AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 27 January 2021

10:00am

Note:

- **Open Meeting from 10:00am**
- **Public Excluded to follow**

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

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Published 22 January 2021

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

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

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

Well Being to All.

Agenda
Meeting of the Board
27 January 2021

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

Time: 10.00am

Board Members	**Auckland DHB Executive Leadership**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Dr Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Doug Armstrong	Mel Dooney	Chief People Officer
Michelle Atkinson	Margaret Dotchin	Chief Nursing Officer
Zoe Brownlie	Mark Edwards	Chief Quality, Safety and Risk Officer
Peter Davis	Joanne Gibbs	Director Provider Services
Tama Davis (Board Deputy Chair)	Dame Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Fiona Lai	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Bernie O'Donnell	Meg Poutasi	Chief of Strategy, Participation and Improvement
Michael Quirke	Shayne Tong	Chief Digital Officer
Ian Ward	Sue Waters	Chief Health Professions Officer
	Justine White	Chief Financial Officer
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff	
	Nigel Chee	Interim general Manager – Maori Health
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Agenda

Please note that agenda times are estimates only

	0.	**KARAKIA**
10.00am	**1.**	**ATTENDANCE AND APOLOGIES** Margaret Dotchin, Mel Dooney, Mark Edwards
10.05am	**2.**	**REGISTER OF INTEREST AND CONFLICTS OF INTEREST** Does any member have an interest they have not previously disclosed? Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
10.10am	**3.**	**CONFIRMATION OF MINUTES OF 16 DECEMBER 2020**
10.12am	**4.**	**ACTION POINTS**
10.13am	**5.**	**EXECUTIVE REPORTS**
	5.1	Chief Executives Report

10.25am	5.2	Health and Safety Report
10.40am	5.3	Human Resources Report
10.55am	**6.**	**PERFORMANCE REPORTS**
	6.1	Financial Performance Report
	7.	**COMMITTEE REPORTS - Nil**
11.15am	**8.**	**DECISION REPORTS**
	8.1	DHB Governance Programme: 'Seat at the Table' – Appointment of Board Observers
	8.2	Committee Membership - Appointment of an additional board member to the Disability Support Advisory Committee and required subsequent amendment of the Terms of Reference
	8.3	Nomination process to hA Board
11.30am	**9.**	**INFORMATION REPORTS - Nil**
11.35am	**10.**	**GENERAL BUSINESS**
11.35am	**11.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	**31 March 2021 at 10.00am** A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

2020/2021

Members	26 Feb 20	08 Apr. 20	20 May. 20	18 June 20	8 July 20	12 Aug 20	23 Sept 20	4 Nov 20	16 Dec 20
Pat Snedden (Board Chair)	1	c	1	1	1	1	1	1	1
Joanne Agnew	1	c	x	1	1	1	1	1	1
Doug Armstrong	1	c	1	1	1	1	1	1	1
Michelle Atkinson	1	c	1	1	1	1	1	1	1
Zoe Brownlie	1	c	1	1	1	1	1	1	1
Peter Davis	1	c	1	1	1	1	1	1	1
Tama Davis	1	c	1	1	x	1	1	1	1
Fiona Lai	1	c	1	1	1	1	1	1	1
Bernie O'Donnell	1	c	1	1	1	1	1	1	1
Michael Quirke	1	c	1	1	1	1	1	1	1
Ian Ward	x	c	1	x	1	1	1	1	X

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An "interest" can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legisaltion.govt.nz) and "Managing Conflicts of Interest – Guidance for Public Entities" (www.oag.govt.nz).

Register of Interests – Board

Member	Interest	Latest Disclosure
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Trustee - Recovery Solutions Trust Director – Recovery Solutions Services Limited Director – Emerge Aotearoa Limited and Subsidiaries Director – Mind and Body consultants Ltd Director – Mind and Body Learning & Development Ltd Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd Chair – Counties Manukau Audit, Risk and Finance Committee	23.11.2020
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Chargenet, Director & CEO – Partner	21.05.2020
Doug ARMSTRONG	Trustee – Woolf Fisher Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Trustee- Sir Woolf Fisher Charitable Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Member – Trans-Tasman Occupations Tribunal Daughter – *(daughter practices as a Barrister and may engage in health related work from time to time)* Meta – Moto Consulting Firm – (*friend and former colleague of the principal, Mr Richard Simpson)*	20.08.2020
Zoe BROWNLIE	Co-Director – AllHuman Board Member – Waitakere Health and Education Trust Partner – Team Leader, Community Action on Youth and Drugs	02.12.2020
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties Chair – The Helen Clark Foundation	22.12.2020
William (Tama)	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei	23.11.2020

DAVIS	Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Board Member – Freemans Bay School Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa Director - - Board of New Zealand Health Partnerships	
Fiona LAI	Member – Pharmaceutical Society NZ Casual Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association	26.08.2020
Bernie O'DONNELL	Chairman Manukau Urban Māori Authority(MUMA) Chairman UMA Broadcasting Limited Board Member National Urban Māori Authority (NUMA) Board Member Whānau Ora Commissioning Agency National Board-Urban Maori Representative – Te Matawai Board Member - Te Mātāwai. National Māori language Board Owner/Operator– Mokokoko Limited	26.11.2020
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group Director of Strategic Partnerships for Healthcare Holdings Limited	27.05.2020
Ian WARD	Director – Ward Consulting Services Limited Director – Cavell Corporation Limited Trustee of various family trusts Oceania Healthcare – wife shareholder	21.05.2020

Minutes
Meeting of the Board
16 December 2020

Minutes of the Auckland District Health Board meeting held on Wednesday, 16 December 2020 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 10:00 am

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Dr Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Doug Armstrong	Mel Dooney	Chief People Officer
Michelle Atkinson	Margaret Dotchin	Chief Nursing Officer
Zoe Brownlie	Joanne Gibbs	Director Provider Services
Peter Davis	Meg Poutasi	Chief of Strategy, Participation and Improvement
Tama Davis (Board Deputy Chair)	Sue Waters	Chief Health Professions Officer
Fiona Lai	Justine White	Chief Financial Officer
Bernie O'Donnell	Dr Margaret Wilsher	Chief Medical Officer
Michael Quirke	**Auckland DHB Senior Staff Present**	
	Sarah McMahon	Communications Manager
	Kay Sevillano	EA to Board Chair and Governance Administration
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. ATTENDANCE AND APOLOGIES

That the apology of Ian Ward be received.

That the apologies of Executive Leadership Team members, Mark Edwards , Chief Quality, Safety and Risk Officer, Dr Debbie Holdsworth, Director of Funding – Auckland and Waitematā DHBs and Shayne Tong, Chief Digital Officer be received.

2. REGISTER AND CONFLICTS OF INTEREST *(Pages 6-8)*

There were no new interests to register and no conflicts of interest with any items on the open agenda to record.

3. CONFIRMATION OF MINUTES 4 NOVEMBER 2020 (*Pages 9-32)*

The Board Chair, Pat Snedden advised that the Board had had a discussion in relation to minutes, the approach to be taken, the length and the degree to which people are to be quoted in minutes. It was agreed that, particularly where there was a matter of some importance that a member wished to have specifically recorded, that will be indicated by the member at the time and will be noted in the minutes. It was noted too that judgement

at times had to be applied by the CEO and the Board Chair as to how minutes were ultimately positioned whilst also being a true and accurate reflection of the meeting.

In terms of item 9.3 the Board gave the Board Chair authority to reframe that minute to ensure that members comment is clearly articulated.

Resolution: Moved Fiona Lai / Seconded Michelle Atkinson

That the amended minutes of the Board meeting held on 4 November 2020 be confirmed as a true and accurate record.

Carried

4. PASIFIKA FUTURES (PMA) MOA SIGNING AND BOARD TO BOARD ENGAGEMENT

Members of the Pasifika Medical Association Group attended the Board meeting.

Dr Kiki Maoate (Chair), Soana Pamaka (Board member), Dr Siniva Sinclair (Board member) Dr Francis Agnew, Debbie Sorensen (CEO), Wilmason Jensen (DCEO), Ralph Elika (Director, Communications) and Sara Jane Elika (Director, Communications) were in attendance to make a presentation to the Auckland DHB highlighting the work that their organisation was involved in. [Attachment 4.1]

At the conclusion of the presentation the two Chairs, Mr Pat Snedden, Auckland District Health Board and Dr Kiki Maoate, Pasifika Medical Association Group signed a Memorandum of Agreement to support a strategic, collaborative and respectful relationship. It sets out the vision and principles that underpin the relationship and clarifies the scope and effect of the agreement. [Attachment 4.2]

5. ACTION POINTS *(Page 33)*

Maternity Services Update

Jo Gibbs advised that reports would continue to be made to the hospital Advisory Committee on the maternal death reports as agreed at HAC. The engagement plan has been through its first iteration and received feedback which will be worked on over the summer break.

6. EXECUTIVE REPORTS

6.1 CHIEF EXECUTIVE'S REPORT (*Pages 34-44)*

The Chief Executive, Ailsa Claire asked that the report be taken as read and welcomed questions.

The Board Chair, Pat Snedden advised the issue of alternative use of resources allocated to the build of Ward 51 had been raised with the Minister and the requirement for some urgency. He had subsequently spoken to Ministry personnel and expected an update later in the day.

Resolution:

That the Chief Executives report for 13 October 2020 – 23 November 2020 be received.

Carried

7. PERFORMANCE REPORTS

7.1 Financial Performance Report (*Pages 45-51)*

Chief Financial Officer, Justine White asked that the report be taken as read and focused on the November and year-to-date result.

The November result is essentially a favourable position of $2.4M for the month when COVID cost is excluded. It should be noted that there was a $2.5M donation from the Ministry which was recognised during November and if this was backed out as well the Board is sitting at $42K unfavourable for the month. The Board remains largely on track to deliver to the $45M unfavourable budget.

There are positive signs in terms of FTE management and demonstrated action in people taking leave.

Planned Care and IDF are still in an adverse position. In October it was forecast the position would be $14M unfavourable and by the end of November that was $17M unfavourable. While Planned Care is showing signs of improvement post COVID lock downs in terms of IDF work there is still a sustained level of reduction being seen.

There were no questions.

Resolution:

That the Board Receives this Financial Report for the four months ending 31 October 2020

Carried

7.2 Planning and Funding Outcomes Update (*Pages 52-68)*

Dr Karen Bartholomew, Director Health Outcomes asked that the report be taken as read, highlighting as follows:

Auckland DHB Launch of Bowel Screening Programme

This programme went live in early December. This came about as a culmination of a number of people's effort. Karen Bartholomew acknowledged Dr Debbie Holdsworth for her leadership around the programme and Jo Gibbs for acknowledging the importance of getting the symptomatic waiting list down as that is integral to the success of the programme.

Immunisation Data

Attention was drawn to page 56 of the agenda with the importance of the COVID and differential impacts for Maori and Pacific babies being highlighted. In relation to immunisation, although Pacific babies experienced a second wave lockdown, their figures show a good recovery. However, for tamariki Māori there appears to be a wave one lockdown effect that appears to have persisted and immunisation figures have not recovered. It is believed that there needs to be some national leadership on vaccine hesitancy for Māori.

The Board Chair, Pat Snedden asked Tama Davis if there had been evidence of vaccine hesitancy within Ngati Whatua and was advised not in terms of Ngati Whatua o Orakei who had worked very well during the COVID response putting in place home visits which had actually increased immunisation rates.

Dr Karen Bartholomew advised that it was exciting to have the vaccine hesitancy data available, as it had been requested for some time and a view can now be had across DHBs. The Auckland DHB vaccine hesitancy for Māori is recorded as a decline rate of 5.3% as opposed to 1.9% for European and across the DHBs in places it is up to 17%. There is certainly local variation.

Dr Karen Bartholomew commented that under Uri Ririki (Child Health Connection Centre) it was pleasing to see the real tangible results being delivered by that service. 84 babies identified as missing from NIR were then subsequently vaccinated through outreach and there were a further 22 babies identified through the MSD partnership.

The Board Chair commented that this was an important outcome as these results had come about following the DHBs taking back the NIR.

December Te Kotui Hauora Meeting

Dr Karen Bartholomew advised that the breast screening programme had been closed off and was pleased to report that 730 Māori women who were not on the breast screening register have been enrolled. This was far in excess of the 500 that was hoped for. It has demonstrated that data matching can be extremely successful.

The PHO provider Māori woman data match had also identified more than 1000 Māori woman who are not enrolled with a PHO and this will form the next phase of work with Māori providers.

The Kapa Haka project has also got off to a good start.

Māori Pipeline

Māori pipeline work is expanding to include Northland DHB in terms of AAA screening with discussions to be had with them over what specific co-benefits they wish to achieve for their population. There has been some additional cancer causing infections added to the pipelines specific work around HepC as outlined on page 63 of the agenda.

The following points were covered in discussion:

Jo Agnew drew attention to item 5.4 on page 58 of the agenda and asked what the effect COVID had on long term antibiotic therapies as Jo was of the understanding that most of

these were administered by Primary Care. Dr Karen Bartholomew advised that she was not aware of any adverse effects but would ask the question of the team and provide an answer to the Board.

Fiona Lai commented that there were many exciting projects highlighted in the report. Fiona drew attention to the cervical screening programme and the fact that Māori, Pacific and Asian women have suffered a reduction in coverage and asked why this had been occurring over the last three years and what communication plan had been put in place for raising awareness within the Asian population. Dr Karen Bartholomew advised that this had been a long standing problem since cervical screening had stopped being part of the Primary Care Performance Programme. That programme had a cervical screening target attached to it which saw a good increase in coverage when in force. COVID has exacerbated the situation but the problem existed prior to that. There is a regional network for cervical screening because women move across DHB boundaries and see a range of providers. That programme has been focused on using the national cervical screening data match which is matching Primary Care to register data to identify the women who are due for screening and then working with general practise on quality improvement.

In Primary Care there are multiple priorities and this poses a challenge. This is particularly so with the imminent introduction of the new primary HPV screening and the expectation from the sector that there will now be a five year interval between screens which has lessened the focus on cervical screening.

Self-Testing will be critical in improving coverage when the HPV programme starts. The programme of research in this space is continuing so that when self-testing is introduced a programme can be tailored to reduce any inequities for all populations.

There is a gap in access for Asian women but not an outcome inequity. The Asian population has a lower cervical cancer rate than European. Access needs to be improved and encouraged but at the moment those areas of outcome inequity are being focused on.

