Waitemata
District Health Board
Te Wai Awhina

BOARD MEETING

Wednesday, 31st October 2012

1.30pm

AGENDA

Items to be considered in public meeting

VENUE

Waitemata DHB Boardroom
Level 1, 15 Shea Terrace
Takapuna

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life.

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

MEETING OF THE BOARD – 31st October 2012

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Tce, Takapuna Time: 1.30 pm

WDHB BOARD MEMBERS	WDHB MANAGEMENT
Lester Levy - Chair	Dale Bramley, Chief Executive Officer
Max Abbott – WDHB Deputy Chair	Rosalie Percival, Chief Financial Officer
Pat Booth – WDHB Board Member	Paul Patton, Director of Communications
Sandra Coney – WDHB Board Member	Andrew Brant, Chief Medical Officer
Rob Cooper – WDHB Board Member	Jocelyn Peach, Director of Nursing and Midwifery
Warren Flaunty – WDHB Board Member	Phil Barnes, Director of Allied Health
Wendy Lai – WDHB Board Member	Debbie Holdsworth, Acting Chief Planning and Funding Officer
James Le Fevre – WDHB Board Member	Sam Bartrum, General Manager Human Resources
Christine Rankin – WDHB Board Member	Barry Vryenhoek, CEO healthAlliance
Allison Roe – WDHB Board Member	Paul Garbett, Board Secretary
Gwen Tepania-Palmer – WDHB Board Member	

APOLOGIES:

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?

PART 1 – Items to be considered in public meeting

AGENDA

TIME:

1.30pm *(please note agenda item times are estimates only)*

1. AGENDA ORDER AND TIMING

2. BOARD MINUTES

1.30p.m 2.1 Confirmation of Minutes of the Meeting of the Board (19/09/12) 1

2.2 Confirmation of Minutes of the Special Meeting of the Board (26/09/12) 13

1.35pm **3. CHAIR'S REPORT** ..... (Verbal Report)

4. EXECUTIVE REPORTS

1.40pm 4.1 CEO's Report 16

2.00pm 4.2 Communications Report 35

5. DECISION PAPERS

2.10pm 5.1 National Maori Flag 40

6. PERFORMANCE REPORT

2.20pm 6.1 Financial Performance 45

7. COMMITTEE REPORTS

2.35pm 7.1 Auckland and Waitemata DHBs Disability Support Advisory Committee Meeting (22/08/12) 60

7.2 Hospital Advisory Committee Meeting (19/09/12) 66

7.3 Auckland and Waitemata DHBs Community and Public Health Advisory Committees Meeting (10/10/12) 75

8. INFORMATION PAPERS

2.45pm **9. RESOLUTION TO EXCLUDE THE PUBLIC** 83

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Lester Levy	Professor of Leadership – University of Auckland Business School Co-Director – New Zealand Leadership Institute Deputy Chair – Health Benefits Limited Independent Chairman – Tonkin & Taylor Chair – Auckland District Health Board Chairman – Auckland Transport (commencing 1st November 2012)	28/08/12
Max Abbott – Deputy Chair	Pro Vice-Chancellor (North Shore) and Dean – Faculty of Health and Environmental Sciences, Auckland University of Technology Patron – Raeburn House Board Member – Health Workforce New Zealand Board Member, AUT Millennium Ownership Trust Chair – Social Services Online Trust Board member – Rotary National Science and Technology Forum Trust	28/09/11
Sandra Coney	Elected Member and Chair Parks Committee, Auckland Council	02/05/11
Rob Cooper	Board Member – Auckland District Health Board Chief Executive - Ngati Hine Health Trust Advisory Board Member – James Henare Research Centre, University of Auckland	26/09/12
Pat Booth	Consulting Editor – Fairfax Suburban Papers in Auckland	24/06/09
Warren Flaunty	Member of Henderson – Massey, Rodney and Upper Harbour Local Boards, Auckland Council Trustee - West Auckland Hospice Trustee - Waitakere Licensing Trust Shareholder - Metlifecare Shareholder - EBOS Group Shareholder – Pharmacy Brands Ltd Shareholder – Westgate Pharmacy Ltd Chair – Three Harbours Health Foundation Trustee – Trusts Community Foundation Ltd	18/07/12
James Le Fevre	Medical Officer - Auckland Adults Emergency Department Research Fellow - Shorter Stays in ED National Research Project Auckland Helicopter Emergency Medical Service Doctor Member of ASMS Member – Australian Society for Emergency Medicine, Hospital Overcrowding Subcommittee	04/04/12
Wendy Lai	Partner – Deloitte Board Member – Rodney Health Link Board member - Museum of NZ Te Papa Tongarewa	09/08/10
Christine Rankin	Member - Upper Harbour Local Board, Auckland Council Member - The Families Commission Director - The Transformational Leadership Company	02/02/11
Allison Roe	Shareholder – Optimisewellbeing.com Founding member – Breast Health Foundation Director – Spiritus NZ Trustee – Allison Roe Trust Board member – North Shore Hospital Foundation Founder – Takapuna 2020 Community Group	28/03/11
Gwen Tepania-Palmer	Chairperson- Ngatihine Health Trust, Bay of Islands Life Member – National Council Maori Nurses Alumni – Massey University MBA Director – Manaia Health PHO, Whangarei Board Member – Auckland District Health Board	18/10/12

Waitemata District Health Board

Board Member Attendance Schedule 2012

NAME	FEB	APRIL	MAY	JUNE	AUG	SEPT	OCT	DEC
Dr Lester Levy (Chair)	ü	ü	ü	û	ü	ü		
Max Abbott (Deputy Chair)	û	ü	ü	ü	ü	û		
Pat Booth	ü	ü	ü	ü	ü	ü		
Sandra Coney	ü	ü	ü	ü	ü	û		
Rob Cooper	û	ü	ü	ü	û	û		
Warren Flaunty	ü	ü	ü	û	û	ü		
Wendy Lai	ü	ü	ü	û	û	ü		
James Le Fevre	ü	ü	ü	û	ü	ü		
Christine Rankin	ü	ü	û	ü	ü	ü		
Allison Roe	ü	ü	ü	ü	ü	ü		
Gwen Tepania-Palmer	ü	ü	û	ü	ü	ü		

û ***Apologies given***
****Attended part of the meeting only***
 # Absent on Board business
^ ***Leave of absence***

2.1 Confirmation of Minutes of the Board meeting held on 19th September 2012

Recommendation:

That the Minutes of the Board meeting held on 19th September 2012 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 19 September 2012

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,
Takapuna, commencing at 1.33p.m

BOARD MEMBERS PRESENT:

Lester Levy (Board Chair)
Pat Booth
Warren Flaunty
Wendy Lai
James Le Fevre
Christine Rankin
Allison Roe
Gwen Tepania-Palmer

ALSO PRESENT: Dale Bramley (Chief Executive Officer)
Rosalie Percival (Chief Financial Officer)
Debbie Holdsworth (Acting Chief Planning and Funding Officer)
Andrew Brant (Chief Medical Officer)
Paul Patton (Director of Communications)
Jocelyn Peach (Director of Nursing and Midwifery)
Phil Barnes (Director of Allied Health)
Paul Garbett (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Lynda Williams (Auckland Womens Health Council)
Lance Norman (Deputy CEO, Waitemata PHO)
Adrian Collier (Pfizer NZ)

APOLOGIES:

Apologies were received from Max Abbott, Sandra Coney and Rob Cooper.

WELCOME AND KARAKIA:

The Board Chair welcomed those present to the meeting.

Pat Booth read the English version of the karakia to the meeting.

PART I – Items considered in public meeting

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no identified conflicts of interest for the open part of the agenda.

1 AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2 BOARD MINUTES

2.1 Confirmation of Minutes of the Meeting of the Board held on 08 August 2012 (agenda pages 1-11)

Resolution (Moved Gwen Tepania-Palmer/Seconded James Le Fevre)

That the minutes of the Board meeting held on 08 August 2012 be approved.

Carried

Matters Arising

No matters were raised.

2.2 Confirmation of Minutes of the Special Meeting of the Board held on 28 August 2012 (agenda pages 12-14)

Resolution (Moved Warren Flaunty/Seconded Wendy Lai)

That the minutes of the Special Meeting of the Board held on 28 August 2012 be approved.

Carried

3 CHAIR'S REPORT

The Board Chair referred to the letter from the Minister of Health and attached report included in the agenda, which provided a comparison between the New Zealand Health Sector's challenges and those in other countries, and highlighted the 3.6 per cent increase in real health spending in 2010, the third highest of 27 OECD countries, many of which had actually reduced expenditure. He noted the comment that DHBs will need to continue deliver efficiency savings of about 2 percent a year, and the increasing signals that the financial environment is getting more and more difficult. A real concern is the slow down in Australia and the big savings in the health system being called for there.

Matters covered in discussion of this report included:

- There is a serious concern that a Trans-Pacific Partnership might mean the end of the PHARMAC pharmaceutical purchasing regime and also of its new role in the purchase of medical devices.
- Dale Bramley advised that the New Zealand life expectancy of 81 years is just above the OECD average.
- The private health sector in New Zealand is quite small but plays a significant role.
- A recent editorial concerning health funding in the New Zealand Herald by Ian McPherson (Chief Executive, Southern Cross Health Care) would be located and distributed to members.

4 EXECUTIVE REPORTS

4.1 Chief Executive's Report (agenda pages 23-43)

The Chief Executive highlighted aspects of his report including:

- Achievement of health targets.
- Appointment of Debbie Eastwood as the new General Manager for Medicine and Health of Older People.
- The ongoing planning for Renal Services Phase 2.
- The paper by Peter Sandiford, Dr Damien Mosquera and himself on ethnic inequalities in incidence, survival and mortality from abdominal aortic aneurysm in New Zealand.
- The various Health Research Council grants detailed in the report, with three of the four projects selected having Waitemata DHB involvement.
- The fundraising lunch with the Prime Minister on 28 September, organised by the Rotary Club of Henderson, in association with the Mad Butcher and the Suburban Newspapers Community Trust, to raise funds for the Rangatira Paediatric Unit, has been sold out.
- Planning to have the Governor General open the new garden area on the Waitakere Hospital grounds next February.

Dale Bramley outlined the proposed new structure for reporting Board performance priorities as used in Section 4 of the agenda report and comment was invited on that. A suggestion made was that the Bowel Screening Pilot also be included, and the Board Chair suggested considering including that under a section on innovations.

Other matters covered in consideration of the report were:

- The Chief Executive noted that while the impetus for the customer care training for ward clerks and administrators (page 31 of the agenda) had been the work on values, it has come to his attention that this is actually the first time that systematic training had been arranged for that group, who are often the first point of contact for patients and their families.
- Professor Richard Bohmer will be participating in the Special Board Meeting on 26 September, which will progress further the implications of the work done on values.
- The improved financial result for August had shown a budget surplus for the month and year to date position, but the need for major improvements in financial results from some areas of the Provider Arm. Extensive work is being done on this.
- It was agreed that a letter of congratulations be sent on behalf of the Board to the three pharmacists (John Kristiansen, Angela Lambie and Finna Shen) who had received awards at this year's New Zealand Hospital Pharmacists Association annual conference.
- The research on the 'polypill' for treating people at a high risk of CVD (described on page 25 of the agenda), involved half Maori participants and half non-Maori. Preliminary results are starting to come through. Collaboration is occurring with centres around the world looking at the same issue and this is a world leading study. Dale Bramley advised that he would arrange a presentation to the Board on the study.
- With regard to mobilising nursing leadership, James Le Fevre advised of international research which had emphasised that nurses need to feel empowered "to speak up" and doctors need to learn to listen to what they say. The Board Chair noted that to do this, nurses needed the confidence to believe in their own judgement when they see something that is wrong.

- Positive comments were received on the KPI Scorecard and the improvements that had been made to the report.
- Dale Bramley advised that a new set of KPIs had been drawn up for reports to the Maori Health Gain Advisory Committee, splitting out health targets by ethnicity.

Resolution (Moved Pat Booth/Seconded James Le Fevre)

That the Chief Executive's Report be received.

Carried

4.2 Communications Report (agenda pages 44-48)

Paul Patton (Director of Communications) introduced the report, noting:

- The high level of media interest in the dogs in hospitals item. There would be a further story about pet therapy at the Wilson Centre.
- The new graphs included in the report, showing website visits.
- There are now over 500 people following Waitemata DHB on Facebook or Twitter.

In answer to a question, Paul Patton advised they are using a Dublin based PR company to get editorial in key publications in Ireland, encouraging health professionals to consider coming to work here.

Resolution (Moved Pat Booth/Seconded James Le Fevre)

That the report be received.

Carried

5 DECISION PAPERS

There were no decision papers

6 PERFORMANCE REPORTS

6.1 Financial Performance (agenda pages 49-62)

Rosalie Percival (Chief Financial Officer) introduced the report and summarised key financial issues and what is being done to address them. Results of work to bring nursing costs into line would be reported to the Audit and Finance Committee. A memo to staff tightening up discretionary and non discretionary expenditure in various ways was currently being finalised.

Jocelyn Peach advised that work to make Trendcare more effective was underway and would be reported back to the next meeting.

Matters covered in consideration of the report included:

- The Board Chair noted that it is positive to see a greater consistency in monthly net financial results when compared to the same month in the previous year, as opposed to previous wild fluctuations.

- It was noted that Asia Pacific Risk Management, which provides advice to the Board, has recently been acquired by PricewaterhouseCoopers.
- Rosalie Percival advised that she had had discussions with the Ministry of Health concerning a possible bad debt adjustment for non-residents payments. The Ministry had advised that such issues were looked at over a four year period. She therefore hoped for a bad debt adjustment in 2013/14.

Resolution (Moved Christine Rankin/Seconded Wendy Lai)

That the following performance reports for the month and attachments be received:

1 Financial Performance – DHB Consolidated

2 Financial Performance – DHB Arms

3 Financial Performance – Other Indicators/ Trends

4 Capital Expenditure

5 Financial Position

6 Cashflow Position

7 Treasury

Carried

7 COMMITTEE REPORTS (agenda pages 63-82)

7.1 Recommendations from the Auckland and Waitemata DHBs' Disability Support Advisory Committees Meeting held on 22 August 2012

Design – Accessibility Issues

In discussion of this recommendation, it was noted:

- That the Facilities Team should actively involve those with disability requirements in reviewing design issues at an early stage of the design process.
- That there are some conflicts between Occupational Health and Safety Standards and Disabilities requirements – this issue should be raised with the Department of Labour.

Resolution (Moved James Le Fevre/Seconded Gwen Tepania-Palmer)

That the Board agrees that it is critical that accessibility issues are addressed at the beginning of any planning for facilities to ensure access is built into the designs at the earliest stage.

Carried

Recommendations of the Equal Employment Opportunities Commissioner

Resolution (Moved Pat Booth/Seconded Warren Flaunty)

That a decision on a commitment to the implementation of the recommendations of the Equal Employment Opportunities Commissioner contained in the Caring Counts report particularly referring to pay, fair travel, safety standards, consumer information, transparency, and diversity of careers be deferred for information to be received on the economic context.

Carried

Resolution (Moved Gwen Tepania-Palmer/Seconded Allison Roe)

That the Board support sending the Chair and Deputy Chair of the ADHB/WDHB Disability Support Advisory Committee to the Stakeholder Summit planned for 3 October 2012.

Carried

Open Information and Communication to Assist Patients with Disabilities

Resolution (Moved Warren Flaunty/Seconded Gwen Tepania-Palmer)

That the Board

- **Continue to implement the Health Passport.**
- **Continue to work with Communications and Quality teams to improve the information that is going to patients and the way it is being communicated.**
- **Encourage staff to complete the Disability Awareness e-learning training to look at better ways to work with people with intellectual disabilities in health settings.**
- **Involve people with intellectual disabilities in consumer engagement and planning of services; and**
- **Make sure that people with high and/or complex needs are included in service planning.**

Carried

The Board Secretary was asked to advise the Chairs of the Advisory Committees of the request from the Board that if there are any financial implications involved in a recommendation to the Board, that information on what those financial implications be included with the recommendation.

7.2 Hospital Advisory Committee Meeting held on 8 August 2012

Resolution (Moved Pat Booth/Seconded Gwen Tepania-Palmer)

That the Draft Minutes of the Hospital Advisory Committee Meeting held on 8 August 2012 be received.

Carried

7.3 Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 29 August 2012

Resolution (Moved Pat Booth/Seconded Christine Rankin)

That the Draft Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees meeting held on 29 August 2012 be received.

Carried

8 INFORMATION PAPERS

8.1 Bereavement/End of Life Care Project (agenda pages 83-84)

Jocelyn Peach (Director of Nursing and Midwifery) summarised the report. She also noted that reviewing complaints showed issues with staff not knowing what to do and also often cultural issues. The approach taken had been to get some core things happening to make expectations clear and then to work in more depth on the issues.

In discussion of the item, the Board indicated its support for the issue being treated as a priority and for the approach being taken to address it. Matters mentioned in discussion included the usefulness of input from hospices on this issue, the need for communication so that doctors are forewarned about patients who are dying, and the need to involve families.

Resolution (Moved Gwen Tepania-Palmer/Seconded Allison Roe)

That the report be received.

Carried

9 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 85-87)

Resolution (Moved Pat Booth/Seconded Allison Roe)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Minutes of the Meeting of the Board with Public Excluded (08/08/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Minutes of the Meeting of the Special Meeting of the Board with Public Excluded (28/08/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
3. Minutes of the Meeting of the Hospital Advisory Committee with Public Excluded (08/08/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
4. Minutes of the Meeting of the Audit and Finance Committee Meeting with Public Excluded (29/08/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
5. Minutes of the Auckland DHB and Waitemata DHB Community and Public Health Advisory Committees Meeting with Public Excluded (29/06/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
6. Minutes of the Wilson Home Trust with Public Excluded (20/07/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
7. Child Rehabilitation	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.[Official Information Act 1982 S.9 (2) (j)]

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
8. Memorandum of Understanding	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
9. Contractor Tender	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
10. Overnight Contracts	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
11. Assessment Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]

Carried

The meeting in open session concluded at 2.40p.m.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 19 SEPTEMBER 2012

_____CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 24 September 2012

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
Board 19/09/12	3	Editorial in NZ Herald by Ian McPherson on health funding to be circulated to Board members.	Paul Garbett	Actioned	e-mailed to Board members 24/09/12
Board 19/09/12	4.1	Structure for reporting Board priorities in Chief Executive's report – suggestion that a section on Innovations be considered.	Dale Bramley	Actioned	To be included under priorities for improved financial performance, innovation and facilities
Board 19/09/12	4.1	NZ Hospital Pharmacists' Awards – letters of congratulation to be sent on behalf of the Board to John Kristiansen, Angela Lambie and Finna Shen.	Paul Garbett/ Marilyn Crawley	Actioned	Letters sent from the Board Chair
Board 19/09/12	4.1	Research on the 'polypill' for treating people at high risk of CVD – presentation to be arranged for the Board.		Board 12/12/12	Vanessa Selak will present at Board
Board 19/09/12	7.1	Recommendations from Advisory Committees – where there are financial implications, these are to be included in the recommendation to the Board – Committee Chairs to be advised.	Paul Garbett	Actioned	All Committee Chairs advised by e-mail.

2.2 Confirmation of Minutes of the Special Meeting of the Board meeting held on 26 September 2012

Recommendation:

That the Minutes of the Special Meeting of the Board meeting held on 26 September 2012 be approved.

Minutes of a Special Meeting of the
Waitemata DHB Board

Wednesday, 26 September 2012

held in the Boardroom, Level 1, 15 Shea Terrace, commencing at 9.44a.m.

BOARD MEMBERS PRESENT:

Lester Levy (Board Chair)
Pat Booth
Sandra Coney
Rob Cooper
Warren Flaunty
Wendy Lai
James Le Fevre (participated by teleconference)
Christine Rankin
Allison Roe
Gwen Tepania-Palmer

ALSO PRESENT: Dale Bramley (Chief Executive Officer)
Rosalie Percival (Chief Financial Officer)
Andrew Brant (Chief Medical Officer)
Professor Richard Bohmer
Jocelyn Peach (Director of Nursing and Midwifery)
Phil Barnes (Director of Allied Health)
Sam Bartrum (Director Human Resources)
Paul Garbett (Board Secretary)

APOLOGIES:

An apology was received from Max Abbott and an apology from James Le Fevre for not being able to attend in person.

WELCOME:

The Board Chair welcomed those present and apologised for the late start to the meeting.

DISCLOSURE OF INTERESTS

For the Interests Register, Rob Cooper advised that he had resigned as a member of the National Health Board and as Chair of the Whanau Ora Governance Group.

There were no identified conflicts of interest for the agenda.

1 Resolution to Exclude the Public

Resolution: (Moved Warren Flaunty / Seconded Gwen Tepania-Palmer)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Care Management	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]

Carried

The meeting in open session concluded at 9.53a.m.

SIGNED AS A CORRECT RECORD OF THE SPECIAL MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD HELD ON 26 SEPTEMBER 2012.

_____CHAIR

4.1 Chief Executive's Report

Recommendation:

That the Chief Executive's Report be received.

