

Directory of Official Information

Listings V-Z



[New Zealand Government](#)

About

This is a living document; we endeavour to update it whenever there are changes to be made.

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Ministerial Services
Strategy, Governance & Finance

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Veterans' Affairs New Zealand

Functions and responsibilities

The work of Veterans' Affairs covers four main areas: the provision of policy advice on, and administration of, a wide range of issues relating to veterans' entitlements, care and recognition; the coordination of commemorative activities; the management of the government's relationship with veterans and their representative organisations; and the provision of ex-service plaques and headstones and maintenance of 183 service cemeteries. Key legislation are the Pensions Act 1954 and the Patriotic Canteen Funds Act 1947.

Structure

Veterans' Affairs is a unit within the New Zealand Defence Force. Veterans' Affairs is headed by a General Manager, a statutory position responsible for the administration of the Veterans' Support Act. The General Manager is also known as the Head of Veterans' Affairs.

Policy

The Office of the Head of Veterans' Affairs and the Policy Team undertake the development of policy for the administration of the Veterans' Support Act, and draft and coordinate advice to the Minister for Veterans on issues relating to veterans' support, care and recognition.

Decisions

A Decisions Team assesses claims for veterans' treatment, rehabilitation, impairment compensation, income compensation and other entitlements under the Veterans' Support Act, including for veterans' families and dependants.

Veterans' Services

Veterans' Services is responsible for the case management of individual veterans and their families and for the rehabilitation of veterans.

Case Managers act as brokers, connecting veterans and their families to support which Veterans' Affairs can provide, as well as appropriate services and supports within the veteran's community, to ensure personal independence and high quality of life.

Business Services

Business Services administers the provision of service plaques and headstones for eligible veterans and their spouses or partners. This includes managing contracts for supply with manufacturers and contracts for service with installers.

A capital works programme for the maintenance and development of service cemeteries is also managed by Veterans' Affairs.

The Business Services area administers payments, reimbursements and invoicing for veterans' entitlements; debt recovery; management of the electronic Veterans' Support System; and other administrative support.

Finance

The Finance Team provides support on budget planning and reporting.

Projects and Communications

Veterans' Affairs is responsible for the coordination, with the New Zealand Defence Force, of New Zealand's participation in the commemoration of significant military anniversaries. This involves liaison with other key government agencies and veterans' groups.

In addition to Commemorations, the Projects and Communications team provides advice and management of public communications and projects relating to veteran support.

Statutory Appointments and Committees

The Veterans' Support Act 2014 requires that a General Manager be appointed. The General Manager (also known as Head of Veterans' Affairs) is appointed by the Chief of Defence Force and is a member of the civilian staff of the New Zealand Defence Force. The Head of Veterans' Affairs is responsible for the administration of the Veterans' Support Act 2014.

The Veterans' Support Act requires the Head of Veterans' Affairs to appoint a review officer when an application is for review of a decision made by the Head of Veterans' Affairs. Where a decision to be reviewed was made by the Head of Veterans' Affairs the review must be conducted by a review officer appointed by the Chief of Defence Force.

Veterans' Service Review Panel. The Head of Veterans' Affairs may appoint a Veterans' Service Review Panel where Veterans' Affairs has declined an entitlement on the basis that the veteran does not have eligible qualifying service. The Panel comprises an employee of the New Zealand Defence Force and a representative of the Royal New Zealand Returned and Services' Association.

The Minister for Veterans appoints the:

Veterans' Entitlements Appeal Board which determines appeals of review decisions veterans and other claimants disagree with. This board consists of not more than four members of which one must be a lawyer who has at least seven years standing, and two must be medical practitioners, one of whom must be nominated by the Royal New Zealand Returned and Services' Association;

Veterans' Advisory Board which responds to Ministerial requests for advice and may initiate work on such things as policies relating to veterans' entitlements. The Board consists

of not more than seven members and one serving veteran, nominated by the Chief of Defence Force, as an ex-officio;

Veterans' Health Advisory Panel which provides the Minister with advice and guidance on matters such as the impacts of service on veterans' health; and the relationship between qualifying operational service and impairment for the purpose of assessing eligibility to entitlements. It also provides advice to the Minister on how the Medical Research Trust Fund is to be applied for grants and awards. The Panel consists of not more than ten members, three of whom are ex-officio, namely a medical practitioner appointed by Veterans' Affairs, a medical practitioner nominated by the Chief of Defence Force, and a person nominated by the Veterans' Advisory Board.

The Statutory Boards have the support of a Secretariat to the Board appointed by the Head of Veterans' Affairs.

Records

Veterans' Affairs keeps general files relating to administration and management of the services it provides.

Contact

Requests for information held by Veterans' Affairs should be made in writing to:

Head of Veterans' Affairs
Level 11, 142 Lambton Quay

PO Box 5146
WELLINGTON 6140

Phone: 0800 483 8372

Email: veterans@nzdf.mil.nz

Website: www.veteransaffairs.mil.nz

Victoria University of Wellington

Te Herenga Waka

Governing statute

Victoria University was established under the Victoria University of Wellington Act 1961 and is now also governed by the Education Act 1989.

Functions and responsibilities

The University was established for the advancement of knowledge through teaching and research. It is a University as provided for in section 162 of the Education Act 1989.

Structure

The University is governed by a Council which is chaired by the Chancellor who, assisted by the Pro-Chancellor, is also the ceremonial head of the University. The Vice-Chancellor, as Chief Executive, is responsible for managing the academic and administrative affairs of the University. The Vice-Chancellor is assisted by a Senior Leadership Team comprising the Provost; two Vice-Provosts (Research and Academic); two Deputy Vice-Chancellors (Māori and Engagement); four Pro Vice-Chancellors; the Chief Operating Officer; and the Director of Human Resources.

The Academic Board provides advice to the Council and Vice-Chancellor on academic matters, and undertakes activities delegated to it by the Council and the Vice-Chancellor. The Faculties (Commerce, Architecture and Design, Education, Humanities and Social Sciences, Law, Science, Health and Engineering) each have a Faculty Boards.

Toihuarewa, a separate pan-University faculty equivalent, is the University's ihonui or Maori academic forum, and is chaired by the Deputy Vice-Chancellor (Maori). The Faculty Boards and Toihuarewa are permanent committees of the Academic Board.

Records

The University keeps minutes and reports relating to meetings of the Council, the committees of Council, Academic Board, policies and procedures; strategic documents; and correspondence. The University maintains the academic records of students and graduate and employment related files on individual members of staff

Documents relating to decision-making processes

The Victoria University Calendar, a yearly publication that includes dates, deadlines, contact information, statutes (including course of study statutes), policies, and general University information is published each year in December. A variety of handbooks and brochures about the University and its courses are also available in hard copy and online.

Statutes and policies that govern the University can be accessed at <http://www.victoria.ac.nz/about/governance/strategy/policies>.

Publications

Key publications include:

- Annual Report: provides an overview of financial performance and highlights of the year
- Investment Plan: sets out how the University will use its funding
- Strategic Plan: sets the University's strategic goals and plans to achieve them
- Victorious: magazine for alumni and friends of Victoria University—celebrates the achievements of alumni, staff and students
- Guide to Undergraduate Study and Guide to Postgraduate Study: provide an overview of programmes offered at Victoria, key dates and other relevant information for prospective students
- Assessment Handbook: contains policies and procedures relating to the administration of academic assessment. The policies have been approved by the Academic Board and apply to all courses taught at Victoria University of Wellington.

Contact

Legal Services

Email: oiarequest@vuw.ac.nz

Victoria University of Wellington
Hunter Building
Kelburn Parade
Wellington

PO Box 600
Wellington 6140

Website: wgtn.ac.nz

New Zealand Venture Investment Fund

Functions and responsibilities

The NZVIF was established by the New Zealand government in 2002 to build a vibrant early stage investment market in New Zealand. We have \$300 million of funds under management which are invested through two vehicles:

- the \$260 million Venture Capital Fund of funds
- the \$40 million Seed Co-investment Fund

All our investments are made either through privately managed venture capital funds, or alongside experienced angel investors, who we partner with to invest into New Zealand-originated, high-growth potential companies.

We are based in Auckland and are governed by a private sector board of directors who provide oversight to our investment management team. We also play an active role in market development, alongside investors and the New Zealand Private Equity & Venture Capital Association and the Angel Association New Zealand.

Venture Capital Fund

The NZVIF Venture Capital Fund is an equity investment vehicle investing \$160 million into a series of privately-managed venture capital investment funds.

