

## **2.1 Confirmation of Minutes of the Board meeting held on 31 August 2011**

**Recommendation:**

**That the Minutes of the Board meeting held on 31 August 2011 be approved.**



## **Minutes of the meeting of the Waitemata District Health Board**

**Wednesday 31 August 2011**

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,  
Takapuna, commencing at 1.27 p.m

### **BOARD MEMBERS PRESENT:**

Lester Levy (Board Chair)  
Max Abbott (Deputy Chair)  
Pat Booth  
Sandra Coney  
Rob Cooper  
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)  
Alan Wilson (Chief Operating Officer)  
Andrew Brant (Chief Medical Officer)  
Jocelyn Peach (Director of Nursing and Midwifery)  
Phil Barnes (Director of Allied Health)  
Sam Bartrum (General Manager Human Resources)  
Stephanie Muncaster (Programme Manager Chronic Care)  
Imelda Quilty-King (Community Engagement Co-ordinator)  
Kelly Feng (Team Leader, Asian Mental 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 Women's Health Council)  
Margaret Willoughby (Rodney Health Link)  
Nick Swain (ProCare PHO)

**APOLOGIES:** Barry Vryenhoek, Debbie Holdsworth (late arrival), Paul Patton (late arrival)

### **WELCOME**

The Board Chair welcomed those present. He advised that it would be necessary to consider an additional item, not included in the original agenda, in public excluded session. The item related to the Auckland Regional After Hours Network, had not been able to be included on the agenda as the proposal was not finalised at that time, and was urgent in order to meet the implementation timeframe of early September. He noted that the resolution to consider this item would be incorporated in the resolution to exclude the public later in the meeting. He also advised that the presentation by Health Workforce New Zealand had been deferred, as the Director from HWNZ who was going to give the presentation had suffered a family bereavement.

Lester Levy also advised that he would be raising a minor item of general business, regarding the need for a delegated authority not envisaged in the Board's Delegations Register, stemming from the altered PHO arrangements in the Auckland Region.

## **DISCLOSURE OF INTERESTS**

There were no notifications of additions or amendments to interests that had previously been notified by members.

As a pharmacist, Warren Flaunty declared an interest in Item 5.2 – Pharmacy Services Agreement and advised that he would not participate in the consideration of and decision on that item.

## **PART I – Items considered in public meeting**

### **1 AGENDA ORDER AND TIMING**

Items were taken in the same order as listed in the agenda, with the exception that Items 6.2 and 8.1 were taken after Item 5.1 and before Item 5.2.

### **2 BOARD MINUTES**

#### **2.1 Confirmation of Minutes of the Meeting of the Board held on 27 July 2011** (agenda pages 1-10)

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

**That the minutes of the Board meeting held on 27 July 2011 be approved.**

**Carried**

#### **Matters Arising**

With regard to the request made to the National Health Board to remove “performance watch” status from Waitemata DHB, Dale Bramley advised that he had been told that it would be considered by the Monitoring Team in the Ministry at a meeting in late August. He would follow up with them.

### **3 CHAIR'S REPORT**

Lester Levy reported on the following matters:

- He had attended a meeting of District Health Board New Zealand (DHBNZ) earlier in the week. DHBNZ was moving to its new slimmed down form and focus on employment relations and national contracts. He had been interested to see the emphasis being placed on BSMC (Better, Sooner, More Convenient Primary Health Care) and on regionalisation.
- A change to the national health target for diabetes is likely, together with a re-direction of current investment in the diabetes self-check programme. He noted that more relevant clinical indicators were needed for diabetes and that Andrew Brant, the Chief Medical Officer, is leading a regional project around diabetes.
- Comparative performance results by District Health Boards against health targets for Quarter 4 of 2010/11 are being published in the media. Overall results across the country are impressive and Waitemata and Auckland DHBs have both improved dramatically. The Board Chair did not expect a significant number of new targets, but some existing

targets may change and become more demanding, reflecting the improved levels of performance by District Health Boards. Nationally, financial performance by District Health Boards for 2010/11 had also generally been strong.