Prepared by: Dr Dale Bramley, Chief Executive Officer

1. News and events summary

A number of events of significance took place across the DHB over the past six weeks:

- We began rolling out our new organisational values (and promise statement) on October 1. More than 200 staff members have put themselves forward as values champions. Training sessions for the values champions, led by myself and the Executive Leadership Team, took place at Waitakere and North Shore on October 8 and 9 respectively. As part of the training sessions, we featured a video interview of one of our patients to illustrate the very real impact each and every one of our staff members has on a patient's overall experience. This video will be shown to Board members during the Board meeting. Over the next four months, the nominated champions for each service will be gathering information on activities and behaviours related to the values, which will then be integrated into our position descriptions, performance management systems, policies and practices. We will also be expanding the Health Heroes staff recognition programme in the near future to link in with the new values. The organisational templates are also being updated to reflect the new values.
- Provisional results for Q1 2012/13 show a continued excellent performance against the six health targets:

    - Shorter Stays in Emergency Departments – 96% (target 95%)
    - Improved Access to Elective Surgery – 105% (target 100%)
    - Shorter Waits for Cancer Treatment – 100% (target 100%)
    - Increased immunisation – 92% (target 85%)
    - Better help for smokers to quit – 96% (target 95%)
    - More heart and diabetes checks – 61% (target 75%)

    We have continued to maintain our ED performance – an impressive effort in spite of a very difficult winter that has seen some DHBs fail to maintain their performance against this target. We have also exceeded the revised 12/13 immunisation target of 85% of eight month olds receiving their primary course of immunisation on time, with our achievement in this target currently standing at 92% for Q1. Also of note is our performance in the heart and diabetes checks target, which continues to improve, rising to 61% from 56% in the previous quarter and putting us on track to achieve the target of 75% of the eligible population screened for cardiovascular risk over the last five years by July 2013. Our performance is set to improve further over the coming months as we embark on risk assessments for people using our inpatient services. More information on this is detailed later in my report under Section 4: Board Performance Priorities.
- On the subject of our health targets performance, North Shore MP Maggie Barry visited our DHB on September 21 to congratulate us on behalf of the Minister of Health for our excellent performance in the elective surgery target. Board Chair Dr Lester Levy and Medical Head of Division for Surgical and Ambulatory Services Dr John Cullen received the certificate noting our outstanding performance on behalf of our DHB. In presenting us with the certificate, Ms Barry made mention of how no Waitemata patient now waited longer than six months for elective surgery, and of the delivery of some 2,100 more procedures in 11/12 than in 10/11.

She also remarked on the many positive comments she is now receiving from her constituents about their treatment at North Shore Hospital. She also took a brief tour of North Shore Hospital, visiting areas such as our ED and Assessment and Diagnostic Unit.

- Waitemata DHB featured quite prominently in a special series by *The New Zealand Herald* last month. Refer to the following links for articles

  http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10834464

  http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10834735

  http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10834931

  The series of articles, which ran between September 17 and 21, looked closely at hospital death rates, and the initiatives underway in DHBs around the country to reduce in-hospital mortality rates. The Auckland region's three DHBs have consistently had mortality rates in the lower half of all 20 DHBs, with Auckland and Waitemata's particularly low. The series also looked at our population's long life expectancy, with people in our district the longest living among all DHBs in the country. Our medication safety initiatives led by chief pharmacist Marilyn Crawley also featured in an article on medicines safety.
- Following our presentation to the Capital Investment Committee on September 13, our proposal to develop a new mental health facility at NSH to replace the Taharoto unit has now been referred to the Minister of Health for his consideration.
- A new school dental clinic at Albany was officially opened on October 24, continuing our facilities modernisation programme for child oral health. The three chair facility at Albany Junior High is the first of four to be opened in 12/13 with facilities in Birkenhead, Glen Eden and Westgate to follow in coming months.
- A first for our DHB in microvascular surgery took place on September 20. With the help of a plastic surgeon from Middlemore, our DHB undertook our first vascularised fibula flap to correct a bone defect in a Waitemata patient's arm. The procedure, led by Waitemata orthopaedic hand and wrist surgeon Simon Chinchanwala, went well, with surgeons successfully removing the dead bone from the patient's arm and replacing it with healthy bone from the patient's leg – complete with new blood supply. Two months in the planning, this procedure ensures an improved chance of healing and of the patient regaining full arm function. This was a considerable undertaking for the orthopaedics team, and could not have been possible without the support of Meredith Simcock (the plastic surgeon from Middlemore) as well as a loan of microvascular instruments from Southern Cross' North Harbour Hospital.
- There have been a number of key staff movements:
  - Rosalie Percival has resigned as Waitemata CFO to take up the full time CFO position for Auckland DHB. It ends 12 years of excellent service with Waitemata, having started with us in 2000 as the business manager for mental health services, and later moving into the CFO role. Rosalie has done an outstanding job for our DHB. She has been an excellent and trusted colleague for many years, and has played a significant role in helping to oversee the massive development this organisation has been through in recent years. It is with reluctance that I have accepted her resignation, but I understand her reasons for taking on the ADHB role. It is a tremendous opportunity, and one with plenty of scope for her career development. Rosalie takes up her new role at Auckland DHB on 7 January. Rosalie and the Auckland DHB Board have agreed that she will continue as joint CFO working across both Auckland and Waitemata DHBs until a new appointment can be made for Waitemata. In addition, given the close relationship between the two DHBs, she will now play a pivotal role in strengthening those ties.
  - Our new General Manager for Medicine and Health of Older People, Debbie Eastwood, started on October 1. Debbie comes to us from Counties Manukau DHB, where she was Service Manager, Medicine for the last nine years. She was welcomed with a powhiri at NSH's Te Ohanga o Pikihuia.

    - My counterpart at Auckland DHB, Ailsa Claire, started as Chief Executive on October 1. She returns to New Zealand after living and working in the United Kingdom for the last 30 years. Prior to ADHB, she was Chief Executive at NHS Barnsley. Most recently, she was on secondment to the office of NHS Chief Executive Sir David Nicholson where she worked on an initiative to make the NHS more patient-focused through culture change and effective use of new technologies and information.
- Our DHB was proud to host the National Clinical Ethics Seminar on September 21. The seminar at Waitakere Hospital's Awhina conference centre was very well-attended, with over 130 registrations. The theme for the seminar was "Resource Use in a Recession", with topics ranging from coronial ethics around body parts to the ethics of advanced care planning. I was privileged to be asked to chair one of the sessions, and speakers included Health and Disability Commissioner Anthony Hill, neurologist Dr Barry Snow and renal physician Dr Ian Dittmer. The sessions were very well-received, and a big note of thanks should go to Waitemata's clinical ethics advisory group chair Dr Alan Jenner, who pulled the event together.
- Our DHB was also privileged to have featured in the 20th Cochrane Colloquium, which was held in Auckland between September 30 and October 3. The annual event is developed by the Cochrane Collaboration, an international network of more than 28,000 people from over 100 countries. Together with Sue Crengle, I hosted a very good session on reducing inequalities, with a number of our people providing real service experiences to session attendees. Highlights includes the presentation from former BreastScreen manager Moira McLeod (now at the Ministry of Health), who talked about how our DHB improved the BreastScreen Aotearoa programme participation rate among eligible Maori and Pacific women in our district from 38% and 29% respectively, to 68% and 71% respectively. Dr Tim Jelleyman, meanwhile, provided attendees an insight into how our DHB raised the immunisation coverage rate for Maori children from 73% pre-2010 to 95% earlier this year.
- Health Link North, the new community engagement organisation replacing Rodney Health Link and North Shore Community Health Voice, was launched on October 17 at Rotary House, Silverdale. Health Link North will represent healthcare consumers in the area between Devonport and Wellsford, including South Kaipara. Waitakere Health Link will continue to represent healthcare consumers in western Auckland.
- The fundraising lunch with the Prime Minister has raised more than $12,000 for the Rangatira paediatric unit. The lunch at Henderson's Lincoln Green on September 28 was organised by the Rotary Club of Henderson, in association with The Mad Butcher and Suburban Newspapers Community Trust. It also featured charity and silent auctions, with all proceeds going towards our paediatric unit.
- After being a mainstay at Starship for a number of years, Radio Lollipop is now broadcasting at Waitakere's Rangatira paediatric unit. Rangatira's Lollipop 'station' launched on October 10, with a powhiri and ribbon cutting by Blues coach (and former All Black) Sir John Kirwan. The not-for profit charity initiative gives young patients a voice during their stay in hospital, allowing them to request their favourite songs, win prizes and hear their own voices on the radio. It is part of the wider work to improve the overall patient experience at our facilities – in this case, offering our younger patients a haven of normality during a stay in hospital which can sometimes be seen as strange and even scary.
- Rangatira is also the well-deserving recipient of Hand Hygiene New Zealand's Ward of the Quarter award. The award recognises outstanding efforts by DHBs and individual services to promote and maintain good hand hygiene practices. Along with the award, the ward also receives a ward lunch or afternoon tea sponsored by Hand Hygiene NZ, along with a feature piece in Hand Hygiene NZ's news magazine, *The Clean Hands Chronicle*.
- Our DHB's Innovation Manager Mary-Anne Boyd, along with Professor of Geriatric Medicine Martin Connolly, were among award winners at this year's University of Auckland Excellence in Equity Awards. The pair were part of a group comprised of researchers from four DHBs and The University of Auckland's Faculty of Medical and Health Sciences looking at reducing health inequities within the health system.

Led by Dr Nicolette Sheridan, the University's Associate Dean for Equity, the group's work culminated in a paper, 'Health equity in the New Zealand health care system: a national survey', which was published last year in the *International Journal for Equity in Health.* Their work formed the basis for their entry into this year's Equity awards, which took place on 27 September.

- The paper authored by Professor Toni Ashton, myself and Waitemata DHB decision support information analyst Delwyn Armstrong on the 'package of care' remuneration model trialled during the Waitakere joint arthroplasty pilot was published on 23 August in the international journal *Health Policy*. It confirms internal assessments – that the package of care where surgeons and anaesthetists are paid a fee for the entire patient episode (including post-operative care for up to six weeks) has resulted in shorter theatre times, shorter lengths of stay for patients and lower average inpatient event costs compared with standard care. A copy of the paper is attached as Appendix I.
- House officer Dr Sudhvir Singh – son of Waitemata geriatrician Dr Joe Singh – has co-authored a letter which has been published in the September 15 edition of international medical journal *The Lancet*. Dr Singh was among the small New Zealand delegation that attended Rio+20, a United Nations conference on sustainable development in June. His correspondence provides a summary on the health-related discussions at Rio+20, and analyses the strategic position of health in the final outcome text, *The Future We Want*. A copy of his letter is attached as Appendix II.

2. Upcoming events

Looking towards the upcoming months, we can expect to see:

- This year's Waitemata Health Excellence Awards. Our annual showcase for research and innovation in our district takes place this year on November 22.
- Completion of the work to add two ICU bed units to the Kingsley Mortimer Unit. Construction started earlier this month, with completion planned prior to Christmas. Planning is also underway for minor refurbishment (such as painting and fixture replacement) to take place on the rest of the unit.
- Development of the new 18-station community based dialysis facility as part of the second phase of a renal services expansion in our district.
- Continuation of our facilities modernisation programme for child oral health. New dental clinics next to open are in Birkenhead, Glen Eden and Westgate. Two more driveable diagnostic vans are also to be delivered by the year's end. Once the fleet is complete, these vans will be providing diagnostic and preventative treatment to approximately 60 schools across the Waitemata district.
- Annual Christmas decorations competition. The annual competition sees our facilities decked out in the spirit of the season and has traditionally been well-supported by staff. This year I will be joined by Chief Medical Officer Dr Andrew Brant in the annual walk round of the various wards and departments at North Shore and Waitakere.
- Launch of the new garden area on the Waitakere Hospital grounds. The garden has been developed courtesy of a $10,000 donation from the Cantonese Opera Society of New Zealand. Governor General, Lt Gen Rt Hon Sir Jerry Mateparae, has confirmed his attendance to officially launch the garden next year on February 11.

3. Outcomes

Life expectancy improvement over the past decade

There has been recent coverage of our district's life expectancy statistics, which was put together by Dr Peter Sandiford in the funding and planning team. (The full table is below). The figures show that our district's population is the longest living in the country. In fact, if we were a country, we would have the highest life expectancy in the world (Japan's is 82 years).

Life expectancy - total population	
Northland	79.4
Waitemata	84.1
Auckland	81.82
Counties Manukau	80.84
Waikato	80.26
Lakes	79.07
Bay of Plenty	81.71
Tairawhiti	78.15
Taranaki	80.48
Hawkes Bay	80.29
MidCentral	81.03
Whanganui	79.71
Capital & Coast	82.1
Hutt	81.27
Wairarapa	79.73
Nelson Marlborough	82.33
West Coast	80.21
Canterbury	80.88
South Canterbury	80.19
Otago	81.49
Southland	80.78
Total	**81.27**

Dr Mazin Ghafel, a public health analyst with Auckland DHB's planning and funding team, has also done work on this, looking specifically at the life expectancy improvement for the three Auckland DHBs between 1997-99 and 2007-09. He found that over the decade, we have added an impressive 3.6 years of life expectancy to the Waitemata population – well above the international trend of 2.4 years per decade that has persisted for over 150 years. For New Zealand as a whole, the trend has been 2.7 years gained per decade.

	Auckland DHB	Waitemata DHB	Counties Manukau DHB	Regional	National
Total (years)	2.7	3.6	2.6	3.0	2.7
Female (years)	1.8	2.6	2.2	2.2	2.0
Male (years)	3.8	4.6	2.8	3.8	3.3
Maori (years)	1.2	1.8	1.7	1.5	3.3
Pacific (years)	1.1	1.7	2.8	2.1	2.3
Other (years)	3.1	3.8	3.1	3.4	2.8

4. Board performance priorities

The following provides a summary on the work underway to deliver on the DHB's goals for 2012/13:

Achieving the health targets

Progress: On track ✔

We continue to maintain our performance against the targets. Our provisional results for Q1 2012/13 are outlined below:

- Shorter Stays in Emergency Departments – 96% (target 95%)

  We continue to maintain our performance in this target.

- Improved Access to Elective Surgery – 102% (target 100%)

  We remain on track to achieve the target of 15,853 elective discharges over 2012/13. The figure represents a 1082 increase in our production volumes for the year, and is approximately a quarter of the total annual national increase of 4000 elective discharges. Elective surgery production is currently at 102%.

  The Surgical and Ambulatory Service is achieving ESPI compliance for the year to date. Overall WIES and surgical discharges are achieving target for the quarter.

- Shorter Waits for Cancer Treatment – 100% (target 100%)

  We continue to meet the revised target with no patient waiting more than four weeks for radiotherapy and chemotherapy.

- Increased immunisation – 92% (target 85%)

  Thanks to the support and efforts of primary care, we continue to improve on our performance against the revised target of 85% of eight month olds receiving their primary course of immunisation on time. Our provisional result for Q1 has now risen to 92%, up slightly from 91% at the start of September.

- Better help for smokers to quit – 96% (target 95%)

  We continue to meet the target, with 96% of hospitalised smokers offered advice and support to quit smoking for the quarter to date.

- More heart and diabetes checks – 61% (target 75%)

  We continue to work closely with our PHOs to achieve the target of 75% of the eligible population screened for their cardiovascular risk over last five years by July 2013. Each PHO has developed a service plan detailing how they intend to meet the target. The funding team is also working with our PHOs to identify and implement initiatives within primary care to support the achievement of the National Health Target. Many of these initiatives are to support general practice to identify eligible patients proactively or to improve systems so data is captured effectively.

Along with this, our cardiology service will be undertaking risk assessments for people using our inpatient services. A dedicated cardiology staffer has been appointed to carry out these assessments at each hospital site. Patients will be identified as eligible through a process of data matching to make sure they have not had their assessment at their GP. Eligible people will then be approached to have their assessment undertaken.

People eligible for assessments are:

- Maori, Pacific and South Asian men between 35-74 years
- Maori, Pacific and South Asian women between 45-74 years
- All other men between 45-74 years
- All other women between 55-74 years.

Once the assessment is completed the patient will be provided with information on what to discuss with their General Practice once they are discharged. The results of the assessment will be sent to their General Practice for follow up and ongoing care.

This project should make a substantive contribution to our achievement of the target, as it is anticipated that this programme will screen approximately 5% of the eligible population in our district.

In addition, Waitemata staff members are also being encouraged to go to their GP for their five yearly CVD assessment.

Improved service integration and collaboration

Progress: On track ✔

Service integration

The Older Adults Home Health management and clinical leadership have enabled the newly appointed Gerontology Nurse Specialist – Maori to directly receive referrals from and provide clinical advice and support to the project's hospital discharge support service nurses and pharmacists to enhance services for Maori patients and whanau.

The project team has convened weekly multi disciplinary team meetings on Tuesdays. Led by the Clinical Director of Geriatrics for Older Adults Home Health, the meetings are well attended by representatives of Allied Health, District Nurse leadership, Needs Assessment Service Co-ordination and gerontology nurse specialists. The weekly multi-disciplinary team meetings provide valuable case discussion and critiques of aspects of the project.

Closer collaboration

We continue to progress closer collaboration with Auckland DHB. Key areas under review at present are:

- Maori Health – Recruitment to the two new senior joint Maori health roles is nearing completion. Recruitment to the remaining new joint roles will commence following this. A final decision regarding a new joint Maori Research Advisor role has been announced. Recruitment to this new role will also commence shortly.
- Pacific Health – The two DHB ELTs have provided feedback to an organisational realignment proposal for collaboration in Pacific health. Both DHBs have endorsed proceeding to consultation on a proposal. Consultation with staff and stakeholders started on October 17 for a period of two weeks.

- Planning and Funding – A proposal from PricewaterhouseCoopers (PwC) for a joint Planning and Funding team has been reviewed by the Collaboration Steering Group and was recommended for review by the Collaboration Governance Group. The Governance Group review has been placed on hold given the recent arrival of Ailsa Claire as CEO for ADHB and her request for more time to review the work of PwC before progressing. The Collaboration Governance Group will be rescheduled to meet as soon as the CEOs have reached agreement regarding an approach and PwC have had time to modify or re-draft the proposal.
- Contact Centre – The Project Team is evaluating a limited set of options that have been defined for possible future collaborative efforts. An initial discussion paper is near completion and is expected to be reviewed by the Collaboration Steering Group this month. The outcome is expected to be an agreement of the options to be explored in a detailed business case for a joint contact centre approach.
- Central Sterile Supplies Department – An initial discussion paper and recommendation to the Collaboration Steering Group has been submitted for review at the October meeting.
- Child Hospital Services – A progress update from the change leads has been made to the Collaboration Steering Group, which has endorsed an initial paper describing a collaborative approach for child health. Two of five core child health collaboration workstreams (consistent with CPHAC expectations) are well underway and the remaining three workstream briefs are in development, prior to establishment of dedicated Working Groups. A joint ADHB-WDHB Child Health Collaboration Leadership Group now meets weekly (moving to fortnightly) to oversee, drive and provide direction for this initiative.
- Mental Health – a self-initiated workshop of the combined mental health leaderships of ADHB and WDHB has been hosted by the joint General Manager to develop a common understanding of opportunities. A second workshop to develop and progress this initiative is planned to take place this month.
- Corporate Services – the feedback process has been completed and the final report now issued to the chairman, myself and the newly appointed CEO of Auckland DHB for formal consideration. I am reviewing the report's recommendations and associated implications with the Executive Leadership Team. As an initial response I will be seeking to expand the role of CFO to also include Director of Corporate Services.

<u>Improved patient experience and safety</u>

Progress: On track ✔

We began the roll out of our new organisational values (and promise statement) on October 1. More than 200 staff members have put themselves forward as values champions. Training sessions for the values champions, led by the Executive Leadership Team, took place at Waitakere and North Shore on October 8 and 9 respectively. As part of the training sessions, we featured a video interview with one of our patients to illustrate the very real impact each and every one of our staff members has on a patient's overall experience. Over the next four months, the nominated champions for each service will be gathering information on activities and behaviours related to the values, which will then be integrated into our position descriptions, performance management systems, policies and practices. We will also be expanding the Health Heroes staff recognition programme in the near future to link in with the new values. The organisational templates are also being updated to reflect the new values.

The Enhancing our Patient Service programme was rolled out in September. The programme is a key part of delivering on our promise statement of 'Best Care for Everyone', through the provision of excellent customer service. Since launching the Enhancing our Patient Services programme on September 19, 107 clerks, ward clerks and administrators in frontline roles at North Shore and Waitakere hospital sites (including the ED and outpatients), maternity services and mental health have attended formal training focusing on customer service consistent with our new values. The programme will be extended to 50 booking and scheduling staff next month, and it is expected that all clerks across all services and departments will have been through the workshop by the end of February. Workshops will be made available to new staff every quarter thereafter.

The Awhina Education team is also scoping other initiatives to support and enable the development of a customer-centric culture. Elements of this broader strategy include reviewing the clerk and administrator job descriptions to focus on clerks as champions of customer service; introducing a clerk practicing licence; and establishing career pathways for clerks and administrators linked to merit steps.

