<td>Reserves</td>
<td>-</td>
<td>-</td>
<td>0F</td>
<td>-</td>
<td>0F</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>438,457</td>
<td>406,629</td>
<td>31,828F</td>
<td>406,629</td>
<td>31,828F</td>
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<tr>
<td>Cashflow-hedge Reserve</td>
<td>(4,293)</td>
<td>(4,293)</td>
<td>0F</td>
<td>(4,338)</td>
<td>45F</td>
</tr>
<tr>
<td>Accumulated Deficits from Prior Year’s Current Surplus/(Deficit)</td>
<td>(1,169)</td>
<td>(1,169)</td>
<td>0F</td>
<td>(1,169)</td>
<td>0F</td>
</tr>
<tr>
<td>Net Assets</td>
<td>546,870</td>
<td>519,050</td>
<td>27,821F</td>
<td>515,209</td>
<td>31,662F</td>
</tr>
<tr>
<td>Total Equity</td>
<td>546,870</td>
<td>519,050</td>
<td>27,820F</td>
<td>515,208</td>
<td>31,662F</td>
</tr>
</tbody>
</table>

**Non Current Assets**

- **Fixed Assets**
  - Land: 249,006 vs. 211,563 (+37,443F)
  - Buildings: 585,033 vs. 579,043 (+5,990F)
  - Plant & Equipment: 78,462 vs. 75,269 (+3,193F)
  - Work in Progress: 39,821 vs. 50,230 (-10,409U)

- **Derivative Financial Instruments**
  - Health Alliance: 42,170 vs. 271U (+41,999F)
  - HBL: 12,420 vs. 3F (+12,417)
  - Other Investments: 462 vs. 222 (+240)

- **Intangible Assets**
  - 55,052 vs. 55,080 (-28U)

- **Trust Funds**
  - 12,299 vs. 10,783 (+516F)
  - 73,261 vs. 66,043 (+7,218F)

**Total Non Current Assets**

- 1,025,583 vs. 1,012,416 (+13,167F)
- 991,302 vs. 982,215 (+9,087F)

**Current Assets**

- Cash & Short Term Deposits: 84,688 vs. 46,604 (+38,084F)
- Trust Deposits: 11,022 vs. 16,920 (-5,898F)
- Debtors: 28,508 vs. 24,974 (+3,534F)
- Accrued Income: 18,856 vs. 25,000 (-6,144U)
- Prepayments: 1,035 vs. 1,060 (-25U)

**Total Current Assets**

- 157,263 vs. 126,825 (+30,438F)
- 180,817 vs. 153,995 (+26,822F)

**Current Liabilities**

- Borrowing: (52,454) vs. (82,869) (+30,415F)
- Trade & Other Creditors, Provisions: (123,028) vs. (119,521) (+3,507U)
- Employee Benefits: (175,073) vs. (166,632) (+8,441U)

**Total Current Liabilities**

- (351,763) vs. (370,191) (-18,428F)
- (368,489) vs. (395,645) (-27,156F)

**Working Capital**

- (194,500) vs. (243,366) (+48,866F)
- (187,652) vs. (210,687) (+23,035F)

**Non Current Liabilities**

- Borrowings: (254,500) vs. (224,500) (+30,000U)
- Employee Entitlements: (29,712) vs. (25,500) (+4,212U)

**Total Non Current Liabilities**

- (284,212) vs. (250,000) (+34,212U)
- (288,441) vs. (285,040) (+3,401U)

**Net Assets**

- 546,871 vs. 519,050 (+27,821F)
- 515,208 vs. 473,596 (+41,612F)

### Comments

- The full revaluation of land completed at 30 June resulted in an increase in revaluation reserve of $31.8M, increasing the year end Equity position.
- The Cashflow Hedge Reserve ($4.3M) relates to the hedge accounting treatment of the Bond FRA closed on 15 Apr-15, being amortised over the term of the underlying Crown loans.
- Fixed Assets are $5.9M lower than planned reflecting a slower capital completion rate, hence capitalisation below the full year plan. However land value is higher than plan due to revaluation.
- Trade & Other Payables are lower driven by the timing of creditor payments and Employee liabilities are based on valuation at 30 Jun-15.
- The shift from short term to long term borrowings reflects the loan rollovers completed in Apr-15.
### Statement of Cash flows (Month and YTD June 2015)

