Agenda
Meeting of the Board
Wednesday 24 June 2015

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

Time: 2.00pm

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
Simon Bowen Director of Health Outcomes – AHB/WDHB
Margaret Dotchin Chief Nursing Officer
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

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

Karakia

Agenda
Please note that agenda times are estimates only

2:00pm 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 Confidential Minutes 13 May 2015

2:10pm 5. Chairman’s Report - verbal
2:15pm 6. Chief Executive’s Report

Auckland District Health Board
Board Meeting 24 June 2015
7. Health and Safety Scorecard

8. Lift the Health of People in Auckland City - Nil

9. Live Within Our Means - Nil

2:25pm

10. General Business

10.1 Meeting Schedule 2016

2:30pm

11. Resolution to Exclude the Public

Next Meeting: Wednesday 5 August 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>11 March 15</th>
<th>01 Apr. 15</th>
<th>22 April 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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<tbody>
<tr>
<td>Lester Levy (Chair)</td>
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<td>Chris Chambers</td>
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<td>Robyn Northey</td>
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<td>Morris Pita</td>
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<td>Ian Ward</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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</thead>
</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 and Experience</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</td>
<td>23.10.2014</td>
</tr>
<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>
</tr>
<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>
</tr>
</tbody>
</table>
Minutes of the Auckland District Health Board meeting held on Wednesday, 13 May 2015 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1:00pm

Board Members Present
Jo Agnew  
Peter Aitken  
Doug Armstrong  
Judith Bassett  
Dr Chris Chambers  
Dr Lee Mathias (Deputy Chair)  
Robyn Northey  
Morris Pita  
Gwen Tepania-Palmer (Arrived during item 7)  
Ian Ward

Auckland DHB Executive Leadership Team Present
Simon Bowen  Director of Health Outcomes – AHB/WDHB  
Margaret Dotchin  Chief Nursing Officer  
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

Auckland DHB Senior Staff Present
Auxilia Nyangoni  Deputy Chief Financial Officer  
Marlene Skelton  Corporate Business Manager

[Secretarial Note: In the absence of the Board Chair Dr Lester Levy, Dr Lee Mathias chaired the meeting]

1. ATTENDANCE AND APOLOGIES

That the apology of Dr Lester Levy (Chair) and Gwen Tepania-Palmer (for lateness) be accepted.
That the apology of Executive Leadership Team Members Ailsa Claire, Chief Executive Officer and Christine Etherington, Director of Strategic Human Resources be accepted.

2. CONFLICTS OF INTEREST

Morris Pita asked that it be noted that his wife had taken a contract with the Maori Health Gain Team to review health gain contracts. Advice sought determined that there was no conflict of interest for Morris Pita himself.
There were no declarations of conflicts of interest for any items on the open agenda.

3. CONFIRMATION OF MINUTES

3.1 Confirmation of Minutes – 1 April 2015 (Pages 8-14)
**Resolution:** Moved Peter Aitken / Seconded Jo Agnew

That the minutes of the Board meeting held on 01 April 2015 be confirmed as a true and accurate record.

**Carried**

3.2 **Confirmation of Minutes of the Special Board meeting 22 April 2015** (Pages 15-16)

**Resolution:** Moved Jo Agnew / Seconded Ian Ward

That the minutes of the Board meeting held on 22 April 2015 be confirmed as a true and accurate record.

**Carried**

[Secretarial Note: Lee Mathias abstained from voting on item 3.2 as she had not been present for the whole of this meeting.]

4. **ACTION POINTS** (Pages 17)

**Rules of Sourcing**

It was noted that 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.

5. **CHAIRMAN’S REPORT**

Lee Mathias reported that the Health Benefits Ltd transition was moving in a planned and systematic manner and will end up with most of the revised functions lying with healthAlliance and the remainder with [Newco].

6. **HEALTHY AUCKLAND TOGETHER (HAT) PROJECT** (Pages 18-23)

Dr Julia Peters, Clinical Director, and Mr Ian Parks of Auckland Regional Public Health Service attended the meeting. Dr Julia Peters spoke to the report.

- Healthy Auckland Together is an inter-sectorial 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.

