



## **Board Meeting**

**Wednesday, 13 May 2015**

**1:00pm**

**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 07 May 2015





# Agenda Meeting of the Board 13 May 2015

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

**Time:** 1:0pm

<p><b>Board Members</b>          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</p>	<p><b>ADHB Executive Leadership</b>          Ailsa Claire            Chief Executive Officer          Simon Bowen            Director of Health Outcomes – AHB/WDHB          Margaret Dotchin        Chief Nursing Officer          Christine Etherington    Director of Strategic Human Resources          Naida Glavish            Chief Advisor Tikanga and General Manager             Māori Health – ADHB/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</p> <p><b>ADHB Senior Staff</b>          Bruce Levi                General Manager Pacific Health          Auxilia Nyangoni        Deputy Chief Financial Officer          Marlene Skelton         Corporate Business Manager          Gilbert Wong              Director Communications</p> <p>(Other staff members who attend for a particular item are named at the start of the respective minute)</p>
--	---

**Apologies Members:**    Lester Levy

**Apologies Staff:**

**Register of Interests**

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?

**Karakia**

**Agenda**

Please note that agenda times are estimates only

- 1:00pm    **1.    [Attendance and Apologies](#)**
- 2.    [Conflicts of Interest](#)**
- 1:05pm    **3.    [Confirmation of Minutes](#)**
  - 3.1    [Confirmation of Minutes 1 April 2015](#)
  - 3.2    [Confirmation of Minutes of the Special Board Meeting 22 April 2015](#)

- 1:15pm 4. **Action Points**
- 1:20pm 5. **Chairman's Report - verbal**
- 1:25pm 6. **Healthy Auckland Together (HAT) Project**  
*(Intention to collaborate document to be publically signed)*
- 1:35pm 7. **Chief Executive's Report**
- 1:45pm 8. **Lift the Health of People in Auckland City**
- 8.1 **CPHAC Recommendation - Overview – Food Environments to Healthy Auckland Together**
- 1:55pm 9. **General Business**
10. **Resolution to Exclude the Public**

<b>Next Meeting:</b>	Wednesday, 24 June 2015 at 2:00pm 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

Members	18 Feb. 15	01 Apr. 15	13 May. 15	24 Jun. 15	05 Aug. 15	16 Sep. 15	28 Oct. 15	09 Dec. 15
Lester Levy (Chair)	1	1						
Joanne Agnew	1	1						
Peter Aitken	1	1						
Doug Armstrong	1	1						
Judith Bassett	1	1						
Chris Chambers	1	1						
Lee Mathias (Deputy Chair)	1	1						
Robyn Northey	1	1						
Morris Pita	x	1						
Gwen Tepania-Palmer	1	1						
Ian Ward	1	1						
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.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at [www.legislation.govt.nz](http://www.legislation.govt.nz)) and “Managing Conflicts of Interest – Guidance for Public Entities” ([www.oag.govt.nz](http://www.oag.govt.nz)).

## Register of Interests – Board

Member	Interest	Latest Disclosure
<b>Lester LEVY (Chair)</b>	<p>Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman)</p> <p>Chairman - Auckland Transport</p> <p>Independent Chairman - Tonkin and Taylor Ltd (non-shareholder)</p> <p>Director - Orion Health (includes Director – Orion Health Corporate Trustee Ltd)</p> <p>Professor (Adjunct) of Leadership - University of Auckland Business School</p> <p>Head of the New Zealand Leadership Institute – University of Auckland</p> <p>Member – State Services Commission Performance Improvement Framework Review Panel</p> <p>Director and sole shareholder – Brilliant Solutions Ltd (private company)</p> <p>Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder)</p> <p>Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder)</p> <p>Trustee – Levy Family Trust</p> <p>Trustee – Brilliant Street Trust</p>	19.02.2015
<b>Jo AGNEW</b>	<p>Professional Teaching Fellow - School of Nursing, Auckland University</p> <p>Appointed trustee Starship Foundation</p> <p>Casual Staff Nurse - ADHB</p>	01.03.2014
<b>Peter AITKEN</b>	<p>Pharmacy Locum - Pharmacist</p> <p>Shareholder/ Director, Consultant - Pharmacy Care Systems Ltd</p> <p>Shareholder/ Director - Pharmacy New Lynn Medical Centre</p>	17.01.2014
<b>Doug ARMSTRONG</b>	<p>Fisher and Paykel Healthcare</p> <p>Ryman Healthcare</p> <p>Trustee – Woolf Fisher Trust</p> <p>Daughter is a partner – Russell McVeagh Lawyers</p>	11.03.2015
<b>Judith BASSETT</b>	<p>Fisher and Paykel Healthcare</p> <p>Westpac Banking Corporation</p>	14.05.2014
<b>Chris CHAMBERS</b>	<p>Employee - ADHB</p> <p>Wife is an employee - Starship Trauma Service</p> <p>Clinical Senior Lecturer in Anaesthesia - Auckland Clinical School</p> <p>Member – Association of Salaried Medical Specialists</p> <p>Associate - Epsom Anaesthetic Group</p> <p>Shareholder - Ormiston Surgical</p>	26.01.2014