Fiona Lai commented that she still believed that a raise in coverage was required to prevent issues in the future. Fiona wanted to see specific languages employed to reach all areas of the Asian population. Fiona further commented that a hub model incorporating pregnancy, breast feeding and cervical cancer being dealt with holistically would be ideal and asked if planning for such a thing had been considered. Dr Karen Bartholomew advised that it hadn't been specifically in terms of the Hub space but that Primary Health Care Home utilised that concept. In terms of pregnancy, self-testing provides an advantage as it enables pregnancy, cervical screening and STI to be dealt with at the same time and be a routine part of early pregnancy care increasing reach.

Doug Armstrong commented that vaccination hesitancy would also be a big issue when it came to a COVID vaccination programme. He felt that there had not been enough information from the government on this or what the role of the DHB would be. The Board Chair, Pat Snedden commented that the DHB was waiting for the Ministry of Health to provide a clear signal around what role it wished the DHB to take. He noted that there was a big improvement seen in the Flu vaccination programme during COVID and there would

be lessons learned from that which could be applied when it came time for COVID vaccination. It is clear that the engagement with the Māori and Pacific communities during COVID made a big impact on the ability to get advice to people of the possibilities available to keep themselves healthy. Strategies mirroring this should be used when devising the COVID vaccination programme.

Jo Agnew commented that in terms of item 6.3 – Suicide Prevention it was a positive outcome to learn that a Suicide Prevention Officer was to be employed.

Michelle Atkinson asked how the relationship with Primary Care in terms of their role in getting women enrolled for both cervical and breast screening engagement was progressing. Dr Karen Bartholomew advised that this role also incorporated bowel screening uptake. In terms of cervical screening there had been a number of on-going conversations with Primary Care and Primary Care Leadership particularly in terms of concerns about coverage and what could be done to improve that. There is good galvanisation post COVID in relation to deferred screens with Labs reporting a high level of screening activity occurring.

Michelle Atkinson asked about the overall engagement of Primary Care in strategy around improving screening when it came to equity issues and was advised that this is always the angle taken in any conversation with them putting front and centre the equity gap with overall coverage as a secondary issue.

Michael Quirke asked about planned care services and what the impact planned annual leave would have on remediating the unfavourable situation with Ailsa Claire advising that a careful balance was being applied with people being encouraged to take leave over the Christmas period when activity was naturally a little less.

Fiona Lai drew attention to item 9.2 and the development of multi lingual pod cast videos on the NZ Health and Disability system to raise awareness within the Asian and migrant communities commenting that while this was an excellent initiative more should be done as people were not aware of the existence of the system/site. It will become a bank of resources that is of benefit to very few if not more widely promoted. Dr Karen Bartholomew advised that an update on progress could be provided to the next CPHAC meeting.

Actions

1. **Development of multi lingual pod cast videos on the NZ Health and Disability system**

   The concern was that this will become a bank of resources that is of benefit to very few if the site is not more widely promoted. A report to be submitted to the next CPHAC meeting on progress made in this area.

2. **Effect COVID had on long term antibiotic therapies**
   Dr Karen Bartholomew advised that she was not aware of any adverse effects but would ask the question of the team and provide an answer via email to the Board.

Resolution:

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 4 November 2020.

Carried

8 COMMITTEE REPORTS

8.1 Hospital Advisory Committee (*Pages 69-80)*

The Committee Chair, Tama Davis submitted the draft minutes for consideration.

The Board Chair, Pat Snedden commented that the Kāiarahi Nāhi rōpū and the Pacific Care Navigation team is a piece of excellence. It is making a noticeable difference. He asked whether it would be more widely rolled out and was advised that it was a funded six month trial project which had recently been extended for a further six months while a review was undertaken which would reveal whether the skill mix and assigned people were at the right level. Ailsa acknowledged that it had been noted already the positive impact it had made for individuals but it had also made a difference to the actual system highlighting changes that were required. Margaret Dotchin also commented that it was having a positive impact on Kāiarahi Nāhi and nurses themselves in growing their system knowledge, capability and leadership.

Resolution:

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 18 November 2020 be received.

Carried

8.2 Disability Support Advisory Committee (*Pages 81-92)*

The Committee Chair, Jo Agnew advised that it had been a positive meeting and noted there was still some work to be done around the composition of the committee.

Resolution: Moved Pat Snedden / Seconded Tama Davis

Recommendation

1. **That the unconfirmed minutes from the Disability Support Advisory Committee meeting held on 12 November 2020 be received.**
2. **That the Board adopt the responsibilities of the Disability Support Advisory Committee as per the amended Terms of Reference.**

Carried

8.3 Community and Public Health Equity Advisory Committee (*Pages 93-160)*

The Deputy Committee Chair, Michelle Atkinson asked that the report be taken as read.

Resolution: Moved Fiona Lai / Seconded Michelle Atkinson

1. **That the draft unconfirmed minutes from the Community and Public Health Equity Advisory Committee meeting held on 18 November 2020 be received.**
2. **That the Board endorse the Asian, New Migrant, Former Refugee and Current Asylum Seeker Health Plan 2020-2023.**

Carried

9. DECISION REPORTS

9.1 Schedule of Meetings for 2021 (*Pages 161-164)*

The Board Chair, Pat Snedden advised that he had been alert to the request of the Board for more clarity in the papers, for those papers to be more action orientated and focused and that there be the ability to space the meetings to promote more effective decision making. A revised meeting schedule had been put forward to allow this. He drew attention to page 182 of the agenda which set out the number and frequency of meetings for both the current and the new proposed schedule and to the outline of the schedules on page 164. The new schedule was designed to maximise Board Members impact on decision making and be more strategic.

Board members in general agreed to adopt the new schedule with Zoe Brownlie asking that the People and Culture Sub-Committee be added to the schedule.

Resolution: Moved Pat Snedden / Seconded Zoe Brownlie

That the Board approve the amended meeting schedule for 2021

Carried

9.2 Establishment of Executive Committee of the Board *(Page 165)*

The Board Chair, Pat Snedden advised during the recess there is a committee put in place to make decisions to allow the DHB to continue to conduct urgent business. Those named in the recommendation signalled their agreement to be a member of this Executive Committee.

Resolution: Moved Pat Snedden / Seconded Jo Agnew

That the Board:

1. **That the Board approve the establishment of an Executive Committee (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/ New Year Board recess.**
2. **That membership of the Committee is to comprise the Board Chair, Pat Snedden, the Deputy Board Chair, Tama Davis, Michael Quirke, Zoe Brownlie and Doug Armstrong, with a quorum of three members (the Deputy Board Chair needs to be one of the three members).**

3. **That the Executive Committee be given delegated authority to make decisions on the Board's behalf relating to the urgent approval of business cases, leases and the awarding of contracts for facilities development, services and supplies and information services and on any other urgent recommendations from the Chief Executive.**
4. **That all decisions made by the Executive Committee be reported back to the Board at its meeting on 27 January 2021.**
5. **That the Executive Committee be dissolved as at 27 January 2021.**

Carried

10. INFORMATION REPORTS - NIL

11. GENERAL BUSINESS

There was none.

12. RESOLUTION TO EXCLUDE THE PUBLIC *(PAGES 166-170)*

Resolution: Moved Pat Snedden / Seconded Michael Quirke

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	N/A	N/A
2. Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 4 November 2020	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D

		Act 2000]
3.1 Circular Resolution – Annual Report 2019-2020	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Action Points	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Risk Management Update	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Chief Executives Confidential Report - Verbal	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Human Resources Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information

	be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.	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]
7.2 Health and Safety Report	**Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report, and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Finance, Risk and Assurance Committee Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.1 Pump Fleet Replacement Programme	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.	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]
9.2 Service Level Agreement - ODNZ	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 Peptide Receptor Radionuclide Therapy for Patients with Neuroendocrine Tumours (PRRT): National Service Provision	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time. **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.4 EP Lab Radiographic Equipment - Capex Variation Approval	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.5	**Commercial Activities**	That the public conduct of the

Building for the Future: Ward 51 – additional infection prevention capacity	Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.6 Security for Safety programme capex variation	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report, and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.7 Purchase 99 Grafton Road	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.0 Discussion Reports - Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11,0 Information Reports - Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information

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

The meeting closed at 3.05pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 16 December 2020

Chair: _____ Date: _____

Pat Snedden

TE TOKA TUMAI
Auckland DHB

PASIFIKA
MEDICAL ASSOCIATION
GROUP

MEMORANDUM OF AGREEMENT

Dated:

Between: **AUCKLAND DISTRICT HEALTH BOARD**

And: **PASIFIKA MEDICAL ASSOCIATION GROUP**

Introduction

A. Auckland District Health Board **(ADHB)** was established under the New Zealand Public Health and Disability Act 2000 (the Act) to improve, promote and protect the health of communities residing in the inner Auckland region.

B. In order to recognise and respect the principles of the Treaty of Waitangi, and with a view of improving health outcomes for Maori, the ADHB acknowledges its special relationship and obligations to manawhenua as Treaty Partners. The ADHB acts in accordance with s4 and Part 3 of the Act and seeks to give effect to our obligations, as we work collaboratively with others.

C. The Pasifika Medical Association **(PMA)** was established in 1996 as an incorporated society of Pacific health professionals working together to meet the health needs of Pacific people in the Pacific region. After 20 years of exponential growth, the Pasifika Medical Association Trust **(PMA Trust)** incorporated on 28 August 2017 as a limited liability company (company number: 6407414) and a registered charitable organisation under the Charities Act 2005. The PMA Trust controls various entities, including: Pasifika Medical Association Membership Trust; Pasifika Futures Trust; Etu Pasifika Trust; and Fale Futures, which are collectively referred to as Pasifika Medical Association Group **(PMA Group)**. The PMA Group commissions and invests in programmes that improve outcomes for Pacific families living in New Zealand and the Pacific Region, and also deliver Pacific, health and social services.

D. Pasifika Futures Limited is the Whānau Ora Commissioning Agency (PFL) for Pacific families in Aotearoa.

Collectively referred to in this Memorandum of Agreement as 'the Parties', 'we' or 'us'.

Background:

A. Auckland is home to approximately 230,000 Pacific peoples, who represent two-thirds of Aotearoa New Zealand's Pacific population. Approximately 65,000 of Pacific peoples live within ADHB's boundary, which represents 13% of ADHB's total population of 494,000.

B. Pacific peoples are one of the fastest growing, diverse and youthful populations in Aotearoa New Zealand. They represent 16 distinct ethnic groups, languages and cultures,

many identify with more than one ethnic group, more than one-third are younger than 15 years old and only 5% are older than 65 years.

C. Diverse, youthful Pacific populations continue to contribute significantly to cultural, social and economic life in Aotearoa New Zealand. Despite this, Pacific peoples continue to experience poor socio-economic well-being, which is related to their poor health outcomes. The impact of these disparities on the health of the Pacific population is reflected across all ages and important summary measures of health. There is a 7-8-year gap in life expectancy between Pacific and non-Maori/non-Pacific ethnicities. At ADHB, Pacific peoples have the lowest life expectancy of all groups.

D. The diversity, youthfulness, and unique characteristics of Pacific peoples, coupled with the inequities they experience, poses both challenges and opportunities for those working to improve Pacific outcomes. The Parties recognise that they can be more effective working together and aligning their efforts to support and empower Pacific patients, āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāmili to shape a better future and achieve their aspirations.

E. We recognise the strengths we bring to our partnership and joint work. ADHB works in the community and with other agencies to support the more than 490,000 people living in their district; commissions a range of health and disability services; owns and operates hospital and outpatient services that have approximately one million patient contacts each year; employs approximately 11,000 health and medical staff; is the largest trainer of doctors and has the largest clinical research facility in the country.

F. As the only Whānau Ora Commissioning Agency for Pacific families in the country, Pasifika Futures and their partners continue to engage and connect with Pacific families and communities in ways that are meaningful and relevant for them. Since 2014, more than 19,701 Pacific families comprising of 109,701 individuals have engaged with Pasifika Futures' Whānau Ora programme (35% of the Pacific population in New Zealand) and achieved 39,000 well-being outcomes. Pasifika Futures also provided substantial support to Pacific families during COVID-19 Alert Level 4, and supported the NRHCC Welfare Response by rapidly standing up a pathway for Pacific cases and contacts to receive the welfare supports required to enable them to safely complete their isolation and quarantine periods.

G. Pasifika Medical Association Membership Trust is a network of over 3000 Pacific health professionals in New Zealand and across the Pacific region, who work collaboratively to strengthen Pacific health workforce capacity and capability. They are in a unique position to support Pasifika health workforce initiatives.

H. Etu Pasifika Trust is an integrated Primary Care, Whānau Ora and Behavioural Support service based in Christchurch delivering innovative, family-based services to over 5,000 Pacific people in the Canterbury catchment area. The integrated model design is led by the PMA/PFL Trust and provides unique opportunities to support health service re-design.

I. We recognise the value of having a strategic partnership, and collaborative approach to design, develop and implement health responses and initiatives which will contribute to elimination of equity gaps, and improved health care and outcomes for Pacific patients, āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili and communities.

We agree:

1. Purpose

This Memorandum of Agreement (**Memorandum**) supports us to have a strategic, collaborative, respectful relationship. It sets out the vision, values and principles that underpin our relationship, and clarifies the scope and effect of this Memorandum.

2. Vision

Prosperous and thriving Pacific āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāmili in Auckland.

3. Values

The values that guide our joint work to achieve our vision:

❖ Families:

Āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili are the core of our communities and influence all we do. Family provides identity, status, shelter and comfort.

❖ Shared responsibility:

We are committed to working with partners and families working to improve outcomes. This requires us to understand our own responsibility for achieving outcomes and to support others in our shared vision.

❖ Integrity:

Our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words will be for the greater good of the relationship.

❖ Relationships:

Are important in all aspects of our work and will be based on care, respect and reciprocity. We recognise the diversity in all Pacific communities and understand that relationships are multi layered and complex, anchored in evolving cultural frameworks.

❖ Strengths based:

We celebrate the resilience and strength in our families and communities. We focus on what is possible and build on our collective strengths.

4. Relationship principles

The principles that guide our relationship and how we work together:

4.1 **Reciprocity** - we conduct ourselves recognising the need for mutual benefit and understanding. We each bring unique strengths and resources that enable us to overcome our challenges together.