- 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. There had been a large number of collaborators involved with the project.
Healthy Auckland Together has four key priority areas; physical activity, children and young person’s settings, food environments and Healthy Families NZ. The group recognises that the rising rate of obesity is not due to individual choices alone, but an environment that makes healthy choices difficult. Obesity is a societal not just a behavioural problem and will take some time to address. There are significant inequalities across the region and this project aims to make system change to address those.

What is being asked of collaborating organisations is that they set a positive example within their own organisation.

The Board considered that this was a very worthy initiative and one that the Board would like to be a part of.

Resolution: Moved Jo Agnew / Seconded Judith Bassett

That the Board:

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

Carried

Dr Lee Mathias on behalf of the Board and with Dr Julia Peters of Auckland Regional Public Health Service together signed the Intention to Collaborate” document.

7. CHIEF EXECUTIVE’S REPORT (Pages 24-30)

In the absence of the Chief Executive, the Chief Financial Officer, Rosalie Percival asked that the report be taken as read, highlighting:

- That the A+ Trust Nursing and Midwifery Awards were to be held on Thursday 14 May.

- A very successful 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 patients shared their stories of their experiences with Auckland DHB.

- The first phase of 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.

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

- The new organisation values have been finalised and are being launched this month through my Staying Connected series. Phase 2 of the work now begins; developing an organisation that lives these values, which will be led by Christine Etherington.

- On Wednesday, 6 May the formal launch of the collaborative design partnership with AUT University, our shared Design for Health and Wellbeing Lab (DHW Lab), took place.

- National Health Targets Performance indicates a challenge in the area of increased immunisation at 8 months. The Board is on track to achieve 95% however, this remains a challenging target. The cardiac bypass waiting list target reached the maximum permissible to the Ministry and is another challenging area. Mitigation measures have been put in place and as of now the waiting list is within an acceptable range.

- Overall, the Board is on track to achieve the planned breakeven position for the year. The 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.

- The Alliance Leadership Team (ALT) endorsed the diabetes CVD performance framework to measure how well diabetic care is delivered. This has been presented to the Community Public Health Advisory Committee (CPHAC).

- The primary care after hour’s service Expression of Interest was released on the Government tender site GETS with submissions closing on 1 May.

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

- Advice that the Design Lab did have a relationship with the Health Innovation Hub.

- Comment that as a result of early high presentation and occupancy rates at the hospital that the Board would have expected to have seen an advertising campaign aimed at, “See your GP first”. This had not been visible. Andrew Old undertook to follow this up and ensure that it occurred.

- Advice that while Waikato DHB had made wearing of masks mandatory for non-vaccinated staff, Auckland DHB is relying on the professional judgement of staff caring for high risk patients to take up the offer of the free Flu Vaccination. Doug Armstrong pointed out that the Board and management are culpable if a staff member infects a patient and was in favour of vaccination being mandatory. Those staff not vaccinated should be removed from compromising high risk patient areas. Lee Mathias asked that management ensured that those not taking up the offer of the free Flu vaccination declared appropriately and those cases were clearly documented.

Action

The Board wished to see a visible campaign in place aimed at, “See your GP first” to assist
in managing acute flow presentation at the hospital.

That the Chief Executive’s report for April be received.

Carried

8. LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY

8.1 CPHAC Recommendation – Overview – Food Environments to Healthy Auckland Together

Resolution: Moved Jo Agnew / Seconded Judith Bassett

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.

Carried

9. GENERAL BUSINESS

There was none.

10. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 32-35)