<b>Lee MATHIAS</b>	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	23.10.2014
<b>Robyn NORTHEY</b>	Self-employed Contractor - Project management, service review, planning etc. Board Member - Hope Foundation Trustee - A+ Charitable Trust	20.06.2012
<b>Morris PITA</b>	Member – Waitemata District Health Board Shareholder – Turuki Pharmacy, South Auckland Owner and operator with wife - Shea Pita & Associates Ltd Wife is member of Northland District Health Board Wife provides advice to Maori health organisations	13.12.2013
<b>Gwen TEPANIA-PALMER</b>	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	02.04.2013
<b>Ian WARD</b>	Board Member - NZ Blood Service Director and Shareholder – C4 Consulting Ltd CEO – Auckland Energy Consumer Trust Shareholder – Vector Group	09.07.2014





## Minutes Meeting of the Board 01 April 2015

**Minutes of the Auckland District Health Board meeting held on Wednesday, 01 April 2015 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 2:30pm**

<p><b>Board Members Present</b></p> <p>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</p>	<p><b>Auckland DHB Executive Leadership Team Present</b></p> <p>Ailsa Claire            Chief Executive Officer Margaret Dotchin    Chief Nursing Officer Christine Etherington Director of Strategic Human Resources Dr Debbie Holdsworth Director of Funding – ADHB/WDHB Dr Andrew Old        Chief of Strategy, Participation and Improvement  Rosalie Percival      Chief Financial Officer Sue Waters            Chief Health Professions Officer Dr Margaret Wilsher   Chief Medical Officer</p> <p><b>Auckland DHB Senior Staff Present</b></p> <p>Marlene Skelton      Corporate Business Manager Gilbert Wong          Director Communications</p> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p>
--	--

### 1. APOLOGIES

That the apology of Executive Leadership Team Member, Linda Wakeling, Chief of Intelligence and Informatics be received.

### 2. CONFLICTS OF INTEREST

There were none.

### 3. CONFIRMATION OF MINUTES (Pages 8-22)

#### 3.1 Confirmation of Minutes 18 February 2015

**Resolution:** Moved Gwen Tepania-Palmer / Seconded Peter Aitken

**That the minutes of the Board meeting held on 18 February 2015 be confirmed as a true and accurate record.**

**Carried**

### 3.2 Confirmation of the Minutes of the Special Meeting of the Board – 11 March 2015

**Resolution:** Moved Lee Mathias / Seconded Jo Agnew

**That the minutes of the Special Meeting of the Board held on 11 March 2015, subject to the amendment of the venue at which the meeting was held, be confirmed as a true and accurate record.**

**Carried**

### 4. ACTION POINTS (Pages 23)

Rules of Sourcing – A response was sent to the chair regarding the proposed Auckland DHB approach to the Rules of Sourcing. The response has not addressed the issues raised. Bruce Northey, Legal Counsel is following this up with MBIE and will update the Board with progress.

### 5. CHAIR'S REPORT

Lester Levy reminded members that Lee Mathias and Ailsa Claire were representing the northern region on the transition committee for Health Benefits Ltd and that they are well into the process. It was likely that prior to the end of April a special Board meeting would be required to consider matters relating to the transition process.

A new Director General of Health had also been appointed for a five year term. Mr Chai Chuah would now be taking up this role in a permanent capacity.

### 6. CHIEF EXECUTIVE'S REPORT (Pages 24-29)

The Chief Executive asked that her report be taken as read, highlighting:

- The first quality grand round for 2015 took place in February. Attendees heard what other health providers, including the Mayo Clinic and Utrecht Emergency Department, are doing to improve patient, family and staff experience through creating patient centred spaces. Strong interest is starting to be generated in patient centred spaces.
- Staff took part in a survey that ran from 16 February to 2 March 2015 with more than 2500 people responding. Detail on how they travel to our sites, the challenges and the barriers they face in using alternative transport options like public transport, carpooling or cycling to work was captured. Of note was that those living within a ten minute drive from the campuses are still traveling by car.
- The acute patient flow is still causing concern. Work is underway to address the issues to ensure Auckland DHB meets the ED target. This involves changing the model of care and changes to acute flow across the whole organisation.
- That for February 2015, a year-to-date net surplus of \$2.23M was recorded, which is \$0.15M higher than budget.