4.2 **Autonomy** – we each have the freedom to manage and make decisions. We commit to make decisions and take actions that respect and strengthen the collective interest to achieve our shared vision.

4.3 **Honesty** – we will be truthful and authentic even when that makes us uncomfortable. This includes honesty about facts, feelings and intentions;

4.4 **Loyalty** – we are each committed to our relationship. We will value each other's interests. Standing together through adversity will be key.

4.5 **Equity** – we are committed to fairness which does not always mean equality. We will make decisions based on a balanced assessment of needs, risks and resources.

4.6 **Integrity** – our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words and actions will be for the greater good of the relationship.

5. Scope

We agree to collaborate on work that will contribute to achieving equity for Pacific peoples living in Auckland, including designing and implementing initiatives which strengthen:

5.1 Health responses for Pacific peoples which eliminate equity gaps and improve Pacific health and well-being outcomes

5.2 The Pacific health and disability workforce

5.3 Pacific leadership

5.4 Quality of evidence, data and insights about Pacific peoples' needs, experiences and effective models of healthcare and services

6. Governance

We will each identify a key contact who will be the Relationship Manager with delegated responsibility for the day-to-day operational oversight of the relationship between us and work carried out in accordance with this Memorandum.

The Chief Executives of each Party will be the Accountable Manager for the relationship under this Memorandum, and will act as the escalation point should Relationship Managers require assistance.

7. Term

This Memorandum commences on the date signed by both of us and will continue until terminated in accordance with clause 8.

8. Termination

This Memorandum may be terminated by mutual agreement, or by either of us giving 60 days' notice in writing to the other party.

9. Variation

This Memorandum may be varied at any time by agreement in writing between the parties.

10. Review

This Memorandum will be reviewed annually.

11. Effect of the Memorandum

This Memorandum does not constitute or create, and shall not be deemed to constitute, any legally binding or enforceable obligations on the part of any Party.

Should ADHB or PMA Group (including any of its entities) contemplate a commercial relationship in respect to any of the matters covered by this Memorandum, this Memorandum and the relationship between the Parties will have no effect on the respective Parties' commercial decision-making processes. The Parties understand that they each have obligations in relation to their respective commercial decision making which includes obligations under the Government Procurement Rules, and principles of fairness and transparency.

12. Communications

We will agree on a communications strategy and protocol for the collaboration.
Each of us will ensure that the other is kept fully informed of all significant developments and events that may impact on the collaboration.

13. Reporting:

We agree that activities will be reported regularly to our respective Boards.

14. Costs:

Costs incurred by the Parties' lie where they fall unless agreed otherwise in writing.

15. Intellectual Property:

We agree to recognise each other's intellectual property rights in relation to the performance of our responsibilities under this Memorandum.

15.1 Pre-existing Intellectual Property (IP) means the Intellectual Property Rights that a party makes available to the other party to achieve work supported by this Memorandum, which existed prior to the date of this Memorandum or was created independently to its performance.

15.2 For the purposes of this Memorandum, the Parties each grant the other a right to use of their Pre-existing IP solely for the purposes of, and to the extent strictly necessary for, delivering the joint work under this Memorandum. Both Parties shall ensure that any use or adaptation of Pre-existing IP and New IP shall be used in a manner which is culturally appropriate and is only to be used to achieve the purposes and outcomes provided for by this Memorandum.

16. Confidentiality:

We shall not disclose or distribute any confidential information, documents, data received or supplied to the other in the course of the implementation of this Memorandum to any third party

except as authorised to do so by the relevant Party.

17. Dispute Resolution

If any issue or dispute arises between us concerning this Memorandum or any work carried out under it, we will act toward each other in good faith and use our best endeavours to resolve the dispute through open dialogue. In the first instance, all disputes will be brought to the attention of the Relationship Managers for resolution. If any issue or dispute still remains unresolved, the dispute will be escalated to the Chief Executives who will report to their respective Chairpersons if the issue or dispute is still not resolved.

18. Non-Disparagement:

We agree during the term of this Memorandum and post termination that we will not do or say anything to disparage or bring the other Party's reputation and/ or brands into disrepute.

For the purpose of this clause "disparage" shall mean any negative action or statement whether written or oral that a Party to this Agreement engages in towards the other Party.

It is recognised that both Parties may wish to promote this collaboration and its outputs. Each party will engage the other's communications teams to ensure promotional work respects the collaboration, appropriately manages Intellectual Property rights and opportunities, and the professional reputation of the Parties.

Executed as a Memorandum of Agreement

Signed **on behalf of Pasifika Medical Association Trust:**	Signed **on behalf of Auckland District Health Board:**
Signature:	Signature:
Name: Dr Kiki Maoate	Name: Pat Snedden
Position: Chair	Position: Board Chair
Date: 16 December 2020	Date: 16 December 2020
Witnessed by:	**Witnessed by:**
Signature: M A. Skelton	Signature: M A. Skelton
Name: Marlene Skelton	Name: Marlene Skelton
Position: Corporate Business Manager	Position: Corporate Business Manager
Date: 16 December 2020	Date: 16 December 2020

Action Points from 16 December 2020 Open Board Meeting

As at Wednesday, 27 January 2021

Meeting and Item	Detail of Action	Designated to	Action by
4 November 2020 Item 9.3	**Maternity Services Data Update** That an engagement plan be developed that takes account of the process to date, and the plan to be brought back to the Board seeking approval to engage with the whole of the Women's Health Team to develop a strategy	Jo Gibbs	TBA
16 December 2020 Item 7.2	**Development of multi lingual pod cast videos on the NZ Health and Disability system** The concern was that this will become a bank of resources that is of benefit to very few if the site is not more widely promoted. A report to be submitted to the next CPHAC meeting on progress made in this area.	Karen Bartholomew	(Transferred) 17 March 2021 CPHAC
16 December 2020 Item 7.2	**Effect COVID had on long term antibiotic therapies** Dr Karen Bartholomew advised that she was not aware of any adverse effects but would ask the question of the team and provide an answer via email to the Board.	Karen Bartholomew	asap

Chief Executive's Report

Recommendation

That the Chief Executives report for 24 November 2020 – 10 January 2021 be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 24 November 2020 – 10 January 2021.

2. Events and News

2. 1 COVID-19 Update

Plans were in place for any community resurgence over the Christmas and New Year period.

The COVID-19 Response Team continues to monitor the situation and is able to respond as required to an outbreak.

Fit testing for our health workforce continues to ensure our people are fitted to a mask that has a sustainable supply.

A small number of reusable particle respirators are in use for health workers. A standard operating procedure has been published to ensure these are used and safely cleaned following infection control guidance.

The regional surge workforce continues to be supported by Te Toka Tumai | Auckland DHB.

Te Toka Tumai is part of the regional team planning for the rollout of the vaccine later this year.

Precautionary planning is taking place regarding the new strains of COVID-19 detected in South Africa and the United Kingdom.

Community swabbing services remains in place; many people are using other primary care facilities to access swabbing (e. g. GP practices).

A simulation exercise took place in December for a scenario of increased COVID-19 presentations in emergency departments. A similar exercise also took place in aged residential care. The outcome and learning from this exercise is supporting on-going resilience planning.

2. 3 Notable programmes and events

Bowel Cancer Screening launched

Auckland District Health Board launched the National Bowel Screening Programme, for our population in December. The screening programme enables people in our community between the ages of 60 and 74 to access free life-saving screening tests.

Te Toka Tumai is the 14th District Health Board to join the screening programme.

A series of promotions for the screening programme is being planned throughout 2021, with particular focus on our at risk communities.

Whare Hauora opens in Point England

A new community health clinic was opened on the grounds of Point England School in December, giving children direct access to health care in their own backyard.

Whare Hauora is a child, whānau and practitioner friendly clinic, providing space to deliver health services in schools.

Launched in partnership with the Starship Foundation and Point England School the Whare Hauora means care can be delivered in the community for the community.

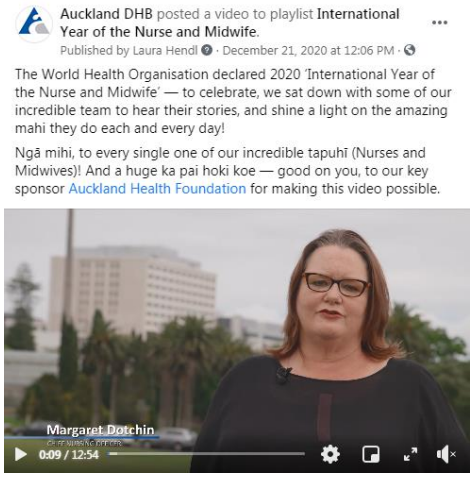
Celebrating International Year of the Nurse and Midwife at Te Toka Tumai

The World Health Organisation (WHO) designated 2020 as the "Year of the Nurse and Midwife" in honour of the 200th birth anniversary of Florence Nightingale.

At Te Toka Tumai we wanted to take the opportunity to shine a light on our amazing nurses and midwives for the things they do every day. The impact of COVID-19 meant that many of our original plans to celebrate were adapted. Despite this, with the support of our generous sponsor Auckland Health Foundation, we were able to pull together a few special surprises including:

- **Celebrating '2020 International Year of the Nurse and Midwife' at Te Toka Tumai video**

  In honour of the WHO International Year of the Nurse and Midwife we sat down with nurses and midwives from right across Te Toka Tumai, to shed a light on their careers, including: how they became a nurse or midwife, what makes being a nurse or midwife just so special, how things have changed during their careers, and what advice they have for the next generation.



  You can view the video here or on our Facebook page.

- **Special edition badges for our nurses and midwives**

  These specially designed badges were gifted to every one of our nurses and midwives to recognise the year.

Regional Clinical Portal

In December we completed our move from Concerto to Regional Clinical Portal (RCP). The Regional Clinical Portal makes it easier for clinicians to view patient records. It also provides

an electronic ordering process for prescriptions and community lab tests, which saves the time previously spent faxing and emailing.

Code Black response

Code Black is how we respond when there is a critical security incident (such as an abduction, firearm, an offensive weapon (non-firearm), or a chemical, biological, radioactive or explosive device or substance) requiring emergency services support.

We have introduced a Code Black policy and mandatory training to ensure everyone knows what to do in the very rare times these events take place.

Auckland City Mission Appeal

Our partnership with the Auckland City Mission is one of the ways we support some of the most vulnerable members of our community. In December, we asked our Te Toka Tumai team to once again come together to support the Mission's Christmas appeal. Collection points for food, toiletries and gifts were put in place and a Give a Little page set up for cash donations. We thank all our people who together gave more than 4,500 items and $4,815 in cash donations.

Employee support centre - Pātaka Kai

In December we asked our people to give what they could by way of non-perishable food items to a pātaka kai (open pantry). This was collected in the Employee Centre and was available for those needing a helping hand over Christmas. A large volume of donations was received and the pantry remained continuously stocked thanks to a steady flow of staff donations. Many were grateful for the pātaka kai and were pleasantly surprised that Te Toka Tumai was providing for its staff in this way. They were especially touched that their colleagues were donating. The pātaka kai will remain as a self-managed pantry in the Employee Centre at Auckland City Hospital.

Hauora Career Fair 2020

In December we held a Hauora Career Fair for employees, their friends and Whānau. It was an opportunity for them to find out about career opportunities training, internships, scholarships and personal development at Te Toka Tumai.

Approximately 300 people visited the Hauora Career Fair.

Christmas decoration competition

Congratulations to all the amazing teams who took part in the annual Christmas decoration competition. The competition is a lot of fun not just for the teams decorating but also the patients on the wards watching the teams get together to create fun (and sometimes even interactive) spaces!

The effort and creativity that goes into the decorations was amazing. It was great to see was the amount of upcycling taking place.

Thank you to everyone who entered.

The winners were:

First Place: Clinical Decision Unit "Reindeers at work"

Second Place: Ward 67 "Winter Wonderland"

Third Place: Transition Lounge "Three seasons in one day."

3. Patients and community

Patient experience

Every month we receive many compliments from our patients, here are three examples:

Adult Emergency Department

"A&E was excellent from reception to doctors and nurses. I had a runny nose so they wore PPE just in case and sent a COVID-19 test away which came back 2 hours later as negative. This gave them confidence in treating me without PPE and sending me for the CT Scan safely." – Anon.

Ward 74

"There was a volunteer at the hospital entrance who assisted me in finding the operating room. The volunteer got me a chair to sit on while she made enquiries. I was given lunch. The lunch was fresh and tasty – I was pleasantly surprised as I was not anticipating being given lunch. The Recovery Room is a good idea. I did not feel that I needed this, but then I could see that if, I had had a concern about the surgery, I could readily ask for assistance. " – Anon.

Ward 97

"Great explanations – informed surgery. Relaxing room, stress free and my husband was made welcome to support me. Lovely caring staff that listened and nothing was too much trouble." – Anon.

4. Communication and Engagement

4. 1 External Communication

Between 24 November 2020 and 10 January 2021 we received 134 requests for information, interviews or access from media organisations. This included requests to interview clinicians who helped save the lives of a mother and baby and requests for information on elective caesareans, non-resident debt and on our financial performance. Around 23 per cent of the

enquiries over this period sought the status of patients admitted following incidents such as road traffic accidents or water incidents.

We responded to 48 Official Information Act requests over this period.

4. 2 Internal Communication

- Four editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Three editions of the Manager Briefing were published for all people managers.
- We published and distributed the summer edition of Te Whetu Márama our staff magazine.

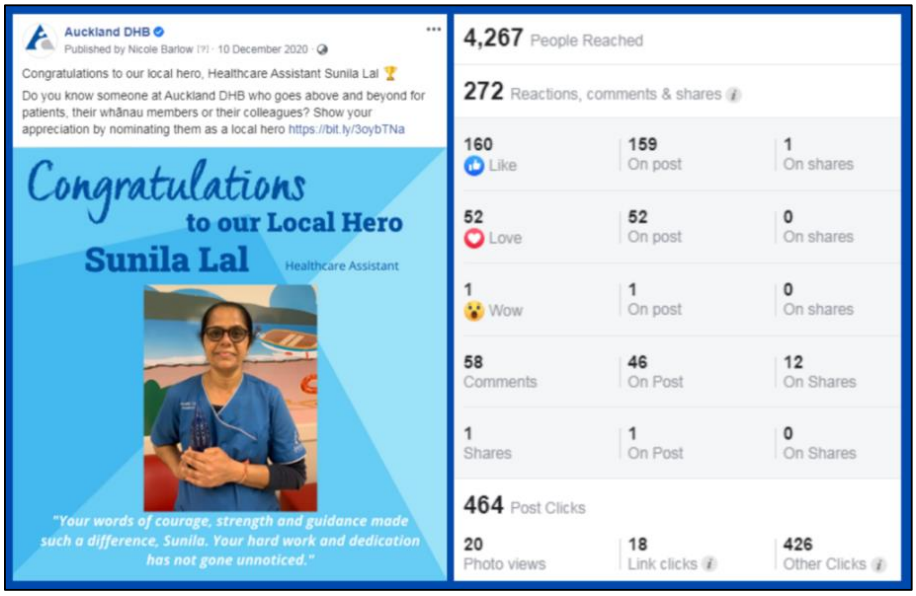
4. 3 Social Media

We continue to engage with our community on social media, using it to celebrate some of our achievements and share important health messages.