Resolution: Moved Jo Agnew / Seconded Morris Pita

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>
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<tbody>
<tr>
<td>1.1 Confirmation of the Confidential Minutes 1 April 2015</td>
<td>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.</td>
<td>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]</td>
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<tr>
<td>1.2 Confirmation of the Special Board Minutes</td>
<td>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.</td>
<td>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]</td>
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<tr>
<td>Date</td>
<td>Action Points 1 April 2015</td>
<td>22 April 2015 meeting, in terms of the NZPH&amp;D Act 2000.</td>
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<td>Confirmation of Minutes</td>
<td>As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&amp;D Act 2000.</td>
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<td>3.1</td>
<td>Health and Safety Report</td>
<td>Negotiations</td>
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<td>4.1</td>
<td>Financial Report</td>
<td>Commercial Activities</td>
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<td>4.2</td>
<td>Funder Report</td>
<td>Commercial Activities</td>
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<td>5.1</td>
<td>Healthy Food and Beverage Environment Policy</td>
<td>Commercial Activities</td>
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<tr>
<td>5.2</td>
<td>Commercial Activities</td>
<td>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]</td>
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<td>5.2.1</td>
<td>Commercial Activities</td>
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<td>5.2.2</td>
<td>Commercial Activities</td>
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<tr>
<td>Section</td>
<td>Description</td>
<td>Commercial Activities</td>
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<td>6.3</td>
<td>Replacement Radiography Room and Overhead Gantry, Level 2, ACH</td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
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<td>6.4</td>
<td>Amalgamation of Ronald McDonald Trusts</td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
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<td>6.5</td>
<td>Contribution to Cost Pressure – Primary Care and Non-Government Organisations</td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
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<td>6.6</td>
<td>Treasury Policy Breach</td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
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<td>6.7</td>
<td>Statement of Accounting Policies</td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
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</table>
| 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] |
|---------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.1 Community Laboratory Services Transition | 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] |
| 8.2 Addendum Confidential Minutes | 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] |

**Carried**

The meeting closed at 2.45pm.

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

Chair: ___________________________ Date: ___________________________

Lee Mathias
## Action Points from Previous Board Meetings

As at Wednesday, 13 May 2015

<table>
<thead>
<tr>
<th>Meeting and Item</th>
<th>Detail of Action</th>
<th>Designated to</th>
<th>Action by</th>
</tr>
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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 practices 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. |
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 30 April to 5 June. 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:

- Good uptake in response to Auckland DHB influenza vaccine campaign
- Auckland DHB and Compass committed to maintaining food service jobs
- Patient wellbeing at centre of NZ’s first in-hospital design lab
- Media enquiries included interest in:
  - Open letter by staff of Te Whetu Tawera
  - Complaints of RMO bullying reported by Resident Doctors Association
  - Karangahape Rd stabbing victim
  - Babies born at ACH at same time as Royal baby Princess Charlotte
  - Does Auckland City Hospital roster more staff when there is a full moon?

We received 123 requests for information, interviews or for access from media organisations in the period from 30 April to 5 June.

Apart from those noted, 57 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 32 Official Information Act requests and provided responses

2. Events and News

2.2 Internal

- Two CE blog posts were published, talking about The A+Trust Nursing and Midwifery Awards and peak hospital occupancy.
• 16 news updates were published on the DHB intranet.
• Five eNova (weekly electronic newsletters) were published.
• The June/July edition of Nova magazine was published.
• To guide the development of Auckland DHB wellbeing activities, staff are being asked to complete a short survey on their health and wellbeing interests, challenges and goals.

2.4 Events and Campaigns

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

Flu Vaccination Clinics
The Flu Vaccination campaign has begun with Clinics running during the weeks commencing 20 and 27 April and 25 May. Follow up letters are being sent out to those who have chosen not to get vaccinated.

Quality Improvement Grand Round
A quality Grand Round took place entitled Redesigning for the Future The journey towards Medicines Management. Ian Costello, Chief Pharmacist at Auckland DHB shares the pharmacy journey towards medicine management. The Grand Round also outlined the process for service strategy development.

A+Trust Nursing and Midwifery Awards
An evening of glitz and glamour was held in May to celebrate the amazing dedication and professionalism of our nurses and midwives. Held to coincide with the month of International Nurses Day and International Day of the Midwife, The inaugural A+ Trust Nursing and Midwifery Awards was the first of what is to become annual event. Nurses who shine in clinical practice, leadership and education, and who demonstrate the spirit of nursing were formally recognised at the Awards. More than 120 nominations were received and deciding on the winners was a tough decision for the judging panels. You can see all the winners and finalists from the Awards on the intranet, along with a selection of photos from the evening.