**That the Chief executives report for March be received.**

**Carried**

- 7. HEALTH AND SAFETY SCORECARD - NIL**
- 8. LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY - NIL**
- 9. LIVE WITHIN OUR MEANS (Pages 30-54)**
- 9.1 Funder Report**

Debbie Holdsworth, Director Funding asked that the report be taken as read. She apologised for the confusion caused by the insertion of Appendix 1 in the report without sufficient detail to indicate that it was provided only for context and to indicate the type of work that was underway. She noted that any change requires all 20 District Health Boards to agree and that the process requires an annual review. Auckland DHB had indicated that it would contribute to the national process.

Matters covered in discussion of the report and in response to questions included:

- Lee Mathias commented that Auckland DHB should be more creative in where it provides its services to the region.
- Ailsa Claire advised that there was a systematic review of services underway. She agreed that questions should be asked in relation to standard services and why all three regional District Health Boards were offering the same service. There is a requirement to have a Funding and Planning conversation about how to provide services, this is not the place of the service provider itself.
- Lester Levy commented that there was a need for transparent service consolidation between the three District Health Boards and that he was concerned that “repatriation by stealth” was becoming an issue, which is inappropriate given the standstill agreement between the three metro-Auckland District Health Boards in relation to repatriation.
- Chris Chambers asked about the cost of the acute spinal contract and was advised that Counties Manukau DHB had requested additional funding. The National Technical Group had gone back to Counties Manukau District Health Board requesting further information as the costing information provided did not support an increase in funding.
- Ian Ward commented that as this paper relates to the financial arrangements for Inter District Flows, he saw this as a finance paper that had financial policy implications and for that reason should have gone through the Audit and Finance Committee before being presented to the Board. Ailsa Claire advised that if anything were to be done outside the national default IDF wash-up position it would be brought to Audit and Finance Committee.

**That the Board receive the Funder report.**

**Carried**

**10. GENERAL BUSINESS (Pages 55-58)**

**10.1 Te Kaunihera Kaumatua Terms of Reference**

Gwen Tepania-Palmer introduced the item advising that it had been referred from the Maori Health Gain Advisory Committee.

There was no discussion.

**Resolution:** Moved Gwen Tepania-Palmer / Seconded Morris Pita

**That the Board approves the terms of reference for Te Kaunihera Kaumatua and that these terms of reference be referred back to Manawa Ora for Information.**

**Carried**

**11. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 59-61)**

**Resolution:** Moved Jo Agnew / Seconded Gwen Tepania-Palmer

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:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Confirmation of Minutes 18 February 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 19 February 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]
3.1 Health and Safety –	Commercial Activities To enable the Board to carry out, without prejudice or disadvantage,	That the public conduct of the whole or the relevant part of the

<p>Critical Incident – Site Services Security Review</p>	<p>commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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>
<p>4.1 Financial Report February 2015</p>	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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>
<p>4.2 Home Based Support Services Contracting Arrangements for 2015/2016</p>	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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>
<p>5.1 DiSAC Recommendation – Proposed Appointment of a Pacific Representative to DiSAC</p>	<p>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)]</p> <p>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)]</p>	<p>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>
<p>6.1 Preventative Maintenance</p>	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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</p>

		the Official Information Act 1982 [NZPH&D Act 2000]
6.2 LabPlus PC3 Laboratory Construction 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]
6.3 Ultrasound Machine Fleet Replacement	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]
6.4 New Agreement for Services under the Age Related Residential Care Agreement	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]
6.5 Audit Engagement Letter and Management Letters	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]
7.1 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)]	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>9.1 HealthAlliance New Zealand Limited – Resolution in Lieu of an AGM</p>	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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>
<p>9.2 Confirmation of the Minutes of the Special Meeting of the Board 11 March 2015</p>	<p>Confirmation of Minutes As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&amp;D Act 2000.</p>	<p>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>

**Carried**

The meeting closed at 4.05pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 01 April 2015

Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Lester Levy





## Minutes Special Meeting of the Board 22 April 2015

**Minutes of the Special Auckland District Health Board meeting held on Wednesday, 22 April 2015 in the Sir Douglas Robb Board, Room, Building 14, Level 7, Greenlane Clinical Centre, Greenlane commencing at 12:30pm**

<p><b>Board Members Present</b>          Dr Lester Levy (Chair)          Jo Agnew          Peter Aitken          Doug Armstrong          Dr Chris Chambers          Dr Lee Mathias (Deputy Chair)          Robyn Northey          Morris Pita          Gwen Tepania-Palmer          Ian Ward</p>	<p><b>Auckland DHB Executive Leadership Team Present</b>          Ailsa Claire                      Chief Executive Officer          Rosalie Percival                Chief Financial Officer</p> <p><b>Auckland DHB Senior Staff Present</b>          Auxilia Nyangoni                Deputy Chief Financial Officer          Bruce Northey                    Legal Counsel          Marlene Skelton                 Corporate Business Manager</p> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p>
--	---

### 1. ATTENDANCE AND APOLOGIES

That the apology of Board Member Judith Bassett be received.