## **4 EXECUTIVE REPORTS**

### **4.1 Chief Executive's Report (agenda pages 11-14)**

The Chief Executive distributed copies of the chart comparing District Health Boards' performance against national health targets for 2010/11 Quarter 4 and summarised the results for Waitemata DHB. He commented on the strong improvement, which reflected significant commitment across the organisation.

Dale Bramley noted that all hospitals were experiencing heavy utilisation due to winter illness, which was peaking later than in most years.

The Chief Executive paid tribute to Sir Paul Reeves, who had passed away on 14 August, and whose state funeral he had attended on behalf of the organisation. Sir Paul had a very strong interest in health policy.

Other matters that Dale Bramley outlined to the Board included:

- Distribution and display of the Board's new priorities around the organisation.
- Changes to Board reports (as described in the agenda).
- The appointment of Professor Ron Paterson as Chief Advisor for Quality, a part time role commencing in October 2011. Professor Paterson is well known in New Zealand and internationally for his expertise in quality and safety, and regulation of health care. He will help lead a review into quality procedures and processes in partnership with the clinicians and report his findings to the Waitemata DHB Board by June 2012. He will report directly to the Chief Executive, with close working links to the Chief Medical Officer.
- He wished to convey thanks to Wendy Lai for organising a visit from John McCormack of the Treasury, who had been shown the issues the organisation faced, with particular emphasis on the need to replace the Taharoto building.
- The Board Chair and the Chief Executive had attended the opening of the new Whanau Ora Centre in Henderson, a major facility serving a high needs population and with very impressive clinical spaces. Lester Levy commented that he had been deeply impressed with the standard of the Centre and the insight, foresight and audaciousness of it. A new standard had been set.

In answer to a question relating to health targets for diabetes, Dale Bramley advised that "eligible adult population" is based on assumed diabetes population through modelling. The problem with focusing solely on the "get checked" programme had been that there are a significant number of people with diabetes who don't access "get checked". A key problem is that there is no national register of people with diabetes.

### **4.2 Clinical Advisors' Report (agenda pages 15-18)**

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

Matters highlighted in consideration of the report or in response to questions included:

- The innovative work of the dieticians, including the “Dietician Volunteers Initiative”, which uses volunteers as skilled assistants.
- The new Clinical Director job description – Andrew Brant advised that this placed more emphasis around the strategic role, and on the leadership role involving performance management. It had been put forward as a template for future expectations, realising that much work is needed on resourcing, developing capacity, and training to engage in that role. The Board Chair endorsed the approach being taken, noting that with clinical leadership there is a need to build capacity properly and for some degree of standardisation.
- In addition to the information included in the agenda report, Jocelyn Peach provided further comment on preparations for the Rugby World Cup, including the two “Fun Hubs” at Albany and West Trust Stadium. There was concern at the possible reaction if New Zealand loses. Sandra Coney expressed particular concern at the potential implications for family violence and at the lack of spaces for women to feel safe in at or near the party zones.

#### **4.3      Communications Report** (agenda pages 19-24)

No matters were raised concerning the report.

**Resolution** (Moved Gwen Tepania-Palmer/Seconded Max Abbott)

**That the Chief Executive’s Report, the Clinical Advisors’ Report and the Communications Report be received.**

**Carried**

### **5      DECISION PAPERS**

#### **5.1      Quarterly Performance Report to Ministry of Health – Report for Fourth Quarter 2010/11** (agenda pages 25-50)

Wendy Bennett (Planning and Accountability Analyst) and Peter Sandiford (Public Health Physician) were present for this item and responded to requests for clarification on various items. It was noted that figures for ambulatory sensitive hospital admissions (page 48 of the agenda) fluctuate a great deal over time.

