Minutes
Hospital Advisory Committee
2 April 2014

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 2 April 2014 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 9.30am

<table>
<thead>
<tr>
<th>Hospital Advisory Committee Members</th>
<th>ADHB Management</th>
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<tr>
<td>Judith Bassett (Chair)</td>
<td>Ailsa Claire</td>
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<tr>
<td>Jo Agnew</td>
<td>Fionnagh Dougan</td>
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<td>Peter Aitken</td>
<td>Rosalie Percival</td>
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<td>Doug Armstrong</td>
<td>Vivienne Rawlings</td>
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<td>Dr Chris Chambers</td>
<td>Sue Waters</td>
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<td>Assoc Prof Anne Kolbe</td>
<td>Dr Margaret Wilsher</td>
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<td>Dr Lee Mathias (Deputy Chair)</td>
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<td>Robyn Northey</td>
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<td>Morris Pita</td>
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<td>Gwen Tepania-Palmer</td>
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<td>Ian Ward</td>
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<th>ADHB Senior Staff</th>
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<tr>
<td>Dr Richard Aickin</td>
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<td>Tara Argent</td>
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<td>Dr Vanessa Beavis</td>
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<td>Dr Clive Bensemann</td>
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<td>Joanne Brown</td>
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<td>Andrew Davies</td>
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<td>Karin Drummond</td>
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<td>Dr Mark Edwards</td>
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<td>Dr Sue Fleming</td>
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<td>Dr Wayne Jones</td>
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<td>Jane Lees</td>
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<td>Anna McGregor</td>
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<td>Anna Schofield</td>
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<td>Marlene Skelton</td>
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<td>Dr Barry Snow</td>
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<td>Dr Richard Sullivan</td>
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<td>Kelly Teague</td>
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<td>Frank Tracey</td>
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<td>Gilbert Wong</td>
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(Other staff members who attended for a particular item are named at the start of the minute for that item)

1 ATTENDANCE AND APOLOGIES

Resolution: Moved Gwen Tepania-Palmer/Seconded Morris Pita

That the apologies received from Lester Levy, Margaret Dotchin and Debbie Holdsworth be accepted.

Carried

2 CONFLICTS OF INTEREST
Amendments to the Register of Interests

Lee Mathias advised that the reference to “Governance Advisor – AuPairLink Ltd” was to be removed.

Gwen Tepania Palmer advised that she had been appointed as a member of the Health Quality and Safety commission.

Ian Ward asked that the duplicate entry for “Director FGI Ltd (NZ) be removed.

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

3 Confirmation of Minutes 19 February 2014 (Pages 3 –16)

Resolution: Moved Jo Agnew/Seconded Ian Ward

That the minutes of the Hospital Advisory Committee meeting held on 19 February 2014 be confirmed as a true and correct record.

Carried

4 Action Points 19 February 2014 (Pages 19 –20)

It was agreed that the following action point be deleted from the list as elements of the information had already been provided to the Audit and Finance Committee.

“That a report be submitted on the split in cost between primary care versus tertiary care per head of population for medical cost minus the cost for Registered Medical Officers.”

5 PROVIDER ARM PERFORMANCE REPORT (Pages 21–54)

5.1 Scorecard (PAGES 25 – 30)

Fionnagh Dougan – Director Provider Services was in attendance to answer questions in regard to the scorecard.

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

- Confirmation that the 28 day readmission rate was extracted from the run charts.

- Advice that many of the measures which the Hospital attempted to meet were aspirational and not a statutory requirement. Results for these measures are difficult to depict as the current Business Objects programme is not set to assist with producing information in a form to support them. Ailsa Claire advised that there is nothing in this report that bears highlighting as a major risk that the Board should be aware of.

- Reporting of medication errors in this report was discussed with advice that there is reliance on individuals reporting medication errors to Risk Monitor Pro. To set an individual target would require some parameters. There is no denominator to provide an overall rate and manual intervention would still be relied upon. It was
agreed that it should be left as a line item in directorate reports.

- Comment was made that the mental health readmission rate target appeared to be going in the wrong direction. It was felt that it was the targets going from red to green that should be of concern. Ailsa Claire advised that the total numbers are so small that the figures become skewed. It was thought that annual trends would provide a better picture in these cases where an aggregate target over a longer period would be more meaningful. A rolling average over a period of time was another way to depict this.