The venture capital funds we invest in are fixed duration, private equity investment vehicles, typically operating for ten years, investing in a portfolio of New Zealand-originated high growth potential companies.

NZVIF only invests in funds which have been successful in raising matching capital from private investors. The amount that NZVIF invests in a fund is dependent on the overall fund size as well as the investment stage and focus of the fund. The maximum amount that NZVIF is able to invest in any venture capital fund is NZ\$25 million.

The venture capital fund managers we invest in, not NZVIF, make decisions about which companies to invest in. Investments are likely to be focused on technology companies with potential for high growth.

Investments must be in New Zealand-originated businesses through the seed, start-up and expansion stages of their development.

Seed Co-Investment Fund

The Seed Co-investment Fund is an early stage direct investment fund aimed at early stage businesses with strong potential for high growth. It was established in late 2005 and made its first investment in 2006.

The fund provides \$40 million of matched investment alongside selected Seed Co-investment Partners on a 1:1 basis into seed or start up high growth New Zealand businesses.

Structure

NZVIF was incorporated as a Crown Owned Company (CROC) on 1 July 2002 and is governed by a private sector Board of Directors, selected for their venture capital and commercial experience. Management and Administration of the NZVIF programme is administered by a small, dedicated specialist management team.

Documents relating to decision-making processes

NZVIF Ltd communicates the nature and intent of the NZVIF Programme on its website at www.nzvif.co.nz.

Contact

Main Office
New Zealand Venture Investment Fund Limited
Unit 1B, Ascot Office Park
93-95 Ascot Avenue
Greenlane
Auckland

PO Box 74211
Greenlane
Auckland 1546

Phone: (09) 9510170 Fax: (09) 9510171

Website: www.nzvif.co.nz Email: venture@nzvif.co.nz

Contact person: Richard Dellabarca, Chief Executive Officer

Waikato District Health Board

Governing statutes

The Waikato District Health Board (Waikato DHB) was established pursuant to the New Zealand Public Health and Disability Act 2000. Waikato DHB employs the Medical Officer of Health for the Waikato health district. The Medical Officer of Health is a statutory officer.

Functions and responsibilities

Waikato DHB is a Crown agent that funds, provides and monitors health and disability services for the population of the Waikato health district. The Waikato health district covers an area stretching from Thames Coromandel in the north to Taumarunui in the south. The Board has hospitals in Hamilton, Thames, Tokoroa, Te Kuiti, and Taumarunui, as well as continuing care facilities in Te Awamutu and Morrinsville.

Structure

As a separately constituted legal entity, the Waikato DHB is overseen by its own Board. In accordance with good practice, the organisation distinguishes between governance, which is the role of the Board and its committees, and management, which is the role of the Chief Executive and his or her team.

Governance

The Board exercises governance oversight of the organisation. The Board totals 11, of whom seven are elected and four appointed by the Minister of Health. There are five standing committees reporting to the Board as follows:

- Audit and Risk management committee
- Disability Support Advisory Committee
- Community and Public Health Advisory Committee
- Health Waikato Advisory Committee
- Sustainability advisory committee

The Chief Executive is responsible to the Board for the day-to-day management of the organisation.

Management

The following areas report to the Chief Executive through an Executive Leadership Team:

- Waikato Hospital Services, Community and Clinical Support (including rural hospitals)
- Chief Medical Officer
- Quality and Patient Safety
- Finance
- Chief Data Officer
- Chief Medical Officer
- Nursing and Midwifery
- Allied Health, Scientific and Technical
- Public Affairs
- Mental Health and Addictions
- Human Resources and Organisational Development
- Maori Health
- Strategy, Funding and Public Health
- Facilities and Business

Professional advisory roles

- Chief Medical Officer
- Chief Nursing and Midwifery Officer
- Clinical Director Primary and Integrated Care
- Director Quality and Patient Safety

Records

The following categories of documents are held by Waikato DHB:

Administration

These documents cover a wide variety of administrative matters such as minutes of committees and the Board, equipment and supply management, property purchase and management and records of all the other functions carried out simply to enable the organisation to perform properly.

Electronic Records

Waikato DHB makes extensive use of electronic communication. Much information is located on its intranet and internet sites. Electronic referrals and other electronic processes will also become more prevalent as time passes.

Finance

These documents relate to the receipt, control and expenditure of funds. They include documents relating to financial audit and inspection, estimates, budgets and asset management.

Human Resources

These documents cover subjects relating to employees and personnel services.

Health Care

Included in these documents are the medical records of the individuals treated by Health Waikato.

Documents relating to decision-making processes

Waikato DHB compiles a very wide range of documents and publications. These include:

- Board and Committee agendas and minutes.
- District Strategic Plan
- Annual Plan
- Annual Report
- Annual Quality Report
- Departmental service plans
- Policies
- Clinical procedures and guidelines
- Research and academic papers
- Tender and contract documents.

Contact

All requests for official information should be addressed to:

The Chief Executive Officer
Waikato District Health Board
Waikato Hospital
Hamilton, 3200

Phone: (07) 839 4679

OIA contact@waikatodhb.health.nz

Website: www.waikatodhbnewsroom.co.nz

Wellington Institute of Technology (WelTec)

Te Whare Wānanga O Te Awakairangi

Governing statutes

The Wellington Institute of Technology is a Tertiary Education Institution within the meaning of the Education Act 1989. The Institute operates under the provisions of the Education Act 1989 and the State Sector Act 1988, but does not administer any Acts.

Functions and responsibilities

WHAKAKITENGA

Learning together. Transforming lives

Te ako ngātahi. Te whakaahua kētanga o te tangata

The purpose of the Wellington Institute of Technology is to provide tertiary education and training, and applied research solutions, products and services, with a particular emphasis on the integration of technology, and management skills and knowledge.

WelTec and Whitireia are governed by a Council as described in the Education Act 1989. The institutions also have a single Academic Board.

A Chief Executive is in place for WelTec and Whitireia.

Structure

WelTec and Whitireia have one academic and one Teaching and Learning Directorate with five Schools:

- Creative and Hospitality
- Construction and Engineering
- Health and Social Services
- Business and IT
- Auckland and International

The Chief Executive is supported by a Joint Leadership Team comprising five Directors across WelTec and Whitireia.

Māori Partnership and support reports to the Chief Executive.

Records

WelTec and Whitireia retain Records as specified in the “Retention and Disposal Schedule for Institutes of Technology and Polytechnics”

Documents relating to decision-making processes

The principal document of the Institute is the Business Policy Manual and Quality Management System (Taikura) which is common to the Wellington Institute of Technology and Whitireia Community Polytechnic. It is available by intranet to all staff. It contains all core policies and guidelines for the Institute.

Programme documents are held for each qualification offered by the Institute and are the basis of external accreditation for delivery of programmes.

Contact

Student Information Centre
Petone Campus
21 Kensington Avenue
Petone 5012

www.weltec.ac.nz

0800 935 832

info@weltec.ac.nz

Chris Gosling, Chief Executive
Wellington Institute of Technology and Whitireia Community Polytechnic
DX BOX SX22459

3 Wi Neera Drive
Porirua 5022

Ph: +64 4 802 3230

Email: Chris.Gosling@wandw.ac.nz

Wairarapa District Health Board

Te Poari Hauora a-rohe O Wairarapa

Governing statute

Wairarapa District Health Board was established under the New Zealand Public Health and Disability Act 2000.

Functions and responsibilities

The Wairarapa District Health Board (DHB) was formed upon the enactment of the New Zealand Public Health and Disability Act 2000 and is responsible for funding and providing health and disability support services in the Wairarapa District.

For the purpose of pursuing its objectives, the Wairarapa District Health Board has the following functions:

- To ensure the provision of services for its resident population and for other people as specified in its Crown funding agreement.
- To actively investigate, facilitate, sponsor, and develop co-operative and collaborative arrangements with persons in the health and disability sector or in any other sector to improve, promote, and protect the health of people, and to promote the inclusion and participation in society and independence of people with disabilities.
- To issue relevant information to the resident population, persons in the health and disability sector, and persons in any other sector working to improve, promote, and protect the health of people for the purposes of the above paragraphs.
- To establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori health improvement.
- To continue to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori.
- To provide relevant information to Māori for the purposes of the above two paragraphs.
- To regularly investigate, assess, and monitor the health status of its resident population, any factors that the District Health Board believes may adversely affect the health status of that population, and the needs of that population for services.