That the apologies of Executive Leadership Team members Simon Bowen, Director of Health Outcomes – Auckland DHB/Waitemata DHB, Dr Debbie Holdsworth, Director of Funding – Auckland DHB/Waitemata DHB, Dr Andrew Old Chief of Strategy, Participation and Improvement, Linda Wakeling, Chief of Intelligence and Informatics and Dr Margaret Wilsher, Chief Medical Officer be received.

[Secretarial Note: Dr Lee Mathias joined the meeting via telephone for the open agenda and items 1 and 2 on the confidential agenda.]

### 2. CONFLICTS OF INTEREST

There were none.

### 3. RESOLUTION TO EXCLUDE PUBLIC (Page 7)

**Resolution:** Moved Jo Agnew / Seconded Gwen Tepania-Palmer

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:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. HBL Transition	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]
2. FPSC – Restated 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]
3. Patient Transfer Service Contract Extension	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]
4. Shared Commercial Banking Arrangements	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 1.30pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 13 May 2015

Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Lester Levy

As at Wednesday, 01 April 2015

Meeting and Item	Detail of Action	Designated to	Action by
9.3 18 February 2015	<b>Rules of Sourcing</b> 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.	Rosalie Percival/Bruce Northey	Verbal Report
4 1 April 2015	The response has not addressed the issues raised. Bruce Northey, Legal Counsel is following this up and will update the Board with progress.		
22 April 2015	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.		



## Healthy Auckland Together

### Recommendation

That the Board/Committee:

1. Note the content of the briefing
2. Note the April ADHB/WDHB CPHAC meeting endorsed the direction of Healthy Auckland Together
3. Agree to sign the “Intention to Collaborate” document

---

**Prepared by:** Dr Julia Peters, Clinical Director, Auckland Regional Public Health Service

**Approved/Endorsed by:** Jane McEntee, General Manager, Auckland Regional Public Health Service

### Purpose

This briefing provides members of the ADHB Board with an overview of Healthy Auckland Together. An *Intention to Collaborate* document is attached which Healthy Auckland Together members are signing as an indication of their formal endorsement of the coalition project.

### Healthy Auckland Together

Healthy Auckland Together is an inter-sectoral group led by Auckland Regional Public Health Service (ARPHS). The group aims to reduce obesity and unhealthy weight, improve nutrition and increase physical activity by influencing the environmental determinants of health in settings where Aucklanders live, learn, work and play.

### Background

The three Auckland District Health Boards and Auckland Regional Public Health Service established Healthy Auckland Together because of a concern with the rising burden of obesity and related chronic disease in the region. The purpose of Healthy Auckland Together is to bring together organisations working in the areas of nutrition, physical activity and the prevention of obesity to identify how these organisations could have a greater impact if they worked more collaboratively and creatively.

Healthy Auckland Together includes the metropolitan Auckland DHBs, ARPHS, Mana Whenua, Auckland Council, Auckland Transport, Health Promotion Agency, Hapai Te Hauora Tapui, National Institute for Health Innovation, Aktive Auckland, the Ministry of Health, Pacific Heartbeat, the Asian Network, NZ Heart Foundation, PHOs, Healthy Families NZ, Auckland University School of Population Health and disability interest groups. It is anticipated that the reach of the group will increase over time.

## Vision and Goals

Healthy Auckland Together's vision is for "a social and physical environment that supports people living in Auckland to eat well, live physically active lives, and maintain a healthy body weight within their communities".

The group aims to achieve this by: collaborating to raise the profile of key issues, working more closely together for more effective outcomes, and monitoring progress.

## Healthy Auckland Together Plan

Healthy Auckland Together has four key priority areas: physical activity, children and young person's settings, food environments and Healthy Families NZ.

On behalf of the group ARPHS is now drafting a Healthy Auckland Together Plan (the Plan), which will be completed by June 2015. The Plan will set out how the agencies will work together towards the vision over the next three years. It will include actions to be pursued by member organisations, with support by other members. It will also include implementation timeframes and indicators against which to measure progress.

The group recognises that the rising rate of obesity is not due to individual choices alone, but an environment that makes healthy choices difficult. The Plan focuses on environmental changes that help people make healthy choices and thereby improve nutrition, increase physical activity and prevent or reduce obesity.

The Healthy Auckland Together programme was endorsed at the April ADHB/WDHB CPHAC meeting.

## Priority populations

Maori, Pacific and those from more deprived neighbourhoods are over-represented in negative health indicators linked to obesity, poor nutrition and physical activity. As such Maori, Pacific and more deprived neighbourhoods are identified as priority populations for the plan. This will ensure that efforts are targeted to those that need it most, and that equitable outcomes can be achieved.