Meanwhile, a fourth cohort for the Leadership at the Point of Care programme starts next month. This clinical leadership programme focuses on the mindset and practices relevant to a culture of care. Seventy senior leaders (clinicians and managers) have completed the programme since it commenced in April last year. This fourth cohort is comprised specifically of clinical and manager leaders in surgical and ambulatory services.

I continue to work closely with Professor Richard Bohmer. He returned to Auckland in late September, where, along with attending a special meeting of the Board, he also met with several senior clinical leaders and managers to further the work on the organisational purpose. He also held a grand round with our junior doctors and senior nurses.

I also continue to attend all major clinical meetings in the organisation on a regular three to four monthly basis. This provides me direct access to the organisation's SMOs and is also an opportunity to learn of any emerging concerns or issues.

For further information on safety and quality measures please see the Quality paper in the HAC report.

<u>Improved financial performance, innovation and facilities</u>

Progress: Action required ✔

Financial performance

Following the initial overspend at the start of the 12/13 financial year, we are now back on track financially. Controls on discretionary spending have helped put us back in the black. For September, we were $438K favourable to budget. For the year to date, we are $485K favourable to budget.

Innovation

The Elective Surgery Centre (ESC) project remains on track and on budget. Significant work is progressing on building construction, theatre schedules across all three sites (NSH, WTH and ESC), models of care and the evaluation of a regional information system which will track costs and consumables.

Mr John Cullen has been appointed as ESC director. He will continue as Head of Department (Medical) for Surgical and Ambulatory Services until a replacement appointment is made. The appointment of Mark Watson as ESC Group Manager has also recently been announced.

Progress on operational workstreams are summarised below:

- The 28 August Board decision on the governance and operating model for ESC has been promulgated to external and internal stakeholders. There has been no adverse comment to this decision.
- Discussions are continuing with the Association of Salaried Medical Specialists on the Senior Medical Officer remuneration model for the ESC. At the last meeting of September 10, while the parties noted alignment on ESC objectives, there was no agreement on the remuneration structure. We have suggested outlining in more detail a proposal based on the outcomes achieved in the Waitakere pilot which could operate for a period of two years, followed by an evaluation in which ASMS could be part of. This paper is in draft and will be finalised following a scheduled meeting between myself and the ASMS Executive Director. A paper summarising the analysis of various models considered by the project and the preferred ESC model will be presented to the December 12 Board meeting.
- Detailed theatre schedules have been drafted for NSH, WTH and ESC for 2013/14 and have been reviewed by the Surgical and Ambulatory Services General Manager and the ESC Director. The next phase of work will be consultation with the five sub-specialty departments and the Department of Anaesthesia on the allocations. It is proposed that in 2013/14, ESC will commence service using three of their four theatres. This will allow two theatres at NSH and one theatre at WTH to 'close'. Already anticipated in these 'closures' is the increase in acute theatre availability at NSH by an extra 0.8 of a theatre. An exercise was undertaken to translate actual August 2012 theatre data into an operational model as it would exist post-ESC to confirm the core data used in financial model. This compared favourably.
- High level messaging and timeline for communication with union and staff engagement for nursing, technical and clerical roles have been developed. Initial staff and union briefings have been held jointly with the Surgical and Ambulatory Services General Manager, ESC Director and Director of Nursing and Midwifery. Initial inquiries from staff have been received following the distribution of an expressions of interest document. Frequently asked questions about the project have also been developed for staff and circulated.
- The Establishment Board has approved the use of contingency funds to develop an on-site café. The management of this café is part of the RFP process for management of Waitemata DHB's retail front end.
- The pilot programme for the 'shorter journey to elective surgery' workstream has started. This involved submission of enhanced datasets from primary care, allowing for improved patient assessment at triage and for fast stream patients to be identified.
- Site visits for the two shortlisted vendors for the regional theatre management system have been completed. Waitemata DHB has been nominated the lead DHB for the region for this programme.
- The ESC project team is working with healthAlliance on the food contract, and new inventory and materials management processes.
- Chief Advisor for Tikanga Naida Glavish has endorsed the Maori name for ESC, He Pou O Rongo ('pillar of wellness').
- Project audit resources have been identified and a quality manager has been assigned to the ESC.
- The Integrated Transition of Care Project continues to track to plan. Work has started on the formative evaluation and interim outcomes evaluation, both of which are scheduled to be reported to the Board in December.

Facilities build & improvement

Our DHB's programme of facilities development and refurbishment remains on track. The following summarises key developments over the last six weeks:

- Following our presentation to the Capital Investment Committee on September 13, our proposal to develop a new mental health facility at NSH to replace the Taharoto unit has been referred to the Minister of Health for his consideration.
- Work is progressing well to develop the 18-station community dialysis facility as part of the second phase of the renal services expansion in our district.
- The construction of the Elective Surgery Centre remains on track (and on budget):

    - Tower precast walls have now been fully completed
    - Level 1 concrete slab pour is also complete
    - Work has started on the external timber framing
    - Pre-cast cladding panel installation is underway
    - Level 2 plant room precast floors are in place
    - Shop drawings and procurement of building components is on track
    - Structural steel to roof is 80% complete
    - Tunnel steel pipe installation is underway
    - Stitching to pre-cast panels is 50% complete
    - Basement block walls have been completed
    - Pre-cast floor units to level 2 have also been completed
    - Approval of submissions for major mechanical plant have been completed
    - Rain screen tile samples have been approved
    - Façade window shop drawings have been approved
    - Surgery pendant structural steel is being manufactured
    - Building Consent Stage 4 (Fit Out & Envelope) is now approved

- Work has started on the Kingsley Mortimer Unit (Ward 12) at NSH to add two ICU beds. It will be completed just prior to Christmas. A proposal is also being drawn up for minor refurbishment (such as painting and fixture replacement) to be carried out to the rest of the unit, as part of a refresh of our Older Adults facilities. This follows refurbishment work to Wards 14 and 15 completed last month.
- Whilst work takes place at the Kingsley Mortimer Unit, four KMU beds have been decanted to Muriwai Ward at Waitakere Hospital. The KMU patients are occupying rooms M-P along with the associated lounge and outdoor areas at Muriwai. Minor works to make the area secure (including repainting and addition of fittings and fixtures) was completed last month. This takes the number of patients on Muriwai Ward from 43 to 47 (43 AT&R and 4 KMU). This increase is expected to be in place until late December 2012 when the work on KMU is completed.
- Our facilities modernisation programme for child oral health remains on track. A new school dental clinic at Albany was officially opened on October 24. The three chair facility at Albany Junior High is the first of four to be opened in 12/13. Clinics at Glen Eden, Birkenhead, and Westgate will open in coming months.

Government Policy:	Better, sooner, more convenient health services:	Service Integration	Regional Collaboration	Value for Money
Regional Vision:	**"To improve health outcomes and reduce disparities by delivering better, sooner, more convenient services. We will do this in a way that meets future demand whilst living within our means."**			

Northern Region Goals	Population Health *Adding to and increasing the productive life of people in the northern region*	Patient Experience *Aiming for zero patient harm and performance improvement*	Cost/Productivity *The region's health resources are efficiently and sustainably managed to meet present and future health needs*
WDHB Goals	Improved population health Achieve the health targets / Improve service integration and collaboration	Improve patient experience and safety	Improved financial performance, innovation and facilities

Deliverables: Key Achievements

Health Targets

Most health targets were met for September. Elective surgery reached 103% of target. More Heart and Diabetes Checks has reached 60%.

Primary Care/Integration

a. New Lynn Integrated Family Health Centre (IFHC) -the opening is on schedule for March 2013. Regular meetings continue with the New Lynn owners, focusing on support and training opportunities for clinical staff and co-location / integration of DHB services
b. GAIHN clinical pathways – skin and lower respiratory tract infection pathways drafted (prioritised over Asthma, which will be developed in early 2013). A COPD pathway has been developed. GAIHN is establishing a Regional Clinical Pathways Implementation Group.
c. The integrated transition of care project continues to track to plan. Work has started on the formative and interim outcomes evaluation, which is due before the Board in December.

Child and Youth

a. The modernisation programme for oral health facilities remains on track. We officially opened a new dental clinic at Albany Junior High on October 24.
b. B4 School Check rates have deteriorated and performance is being actively managed. An RFP process is underway for the service.
c. Newborn PHO enrolments – A new training toolkit has been developed by the Ministry for PHOs/GPs. Provider training sessions are being planned.

ADHB/WDHB Collaboration Activities

a. Maori health – recruitment of the two new senior joint roles is nearly complete.
b. Planning and Funding – Proposal from PricewaterhouseCoopers has been reviewed by Collaboration Steering Group. Review by Governance Group has been put on hold to accommodate the new Auckland DHB CEO's request for more time to review the proposal.
c. Pacific health – Both DHBs have endorsed proceeding to consultation on a proposal for realignment. Consultation with staff and stakeholders began on October 17.
d. Corporate review – Final report is currently before the chairman and two CEOs for consideration.

Waiting Times

a. Coronary angiograms – waiting times being met
b. CT/MRI scans performed within six weeks has reached 69% overall for September – 81% for CTs and 55% for MRIs
c. Colonoscopy waiting time targets are not being met, although there is significant improvement in surveillance/follow up waiting times.

Frontline Staff

a. More than 100 frontline ward clerks and administrators have attended the Enhancing our Patient Services customer services training programme. 50 Booking and Scheduling staff will start the programme next month.
b. Frontline staff training – core working group formed. Surveys re: front of house tasks completed and information being collated. Phase III will see development of effective, empathetic front-of-house process.

Patient Safety

a. Overall hand hygiene (HH) compliance was 65.5% in June – the next audit will be undertaken this month
b. There has been a small deterioration in fall rates – 3.9 per 1000 occupied bed days in August versus 3.6 in July. Interventions/pilots being rolled out across the DHB include fall alert magnets for whiteboards, patient information sheets and personal monitors for high risk patients.

Quality Care

a. Best care for everyone – the showcase ward project has been on hold due to personnel changes and the senior team being on leave. The local work on the wards continues in terms of quality boards, review of ward processes and roll out of values. The project leadership will continue in November and extend across all inpatient wards
b. Bereavement Plan - working with clinical staff on a ward by ward basis to implement consistent processes, clear communication and competent, compassionate care

Elective Surgical Services

a. No patients waited longer than six months for a first specialist appointment or for surgery during September 2012
b. Building construction remains on track.
c. Fee for service packages of care - costs are more variable at the start of the year. The average cost of General Surgery events is expected to reduce and Gynaecology increase as the year progresses.

Facility Development and Improvement

a. Site master plan will be presented to the Board in December 2012. Work is on-going with current projects, including draft changes to the Auckland Council Unitary Plan. Link established with ADHB for service/facility planning
b. The ICD service has been established at North Shore Hospital - anticipated volume to December 2012 is 29.
c. Negotiations with external parties are progressing well to develop the new community dialysis facility as part of phase II renal.
d. Business case for Taharoto was presented to the Capital Investment Committee (CIC) last month. Additional information has been provided
e. Business case for Mason Clinic currently being prepared – this will be presented to the ELT and Audit and Finance next month and then to Board in December. Will require Regional Capital Group endorsement.
f. Interventional radiology suite clinical nurse specialist recruited
g. Pod business case at Waitakere Hospital being developed - to be presented to Board in February. Also requires Regional Capital Group endorsement
h. Work has started on the addition of two ICU bed units to Kingsley Mortimer Unit (Ward 12) at NSH. A proposal is also being developed to refurbish the other areas of the ward.

Living Within our Means

a. $4.078M surplus achieved for first quarter against budgeted surplus of $3.593M. We are on track to achieve the $2M planned surplus by year end.
b. Business transformation savings - additional savings from Hospital Operations and Corporate Services have boosted the September result.
c. Management/Admin FTE within capped levels at 938 against a target of 979

Measures

Health Targets	**See Balanced Scorecard**					
Ministry Indicators	**Target**			**Performance:**		
Cardiac surgery intervention rate	6.2-6.5 per 10,000 population			7.41 (2011/12 result)		
Percutaneous revascularisation intervention rate	11.9 per 10,000 population			19.71 (2011/12 result)		
Coronary angiography intervention rate	32.3 per 10,000 population			40.23 (2011/12 result)		
Mental health services access rates (Aug 11 – July 12)	**0-19**	**20-64**	**65+**	**0-19**	**20-64**	**65+**
Maori	3.6%	7.5%	2.36%	3.46%	7.47%	2.34%
Other	3%	3.5%		2.43%	3.05%	

Mental health non-urgent services waiting times -	**Mental Health**		**Addictions**		**Mental Health**		**Addictions**	
weeks	**3**	**8**	**3**	**8**	**3**	**8**	**3**	**8**
0-19	70%	90%	80%	95%				
20-64	80%	95%	80%	95%				
65+	65%	80%	80%	85%				

Available Feb 2013

Measure	Target	Performance: September 12
% of elective coronary angiograms performed within 90 days	85%	100%
% accepted referrals for CT/MRI scans performed within 6 weeks	75%	69%
% of people accepted for urgent diagnostic colonoscopy who receive it within 14 days	50%	19%
% of people accepted for diagnostic colonoscopy who receive their procedure within 42 days	50%	18%
% of people on surveillance or follow-up colonoscopy waiting no more than 84 days beyond the planned date	50%	41%
Hand hygiene compliance	80%	65.5% (June 12 audit)
Pyxis Overrides	<30%	31%

Measure	Target	Performance: September 12
Fee for service packages of care	80% of national price	71% (July 2012)
healthAlliance WDHB health procurement & non procurement savings	$224,002 per month (2012/13 target)	$235,626 (August 2012)
ESC built on budget	ESC build remains on track and on budget.	
Interventional radiology suite built on budget	$1.8M	Within budget
Business transformation savings realised	$1M per month	$2.6M YTD

Waitemata DHB KPI Scorecard September 2012

Category Name	Units	Month Actual	Month Target	Month Compared to last month	Month Variance Absolute	Month Variance %	Month Achievement	Period To Date Actual	Period To Date Target	Period To Date Compared to last year	Period To Date Variance Absolute	Period To Date Variance %	Period To Date Achievement
Health Targets								3 month rolling average					
1. Shorter Stays in ED	%	96%	95%	↓	1%		●	96%	95%	↑	1%		●
2 Improved access to Elective Surgery*	%	105%	100%	↓	5%		●	105%	100%	↑	5%		●
3. Shorter waits for cancer treatment	%	100%	100%	⇔	0%		●	100%	100%	⇔	0%		●
4. Increased immunisation	%	92%	85%	↑	7%		●	92%	85%	↑	7%		●
5. Better help for smokers to quit - hospitalised	%	96%	95%	↓	1%		●	96%	95%	⇔	1%		●
Better help for smokers to quit - primary care**	%	33%	90%	↑	(57%)		●	33%	90%	*n/a*	(57%)		●
6. More heart and diabetes checks	%	61%	75%	↑	(14%)		●	61%	75%	*n/a*	(14%)		●
* Period to date result is year to date, rather than 3 month rolling average				** Ministry's quarterly result (comparison with last quarter)									
Organisation Health								Last 12 months					
1. Sick Leave (proportion total accrued hours - days)	%	10.3	7.5	⇔	(280.0%)	(37.3%)	●	8.3	7.5	↑	(80.0%)	(10.7%)	●
2 Overtime (% worked hours) ❖	%	0.9%	1.0%	⇔	0.1%	10.0%	●	1.0%	1.0%	⇔	0.0%	0.0%	●
3. Turnover Rate	%	8.7%	10.0%	↓	1.3%	13.0%	●	10.3%	10.0%	⇔	(0.3%)	(3.0%)	●
4. Administration/Management FTE Cap	FTE	938	979		41		●						
❖ excludes Mental health services													
Contracts								Year to date					
1. Total Case Weighted Discharges (Provider Arm)	WIES	11,438	11,146	↓	292	2.6%	●	35,479	33,972	↓	1,507	4%	●
2 Total Case Weighted Discharges (IDF Outflow)	WIES	2,253	2,374	↑	(121)	(5.1%)	●	7,376	7,054	↑	322	5%	●
Total	WIES	13,691	13,520	↑	171	1.3%	●	42,855	41,026	↓	1,829	4%	●
3. Outpatients	Attend.	18,746	17,280	⇔	1,466	8%	●	60,046	56,015	↑	4,031	7%	●
4. Emergency Presentations (admitted)	Attend.	10,202	9,899	↓	303	3%	●	31,300	30,355	↑	945	3%	●
5. Emergency Presentations (non-admitted)	Attend.	7,748	7,666	↓	82	1%	●	24,532	23,509	↓	1,023	4%	●
Financial Performance								Year to date					
1. Total Revenue	$000s	$ 117,734	$117,828		$ (94)		●	$ 355,409	$ 353,484		$ 1,925		●
2. Total Expenditure	$000s	$ 115,863	$116,395		$ 532		●	$ 351,331	$ 349,891		$ (1,440)		●
3. **Net Result**	$000s	**$ 1,871**	**$ 1,433**	-	$ 438		●	**$ 4,078**	**$ 3,593**	-	**$ 485**		●
Distribution of the Net Result:													
4. Provider - Clinical Services	$000s	$ 14,544	$ 13,873	-	$ 671		●	$ 38,351	$ 40,707	-	$ (2,356)		●
5. Provider - Corporate and Support Services	$000s	$ (13,049)	$ (12,523)	-	$ (526)		●	$ (36,307)	$ (37,364)	-	$ 1,057		●
6. Governance & Funding Administration	$000s	$ 63	$ -	-	$ 63		●	$ 147	$ -	-	$ 147		●
7. Funder - NGOs	$000s	$ 275	$ 83	-	$ 192		●	$ 845	$ 250	-	$ 595		●
8. Funder - IDFs	$000s	$ 38	$ -	-	$ 38		●	$ 1,042	$ -	-	$ 1,042		●
Efficiency/Access								Year to date					
1. Inpatient average length of stay	Days	3.89	3.88	↑	(0.01)	(0.3%)	●	3.96	3.88	↓	(0.08)	(2.1%)	●
2. Acute readmissions to hospital*	%	11.0%	10.2%	↓	(0.8%)	(7.7%)	●	10.8%	10.2%	↓	(1%)	(6%)	●
3. Day Case Discharges as % of Total	%	62%	60%	⇔	2.6%	4.3%	●	63%	60%	↑	3%	6%	●
4. Discharges During Weekends	%	22%	20%	↑	1.6%	8.0%	●	18%	20%	↑	(2%)	(9%)	●
5. ESPI 2 - Outpatients waiting > 6 months	%	0.0%	0.0%	⇔	0.0%		●	0.0%	0.0%	↑	0.0%		●
6. ESPI 5 - Inpatients waiting > 6 months	%	0.0%	0.0%	⇔	0.0%		●	0.0%	0.0%	↑	0.0%		●
7. DNA's as % of OP Presentations - overall	%	9%	10%	⇔	1.1%	10.7%	●	9%	10%	↑	1.0%	10.2%	●
7a. DNA's as % of OP Presentations - Maori	%	16%	10%	↑	(6.2%)	(62%)	●	16%	10%	↑	(6.1%)	(60.6%)	●
7b. DNA's as % of OP Presentations - Pacific	%	14%	10%	⇔	(3.7%)	(37%)	●	14%	10%	↑	(3.7%)	(37.4%)	●

* Ministry's quarterly result (comparison with last quarter)

Variances in brackets are negative variances, i.e. where the result is unfavourable in relation to target.

Directional arrows have been used to indicate where improvement has been made on last month (⇧) or performance is worse than last month (⇩) or performance has remained the same as last month (⇔)

● Achieved ● Partially Achieved

● Substantially Achieved ● Not Achieved

KEY POINT OF NOTE

1.1 Health Targets

Better help for smokers to quit – primary care

The Board chair and I have discussed with the PHO chairs and CEOs about their performance against this target, and of the Government's and DHB's expectations that this needs to improve rapidly. We have had assurances that this work is a priority.

4.2 Communications

Recommendation

That the report be received.