<table>
<thead>
<tr>
<th></th>
<th>$000's</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
</tr>
<tr>
<td><strong>Operations</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Cash Received</td>
<td>176,660</td>
<td>171,368</td>
<td>5,292F</td>
<td>2,052,652</td>
<td>1,879,790</td>
<td>172,862F</td>
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<tr>
<td>Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>(69,236)</td>
<td>(69,864)</td>
<td>628F</td>
<td>(828,104)</td>
<td>(769,151)</td>
<td>58,953U</td>
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<tr>
<td>Suppliers</td>
<td>(43,111)</td>
<td>(33,766)</td>
<td>9,345U</td>
<td>(412,409)</td>
<td>(358,333)</td>
<td>54,076U</td>
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<tr>
<td>Interest paid</td>
<td>(2,396)</td>
<td>(2,249)</td>
<td>147U</td>
<td>(16,165)</td>
<td>(13,915)</td>
<td>2,250U</td>
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<td>Capital Charge</td>
<td>(20,289)</td>
<td>(18,439)</td>
<td>1,850U</td>
<td>(40,478)</td>
<td>(18,742)</td>
<td>21,736U</td>
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<td>Funder payments</td>
<td>(45,624)</td>
<td>(60,497)</td>
<td>14,873F</td>
<td>(700,320)</td>
<td>(665,467)</td>
<td>34,853U</td>
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<td>GST</td>
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<td>3,363F</td>
<td>2,536</td>
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</tr>
<tr>
<td></td>
<td>(177,294)</td>
<td>(184,815)</td>
<td>7,521F</td>
<td>(1,994,941)</td>
<td>(1,825,608)</td>
<td>169,333U</td>
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<tr>
<td><strong>Net Operating Cash flows</strong></td>
<td>(634)</td>
<td>(13,447)</td>
<td>12,813F</td>
<td>57,711</td>
<td>54,182</td>
<td>3,529F</td>
</tr>
<tr>
<td><strong>Investing</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Income</td>
<td>574</td>
<td>650</td>
<td>76U</td>
<td>7,902</td>
<td>7,150</td>
<td>752F</td>
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<td>Sale of Assets</td>
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<td>0</td>
<td>0F</td>
<td>161</td>
<td>0</td>
<td>161F</td>
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<tr>
<td>Purchase Fixed Assets</td>
<td>(4,585)</td>
<td>(10,652)</td>
<td>6,067F</td>
<td>(64,167)</td>
<td>(81,567)</td>
<td>17,400F</td>
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<tr>
<td>Investment in HA &amp; HBL</td>
<td>0</td>
<td>0</td>
<td>0F</td>
<td>(2,853)</td>
<td>(560)</td>
<td>2,293U</td>
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<td>Net Investing Cash flows</td>
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<td>5,991F</td>
<td>(58,957)</td>
<td>(74,977)</td>
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<td><strong>Financing</strong></td>
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<tr>
<td>Other Equity Movement</td>
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<td>0F</td>
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<td>0</td>
<td>0F</td>
<td>0</td>
<td>0</td>
<td>0F</td>
</tr>
<tr>
<td>Loans Repaid</td>
<td>0</td>
<td>0</td>
<td>0F</td>
<td>0</td>
<td>0</td>
<td>0F</td>
</tr>
<tr>
<td>Equity Repayment</td>
<td>0</td>
<td>0</td>
<td>0F</td>
<td>0</td>
<td>0</td>
<td>0F</td>
</tr>
<tr>
<td>Loans Repaid</td>
<td>0</td>
<td>0</td>
<td>0F</td>
<td>0</td>
<td>0</td>
<td>0F</td>
</tr>
<tr>
<td>Net Financing Cashflows</td>
<td>45</td>
<td>0</td>
<td>45F</td>
<td>(4,293)</td>
<td>0</td>
<td>4,293U</td>
</tr>
<tr>
<td><strong>Total Net Cash flows</strong></td>
<td>(4,601)</td>
<td>(23,449)</td>
<td>18,848F</td>
<td>(5,539)</td>
<td>(20,795)</td>
<td>15,256F</td>
</tr>
<tr>
<td><strong>Opening Cash</strong></td>
<td>117,613</td>
<td>97,755</td>
<td>19,858F</td>
<td>118,548</td>
<td>118,550</td>
<td>2U</td>
</tr>
<tr>
<td><strong>Total Net Cash flows</strong></td>
<td>(4,601)</td>
<td>(23,449)</td>
<td>18,848F</td>
<td>(5,539)</td>
<td>(20,795)</td>
<td>15,256F</td>
</tr>
<tr>
<td><strong>Closing Cash</strong></td>
<td>113,012</td>
<td>74,306</td>
<td>38,706F</td>
<td>113,009</td>
<td>97,755</td>
<td>15,254F</td>
</tr>
</tbody>
</table>

**ADHB Cash**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tr>
<td>84,688</td>
<td>70,053</td>
<td>14,635F</td>
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<td>11,022</td>
<td>16,919</td>
<td>5,897U</td>
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<td>17,299</td>
<td>10,783</td>
<td>6,516F</td>
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<td>28,321</td>
<td>27,702</td>
<td>619F</td>
<td></td>
</tr>
<tr>
<td>113,009</td>
<td>97,755</td>
<td>15,254F</td>
<td></td>
</tr>
</tbody>
</table>

Auckland District Health Board
Board Meeting 05 August 2015
Resolution to exclude the public from the meeting

**Recommendation**

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

<table>
<thead>
<tr>
<th>General subject of item to be considered</th>
<th>Reason for passing this resolution in relation to the item</th>
<th>Grounds under Clause 32 for the passing of this resolution</th>
</tr>
</thead>
</table>
| 2. Confirmation of Confidential Minutes 24 June 2015 | **Confirmation of Minutes**  
As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000. | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 4. Confidential Action Points | **Confirmation of Action Points**  
As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000. | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 5. Health and Safety (includes Health and Safety Performance Report, Legionella Case – Confirmation of Coroners Findings) | **Obligation of Confidence**  
The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]  
**Privacy of Persons**  
To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 6. Live Within Our Means (includes Funder Report) | **Commercial Activities**  
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]  
**Negotiations**  
To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |

### Commercial Activities
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]

### Obligation of Confidence
The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]

That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

## 9. Human Resources Report

### Negotiations
To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]

## 10. General Business (includes Write-off of Non-resident Debt, NEHR Project, Confirmation of Addendum Confidential Minutes of 24 June 2015)

### Commercial Activities
To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]

### Confirmation of Minutes
As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&D Act 2000.