- To promote the reduction of adverse social and environmental effects on the health of people and communities.
- To monitor the delivery and performance of services by it and by persons engaged by it to provide or arrange for the provision of services.
- To participate, where appropriate, in the training of health professionals and other workers in the health and disability sector.
- To provide information to the Minister for the purposes of policy development, planning, and monitoring in relation to the performance of the District Health Board and to the health and disability support needs of New Zealanders.
- To provide, or arrange for the provisions of, services on behalf of the Crown or any Crown entity within the meaning of the Public Finance Act 1989.
- To collaborate with pre-schools and schools within its geographical area on the fostering of health promotion and on disease prevention programmes.
- To perform any other functions it is for the time being given, by or under any enactment, or authorised to perform by the Minister, by written notice to the board of the District Health Board after consultation with it.

Objectives

- To improve, promote and protect the health of people and communities
- To promote the integration of health services, especially primary and secondary health services.
- To promote effective care or support for those in need of personal health services or disability support services.
- To promote the inclusion and participation in society and independence of people with disabilities.
- To reduce health disparities by improving health outcomes for Māori and other population groups.
- To reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders.
- To exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services.
- To foster community participation in health improvement and in planning for the provision of services and for significant changes to the provision of services.
- To uphold the ethical and quality standards commonly expected of providers of services and of public sector organisations.

- To exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations.
- To be a good employer.

Structure

The DHB's structure is summarised below.

Role of the Board

The Board provides governance of the Wairarapa DHB and is responsible for the organisation's performance to its Annual Plan.

The Board has eleven members. Seven members are elected by the community, and four members are appointed by the Minister of Health.

The Board's key responsibilities include:

- Setting a long-term strategic direction that is consistent with the Government's objectives.
- Developing the Annual Plan and other accountability documents.
- Monitoring the performance of the organisation and appointing its Chief Executive.
- DHB governance.
- Maintaining appropriate relationships with the Minister of Health, Parliament, Māori and the public.
- Board members receive training in their governance role and participate in regular board and member assessment sessions.

Board Committees

Community and Public Health Advisory Committee

This committee provides advice and recommendations to the Wairarapa Board on the health needs of the resident populations. It also advises the Board on priorities for the use of the available health funding.

3DHB Disability Support Advisory Committee

This provides advice and recommendations to the Boards of Wairarapa, Hutt Valley and Capital and Coast on the disability support needs of the resident population. It also provides advice and recommendations to the Boards on priorities for the use of the available disability funding.

Hospital Advisory Committee

This monitors, advises and provides recommendations to the Board on the financial and operational performance of the service provision arm of the DHB.

Finance Risk and Audit Committee.

FRAC monitors the financial performance of the various arms of the DHB with a particular emphasis on the consolidated results. It also oversees and appraises the effectiveness and quality of all audits conducted, whether by internal audit or external auditors.

Shared Decision Making

The final responsibility for DHB strategy rests with the Board, while the Chief Executive is responsible for operational decisions. The Board and Chief Executive ensure that their strategic and operational decisions are fully informed through the appropriate involvement of Māori and clinicians at all levels of the decision-making process.

Involvement of Māori is assured through Te Oranga O Te Iwi Kainga, the Māori partnership body for the DHB at governance level, and involvement of clinicians occurs through the Clinical Board.

Te Oranga O Te Iwi Kainga Te Iwi Kainga represents the two local iwi, Ngati Kahungunu and Rangitāne and advises the DHB at governance level. The first formal partnership agreement with Iwi was signed in 2003, and has since been revised and updated.

Planning & Performance

The primary responsibility of Planning & Performance (P&P) is to plan and fund health and disability services for the district.

P&P assesses the health and disability needs of the communities and plans the mix, range and volume of services. P&P staff also manage agreements with providers of services, initiate specific health improvement projects with different communities and build partnerships with the community, providers and other DHBs.

P&P is also responsible for ensuring Wairarapa people have access to specialist services that are not delivered in the district, and monitoring and managing the flow of funds for these out of district services.

P&P's core activities are:

- Determining the health and disability needs of the population.
- Prioritising and operationalising national health and disability strategies in relation to local need.
- Involving the community through consultation and participation.
- Undertaking service contracting.
- Monitoring and evaluating service delivery, including audits.

Provider Arm

Wairarapa DHB's hospital and community health services are provided mainly from the Wairarapa Hospital campus. Services are also delivered from outreach clinics, including several held at Marae. The Wairarapa DHB's provider arm will continue to deliver outpatient, community, day programmes, and inpatient services as funded by the DHB through P&P and as required by other DHBs and purchasers including ACC, across the following services:

- Medical and Surgical Services
- Child Health
- Obstetrics and Women's Health
- Clinical Support services – laboratory, pharmacy, radiology and allied health services
- Mental Health Services
- AT & R services.

Working with Other Providers

In addition to the Wairarapa DHB provider arm, there are a range of other providers who provide a variety of health services and disability services for people in the district, the largest of which is the Tū Ora Compass Health which covers the whole district. Other providers are a mix of private, religious, welfare and other non-governmental organisations. The services they provide include mental health residential and support services, rest homes, primary care (GP and nursing services, community workers, pharmacists, laboratories, pharmaceuticals), maternity, public health, Well Child, and Kaupapa Māori services.

Public Health Partnerships

Public Health Services are funded directly by the Ministry of Health. Regional Public Health in Hutt Valley DHB is contracted by the Ministry to provide public health services to the Wairarapa, Hutt and Capital and Coast districts. These three DHBs have worked with the Ministry to complete a Public Health Strategic Plan for the greater Wellington region. This plan “Keeping Well” provides a framework for shared decisions with the four parties meeting regularly to review progress.

Treaty of Waitangi

The New Zealand Public Health and Disability Act requires DHBs to take active steps to reduce health disparities by improving health outcomes for Māori and to assist the Crown in fulfilling its obligations under the Treaty of Waitangi. DHBs are required to establish and maintain processes to enable Māori to participate in and contribute towards strategies for Māori Health improvement. In fulfilment of these responsibilities, Wairarapa DHB works with Te Oranga O Te Iwi Kainga and has an active Treaty of Waitangi Policy.

The application of this policy by all services provided or funded by the DHB ensures that not only Māori health gain and development is achieved but that each partner is proactive and jointly responsible for improving Māori health.

The Wairarapa DHB employs an Executive Leader of Māori Health who is a member of the executive team. This position is supported by a Māori Health Coordinator and other staff who work with the Wairarapa DHB’s provider services to ensure that services are culturally competent, that staff development programmes include Hauora Māori values and concepts, and that Tikanga Māori is respected within the organisation.

Records

Records held by Wairarapa DHB include medical records, financial records, planning documents (Strategic Plan, Statement of Intent, Annual Plan, etc), various specialist strategic plans, HR records, papers and minutes for board and sub-committees, correspondence, internal memorandum, minutes and papers of various operational committees, contracts, reports from providers, etc.

Contact

Wairarapa DHB

PO Box 96
Te Ore Road
Masterton

Telephone: (06) 946 9800

Fax: (06) 946 9801

CEO Department

Telephone: (06) 946 9858

Website: www.wairarapa.dhb.org.nz

Health Education Resources:

Population Health

PO Box 96
Masterton

Telephone: (06) 377 9111

Waitemata District Health Board

Te Wai Awhina

Governing statutes

Established by the New Zealand Public Health and Disability Act 2000 and subject to the Crown Entities Act 2004

Functions and responsibilities

Waitemata District Health Board is one of 20 DHBs established to serve the populations based around the areas for which Hospital and Health Services formerly provided services. DHBs will fund, provide or ensure the provision of services for those in need of personal health and disability services, within funding available. DHBs will work to improve health outcomes and enhance the health status of the population they serve.

Waitemata DHB services the western and northern parts of Auckland Council area. In addition, it is contracted to provide a range of services to the greater Auckland region, including school dental services, alcohol and drug services and mental health co-ordination services. It also provides psychiatric forensic services and child rehabilitation services for the Auckland region and Northland.

The DHB's functions and responsibilities are outlined in the New Zealand Public Health and Disability Act 2000 (NZPHD).

Objectives of the DHB (NZPHD section 22)

Every DHB has the following objectives:

- to improve, promote, and protect the health of people and communities
- to promote the integration of health services, especially primary and secondary health services
- to promote effective care or support for those in need of personal health services or disability support services
- to promote the inclusion and participation in society and independence of people with disabilities
- to reduce health disparities by improving health outcomes for Maori and other population groups

- to reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders
- to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services
- to foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services
- to uphold the ethical and quality standards commonly expected of providers of services and of public sector organisations
- to exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations
- to be a good employer.