**Action**

That a short paper come to the next Hospital Advisory Committee explaining and giving an overall picture of how medication errors are collected and treated for reporting purposes.

### 5.2 Overall Provider Performance including Health Target Updates (Pages 33 – 42)

The report was taken as read. Matters covered in discussion of the report and in response to questions included advice that:

- A focus is being placed on acute patient flow with attention being paid to reducing length of stay. A staff member had been appointed to manage this aspect across the hospital.
- The improvement in access to elective surgery was noted as was the consistency in shorter waits for cancer treatment.
- It was suggested that commentary in these reports focus on what is coming up and not so much on what has happened in the past.
- There were no plans to take the vaccination campaign out into the community the emphasis had been placed on activities and strategies within the hospital environment. Lee Mathias suggested that the matter of increased immunisation be discussed at a CPHAC meeting.

**Resolution:** Moved Peter Aitken/Seconded Lee Mathias

That the Scorecard and Overall Provider Performance including Health Target Updates be received.

**Carried**

### 5.3 Financial and Operational Performance (Pages 45 – 54)

Rosalie Percival, Chief Financial Officer, asked that her report be taken as read and highlighted key points as follows:

- The YTD result is $8.2M unfavourable to budget. Overall volumes are at 98.8% of base contract. The bottom line unfavourable result is driven by expenditure beyond budget. Some Services had overly ambitious cost saving programmes that they have
The strategies to improve the unfavourable bottom line result include:

- Ongoing tight management of all expenditure
- Close management of recruitment and all flexible staffing levels including usage of overtime, bureau, consultancy and other outsourced staff
- Management of annual leave and sick leave
- Review of high earning individuals.

Transformational change, focusing on:

- Review of models of service delivery, including system wide design and appropriate purchasing of services in the following areas: Stroke, Older People’s Health/long term conditions, Orthopaedics, Ophthalmology, Urogynaecology, Children’s Health and Mental Health
- Review of skill mix and staffing across the system to deliver different workforce models
- Right sizing of clinical services.

Reviewing costs versus funding for tertiary services to identify tertiary adjuster requirements and gap. Understanding regional and national expectations for delivery of tertiary services.

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

- Advising that most District Health Boards run some sort of deficit in the Provider Arm. The pricing model is still relevant but the problem is in how it is applied.

- The reason Auckland District Health Board did not get the tertiary adjuster movement required was because the other District Health Boards and partners made a very strong case to the Ministry that they could not absorb the extra cost. There was no consideration given at the time to where the $12m deficit would then be funded from.

- Many of the strategies for targeting cost rely on work to be undertaken in the Human Resources area, recording and debiting of annual leave correctly, efficient rosters and implementation of Trendcare and the optimisation of the nursing rosters.

- Medical cost in the senior doctors’ area is more difficult to manage. The SMO workforce is necessarily complex in nature in order to support tertiary services. There are challenges to reducing cost with problems around the base cost for these people plus the cost of work related expense such as training schemes.

- Within the junior doctor workforce there is a congested progression pathway which, through bargaining and the Health Workforce Task Force recommendations, it is hoped to be able to restrict new allocation and manage with what we currently have.

- When it comes to senior doctors, any change now would not see benefits inside of 7-10 years. The situation with junior doctors has the potential to offer an immediate saving.

- The committee wanted to see a more aggressive stance taken with the management of annual leave. They asked too, how good management was in effecting exit strategies and assisting older medical staff out of heavy duty tertiary service. It was advised that this last aspect was part of the annual performance appraisal conversation that was had with all staff.

That the Financial and Operational Report for February 2014 be received.
HEALTH SERVICES GROUP UPDATES (Pages 55 –120)

Mental Health Directorate (Pages 57 - 62)

Fionnagh Dougan, Director Provider Services, advised that in the absence of Dr Clive Bensemann, Director Mental Health, that his report be taken as read. Fionnagh announced that the appointment of Maria West to the Directorate had been confirmed.

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

- Advice that the Morningside facility was being monitored and had had internal upgrades made to it to better manage the space while other accommodation in the area was sought.