Here is a summary of some of the information we have shared:

- 'Get the right care for you' – informing our community the best place to get the care they need, when they need it.
- 'COVID-19 make summer unstoppable' – scan, hand hygiene and stay home if you are sick.
- Measles immunisation – encouraging 15 – 30 year olds to catch up on their measles immunisation.

Facebook posts with most engagement



5. Our People

5. 1 Local Heroes

Twenty people were nominated as local heroes in November and December. Congratulations to our November and December local heroes, Sunila Lal, Healthcare Assistant, Starship and Graham Bruce, Orderly. Here are their nominations:

November – Sunila Lal, Healthcare Assistant, Starship

"Sunila is a real hero in Starship Hospital on the heart ward. She provided cultural support to our whānau who were in New Zealand for treatment during lockdown.

She is a very humble person and goes above and beyond her normal role.

Thank you Sunila for your tremendous help, your kind words of courage, strength and guidance made such a difference. Your hard work and dedication has not gone unnoticed by our whānau."

December – Graham Bruce, Orderly

"Graham is an excellent example of professionalism - he is reliable, friendly, and conscientious in all his duties. He always greets people with a friendly smile and a warm hello. It is such a pleasure working with Graham and seeing him arrive on the ward is a highlight of our day.

Graham role models our values, welcoming patients and visitors, providing directions and assistance, and demonstrating absolute kindness and respect when transporting very vulnerable patients.

Thank you Graham for all the hard work and effort you put into making people's hospital experience's that much brighter. "

5. 2 New Year Honours for Te Toka Tumai whānau

Congratulations to Dr Kirsten Finucane, Distinguished Professor Ian Reid, and Dr Christine Foley, who have all been recognised in the New Year Honours and exemplify our values Angamua | Aim High and Tūhono | Together.

Dr Annabel Kirsten Finucane, ONZM has been made a Companion of the New Zealand order of Merit (CNZM) for her services for services to health, particularly paediatric heart surgery.

Distinguished Professor Ian Reid has also been made a Companion of the New Zealand order of Merit for services to medicine.

And Dr Christine Foley has been made an Officer of the New Zealand order of Merit (ONZM) for services to victims of sexual assault.

Their work has made a significant difference to patients, colleagues, whānau, and our wider community.

5. 3 Te Kauae Raro Award 2020 — Whakamihi Natalie Keepa!

The Te Kauae Raro award recognises a Māori Nurse or Midwife who has made a significant contribution to Māori Health in our hospitals or community.

This year's winner was Natalie Keepa, Acting Charge Nurse, Ward 42

"*Natalie has a vision to ensure all staff are culturally safe, have a good understanding of our obligations under Te Tiriti and are able to practice safely for all cultures, especially our Māori patients and whānau.*

Natalie's approach is one that inspires others to engage with her and acquire knowledge and skills to deliver Tikanga best practice care."

Ka pai, Natalie.

5. 4 Farewell to Prof Stephen Munn, Clinical Director, Liver Transplant Services

Prof Stephen Munn retired after a distinguished career in which time he established the liver transplant service and the clinical practice committee. Thank you for dedication, Stephen.

5. 5 Senior Leadership changes

Toni Shepherd (Kāi Tahu and Waitaha), Māori Health Lead for Starship.

Toni has been appointed to this new role in Starship Child Health. Toni has worked for Starship for 12 years. She will partner with the Starship senior leadership team to support and challenge all areas of planned improvements, ensuring they have an appropriate Māori Health focus.

Emma Wackrow - Professional Leader, Speech Language Therapy, Allied Health.

Emma has been appointed the role of Professional Leader, Speech Language Therapy in the Allied Health Leadership Team. Emma has been with Te Toka Tumai for seven years.

6. Performance of the Wider Health System

Priority Health Outcomes Summary

	Status	Comment
Acute patient flow (ED 6 hr)		Dec 88%, Target 95%
Improved access to elective surgery (YTD)		91% to plan for the year, Target 100%
Faster cancer treatment		Dec 97%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity	  	Dec 96%, Target 95% Sep Qtr 80%,Target 90% Sep Qtr 100%,Target 90%
Raising healthy kids		November 100%, Target 95%
Increased immunisation 8 months		Sep Qtr 94%, Target 95%

Key:	Proceeding to plan		Issues being addressed		Target unlikely to be met	

7. Financial Performance

The Auckland DHB 2020/21 Annual Plan with a budget deficit of $45M was approved by the Minister of Health in December 2020. Financial performance against the budget for the five months ending 30 November 2020 is a deficit of $35M, against a budgeted deficit of $10.2M, thus unfavourable by $24.8M. This unfavourable variance is entirely attributed to net COVID-19 impact of $27.5M ($11M of this relates to under-delivery of IDFs and planned care volumes). The consolidated Business as Usual (BAU) operational result (excluding COVID-19 impact) is favourable to budget for the year to date by $2.6M.

At a divisional level, the Provider Arm result is $24.3M unfavourable to budget (mainly due to unfunded COVID-19 impact). The Funder Arm result is $1M unfavourable to budget mainly due to COVID-19. The Governance and Admin Arm result is favourable to budget by $447K.

Health and Safety Performance Report

Recommendation

That the Board receives the Health and Safety Performance Report for December 2020.

Prepared by: Alistair Forde (Director Occupational Health and Safety)
Endorsed by: Mark Edwards (Chief Quality, Safety, and Risk Officer)

Glossary

TRIFR	Total Recordable Frequency Rate (# of Lost Time (LTI), Medical Treatment (MTI) and Restricted Work (RWI) Injuries x 1000000/total personnel hours)
LTIFR	Lost Time Injury Frequency Rate (# of Lost Time Injuries x 1000000/total personnel hours)
AIFR	All Injury Frequency Rate (# of All LTI, MTI, RWI & First Aid Injuries x 1000000/total personnel hours)
BBFA	Blood and/or Body Fluid Accident
EY	Ernst and Young Limited
HSR	Health and Safety Representative
HSWA	Health and Safety at Work Act (2015)
LTI	Lost Time Injury (work injury claim)
MFO	Medical Fees Only (work injury claim)
MOS	Management Operating System
PCBU	Person Conducting a Business or Undertaking
PES	Pre-employment Health Screening
SMS	Safety Management System
SPEC	Safe Practice Effective Communication (SPEC)
SPIC	Safe Practice in the Community
YTD	Year to date
A/A	As Above

Board Strategic Alignment

Community, whanau and patient-centred model of care	*Supports Patient Safety, workplace safety, visitor safety, worker health and wellbeing.*
Emphasis and investment on both treatment and keeping people healthy	*This report comments on organisational health information via incidents, worker safety, health monitoring and leave information.*
Service integration and consolidation	*This report details mandatory workplace safety audit results and reports findings and updates to the Finance Risk and Assurance Committee.*
Intelligence and insight	*The report provides information and insight into workplace incidents and what Auckland DHB is doing to respond to these and other workplace risks.*
Consistent evidence-informed decision-making practice	*Demonstrates Integrity associated with meeting ethical and legal obligations.*
Outward focus and flexible, service orientation	*Health, safety and wellbeing risks and programmes are inherently focused on staff, patients, visitors, students and contractors. All strategic and operational work programmes and policy decisions are discussed with relevant services such as site visits and approaches to reduce risks.*
Emphasis on operational and financial sustainability	*Addresses Risk minimisation strategies adopted.*

1. Performance Summary

1.1 Lead Indicators

Description	November	Previous Month (October)	3mth Trend	6mth Trend
Leadership Observations	152	182	↓	↑
Leadership Discussions (H&S Rep Meetings, Regional H&S Technical Advisory Group (TAG) ACC/Safe 365	176	129	↑	↓
Training (Inductions/PPE/Patient Handling)	464	499	↑	↑
Audits/Inspections	133	129	↑	↑
Occ Health N95 Respirator Fit Testing Appointments*	72	-	-	-
Vulnerable Staff Self Assessments	Not available	20	-	-
Vaccinations	70	74	-	-

- Leadership activities began tracking upwards again in November 2020. Health and Safety Advisors were able to reengage in leadership discussions, including meetings with newly appointed health and safety representatives.

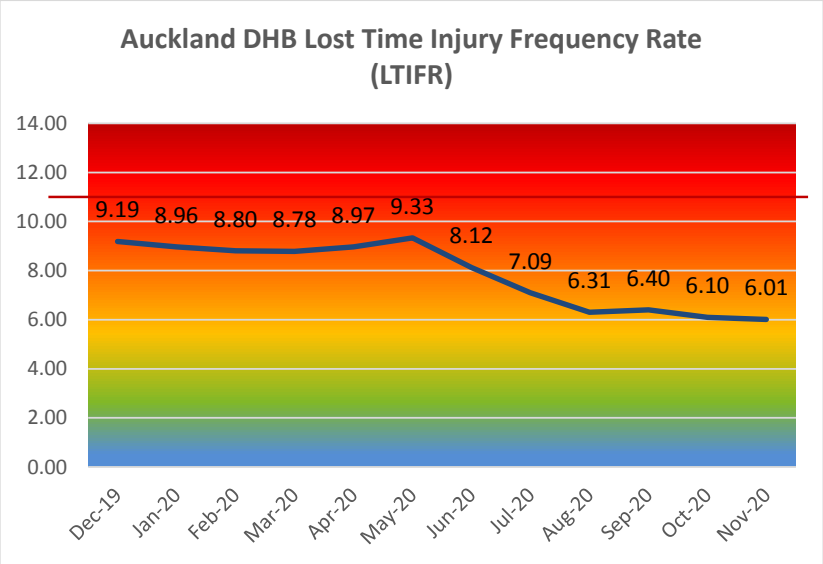
- Preparation for the pilot trial of the observations and conversation process continues to make good progress. Two electronic platforms to facilitate data capture and consolidation are in testing.
- Review of the local induction and online health and safety learning process continues. Directorate leaders have been requested to provide information on local practices, tools and reference materials.

**This figure is based on fit tests delivered by Occupational Health Nurses only. N95 Mask Fit Testing has transitioned to a mixed model of delivery with In-Team Trainers now fully operational. Our lead indicator has been modified to reflect the number of Occupational Health Clinic appointments attended specifically for fit testing.*

1.2 Lag Indicators

Description	Target	November	Previous Month	3mth Trend	6mth Trend	12mth Trend
Total Recordable Injury Frequency Rate (TRIFR)(per 1,000,000 hrs)	-	23.72	**23.10**	23.07	21.78	26.89
LTI Frequency Rate (LTIFR)(per 1,000,000 hrs)	10.00	6.01	**6.10**	6.40	8.12	9.19
All Injury Frequency Rate (AIFR)(per 1,000,000 hrs)	-	96.44	**99.13**	106.33	119.60	101.31

a. We are observing an overall decrease in AIFR and LTIFR. The general increase in TRIFR in the last six months is indicative of an increase in medical treatment injuries.
b. Eight LTI and 31 medical treatment claims were approved in November. The majority of recordable injuries reported in Datix were ergonomic in nature around slips, trips or falls.
c. There has been improvement in the relevance and quality of information entered by managers closing out incident reports in Datix.
d. Commencing this year, Lag and Lead data for reporting will be gradually sourced directly from each Directorate. This will provide improved visibility and data integrity across services.



2. Risk Analysis

The three key risks with a residual risk rating of high are as follows:

- Biological Hazards
- Contractor Management
- Work Place Violence and Aggression

Biological Hazards: The risk of COVID-19 in the community has increased with confirmation that variant strains (VOC 202012/01 and 501.V2) are present in New Zealand, albeit within MIQs. For this reason, this risk remains at High. We continue to monitor the situation and ensure our preparedness to respond to any emerging community transmission should it eventuate. Positively, observations suggest that staff are more aware of the controls, have the correct equipment, have incorporated infection prevention measures into their usual operations, and are consequently able to quickly adjust to a higher alert level than they were six months ago.

A total of 31 blood and body fluid incidents were reported in November. Needle stick injuries continue to account for the majority of BBFAs reported. Needleless technology continues to be explored with a view to understanding both the logistic complexities and investment required. Given the size and scope, a change project with identified stakeholders will be required. Substantial research needs to be completed before a business case can be considered.

Contractor Management: As part of the 'Making Health Safer' project, Safe365 completed research into 571 Auckland DHB contractors to identify their risk profile. Based on the findings it is likely that a significant proportion of contractors are unlikely to be able to prove their health and safety maturity meets the standard of a basic health and safety pre-qualification. This presents a significant risk to Auckland DHB. Further detail on this is reported in Section 3.3 of this report.

Workplace Violence and Aggression: The majority of worker incidents reported in Datix in November were classified as Workplace Violence and Aggression. The introduction of the OV Reader in high risk workplaces has made reporting significantly easier for staff and increased our visibility of this risk; it also suggests there may have been underreporting of incidents of violence or aggression prior to OV reader availability. Current controls focus mainly on training staff in de-escalation techniques (e.g., MAPA, CALM) and how to respond to violence or aggression. Approximately 4,000 of our staff have not yet completed the MAPA training which is key to reducing this risk.

A new trial of the 'Prevention First' training online module was rolled out in Children's Health to supplement current capacity building programmes. Results are expected to be available in the coming months.

We continued to focus on collecting information more effectively from high-risk workplaces and promoting controls that assist with managing the effects of workplace violence. The intention is to replicate the success of the implementation of the OV Reader system in the Emergency Department in other high-risk workplaces such as Ward 48 and Ward 83.