Each DHB must pursue its objectives in accordance with its district strategic plan, its annual plan, its statement of intent, and any directions or requirements given to it by the Minister.

Functions of the DHB (NZPHD section 23)

For the purpose of pursuing its objectives, each DHB has the following functions:

- to ensure the provision of services for its resident population and for other people as specified in its Crown funding agreement
- to actively investigate, facilitate, sponsor, and develop co-operative and collaborative arrangements with persons in the health and disability sector or in any other sector to improve, promote, and protect the health of people, and to promote the inclusion and participation in society and independence of people with disabilities
- to issue relevant information to the resident population, persons in the health and disability sector, and persons in any other sector working to improve, promote, and protect the health of people for the purposes of paragraphs (a) and (b)
- to establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement
- to continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori
- to provide relevant information to Maori for the purposes of paragraphs (d) and (e)
- to regularly investigate, assess, and monitor the health status of its resident population, any factors that the DHB believes may adversely affect the health status of that population, and the needs of that population for services
- to promote the reduction of adverse social and environmental effects on the health of people and communities

- to monitor the delivery and performance of services by it and by persons engaged by it to provide or arrange for the provision of services
- to participate, where appropriate, in the training of health professionals and other workers in the health and disability sector
- to provide information to the Minister for the purposes of policy development, planning, and monitoring in relation to the performance of the DHB and to the health and disability support needs of New Zealanders
- to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004
- to collaborate with pre-schools and schools within its geographical area on the fostering of health promotion and on disease prevention programmes
- to perform any other functions it is for the time being given, by or under any enactment, or authorised to perform by the Minister, by written notice to the board of the DHB after consultation with it.

Core Activities of the DHB (Output Classes)

The District Health Board has the functions and objectives outlined above.

The Crown has divided the functions of the DHB into three output classes.

Funder Activities – The funding of health and disability service providers, including the DHB's own provider arm. This output was previously provided by the Health Funding Authority and is effectively the flow of funds between the Crown, the DHB and health service providers. 28

Provider Activities – The provision of health services by the DHB's own provider units.

Governance and Administration – The governance of the DHB and the administration of the funding activity.

Structure

The organisation is governed by a Board of 11 members, 7 of whom are publicly elected (as part of the triennial local authority elections) and 4 appointed by the Minister of Health. The Minister appoints the Chair and Deputy Chair from among the 11 members.

The organisational design reflects the objectives and functions of the Board.

- Funding and Planning
- Provision of health and disability services
- Corporate Management

Funding and Planning is responsible for long term strategic planning, for developing the annual plan, the Statement of Intent, for providing advice to the Board and for securing services by way of formal agreements for the health and disability needs of the DHB district.

This includes developing long term funding relationships, community consultation and engagement and developing key partnerships and relationships that will improve health of the district. Specific areas include:

- needs assessment of the population
- prioritisation of funding proposals
- long-term purchasing plan for health and disability services
- provider development
- Maori health development and services
- monitoring, audit and quality frameworks for health and disability providers
- contracting of providers (both for the services it provides itself and for those supplied by non-DHB providers)
- health and disability provider development, including workforce
- community engagement and consultation, including iwi, community groups and individuals
- Board and Statutory Committees (Hospital Advisory Committee, Community and Public Health Advisory Committee and Disability Support Advisory Committee).

Waitemata District Health Board provides a range of health and disability services throughout the DHB district and regionally in Greater Auckland and Northland. This includes hospital and non-hospital based services. Major services include:

- North Shore Hospital – A 24 hour 7 day per week hospital service including emergency, ICU, inpatient and outpatient facilities, surgical services, medical services, maternity, services for older people, diagnostic services
- Waitakere Hospital – A seven day per week hospital service including emergency, paediatric, coronary care, maternity, rehabilitation services for older people, day surgery, medical and surgical outpatients, and some diagnostic services. The Emergency service operates between 8.00am and 6.30pm
- Mental Health – A 24 hour 7 day per week service including two general inpatient (acute) psychiatric units based on the North Shore and Waitakere Hospital sites, outpatient psychiatric services, child and adolescent services, maternal mental health services. The DHB also supplies regional alcohol and drug services for the Auckland region and psychiatric forensic services for Auckland and Northland regions
- Community Health and Disability Services – including public health nurses, wellchild services, district nursing, disability assessment and coordination, services for the elderly and disabled both in the DHB's two hospitals and in the home, and school dental services for the Auckland region. Additionally, child rehabilitation services are provided for the Auckland and Northland regions.

Corporate Management supports the work of the organisation in its roles of provider, funder and planner, including:

- Responsibility for those aspects of the Governance and Funding Administration Activities not included under Funding and Planning
- Finance, HR, Information Management, Procurement, Quality and Risk Management, non-provider contracting, and other support functions
- Non-statutory Board committees
- Wilson Home Trust – the DHB is Trustee for the Wilson Home property and for the assets of the Trust.

In addition, Waitemata District Health Board is a shareholder in the following:

- Northern DHB Support Agency (NDSA) a limited liability company, jointly owned by Auckland, Counties Manukau and Waitemata District Health Board to provide operational support to the Auckland regional DHB and Northland DHB in their role as health and disability services funders in areas identified as benefiting from a regional solution.
- healthAlliance, a limited liability company, owned jointly by Counties Manukau and Waitemata DHBs for the purpose of sharing procurement, human resources and other non-clinical support services.
- Auckland Regional RMO Services Ltd (ARRMOS), a limited liability company established in April 2007 as the successor to the Northern Clinical Training Network. ARRMOS is jointly owned by Auckland, Counties Manukau and Waitemata District Health Boards. ARRMOS arranges the allocation of Resident Medical Officers (registrars and house surgeons) to the DHBs and performs a range of other functions related to RMO recruitment and training.

Records

General Categories of Documents

Health and Disability Services

This section contains records relating to Waitemata DHB funding and provision of health and disability services. It includes information on the funding of non-DHB providers and the DHB provider.

Clinical Records

Individual health records for services provided by the DHB including: adolescent health, child health, dental health, disability support services, women's health, psychiatric services, and hospital inpatient and outpatient services.

Corporate and Support Services

This section covers a wide variety of general administrative matters, including management activities, Acts and legislation, committees and board, conferences and general reports,

public relations, equipment and supply management, libraries, records and registries, mail and postal services, educational and promotional campaigns and services. The Decision Support Team collects, analyses and reports on clinical data to the organisation and the Ministry.

Information Technology

Covers information systems as the enabling technology for managing patient related information, quality and risk and other documentation and its storage and retention. The Internet is available on all computers and gives access to a variety of New Zealand and overseas clinical journals and data. An Intranet service provides policies, clinical protocols, pathways and guidelines, individual service information, corporate and general information of interest to staff.

Finance

Covers financial subjects relating to the receipt, control and expenditure of public funds. It includes financial management, audit, banking arrangements, estimates, budgets, assets management, and payment of taxes.

Human Resources

Covers subjects relating to employees and personnel services. It includes employment benefits, conditions recruitment, health welfare, industrial relations, performance assessment, salary, wages, staff training and development.

Document Management

Patient and client information is stored in hard copy in medical records units on all sites and in electronic form on various patient management and information systems. 31

Financial information is stored by the finance department, including some electronic records in the financial management systems.

Human Resources stores the confidential records of staff members. Some are stored centrally and others are stored within individual services.

In addition, each department has its own filing systems which stores the documents created or used by it.

The Board also accesses, uses and stores information held by the Ministry of Health and its agencies.

Library

The medical library is affiliated to the University of Auckland's Philson Library and covers the fields of health planning, health economics, health service management, biomedicine, public health and healthcare quality.

As well as books and serials, the library also provides specialised information through the use of CD-ROM and the Internet.

Documents relating to decision-making processes

The DHB uses numerous manuals and documents for decision making, administrative purposes and communicating its plans. Key documents include:

- New Zealand Health Strategy
- New Zealand Primary Care Strategy
- New Zealand Disability Strategy
- New Zealand Maori Health Strategy
- Waitemata District Health Board 5–10 year Strategic Plan
- Waitemata District Health Board Annual Plan
- Waitemata District Health Board Statement of Intent
- Crown Funding Agreements
- Policy and Procedures Manuals
- Specific department procedures
- Emergency Procedures (Disaster Preparedness Manual)
- Board and Committee papers
- Ministry of Health manuals and documents that support decision-making processes as they relate to the funding and provision of health services.