Prepared by: Paul Patton, Director of Communications

1. Project work

The communications team provided advice and support for the following projects:

- Elective Surgery Centre project
- CEO lecture series 2013
- Sponsorship
- Korean Society commemorative booklet (for Asian Health Support Services)
- Interventional Radiology project
- Renal Service Patient information project
- WDHB & ADHB collaboration project
- Staff gym project for NSH and WTR
- Staff year book in association with APN Publishing
- Upgrading of NSH public entrance area project
- NZ Health Innovation Hub project
- North Shore Hospital Foundation
- European staff recruitment campaign
- APN suburban newspapers – fundraising for Rangitira Ward
- NeTP programme (photography)
- Child Disability CALD project

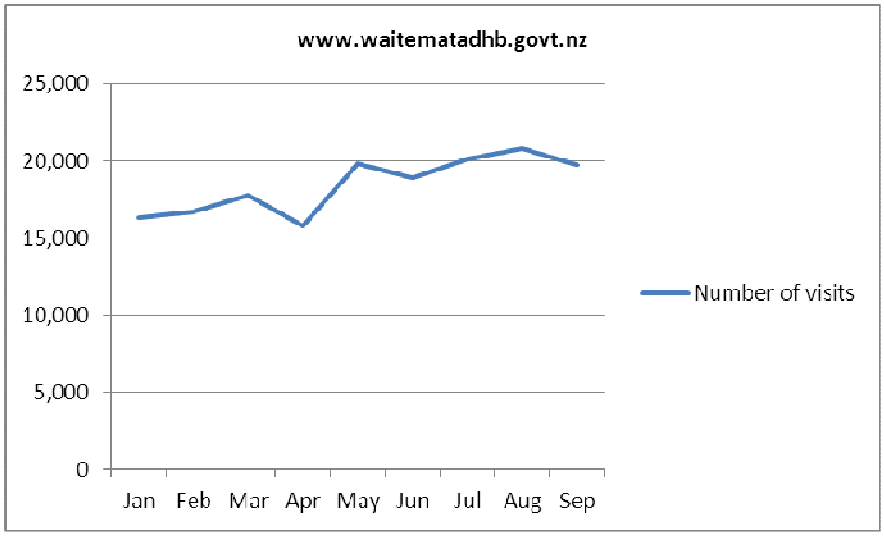
2. Waitemata DHB, Careers and Awhina websites – Google Analytics Statistics

Corporate Website:

Number of visits	**August 2012**	**September 2012**
Total visits to this site:	20,779	19,744
New Zealand:	19,187	18,147
Australia:	601	517
United Kingdom:	316	356
United States:	209	237

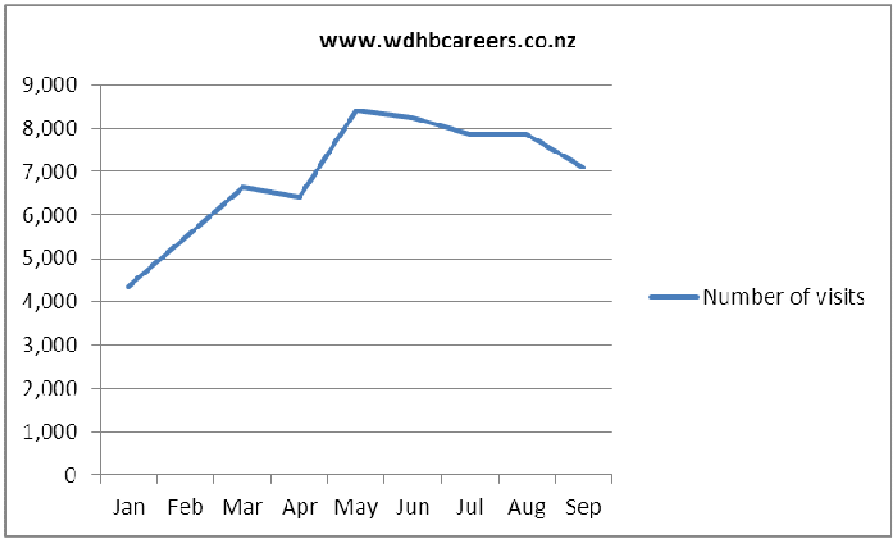
Top 4 areas	**August 2012**	**September 2012**
Careers:	6,380	5,730
NSH getting there:	5,487	5,265
Waitemata DHB staff page:	3,564	4,074
Waitemata current vacancies:	3,287	3,035

Traffic sources	August 2012	September 2012
Direct traffic:	24.61%	26.28%
Referring traffic:	8.76%	8.79%
Search traffic:	66.63%	64.93%



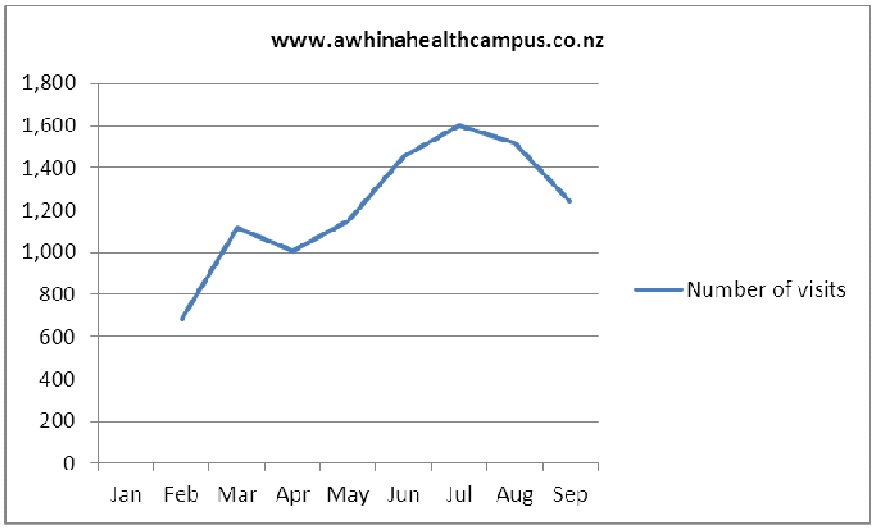
Careers Website:

Number of visits	August 2012	September 2012
Total visits to this site:	7,869	7,094
New Zealand:	7,117	6,481
Australia	192	154
United Kingdom:	185	191
United States:	95	78



Awhina Health Campus Website:

Number of visits	August 2012	September 2012
Total visits to this site:	1,519	1,238
New Zealand:	1,442	1,143
Australia:	29	20
United States:	8	
India:		18
United Kingdom:	8	10



3. Social Media activity

Facebook

- 36 new 'Likes'
- Weekly Total Reach 132,307 (+29.5%)
- Lifetime 'Likes' 377

Twitter

- 174 'Followers'
- 12 new 'Followers'

4. Healthlines

The September edition of *Healthlines* was published on the 3rd September 2012.

5. OIAs received

- W.Wallace - Requesting a copy of the DHB audit carried out on Eversleigh Hospital.
- Dominion Post – Request for information on the treatment of patients ineligible to receive publically funded healthcare.
- Herald on Sunday – Request for information on details of patients who have inserted a foreign object in their back passage.
- Office of the Leader of the Opposition – Information sought on waiting lists over the past 12 months.

- TVNZ News – Request for information on details of gifts accepted by staff from pharmaceutical, drug or medical research companies over the past five years.
- B.Fiddaman – Request for information on suicide statistics.

6. Media clippings

Media clippings KEY: Positive + Neutral 0 Negative -	**Channel Magazine** - Four-legged therapists give a helping paw + - Happy to be close to home + - Benefits of pet therapy + **North Shore Times/ North Harbour News** - We're leading in longevity + - Mums find milk online + - Got flu? Phone Healthline + - Diabetes clinic offers hope for expectant parents + - Forums help families of mentally ill + - Heartfelt thanks + - Culture clash fears + - Still not too late for a flu jab + - Bowel screening pilot programme gains momentum + - Women warned –See red, get heart healthy and wise + - Quick action saves lives + - New services equal improved health at North Shore Hospital + - Health board rebuts claims + - On a mission to help others + - Infection rate reduced 0 - Mobile unit visits + - Prevention better than cure + - Lower cancer death rates + - Meningitis survivor says thanks, mum + **NZ Herald/Herald on Sunday/NZherald.co.nz/Weekend Herald** - Saving lives, and money, in infections fight gives ICU staff reason to celebrate + - Family denied justice over son's death: Dad 0 - Tiny errors that lead to medication disasters 0 - Waitemata DHB area – where the living is longer and better + - Life and death on our hospital front lines + - Death-rate figures reveal best, worst of our hospitals 0 - Excellent care + - Long journey to health + - Carer's casino error kept quiet 0 - Saving Lives: Tiny errors that lead to medication disasters 0 - Rest home roulette 0 **Sunday News** - How about a healthy dose of gratitude? +

	Western Leader		
	- Helpful hospital	+	
	- Mums find milk online	+	
	- Smear tests a must	+	
	- Vaccine take-up drops off	+	
	- Future looks a lot brighter	+	
	- DHB performance stacks up well	+	
	- Slings keep mums and babies happy	+	
	- Slice of TV history goes under hammer for paediatric unit	+	
	- There is still time to get jabbed	+	
	- Health board doubts PSA		0
	- Cancer programme appears to be paying off	+	
	Stuff.co.nz		
	- DHB's turnaround celebrated	+	
	- PM sidesteps anti-poverty protest	+	
	- Columbus 'doing fine'	+	
	- Hospital cuts infection rate	+	
	- Lower cancer death rates	+	
	NZ Doctor		
	- Networks to get new PHO contract option		0
	- Be professional or expect regulation		0
	- Board chair gives CPHAC rark up for lack of decisions		0
	Pharmacy Today		
	- Pictorial plan prevents hospitalisations	+	
	- Free prescriptions come at a price		0
	NZ Nursing review		
	- Safe staffing tools may help unsafe workload survey concerns		0
	Nor West News Brief		
	- Nurse's uniform up for grabs	+	
	Mahurangi matters		
	- Waitemata bowel screening pilot nearing target uptake	+	
	- Immunisation target reached	+	
	- Flu vaccine scheme extended	+	
	3news.co.nz		
	- North Shore Hospital slashes A&E wait times	+	

Breakdown of print articles (previous months in brackets)

Total number of articles: 61 (41)*
Positives: 48 (27)
Neutrals: 13 (11)
Negatives: 0 (3)

Television TV3 News – Interview with ED director Dr Landman to discuss point of care testing.

Radio Radio Live - Patient status update on Mr Ray Columbus.

5.1 National Maori Flag

Recommendation:

That the Board approve the flying of the National Maori Flag with the New Zealand Flag at North Shore and Waitakere Hospitals on Waitangi Days.

Prepared by: Paul Garbett (Board Secretary)
Endorsed by Naida Glavish (Chief Advisor Tikanga)

Summary:

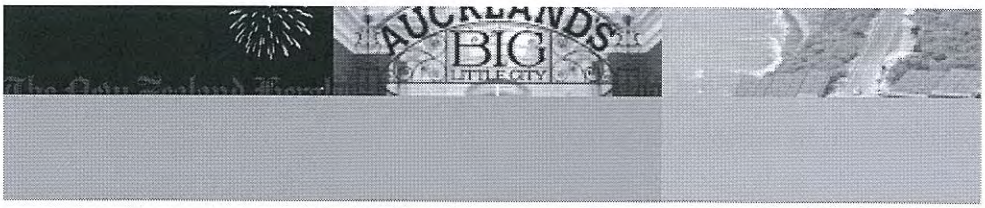
The question has arisen of whether the National Maori Flag should be flown with the New Zealand Flag at the hospitals on Waitangi Day.

Attached as Appendix 1 is an article from the Ministry of Culture and Heritage which describes:

- The consultation process that the Government carried out in 2009 which resulted in identifying the Tino Rangatiratanga flag as the National Maori Flag.
- The Government's support for flying the National Maori Flag together with the New Zealand Flag on Waitangi Day. This has been seen as reflecting the historic occasion and a way of enhancing Crown-Maori relationships.
- Advice on how the flags should be flown together.

While flying the National Maori Flag at the hospitals is not compulsory on Waitangi Day, it would reflect the way the day is being commemorated nationally.

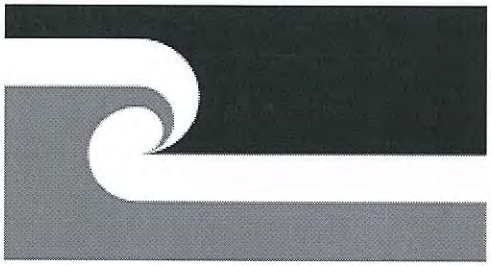
It is proposed that the two flags be flown together at the North Shore and Waitakere Hospitals in the manner outlined in the advice from the Ministry of Culture and Heritage.



National Māori flag, The

Published 28 June, 2012 by Editor

The national Māori (Tino Rangatiratanga) flag was identified through a nationwide consultation process. While it does not carry official status it is a symbol of this land that can complement the New Zealand flag. Flying the two flags together on days of national significance such as Waitangi Day symbolises and enhances the Crown–Māori relationship.



The Tino Rangatiratanga Flag

Symbolism of the design

The elements of the national Māori flag represent the three realms:

- Te Korekore, potential being (black, top)
- Te Whai Ao, coming into being (red, bottom)
- Te Ao Mārama, the realm of being and light (white, centre).

The koru is symbolic of a curling fern frond, representing the unfolding of new life, hope for the future and the process of renewal.

Background

In January 2009, the Hon Pita Sharples, Minister of Māori Affairs, publicly called for a Māori flag to be flown from the Auckland Harbour Bridge on Waitangi Day. He thought that flying a Māori flag at sites of national significance would reflect and enhance Crown–Māori relationships. The Rt Hon John Key, Prime Minister, answered that call, saying he would support flying the two flags together if agreement could be reached on a preferred flag.

Over July and August 2009, 21 public hui were held nationwide and written and online submissions invited from Māori and other interested New Zealanders. Four flags of national significance were identified for consideration as the preferred national Māori flag:

- the New Zealand flag
- the New Zealand Red Ensign
- the national (United Tribes of New Zealand) flag
- the Māori (Tino Rangatiratanga) flag.

Over 1200 submissions were received with 79% of contributers identifying themselves as Māori. Of the submissions, 80.1% selected the Māori (Tino Rangatiratanga) flag as the preferred national Māori flag. Feedback also indicated that it should be flown on Waitangi Day and other significant occasions.

On 14 December 2009, Cabinet recognised the Māori (Tino Rangatiratanga) flag as the preferred national Māori flag, and noted that it will complement the New Zealand flag.

The national Māori flag was developed by members of the group Te Kawariki in 1989. On 6 February 1990, the group unveiled the flag at Waitangi.

Principles of flying the national Māori flag

The national Māori flag should be flown in a way that:

- respects the status of the New Zealand flag as 'the symbol of the Realm, Government and people of New Zealand'
- expresses a spirit of mutual respect and nationhood
- respects its status as the preferred national Māori flag.

Protocols for flying the national Māori flag with the New Zealand Flag
These guidelines are intended to complement the New Zealand Flag protocols.

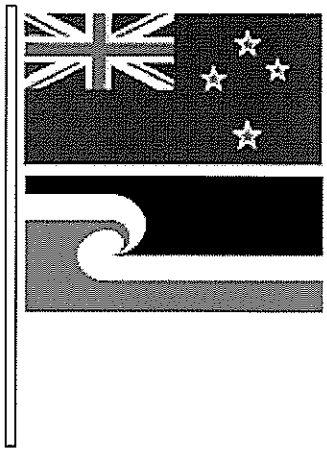
Subject to the principles above, flying the national Māori flag should be consistent with current flag-flying practices. Flying the two flags together on Waitangi Day is encouraged.

Positioning

The flag should always be flown with the black section at the top, the top part of the koru closest to the flagpole, and the red section at the bottom.

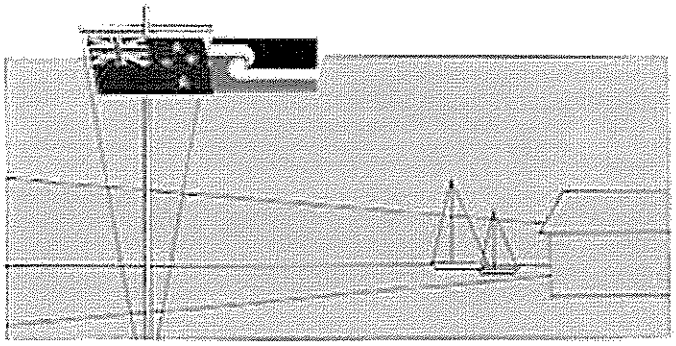
Flying both flags from the same flagpole

Where there is a single flagpole, the New Zealand flag should fly above the national Māori flag to respect its status as the symbol of the Realm, Government and people of New Zealand.



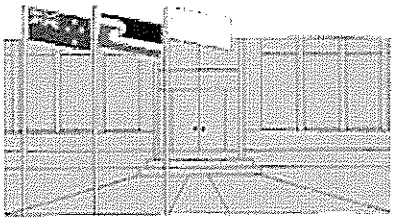
Yardarm

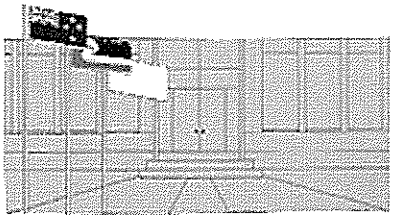
If a flagpole has a yardarm, the New Zealand flag should fly on the left as you're looking at it, with the national Māori flag on your right.

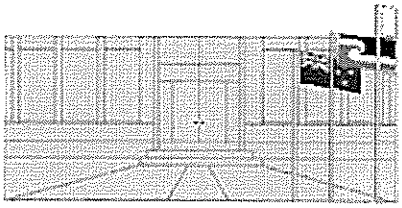


Multiple flagpoles

For multiple flag poles, the New Zealand flag should fly from the pole on your left as you're looking at it, with the national Māori flag next to the New Zealand flag. The two flags should fly from equal height.





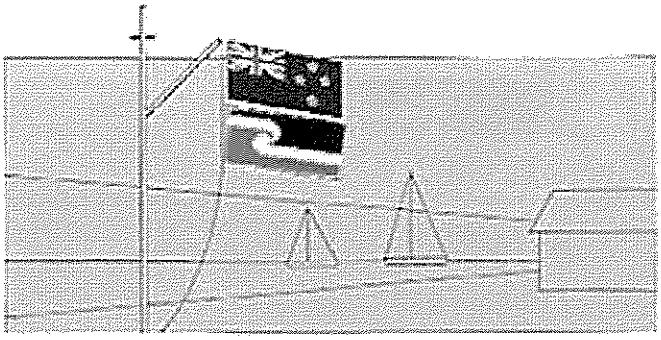


If the poles are in a line across the front of a building, the New Zealand flag should fly from the left pole as you're looking at the building, with the national Māori flag on the next pole in the line.

If the poles are in a line extending from the building's entrance, the New Zealand flag should fly from the left pole as you're looking at the building's entrance. The national Māori flag should fly from the next pole in the line.

Gaff

From a gaff extending from the top of the flag pole, the national Māori flag should be flown directly beneath the New Zealand flag.



When flags of other nations are also flown

New Zealand follows international custom when flying multiple national flags, which puts the official flags of other countries directly after the New Zealand flag, and before other flags. The appropriate position for the national Māori flag will depend on the location, pole configuration and occasion. There are two suggested positions for the national Māori flag when it is with the New Zealand flag and the national flags of other countries:

- from the same pole as the New Zealand flag, directly below it
- from the pole immediately following the official flags of other countries.

Where to get a national Māori flag

The national Māori flag is produced by some of New Zealand's flag manufacturers, such as Adams Flags, Flagz Group Ltd, Flags.net.nz, Flagmakers, and The Flag Shop Ltd.

6 Performance

Recommendation:

That the following performance reports for the month and attachments be received:

1. **Financial Performance - DHB Consolidated**
2. **Financial Performance - DHB Arms**
3. **Financial Performance - Other Indicators / Trends**
4. **Capital Expenditure**
5. **Financial Position**
6. **Cashflow Position**
7. **Treasury**

Prepared by Rosalie Percival, Chief Financial Officer

1. Financial Performance – DHB Consolidated

After the negative Provider Arm result from July and August, the CEO together with the Executive Leadership Team requested an immediate response across the Provider Arm to address the deficiencies. This included a review of the underlying budget issues by all services and the requirement to identify savings initiatives to both address the significant variances to budget for the first two months, as well as to ensure that the year end financial plan would be achieved. A tightening of spend against discretionary expenditure items was immediately instituted by the CEO to manage costs down. This included the requirement for CEO approval to recruit, bureau staff usage approval by the Director of Nursing, travel and accommodation spend partial ban, catering expenditure partial ban etc. These measures, combined with greater scrutiny of expenditure, have overall resulted in a slowing down of Provider arm expenditure growth and an overall improved financial result for September. A Provider arm surplus of $1.496M was achieved for the month (against a budgeted surplus of $1.35M), thus $145k favourable. For the year to date (YTD), the Provider result improved upon the previously reported YTD position to August (from $1.444M unfavourable to $1.299M unfavourable). Further improvements are expected in the Provider arm in future months as the initiatives to address the overspend progress.

Overall, the consolidated DHB result was favourable to budget both for the month ($438k) and YTD ($485k). The surplus achieved of $4.078M against a budgeted surplus of $3.593M is primarily attributed to favourable financial performance in Funder NGO/IDFs that fully offset the Provider arm unfavourable position YTD. Key drivers for the Provider arm result include flow on impact on staff costs, outsourced costs and clinical supplies costs, of the increased activity experienced during the first quarter. Compared to the plan or contracted volumes, activity has been higher for medical acute, emergency services, elective surgery and outpatient activity. Also impacting the Provider arm result is less than planned income realised from non-resident patients (partially offset by less bad debt provisions than planned). Variances to plan are discussed further in this report.

A review of the underlying budget issues within the Provider arm services has been undertaken and continues. This review was in response to the unacceptably unfavourable position to plan for the Provider arm for the first two months of the year. All services have been asked to identify mitigation strategies for any identified budget issues in order to ensure that the year end financial plan will be achieved. Outcomes of the reviews and initiatives will inform the year end financial forecasts and savings initiatives identified will be managed and reported under the WDHB Business Transformation programme.