The Board requested that in future these quarterly reports include commentary for Board members (not just the responses to Ministry of Health questions).

**Resolution** (Moved Max Abbott /Seconded Pat Booth)

**That the Fourth Quarter Performance Report to the Ministry of Health for 2010/11 be approved.**

**Carried**

**5.2 Pharmacy Services Agreement (PSA) (agenda pages 51-52)**

Warren Flaunty took no part in the consideration of, or decision on, this item, due to his already declared interest.

**Resolution** (Moved Wendy Lai /Seconded Gwen Tepania-Palmer)

**That the Board delegate authority to the Acting Chief Planning and Funding Officer to sign each pharmacy agreement extending the contract term for eight months.**

**Carried**

The Board noted that tight controls on the prescribing of pseudoephedrine would come into effect on 1 September 2011, following recent legislation, and acknowledged Warren Flaunty for the energy and great commitment he had shown in pursuing this issue over a long period of time.

**5.3 Clinician Appointments to the Hospital Advisory Committee (agenda pages 53- 54)**

Dale Bramley, Chief Executive Officer, summarised the report and recommendation.

In the course of discussion on this item, the Board Chair advised that Ian Martin, the Dean of the Faculty of Health Science at Auckland University, had been appointed by the University as Deputy Vice Chancellor, External Engagement. It was agreed that Lester Levy write to him on behalf of the Board, conveying the Board's congratulations on his appointment.

**Resolution** (Moved Max Booth /Seconded Gwen Tepania Palmer)

- (a) **That the Board continue with senior clinician representation on the Hospital Advisory Committee after 30 September 2011.**
- (b) **That there be three clinician appointments to that Committee.**
- (c) **That appointments be for a one year period.**
- (d) **That the process for selection be as follows:**
  - Nominations to be invited from the Senior Medical Staff Advisory Committee, the Clinical Directors Forum, the Senior Nurses Advisory Group, and the Allied Health Leaders Group (one nomination from each group).
  - That a sub-Committee comprising the Board Chair or Deputy Chair, or their nominee, and the Chair of the Hospital Advisory Committee be appointed to interview the nominees and make recommendations to the Board on appointments.
- (e) **That the above decisions and process for one year appointments apply for the next three years and be reviewed by the Board in 2014.**
- (f) **That the current interim appointments of Dr Bhavani Peddinti and Dr Andrew Love be extended for one month until 31 October 2011, to allow time for the above selection process and appointments by the Board.**

**Carried**

## **6 PERFORMANCE REPORTS**

### **6.1 Financial Performance (agenda pages 55-68)**

Rosalie Percival, Chief Financial Officer, presented this item. She noted the changed format of the report, intended to make it shorter and sharper, and that the structure of financial reporting would be discussed at the Audit and Finance Committee.

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

- The slow start to the financial year in respect of transformational savings had been experienced in the previous year. The challenge is getting the staffing mixes in the budget set up and the savings from that fully flowing through.
- In response to the Board's request, the chart showing significant outstanding accounts will be re-introduced to the report.
- The issue of the correct balance between short term debt and long term debt will be considered as part of the Commercial Maximisation Strategy being developed for consideration.
- Initial work on a Capital Facilities Plan suggested a need for \$800M over the next ten years. That would be discussed by the Executive Leadership Team and brought back to the Board, together with an affordability model. The Board Chair noted that under the new model for funding capital works, which now applies, any new capital projects over \$10M in value would require regional consensus (including Northland DHB as well as Auckland, Counties Manukau and Waitemata DHBs). Rosalie Percival will send out information on the new process to Board members.

**Resolution** (Moved Rob Cooper / 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 Statement**
- 7 Treasury**

**Carried**

### **6.2 Organisational Performance (agenda pages 69-76)**

Wendy Bennett (Planning and Accountability Analyst) and Peter Sandiford (Public Health Physician) were present for this item.