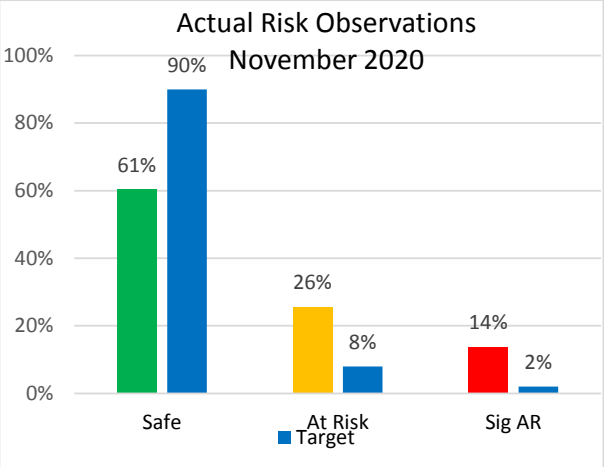
2. Observations

We completed 21 site visits from which we made 152 observations. Of those observations, 92 were assessed as Safe, 39 as At Risk, and 21 as Significant At-Risk.

The Significant At-Risk observations made in November related to the following hazards:

- Hazardous substances
- Contractors
- Slippery surfaces
- Inadequate documentation of staff training
- Job descriptions not reflecting specific health and safety requirements

All above observations were communicated to workplace managers to rectify.



3. Key Initiatives and Activities

3.1 Flu & COVID-19 Vaccine Campaign

Planning has started for the 2021 Influenza Campaign with dates set for phase 1 and 2 fixed venues. Work is occurring at the Ministry of Health as well as regionally and locally to determine how the COVID-19 vaccine will be rolled out.

3.2 Information Technology

Occupational Health Patient Management System: Costing from healthAlliance is currently awaited in order to make a recommendation on the Patient Management system upgrade. A Metro Auckland Occupational Health group has been established to ensure that any decisions made on a Patient Management system enable consistency of approach and standardised technology platform costs and support.

System and data integration: The stand-alone solution for Staff Self-Assessment Forms developed to manage data for vulnerable staff during the COVID-19 response is proving problematic from a design and support point of view and does not integrate with our Patient Management system. There is no internal capacity or capability to rectify this situation, and any data migration considerations are on hold until a decision is made on the future of the Patient Management system. It also impacts our annual Influenza programme which is a standalone solution currently run from an Access database. This does not scale well in terms of dynamic information for Ministry of Health and Auckland DHB reporting requirements. We are engaging with an Access database specialist to see what improvements can be made for the 2021 Influenza programme in anticipation of this being incorporated into the Patient Management system for the 2022 programme.

3.3 DHB/ACC 'Making Health Safer' Supply Chain Project Update

As reported in December 2020, a process is currently underway to systematically verify the prequalification status of every contractor to the DHB using a 'gold standard contractor management' framework that has been developed by the team.

Workshops are being held in February and March 2021 for DHB contractors to clearly set out what we have planned for 2021 in terms of our contractor management framework and what this means for both Auckland DHB and its contractors going forward.

3.4 Occupational Health and Safety Work Plan

The strategic implementation of the Occupational Health and Safety Work Plan was approved in principle by the Finance, Risk and Assurance Committee.

Expediting finalising of the work plan by risk assessing the programme is a key focus for January 2021.

3.5 Occupational Health & Safety Service Development

A number of key roles have been successfully recruited to prior to the Christmas holiday period; a new Vocational Wellbeing Coordinator has commenced, recruitment for an Associate Nurse Director Occupational Health & Infection Prevention is at offer stage and applications for the new position of Health, Safety and Environment Manager are currently in progress.

4. Auckland DHB Health and Safety Governance Committee

The Auckland DHB Health and Safety Governance Committee meet six-weekly. The last meeting was on Friday 11 December 2020. The previous minutes were accepted by the H&S Governance Committee.

Key discussion points were:

- Manual handling issues and injuries
- ACC Workplace Injury Prevention Grants
- A proposal for a national pre-qualifications process for contractors
- Review of the Auckland DHB pre-employment health screening process
- National level Occupational Health strategic planning
- Workplace Violence and Aggression
- Health and Safety Governance Committee meetings cycle for 2021 and reporting format

An abridged version of the Occupational Health and Safety Work Plan Strategic Implementation Plan was shared with this group to inform their understanding of the activities and strategic priorities that will set the direction of future Health and Safety Governance Committee meetings and membership.

5. External audits

5.1 Annual ACC Accredited Employers Programme Audit

As reported to the Board in December 2020, The Accredited Employers Programme Renewal Audit was successfully completed in November 2020, with only 3 recommendations to support continuous improvement specified in the audit report in the areas of:

Employer commitment to health and safety management practices:

1. More effectively and consistently evidencing the evaluation of health and safety performance of those in management and senior leadership positions

Information, training and supervision:

2. Encouraging and enabling higher completion rates of the mandatory ‘Managing Safely’ training for managers

3. Finding more effective ways of recording and tracking mandatory training.*

** Note that this was also an audit finding in the 2018 process; progress to completion at that time was partially dependant on the HRIS strategy and Enterprise Design Council.*

Audit findings from both the ACC Accredited Employers Programme Audits (2018 & 2020) and the Ernst & Young Follow-up Health & Safety Review will be addressed via actions already included within the Occupational Health & Safety Work Plan (specifically through Strategic Priority 2: Develop Health, Safety and Wellbeing Workforce Resilience and Capability and the development of the Health and Safety Training Plan).

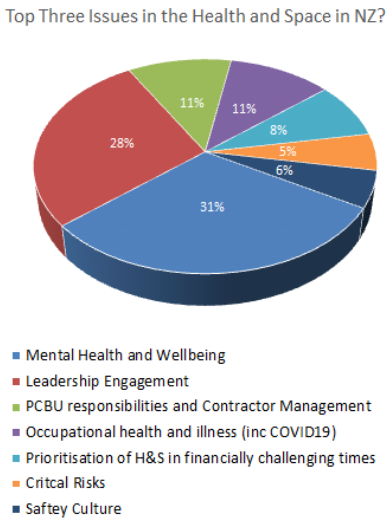
6. Topical Health and Safety information

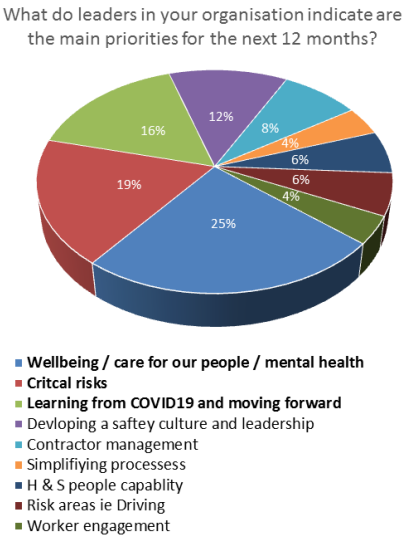
6.1 Health and Safety Association NZ (HASANZ) GM Safety Forum

The Health and Safety Association NZ Steering Group hosted the GM Safety Forum enrolment meeting on 24 September 2020. There was broad support to establishing a more structured forum comprising senior leaders that work at the strategic level within organisations in NZ. The Steering Group are currently drafting a brochure for the GM Safety Forum which can be used to articulate the forum purpose, expectations and criteria, a positive communication of the opportunity and possibilities.

Prior to the meeting a survey was sent to participants asking them to rate what they saw as the most prevalent health and safety issues New Zealand is facing.

Survey results:





The following topics were prioritised as key areas of focus for the GM Safety Forum work programme:

- Safety leadership and governance
- Mental health/wellbeing
- Capability building and talent development for H&S leaders

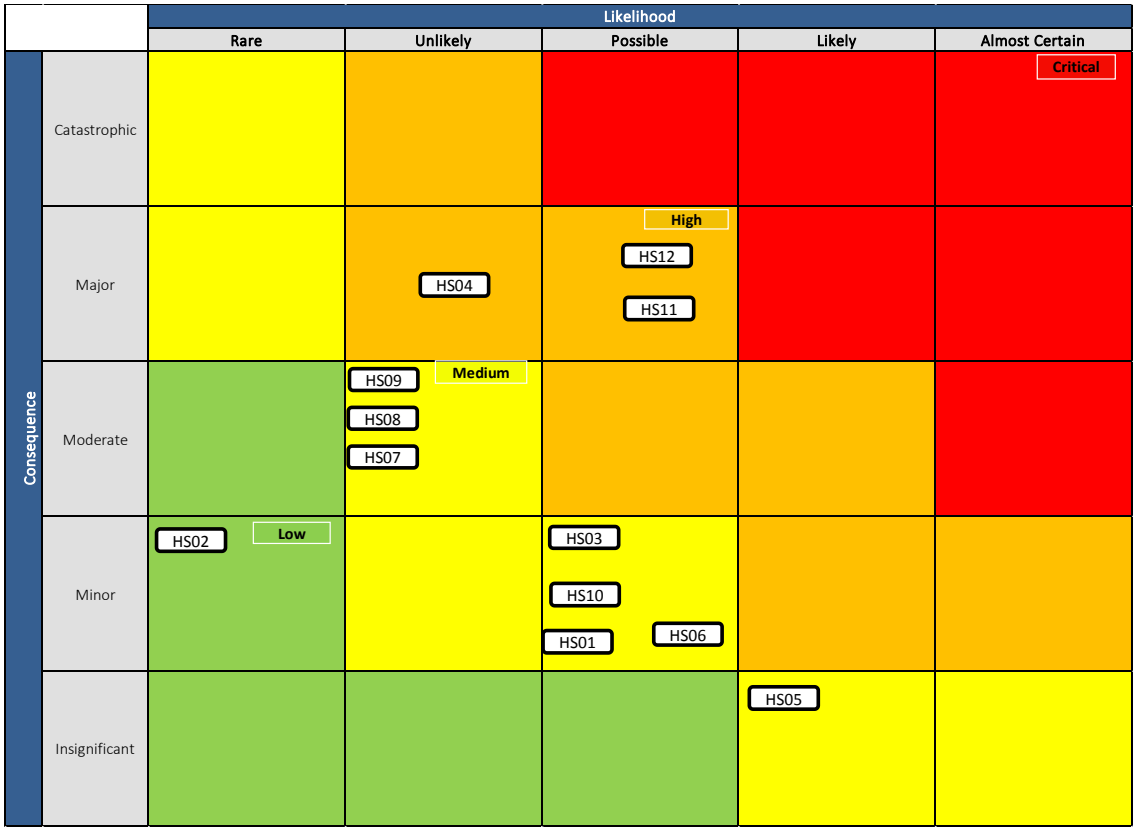
- Critical control alignment and reassurance

The Steering Group have prepared a forward agenda aligned with the strategic topics and challenges identified in the breakout sessions held at the Enrolment Meeting. The Forum meets on a quarterly basis.

Appendix 1

Health and Safety Risks

The following Heat Map of the key risks identified within Auckland DHB from an Occupational Health and Safety perspective.



Key:
HS01 – Asbestos risk
HS02 – Confined spaces
HS03 – Manual handling
HS04 – Remote and isolated work (lone worker)
HS05 – Vehicles and driving
HS06 – Working at height
HS07 – Hot works
HS08 – Contractor management
HS09 – Fatigue management
HS10 – Hazardous Substances
HS11 – Workplace violence and aggression
HS12 – Biological hazards

Human Resources Report

Auckland DHB People Dashboard – Quarter 2 2020/21

Recommendation

1. **That the Board receives the Q2 Pūmanawa Tāngata Status Report noting the progress which has been made since the Board signing off the plan in September 2020**
2. **That the Board receives the Q2 Te Toka Tumai People Dashboard – Quarter 2 2020/21**

Prepared by: People & Culture Senior Leadership Team
Endorsed by: Mel Dooney (Chief People Officer)

This Paper is presented for the Board's information.

The Pūmanawa Tāngata Status Report for Quarter 2 gives a brief commentary of this quarter's activity current status, and the next quarters planned activity under each of the Key Result Areas under the plan.

Also presented is the Te Toka Tumai People dashboard which has been prepared with data as at the end of the second quarter.