The financial result for the month is summarised in the table below:

WAITEMATA DISTRICT HEALTH BOARD — **Reporting Date** 30 September 2012

CONSOLIDATED STATEMENT OF FINANCIAL PERFORMANCE

($000's)	MONTH			YEAR TO DATE			FULL YEAR		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
REVENUE									
Crown	116,117	115,932	185	349,914	347,799	2,115	1,393,744	1,393,744	
Other	1,669	1,896	(227)	5,547	5,685	(138)	22,769	22,769	
	117,786	**117,828**	**(42)**	**355,461**	**353,484**	**1,977**	**1,416,513**	**1,416,513**	
EXPENDITURE									
Personnel									
- Medical	11,111	11,476	365	34,712	34,400	(312)	140,127	140,127	
- Nursing	15,103	14,806	(297)	46,045	45,282	(763)	184,647	184,647	
- Allied Health	7,570	7,717	147	23,592	23,494	(98)	96,860	96,860	
- Support	983	1,205	222	2,888	3,264	376	14,665	14,665	
- Management / Administration	4,614	4,604	(10)	14,309	13,809	(500)	56,645	56,645	
Total Personnel	**39,381**	**39,808**	**427**	**121,546**	**120,249**	**(1,297)**	**492,944**	**492,944**	
Other									
Outsourced Services	4,769	3,834	(935)	13,660	11,495	(2,165)	45,779	45,779	
Clinical Supplies	7,272	6,952	(320)	22,728	20,743	(1,985)	85,828	85,828	
Infrastructure & Non-Clinical Supplies	7,995	8,236	241	23,832	24,710	878	99,184	99,184	
Funder Provider Payments	56,498	57,565	1,067	169,617	172,694	3,077	690,778	690,778	
	76,534	**76,587**	**53**	**229,837**	**229,642**	**(195)**	**921,569**	**921,569**	
Total Expenditure	**115,915**	**116,395**	**480**	**351,383**	**349,891**	**(1,492)**	**1,414,513**	**1,414,513**	
NET RESULT	**1,871**	**1,433**	**438**	**4,078**	**3,593**	**485**	**2,000**	**2,000**	**-**

Comment on major variances

Revenue

Revenue was slightly unfavourable to budget for the month and $1.977M favourable YTD. Additional revenue realised reflects unbudgeted or additional funding for various contracts but offset by corresponding unbudgeted costs. This includes additional post budget revenue received in Community Pharmacy for funding Vaccines as well as PHO funding for Care Plus, Very Low Cost Access and Under 6's funding.

Expenditure
Total expenditure was favourable to budget for the month but unfavourable YTD by $1.492M mainly in the following cost categories:

- **Personnel Costs ($1.297M overspent YTD):** Costs were mainly adverse in Nursing, reflecting costs for overtime, penals, Kiwisaver, pay changes, annual/sick and other leave impacts. Internal bureau costs were also high due to backfilling for rosters and to meet acute demand coverage. Medical staff costs were adverse to budget primarily due to greater than budgeted allowances for additional duties and additional clinics, costs for superannuation, Professional Memberships, additional FTEs and payroll correction for leave balances. Management & Admin staff costs were adverse mainly due to miscoding for staff with budgets under Support costs, savings not yet achieved and budget phasing anomalies expected to correct by October.

- **Outsourced Services Costs ($2.165M adverse):** Overspend reflects high external bureau costs due to late invoicing and increased usage due to watches and Norovirus sick leave cover, locum costs to cover unplanned leave, package of care/interim care costs, outsourced ultrasounds with offsetting revenue and agency costs for casual orderlies and cleaners.

- **Clinical Supplies Costs ($1.985M adverse):** Significant clinical supplies overspends were realised in:

    - Medical services ($834k YTD), mostly in haematology from volume driven Pharmaceutical Cancer Treatments (PCT) drug costs, with an average of 85 patients compared to 79 for last year. Funder provided offsetting revenue for this cost. Renal service immunosuppression costs were also adverse to budget and various other clinical supply costs were adverse, mostly volume driven.
    - Surgical services ($638k YTD), mainly volume driven costs in surgical theatres, with overspends in treatment disposables, instruments & equipment and implants & prosthesis.
    - Hospital Operations ($498k YTD), mostly inpatient pharmacy and laboratory services.

These overspends were partially offset by favourable infrastructure costs (mainly due to interest cost savings due to delayed debt drawings) and Funder payments to external providers (refer to Funder commentary in section 2 below).

2. Financial Performance - DHB Arms

The financial performance for each of the DHB Arms for the period ending 31 July 2012 is summarised in the table below, and the detailed statement of Financial Performance by DHB Arm is attached to this report **(Attachment 1).**

WAITEMATA DISTRICT HEALTH BOARD							Reporting Date	30 September 2012	
FINANCIAL PERFORMANCE BY DHB ARM									
($000's)	MONTH			YEAR TO DATE			FULL YEAR		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
REVENUE									
Provider Arm - Clinical Services	57,873	56,353	1,520	172,084	169,057	3,027	678,769	678,769	0
Provider Arm - Corporate & Support Services	2,211	3,058	(847)	9,325	9,174	151	36,729	36,729	0
Governance & Funding Admin Arm	821	770	51	2,477	2,309	168	9,237	9,237	0
Funder Arm - NGOs	30,492	30,293	199	91,957	90,881	1,076	617,597	617,597	0
Funder Arm - IDFs	26,389	27,354	(965)	79,618	82,063	(2,445)	74,181	74,181	0
Consolidated	**117,786**	**117,828**	**(42)**	**355,461**	**353,484**	**1,977**	**1,416,513**	**1,416,513**	
EXPENDITURE									
Provider Arm - Clinical Services	43,277	42,480	(797)	133,681	128,350	(5,331)	525,467	525,467	0
Provider Arm - Corporate & Support Services	15,312	15,581	269	45,684	46,538	854	189,031	189,031	0
Governance & Funding Administration	758	770	12	2,330	2,309	(21)	9,237	9,237	0
Funder Arm - NGOs	30,217	30,210	(7)	91,112	90,631	(481)	362,526	362,526	0
Funder Arm - IDFs	26,351	27,354	1,003	78,576	82,063	3,487	328,252	328,252	0
Consolidated	**115,915**	**116,395**	**480**	**351,383**	**349,891**	**(1,492)**	**1,414,513**	**1,414,513**	
NET RESULT									
Provider Arm - Clinical Services	14,596	13,873	723	38,403	40,707	(2,304)	153,302	153,302	-
Provider Arm - Corporate & Support Services	(13,101)	(12,523)	(578)	(36,359)	(37,364)	1,005	(152,302)	(152,302)	-
Governance & Funding Admin Arm	63	0	63	147	-	147		-	-
Funder Arm - NGOs	275	83	192	845	250	595	255,071	255,071	-
Funder Arm - IDFs	38	0	38	1,042	-	1,042	(254,071)	(254,071)	-
Consolidated	**1,871**	**1,433**	**438**	**4,078**	**3,593**	**485**	**2,000**	**2,000**	**-**

2.1 Financial Performance - Provider Arm

Provider Clinical Services

The unfavourable YTD result for Provider Clinical services ($2.304M) was generated in Surgical and Ambulatory Services ($875k), Medicine and Health of Older People Services ($1.791M) and Child Women and Family Service ($240k). These were partially offset by favourable performance in Mental Health Services ($611k). The key drivers for services' financial performance are summarised below:

Surgical and Ambulatory Services:
The unfavourable position YTD is primarily driven by overspends in outsourced costs (mainly external bureau nursing, outsourced ultrasounds, point of care costs from 2011/12 activity and interim care costs) and clinical supplies costs (mainly due to delayed invoices for prior year costs and volume driven theatre supplies).

Medicine and Health of Older People Services:
The adverse YTD financial performance is mostly due to overspends in nursing (due to higher levels of sick leave, increased constant observations and the impact of Norovirus in several wards), clinical supplies costs (mainly due to cancer treatment drugs (with offsetting funding), renal services supplies and also spread across a wide range of treatment disposables and clinical equipment depreciation) and outsourced services costs (mainly external bureau nurse costs to meet roster requirements).

Child Women and Family Services:
The unfavourable position YTD was mainly in medical staff costs driven by an accrual for SMO annual leave and costs associated with the winter roster (mainly allowances paid due to seasonal increase in volumes for weekend clinics to meet ESPI targets and large amounts of unexpected leave cover).

Mental Health Services:
The favourable position is attributed to greater than planned revenue and vacancies in medical staff. Additional revenue reflects adult respite services and for adult sub-acute beds at Taharoto inpatient transferred back to the funder to purchase community based beds on behalf of the provider. These were due to commence on 1 July 2012 but have been delayed, therefore the provider will continue with existing arrangements until this service is up and running.

Corporate & Support Services

The favourable position is mostly due to less than budget staff costs (due to vacancies) and interest costs, due to delayed debt drawings for the Elective Surgery Centre as the DHB is leveraging off financing requirements against available DHB cash. This will be reimbursed when debt drawings are made.

2.2 Financial Performance - Funder Arm

The Funder financial performance is favourable across both NGO and IDF Services.

NGOs

The September core result for Funder NGO was $192k favourable to budget for the month and $595k favourable to budget YTD. While the net position is favourable, Community Pharmacy is potentially a concern in that YTD expenditure is proving to be far greater than was forecast by PHARMAC for 2012/13 budgets. The detailed pharmacy claims data necessary to understand this circumstance is not yet available. This analysis will commence from November and will include communicating with PHARMAC and other DHBs. As previously advised, Pharmacy expenditure now includes the financial impact of new national initiatives such as the new Combined Pharmacy Service Agreement and the PHARMAC drug budget reduction.

IDFs

The September core result for Funder IDF was $38k favourable to budget for the month and $1.042M favourable to budget YTD. The positive variance is mostly the result of the favourable impact of previous year transactions being realised in 2012/13 (ADHB un-discharged patients). The result includes a pro rata accounting adjustment for $5.0M per annum of budgeted IDF savings with Auckland. Detailed service change forms representing $4.7M of these savings have been agreed and authorised and are to be actioned in October 2012.

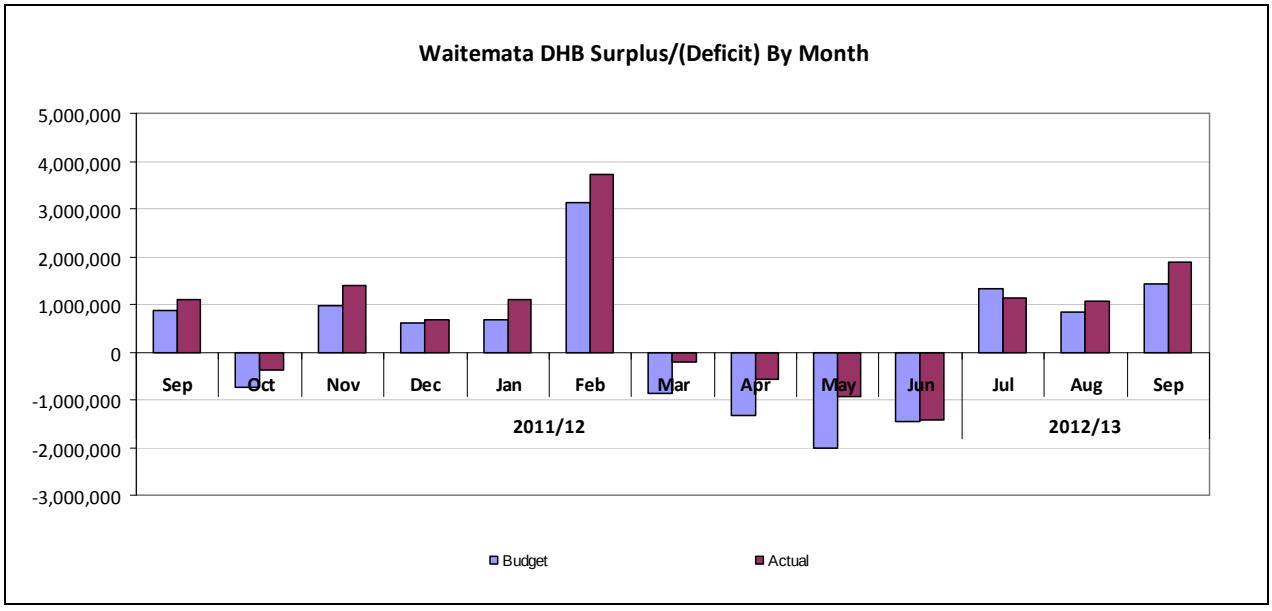
2.3 Financial Performance - Governance & Funding Administration Arm

The September core result for Governance & Funding Administration was $63k favorable to budget for the month, and year to date $147k favorable to budget. The result includes HR costs lower than budget as a result of unfilled vacancies and lower operating expenses.

3. Financial Performance – Other Indicators / Trends

3.1 Net Result

The actual net result performance against the budget for the DHB tracked over time is illustrated in the graph below. September shows improved performance against the budget compared to results for the first two months.

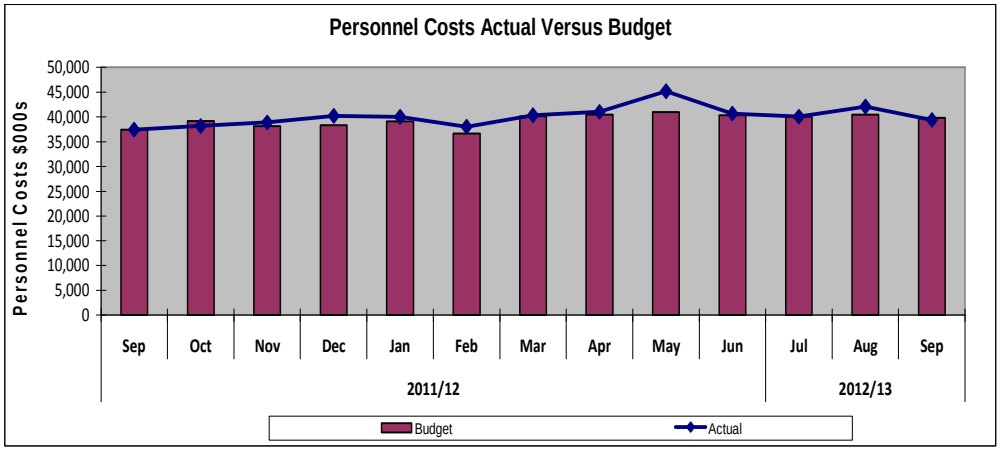


3.2 Personnel Cost and FTE Trends

Personnel costs are the largest internal cost to the DHB, representing 68% of Provider/Governance & Funding Admin Arms revenue (2012/13 DAP). The graphs below show personnel cost compared to budget; personnel cost trends by staff category; and FTE trends by staff category.

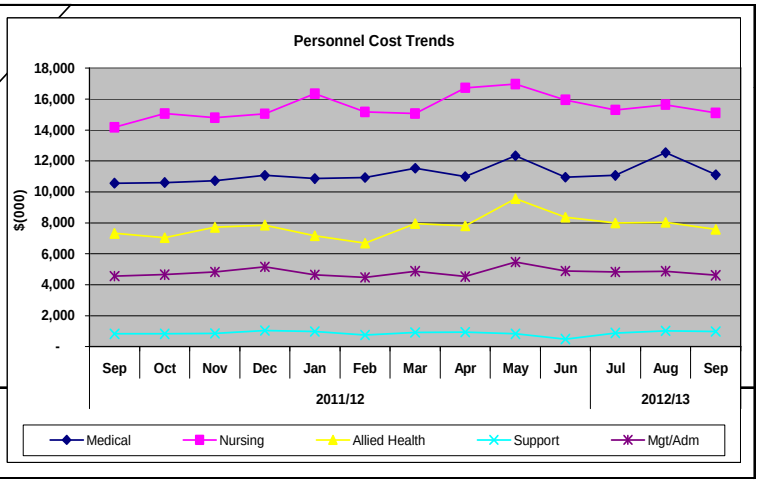
Personnel Costs Actual versus Budget in ($'000s)

Year	Month	Actual	Budget
2011/12	Sep	37,440	37,399
	Oct	38,179	39,198
	Nov	38,905	38,115
	Dec	40,188	38,300
	Jan	40,004	39,066
	Feb	38,023	36,612
	Mar	40,349	40,126
	Apr	40,997	40,413
	May	45,172	40,961
	Jun	40,662	40,350
2012/13	Jul	40,064	39,983
	Aug	42,100	40,442
	Sep	39,381	39,808



(i) Personnel Cost Trends (by staff category)

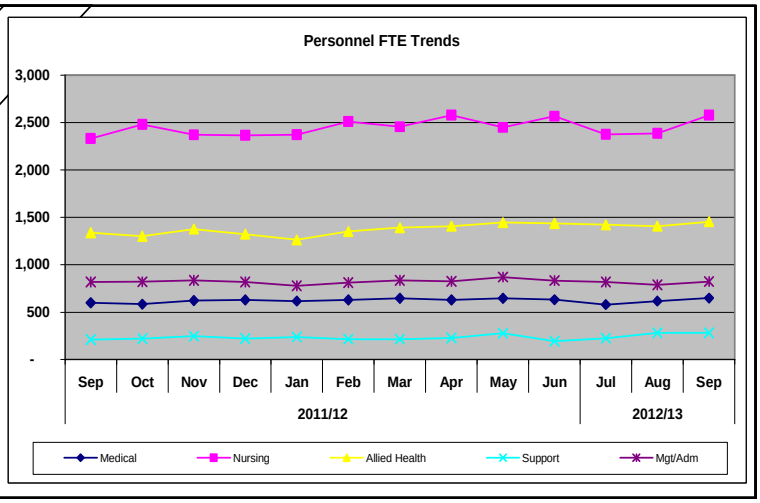
Year	Month	Medical	Nursing	Allied Health	Support	Mgt/Adm
2011/12	Sep	10,568	14,171	7,317	829	4,554
	Oct	10,605	15,064	7,038	822	4,650
	Nov	10,718	14,795	7,714	853	4,827
	Dec	11,074	15,058	7,853	1,041	5,163
	Jan	10,864	16,346	7,169	979	4,646
	Feb	10,928	15,164	6,701	757	4,473
	Mar	11,530	15,071	7,957	910	4,881
	Apr	10,994	16,729	7,815	935	4,524
	May	12,346	16,970	9,564	829	5,463
	Jun	10,962	15,951	8,366	490	4,893
2012/13	Jul	11,071	15,305	7,988	880	4,820
	Aug	12,531	15,636	8,033	1,024	4,876
	Sep	11,111	15,103	7,570	983	4,614



The trending up in personnel costs reflects the impact of employment contract agreements price changes, step increases, SMO job-sizing, allowances and FTE volume driven increases. Compared to Jul-11, the permanent staff costs have increased across all staff categories (most increases in Allied Health and Medical staff costs) except for Management and Admin costs that have reduced by 2%. Permanent staff FTEs relatively stayed the same for medical and management & admin staff, reduced for nursing and increased for allied health and support staff (support staff reflect cleaners brought in-house).

FTE Trends (by staff category)

Year	Month	Medical	Nursing	Allied Health	Support	Mgt/Adm
2011/12	Sep	598	2,333	1,340	211	818
	Oct	585	2,481	1,301	221	820
	Nov	622	2,371	1,378	247	836
	Dec	629	2,367	1,322	219	819
	Jan	618	2,372	1,263	240	779
	Feb	630	2,511	1,351	216	812
	Mar	646	2,457	1,390	216	835
	Apr	629	2,579	1,407	228	826
	May	646	2,449	1,445	278	870
	Jun	632	2,566	1,435	194	832
2012/13	Jul	579	2,377	1,422	224	819
	Aug	618	2,388	1,407	282	788
	Sep	647	2,579	1,455	281	824



3.3 Business Transformation Savings

The 2012/13 financial plan includes business transformation savings of $12M. The DHB achieved the full savings target of $2.648M as at September 2012. A summary of the savings plan for the year and performance against the target YTD is provided in the table below:

Savings in $'000s	Full Year Target	Jul-12			Commentary
Savings Sources		YTD Actual	YTD Plan	YTD Variance	
Cardiology Services Review Stock levels CVU and CCU	75	19	19	0	Savings achieved.
WIES Based Savings Initiative	1,000	250	250	0	Savings achieved.
Café in house – in-sourcing café services and vending machines in house at expiry of contract	350	0	0	0	Savings expected later in the year.
Orderly services in-house when Spotless contract expires on 31st July 2012, coming in-house.	100	18	18	0	Favourable variance against budget
Transcription Services - outsourcing services	500	0	125	(125)	This savings initiative is being worked up with HR.
Reviewing Contracting Service delivery & Funding Methodologies	2,700	675	675	0	Savings achieved.
Pharms Reviewing & Refining costs model and forecasts	2,899	725	725	0	Savings achieved.
Paediatrics SMOs - business case review	200	(175)	50	(225)	Savings have not been achieved and additional costs have been incurred due to the winter roster for paediatric SMOs established for the Rangitira Ward which runs from June to September. Recovery is expected from savings that will start flowing through from October onwards.
Dental Staffing - business case review	1,076	321	269	52	Favourable savings achieved against budget. Vacancies will be managed as a savings initiative.
Inventory Mgt, Clinical Supplies & Outsourced cost review	430	136	108	28	Favourable savings achieved against budget.