Nursing and Midwifery Awards winners

Chief Nursing Officer Award:
Sarah Williams, Public Health Nurse, Mana Clinic

Adult Community and Long Term Conditions Nursing Award:
Denise Thatcher, Gerontology Nurse Specialist

Adult Medical Nursing Award:
Terriana Ihaia, Staff Nurse Emergency Department

**Cancer and Blood Nursing Award:**
Anne Marie Robinson, Staff Nurse

**Cardiac Services Nursing Award:**
Amelia Condell, Nurse Educator, CVICU

**Children’s Health Directorate and Starship Foundation Excellence in Clinical Practice:**
Tracey Vincent, Nurse Specialist, Ward 27b

**Clinical Support Nursing Award:**
Joyce Forsyth, Flow Manager

**Mental Health and Addictions Nursing Award:**
Julie Marlow, Community Mental Health Nurse

**Perioperative Nurses Choice Award (operating room):**
Jackie Oliver, Charge Nurse, Paediatric Cardiac OR

**Perioperative Nurses Choice Award (PACU):**
Ella McLean, Staff Nurse, Greenlane Surgical Unit

**Surgical Nursing Leadership Award:**
Mognambal Ram, Registered Nurse, Ward 73

**Women’s Health Nursing and Midwifery Award:** Ella Baker, Midwife

**Cecile Thompson Award:** Cheryl Calvert, Gerontology Nurse Specialist

**Kim Williams General Medicine Scholarship:** Sally Jeong, Staff Nurse, Ward 68

**Judith Philipson Excellence in Bedside Care Delivery Award:** Michelle Stewart, Staff Nurse, Ward 26b

**T W Bollard Child Health Excellence in Clinical Practice:** Helen Waldron, Clinical Charge Nurse, PICU

**D C Hounsell Prize:** Lyndsay Mickell, Registered Nurse, Ward 83

**W A Fairclough Award:** Kristine Newton, Registered Nurse, Totara Ward

**Trophy of Tradition:** Adele McMahon, Neuro-Oncology Nurse Specialist

### 2.2.3 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 – #fightflu, #adhbtransport
- Our People – Local Heroes
- Wellness – Staff wellness resolutions

### 2.2.4 People

**Local Heroes**

Twenty five people were nominated as ‘Local Heroes’ during April and May. Local hero awards were presented to Leigh Elton, Staff Nurse in the Children’s Emergency Department, and Reuben Gordon, Optometrist at Greenlane Eye Clinic.

The nurse who nominated Leigh says: “Leigh is the family violence intervention champion for CED. On Orange Friday (13 March) she had just worked a night shift and had had only three hours sleep. She set up a stall in the level 3 coffee area, sold raffle tickets and ran a
silent auction. She had previously obtained all the prizes herself. Leigh raised over $1000 to donate to SHINE, which provides support and care for any of our patients who are victims of family violence. Leigh’s efforts went well above and beyond what her role requires and she is a true example of a nurse with commitment and caring.”

**Reuben** was nominated by a patient, who said: “Every time I come for an appointment, he is always informative without lecturing. I have always enjoyed my appointments at the Eye Clinic but have only just seen the page for local heroes. Reuben is an asset to the Clinic and I love that I’m going to be able to drive soon, after being off the road for over 15 years.”

**Gordon Trinca Medal Awarded to Auckland DHB Nurse Specialist**
Rhondda Paice, Auckland DHB Nurse Specialist Trauma Co-ordinator, has been awarded the Gordon Trinca Medal from the Royal Australasian College of Surgeons. This award recognises education and teaching in trauma care, with particular emphasis on the early management of severe trauma programme. Rhondda was presented with the medal at the Annual Scientific Congress. She is one of only three nurses to receive this award.

**Long Service Awards**
On 9, 10 and 11 June 2015 we will be celebrating with those who have dedicated more than 20 years’ service with Auckland DHB. Around 400 people have been invited to the events, with approximated 320 people attending.

### 3. Performance of the Wider Health System

3.1 National Health Targets Performance Summary

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<td>May 96%, Target 95%</td>
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<td>Improved access to elective surgery</td>
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<td>97% to plan for the year</td>
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<td>Shorter waits for radiation therapy &amp; chemotherapy</td>
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<td>May 100%, Target 100%, Year to Date 100%</td>
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<td>Better help for smokers to quit</td>
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<td>May 97%, Target 95%</td>
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<td>Cardiac bypass surgery</td>
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<td>May 78 patients, Target &lt; 104</td>
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<td>More heart &amp; diabetes checks</td>
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<td>Mar Qtr 90%, Target 90%</td>
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<tr>
<td>Increased immunisation 8 months</td>
<td>🔴</td>
<td>Mar Qtr 94%, Target 95%</td>
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**Key:**  
- Proceeding to plan
- Issues being addressed
- Target unlikely to be met

Auckland District Health Board  
Meeting of the Board 24/06/15  
Page 4
Commentary

We are disappointed to report that it is unlikely that we will achieve the eight month immunisation health target to June 2015. Our 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%. The opt off/decline rate is slightly over 2%. More information on factors impacting on this target and initiatives to respond are below.