Pūmanawa Tāngata Status Report - Quarter 2 2020/21

Key Result Areas	WHAT	Status	Status comment	This Qtr activity	Next Qtr Planned activity
KRA1: Continue to strengthen our organisational culture and values	Ongoing promotion/recognition and development of our values		On Track	Developed framework for people stories. Shared people stories on our internal and external channels. Long Service Awards recognising our people. Released Nurses and Midwifery Video to celebrate WHO year of the nurse and midwife.	Commence process to identify and gather people stories that reflect our values and highlight the strategy in action.
	Demonstrate our commitment to improving communications, garnering feedback and engagement		On Track	Articulate purpose of current Communications Channels. Implement Poppulo - new tool which allows measurement of open rates & facilitates audience segmentation. Held leadership morning teas to help with visible leadership and listening to our people. Implement Monsido scan on the external website to scan content for readability and accessibility.	Research two-way communication options. Develop process for ongoing programme of Leadership Walkarounds. Develop Communications Toolkit. Review and rewrite content on website to meet accessibility and readability issues identified by Monsido.
	Continue partnership, inclusion and diversity work		On Track	ACCESSABILITY: Accessibility Tick annual audit - successfully maintained Tick with recommended actions for 2021. Planning session for 2021 research piece completed. Celebrated IDPWD. Accessibility Plan for 20/21 signed off at DISAC RAINBOW: Improving feedback on awareness of REN network. Inclusion in PGY1/2 on boarding event as a target to increase membership amongst medical workforce. This has led to good conversion to membership amongst this group.	ACCESSABILITY: Design & implement research project to understand the experiences of working and belonging at ADHB from perspective of employees with disability. Co-design online training modules. Deliver as per schedule disability confidence training to managers. Complete comms plan for on-going visibility of disability in the workplace. RAINBOW: Pride participation in the month of Feb - including rainbow pedestrian crossing. New online module delivered within the Quarter
	Creating a Just Culture		On Track	Over 340 managers have now been trained in Just Culture principles. Good insights are being gathered from managers to identify new practices, challenges and support required moving forward. Development underway for Online module "Managing Employee Behaviours in a Just Culture".	A further 13 manager training sessions planned this quarter. Review policies that require update: Discipline & Dismissal & Termination Policies will be complete within this quarter. Launch online module.
KRA2: Uphold Te Tiriti o Waitangi as our framework to eliminate racism, build cultural safety & achieve health equity	Embed Cultural Safety across the organisation		Some delays, remedial action to get back on track in next qtr	Initial scoping of learning requirements has been completed.	Implementation of core Te Tiriti o Waitangi module. Detailed scoping and planning of full learning pathway. Priority 'modules' development underway.
	Increased and appropriate application of Māori language, values and beliefs - people are proficient in the practice of tikanga and key terms in te reo Māori		On track	Planning for Te Reo offering for 2021 designed.	Deliver as per plan for Q3 FY20.
	Support leaders to be kaitiaki of this work		On track	Draft Leadership Development plan developed.	Plan will be piloted with Cancer and Blood services before being offered to other directorates.
	Ensure robust systems and processes are in place to support this work		On track	Benefits measurements in draft. ELT Sub-group established. Te Arawhiti framework customisation in early stages.	Finalise Benefits measurement. Finalise customisation of Te Arawhiti for Leadership endorsement.
	Work with Priority Directorates		On track	Plan for Cancer & Blood established with Pou Ārahi. Powhiri process for new starts launched. Wananga Series mapped out. Leadership Development programme jointly scoped.	Wananga Series implemented. Leadership Development activity launched. Scope work within other directorates.
KRA3: Grow and develop ngā Kaimahi Māori	Increasing Capacity		On track	KRA 3 paper submission, SLT and People & Culture sub-committee endorsement; OD Coordinator to support KRA 3 work recruited; Rangatahi Programme Student Cadets and Ngāti Whātua Orakei Intern recruited to summer cadetship/internship.	Māori workforce steering group established with TOR; Talent Sourcing Advisor role scoped and recruited.
	Increasing Capability & Leadership		On Track	People Benefits established.	Tuakana-Teina mentoring programme scoped.
	Better Experiences		On Track	Cancer & Blood Services Kaimahi Māori hui launched.	Kāhui Hononga Network re-scoped; HR Consultant with specific KRA 3 focus recruited.
KRA4: Implement 'Kia Ora tō wāhi mahi'- the Te Toka Tumai Health Workplace plan	Employee Support Centre		On Track	Over 35 assessments completed by Cultural Navigator. 48 food parcels and 41 countdown vouchers provided. EAP, financial and HR services available weekly in the ESC. Unwired workers coms briefings weekly to orderly and cleaning services, security and CSSD. Permanent ESC space confirmed on level 4. Xmas Pātaka Kai including clothes and toys donated by staff for staff. Manaaki Fund Staff Donations current total $43.6K.	Refurbish ESC fit for purpose - Ara Manawa commissioned for design brief. Further develop suite of services/programmes. Recruit Centre Coordinator. Name, bless and launch the new space. Advertise and interview To Thrive internships and scholarships. Confirm funding plan alongside communications & fundraising plan.
	Healthy Workplace plan / strategy		On Track	Identified benefit measures for work. Steering group endorsed strategic plan domains. Scoping opportunity to adapt Good4Work use for DHBS nationally. Proposal for design approach for developing solutions.	Complete draft plan/strategy and test with staff, readiness for noting at board. Design staff council structure working with unions and host inaugural session.
	Short Term Action Plan: Leadership capability to support wellbeing		On Track	Leadership reference group with QSR and OD 4 knowledge base and connection platforms scoped and prioritised, Engagement with HIT and logged on their demand portal for next development phase. Database of tools complete. Scoping Leadership 'Learn' series.	Test Knowledge base and communications with staff. Roll out refreshed Learn series.
	Short Term Action Plan: Feeling Safe & Supported at Work		On Track	Incident and event debrief previous work reviewed. Reviewed contract and data provided by EAP and accounts for incident debrief sessions paid outside contract. Progressing scan and framework what is available to staff across the continuum of support.	Refine and re-launch defusing tool and include in Learn Series. Make recommendation for EAP contract.
	Short Term Action Plan: Occupational Health		On Track	Top 50 cases reviewed and plans in place. Employee journey mapped. Progress on improving HIPPO and referral process. Started redeployment project.	Publish tools for managers for managing Sick Leave, Loss time injuries and redeployment. Create an Occupational Health Data Set.
	Short Term Action Plan: Systems of Work		On Track	MOS 2 early adopter teams identified (QSR and Mental Health). Initiation of a work stream to address problems that feel stupid to staff as they navigate processes in our organisation.	Progress MOS enhancement work.

Pūmanawa Tāngata Status Report - Quarter 2 2020/21

Key Result Areas	WHAT	Status	Status comment	This Qtr activity	Next Qtr Planned activity
KRA5: Attract & grow a workforce that is fit for the future	Talent Acquisition Strategy		Some delays but progress being made	Discovery & research phases for Branding/EVP. Design of on boarding survey as part of candidate experience project completed pending stakeholder feedback. Initial design of Hiring Manager Experience survey underway in conjunction with review of focus group insights.	Refinement of branding/EVP concept & request for Leadership endorsement. Pilot candidate on boarding survey & begin design of remaining surveys post pilot learnings. Initial pilot of Hiring Manager experience survey.
	Talent Management		On Track	Review the pilot services that went through the Talent Management process to understand the challenges faced and what could be done differently moving forward.	Identify who from our Māori & Pacific workforce to involve and be part of how we apply mapping tools across the organisation for Māori & Pacific employees. Scope out how the process will be applied.
KRA6: Make it easier to work here - improving the manager and employee experience of people processes	HR Customer led improvement programme		On track	Have identified HR pain points from all Directorates and summarised into themes.	Identify priority improvement opportunities, develop Action Plans and begin implementation.
	Mandatory Training		On track	Desktop and face to face review of mandatory training requirements. Testing of manager & directorate report with Cardiovascular Services.	Synthesise Mandatory training requirements by organisation, profession and directorate. Review reporting pilot, resolve issues.
	Rostering System Replacement - Workforce Dimensions Implementation		On track	User Knowledge Group (UKG) & ADHB have delivered: - UKG Strategy workshops attended and completed - Workbook online workshops attended by both WDHB and ADHB - Workbooks sent through to UKG – FYI the workbooks hold the WFC config - 8 ADHB workshops delivered, 189 invited, 70 attended	Activity for this quarter to March 2021: - UKG to provide the base line solution - Governance board to sign off to proceed to Solution Development 8th Feb - hA to provide high level solution design by end Jan 21 - Solution Development workshops - Test preparation - hA to provide technical integration and API Development - DHB solution walkthoughs - Governance board to sign off to proceed to Testing 24 Mar
	Holidays Act		On track	The Holidays Act Review phase of project is complete. Solution options for non-compliance have been developed in conjunction with the payroll vendor, MBIE and unions. The project is currently going through and RFP process for a vendor to manage remediation calculation for Holidays Act underpayments.	Complete the procurement process and finalise the a vendor to manage the Remediation phase of the project. Finalise the Solution options that will be implemented as part of the Rectification phase of the payroll systems and processes. Obtain approval for the Business Case. Stand up project teams, on-board the vendor and kick-start the next phases of the project.

Quarterly ADHB People Analytics Dashboard - F21 Q2: 31 December 2020

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

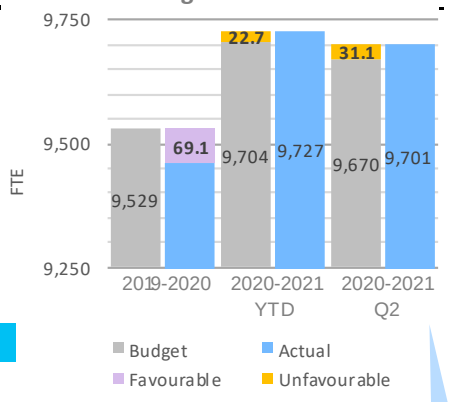
Continue to strengthen our organisational Culture & Values	Uphold Te Tiriti o Waitangi as our framework to eliminate racism, build culturally safe practice and achieve health equity	Grow and develop ngā Kaimahi Māori	Implement 'Kia Ora tō Wāhi Mahi' - The Healthy Workplace Plan for Te Toka Tumai	Build pipelines, attract and retain the talent we need to deliver a workforce that is fit for the future	Make it easier to work here - improving the manager and employee experience of people processes

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

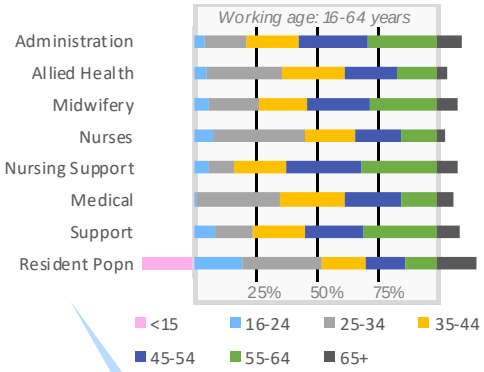
What does our workforce look like?

- Financial FTE in Q2 of FY 2019-2020 was 0.3% over budget (9,701 FTE). This equates to 31.1 FTE (excluding outsourced personnel). Where Covid response related average FTE over the quarter was 116.3
- As at 31 December 2021, there are 10,536 employees (headcount) at Auckland DHB, excluding staff on casual contracts or those on extended leave.

Budget vs Actual FTE

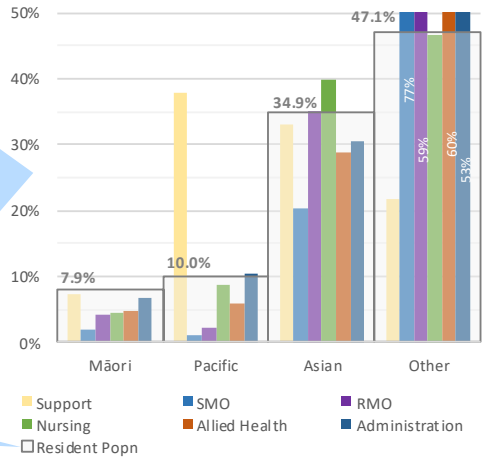


Age by Profession



Grouped as per national guidelines. Staff cannot be more than one ethnicity. Staff with no ethnic data are included in other.

Ethnicity by Profession



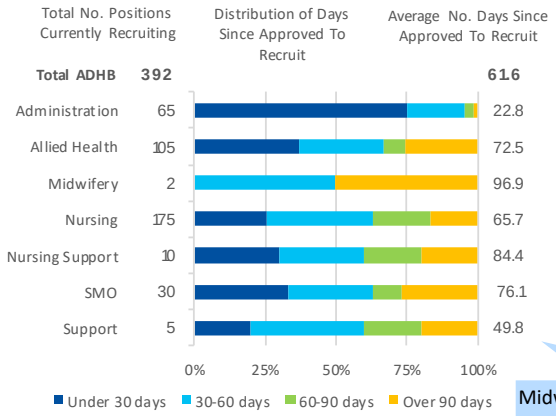
Resident population supplied by Stats NZ, based on 2013 Census, last updated (5th March, 2018).

Attracting talent to our workforce

We are currently recruiting for 392 positions (381 FTE). We fill around 50% of our roles through internal placement. The remainder reflects the recruitment against roles where we have locum / overtime or where annual leave has been deferred for the quarter.

Over the last quarter we have been successful in filling a number of critical / hard to fill roles in Mental Health and Women's Health. Additionally we have been successful at fast track recruitment into a high volume of contact tracing roles within the ARPHS Covid19 response Proactive sourcing was key to filling these roles through extensive use of social media, networking, and employee referrals. We have adopted a more creative / human tone in advertising - expressing more clearly the employment brand of the directorate.

Positions Currently in Recruitment



Sourcing of Successful Hires

Source of Hire	Admin	Allied	Midwifery	Nursing Support	Nursing	SMO	Support
Referral	34%	46%	39%	13%	30%	51%	71%
Our Web Site	36%	34%	22%	67%	49%	31%	21%
Job Board	21%	12%	22%	20%	6%	5%	7%
Other	5%	2%	0%	0%	11%	6%	0%
Social Network	4%	3%	0%	0%	1%	1%	0%
Agency	0%	0%	17%	0%	1%	1%	0%
Careers Fair	0%	1%	0%	0%	2%	0%	0%
Prof. Associations	0%	0%	0%	0%	1%	4%	0%
Direct Mail	0%	0%	0%	0%	0%	0%	0%

Midwifery figures are under reported, as they aren't all being recruited to cover vacancy levels. There are approx. another 20 vacant positions.

Hard to Fill Roles

SERVICE	Role and Mitigation
Child Health	• Paediatric Specialists Advertising on role specific job boards, social media (Facebook/Linkedin), Agencies, Professional networks • HCA - weekend role (Internal talent pool, tertiary institutions)
Clinical Support	• Physiotherapist • Pharmacist (Senior Roles) (Facebook/Linkedin), Agencies, Professional networks)
Mental Health	• Consultant Psychiatrist • Clinical Psychologists • Mental Health Nurses Advertising on role specific job boards, social media (Facebook/Linkedin), Agencies, Professional networks.
Surgical	• Oral Maxiofacial Surgeon Oncology and Oral Medicine Specialist. Advertising on role specific job boards overseas
Women's Health	• Midwives. Sourcing on social media (Facebook/Linkedin) and agency. Return to Midwifery campaign.
Across the DHB	• SMOs –Specialist/Sub specialist areas • Experienced Occupational Therapist, Physiotherapist, Social Workers.

Advertising on role specific job boards, social media (Facebook/ Linkedin), Agencies, Professional networks, Internal talent pool.

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q2: 31 December 2020

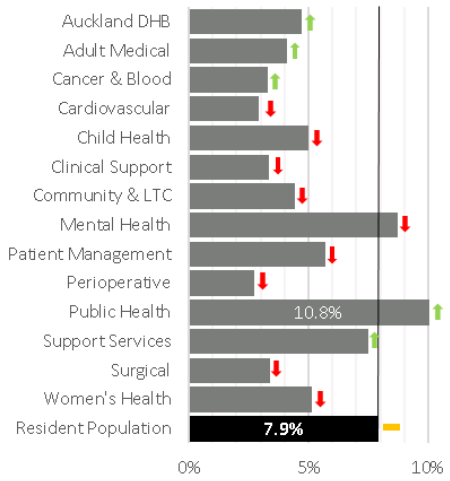
AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Continue to strengthen our organisational Culture & Values	Uphold Te Tiriti o Waitangi as our framework to eliminate racism, build culturally safe practice and achieve health equity	Grow and develop ngā Kaimahi Māori	Implement 'Kia Ora tō Wāhi Mahi' - The Healthy Workplace Plan for Te Toka Tumai	Build pipelines, attract and retain the talent we need to deliver a workforce that is fit for the future	Make it easier to work here - improving the manager and employee experience of people processes

Māori in the workforce

- Over the last quarter we have seen a positive shift in the number of applications we have had from people who identify as Māori
- There has also been an improvement in the both shortlist to interview % and interview to hire % for Māori which could in part be attributed to a pilot programme being undertaken within the recruitment function to support candidates through their recruitment process.
- Whilst turnover of our Māori Workforce is higher than non-Maori the reduction in the gap between the two populations is encouraging.