Savings in $'000s	Full Year Target	Jul-12			Commentary
Savings Sources		YTD Actual	YTD Plan	YTD Variance	
Legal expenditure, Infrastructure costs, Patient Flow, Staff Optimisation)	1,554	658	389	269	Additional savings within Corporate service has contributed to a favourable result above budget and offsets in other areas reporting unfavourable variances.
Treasury Management & Other Income Streams	1,116	22	22	0	Savings achieved.
Total	12,000	2,648	2,648	0	
Overall, the first quarter result for the savings programme has been positive and continues to perform well against target. Additional savings from Hospital Operations and Corporate Services has boosted the September result. The overall financial result for the DHB YTD to 30 September 2012 is a $4.07M surplus. This is $485k favourable to budget and is attributed to a favourable financial performance in Funder arm that fully offset unfavourable performance in the Provider arm.					

4. Capital Expenditure

Capital Expenditure planned for the 2012/13 year is $64.792M. The table below summarises the full year capital budget, monthly and YTD performance against the budget and the detailed Capital Expenditure Statement is attached to this report (Attachment 2).

$'000s	Full Year Budget	Month (Sep-12)			YTD (Sep-12)		
		Actual	Budget	Variance	Actual	Budget	Variance
Land	0	0	0	0	0	0	0
Buildings & Plant	50,232	1,775	3,510	(1,735)	5,578	10,865	(5,287)
Clinical Equipment	5,724	0	477	(477)	37	1,431	(1,394)
Other Equipment	516	0	43	(43)	16	129	(113)
Information Technology	4,320	0	360	(360)	50	1,080	(1,030)
Motor Vehicles	1,000	0	100	(100)	0	300	(300)
Purchase of software	3,000	0	250	(250)	0	750	(750)
Total Capital Expenditure	**64,792**	**1,775**	**4,740**	**(2,965)**	**5,681**	**14,555**	**(8,874)**

The underperformance to budget is due to timing of implementation, timing of invoicing, budget phasing anomalies and transfer of IT/IS asset capital expenditure to healthAlliance (the budget for this is included in Waitemata DHB District Annual Plan but the actual spend is now occurring under hA).

Progress on the implementation of major capital projects is reported to the Audit and Finance Committee meeting monthly.

5. Financial Position

The financial position as at 30 September 2012, indicating a strong balance sheet, is shown below and the detailed Statement of Financial Position is attached to this report **(Attachment 3).**

In $'000s	Opening 30 Jun-12	Sep-12 Actual	Sep-12 Budget	Variance	Full Year Budget
Crown Equity	**166,765**	**167,891**	**171,096**	**(3,205)**	**171,774**
Represented by :					
Current Assets	99,106	99,892	88,191	11,701	88,119
Current Liabilities	269,366	273,453	221,465	(51,988)	228,275
Net Working Capital	(170,260)	(173,561)	(133,274)	(40,287)	(140,156)
Fixed Assets	476,338	483,697	484,748	(1,051)	526,135
Term Liabilities	139,313	139,293	178,107	38,814	214,205
Total Employment of Capital	**166,765**	**170,843**	**173,367**	**(2,524)**	**171,774**

6. Cashflow Statement

Summary of the cashflow statement for the period ending 30 September 2012 is shown below. The detailed Cashflow statement is attached to this report **(Attachment 4)**.

Summary	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Opening cash	0	52,319		0	53,500	
Operating	(2,214)	2,833	(5,047)	(3,193)	7,785	(10,978)
Investing	(1,775)	(4,740)	2,965	(5,681)	(14,555)	8,874
Financing	3,989	(221)	4,210	8,874	3,461	5,413
Closing cash	0	50,191		0	50,191	
Closing Cash Balance in HBL Sweep account	65,893			65,893		

At September month-end, the DHB cash position in the HBL sweep was $65.893M. The DHB earns interest on daily credit balances transferred into the sweep (or pays interest on any debit balances).

The DHB also monitors performance in collecting amounts owed to the DHB by other organisations. The total amount owed to the DHB at 30 September 2012 is $ 12.473M. 70% of this is within the 30 days period, mainly Ministry of Health and other DHB payments expected to be paid within 60 days. 29% is over 60 days and most of this is in the area most difficult to collect owed funds, i.e. non-residents income. An Accounts Receivables report and explanation for amounts overdue for more than 60 days is provided as Attachment 5.

7. Treasury

7.1 Financing Activity

Term debt drawn and average interest expense and rates are shown in the Tables below.

Month	Term Debt ($'000s)	CHFA Interest Expense ($'000s)
Jul-12	220,926	893
Aug-12	220,926	1059
Sep-12	220,926	941
YTD	**220,926**	**2,893**

$220.926M of CHFA debt is fully drawn as at 30 September 2012.

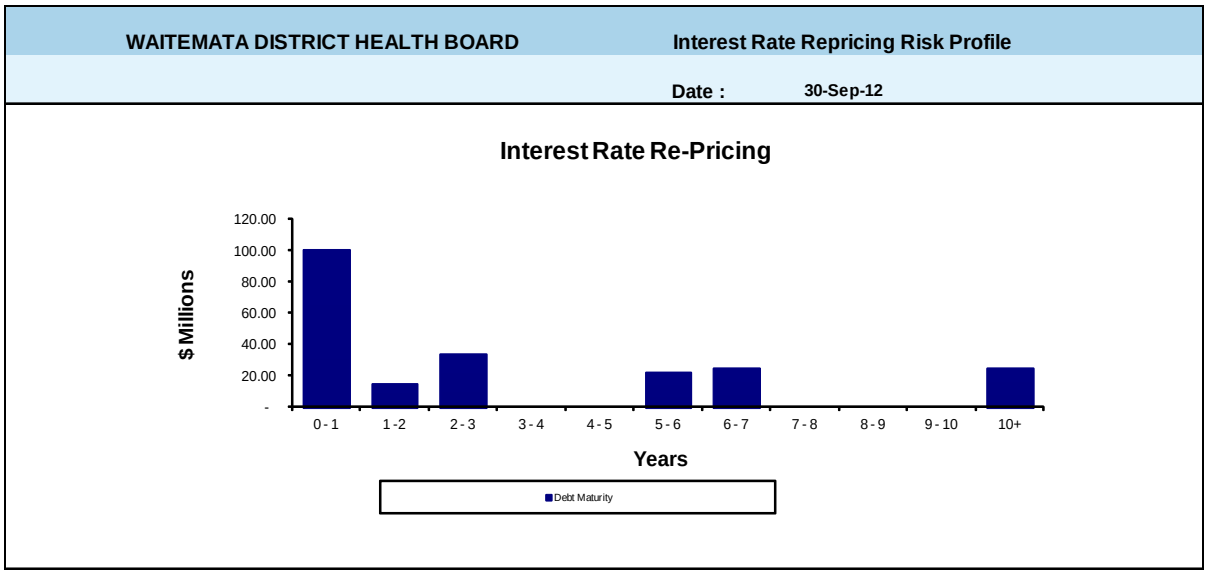
Crown Debt interest rates on the DHB loans are as follows:

	Drawn Debt		Interest Rate	
	Current Month	Last Month	Current Month	Last Month
Crown Debt Rate (weighted average)	153,642,000	153,642,000	6.3040%	6.3040%
Crown Debt Floating Rate (90 day Reset)	67,284,000	67,284,000	2.6594%	2.6352%
Total	220,926,000	220,926,000	5.1940%	5.1922%

7.2 Term Debt Maturity Profile

The term debt maturity profile is shown in the Table and Graph below.

Years	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10+
Amount In $M	100.2	15.0	33.5	0	0	22.2	25.0	0	0	0	25.0
Percentage	45.4%	6.8%	15.2%	0%	0%	10%	11.3%	0%	0%	0%	11.3%



7.3 Financial Covenants

Waitemata DHB no longer has debt facilities with the private sector. Under the shared commercial banking arrangements between DHBs, HBL and Westpac there is no requirement to keep working capital facilities. The DHB has since terminated the $39M working capital facility that was in place with ANZ and the $1M overdraft facility with Westpac. There are no more financial covenants with respect to private sector banks.

The covenants that were in place with CHFA were waived a few years ago. The CHFA function has now been transferred to the National Health Board. Performance against the covenants that were waived by the CHFA is summarized below.

Financial Covenants	**Budget**	**Actual**	**Covenant Met**
{a} Shareholders Funds (=> $70 million)	173 million	171 million	Yes
{b} Net Total Debt / (Net Total Debt + SHF) < 65%	58%	58%	Yes
{d} Interest Cover EBITDA / Net Interest (> 2.5:1)	3 times	4 times	Yes

Attachment 1

WAITEMATA DISTRICT HEALTH BOARD

Reporting Date **30 September 2012**

STATEMENT OF FINANCIAL PERFORMANCE BY DHB SERVICE GROUP

MONTH	Direct Revenue			Direct Expenditure			Contribution			Allocations			Net Result			FTE's			Head Count
($000's)	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual
Provider																			
Medical Services	22,606	22,394	212	15,634	15,281	(353)	6,972	7,113	(141)	-	-	-	6,972	7,113	(141)	1,771.3	1,631.5	(139.8)	2,032
Surgical Services	12,437	11,861	576	11,522	11,207	(315)	915	654	261	-	-	-	915	654	261	989.0	934.1	(54.9)	1,122
Child, Women & Family Services	9,983	9,424	559	6,727	6,447	(280)	3,256	2,977	279	-	-	-	3,256	2,977	279	881.4	881.3	(0.1)	1,113
Mental Health	12,847	12,674	173	9,394	9,545	151	3,453	3,129	324	-	-	-	3,453	3,129	324	1,237.0	1,233.3	(3.7)	1,366
Sub Total - Clinical Services	**57,873**	**56,353**	**1,520**	**43,277**	**42,480**	**(797)**	**14,596**	**13,873**	**723**	**-**	**-**	**-**	**14,596**	**13,873**	**723**	**4,878.7**	**4,680.2**	**(198.5)**	**5,633**
Hospital Operations	1,178	1,146	32	6,344	6,277	(67)	(5,166)	(5,131)	(35)	-	-	-	(5,166)	(5,131)	(35)	618.5	627.8	9.4	937
Facilities	9	27	(18)	1,957	2,044	87	(1,948)	(2,017)	69	-	-	-	(1,948)	(2,017)	69	38.3	44.9	6.6	87
Decision Support	-	-	-	442	385	(57)	(442)	(385)	(57)	-	-	-	(442)	(385)	(57)	48.2	55.4	7.2	47
Provider Management	(350)	523	(873)	364	288	(76)	(714)	235	(949)	-	-	-	(714)	235	(949)		4.0	4.0	
Corporate	1,374	1,362	12	6,205	6,587	382	(4,831)	(5,225)	394	-	-	-	(4,831)	(5,225)	394	153.6	171.8	18.2	170
Sub Total - Corporate & Support Services	**2,211**	**3,058**	**(847)**	**15,312**	**15,581**	**269**	**(13,101)**	**(12,523)**	**(578)**	**-**	**-**	**-**	**(13,101)**	**(12,523)**	**(578)**	**858.6**	**904.0**	**45.4**	**1,241**
Total Provider	**60,084**	**59,411**	**673**	**58,589**	**58,061**	**(528)**	**1,495**	**1,350**	**145**	**-**	**-**	**-**	**1,495**	**1,350**	**145**	**5,737.3**	**5,584.1**	**(153.1)**	**6,874**
Governance & Funding Administration	**821**	**770**	**51**	**758**	**770**	**12**	**63**	**-**	**63**	**-**	**-**	**-**	**63**	**-**	**63**	**48.5**	**48.9**	**0.4**	**62**
Funder Arm																			
Funder NGOs	30,492	30,293	199	30,217	30,210	(7)	275	83.0	192	-	-	-	275	83.0	192	-	-	-	-
Funder Inter District Flows	26,389	27,354	(965)	26,351	27,354	1,003	38	-	38	-	-	-	38	-	38	-	-	-	-
Total Funder Arm	**56,881**	**57,647**	**(766)**	**56,568**	**57,564**	**996**	**313**	**83**	**230**	**-**	**-**	**-**	**313**	**83**	**230**	**-**	**-**	**-**	**-**
Consolidated	**117,786**	**117,828**	**(42)**	**115,915**	**116,395**	**480**	**1,871**	**1,433**	**438**	**-**	**-**	**-**	**1,871**	**1,433**	**438**	**5,785.8**	**5,633.0**	**(152.8)**	**6,936**

YEAR TO DATE	Direct Revenue			Direct Expenditure			Contribution			Allocations			Net Result			FTE's			Full Year
($000's)	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Provider																			
Medical Services	67,264	67,179	85	48,027	46,143	(1,884)	19,237	21,036	(1,799)	-	-	-	19,237	21,036	(1,799)	1,694.5	1,649.5	(45.0)	(8,312)
Surgical Services	36,936	35,584	1,352	35,974	33,746	(2,228)	962	1,838	(876)	-	-	-	962	1,838	(876)	949.7	941.6	(8.1)	(6,598)
Child, Women & Family Services	29,035	28,272	763	20,458	19,454	(1,004)	8,577	8,818	(241)	-	-	-	8,577	8,818	(241)	848.6	887.2	38.6	768
Mental Health	38,849	38,022	827	29,222	29,007	(215)	9,627	9,015	612	-	-	-	9,627	9,015	612	1,200.0	1,251.6	51.6	10,157
Sub Total - Clinical Services	**172,084**	**169,057**	**3,027**	**133,681**	**128,350**	**(5,331)**	**38,403**	**40,707**	**(2,304)**	**-**	**-**	**-**	**38,403**	**40,707**	**(2,304)**	**4,692.9**	**4,730.0**	**37.2**	**(3,985)**
Hospital Operations	3,583	3,437	146	19,226	18,653	(573)	(15,643)	(15,216)	(427)	-	-	-	(15,643)	(15,216)	(427)	586.4	606.4	20.0	(578)
Facilities	89	82	7	6,111	6,101	(10)	(6,022)	(6,019)	(3)	-	-	-	(6,022)	(6,019)	(3)	39.1	42.7	3.6	
Decision Support	-	-	-	1,086	1,154	68	(1,086)	(1,154)	68	-	-	-	(1,086)	(1,154)	68	46.3	55.1	8.8	-
Provider Management	576	1,568	(992)	663	870	207	(87)	698	(785)	-	-	-	(87)	698	(785)	1.4	4.0	2.6	
Corporate	5,077	4,087	990	18,598	19,760	1,162	(13,521)	(15,673)	2,152	-	-	-	(13,521)	(15,673)	2,152	149.4	171.4	22.1	5,563
Sub Total - Corporate & Support Services	**9,325**	**9,174**	**151**	**45,684**	**46,538**	**854**	**(36,359)**	**(37,364)**	**1,005**	**-**	**-**	**-**	**(36,359)**	**(37,364)**	**1,005**	**822.5**	**879.6**	**57.1**	**4,985**
Total Provider	**181,409**	**178,231**	**3,178**	**179,365**	**174,888**	**(4,477)**	**2,044**	**3,343**	**(1,299)**	**-**	**-**	**-**	**2,044**	**3,343**	**(1,299)**	**5,515.3**	**5,609.6**	**94.3**	1,000.0
Governance & Funding Administration	**2,477**	**2,309**	**168**	**2,330**	**2,309**	**(21)**	**147**	**-**	**147**	**-**	**-**	**-**	**147**	**-**	**147**	**47.5**	**48.9**	**1.4**	-
Funder Arm																			
Funder NGOs	91,957	90,881	1,076	91,112	90,631	(481)	845	250	595	-	-	-	845	250	595	-	-	-	1,000.0
Funder Inter District Flows	79,618	82,063	(2,445)	78,576	82,063	3,487	1,042	-	1,042	-	-	-	1,042	-	1,042	-	-	-	-
Total Funder Arm	**171,575**	**172,944**	**(1,369)**	**169,688**	**172,694**	**3,006**	**1,887**	**250**	**1,637**	**-**	**-**	**-**	**1,887**	**250**	**1,637**	**-**	**-**	**-**	1,000.0
Consolidated	**355,461**	**353,484**	**1,977**	**351,383**	**349,891**	**(1,492)**	**4,078**	**3,593**	**485**	**-**	**-**	**-**	**4,078**	**3,593**	**485**	**5,562.8**	**5,658.4**	**95.6**	2,000.0

Attachment 2

WAITEMATA DISTRICT HEALTH BOARD **Reporting Date** **30 September 2012**

STATEMENT OF CAPITAL EXPENDITURE

	Budget			
Service	**Net PY B/fwd**	**2012/13**	**$ Spent 12/13**	**Balance**
Corporate Services				
Building	14,236	39,160	0	**53,396**
Clinical Equipment	0	34,000	0	**34,000**
Information Technology	812,987	0	43,776	**769,211**
Motor Vehicles	0	977,107	0	**977,107**
Other Equipment (Includes contingencies)	10,350,248	7,962,884	103,919	**18,209,212**
	11,177,471	**9,013,151**	**147,695**	**20,042,927**
Business Solutions				
Business Solutions (IT)	**266,764**	**0**	**0**	**266,764**
Decision Support				
Building	55,590	0	44,948	**10,642**
Information Technology	107,225	100,000	22,967	**184,257**
	162,815	**100,000**	**67,915**	**194,900**
Facilities				
Building	58,757,841	2,791,728	9,486,370	**52,063,199**
Other Equipment	9,643	0	5,198	**4,445**
	58,767,484	**2,791,728**	**9,491,568**	**52,067,645**
Hospital Operations				
Building	32,476	243,878	14,168	**262,186**
Clinical Equipment	409,275	464,602	354,400	**519,477**
Information Technology	1,332,446	0	56,819	**1,275,626**
Other Equipment	20,762	450,732	40,045	**431,449**
	1,794,958	**1,182,105**	**465,433**	**2,511,630**
Mental Health Services				
Building	23,692	42,350	0	**66,042**
Clinical Equipment	11,713	30,000	11,303	**30,410**
Information Technology	51,960	0	0	**51,960**
Other Equipment	73,471	120,156	4,455	**189,172**
	160,836	**192,506**	**15,758**	**337,585**
Medical & Health of Older People Services				
Building	77,509	0	72,815	**4,694**
Clinical Equipment	722,831	664,514	371,456	**1,015,889**
Information Technology	67,406	0	11,220	**56,186**
Other Equipment	44,602	242,500	24,314	**262,788**
	912,348	**907,014**	**479,805**	**1,339,557**
Surgical & Ambulatory				
Building	19,645	0	0	**19,645**
Clinical Equipment	1,567,186	3,493,034	175,155	**4,885,064**
Other Equipment	13,979	1,650	10,915	**4,715**
	1,600,809	**3,494,684**	**186,070**	**4,909,423**
IT Service				
Information Technology	4,006,640	0	473,456	**3,533,184**
	4,006,640	**0**	**473,456**	**3,533,184**
Child, Woman & Family				
Building	15,000	4,182	4,182	**15,000**
Clinical Equipment	131,901	372,214	105,362	**398,754**
Information Technology	67,628	0	8,550	**59,078**
Other Equipment	16,414	1,000	113	**17,302**
	230,943	**377,396**	**118,206**	**490,134**
Grand Total	**79,081,069**	**18,058,584**	**11,445,905**	**85,693,748**

Attachment 3

WAITEMATA DISTRICT HEALTH BOARD **Reporting Date** **30 September 2012**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

30/06/2012 Actual		Actual	Budget	30/06/2013 Budget
	Crown Equity			
103,015	Crown Equity	103,015	102,905	102,905
127,241	Revaluation Reserve	127,241	130,369	130,369
(68,500)	Retained Earnings - Prior Years	(63,491)	(63,500)	(63,500)
5,009	Retained Earnings - 2012/13	4,078	3,593	2,000
166,765		**170,843**	**173,367**	**171,774**
	Represented by :			
	Current Assets			
68,677	Bank and Short Term Deposits	60,059	50,191	46,119
24,890	Debtors	33,386	31,500	35,500
527	Prepayments	1,441	500	500
5,012	Inventory	5,006	6,000	6,000
	Assets Held for Resale			
99,106		**99,892**	**88,191**	**88,119**
	Current Liabilities			
	Bank Overdraft			
80,576	Creditors	85,837	68,629	73,585
36,244	Provisions and Accruals	34,398	37,860	38,695
52,233	Staff Related Liabilities	52,905	49,739	50,758
100,313	Term Debt - Current Portion	100,313	65,237	65,237
269,366		**273,453**	**221,465**	**228,275**
(170,260)	**Net Working Capital**	(173,561)	(133,274)	(140,156)
	Fixed Assets			
408,401	Land, Buildings and Plant (net)	405,110	437,988	465,089
4,996	Leasehold Building Works (net)	4,923	5,569	5,569
36,549	Equipment (net)	34,781	30,236	32,385
68	Information Technology (net)	56	186	1,323
	Intangible Software (net)		996	3,533
1,185	Vehicles (net)	1,030	943	1,190
15,604	Work in Progress	28,261	8,830	17,046
466,803		**474,161**	**484,748**	**526,135**
9,535	**Investments in Associates**	9,535		
9,535		9,535		
	Term Liabilities			
17,942	Staff Related Liabilities	17,942	20,350	21,500
435	Trust and Special Funds	435	435	435
120,936	Term Debt - External	120,915	157,322	192,270
139,313		**139,293**	**178,107**	**214,205**
166,765		**170,843**	**173,367**	**171,774**