The Communications department distributes information to the public, manages the production of publications, and manages all media activities. The section is responsible for internal communications, including a staff newsletter.

Health statistical reports are produced by the Decision Support Team, generally for internal use and reporting to the Ministry or Crown. Some information will become available for public use over time.

The Waitemata District Health Board website can be found at www.waitematadhb.govt.nz. It contains many of the organisation's publications, press releases, board and committee agendas and papers, current vacancies, assorted corporate information and general information (mostly in PDF format). It also contains a variety of links of interest to both the medical professional and the general public.

Contact

All requests for official information should be addressed to the Chief Executive Officer at the address below. The request will be registered and forwarded to the appropriate department for reply.

Waitemata District Health Board

Chief Executive Officer Board Office

Level 1, 15 Shea Terrace

Takapuna

Private Bag 93–503

Takapuna

Tel: (09) 486 8953

Fax: (09) 486 8924

Website: www.waitematadhb.govt.nz

West Coast District Health Board

Te Poari Hauora A Rohe O Tai Poutini

Governing statute

The West Coast District Health Board was established by the New Zealand Public Health and Disability Act 2000.

Functions and responsibilities

The West Coast District Health Board is one of 21 District Health Boards established by the Government through the New Zealand Public Health and Disability Act 2000. The purpose of the District Health Board is to purchase, provide or ensure the provision of health and disability services in the West Coast region.

Utilising allocated resources, the fundamental objectives of the District Health Board are to improve, promote and protect the health of the district's population; and to promote the independence of people with disabilities within the district. Working within the parameters of the New Public Health and Disability Act, New Zealand Health Strategy, New Zealand Disability Strategy and a nationwide minimum service coverage and minimum quality standards, the District Health Board will have responsibility for making decisions on the mix, level and quality of health and disability services in the district.

The District Health Board is charged with responsibility for:

- Assessing the health and support needs for those living in their district.
- Establishing strategic and operational plans.
- Building and maintaining relationships with a range of providers.
- Funding various primary health care and disability support services.
- Providing a range of health services, including public health services, hospital services and some community services.

Records

Administration

This classification covers a wide range of general administrative activities including meetings of the Board and its committees.

Information Management

This classification covers information relating to the information technology system that supports the activities of the Board.

Finance

This classification covers information relating to the receipt, control and expenditure of public funds.

Human Resources

This classification covers information relating to the employees of the Board and it's personal services.

Patient Information

This classification covers information relating to the health and disability services provided to patients.

Documents relating to decision-making processes

The Board uses the following Manuals to assist its decision-making process:

- Quality Manual
- Board Members Resource Manual
- Financial Activities Manual
- General Nursing Manual
- Human Resource Manual
- Infection Control Manual
- Legislative Compliance Manual
- Occupational Safety and Health Manual
- Departmental Manuals (each department within the Board has its own manual specific to its activities).

Contact

Office of the Chief Executive
West Coast District Health Board
PO Box 387
GREYMOUTH

Western Institute of Technology at Taranaki (WITT)

Te Kura Matatini O Taranaki

Governing statute

The Western Institute of Technology at Taranaki is a Tertiary Education Institution within the meaning of the Education Act 1989. It operates under the provisions of the Education Act 1989 and the State Sector Act 1988, but does not administer any Acts.

Functions and responsibilities

WITT operates in accordance with the definition of a polytechnic (Education Act 1989, section 162(4)(b)(ii)), namely: "A polytechnic is characterised by a wide diversity of continuing education, including vocational training, that contributes to the maintenance, advancement, and dissemination of knowledge and expertise and promotes community learning, and by research, particularly applied and technological research, that aids development."

The primary functions of the Academic Board are to:

- Advise Council on all matters relating to programmes of study, awards and other academic processes and matters
- Exercise powers delegated to it by Council.

In accordance with sections 159W to 159Z of the Education (Tertiary Reform) Amendment Act 2002, WITT is required to develop an institutional Profile for submission to the Tertiary Education Commission.

WITT is required to meet all requirements of an ITP (Institutes of Technology and Polytechnics) as determined by the Tertiary Education Commission, New Zealand Qualifications Authority, ITP Quality and any other duly constituted regulatory bodies.

Structure

WITT is the major provider of tertiary education and training in Taranaki. WITT operates in accordance with its Strategic Plan and Investment Plan, and through its strategic direction as determined through its governance and management structures. WITT currently operates under the following organisational structure:

In addition to internal structures and personnel, WITT has also established a network of external stakeholders who provide input and advice via a variety of consultative mechanisms including Advisory Committees, representation on WITT committees, industry liaison and partner surveys.

Key Personnel:

Chief Executive

John Snook

Executive Director(s)

Nicola Conley

Academic Director

Nita Hutchinson

Records

WITT's main records relate to students enrolled – or previously enrolled at WITT, including:

- Student application and enrolment forms
- Student results
- Related documentation e.g. records of previous study, academic transcripts.

WITT also holds:

- HR (personnel) files
- Programme approval and accreditation documents
- Financial statements
- Minutes of Council, Academic Board and committee meetings.

Documents relating to decision-making processes

WITT uses the following key manuals:

- Quality Manual System
- WITT Strategic Plan
- WITT Investment Plan
- WITT Council Manual
- Academic Staff Multi-employer Collective Employment Agreement

- Allied Staff Collective Employment Agreement
- Financial Policies and Procedures
- WITT Health and Safety Procedures.

WITT also aligns its activities with the provisions of the Tertiary Education Strategy (TES) and Statement of Tertiary Education Priorities (STEP).

Contact

WITT
20 Bell Street
Private Bag 2030
New Plymouth

Tel: (06) 757 3100

Fax: (06) 757 3236

Website: www.witt.ac.nz

Email: info@witt.ac.nz

Whanganui District Health Board

Te Poari Hauora o Whanganui

Functions and responsibilities

Whanganui District Health Board was established on 1 January 2001 as the result of the New Zealand Public Health and Disability Act 2000. It is responsible for funding and providing health and disability support services in the Whanganui District.

Objectives

Objectives of the Whanganui District Health Board (New Zealand Public Health and Disability Act section 22):

Every District Health Board has the following objectives:

- To improve, promote, and protect the health of people and communities
- To promote the integration of health services, especially primary and secondary health services
- To promote effective care or support for those in need of personal health services or disability support services
- To promote the inclusion and participation in society and independence of people with disabilities
- To reduce health disparities by improving health outcomes for Maori and other population groups
- To reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders
- To exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services
- To foster community participation in health improvement and in planning for the provision of services and for significant changes to the provision of services
- To uphold the ethical and quality standards commonly expected of providers of services and of public sector organisations

- To exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations
- To be a good employer.

Functions

Functions of the Whanganui District Health Board (New Zealand Public Health and Disability Act section 23):

- To ensure the provision of services for its resident population and for other people as specified in its Crown Funding Agreement
- To actively investigate, facilitate, sponsor, and develop co-operative and collaborative arrangements with persons in the health and disability sector or in any other sector to improve, promote, and protect the health of people, and to promote the inclusion and participation in society and independence of people with disabilities
- To issue relevant information to the resident population, persons in the health and disability sector, and persons in any other sector working to improve, promote, and protect the health of people for the purposes of paragraphs (a) and (b)
- To establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement
- To continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori
- To provide relevant information to Maori for the purposes of paragraphs (d) and (e)
- To regularly investigate, assess, and monitor the health status of its resident population, any factors that the District Health Board believes may adversely affect the health status of that population, and the needs of that population for services
- To promote the reduction of adverse social and environmental effects on the health of people and communities
- To monitor the delivery and performance of services by it and by persons engaged by it to provide or arrange for the provision of services
- To participate, where appropriate, in the training of health professionals and other workers in the health and disability sector
- To provide information to the Minister for the purposes of policy development, planning, and monitoring in relation to the performance of the District Health Board and to the health and disability support needs of New Zealanders
- To provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Public Finance Act

- To collaborate with pre-schools and schools within its geographical area on the fostering of health promotion and on disease prevention programmes
- To perform any other functions it is for the time being given by or under any enactment or authorised to perform by the Minister of Health by written notice.

Delegation

Pursuant to section 26 and clause 39 of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the Board of the Wanganui District Health Board has delegated to the Chief Executive Officer any function or duty required to be performed, or any power that may be exercised under a wide range of legislation

Priorities

Whanganui District Health Board's District Annual Plan for 2018/19 sets out the following vision, long term aim and values:

Vision:

'Better Health and Independence' through integrity – fairness – looking forward – innovation.