3.2 Financial Performance

For April 2015, we recorded a year-to-date (YTD) net surplus of $960k, which was $243k favourable to budget. Underlying this net position was additional revenue of $3.1m, 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 $2.8m. 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. 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 April of $41.1m against a target of $40.8m.

3.3 Clinical Governance Commentary

Dr Atul Gawande event
The Health Quality and Safety Commission hosted a forum in May with Dr Atul Gawande, surgeon and author of several books including the recently published “Being Mortal.” Several Auckland DHB clinicians were invited and Dr Barry Snow talked about Advanced Care Planning and participated in a discussion with Dr Gawande and others after his address. Dr Gawande demonstrates, in his talks and writing, how with reflective practice patient stories have changed the way he delivers surgical care. His experiences, as he shared on the day, resonated with participants at the forum and were clearly aligned with values recently agreed by this DHB. Dr Gawande talks of “what matters to the patient” meaning that clinicians, specifically doctors, should always ensure they understand what the patient would like to gain rather than what could be done with modern technology.

Better Brain Care Pathway
This programme is underway in our Older People’s Health and General Medicine wards improves our 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. Without the right support at home, people with dementia will likely end up back in the hospital after a short time.
Dr Stephen Child
We acknowledge the medical leadership of Auckland DHB’s Director of Clinical Training Dr Stephen Child, who is the new Chair of the New Zealand Medical Association. Dr Stephen Child, a Canadian-trained general physician with a respiratory interest, immigrated to New Zealand in late 1991, working in Dargaville before moving in 1994 to his current role as the Director of Clinical Training at Auckland District Health Board. Clinically, he has an interest in asthma and general internal medicine, with a strong passion for medical education. He continues private clinics specialising in medicine / respiratory diseases and is a full consultant within the Department of General Medicine at Auckland DHB. Dr Child was a member of the DHB National Workforce Strategy Group (2001-2009) and the Minister of Health’s Medical Training Board (2007-2009). He is also a member of the NZ Telehealth Leadership Forum and Clinical Governance group for ProCare. Dr Child was until recently the Chair of the NZMA Auckland Council and the NZMA’s Deputy Chair. Dr Child replaces Napier-based GP Dr Mark Peterson, who has completed his two-year tenure as Chair.

Central Sterile Supply Department
This month I had the pleasure of touring our Central Sterile Supply Department (CSSD) to see the progress made since a Rapid Improvement Event (RIE) in December 2013. Since the RIE and through subsequent projects cycle time for cleaning trays have gone from 65% within target of 12 hours, to over 90%. This means fast track requests for instrument cleaning has almost been eliminated. The work is now more evenly distributed across the teams and the work is less stressful. Contamination failures have reduced significantly within CSSD. The CSSD area is more organised and cleaner, enabling staff to do their jobs better and more consistently. It was great to see the CSSD team working with the operating rooms, together making things better for our patients.

3.4 Primary care and community services

Immunisation
Considerable efforts are going into achieving the target, however they have been hampered this quarter by issues with the National Immunisation Register (NIR) and overload caused by the influenza vaccine. We have been in contact with the Ministry regarding this, and they have prioritised efforts to address this but this has not been sufficient to address the challenges that have over-whelmed the system. Specifically, NIR outages, and reduced functionality because of the huge volume of influenza messages, continue to hamper NIR efficiency. The system is also experiencing missing maternity download notification messages.