Women’s Health Directorate (Pages 63 – 70)

Dr Sue Fleming, Director Women’s Health asked that the report be taken as read. The key points highlighted were that:

- There were no concerns with patient safety and the medication errors reported related to things that did not create patient harm.

- The drop in breast feeding rate on discharge was not understood and there was a question around the quality of the data provided which was being followed up. It certainly does not reflect the status of the patient when they leave the Auckland DHB and Birthcare facilities.

- Excess Annual leave management continues to be a challenge especially with a small number of the SMOs whose leave impacts on compliance targets or service delivery. Individual leave plans have been updated to ensure where ever possible staff reduce excess leave balance within the calendar year. The proactive approach to leave over the summer holiday period helped but has not resulted in reaching the required target.

- The Mapping of Maternity Post-Natal pathways work has been impacted by the resignation of the lead. Strategies to get this project adequately resourced are being worked through.

There were no questions.

Starship and Child Health Service Group (Pages 71 – 78)

Dr Richard Aickin, Acting Director Child Health asked that the report be taken as read and highlighted the following points:
• That in the next month consultation will be undertaken to finalise the decision on the single point of accountability for the Child Health Directorate.
• Significant awareness campaigns will take place for jaundice and immunisation during March and April respectively.
• A full production plan to guide decanting during Phases 2 – 4 of the Starship Theatres Development Project will be completed by 31st March 2014, Ward 24a reopens 3 April 2014 and Phase 1 of the Theatre Development Project will be completed June 2014. The new paediatric biplane will be functional by September 2014.

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

• Advice that two of the three SMO’s on extended sick leave had returned to work. The workload had been spread among existing staff within those sub specialities with colleagues stepping up to cover. Each situation was unique and managed with collaboration from the teams.

• Phase one of the Hybrid Theatre project did not rely on having decanting space available, but the following project phases do. New decanting options are being explored now.

• Comment that in Tamaki Maungakiekie the Rheumatic Fever campaign had not had the effect one would have hoped for and that distribution of information pamphlets was not as effective as having a staff member actively talking to local groups.

Surgical Services Directorate (Pages 79 – 84)

Dr Wayne Jones, Director Surgical Services Directorate, Tara Argent, General Manager Cardiac Directorate and Anna McGregor, Nurse Director Cardiac, Surgical and Perioperative Directorates were in attendance. Wayne Jones asked that the report be taken as read and highlighted key points as follows:

• Year to date February elective discharges were slightly behind plan at 97%. This is primarily driven by a decline in the Ophthalmology discharges for Auckland District Health Board.

• In February the ESPI 2 result was non-compliant (with 0.50% of patients waiting for greater than 5 months for FSA). These were primarily Orthopaedic spine FSAs. The service is running additional spinal clinics to address this. Currently the service is short of one spine surgeon.

• The service was non-compliant for ESPI 5 with 1.3% of patients waiting greater than 5 months for surgery. This was largely due to ORL and orthopaedics where a number of lists were cancelled due to the acute load having affected elective throughput.

• In regard to patient safety there were no falls with harm or SAC 1 or 2 incidents in the month of February. There were 17 reported pressure injuries in February up from 12 the previous month with 1 category stage 3 which will be reviewed. Medication errors (11) were all minor with omission and delay in supply being the highest error
types.

- The first Surgical Board meeting had successfully been held. It highlighted the significant staff and leadership changes that have taken place within the organisation.

- A key initiative being worked on over the coming months is an evaluation of the Back Institute pilot for managing orthopaedic spinal patients and determining pathways for implementation.

- The key driver of the YTD unfavourable result is Nursing costs ($1.5M U) due to delayed implementation of service changes and over allocation of Registrars (FTE 9.5 U) and House Officers (FTE 7.0 U) which is currently under review by the RMO taskforce.

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

- Advice that the nurse over-run included new graduates. A Nursing review is in progress to develop strategies and processes to efficiently utilise all nursing resource with an overall aim of reducing bureau usage.

- There was an over delivery to Waitemata District Health Board of 108% and Waitemata have asked that the delivery be slowed which has necessitated a redistribution of patients.