Long term, Whanganui DHB aims to:

- Improve the life expectancy for the DHB population, with improvement in equity for Māori
- Reduce mortality rates for the DHB population, with improvement in equity for Māori
- Reduce morbidity by improving the quality of life for the DHB population, focusing on those with the highest need
- Improve equity by reducing the health status gap between Māori and non-Māori across all measures, and between Whanganui and New Zealand.

Whanganui DHB has made four specific commitments to support achievement of the vision:

- Advancing Māori health and Whānau Ora
- Investing to improve health outcomes and live within our means
- Growing the quality and safety culture
- Rising to the challenge to build resilient communities.



WHANGANUI DISTRICT HEALTH BOARD TE POARI HAUORA O WHANGANUI

Our vision: Better health and independence | He hauora pai ake, he rangatiratanga

*Kaua e rangiruatia te hāpai o te hoe, e kore to tātou waka e ū ki uta.
Do not lift the paddle out of unison or our canoe will never reach the shore.*

We foster an environment that places the patient and their family at the centre of everything we do - an environment which values:

- learning and improvement
- courage
- partnering with others
- building resilience.

We are:

- open and honest
- respectful and empathetic
- caring and considerate
- committed to fostering meaningful relationships
- family-centred.

He wāhi whakamana tangata whaiora, whakamana whānau! Ko te whai anō hoki i ngā waiaro:

- ka whai matauranga
- ka whai mana
- ka toro atu te ringa
- ka whai rangatiratanga.

Koi anei tātou:

- ka ū ki te pono
- ka aroha ki te tangata
- ka manaaki tangata
- ko te mea nui he tangata, he tangata me ōna āhuatanga katoa
- ko te whānau te pūtake.



Nothing about me without me, and my whānau/family
Ko au ko toku whānau, ko toku whānau ko au

The Whanganui District Health Board is committed to the principles of partnership, participation and protection that underpin the relationship between the Government and Māori under the Treaty of Waitangi. Our partnership has been formalised in a Memorandum of Understanding with Hauora A Iwi.

Hauora A Iwi are representatives of the Iwi (tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board district) and their organisations who represent Tangata Whenua (members of tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board district) who are committed to upholding their responsibilities to manaaki (care and support) and tiaki (protect) all people who reside within their tribal areas that are concurrent with the district of the Whanganui District Health Board.

The Iwi are Whanganui; Ngā Rauru Kītahi; Ngā Wairiki Ngāti Apa; Mōkai Pātea; Ngāti Hauiti and Ngāti Rangī.

The Whanganui District Health Board and Hauora A Iwi agree that the following aim and goals expands the purpose of the memorandum.

Aim:

Building a relationship that enables an effective partnership that takes us beyond our legislative requirements to achieve the goals.

Goals:

One: Giving effect to Whānau Ora – the right service, at the right time, in the right place, in the right way.

Two: Achieving health equity for Māori - monitoring performance through reporting.

Three: Improving capacity and enhancing capability – systems, delivery options and workforce.

The Whanganui District Health Board are guided by the principles of He Korowai Oranga, the New Zealand Māori Health Strategy with the overarching aim of Pae ora – healthy futures.

Equity in health outcomes

Further to our commitment we completed a “Pro-equity Check-Up” in December 2018 to identify actions that we can take as an organisation to create a strong foundation for the work that must happen as we work to eliminate inequity. The check-up provided us with an independent unbiased view of where we were at to inform our implementation work plan. The work plan outlines practical actions to focus efforts for the most sustained impact.

Acknowledging our population demographics improving Māori health is our primary equity challenge.

The report identified eleven findings grouped into four themes of organisational leadership and accountability for equity, Māori workforce and Māori health and workforce capability, transparency in data and decision-making and authentic partnership with Māori.

The Board will continue to maintain and further develop effective relationships with Māori health providers and work with primary health organisations and 'mainstream' health service providers to advance improvement in Māori health.

Structure

Governance

Whanganui District Health Board consists of 11 members and is the governance body responsible for the operation of Whanganui District Health Board under the New Zealand Public Health and Disability Act 2000. Seven of the members are elected as part of the triennial local body election process (last held in October 2016) and four are appointed by the Minister of Health by notice in the Gazette. The appointments are for a term of three years and the option of appointing a further member remains at the discretion of the Minister of Health.

Dependent on the number of elected members who identify as Māori, additional members may be appointed to represent a Māori voice on the Board.

The Board has all the powers necessary for the governance of the district health board and has a delegation policy, approved by the Minister of Health, to delegate decisions on management matters to the Chief Executive Officer. The composition of the Board ensures emphasis is placed on local accountability and responsibility for decision making in purchasing and funding of health and disability services. The Board members have diverse skills and experience in order to bring a wide range of thought to bear on policy issues. The Board maintains a register of interests and ensures Board members are aware of their obligations to declare any potential conflicts of interest.

Whanganui District Health Board and Hauora A Iwi meet regularly and Hauora A Iwi are involved in all strategic decision making. Two Hauora A Iwi members sit on the Combined Statutory Advisory Committee. Hauora A Iwi also advise on Executive appointments and on the Chief Executive's performance and achievements.

Committees of the Board

The Board has combined the three sub-committees into one committee - the Combined Statutory Advisory Committee. The committee is comprised of Board members and community representatives which are Statutory Committees under sections 34–36 of the New Zealand Public Health and Disability Act 2000.

In accordance with good business practice standards, a Risk and Audit Committee and an Executive Employment Remuneration Committee have also been established.

The Board also appoints, where necessary, external experts to its statutory committees to ensure that membership has the skills and experience required to undertake their roles. Each committee has its own Terms of Reference and these are reviewed regularly.

In accordance with Schedule Four of the New Zealand Public Health and Disability Act 2000, public notice of the date, time and venue of meetings of the Board and statutory committees

is provided. Details of Board and Committee meetings, including agendas, minutes, membership and attendees, are publicly available from public libraries within the Whanganui District Health Board District. Meeting agendas are also available at District Council Offices within the region.

Combined Statutory Advisory Committee has the responsibilities as follows:

- Advising on the needs of the population of the district and any factors it believes may adversely affect the health status of the population. The committee also gives advice on priorities for use of the funding provided by the crown.
- Advising on the disability support needs of the population of the district. It also provides advice to the board on priorities for use of the disability support funding provided.
- Monitoring the financial and operational performance of Whanganui Hospital and related services. The committee also assesses strategic issues relating to provision of hospital services.

Risk and Audit Committee – The role of the committee is to monitor and evaluate the effectiveness of risk management and the internal control environment. The committee considers accounting policies, reporting practices, the production of financial statements and monitors the appropriateness of management controls. It considers internal and external audit reports and reviews the adequacy of procedures and internal controls in order to monitor financial risks and major operational risks.

Executive Employment Remuneration Committee – The role of the committee is to monitor the effectiveness, integrity and legal compliance of remuneration programmes including annual review and recommendation of the Chief Executive Officer's remuneration package.

To ensure the cohesiveness of the governance function, the Chairs and Deputy Chairs of the Committees meet regularly. In general, all meetings where the Board or any of its Statutory Committees make decisions are open to the public to attend, as observers. Certain discussions may be held without public presence as outlined within the New Zealand Public Health and Disability Act. Whanganui District Health Board's Board and Statutory Committee meetings are held six-weekly. The Risk and Audit Committee meets six times a year and Executive Employment Remuneration Committee meets quarterly.

Other committees are established, as required, on an ad hoc basis.

Division of Responsibility between the Board and Management

Key to the efficient running of Whanganui District Health Board is that there is a clear division between the roles of the Board and management. The Board concentrates on setting policy, approving strategy, and monitoring progress toward meeting objectives. Management is concerned with implementing policy and strategy. The Board has clearly distinguished these roles by ensuring that the delegation of responsibility and authority to the Chief Executive Officer is concise and complete.

Whanganui District Health Board will continue to provide and maintain high quality and effective corporate governance.

Planning and Funding Division

Government policies and priorities guide the planning and funding of health and disability services for district health boards. Planning and funding is carried out in accordance with national policies, such as the Nationwide Service Framework, which sets out the criteria for access to services.

The core activities of the Planning and Funding Division are:

- determining the health and disability needs of the community
- operationalising national health and disability strategies in relation to local need
- funding health and disability services in the district
- involving the community through consultation and participation
- identifying service gaps and developing services accordingly
- undertaking service contracting and monitoring and evaluation of service delivery, including audits.