It was noted that the DNAs (Did Not Attends) trial, involving phoning Maori patients with appointment, had started or was due to start shortly, and would be reviewed after three months. Evaluation would be based on monthly DNA results over the trial period.

There was a discussion around the relationship between this report and other performance reports received by the Board, in view of the fact that many of the indicators are duplicated. The Chief Executive advised that the Executive Leadership Team had been discussing rationalising the various performance reports. Various options were mentioned and it was suggested that a key question to be considered is: what interpretative data does the Board need

to engage with? The Chief Executive advised that further thought would be given to this issue, with a proposal to come back to the September Board meeting.

**Resolution** (Moved Gwen Tepania-Palmer / Seconded Sandra Coney)

**That the report be received.**

**Carried**

**7 COMMITTEE REPORTS** (agenda pages 77-94)

**7.1 Hospital Advisory Committee Meeting held on 27 July 2011**

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

**That the Draft Minutes of the Hospital Advisory Committee held on 27 July 2011 be received, noting that in Section 5.1 “three new Registrars” has been amended to read “three new ED Specialists”.**

**Carried**

**7.2 Auckland and Waitemata DHBs’ Community and Public Health Advisory Committees Meeting held on 10 August 2011**

**Resolution** (Moved Warren Flaunty / Seconded Pat Booth)

**That the Draft Minutes of the Auckland and Waitemata DHB Community and Public Health Advisory Committees Meeting held on 10 August 2011 be received and the following recommendation be approved:**

Ref	Item/Recommendation
3.1	<p><b>Proposed Approach to the Combined Auckland DHB and Waitemata DHB Community and Public Health Advisory Committees Meetings</b></p> <ol style="list-style-type: none"><li><b>1. That the proposed approach to the management of the combined Community and Public Health Advisory Committee Meetings is supported.</b></li><li><b>2. That the function and benefits of the combined advisory committees be reviewed at the time that meetings move onto the proposed six weekly cycle.</b></li></ol>

**Carried**

## **8 INFORMATION PAPERS**

### **8.1 Fourth Quarter Report against Key Objectives from District Annual Plan (2010/11) (agenda pages 95-112)**

Wendy Bennett (Planning and Accountability Analyst) and Peter Sandiford (Public Health Physician) were present for this item. Bryan Agnew (Programme Manager, Health of Older People) and Kelly Feng (Team Leader, Asian Mental Health) also participated in consideration of the item.

In response to concerns expressed, Wendy Bennett explained that the report was an exception report, that 80% of the actions in the 2010/11 Annual Plan had been delivered, and that many of the items reported here had been a result of what had been planned being superseded by regional processes, or impacted on by changed circumstances.

The Board Chair suggested that a more useful approach to reporting these matters would be along the lines of: what was the underlying assumption that the District Annual Plan action was based on?; what had changed?; were the assumptions wrong?; and what have we learned?

Further discussion included the following points:

- If it was considered that achieving a particular project was highly conditional on variable factors, that project should not be included in the District Annual Plan.
- Consideration should be given to reframing these reports in future, as they don't provide a balanced picture including the 80% of items achieved.
- It needed to be remembered that a tighter approach had been taken to what was included in the 2011/12 Annual Plan.
- Concern at what appeared to be a large number of targets not met in Maori Health, Pacific Health and Asian Health. Need for information on what had been achieved in those areas in relation to the 2010/11 Annual Plan, in order to get a balanced picture.
- The clear expectation of the Executive Leadership Team that KPIs in the Annual Plan be reflected in KPIs for staff members to deliver on.

With regard to the objective concerning Asian Home Care provider services (page 97 of the report) different perspectives were provided at the meeting by Bryan Agnew, Programme Manager, Health of Older People and Kelly Feng, Team Leader Asian Mental Health. The Board requested that the Funder and Asian Health discuss the matter further and come back to the Board with an agreed position on this.