Attachment 4

WAITEMATA DISTRICT HEALTH BOARD **Reporting Date** **30 September 2012**

CASHFLOW STATEMENT

	Month			YTD		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Cash flows from operating activities:						
Inflows						
Crown	114,019	114,896	(877)	341,764	344,688	(2,924)
Interest Received	297	217	80	1,007	651	356
Other Revenue	3,271	2,714	557	13,852	8,142	5,710
Outflows						
Staff	39,289	39,808	519	120,160	120,250	90
Suppliers	27,477	16,116	(11,361)	69,757	48,236	(21,521)
Other Providers	57,175	57,564	389	167,805	172,692	4,887
Capital Charge		1,173	1,173		3,519	3,519
Interest Paid	242		(242)	477		(477)
GST (net)	(4,382)	333	4,715	1,617	999	(618)
Net cash from Operations	**(2,214)**	**2,833**	**(5,047)**	**(3,193)**	**7,785**	**(10,978)**
Cash flows from investing activities:						
Inflows						
Sale of Fixed Assets						
Associates						
Outflows						
Capital Expenditure	1,775	4,740	2,965	5,681	14,555	8,874
Associates						
Net cash from Investing	**(1,775)**	**(4,740)**	**2,965**	**(5,681)**	**(14,555)**	**8,874**
Cash flows from financing activities:						
Inflows						
Equity Injections						
New Debt					3,903	(3,903)
Deposits Recovered	3,989		3,989	8,874		8,874
Outflows						
Debt Repayments		221	221		442	442
Funds to Deposit						
Net cash from Financing	**3,989**	**(221)**	**4,210**	**8,874**	**3,461**	**5,413**
Net increase / (decrease)		**(2,128)**			**(3,309)**	
Opening cash		52,319			53,500	
Closing cash		**50,191**			**50,191**	
Closing Cash Balance in HBL Sweep account	65,893			65,893		

WAITEMATA DISTRICT HEALTH BOARD **Reporting Date** **30 September 2012**

STATEMENT OF ACCOUNTS RECEIVABLES

Ref		As %	Total Outstanding	Current	1 - 30 D	31 - 60 D	61 - 90 D	91 Days +	Prior Month
1	ACC	3.5%	434,960	388,854	23,470	-120	24,345	-1,588	293,812
2	Accredited Employers	0.0%	251	0	0	0	0	251	564
3	Commercial	2.8%	355,448	251,561	64,471	69	2,757	36,590	1,685,845
4	Crown (excluding MoH)	4.2%	526,907	318,920	154,834	-1,507	49,244	5,415	677,467
5	DHBS'	53.7%	6,696,235	1,185,798	3,344,979	0	180,122	1,985,337	6,137,191
6	MOH	23.2%	2,889,382	2,377,423	443,388	-105,424	29,048	144,946	2,948,952
7	Non Residents	12.5%	1,559,133	0	125,844	249,221	199,804	984,264	1,754,256
8	Patient	0.1%	9,598	220	1,919	2,788	1,056	3,615	9,542
9	Staff	0.0%	1,311	241	440	0	80	550	1,390
	WDHB Total		**12,473,226.33**	**4,523,017.33**	**4,159,345.09**	**145,027.34**	**486,456.47**	**3,159,380.10**	**13,509,018.71**

Ref **Explanation for amounts owing over 60 days**

3 **Commercial,** The $48,300 relates to Three Harbours and is pending resolution of the dispute.

5 **DHBs,** The $1.9M mostly relates to ADHB with invoices under review.

6 **MOH,** The $145k relates two expired contracts, one invoice is pending approval and one is under dispute.The service is working on collections.

7.1 Auckland and Waitemata DHB Disability Support Advisory Committees Meeting held on 22 August 2012

Recommendation:

That the Draft Minutes of the Auckland and Waitemata DHB Disability Support Advisory Committees Meeting held on 22 August 2012 be received.

Note: recommendations to the Board have already been considered at the Board meeting on 19 September 2012.

Auckland District Health Board and Waitemata District Health Board
Disability Support Advisory Committee
Minutes

Minutes of the Auckland District Health Board and Waitemata District Health Board, Disability Support Advisory Committee meeting held on Wednesday, 22 August 2012 in the Training Room, CCS Disability Action, 14 Erson Avenue, Royal Oak, Auckland commencing at 1:00pm

1	The Chair declared the meeting open at 1:05pm and welcomed Sue Waters, ADHB's Executive Director Allied Health, Scientific and Technical.
2	**ATTENDANCE AND APOLOGIES**

Committee Members

Sandra Coney (WDHB) (Chair)
Max Abbott (WDHB)
Susan Buckland (ADHB)
Michelle Cavanagh
Dairne Kirton
Russell Vickery
Jo Agnew (ADHB)
Pat Booth (WDHB)
Robyn Northey (ADHB) (part)
Marie Hull-Brown
Jan Moss

Management in Attendance

ADHB

Sue Waters – Executive Director Allied Health, Scientific & Technical
Carolyn Simmons Carlsson – Professional Leader Allied Health
Kate Sladden – Planning & Funding Manager

WDHB

Dr Debbie Holdsworth – Chief Planning & Funding Officer
Katrina Lenzie-Smith – Programme Manager Planning & Funding
Tim Wood – Group Manager Funder NGOs
Samantha Dalwood – Disability Strategy Coordinator
Ian Yost – Programme Manager Health of Older Adults

Secretary

Ian Bell – Board Administrator (ADHB)

Apologies

Apologies had been received from Dr Lester Levy (ADHB & WDHB), Susan Sherrard, Dr Dale Bramley (WDHB), Ngaire Buchanan (ADHB), Dr Denis Jury (ADHB) and Linda Harun (WDHB). An apology for lateness was recorded for Robyn Northey.

Moved Sandra Coney; seconded Jan Moss

That the apologies be sustained.

Carried

3	**CONFLICTS OF INTEREST**
	There were no declarations of conflicts of interest for any item on the agenda.
3	**CONFIRMATION OF MINUTES 30 MAY 2012**
	Moved Sandra Coney; seconded Jo Agnew ***That the minutes of the ADHB and WDHB Disability Support Advisory Committee meeting held on 30 May 2012 be confirmed as a true and correct record.*** **Carried**
4	**ACTION POINTS 30 MAY 2012**
	A number of actions were carried forward to the November meeting. The Secretary was to follow up with Colleen Brown on organising a meeting with the Auckland Council Disability Group.
8.1	**Quarterly Report on the Implementation of the NZ Disability Strategy**
	The Health Passport was to progress at ADHB with a meeting held between Taima Campbell, Janice Mueller, Margaret Wilsher and Linda Wakeling. Progress is to be updated to the Committee. Accessibility to the Elective Surgery Unit at Waitakere was raised and while there had been an assessment by a Barrier Free advisor not all recommendations had been acted upon with the 2 major ones being accessibility sinks, with the argument being that children should not be able to reach them, and the on suite bathrooms which are designed for people that need support i.e. made larger to accommodate equipment rather than self transfer which required supporting bars. The Committee was advised that before surgery patients are accessed and if accessibility was an issue they would be treated in the main hospital. Debbie Holdsworth is to write to the Governing Construction Board concerning the issues raised. **Moved Russell Vickery; seconded Jo Agnew** ***That the Disability Support Advisory Committee recommends to the ADHB and WDHB Boards that it is critical that accessibility issues are addressed at the beginning of any planning for facilities to ensure access is built into the designs at the earliest stage.*** **Carried** Facilities Management at both DHBs are to be asked to address the Committee.
6	**Dr Judy McGregor – Caring Counts**
	Dr Judy McGregor, Equal Employment Opportunities Commissioner presented to the Committee on Caring Counts, an inquiry into equal employment opportunities in the Aged Care sector. She thanked people for their input including Marie Hull-Brown. This was only the third inquiry undertaken by the Human Rights Commission in the last ten years; one of the others being accessibility to public transport. The inquiry was a result of concerns at low pay for carers, a workforce that had not been counted or was particularly known about, being casual with the workers moving in and out and being a vulnerable group of workers. Considerable travel had been undertaken with 886 people interviewed, public meetings held and there was an on-line submission process to engage carers and those cared for. It was not about quality of care but those issues were raised. The focus was on the equal employment issue and there was a great degree of consensus that there was inequality that could not be ignored. The inquiry paves the way for discussion on how the pay issues can be addressed and afforded. There was also human rights perspectives with issues of a migrant workforce, men as carers, staff to resident ratios, managerial competence, wage and pay parity, conditions of work, training and qualifications, recruitment and retention, respect and value, regulatory framework and workforce supply. Comments had been; that there must be a new way of providing care, there is weak political leadership, there is pressure on

	workers not to unionise and a gender issue for women providing care. The world had never faced this aging population issue before. New Zealand was involved in the United Nations and no country that signs up to an International Treaty can contract out of its human rights obligations. This was pertinent in discussions with the MoH, as they did not want to be engaged in conversations saying that the DHBs held the contracts. The inquiry had made 10 recommendations with a timetable for implementation. They were seeking a legal opinion on travel being work time. The relevant recommendations to DHBs was to have a mechanism to achieve pay parity between healthcare assistants working in DHBs and carers working in home support and residential facilities and to have fair travel reimbursement that reflects real and actual costs of vehicles and time. Further recommendations were quality assurance information to enable comparison, and transparent financial disclosure in Annual Reports making explicit aspects of aged care service delivery contracts. It would be acceptable to have a stepped approach to the solution and it was key to keep the issue on the political agenda with a stakeholder Summit planned for 3 October 2012 as a platform for discussion. Financial modelling had been undertaken by Paul Rouse of Auckland University which clearly outlined the potential cost. This raised political choices with a need to make it a cross party issue. While the workforce should reflect the population there were more migrant workers and aged care was not seen as a career path with a lot of informal care, ethnic differences and issues of getting younger people into caring. There was a need to have funding signals to get change. Robyn Northey joined the meeting at 2:04pm. The recommendation to the Board was to have a number of people attend the summit in October.
9.5 **9.6**	**Age Related Residential Care Services** **HBSS Workforce**
	Judy McGregor was invited to stay for these items. **Aged Related Residential Care Services** Tim Wood advised that there had been a shift of people from rest homes to private hospital beds where there was not enough capacity. Smaller rest homes can't convert to hospitals. In residential care the average age of residents is rising and they are more acutely unwell. Funding has national contract pricing which varies on local authority boundaries i.e. there are differences between Invercargill and Auckland and the asset threshold is changing in that the increase rather than $10,000 per annum will now be indexed to the consumer price index. There is certification of facilities with certification audits. There is work with aged residential care facilities including fall prevention through vitamin D supplement and capacity building. **HBSS Workforce** Rates of pay differ between WDHB and ADHB. New sector standards were being introduced and would be required to be achieved for certification by 1 September 2013. Presently audits are undertaken every 3 years. Travel reimbursement is a key issue, as is training, although certification may help. Training was better in larger organisations although training does not change remuneration sufficiently. **Moved Sandra Coney; seconded Marie Hull-Brown** ***That the Disability Support Advisory Committee recommends that the ADHB and WDHB Boards commit to the implementation of the recommendations of the Equal Employment Opportunities Commissioner contained in the Caring Counts report particularly referring to pay, fair travel, safety standards, consumer information, transparency, and diversity of careers and that they support sending a number of people to the stakeholder Summit planned for 3 October 2012.*** **Carried** The issue of audits was raised with room for improvement and an awareness that people may not complain.

	Judy McGregor advised she had only just started consulting with DHBs, had provided a timetable for implementation, wanted over 5 years to have all trained to level 3 and not to have anyone untrained in the sector. An issue for DHBs was in not being able to guarantee that funding meant to be passed to the workforce went to the workforce so there may be a need for a different form of contracting. The sector did acknowledge the need for training. **Moved Sandra Coney; seconded Marie Hull-Brown** ***That the reports on Aged Related Residential Care Services and HBSS Workforce be received.*** **Carried** Sandra Coney thanked the staff for the work on the reports and thanked Judy McGregor for her attendance and presentation giving an assurance that people would attend the Summit.
8.1	**Quarterly Report on the Implementation of NZ Disability Strategy**
	The Chair commented that the agenda contained good reports and papers on implementing the Disability Strategy. The development of policy and procedures for working with patients with disabilities had commenced and would be brought back to the Committee. The walk through patient journey looking at accessibility issues had been due for completion in July and will be reported back to the Committee.
8.2	**Health of Older People Quarterly Report ADHB and WDHB Activities**
	With the insulation programmes, while there was an attempt to target those most in need i.e. Maori and Pacific there had been more applications from the general population. Further attempts at targeting would be undertaken this year. InterRAI was being implemented and the Committee requested that someone present on this to the next meeting as well as on Advanced Care Planning. **Moved Sandra Coney; seconded Michelle Cavanagh** ***That the quarterly report on the implementation of the New Zealand Disability Strategy and Health of Older People Quarterly Report be received.*** **Carried**
9.1	**ADHB 2011-2012-2013 DAP Objectives**
	This report was on ADHB's progress but the report to the next meeting would be for both DHBs. The 2012-2013 Annual Plan objectives related to disability were the focus for this year and progress was on track. People moving from Starship to Adult Services was one of the difficulties being experienced, with their biggest complaint being that they are not listened to. Transfers should be a target in the patient experience. There was a lot of work being done on physical barriers but, with a huge amount of work, it needed prioritisation. Education and awareness training would be enhanced from the feedback on the patient experience. **Moved Sandra Coney; seconded Jo Agnew** ***That the Committee:*** • ***Notes the update as per the progress report and work plan for the continuation of the 2011-12 Objectives related to the Accessibility Audit report*** • ***Notes the 2012-13 Annual Plan objectives as continuation and extension of this work*** **Carried**
9.2	**Mainstream Programme Update**
	The report on two Mainstream employees show that they are being included in the organisation and were becoming qualified to enter the job market. This was good progress.

	Moved Sandra Coney; seconded Susan Buckland ***That the report on the Mainstream Programme be received.*** **Carried**
9.3	**HOP Consumer Engagement Plan**
	It was noted that there would be recruitment of consumer representatives and the Committee asked for information on remuneration and reimbursement and the Terms of Reference of the Consumer Representatives Group. **Moved Sandra Coney; seconded Jo Agnew** ***That the report on HOP Consumer Engagement Plan be received.*** **Carried**
9.4	**Health Indicators – Intellectual Disabilities**
	This report had been compiled from a MoH report last September. There was a question of how to work with PHOs on access and whether, for example, screening is appropriate as it may be too difficult for people with high complex needs. The increase in the numbers with autism would also be an issue to be managed. **Moved Jo Agnew; seconded Jan Moss** ***That the Disability Support Advisory Committee recommends to the ADHB and WDHB Boards that they:*** • ***Continue to implement the Health Passport across both DHBs*** • ***Continue to work with Communications and Quality teams to improve the information that is going to patients and the way it is being communicated.*** • ***Encourage staff to complete the Disability Awareness e-learning training to look at better ways to work with people with intellectual disabilities in health settings.*** • ***Involve people with intellectual disabilities in consumer engagement and planning of services; and*** • ***Make sure that people with high and/or complex needs are included in service planning.*** **Carried**
	NEXT MEETING
	The meeting closed at 3.32pm The next scheduled meeting is : 1:00pm, Wednesday, 14 November 2012 Training Room, CCS Disability Action 14 Erson Avenue Royal Oak
	CONFIRMED **CHAIR:** **DATE:**

7.2 Hospital Advisory Committee Meeting held on 19 September 2012

Recommendation:

That the Draft Minutes of the Hospital Advisory Committee Meeting held on 19 September 2012 be received.

Minutes of the meeting of the Waitemata District Health Board

Hospital Advisory Committee

Wednesday 19 September 2012

held at Waitemata District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 10.15a.m

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT:

Gwen Tepania-Palmer (Committee Chair)
Lester Levy (Board Chair)
Pat Booth
Sandra Coney
Warren Flaunty
Wendy Lai
James Le Fevre
Christine Rankin
Allison Roe
Hasan Bhally (Co-opted Member)
Susanna Galea (Co-opted Member)
Andrew Jones (Co-opted Member)

ALSO PRESENT: Dale Bramley (Chief Executive Officer)
Rosalie Percival (Chief Financial Officer)
Andrew Brant (Chief Medical Officer)
Debbie Holdsworth (Acting Chief Planning and Funding Officer)
Jocelyn Peach (Director of Nursing & Midwifery)
Phil Barnes (Director of Allied Health)
Sam Bartrum (GM Human Resources)
Cath Cronin (GM Surgical and Ambulatory Services)
Linda Harun (GM Child, Women and Family Services)
Gerard Lenssen (GM Service Development and Strategic Projects)
Helen Wood (GM Mental Health Services)
John Cullen (HOD Medical, Surgical and Ambulatory Services)
Jeremy Skipworth (Clinical Director, Forensics)
Penny Andrew (Clinical Lead Quality)
Paul Garbett (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES:

Lynda Williams (Auckland Womens Health Council)

APOLOGIES: Apologies were received from Max Abbott and Rob Cooper.

WELCOME: The Committee Chair welcomed those present.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no identified conflicts of interest for the open part of the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda, with the public excluded session being held first, from 10.17a.m until 11.45a.m.

2. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 1)

Resolution (Moved Wendy Lai/Seconded Pat Booth)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 08/08/12	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982 [NZPH&D Act 2000, Schedule 3, S.32 a]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of that meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000, Schedule 3, S.32 a]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.[Official Information Act 1982 S.9 (2) (a)]
3. Provider Arm Performance Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000,Schedule 3, S.32 a]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.[Official Information Act 1982 S.9 (2) (a)]
4. Medication Safety Strategy Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good	**Privacy** The disclosure of information would not be in the public interest because of the greater need to

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000,Schedule 3, S.32 a]	protect the privacy of natural persons, including that of deceased natural persons.[Official Information Act 1982 S.9 (2) (a)]
5. HR Update Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.[Official Information Act 1982 S.9 (2)(j)]
6. Eligibility	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000,Schedule 3, S.32 a]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.[Official Information Act 1982 S.9 (2) (a)]
7. Facilities	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000,Schedule 3, S.32 a]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out , without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.[Official Information Act 1982 S.9 (2)(j)]

Carried

10.17a.m to 11.45a.m – public excluded session
11.45a.m – the Committee resumed in open meeting.

3. COMMITTEE MINUTES

3.1 Confirmation of the Minutes of the Meeting of the Hospital Advisory Committee held on 8 August 2012 (agenda pages 3-12)

Resolution (Moved Sandra Coney/Seconded Susanna Galea)

That the minutes of the meeting of the Hospital Advisory Committee held on 8 August 2012 be approved.

Carried

Matters Arising

No issues were raised.

4. PROVIDER ARM PERFORMANCE REPORT

4.1 Provider Arm Performance Report – July 2012 (agenda pages 13-76)

Provisional performance results for August 2012 were tabled and circulated at the meeting.

Andrew Brant and Rosalie Percival introduced the report (and the August update), highlighting:

- The financial results (overall the organisation is back in surplus for August) and the work underway in the Provider Arm for each service to provide plans for ensuring expenditure will be within budget for 2012/13. Mitigation plans will be brought to Audit and Finance Committee meetings, with two Divisions to report to the October meeting and two to the November meeting.
- The very good results against health targets.
- Elective surgery volumes had been low in July but had risen in August to be 104% against target at the end of August.
- Inter District flows – acute inflows had increased, while acute outflows had reduced.

Matters covered in discussion and response to questions included:

- Auckland DHB IDF inflows have increased, but with the increase not coming from Waitemata DHB. The new agreement with Auckland DHB is in place for 2012/13, whereby Waitemata DHB will only fund up to a fixed cap for IDFs, so that the cost of any over-delivery will be met by Auckland DHB.
- It was noted that elective volumes are up, but elective WIES is down.
- With the adverse financial result for Clinical Supplies, an issue had been the latest version of Oracle. There had not been correct checking of invoices. The question now was how to get the right process for reconciliations in place.
- With inventory management, there was scope for substantial improvement in standardisation and classification of purchases. Good systems are available and are being assessed for the Elective Surgery Centre, but it is more difficult to introduce them where there are existing processes. John Cullen advised that currently there are surgeon specific and procedure specific sets of instruments and they are trying to rationalise that.
- Dale Bramley advised that with regard to Maori and Pacific DNAs (did not attend appointments) each Division had been allowed to select the approach

they considered most likely to be effective, although all had included phoning patients. Results over the next few months would determine whether to continue with separate approaches by Division or whether there should be a common approach.

Surgical and Ambulatory Services

Cath Cronin (General Manager, Surgical and Ambulatory Services) and John Cullen (Head of Division, Medical, Surgical and Ambulatory Services) were present for this section of the report. Matters covered included:

- Information concerning the draft IANZ audit report on Breastscreen Waitemata Northland and the corrective actions required will be brought to the next Committee meeting.
- With financial performance, the clinical supply costs are a major challenge. There seems to be a major disconnect with work done and clinical supply costs and it is important to identify why. There is no IT system or even a normal inventory to monitor. Therefore a basic personnel intensive approach will be used to address the issue, involving stock takes and assessing what is needed for each week. Work is also underway on personnel costs.