**Action**

That the next Surgical Services Directorate report have an update on the evaluation of the Back Institute pilot for managing orthopaedic spinal patients.

**Perioperative Services Directorate (Pages 85 – 90)**

Dr Vanessa Beavis, Director Perioperative Services asked that the report be taken as read and as the service was a newly formed one with a scorecard produced for the first time, she provided a brief explanation of the measures that had been chosen.

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

- Advising that there was no perfect way to see why same day surgery had been rescheduled. It was measured but data collection only allowed for one reason to be recorded. Often it was because a patient did not present at the Greenlane Clinical Centre and at Grafton there was a need for more than one scheduled surgery.

- Noting that finishing times for nurses are staggered and there are different start times as well as shift lengths to cover scheduled surgery.

- A definition of “over run” was requested with it being explained that it referred to where an operation had run longer than its time slot. This area carried a lot of prediction bias and often things do not always go according to what might first be
envisaged.

Cardiovascular Directorate (Pages 91 – 96)

Fionnagh Dougan, Director Provider Services, advised that the Cardiovascular Directorate comprises Cardiothoracic Surgery, Cardiology, Vascular Surgery, CVICU, Organ Donation New Zealand, and Hearty Towers. Mark Edwards is the Director of the Directorate, Anna MacGregor is the Nurse Director and Fionnagh is the Acting General Manager. Fionnagh asked that the report be taken as read highlighting key points as follows:

- The reported figure for pressure injury point prevalence of 2.8% is incorrect. The rate of pressure injuries remains similar to previous months.
- Since Christmas the Cardiology Electrophysiology service has been achieving volumes in excess of the production plan. This has resulted in a reduction in the total size of the wait list and also the number of patients waiting over 150 days which has reduced to two.
- The Hybrid OR X-ray Equipment RFP is complete, the evaluation process has occurred with the clinical team visiting sites in Australia, theatre design has begun and is waiting for the equipment decision. Decanting options are being explored. Timeframes for the Hybrid OR are slipping due to the complexity of complying with the Government guidelines for procurement and the decision-making around the best imaging and operating table equipment to purchase. The build is expected to be complete by the end of October-early November.

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

- Advice that while members may feel that the day surgery rates are meaningless and should be reported in a different manner, currently day surgery is spread across a number of different directorates and consolidation is the only way to effectively report to provide a view of the complexity of the business.

Adult Medical Directorate (Pages 97 – 102)

Dr Barry Snow  Director Adult Medical Directorate, Kelly Teague, General Manager Acute Medical, Cancer and Blood and Brenda Clune, Nurse Director Adult Medicine and Cancer and Blood Directorates were in attendance. Barry Snow asked that the report be taken as read and summarised key points as follows:

- The adult acute flow performance for February 2014 underperformed at 94.7%. A 4% increase in activity over the last 12 months has made it increasingly difficult to maintain the target with no additional investment into the service. These types of surges in activity cannot be predicted. However, improvement plans are currently
being scoped to increase efficiency and performance against the target.

- Key challenges for the Directorate over the coming months will be in the areas of increasing capacity for colonoscopy to deliver non urgent wait time targets and delivering renal dialysis into the community. A continued close watch on bed demand and maintenance of bed closure disciplines where possible is also required.

- Total YTD Expenditure is $3,431K unfavourable (including internal allocations of $97k F), mainly due to medical staff and clinical supplies costs. The main reasons for this increase are due to blood products which are $722k unfavourable, Immuno drugs $343k unfavourable and Antidotes $106k unfavourable.

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

- Advice that the new drugs, monochrome antibodies, while very effective are also extremely expensive. There is a financial risk in this area and there is a requirement to undertake an economic analysis of these drugs for patients which Pharmac would be expected to do.

  Ann Kolbe advised that there has been a move toward “drug repositioning”. While drugs may have failed to be effective in one area they are now being trialled in other areas to treat different conditions hence the variations in pricing.

Community and Long Term Conditions Directorate (Pages 103 – 107)

Dr Barry Snow  Interim Director asked that the report be taken as read and highlighted key points as follows:

- That this is a completely new directorate, The services in the directorate are structured into 2 portfolios:

  Portfolio One
  A+ Links, Health of Older Persons, Rehab Plus, Needs Assessment and Service Coordination, Home Based Support, Residential Care, Care Navigation, Dementia, End of Life Care including Palliative Care.