Children and young people are another priority population. Early intervention leads to more positive outcomes. Nutrition and physical activity habits are formed early in life, and can imprint adult behaviours. Therefore early interventions can form lifelong healthy nutrition and physical activity habits.

The Healthy Auckland Together Plan will identify specific measures and targets that will track progress for the priority populations.

## Next Steps

After the Plan has been developed, the Healthy Auckland Together group will continue to meet, to measure progress, facilitate collaboration and share learnings.

Auckland Regional Public Health Service will be the backbone organisation that provides administration, communications and strategic support.





## Intention to Collaborate on Healthy Auckland Together

---

### **Purpose:**

This intention to collaborate relates to Healthy Auckland Together, an intersectoral steering group led by the Auckland Regional Public Health Service (ARPHS) on behalf of the three Auckland metropolitan District Health Boards. The group's goal is to influence environmental determinants of health across a complex array of community settings.

### **Background:**

The regional obesity project was initiated in response to concern with the rising burden of obesity and related chronic disease in the region. The purpose of the project is to bring together organisations working in the areas of nutrition, physical activity and the prevention of obesity to identify how these organisations could have a greater impact if they worked together collectively.

Healthy Auckland Together includes mana whenua as partners as well as representation from central and local government, non-government organisations (NGOs), Primary Health Organisations, Healthy Families NZ, Pacific, Asian and Disability interests.

The group has identified four priority areas – environments supportive of physical activity, children and young people's settings, healthy food environments and engagement with Healthy Families NZ. Following the initial planning period which ends in April, a shared action plan will be completed by June 30, 2015.

### **Expectations of members**

The Interagency Group will create a shared programme of activities and communications. Members will share information and experience, and work together to identify opportunities for more efficient ways of working across sectors and improving the social environment, with a particular focus on reducing health inequalities.

### **Reporting**

Reporting accountabilities for services lie with the relevant host organisation.

### **Principles of engagement**

- Respect each other's expertise, roles and responsibilities
- Build on good quality research evidence
- Avoid duplication of effort
- Share experiences of success
- Engage in free and frank discussions that are likely to facilitate constructive action
- Strive to operate in partnership and with good will.

### **Roles and Responsibilities**

#### **ARPHS will contribute:**

- Healthy Auckland Together will be chaired by ARPHS General Manager or Clinical Director. ARPHS will provide full secretariat services for Healthy Auckland Together. It will schedule meetings, provide background papers and take minutes.

#### **Member organisations will contribute**

- Feedback and/or review of documentation responses within requested timeframes.
- Delegates will ensure that they keep other staff in their 'home' organisation informed where the person's role may be impacted by decisions made by the Group.
- Member organisations will share non financial resources where they add value to the group. This will include staff input, plans, documents, research, data and other resources.

- Member organisations will participate in small working groups for joint projects as developed by Healthy Auckland Together.

Signed on behalf of ARPHS:  
by

Signed on behalf of Auckland District Health Board  
by:

Signature

Signature

Name  
Position

Name  
Position

Date

Date

## **Appendix one**

### **Healthy Auckland Together Partners**

Auckland Regional Public Health Service  
Auckland District Health Board  
Active Sport & Recreation  
Asian Network  
Auckland Council  
Auckland Transport  
Auckland University  
Disabled Persons Assembly  
CCS Disability Action  
Counties Manukau District Health Board  
Hapai te Hauora  
The New Zealand Heart Foundation  
Health Promotion Agency  
Mana Whenua  
Ministry of Health  
National Institute of Health Innovation  
Pacific Heartbeat  
Waitemata District Health Board

# Chief Executive's Report

## Recommendation

**That the report be received.**

---

Prepared by: Ailsa Claire (Chief Executive)

## Glossary

### 1. Introduction

This report covers the period from 13 March to 24 April, 2015. 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. Events and News

#### 2.1 Events/ Campaigns

Auckland DHB has made public statements about:

- Television personality Tammy Wells supports Conversations that Count campaign
- Public reminder about Healthline over the Easter holiday for people needing advice about health issues
- Stakeholders invited to Sustainable Transport and Urban Design seminar hosted by Design for Health and Wellbeing Laboratory
- Free flu vaccinations for staff at Auckland DHB
- DHB patients receive the Health Quality and Safety Commission Let's PLAN health literacy resource with their electronic discharge summary
- Call for nominations for the A+ Trust Nursing and Midwifery Awards

We received 63 requests for information, interviews or for access from media organisations in the period from 13 March to 24 April.

Media enquiries included interest in:

Newborns named after Black Caps following semi-final win  
LabPlus transition interview with Clinical Director Dr Steve Absalom  
Confirm DHB retail outlets do not sell sugar sweetened softdrinks  
Visit request for Mother and Baby mental health unit  
Ed Sheeran visit to patient in Motapu ward unable to attend concern

Apart from those noted, 60 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 reviewed 23 Official Information Act requests and provided all responses within the required statutory time limit.