The Planning and Funding Division of Whanganui District Health Board is also responsible for arranging access to specialist services that are not delivered in the district, referred to as inter-district flows. The Planning and Funding Division is responsible for planning and/or funding the following services:

- Prevention and health promotion services
- Primary care services including primary health organisations
- Rural and Community Health Services
- Hospital and specialist services
- Mental health services
- Disability support and aged residential care services for people aged over 65
- Kaupapa Māori health services.

In funding these services, Whanganui District Health Board strives to maintain and improve the health of the resident population of the Whanganui district; within the constraints of the funding allocated.

Whanganui District Health Board receives funding from the Government for delivery of these services in accordance with the Service Coverage Schedule. A number of service areas remain the funding responsibility of the Ministry of Health, including:

- Public Health Services
- Disability Support Services for under 65s
- Some Maternity Services.

Provider Division

Whanganui District Health Board's Provider Division is responsible for the provision of public hospital, health and disability support services to the community in line with devolved contract agreements and funding.

Services are provided through a range of facilities with the core base at Whanganui Hospital:

- Two rural health centres (Rangitikei and Waimarino)
- Whanganui Hospital
- Level 4 secondary hospital providing services for acute and elective, medical, surgical, maternal, paediatric, diagnostics, pharmacy, allied health, assessment, treatment and rehabilitation, community, air ambulance access
- The Provider Division provides a Level 3/4 Emergency Department, level 1/2 Critical Care Unit, Level 2 Neo Natal Unit
- Patient Safety and Quality
- Te Hau Ranga Ora Māori Health Services
- Mental health facilities: Acute, Extended Secure Forensic Services, Intensive Rehabilitation and Extended Care, Alcohol and Other Drugs Service, and Community Team, Infant Child and Adolescent Mental Health, Community Day Service. Through a partnership with tertiary and community health providers, the public hospital and health services aim to:
 - Provide the appropriate mix and level of secondary health care at a local level
 - Access tertiary health care for local people
 - Provide a patient and whānau-centred approach to health care
 - Provide effective and efficient service provision through a continuous quality improvement framework
 - Involve its staff in key decision-making processes to ensure a personal approach and continuous quality framework is achieved.

Other Corporate Shared Functions

There are a number of other functions that are directly accountable to the Chief Executive Officer and provide a service across the District Health Board Services. These include Media and Communications and Human Resources.

Records

Categories of Documents

People and Performance: Employee personnel files and other documents relating to employees and personnel services are held by People and Performance. These documents include subjects relating to employment benefits, employment conditions, recruitment, health and welfare, industrial relations, performance assessment, salary and wages, and staff training and development.

Risk Management: includes a variety of general administrative matters relating to risk management activities, Acts and Legislation, Health and Safety activities and Customer Relations.

Information Communication and Technology: provides services relating to health information management as well as patient information. Facilitates statistical reporting and clinical data analysis and maintains user manuals for patient management and nurse rostering systems.

Administration: covers a wide variety of general administrative matters, including management activities, Committees and Board, conferences and general reports, public relations.

Finance: financial subjects relating to invoicing, receipting, control and expenditure of public funds. It also includes financial management, audit and inspection, banking arrangements, budgets, asset management, payment of taxes, and payroll.

Central Patient Administration: information held that contributes to the patient's medical record.

Documents relating to decision-making processes

Whanganui District Health Board uses the following for administrative purposes:

- New Zealand Health Strategy
- New Zealand Disability Strategy
- Operational Policy Framework
- Whanganui District Health Board Annual Plan
- Whanganui District Health Board Statement of Intent
- Manatu Whakaaetanga – Memorandum of Understanding between Whanganui District Health Board and Hauora A Iwi.
- He Korowai Oranga
- Healthy Ageing Strategy
- The UN Convention on the Rights of Persons with Disabilities
- Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018
- Primary Health Care Strategy
- Mental Health Strategy
- New Zealand Palliative Care Strategy
- Crown Funding Agreements

- Policy and Procedures Manual
- Specific department procedures
- Emergency Management Plan
- Board and Committee papers.

Health statistical and performance monitoring reports are produced by the Information Management Team for internal use and also reporting to the Ministry of Health.

Further information is available on the website: www.wdwb.org.nz.

Contact – Official Information Act (OIA) requests

Whanganui District Health Board

OIA Coordinator
Heads Road
Private Bag 3003
WANGANUI

Telephone: (06) 348 1234 and ask to be put through to the OIA coordinator.
Email: OIA@wdwb.org.nz

Whitireia Community Polytechnic (Whitireia)

Te Kura Matatini O Whitireia

Governing statute

Whitireia Community Polytechnic is a Tertiary Education Institution within the meaning of the Education Act 1989. Whitireia operates under the provisions of the Education Act 1989 and the State Sector Act 1988, but does not administer any Acts.

Functions and responsibilities

WHAKAKITENGA

Learning together. Transforming lives

Te ako ngātahi. Te whakaahua kētanga o te tangata

The purpose of Whitireia Community Polytechnic is to provide tertiary education and training, and applied research solutions, products and services, with a particular emphasis on the integration of technology, management skills and knowledge.

Whitireia and WelTec are governed by a Council as described in the Education Act 1989. The institutions also have a single Academic Board.

A Chief Executive is in place for WelTec and Whitireia.

Structure

Whitireia and WelTec have one academic and one Teaching and Learning Directorate with five Schools:

- Creative and Hospitality
- Construction and Engineering
- Health and Social Services
- Business and IT
- Auckland and International

The Chief Executive is supported by a Joint Leadership Team comprising five Directors across WelTec and Whitireia.

Māori Partnership and support reports to the Chief Executive.

Records

Whitireia and WelTec retain Records as specified in the “Retention and Disposal Schedule for Institutes of Technology and Polytechnics”

Documents relating to decision-making processes

The principal document of the Institute is the Business Policy Manual and Quality Management System (Taikura) which is common to the Wellington Institute of Technology and Whitireia Community Polytechnic. It is available by intranet to all staff. It contains all core policies and guidelines for the Institute.

Programme documents are held for each qualification offered by the Institute and are the basis of external accreditation for delivery of programmes.

Future changes

Organisational structure changes are expected to be made from time to time.

Contact

Information & Enrolment
Porirua Campus 3 Wi Neera Drive Porirua 5022
www.whitireia.ac.nz
0800 944 847
info@whitireia.ac.nz

Chris Gosling, Chief Executive
Wellington Institute of Technology and Whitireia Community Polytechnic
DX BOX SX22459
3 Wi Neera Drive Porirua 5022
PH: +64 4 802 3230
Email: Chris.Gosling@wandw.ac.nz

Winston Churchill Memorial Trust

Te Putea Whakamahara Winitana Churchill

Governing statutes

The Winston Churchill Memorial Trust Board was established under the Winston Churchill Memorial Trust Act 1965.

Functions and responsibilities

Sir Winston Churchill, when asked his views on what form a memorial to him should take, expressed the wish that it should, by some means, enable people to travel where this promoted understanding, particularly for the betterment of people generally. On his death in 1965, public and government donations were put in a perpetual trust fund, established by the Winston Churchill Memorial Trust Act 1965. This also provided for a Trust Board to administer the fund and disburse the income from the fund in grants, awards and fellowships for the benefit of the community.

Structure

The Trust Board consists of nine people, each appointed for a term of six years. The Trust receives support from a Trust Advisor and an Accountant from the Local Government and Community Branch of the Department of Internal Affairs. The Trust meets where and when required, usually once or twice annually. It has the power to appoint sub-committees whose members need not be Board members. There is a Finance and Investment Committee.

The Secretariat

The Trust Advisor is responsible for minutes, reports to Parliament, safe custody of property, all administrative duties and any other duties required by the Board or any committee of the Board.

The Accountant is responsible for keeping accounting records and producing financial statements for the Board and Parliament.

Records

The records held by the Trust Board include:

- Minutes of Trust Board and sub-committee meetings;

- Rules which relate to the conduct of Board business;
- Application Forms, which have information on eligibility and conditions of fellowship awards;
- Personal files on Churchill fellows, which relate to the conduct of the fellowship project;
- Administrative Files, which hold Secretariat correspondence to trustees, applicants, and counterpart trusts overseas (in the United Kingdom and Australia), and matters relating to property of the Trust (no staff files);
- Fellows' Reports, which are published reports by fellows about their projects;
- List of Fellows Reports, which is a published record of fellows' reports 1965–95 held by public libraries and major technical libraries; and
- Annual Reports, which are submitted annually by the Board to Parliament.
- The Trust Board makes decisions on applications. The Secretariat co-ordinates the selection process for fellowships. Application forms include information about eligibility and conditions of awards.