  Portfolio Two
  Dermatology, Immunology, Rheumatology, Diabetes, Endocrinology, Pain, Sexual Health.

- Attention was drawn to improvements within the scorecard, in particular, Better Quality Care the ESPI-1 for FSA referrals which scored 100% and the vast improvement in overall patient experience for inpatients rising to 100% from 66.09% last month.

- Over the coming months the Directorate would be focusing on finalising the transition, establishing the management operating system, introducing the flexible bed models with OPH and Rehab + to take advantage of lower occupancy, revitalising the sexual health review, focusing on the service provision across a number of health providers and developing the plan for community clinics with district nursing.
Matters covered in discussion of the report and in response to questions included:

- Advising that services were expected to be offered in a different manner and this would be reported to the Board over the coming months.

- Commenting that the input into residential care has made a very small impact on hospital admissions.

**Cancer and Blood Directorate (Pages 107 – 112)**

Dr Richard Sullivan, Director Cancer and Blood Directorate asked that the report be taken as read, highlighting:

- The issue around the number of cancer and blood unit outlier and advising that the key drivers for this were limited bed capacity on Ward 62 and delays to discharge on Ward 64 due to lack of community support/ appropriate residential care for patients who need palliative care. The construction of the new Ward 62/ Bone Marrow Transplant Unit commenced in December 2013 and planned to open in July 2014 will increase the bed capacity of the Ward by 4.

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

- Noting the challenge around provision of end of life care and the balance between provision of hospice care and palliative care at home where possible. The degree of complexity of this type of care had yet to be addressed by the Auckland District Health Board and consideration was required to be given to whether a regional approach might be appropriate.

**Action**

A brief report be made to the 14 May meeting of the Hospital Advisory Committee on the regional palliative care network and facilities and how the national strategy and continuum of care will be facilitated.

**Clinical Support Services (Pages 113 – 120)**

Frank Tracey, General Manager, Clinical Support Services introduced the report and summarised key points. He advised that:

- There was an overall improvement in MRI performance for February - 67%. Adult MRI was 75% of target while Paediatrics was 60%. Paediatrics performance was poor due to the limited availability of General Anaesthetic sessions. More sessions are being planned to maintain pace with referrals.

- The ultrasound waitlist was impacted by a build-up of referrals from the Christmas/New Year period. Machine failure had compounded the issues and performance was down from 75% to 67%. Progress is being made in reducing wait
times as additional sessions are being added.

- There has been an overall improvement in the CT wait list with 76% of out-patients completed within six weeks, an increase from the previous reported period of 70%.
- The Level 4 Lab Shell project had been delayed three weeks due to issues with the consent process which are currently being worked through.

There were no questions.

Resolution: Moved Robyn Northey/Seconded Jo Agnew
That the Health Service updates be received.
Carried

7  QUALITY UPDATES (Pages 121 –138)

7.1 Compliments Report (Pages 125 – 128)

The report was taken as read with the Chair noting it was a mirror image of issues raised in the Complaints report. All individuals like to be treated with professionalism, respect and kindness.

Resolution: Moved Judith Bassett/Seconded Gwen Tepania-Palmer
That the Compliments report be received.
Carried

7.2 Quality Overview (Pages 131 – 138)

The report was taken as read.

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

- The committee noting the improved quality of the report and the better overview it provided.
- Comment that should follow-ups be by email that this does not always successfully capture the over 65 age group and being advised that the patient is able to elect how they will be contacted.

Resolution: Moved Judith Bassett/Seconded Gwen Tepania-Palmer
That the Quality Overview report be received.
Carried

8  REPORTS REQUESTED
8.1  **Management of Ageing and Due to Expire Inventory and Stock (Pages 143 – 148)**

Rosalie Percival – Chief Financial Officer asked that the report be taken as read highlighting the following points:

- The expiring items process has resulted in over $350,000 worth of hard savings to the Auckland District Health Board since November 2012 through proactive management of inventory that was identified as expiring within the next four months. The majority of these savings have occurred in the Theatres where items have been moved throughout different Theatre suites to ensure they are used prior to expiry.