PHOs report the late arrival of the influenza vaccine has also created workforce capacity issues that have compromised delivery of childhood immunisations.
An independent evaluation was undertaken of performance of the WDHB immunisation programme by the Immunisation Advisory Centre. We are considering any learnings for Auckland DHB. Of note, a large effort is required for infants coming into the DHB after birth. We continue to raise with the MoH the concept of linking Immigration data to support our efforts in identifying these babies and offering them health services.
Other activity underway includes:
- The MoH Immunisation team will visit Auckland 24-25 June. We will hold a workshop with PHOs and DHBs.
- Early indicators are monitored for change in practice performance. Working with PHOs to ensure targeted support is underway for identified practices including back filling for staff absence and rapid orientation for new staff.
• Immunisation education has been booked for mid June for Nurse Specialists in Starship in preparation for opportunistic immunisation of families and inpatients.
• Strive meetings continue with OIS Administrators and PHO Immunisation Coordinators to develop resources and strategies to facilitate Best Practice processes within general practice.
• Liaising with other DHBs to investigate processes employed there. This will also contribute to the Immunisation Essentials manual which is currently being revised.
• Safety Net Referral (SNR) investigation reported back to the Operations Group showed that almost 30%(10/35) of SNRs found to be fully immunised but not recorded on NIR because of messaging problems.
• Talking Immunisation CNE/CME booked for 24 June in Auckland central with Dr Kim Bannister. MoH to attend and present.
• Procare data analysts and Immunisation Coordinators are systematically following up on every child due/overdue immunisations this Quarter. Also reporting a significant proportion of these are associated with system messaging problems.
• Lists identifying children admitted to DHB facilities with respiratory illness (and therefore eligible for funded influenza vaccine) are being actioned by PHOs.
• Procare Immunisation coordinators now able to access ETHC practices.
• Agreement reached at DHB Immunisation Operations meeting to aim for 85% of 6 month old infants fully vaccinated (ie. improved timeliness).

Rheumatic Fever

Work continues across the range of primordial, primary and secondary rheumatic fever prevention initiatives. These include referrals to the housing hub (AWHI), continuing promotion of the importance of swabbing sore throats and getting them treated (for Maori, Pacific and quintile 5 communities), and the primary school-based throat swabbing and management programme. We have recently added a new component of service, targeting young secondary school-age students in low-decile schools.

There is active work in secondary prevention and chronic care management for children, young people and adults with rheumatic fever and rheumatic heart disease. The Auckland DHB RhF disease management continues to meet monthly to facilitate consistent practice across paediatric and adult infectious diseases, medicine and cardiology. A part-time Rhf and RHD Project manager has been employed to undertake a system review.

Further work is underway to develop a region-wide database of all patients who should be on secondary prophylaxis by matching all known lists of patients (discharges, outpatients, community nursing, primary care etc.). This is a labour intensive process especially as there is no disease coding for outpatients, and infrequent/unreliable coding in primary care. A recent audit within primary care identified many issues and will now be the basis of further work developing a primary care audit tool. We will be unable to report bicillin compliance for patients receiving bicillin in primary care (approx. 25% of patients) until a stringent system is in place in primary care. Excellent data are available from the community nursing services using a recently developed common database (Auckland DHB initiated).

The Auckland regional rheumatic fever database is being upgraded. This needs to be expanded to a regional project with Waitemta and Counties DHBs resource (rather than sit under one small paediatric service) to ensure it is functional and meets both reporting and clinician requirements across the health system.

Specific work on transition care and promotion of self-management is occurring as a result of the successful self-care Hackathon. The Community Paediatrician and RhF programme manager are working with The NZ Health Innovation Hub (NZHIH) and Curekids to develop an app for young people which encourages self-management. Evidence shows that young people have and prefer to communicate through mobile technologies. A NZHIH seed fund of 30K will be used to explore young
people’s understanding of the disease, its management, the implications, what facilitates and prevents them from complying with antibiotic adherence and clinic appointments.

We have also engaged AUT students working with the Auckland DHB Design for Health and Wellbeing Lab to develop innovative digital designs that will help translate ‘rheumatic fever’ and ‘heart damage’ into imagery that is meaningful to young people and their families/whanau. This will be incorporated into teaching resources and the app.

We are excited about the possibilities suggested by this technology in relation to self-management of a range of chronic conditions for young people, particularly as they transition from ‘parent-led’ paediatric care to self-directed adult services.

However, the main response to Rheumatic Fever needs to be improvements in housing, particularly to reduce over-crowding.

Concepts such as Warrant of Fitness for rental housing stock are an important opportunity to address cold, damp housing which contributes significantly to the health burden of children particularly in Auckland.

Information from the MoH is that funding for the primary school-based component of the programme will be extended for a short time. During this time, the DHB will be looking at the evidence of health gain as a result of the programme. We will be providing advice regarding service sustainability and design for consideration by the Boards later this year.
2016 Board and Committee Meeting Schedule

Recommendation:

That the Board approve the attached meeting schedule for 2016.