## 2.2 Internal

- Three blog posts were published by the CE to promote Conversations that Count, talking about flu vaccine and health and safety and organ donation and Long Service Awards.
- Three blog posters were published in the Teamtalk Blog. One by Stuart Brennan, Security Manager talking about the importance of security in our buildings, one by Margaret Dotchin promoting the Nursing and Midwifery Awards and one by Hilary Boyd talking about Patient Experience.
- 23 news updates were published on the DHB intranet.
- Eight eNova (weekly electronic newsletters) were published.
- The February/March and April May editions of Nova magazine were published.

## 2.3 Social Media

Our social media channels engaged the following numbers of people:

- Facebook – 2,703
- Twitter – 1,575
- LinkedIn – 3,280

Most popular items of content this period were:

- Campaigns – Patient Experience Week, Conversations that Count Day, April Falls, #fightflu, #adhbtransport
- Values: Multi-language welcome banner revealed at Auckland Hospital
- Our People – Local Heroes
- Wellness – Staff wellness resolutions
- Partners – Starship Foundation - mobile ear clinics, Sesame Street visit, Clown Doctor Smile Day
- Patient Experience - patient high-fives, Ed Sheeran visit to Auckland Hospital, NZ Herald Raves

## 2.4 Events and Campaigns

### Staying Connected Sessions

Six Staying Connected Sessions are taking place during April and May at Auckland City Hospital, Greenlane and Starship. The sessions are an opportunity for all staff to hear first-hand from Ailsa Claire about what the future holds as well as revealing our refreshed values. At the time of writing two sessions have taken place and feedback from staff has been very positive.

### **April Falls**

A stall and posters were around the hospital to raise awareness about fall and what can be done to prevent falls. The campaign runs through to September.

### **Conversations that Count Day**

A morning tea was held on 16 April to celebrate Conversations that Count Day – promoting Advance Care Planning. Tammy Wells, better known as the Briscoe's lady, and the NZ spokesperson for Advance Care Planning attended the event to share her story about her mother's final days. Other speakers were Dr Barry Snow, Clinical Lead for Advance Care Planning and Ailsa Claire.

### **Flu Vaccination Clinics**

The Flu Vaccination campaign ran from 20 April to 1 May. At the time of writing take up is good. A further week of vaccinations will run later in May for those who miss out on the vaccinations first time around.

### **Patient Experience Week**

Patient Experience Week took place 23-27 March. Poster boards showcasing patient stories were on display at Auckland City Hospital and Greenlane. Events were also held where some of our patients shared their very moving stories of their experiences with us.

The week provided some extremely good insights to help us transform our patient and family experience. The intensive social media engagement was picked up by American social enterprise The Beryl Institute, a supporter of patient experience research and programmes in the US health sector. The institute requested images and text from the Auckland region patient experience week.

### **Sustainable Transport and Urban Design Seminar**

Vancouver based Charles Montgomery, award winning author and expert on urban design based was the guest speaker. The Seminar was followed by feedback from the Transport Survey recently carried out at Auckland DHB.

### **Quality Improvement Grand Round**

**Our Values** – the journey to define our values were discussed and lessons we learnt along the way. Guest speaker at this Grand Round was Tim Keogh from April Strategy who has been working with us on values.

**Patient Experiences** – this included presentations from Hilary Boyd, Project Manager Co-Design; Sue Copas, Community Participation Manager and Abbi Harwood-Tobin, Service Improvement Manager.

## **2.5 People**

### **Local Heroes**

Twenty four people were nominated as 'Local Heroes' during February and March. Local hero awards were presented to Chanel Prestige and Catherine Dixon-McIver. Their nominators told us:

**Chanel** is a consultant in renal paediatrics and was nominated by the parent of a patient who told us, "My daughter received a successful kidney transplant in 2014 at Starship. In January this year we were able to take a holiday for the first time in several years. While on holiday our daughter came down with some potentially transplant-related symptoms. The US doctors were easily able to contact Chanel, despite the late hour. Chanel called us personally late at night to reassure us that all was well and continued to provide follow up help. It made us all feel good to know that we could so easily contact one of our NZ doctors while on holidays. Chanel's care and concern for Samantha and our family is deserving of special mention as a local hero."

**Catherine**, a registered Obstetrics nurse was nominated by a patient who said: “I was a new mum suffering from a very bad mastitis infection. The support and after-care suggestions made by this awesome lady made my very difficult start to motherhood easier. Catherine restored my self-esteem about my ability to breastfeed. She spent the time and had the patience to make sure I didn’t feel pressured into doing anything that was uncomfortable for me or my baby girl. Anyone admitted to the Tamaki Ward with Catherine as their midwife is very lucky and in the best hands.”