Medicine and Health of Older Peoples Services

Jonathan Christiansen (Head of Department - Medical) and Tamzin Brott (Head of Division, Allied Health, Medicine and Health of Older Peoples Services) introduced this section of the report. Matters they noted included:

- Improvement in the DNA (did not attend appointments) rate.
- Performance against the shorter stays in ED target for August had reached 97.1%, which was exceptional considering the heavy late winter hospital occupancy rate.
- The average turnaround time for responses to complaints for August had reduced to 14 days.
- With financial performance, the division was looking at supply chain, streamlining processes and reducing the number of people involved in ordering supplies. A savings plan for the division had been delivered to the Chief Executive.

The Board Chair expressed appreciation of the excellent results for the target of length of stay in ED at a time of increased volumes of hospital admissions. The Committee supported his suggestion that he write a letter of appreciation to acknowledge that achievement.

In answer to a question, Andrew Brant confirmed that at the time emergency department services had opened at Waitakere Hospital it had been emphasised that cases of high acuity and those involving intensive care would need to transfer from Waitakere Hospital to North Shore Hospital and a number of protocols were put in place concerning transfers. The Board Chair noted that this information might need to be conveyed to the newspapers again and requested information for Board members on the number of presentations at Waitakere Hospital ED and the number of those that had been referred across to North Shore Hospital.

It was noted that the oldest wards 14 and 15 had re-opened after refurbishment and looked very good and that the Kingsley Mortimer Unit refurbishment would begin in the following couple of weeks.

Child, Women and Family Services

Linda Harun (General Manager, Child, Women and Family Services), and Tim Jelleyman (HOD Medical, Child, Women and Family Services) were present for this section of the report. Linda Harun introduced two representatives from CYFS: Lui Pio and Megan Halbert, who were welcomed to the meeting.

Linda Harun highlighted some key points including:

- Gynaecology elective surgery rates for August had improved, at 116% of target.
- A significant decrease in the DNA rate. At times they had been able to assist with transport issues and they are hoping to work more closely with the Waipareira Trust.
- Financial performance results had not been good; however they had a plan to resolve that and were working towards it.
- Feedback received from credentialing of paediatricians (detailed on page 46 of the agenda).

Tim Jelleyman advised that the Rangatira Ward, which had re-opened at the start of winter, had experienced good winter use and is much appreciated by families and staff.

In answer to a question Tim Jelleyman advised that if there is no Resident Medical Officer cover for a shift, Senior Medical Officer cover is used.

Linda Harun advised that the transition to a paperless clinical record system for Home Care for Kids (page 47 of the agenda) involves team members taking small laptops when they visit children in their homes. She would provide more information on the change, perhaps in the next report.

The Committee Chair expressed concern at PHO under performance with Before School Checks (page 43 of the agenda). Linda Harun advised that this was being monitored and Debbie Holdsworth noted that there is currently an RFP to re-tender that service.

The Committee Chair acknowledged Liu Pio and Megan Halberd of CYFS and said that it was good to see working relationships being demonstrated.

Mental Health and Addiction Services

Helen Wood (General Manager, Mental Health Services) highlighted aspects of the report including:

- Shorter waits in Emergency Department target – the Division is auditing breaches fairly intensively now, but still struggling to get to the 95% target. Audit of the previous three months showed that of 31 cases that failed to meet the target, 26% of those cases had needed to stay in ED. Only four breaches related to waiting for a bed. After hours delays remained an issue.
- The significant focus on overtime at present (detailed on page 52 of the agenda).
- Whereas the District Health Board generally has a pattern of significant winter demand, this year Mental Health had noticed an early spring influx. Occupancy had reached its highest level for the year and there had been a significant increase in referrals. More detail would be provided in the next HAC agenda.

- Child and Youth initiatives are on track.
- The visit by the Canadian and New Zealand Mental Health Commissioners to Cultural Teams, when some of the services to Maori had been profiled. There is an increasing outreach to maraes.
- The focus on the major business cases for Taharoto and the Mason Clinic. The latter will come to the Board in December, a month later than previously hoped for.
- The courts are extending their hours, which may require an increase in resources.
- Work related to Suicide Prevention Guidelines (detailed on page 57 of the agenda). New guidelines are expected from the Ministry of Health. There are concerns about clusters of suicides and some concerns about texting.

Matters covered in discussion and response to questions included:

- With regard to assaults, the training approach has changed over the last few years, with the emphasis on de-escalation and how to respond to someone in a highly agitated state. The suggestion made at the meeting of training in the defensive techniques of Aikido could be looked at.
- The Committee Chair advised that she had received good positive feedback about the work that is being done for Maori by Mental Health, particularly marae based.
- Helen Wood advised that her work at Auckland DHB had shown both commonalities and differences in Mental Health. The first joint clinical governance workshop had been held two weeks previously. There were many things that they could collaborate on. Susanna Galea confirmed how successful and useful the joint workshop had been.

Provider Arm Support Services

Phil Barnes and Rosalie Percival and were present for this section of the report. Items highlighted included:

- The cleaners had greatly appreciated the letter of thanks from the Committee Chair for their work during the norovirus outbreak and the Chief Executive thanking them personally.
- The backlog with clinical typing had improved a little but was still well behind timelines. Outsourcing has a higher cost but also produces higher productivity. Phil Barnes expected to report back regularly to the Committee on this issue.
- The collaboration project with Auckland DHB looking at telephony and call centres is making reasonable progress.
- The Finance collaboration project with Auckland DHB is proceeding well, with a number of workshops having taken place. COGNOS budget tools are being implemented at Auckland DHB. They were also looking at how collaboration could occur with master site and facilities planning.

The report was received.

5. CORPORATE REPORTS

5.1 Clinical Leaders' Report (agenda pages 77-79)

Andrew Brant (Chief Medical Officer), Jocelyn Peach (Director Nursing & Midwifery) and Phil Barnes (Director Allied Health) were present for this item.

Phil Barnes referred to the trial of iPad/Tablet technology for Community Dieticians later this year. He noted that it is important to think laterally about ways of making community services more efficient.

Jocelyn Peach highlighted the successful launch by Jean McQueen, Clinical Nurse Director of Primary Care, of a new wound care programme which supports general practice to manage complex wounds. She also noted the intake of thirty new graduate nurses starting the September 2012 programme.

In answer to a question, Dale Bramley commented on the work of Awhina in assisting staff making grant applications for research. He noted that of four HDC major grants announced recently, three involved Waitemata DHB staff. There was a discussion of the positive role Awhina plays in supporting research, including the database of journal publications by staff.

A request was made for a report on the Trendcare Project to the next meeting.

5.2 Human Resources (agenda pages 80-95)

Sam Bartrum (Director - Human Resources) introduced the report and highlighted:

- The Customer Service Programme for Clerks and Administrators.
- The new leadership development programme 'Mobilising Nurse Leadership'.
- Analysis of exit interviews – confirmed some areas that needed to be worked on and basically reflected what people had said in the Staff Satisfaction Survey.

The report was received.

7. INFORMATION PAPERS

7.1 Elective Services Update (agenda pages 96-98)

The report was received without any issues being raised.

The Committee Chair thanked those involved in the meeting. She spoke of how far the organisation had come in the previous three years

The meeting concluded at 1.11p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATA DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 19 SEPTEMBER 2012

_____ CHAIR

7.3 Auckland DHB and Waitemata DHB Community and Public Health Advisory Committees Meeting 10th October 2012

Recommendation:

That the minutes of the Community and Public Health Advisory Committee meeting held on 10 October 2012 be received and the following recommendations be approved:

Ref.	Item/Recommendation
3.1	**2013/14 Annual Plan Approach** **1. That the Board support a joint planning process for creation of planning and accountability documents across Auckland and Waitemata DHBs.** **2. That the Board support the proposed approach of collaboration, synchronisation and consistent presentation for developing future planning and accountability documents.** **3. That the Board note the challenges and opportunities in combining planning and accountability documents across the two board districts.** **4. That it be noted that the final form of Annual Plan and Statement of Intent documents for 2013/14 have yet to be confirmed and a recommendation will be brought back to a future meeting of CPHAC.**
5.1	**Primary Care Performance** **(a) That the performance of each PHO be reported in relation to other PHOs, with particular attention to performance in terms of Maori and Pacific health outcomes and that this information be reported to the Boards in open meeting on a regular basis.** **(b) That the Primary Care team work with the PHOs to support them in identifying general practice performance issues and request the PHOs to work with general practices to inform the Boards on individual general practice performance and achievements, particularly in relation to a range of services including CVD risk checks, diabetes, smoking cessation and cervical screening, and with particular reference to improving health outcomes for Maori and Pacific populations.**
6.	**Maori Health Project Teams** **That the Boards request their Chief Executives to consider the formation of project teams, bringing together DHB Maori Health Services staff and health providers to assist in the planning of services and to allow two way knowledge transfer.**

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community and Public Health Advisory Committees

Wednesday 10 October 2012

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 2.00p.m.

COMMITTEE MEMBERS PRESENT:

Lee Mathias (Committee Chair) (ADHB Deputy Chair)
Warren Flaunty (Deputy Committee Chair) (WDHB Board member)
Max Abbott (WDHB Deputy Chair) (present until 3.00p.m)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Judith Bassett (ADHB Board member)
Pat Booth (WDHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member)
Robyn Northey (ADHB Board member)
Christine Rankin (WDHB Board member)
Allison Roe (WDHB Board member)
Gwen Tepania-Palmer (WDHB Board member) (present from 2.20p.m.)
Tim Jelleyman (Co-opted member)
Eru Lyndon (Co-opted member)

ALSO PRESENT: Dale Bramley (WDHB, Chief Executive)
Ailsa Claire (ADHB, Chief Executive)
Denis Jury (ADHB, Chief Planning and Funding Officer)
Tim Wood (WDHB, Acting Chief Planning and Funding Officer)
Naida Glavish (ADHB and WDHB Chief Advisor, Tikanga)
Julie Helean (ADHB, Manager Planning and Service Development)
Stuart Jenkins (ADHB and WDHB, Clinical Director Primary Care)
Andrew Old (ADHB, Medical Advisor – Funding Division)
Jocelyn Peach (WDHB, Director of Nursing and Midwifery)
Janine Pratt (WDHB, Group Planning Manager)
Paul Garbett (WDHB, Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Lynda Williams, Auckland Womens Health Council
Anne Curtis, Health Link North
Tracy McIntyre, Waitakere Health Link
Deborah Dalliessi, Consumer representative
Nicole Coupe, Hapai te Hauora Tapui
Lorelle George, Waitemata PHO
Gaylene Sharman, HealthWest
Al Sullivan, White Cross
Mark Vella, Total Healthcare

APOLOGIES: Apologies were received and accepted from Lester Levy, Rob Cooper, Susan Buckland and Debbie Holdsworth**,** with an apology for early departure from Max Abbott.

WELCOME Lee Mathias welcomed those present, with a special welcome to Ailsa Claire, the new Chief Executive of Auckland DHB and Anne Curtis, the new Manager of Health Link North (the entity formed from the merger of North Shore Community Health Voice and Rodney Health Link).

KARAKIA Pat Booth read to the meeting the English translation of the karakia.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no declarations of interest with regard to the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the order listed on the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 29 August 2012 (agenda pages 1-10)

Resolution (Moved Robyn Northey/Seconded Jo Agnew)

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 29 August 2012 (including both open and public excluded minutes) be approved.

Carried

Matters Arising:

Policy re Healthy Nutrition Principles – as an action arising from the 29 August meeting, it was noted that a proposed policy is to be brought to the November CPHAC meeting.

Rheumatic Fever Prevention in Auckland and Waitemata DHBs:
Tim Wood advised that at Waitemata DHB the person leading this work had left and replacement capacity is being sought. The programme remains a high priority on the work programme. Denis Jury advised that some progress had been made with the Ministry as to what providers can be used. He also noted that this is an issue where a regional view is needed as distribution of rheumatic fever differs across the region and some high occurrence areas go over District Health Board boundaries. Consultation is also occurring with Counties Manukau DHB. The Committee Chair commented that the Minister of Health is keen to see progress with this whole of Government target. It was

noted that depending on the shape of the proposed strategy it will come back either to CPHAC or to the individual DHB Board meetings.

3 DECISION ITEMS

3.1 2013/14 Annual Plan Approach (agenda pages 11-16)

Julie Helean (Manager Planning and Service Development, Auckland DHB), Janine Pratt (Group Planning Manager, WDHB) and Wendy Bennett (Planning and Accountability Analyst) were present for this item.

Denis Jury, Janine Pratt and Julie Helean introduced the report.

There was a wide ranging discussion which included the following:

- Possible options include one joint Annual Plan for both organisations or two separate Annual Plans but sharing common sections for services already combined (such as Primary Care) or where a lot of planning had taken place already about working together (such as Child Health).
- As noted in the agenda report, any decision to have a joint Annual Plan and Statement of Intent would be dependent on advice currently being sought from legal advisers, the National Health Board, Office of the Auditor-General and Audit NZ as to how all necessary legal and policy requirements could be met.
- Concerns were expressed that one joint Annual Plan might involve losing local population context and also make it less easy for the public to comprehend. The alternate view was that in any event an Annual Plan is not particularly "digestible " for the public and DHBs needed to find other effective ways for communicating with the public.
- It was suggested that a key point of a common plan would be to focus on health needs in a co-ordinated way and perhaps paint a broad picture of those needs and the shared intent as to how they would be addressed. Where needs differed between DHBs that would still need to be made clear.
- Concerns were expressed that making the Annual Plan a good management tool for each organisation would be challenging with a joint plan. Alternate views were firstly that the Annual Plan is not a useful management tool in any event and secondly that a joint plan would focus staff on collaboration and targets that supported that.
- It was suggested that for each service the Annual Plan describe collaboration achieved or what is envisaged in terms of collaboration/combined services or if collaboration is not envisaged for a particular service, the reasons why. In discussion on this it was noted that in many areas systematic analysis to support those conclusions had not been completed yet and that in those cases it would not be possible to do more than flag that possible future collaboration/combined services may be considered later.
- With regard to collaboration initiatives, it was noted that previous Board decisions had defined in what areas collaboration initiatives could proceed under delegation and in what areas recommendations would need to be referred back to the Boards. It was agreed that Board members be provided with minutes of the ADHB/WDHB Collaboration Governance Group.
- No decision was made on whether there would be one joint Annual Plan document or not. It was noted that at the November CPHAC meeting further information should be available on advice from Government agencies on legal requirements and policy expectations and further thought would have been given to possible structure. In the meantime work could proceed on sections relating to services where a common narrative would be appropriate and services distinct to one DHB.

Resolution (Moved Jo Agnew/ Seconded Lee Mathias)

That the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees recommend to the Auckland and Waitemata DHB Boards:

1. **That the Auckland and Waitemata DHB Boards support a joint planning process for creation of planning and accountability documents across Auckland and Waitemata DHBs.**
2. **That the Boards support the proposed approach of collaboration, synchronisation and consistent presentation for developing future planning and accountability documents.**
3. **That the Boards note the challenges and opportunities in combining planning and accountability documents across the two board districts.**
4. **That it be noted that the final form of Annual Plan and Statement of Intent documents for 2013/14 have yet to be confirmed and a recommendation will be brought back to a future meeting of CPHAC.**

Carried

4. INFORMATION ITEMS

There were no information items.

5. STANDARD MONTHLY REPORTS

5.1 Primary Care Update (agenda pages 17 – 35)

Stuart Jenkins (Clinical Director Primary Care, Waitemata and Auckland DHBs) introduced this item and conveyed an apology from Andrew Coe.

Matters discussed in consideration of the report included:

- With regard to PHO performance on national health targets, the Chief Executives and Chairs have spent time with every PHO that operates in the two District Health Board areas, setting forth the Minister's and the DHBs' expectations. There had also been discussion to see how the DHBs might assist. Both Boards are determined to see that they are being taken seriously on this.
- The Committee Chair advised that the Health Promotion Agency has started a programme aimed at both individuals and at large organisations to encourage heart and diabetes checks. The programme focused on the corporate responsibility of the employer to do this for their staff, with a pilot study at Manaia PHO.
- For Waitemata DHB work is taking place with the PHOs on the transfer of some CVD risk assessments from hospitals to the PHOs. For advice to quit smoking, an offer had been made to assist with an IT solution for recording when this advice has been given. This is also being offered to Auckland DHB.
- With regard to unspent funds of PHOs who had ceased trading, the reports to the Audit and Finance Committees had not proceeded due to the updated instruction received from the Ministry of Health on Operating Policy requirements (as noted on page 35 of the agenda). Denis Jury noted that they are now required to have a complete picture of the funds, which included separating out funds from Government funding from funds acquired through commercial activities.

- It was noted that PHO performance on diabetes and heart checks is absolutely critical to improving Maori and Pacific health outcomes. It was suggested that it is important that there is visibility of where individual PHO performance sits in terms of national comparisons, in what areas they have improved or gone backward and how they are ensuring that the resources being allocated are used for targeted groups. In response the Committee was advised that movements of practices between PHOs can make comparisons challenging, however the data is there and utilising it is really about relationships and agreements between those involved. Counties Manukau DHB is working on a data management arrangement and has agreed to share that. The Committee supported the view that the comparative performance of the PHOs should be in the public domain.
- Tim Wood outlined the work that is going into the efforts being made with the PHOs towards removing the variability in results between general practices.

Resolution (Moved Lee Mathias/Seconded Jo Agnew)

That it be recommended to the Auckland and Waitemata District Health Boards:

(a) That the performance of each PHO be reported in relation to other PHOs, with particular attention to performance in terms of Maori and Pacific health outcomes and that this information be reported to the Boards in open meeting on a regular basis.

(b) That the Primary Care team work with the PHOs to support them in identifying general practice performance issues and request the PHOs to work with general practices to inform the Boards on individual general practice performance and achievements, particularly in relation to a range of services including CVD risk checks, diabetes, smoking cessation and cervical screening, and with particular reference to improving health outcomes for Maori and Pacific populations.

Carried

Stuart Jenkins outlined international and national trends with the localities approach to Primary Care. He noted a trend towards having just one PHO serving a District Health Board. With localities, a key learning has been the importance of care in establishing primary care networks and to aim at natural networks. With regard to the establishment of the New Lynn Integrated Family Health Centre, he advised that there had been some construction delays but that everything else was progressing well with the IFHC.

The Committee discussed the instability caused by practices shifting back and forth between PHOs and the adverse impacts including re-working of PHO contracts and impacts on delivery of targets. The Committee Chair noted that this is a serious issue that may well need to come back to the Boards with a policy recommendation, for example about limiting how often a practice can change its PHO membership. Denis Jury advised that work is underway on a regional approach to the issue, with an early draft paper prepared; it would be important to have a similar approach across the region.

The report was received.

5.2 Planning and Funding Update (agenda pages 36 – 41)

Matters covered in discussion and response to questions included:

- There has been an agreement that the metro Auckland DHBs will look at palliative care needs collectively. Currently a resource to carry out the project is being looked for and then timelines will be set. The project will take into account both the National Health Needs Assessment for Palliative Care (referred to on page 38 of the agenda) and work done by Auckland DHB on this issue a couple of years previously.
- Lee Mathias advised that the Health Promotion Agency Programme relating to CVD checks is a demand driven programme. The message from it is to "go to your doctor" and have a CVD risk check. The programme also involved partnerships with organisations, for example Vehicle Testing New Zealand. There is collaboration on health promotion with ACC and other services such as the Fire Service.
- Concern that nothing has been announced yet about funding a nutrition programme to replace the HEHA programme.
- The risk that MOH funding will be insufficient to cover the costs of the Long Term Conditions for Chronic Health Conditions Contracts (page 40 of the agenda) is shared across the region.

Resolution (Moved Gwen Tepania-Palmer/Seconded Robyn Northey)

That the report be received.

Carried

6. GENERAL BUSINESS

Eru Lyndon referred to an issue raised at the last Maori Health Gain Advisory Committee meeting, namely the need for a closer working relationship between those working in the DHBs' Maori Health Service and Maori health providers. It had been suggested that project teams be formed, bringing both groups together to assist in the planning of services and allow a two way knowledge transfer.

Resolution (Moved Gwen Tepania-Palmer/Seconded Robyn Northey

That it be recommended to the Auckland and Waitemata DHB Boards:

That the Boards request their Chief Executives to consider the formation of project teams, bringing together DHB Maori Health Services staff and health providers to assist in the planning of services and to allow two way knowledge transfer.

Carried

The Committee Chair noted a change in Government Housing Policy, setting up a Social Housing Unit in an attempt to drive more ownership by organisations that provide social and affordable housing.

The Committee Chair thanked those present for their participation in the meeting.

The meeting concluded at 3.45 p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 10 OCTOBER 2012

_____CHAIR

9 Resolution to Exclude the Public

Resolution:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Minutes of the Meeting of the Board with Public Excluded (19/09/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Minutes of the Special Meeting of the Board with Public Excluded (26/09/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
3. Minutes of the Hospital Advisory Committee with Public Excluded (19/09/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
4. Minutes of the Audit and Finance Committee (10/10/12)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
5. Renewal of Lease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
6. Renewal of Sub-Lease	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
7. Contract Recommendations	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
8. Regional Collaboration	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
9. Health Benefits Ltd Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
10. Project Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
11. Presentation – Refurbishment Plans	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)]
12. Project Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]