- Due to the specialised nature of the Radiology products, these savings haven’t been as significant because often there is no other area within the Auckland District Health Board that uses the same product. An opportunity exists to rotate these products around other DHB’s which would need to be coordinated by healthAlliance.

- Staffing levels in the healthAlliance Theatre inventory team have also impacted on the level of savings that could have been achieved had the agreed process not been compromised due to high levels of absenteeism over a prolonged period of time. The current process is labour intensive, but the savings generated since its inception far outweigh the costs.

- A number of factors contribute to the current situation surrounding ageing inventory. Legacy factors such as which Pandemic stock items were needed as well as the introduction of new products without ensuring appropriate action was applied to existing inventory have resulted in approximately $1.5 million worth of ageing inventory. Unfortunately there is no ‘quick fix’ and this represents a financial risk to the ADHB.

- The next step is to transition the reporting and accountability for the expiring items process to healthAlliance and for this to form part of business as usual activity. A workshop to discuss this and other supply chain initiatives through until June 2015 will be taking place over the next month.

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

- Comment that Charge Nurses were known to, as a precaution, to keep additional product in their offices in case it was urgently required and asking what measures were in place to prevent this occurring. It was advised that since the introduction of ORACLE this practise had become more difficult to continue. There were also plans in place to institute bar code management which predetermined designated places to deliver and hold stock which would further reduce this practice.

- It was also intended to provide indications of cost of items to assist in purchase decisions by medical staff.

**Action**

That an updated report on progress made with managing ageing and due to expire inventory and stock be made to 14 May meeting of the Hospital Advisory Committee.

8.2  **Strategies for Reducing “Did Not Attends” (Pages 151 – 154)**
Fionnagh Dougan, Director of Provider Services spoke to the report advising that:

- All activity in this area had now been consolidated and was being led as a specific work stream within the Outpatient Service Redesign programme with an emphasis on work occurring to reduce Maori and Pacific Health inequalities in access to services.
- It is intended that the revised processes will deliver more consistent management of DNA’s and a reduction of 50% in Maori and Pacific DNA’s in selected sub specialties

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

- Comment that if patients were to ring to negotiate an appointment then the call needed to be directed to a specific service and individual. It was acknowledged that there was a requirement to redesign the booking and scheduling process and that staff would be correctly trained to implement any new requirements.
- Advice that the cost per annum of DNAs to the Board was not known. Morris Pita commented that consideration on how material this issue was, needed to be weighed against the effort and investment that was proposed to solve it. If the Board were to be 50% better off then, it was worth pursuing but that the overall situation with DNAs could not be ignored. While the Maori and Pacific Island DNA situation was not ideal, neither was the European DNA figure at 40%.

Resolution: Moved Judith Bassett/Seconded Gwen Tepania-Palmer

1. That the report be received
2. That the Hospital Advisory Committee note the commitment to reduce Maori and Pacific DNAs (in specific areas) by 50% by 30 June 2015

Carried

9 RESOLUTION TO EXCLUDE THE PUBLIC (Page 157)

Resolution: Moved Judith Bassett/Seconded Gwen Tepania-Palmer

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

<table>
<thead>
<tr>
<th>General subject of each item to be considered:</th>
<th>Reasons for passing this resolution in relation to each item:</th>
<th>Ground(s) under Clause 32 for the passing of this resolution</th>
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<tr>
<td>9.01 Confirmation of the Public Excluded Minutes of the Hospital Advisory Committee Meeting 19 February 2014</td>
<td>Confirmation of Minutes As per resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act 2000.</td>
<td>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000]</td>
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9.02 Risk Report

Commercial Activities
To enable the Board to carry out, without prejudice or disadvantage, commercial activities
[Official Information Act 1982 S.9 (2) (i)]

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

9.03 Complaints Report

Commercial Activities
To enable the Board to carry out, without prejudice or disadvantage, commercial activities
[Official Information Act 1982 S.9 (2) (i)]

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

Carried

The meeting closed at 12.40pm.

Next Meeting
The next ordinary scheduled meeting will be held:
9.30am, Wednesday, 14 May 2014
A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 2 April 2014.

_____________________________________________ Chair _________________________ Date