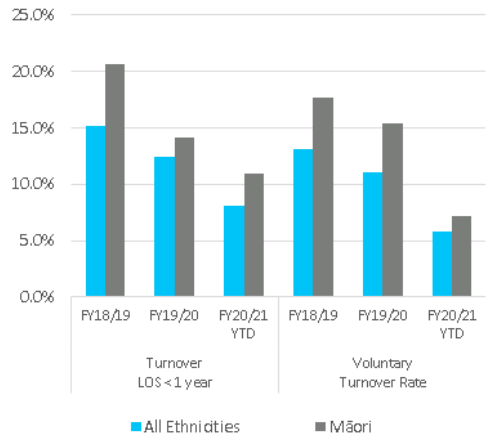
Māori Representation by Directorate



Progression of Māori Applicants Through Recruitment

Year	Percent of Shortlisted Applicants to Interview		Hired : Unsuccessful Applicants Ratio	
	Māori	All Staff	Māori	All Staff
FY21 Q2	60 %	42 %	1 : 3.2	1 : 7.4
FY21 Q1	63 %	40 %	1 : 2.9	1 : 7
FY 20	55 %	34 %	1 : 3.8	1 : 7.2
FY 19	46 %	33 %	1 : 4.4	1 : 7.8

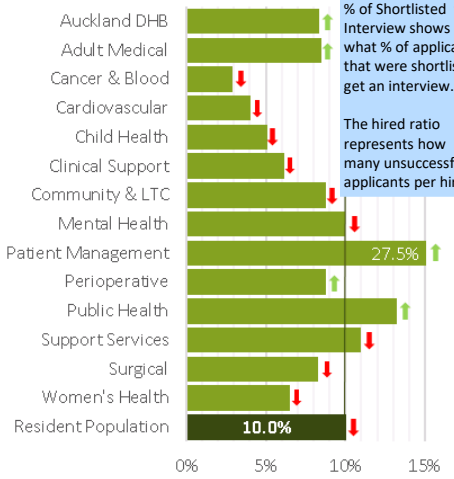
Voluntary Turnover Rate



Pacific in the workforce

- There has been an increase in the proportion of Pacific applicants hired in this last quarter which could be attributed in part to the pilot recruitment programme.
- Turnover for our Pacific Workforce remains lower than for other ethnicities overall, however it is of concern that turnover within a year of employment has deteriorated to which signals a mismatch between what people were expecting the work or workplace to be, and the reality of their experience. Work needs to be undertaken to understand this further

Pacific Representation by Directorate



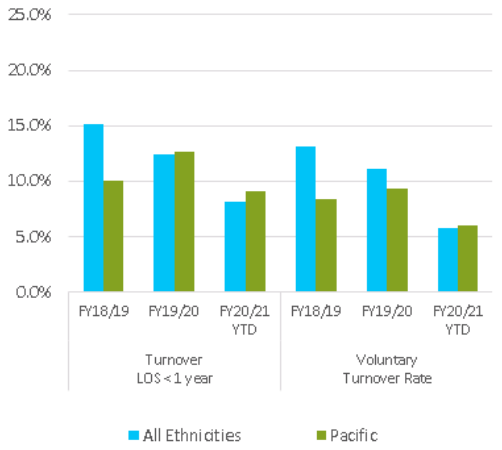
% of Shortlisted to Interview shows what % of applicants that were shortlisted get an interview.

The hired ratio represents how many unsuccessful applicants per hire.

Progression of Pacific Applicants Through Recruitment

	Percent of Shortlisted Applicants to Interview		Hired : Unsuccessful Applicants Ratio	
	Pacific	All Staff	Pacific	All Staff
FY21 Q2	59 %	42 %	1: 3.2	1 : 1.74
FY21 Q1	56 %	40 %	1 : 2.9	1.7
FY 20	43 %	34 %	1 : 5.7	1 : 7.2
FY 19	34 %	33 %	1 : 6.4	1 : 7.8

Voluntary Turnover Rate



Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q2: 31 December 2020

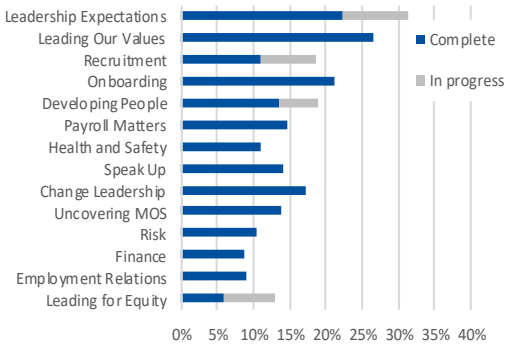
Continue to strengthen our organisational Culture & Values | Uphold Te Tiriti o Waitangi as our framework to eliminate racism, build culturally safe practice and achieve health equity | Grow and develop ngā Kaimahi Māori | Implement 'Kia Ora tō Wāhi Mahi' - The Healthy Workplace Plan for Te Toka Tumai | Build pipelines, attract and retain the talent we need to deliver a workforce that is fit for the future | Make it easier to work here - improving the manager and employee experience of people processes

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Strengthen Culture & Build Capability

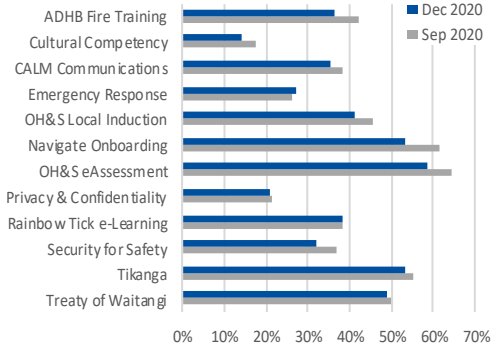
- There is a slow but steady increase in the uptake of the MDP modules.
- Good increase in the Leading for Equity module which was released in the last quarter. We are adding additional facilitator capacity for the face to face component of this offering as many directorates have identified completion of this module as a priority in their people plans.
- Mandatory training completions are lower this quarter. Over the balance of the year we are conducting a review of Mandatory Training, which will improve reporting and notifications to employees & people leaders prompt completions.
- Performance & Development Conversations being tracked in Kiosk continue to be challenging and will be addressed by the HR Partnering team with services.
- Trends in Annual Leave for the quarter are not as expected based on the work started with Directorates on managing leave. A deeper dive into areas of concern will be completed within January with resulting plans to address agreed.

Management Development Programme

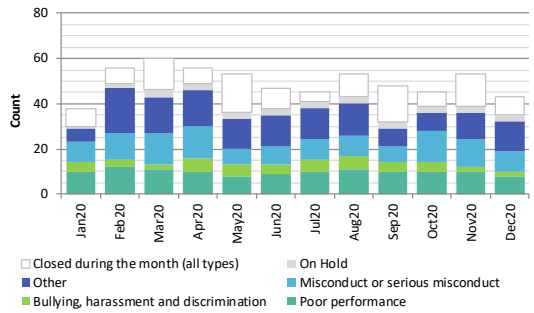


The MDP module completed by People managers as at 31 Dec 2020.

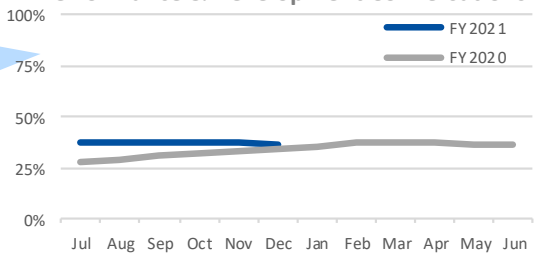
Mandatory Training



Employee Relations Cases

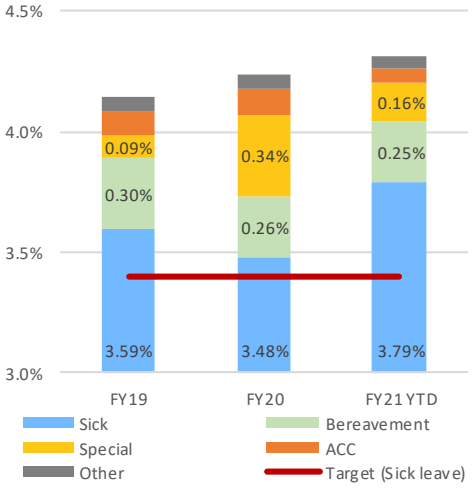


Performance & Development Conversations

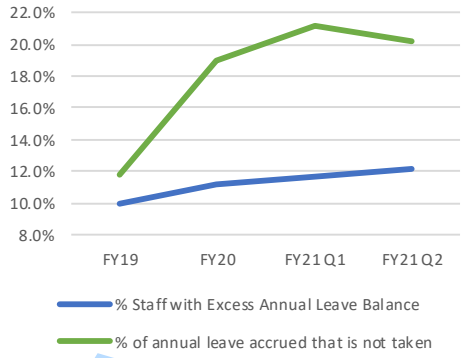


This graph indicates the completion of our requirement to document performance conversations in kiosk. We are aware more performance conversations have taken place but have not been entered as complete in Kiosk.

Unplanned Leave / Absenteeism

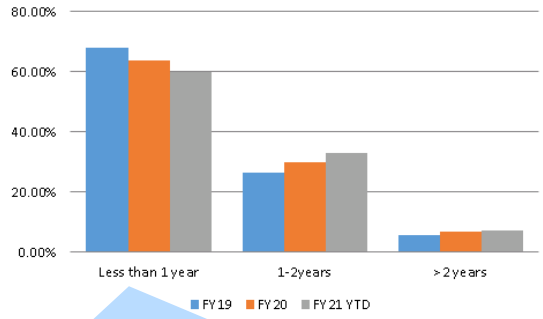


Annual Leave



11,650 weeks of leave was accrued by staff in FY21 Q2, and 9,300 of leave was taken. This means that ~20% of annual leave accrued in the quarter was not taken.

Annual Leave Entitlement Not Taken



% of employees with more than one year's leave entitlement not taken, has gone up from 32.17% as at Jun 20 to 40.15% as at end Dec 20 (End Sept 20 was: 37.6%). This indicates that we have slowed the rate of decline in this metric but not yet reversed the trend.

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

Financial Performance Report for the period ending 30 November 2020

Recommendation

That the Board Receives this Financial Report for the five months ending 30 November 2020

Prepared by: Auxilia Nyangoni, Deputy Chief Financial Officer
Endorsed by: Justine White, Chief Financial Officer
Date: 19 January 2021

1. Executive Summary

The 2020/21 Annual Plan Financial Budget was approved by the Board in August with a deficit of $45M, which is still subject to approval by the Minister of Health. Financial performance in this report is based on that approved budget.

For the year to date period ending 30 November 2020, the DHB realised a deficit of $35M, which was $24.8M unfavourable to the budgeted deficit of $10M. The result by division and showing the Covid impacts is as follows:

Result by Division	**For the five months ending 30 Nov 2020**		
	Actual	**Budget**	**Variance**
Funder	6,859	7,875	1,016 U
Provider	(42,273)	(18,011)	24,263 U
Governance	388	(59)	447 F
Net Surplus / (Deficit)	**(35,026)**	**(10,196)**	**24,830 U**
COVID-19 Net impact on bottom-line	(27,475)	0	**27,475 U**
BAU Net impact on bottom-line	(7,551)	(10,196)	**2,645 F**

The year to date $24.8M unfavourable variance result was driven by $24M adverse variance in the Provider Arm and is mainly due to Covid impacts, as the underlying Business as Usual (BAU) operations' result was overall favourable to budget by $2.6M as shown above. Covid-19 impacts include a provision for adverse IDF and Planned Care revenue wash-ups reflecting continuing lower than planned volumes delivered during the Covid lockdown period. The balance of the variance is related to a one off donation of goods valued at $2.5M being recognised in the month.

2. Summary Result and Financial Commentary for November 2020

$000s	Month (Nov-2020)			For the five months ending 30 Nov 2020			Full Year (2020/21)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Income									
Government and Crown Agency	145,139	145,124	15 F	743,412	726,875	16,537 F	1,713,509	1,742,995	29,487U
Non-Government and Crown Agency	11,800	8,748	3,053 F	44,634	44,258	376 F	151,051	105,660	45,390F
Inter- District Flows	59,429	60,598	1,169 U	292,986	302,990	10,004 U	727,840	727,176	664F
Inter-Provider and Internal Revenue	1,301	1,565	264 U	7,350	7,286	64 F	18,570	18,242	328F
Total Income	**217,669**	**216,035**	**1,635 F**	**1,088,381**	**1,081,408**	**6,973 F**	**2,610,970**	**2,594,073**	**16,896F**
Expenditure									
Personnel	98,804	98,631	173 U	489,513	483,116	6,396 U	1,195,026	1,184,077	10,949U
Outsourced Personnel	3,509	1,605	1,905 U	14,442	8,023	6,419 U	25,385	19,254	6,131U
Outsourced Clinical Services	4,380	3,712	668 U	20,431	18,187	2,244 U	46,329	45,976	353U
Outsourced Other Services	7,375	7,395	19 F	36,660	36,974	314 F	91,384	88,737	2,647U
Clinical Supplies	27,928	27,599	330 U	140,727	139,592	1,135 U	329,352	326,698	2,654U
Funder Payments - NGOs and IDF Outflows	63,708	62,490	1,218 U	326,360	312,450	13,911 U	773,741	749,879	23,862U
Infrastructure & Non-Clinical Supplies	18,615	18,630	15 F	95,274	93,263	2,012 U	234,684	224,496	10,188U
Total Expenditure	**224,320**	**220,061**	**4,259 U**	**1,123,407**	**1,091,604**	**31,803 U**	**2,695,901**	**2,639,117**	56,784U
Net Surplus / (Deficit)	**(6,650)**	**(4,026)**	**2,624 U**	**(35,026)**	**(10,196)**	**24,830 U**	**(84,932)**	**(45,044)**	**39,888 U**

Result by Division	Month (Nov-2020)			For the five months ending 30 Nov 2020			Full Year (2020/21)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder	542	1,575	1,033 U	6,859	7,875	1,016 U	13,843	18,900	5,057 U
Provider	(7,159)	(5,612)	1,547 U	(42,273)	(18,011)	24,263 U	(99,229)	(63,882)	35,347 U
Governance	(34)	11	44 U	388	(59)	447 F	454	(61)	515 F
Net Surplus / (Deficit)	**(6,650)**	**(4,026)**	**2,624 U**	**(35,026)**	**(10,196)**	**24,830 U**	**(84,932)**	**(45,044)**	**39,888 U**
COVID-19 Net impact on bottom-line	(5,062)	0	**5,062 U**	(27,475)	0	**27,475 U**	**(39,676)**	0	**39,676 U**
BAU Net impact on bottom-line	(1,588)	(4,026)	**2,438 F**	(7,551)	(10,196)	**2,645 F**	**(45,256)**	(45,044)	**212 U**

Commentary on DHB Consolidated Financial Performance

Result for the Month of November 2020

Major variances to budget on a line by line basis are described below:

Revenue for the month of November 2020 is favourable to budget by $1.6M (0.8%). This variance reflects $1.2M additional Covid-19 income and $390K additional BAU revenue realised. Significant variances in revenue categories include:

- $3M (34.9%) favourable Non-Government and Crown Agency revenue, mainly reflecting:
  - $2.5M favourable in donations recognised for various equipment.
  - $1.6M favourable movement in retail pharmacy sales, but substantially offset by additional costs.
  - $1.0M unfavourable Non-resident revenue due to reduced Pacific contract cases as a result of Covid-19.
- $1.2M (-1.9%) unfavourable Inter-District Flows, mainly from revenue wash-up provisions for under delivery of inpatient services.