**Resolution** (Moved Pat Booth / Seconded Rob Cooper)

**That the Fourth Quarter Report against Key Objectives in the District Annual Plan (2010/11) be received.**

**Carried**

### **8.2 Engagement/Experience Strategy Update (agenda pages 113-118)**

Andrew Brant (Chief Medical Officer) and Imelda Quilty-King (Community Engagement Co-ordinator) were present for this item. Andrew Brant summarised the report.

Discussion of the item included the following comments/suggestions:

- Support for the need to include consumers more in health service planning and reviews.
- Need to keep in mind the capacity of groups like the Health Links to support that.

- Important that the culture of the organisation changes to support this approach, so that it is seen as something central, not marginal to the organisation.
- Consumer engagement is vital in challenging the assumptions that are made over delivery of services.
- The experience of Sandra Coney and Alfred Ngaro would be a useful resource.
- The terminology is important as the words “customer” and “consumer” have limitations and issues. One suggestion was simply “people” engagement. It was agreed the terminology needed further thought.

The Board endorsed the importance of development of this Strategy.

**Resolution** (Moved Gwen Tepania-Palmer / Seconded Rob Cooper)

**That the Board notes the community and patient engagement and experience activities update.**

**Carried**

#### **General Business – Delegation Issue**

The Board Chair had referred to the need to deal with this issue at the start of the meeting.

An issue had arisen in that the Delegations Register did not envisage the new situation regarding payments to ProCare PHO and is silent on the sign-off of Inter-District Flow payments. Auckland DHB is responsible for District Health Board payments to ProCare and then invoices Waitemata DHB for the amount owed. The current invoice of \$4M for a two month period was well outside existing delegated authority limits. The Chief Financial Officer would be preparing an amendment to delegated authorities to cover this situation, but in the interim authority was sought for the Board Chair to approve payment of the current invoice.

**Resolution** (Moved Max Abbott / Seconded Gwen Tepania-Palmer)

**That due to urgency, the Board Chair be given delegated authority to approve payment of the invoice received from Auckland DHB relating to payment to ProCare PHO for the period 1 July 2011 to 31 August 2011.**

**Carried**

**9 RESOLUTION TO EXCLUDE THE PUBLIC** (agenda pages 119-122)

**Resolution** (Moved Christine Rankin / Seconded Warren Flaunt)

- (a) **That the Item Auckland Regional After Hours Network be considered as an urgent item with the public excluded.**
- (b) **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:**

<b>General subject of items to be considered</b>	<b>Reason for passing this resolution in relation to each item</b>	<b>Ground(s) under Clause 32 for passing this resolution</b>
<b>1. Elective Surgical Centre</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Commercial Activities</b> 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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p><b>Negotiations</b> 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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
<b>2. Minutes of the Meeting of the Board with Public Excluded (27/07/11)</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Confirmation of Minutes</b> As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>
<b>3. Minutes of the Hospital Advisory Committee with Public Excluded (27/07/11)</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Minutes</b> As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>

<b>General subject of items to be considered</b>	<b>Reason for passing this resolution in relation to each item</b>	<b>Ground(s) under Clause 32 for passing this resolution</b>
<b>4. Minutes of the Audit and Finance Committee with Public Excluded (10/08/11)</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Commercial Activities</b> 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)]</p> <p><b>Negotiations</b> 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)]</p>
<b>5. Minutes of the Community and Public Health Advisory Committee with Public Excluded (10/08/11)</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Minutes</b> As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>
<b>6. Minutes of the Maori Health Gain Advisory Committee with Public Excluded (17/08/11)</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Commercial Activities</b> 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)]</p> <p><b>Negotiations</b> 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)]</p>
<b>7. Minutes of the Three Harbours Trust with Public Excluded (29/06/11)</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Commercial Activities</b> 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)]</p>