### **3.0 Strategy, Participation and Improvement**

#### **3.1 Strategy and Values**

Following an out of session discussion, our new organisation values have been finalised and are being launched this month through my Staying Connected series. We now begin phase 2 of the work, developing an organisation that lives these values, which will be led by Christine Etherington. It has been a strong, collaborative and inclusive process that has led to this point and I want to take this opportunity to acknowledge the hard work of the team, and in particular Julie Helean. The draft strategy is currently being reviewed by the Board Chairman and will come back to the Board in due course.

#### **3.2 Design for Health & Wellbeing Lab**

This month sees the formal launch of our collaborative design partnership with AUT University, our shared Design for Health & Wellbeing Lab (DHW Lab) on Wednesday 6 May. This partnership has huge potential for Auckland DHB and already the work is paying dividends through innovative design solutions such as the enhanced patient information in our Emergency Department.








#### **3.3 Sustainable Transport**

Last month we were fortunate to host Charles Montgomery, author of “Happy City”, in partnership with Auckland Transport. Charles was the keynote speaker at our sustainable transport forum on 21 April where we also heard from the sustainable transport team about the results of our staff and patient surveys and also Auckland Transport about what is planned around our sites. This work is a great example of the sort of cross-sector collaborative working we need to see more of.






## 4. Performance of the Wider Health System

### 4.1 National Health Targets Performance Summary

	Status	Comment
Acute patient flow (ED 6 hr)		Mar 95%, Target 95%
Improved access to elective surgery		98% to plan for the year
Shorter waits for radiation therapy & chemotherapy		Mar 100%, Target 100%, Year to Date 100%
Better help for smokers to quit		Mar 98%, Target 95%
Cardiac bypass surgery waiting list		Mar 104 patients, Target < 104
More heart & diabetes checks		Mar Qtr 90%, Target 90%
Increased immunisation 8 months		Mar Qtr 94%, Target 95%

<b>Key:</b>	Proceeding to plan		Issues being addressed		Target unlikely to be met	
-------------	--------------------	---	------------------------	--	---------------------------	---

#### Commentary

After a strong performance and achievement of the target at the end of Quarter 2, missing the immunisation target by 1% is disappointing. There is a traditional drop off over the summer holiday season, though the decline over 2014/2015 was shallower than previously. There continues to be strong engagement from primary care and other providers. However there remain technical issues with the National Immunisation Register (NIR), particularly now that the seasonal influenza programme has begun. The outlook for the end of year result appears on track to achieve 95% however this remains a challenging target. For specific groups, there is good progress. Coverage for Māori infants at two years of age is approaching 100%. Performance against the HPV target is also the best in the country. Auckland DHB remains extremely committed to delivering the immunisation health target.

The cardiac bypass waiting list target reached the maximum permissible to the Ministry. There was an influx of tertiary and acute cases in March. Mitigation measures have been put in place and as of the date of this report the waiting list was within an acceptable range.

### 4.2 Financial Performance

For March 2015, we recorded a year-to-date (YTD) net surplus of \$2.05m, which was \$207k favourable to budget. Underlying this net position was additional revenue from the Ministry of Health for side contracts and for reimbursement of additional capital charge resulting from the revaluation of land. This was sufficient to fully offset expenditure higher than budget. Within expenditure categories, personnel costs and Funder payments to external providers were favourable

to budget and partially offset higher outsourced services, clinical supplies and infrastructure costs. Overall, we are on track to achieve the planned breakeven position for the year and, our savings program is on track to achieve the year's target of \$49.6m, with savings achieved YTD to March of \$29.6m against a target of \$29.2m.

## 5.0 Clinical Governance Commentary

### Occupancy levels high

In the week ending 24 April our Adult hospital occupancy was at the highest levels we have ever seen here in Auckland. The number peaked on Tuesday 21 April with 694 patients. The numbers remained at these levels for three days. On Friday, 24 April occupancy dropped a little to 672 patients before finally relenting over the weekend. Our usual occupancy at this time of year would be at the 600 mark so Adult health services faced an enormous amount of pressure.

Over this week Starship Children's Hospital and Women's Health were also busy. The numbers were driven by acute demand, in particular general medical, general surgical and then later in the week with orthopaedic and oncology. I want to acknowledge the way our staff responded. They displayed a 'can do' attitude and worked extremely hard and collaboratively to continue to deliver a high quality of care. A great example of this was Older People's Health who freed up registrars to work in Adult ED and APU to enable patients to be admitted directly into Older People's Health.

The high levels of occupancy at this time stress the need for a comprehensive winter plan with a range of interventions help manage our patient demand throughout the coming months. Some of these might include ways to support people at home or closer to home and avoid the need for patients to be admitted or to support them to be discharged sooner. These interventions are not solely about hospital flow. It enables better outcomes for patients. With the right care and support people can often recover better at home in a familiar environment.