Contact

Trust Advisor
Winston Churchill Memorial Trust Board
PO Box 805
WELLINGTON

Phone: (04) 495 7200

Fax: (04) 495 9444

Email: trusts@dia.govt.nz

Website: www.dia.govt.nz

Ministry for Women

Te Minitatanga Mō Ngā Wāhine

Acts administered

None.

Functions and responsibilities

The Ministry for Women is the Government's principal advisor on achieving better results for women, and wider New Zealand. The Ministry is primarily a policy agency. It does not provide services directly to the public, is not an advocacy organisation, and does not have an international development role.

Its core roles are:

1. Providing policy advice on improving outcomes for women in New Zealand
2. Providing suitable women nominees for appointment to state sector boards and committees
3. Managing New Zealand's international reporting obligations in relation to the status of women

Structure

The Ministry was established in 1984 and is the smallest core New Zealand government agency, with a staff of around 33 people.

Records

The Ministry's records are organised relating to its functions:

- **Corporate Support** – administrative records of the Ministry
- **Ministerial Relationships** – records relating to the services and support to the Minister for Women
- **Nominations** – records relating to nominations to boards
- **Policy Advice** – records relating to policy advice and legislation

- **Relationship Management** – records of engagement with stakeholders
- **Strategic Management** – records relating to the strategic management of the Ministry.

Please note: Currently the Ministry for Women is reviewing its records management framework as part of implementing new knowledge management processes.

Documents relating to decision-making processes

The Ministry for Women has manuals, policies and guidelines that it uses to make decisions or recommendations, including:

- Human Resources Manual
- Performance Review and Development System Manual
- Induction Manual
- Occupational Safety and Health Manual
- OIA Manual
- Directory of Services and Equipment
- Finance Policies and Procedures Manual
- Project Management Procedures and Guidelines
- Quality Policy
- Purchasing/Procurement Guidelines
- Collection Development Policy
- Cabinet Paper Procedures
- Communication Standards.

Publications

- Pānui – quarterly newsletter
- Statement of Intent – every four years
- Annual Report – annually
- Other publications as required <http://women.govt.nz/news/documents>

Contact

Ministry for Women
PO Box 10 049
Wellington 6143

Level 9, Qual IT House
22 The Terrace
Wellington

Phone: (04) 915 7112

Fax: (04) 916 1604

Email: info@women.govt.nz

Website: www.women.govt.nz

Ministry of Youth Development

Te Manatū Whakahiato Taiohi

The Ministry of Youth Development - Te Manatū Whakahiato Taiohi - encourages and supports the use of a positive youth development approach to help support all young people, aged between 12 and 24 years old, to increase their overall wellbeing so that they are better able to succeed in, contribute to and enjoy life. It also supports the broader youth sector and promotes a better understanding of how best to support and empower young people.

The Ministry spends around \$8.253 million a year on a wide range of youth development initiatives and on supporting initiatives across the youth sector.

The Ministry is a small organisation that achieves big results by partnering and working with and through others. We work collaboratively with young people, other funders (including corporates and philanthropic organisations), providers, local government, and other government agencies.

The Ministry of Youth Development is administered by the Ministry of Social Development.

What We Do

Our aim is for all young people in New Zealand to be able to succeed in, contribute to and enjoy life.

We support this by focusing on the following areas:

- Funding programmes that use a youth development approach when working with young people and that deliver wellbeing outcomes for young people
- Supporting equitable access to positive youth development programmes to help 'level the playing field'. Seven priority areas have been identified for particular focus to help achieve this, these are;
 - Rangatahi Māori
 - Young Pacific peoples
 - Young women
 - Young people from the Rainbow community*
 - Young people with disabilities
 - Young people from ethnic communities (in particular those from a refugee and migrant background)
 - Young people living in the regions.**
- Working in partnership with the business and philanthropic sectors, iwi and other government organisations to jointly invest in delivering wellbeing outcomes for young people.
- Supporting the continual growth of youth sector capability.

- Supporting youth enterprise and entrepreneurship initiatives to help prepare young people for the future work environment.
- Ensuring that rangatahi have a voice that is heard and have opportunities for real decision-making, including at the governance table.
- Celebrating and recognising the achievements and potential of young people.

Structure

The Ministry of Youth Development sits within the Service Delivery group and is part of the Community, Partnership and Programmes unit.

It is headed by a General Manager from National Office in Wellington. It has four regional development managers who sit in Auckland, Wellington, Christchurch and Hamilton.

Contact

Ministry of Youth Development – Te Manatū Whakahiato Taiohi
Level 6, Aurora Centre
56 The Terrace
P O Box 1556
Wellington

Phone (04) 916 3300

Email: mydinfo@myd.govt.nz

Website www.myd.govt.nz

Mahi Haumaru Aotearoa

Governing statute

WorkSafe is a stand-alone Crown entity under the Crown Entities Act 2004 that started operations on 16 December 2013.

Functions and responsibilities

WorkSafe New Zealand is New Zealand's workplace health and safety regulator and the regulator for electricity and gas safety in the workplace and home. The agency was formally established on 16 December 2013, out of the functions of the Health and Safety Group of the Ministry of Business, Innovation and Employment. WorkSafe reports to the Minister for Workplace Relations & Safety.

WorkSafe's goal is to work collaboratively across the workplace health and safety system to achieve at least a 25% reduction of the workplace death and injury toll by 2020. WorkSafe is also targeting a reduction in occupational illness, including a 50% drop in asbestos-related disease by 2040.

The Health and Safety at Work Act 2015 (HSWA) replaced the previous primary legislation, the Health and Safety in Employment Act 1992 (HSE) and came into force on 4 April 2016.

The main purpose of HSWA is to provide for a balanced framework to secure the health and safety of workers and workplaces by:

- protecting workers and other persons against harm to their health, safety and welfare by eliminating or minimising risks arising from work
- providing for fair and effective workplace representation, consultation, co-operation, and resolution of issues
- encouraging unions and employer organisations to take a constructive role in promoting improvements in work health and safety practices and assisting PCBUs and workers to achieve a healthier and safer working environment
- promoting the provision of advice, information, education, and training in relation to work health and safety
- securing compliance with the Act through effective and appropriate compliance and enforcement measures

- ensuring appropriate scrutiny and review of actions taken by persons performing functions or exercising powers under the Act
- providing a framework for continuous improvement and progressively higher standards of work health and safety.

Acts administered

WorkSafe administers the following three Acts:

- Health and Safety at Work Act 2015
- Gas Act 1992
- Electricity Act 1992.

For regulations administered by WorkSafe see our website for details.

History of workplace health and safety regulators in NZ

WorkSafe regulates and enforces workplace health and safety and energy and gas safety. It is the primary workplace regulator in New Zealand – the others are the Civil Aviation Authority (for work preparing aircraft for imminent flight and aircraft in operation) and Maritime New Zealand (for ships as workplaces and work aboard ships).

WorkSafe took over the staff and functions of the Health and Safety Group of the Ministry of Business, Innovation and Employment, and before that the Department of Labour. It was established following recommendations from the Royal Commission into the Pike River Mine Tragedy, the Independent Taskforce.

Staffing

WorkSafe has approximately 560 staff located in offices across New Zealand. Approximately 250 are in Inspector roles and 310 are in National Office roles.

Inspectorate

Different kinds of Inspectors carry out different jobs, including Assessment, Response, Investigations, and Specialist (High Hazard Unit and HSNO).

Records

WorkSafe publishes Annual Reports, Statements of Intent, and Statements of Performance Expectations as well as guidance, and tools, and resources for businesses and the public.

Publications, guidance, tools, and resources are available at www.worksafe.govt.nz.

Contact

You can request official information from WorkSafe by email via oia@worksafe.govt.nz or by using our [official information request form](#)

Postal requests can also be sent to:

Ministerial Services
WorkSafe New Zealand
PO Box 165
Wellington 6140
New Zealand

When submitting a postal request for official information, please ensure you provide us with your contact details.

Further information can be found on the WorkSafe website at: <https://worksafe.govt.nz/about-us/information-requests/>

Ministry of Justice
Tāhū o te Ture

justice.govt.nz

info@justice.govt.nz

0800 COURTS
0800 268 787

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Justice Centre | 19 Aitken St
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New Zealand Government

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