<b>General subject of items to be considered</b>	<b>Reason for passing this resolution in relation to each item</b>	<b>Ground(s) under Clause 32 for passing this resolution</b>
<b>8. Minutes of the Wilson Home Trust Committee of Management with Public Excluded (15/07/11)</b>	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)]	<b>Commercial Activities</b> 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)]
<b>9. Health Contracts</b>	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)]	<b>Commercial Activities</b> 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)]  <b>Negotiations</b> 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)]
<b>10. Business Case - Integrated Transition of Care</b>	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)]	<b>Commercial Activities</b> 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)]
<b>11. Lease</b>	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)]	<b>Commercial Activities</b> 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)]
<b>12. Tamaki Makarau Future Land Sales</b>	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)]	<b>Commercial Activities</b> 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)]

<b>General subject of items to be considered</b>	<b>Reason for passing this resolution in relation to each item</b>	<b>Ground(s) under Clause 32 for passing this resolution</b>
		<p><b>Negotiations</b>  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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
<b>13. Auckland Regional After Hours Network</b>	<p>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.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Negotiations</b>  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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p> <p><b>Commercial Activities</b>  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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p>

**Carried**

3.27 p.m. – Rob Cooper retired from the meeting.

The meeting in open session concluded at 3.27 p.m.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAIATEMATA DISTRICT HEALTH BOARD - BOARD MEETING 31 AUGUST 2011

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**CHAIR**

**Actions Arising and Carried Forward from Previous Board Meetings as at  
5 September 2011**

<b>Meeting Date</b>	<b>Agenda Ref</b>	<b>Topic</b>	<b>Person Responsible</b>	<b>Expected Report back</b>	<b>Comment</b>
Board 23/2/11	4.2	<u>Clinical and Corporate Governance</u> - report on consumer links to be prepared for the Board.	Paula Halliday and Janine Pratt	Late 2011	This will now be covered as part of a draft Experience and Engagement Strategy which will be prepared for the Board's consideration. Refer update report on 31/08/11 Board agenda.
HAC and Board 23/2/11	7.3	<u>Long Term Adult Oxygen Therapy</u> IDF Service Shift – business case to be prepared for the Board.	Peng Voon	Audit & Finance 12/10/11	
Board 27/7/11	4.1	<u>GAIHN</u> – information report to be provided to CPHAC	Andrew Coe	CPHAC 14/9/11	Actioned.
Board 27/7/11	4.1	<u>Vision</u> – suggestion of developing a new vision for the organisation to be considered and ELT's and Chair's advice on this referred back to the Board.	Dale Bramley/ Janine Pratt	Board 26/10/11	Discussed with Board Chair and ELT – supported and work will be undertaken on this.
Board 27/7/11	4.2	<u>Letters of appreciation</u> - to be sent to Linda Moss, Desmae Earl and Amanda Tucker on behalf of the Board	Jocelyn Peach		Actioned.
Board 31/8/11	5.1	<u>Quarterly Performance Report to Minister of Health</u> - in future to include commentary for Board members (not just responses to MoH questions).	Janine Pratt, Wendy Bennett		Noted.
Board 31/8/11	5.3	<u>Letter of Congratulation</u> - to be sent on behalf of the Board to Ian Martin, on his appointment as a Deputy Vice Chancellor at Auckland University	Lester Levy		
Board 31/8/11	6.1	<u>Financial Performance Reports</u> - Chart showing significant outstanding accounts to be re-introduced into the report.	Rosalie Percival		Included in report.
Board 31/8/11	6.1	<u>New process requiring regional consensus for capital projects over \$10M</u> – information to be sent to Board members.	Rosalie Percival		Have requested from NHB – awaiting reply.
Board 31/8/11	6.2	<u>Rationalising Performance Reports</u> – being reviewed by Executive Leadership team, with recommendation to come to the Board.	Dale Bramley/ Janine Pratt	Board 26/10/11	
Board 31/8/11	8.1	<u>Asian Home Care Provider Services</u> – the Funder and Asian Health to reach agreed position on this and advise the Board.	Bryan Agnew, Sue Lim	Board 26/10/11	