### Update on DHBs population suicide

The Ministry of Health has published a report *Suicide Facts: Deaths and Intentional self-harm hospitalisations*. The report is an update to assist in the monitoring and evaluation of progress in the New Zealand Suicide Prevent Action Plan 2013-2016 and the New Zealand Suicide Prevention Strategy. The report presents suicide data by sex, age (including in specific regard to youth aged 15–24 years), ethnicity, deprivation quintile, district health board (DHB) region of domicile and urban/rural profile. Intentional self-harm hospitalisation data is presented by sex, age (including in specific regard to youth aged 15–24 years), ethnicity, deprivation quintile and DHB region of domicile.

For the period 2008-2012, the national suicide rate was 11.6 deaths per 100,000 population. Three DHB regions had significantly higher suicide rates than the national suicide rate: Bay of Plenty, South Canterbury and Southern, and three had significantly lower suicide rates than the national rate: Waitemata, Auckland and Capital & Coast DHB regions

Auckland DHB's rate was 8.9 deaths per 100,000 people. Waitemata DHB's rate was 9.4 deaths per 100,000 people.

### **A+Trust Nursing and Midwifery Awards**

The first Nursing and Midwifery Awards, an initiative to better acknowledge the contribution of nurses and midwives, takes place on 16 May at the Langham Hotel. The Awards are being generously supported by the A+Trust. Twenty awards will be presented. There have been wide calls for nominations in the organisation. Anyone in the organisation has been encouraged to nominate a deserving nurse and midwife. Nominations have now closed and the judging panels have selected the finalists who will be invited to the Awards, where the winners will be revealed. Board Members have been invited to these Awards.

### **5.1 Primary care and community services**

The Alliance Leadership Team (ALT) endorsed the diabetes CVD performance framework to measure how well diabetic care is delivered. This has been presented to CPHAC. A stock take of all diabetes services, resources and funding allocations has been completed. The stock take will inform us on opportunities to improve diabetes care and the performance framework will enable us to measure our success in doing so.

### **5.2 After-Hours**

The primary care after hours service Expression of Interest has been released on the Government tender site GETS with a 1 May closing date for submissions.



## Overview – Food Environments to Healthy Auckland Together

### Recommendation

That it be recommended:

**That the Board be cognisant of the media/public relations package required to assist the Auckland Regional Public Health Services in the submissions that they make and provide additional assistance where appropriate.**

---

Prepared by: Paul Garbett (Board Secretary, Waitemata DHB)

### Glossary

#### 1. Background

This was discussed by the Community and Public Health Advisory Committee at their meeting held on 29 April 2015 and was item 4.1 on the agenda (see page 63).



## 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:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1.1 Confirmation of the Confidential Minutes 1 April 2015	<b>Confirmation of Minutes</b> 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]
1.2 Confirmation of the Special Board Minutes 22 April 2015	<b>Confirmation of Minutes</b> 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 1 April 2015	<b>Confirmation of Minutes</b> 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 Report	<b>Negotiations</b> 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]
4.1 Financial Report	<b>Commercial Activities</b> 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]
4.2 Funder Report	<b>Commercial Activities</b> 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]
5.1 Healthy Food and Beverage Environment Policy	<b>Commercial Activities</b> 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]
5.2 2015/2016 Annual Plan	<b>Commercial Activities</b> 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]
5.2.1 Maori Health Plan	<b>Commercial Activities</b> 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]
5.2.2 Financial Section of the Annual Plan	<b>Commercial Activities</b> 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]
6.1 Mechanical Ventilator Replacement for CVICU,	<b>Commercial Activities</b> To enable the Board to carry out, without prejudice or disadvantage,	That the public conduct of the whole or the relevant part of the meeting would



PICU, NICU and DCDM	commercial activities [Official Information Act 1982 s9(2)(i)]	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 E- Prescribing Early Adopter Implementation	<b>Commercial Activities</b> 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 Replacement Radiography Room and Overhead Gantry, Level 2, ACH	<b>Commercial Activities</b> 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 Amalgamation of Ronald McDonald Trusts	<b>Commercial Activities</b> 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]
6.5 Contribution to Cost Pressure – Primary Care and Non-Government Organisations	<b>Commercial Activities</b> 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]
6.6 Treasury Policy Breach	<b>Commercial Activities</b> 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]

<p>6.7 Statement of Accounting Policies</p>	<p><b>Commercial Activities</b> To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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>
<p>7.1 Human Resources Report</p>	<p><b>Negotiations</b> To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	<p>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>
<p>8.1 Community Laboratory Services Transition</p>	<p><b>Negotiations</b> To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	<p>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>
<p>8.2 Addendum Confidential Minutes</p>	<p><b>Confirmation of Minutes</b> As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&amp;D Act 2000.</p>	<p>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>