Prepared by: Marlene Skelton, Corporate Business Manager

Note: the proposed Schedule will also be referred to the Waitemata DHB Board for approval, at its next meeting on 1 July.

1. Glossary

ADHB - Auckland District Health Board  
CPHAC - Community and Public Health Advisory Committee  
DSAC - Disability Support Advisory Committee  
MHGAC - Maori Health Gain Advisory Committee  
WDHB - Waitemata District Health Board

2. Summary

The attached proposed schedule has been 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.

Once both Boards have confirmed the schedule, a final schedule showing venues will be distributed to Board and Committee members, staff and interested parties and included on the website.
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<td>WDHB Audit</td>
<td>ADHB/WDHB CPHAC</td>
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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>
<tbody>
<tr>
<td>1. Confirmation of Confidential Minutes 13 May 2015</td>
<td>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.</td>
<td>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]</td>
</tr>
<tr>
<td>2. Action Points 13 May 2015</td>
<td>Confirmation of Action Points As per resolution(s) from the open section of the minutes of the meeting, in terms of the NZPH&amp;D Act 2000.</td>
<td>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]</td>
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<tr>
<td>3.1 Health and Safety Performance Report (May 2015)</td>
<td>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)]</td>
<td>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]</td>
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<tr>
<td>4.1 Financial Report</td>
<td>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
<td>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]</td>
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<td>4.2</td>
<td>Funder Report</td>
<td><strong>Commercial Activities</strong> To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
</tr>
<tr>
<td>4.3</td>
<td>Regional After Hours Services</td>
<td><strong>Commercial Activities</strong> To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]&lt;br&gt;<strong>Obligation of Confidence</strong> 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)]</td>
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<tr>
<td>4.4</td>
<td>Delegation of Authority – Contract Approval and Signing</td>
<td><strong>Commercial Activities</strong> To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
</tr>
<tr>
<td>4.5</td>
<td>Maori Provider Integrated Contract</td>
<td><strong>Commercial Activities</strong> To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]&lt;br&gt;<strong>Obligation of Confidence</strong> 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)]</td>
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<tr>
<td>5.1</td>
<td>Alcohol Free Environments Policy</td>
<td><strong>Commercial Activities</strong> To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]&lt;br&gt;<strong>Obligation of Confidence</strong></td>
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<tr>
<td></td>
<td>Commercial Activities</td>
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<tr>
<td><strong>6.1 Bond FRA Accounting Treatment</strong></td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
<td>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]</td>
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<td><strong>6.2 Revised Treasury Policy</strong></td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
<td>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]</td>
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<td><strong>6.3 Detailed Capital Expenditure Budget</strong></td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
<td>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]</td>
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<td><strong>6.4 Amendments to healthAlliance NZ Governance Documents</strong></td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
<td>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]</td>
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<td><strong>6.5 Regional Core Public Health Services Contract</strong></td>
<td>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</td>
<td>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]</td>
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<td>6.6</td>
<td>E-Prescribing Phase Two (2.3/2.4) – Intra and Inter Hospital Referrals Business Case</td>
<td><strong>Commercial Activities</strong></td>
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<td>6.7</td>
<td>Northern Region Histology Contract Sign Off Request</td>
<td><strong>Commercial Activities</strong></td>
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<td>6.8</td>
<td>Osborne’s Pharmacy (1974) Ltd</td>
<td><strong>Commercial Activities</strong></td>
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<td>6.9</td>
<td>Security Access Control and CTV Systems Upgrade</td>
<td><strong>Commercial Activities</strong></td>
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<td>7.1</td>
<td>Negotiations</td>
<td>To enable the Board to carry on,</td>
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<td>Human Resources Report</td>
<td>Commercial Activities</td>
<td>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]</td>
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<td>8.1 NZ Health Innovation Hub 2015/2016 Plan</td>
<td>Commercial Activities</td>
<td>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]</td>
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<td>8.2 Auckland/Waitemata DHBs Maternity Services Collaboration: Summary of Communications and Consultation</td>
<td>Commercial Activities</td>
<td>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]</td>
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<td>8.3 Establishment of CCIO Role</td>
<td>Commercial Activities</td>
<td>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]</td>
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<td>8.4 NEHR Programme Update</td>
<td>Commercial Activities</td>
<td>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]</td>
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