Expenditure for the month of November 2020 is unfavourable to budget by $4.3M (-1.9%). Of this variance $6.3M is due to unbudgeted costs arising from Covid-19 and this is partially offset by $2M favourable cost movements in BAU operations. Significant variances include:

- $2M (-2.1%) unfavourable variance in combined Personnel and Outsourced Staff costs reflecting unbudgeted Covid-19 related expenditure $2.6M unfavourable, with the underlying BAU variance $0.6M favourable.
- $1.2M (-1.9%) unfavourable variance in Funder NGOs expenditure is mainly driven by unbudgeted Covid costs which are offset by additional Covid funding from MoH.

Result for the Year to Date

Major variances to budget on a line by line basis are described below:

Total Revenue is favourable to budget YTD by $7M (0.6%), mainly driven by a net favourable Covid impact of $8M, with BAU revenue being $1M unfavourable. Significant variances in revenue categories include:

- $16.5M (2.3%) favourable Government and Crown Agency revenue. This includes additional revenue from Covid-19 of $18.9M. The balance reflects unfavourable revenue in BAU operations mainly MoH non-devolved contract revenue with associated costs.
- $10M (-3.3%) unfavourable Inter-District Flows, mainly from revenue wash-up provisions for under delivery of inpatient services.

The year to date expenditure variance of $32M (-2.9%) includes an overall adverse Covid impact of $35.5M and the balance is due to $3.7M favourable impact from BAU operations. Significant variances are:

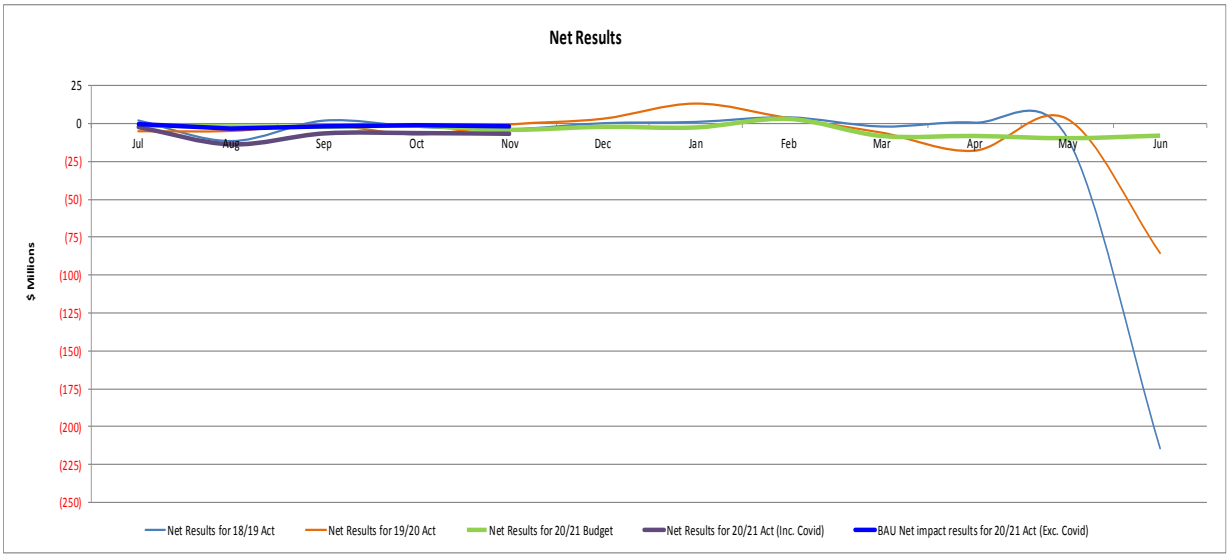
- $12.8M (-2.6%) unfavourable variance in Personnel/Outsourced Personnel costs, driven by unbudgeted Covid-19 related expenditure of $13.1M for the costs of additional resources and the reduction in annual leave taken during levels 2 and 3 in August and September. The underlying BAU variance is $0.3M favourable.
- $2.2M (-12.3%) unfavourable in Outsourced Clinical Services, with the key variances as follows:
  - Unbudgeted Covid-19 related expenditure of $0.6M (for laboratory send-away tests).
  - Diagnostic genetics $0.4M unfavourable due to delay in repatriation of tests previously not done in house – this variance will reduce once repatriation is complete.
  - Planned outsourcing for colonoscopy has been completed earlier than budget phasing resulting in a $0.4M unfavourable variance which will correct during the year.
  - Additional MRI outsourcing $0.3M unfavourable for which additional one off MOH funding has been received.
  - Additional outsourcing in Ophthalmology in order to meet PVS, $0.6M unfavourable.
- $1M (-0.8%) unfavourable in Clinical Supplies driven by unbudgeted Covid-19 costs of $2.7M primarily due to the extremely high volume of Covid-19 tests processed during August and September. Excluding these costs, the underlying Clinical Supplies variance is $1.5M favourable, reflecting overall volume performance below contract.
- $13.9M (-4.5%) unfavourable variance in Funder NGOs expenditure & IDF outflows, mainly reflecting unbudgeted Covid cost impact of $16M, offset by additional Covid revenue and net favourable variances across the other funded Initiatives within Funder NGO. and, favourable prior year adjustments in Other Personal Health expenditure.
- $2M (-2.2%) unfavourable variance in Infrastructure & Non Clinical Supplies costs mainly driven by unbudgeted Covid-19 related expenditure of $2.5M offset by various net favourable movements across the expenditure categories.

Year End Forecast Result

The high level forecast year end result remains unchanged with a deficit of $84.9M against the full year planned deficit of $45M, this excludes any further Holidays Act remediation provision that will be required for 2020/21 and will be subject to estimation by experts. The forecast variance to the budget is primarily due to the year to date and forecast Covid impacts.

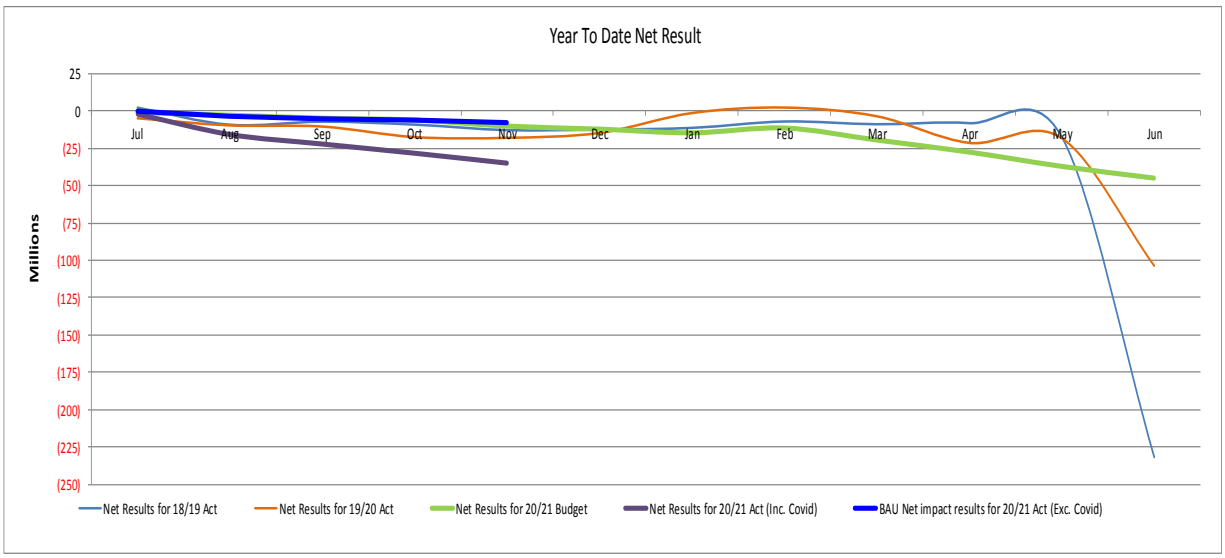
3. Performance Graphs

Figure 1: Consolidated Net Result (By Month)



$ millions	July	August	Spetember	October	November	December	January	February	March	April	May	June	Total
Net Results for 18/19 Act	2.183	(11.446)	2.057	(2.009)	(3.665)	0.324	1.185	4.248	(1.830)	0.728	(9.280)	(214.462)	(231.967)
Net Results for 19/20 Act	(4.968)	(4.764)	(0.776)	(7.055)	(0.494)	3.289	13.310	3.679	(5.846)	(17.834)	3.151	(85.513)	(103.821)
Net Results for 20/21 Budget	(1.110)	(1.795)	(1.975)	(1.290)	(4.026)	(2.028)	(2.449)	3.189	(8.065)	(8.066)	(9.566)	(7.864)	(45.043)
Net Results for 20/21 Act (Inc. Covid)	(2.167)	(13.626)	(6.409)	(6.173)	(6.650)								(35.026)
BAU net results for 20/21 Act (Exc. Covid)	(0.464)	(2.839)	(1.959)	(0.668)	(1.588)								(8)

Figure 2: Consolidated Net Result (Cumulative YTD)



$'millions	July	August	September	October	November	December	January	February	March	April	May	June
Net Results for 18/19 Act	2.183	(9.263)	(7.207)	(9.215)	(12.880)	(12.556)	(11.371)	(7.122)	(8.953)	(8.225)	(17.505)	(231.967)
Net Results for 19/20 Act	(4.968)	(9.732)	(10.509)	(17.564)	(18.057)	(14.768)	(1.458)	2.221	(3.625)	(21.459)	(18.308)	(103.821)
Net Results for 20/21 Budget	(1.110)	(2.905)	(4.880)	(6.169)	(10.195)	(12.223)	(14.672)	(11.483)	(19.548)	(27.614)	(37.179)	(45.043)
Net Results for 20/21 Act (Inc. Covid)	(2.167)	(15.793)	(22.202)	(28.375)	(35.026)							
BAU Net impact results for 20/21 Act (Exc. Covid)	(0.464)	(3.303)	(5.262)	(5.963)	(7.551)							

4. Financial Position

4.1 Statement of Financial Position as at 30 November 2020

$'000	30-Nov-20			31-Oct-20	Variance	30-Jun-20	Variance
	Actual	Budget	Variance	Actual	Last Month	Actual	Last Year
Public Equity	935,085	955,547	20,462U	931,503	3,582F	919,427	15,659F
Reserves							
Revaluation Reserve	599,151	599,151	0F	599,151	0F	599,151	0F
Accumulated Deficits from Prior Year's	(792,726)	(790,846)	1,880U	(792,779)	53F	(688,960)	103,766U
Current Surplus/(Deficit)	(35,025)	(10,195)	24,829U	(28,375)	6,650U	(103,819)	68,795F
	(228,599)	(201,890)	26,709U	(222,002)	6,597U	(193,628)	34,972U
Total Equity	**706,486**	**753,657**	**47,171U**	**709,501**	**3,015U**	**725,799**	**19,313U**
Non Current Assets							
Fixed Assets							
Land	347,122	347,122	0F	347,122	0F	347,122	0F
Buildings	610,744	628,829	18,085U	613,523	2,778U	624,109	13,364U
Plant & Equipment	85,335	93,560	8,225U	82,423	2,912F	86,655	1,320U
Work in Progress	102,689	113,333	10,644U	94,271	8,418F	73,193	29,495F
Total PPE	1,145,890	1,182,844	36,954U	1,137,339	8,551F	1,131,079	14,811F
Investments							
- Health Alliance	74,268	75,057	789U	74,268	0F	74,268	0F
- Health Source	271	-	271F	271	0F	271	0F
- NZHPL	6,736	5,450	1,287F	6,791	55U	7,084	348U
- Other Investments	518	-	518F	518	0F	518	0F
	81,793	80,507	1,287F	81,848	55U	82,141	348U
Intangible Assets	2,093	6,983	4,890U	2,165	72U	2,216	123U
Trust Funds	17,388	15,970	1,418F	16,883	505F	15,970	1,418F
	101,274	103,460	2,186U	100,896	378F	100,327	947F
Total Non Current Assets	**1,247,164**	**1,286,305**	**39,140U**	**1,238,235**	**8,929F**	**1,231,407**	**15,758F**
Current Assets							
Cash & Short Term Deposits	178,847	102,473	76,375F	170,419	8,428F	135,902	42,946F
Trust Deposits > 3months	16,892	16,394	498F	18,392	1,500U	16,394	498F
ADHB Term Deposits > 3 months	5,000	15,000	10,000U	5,000	0F	15,000	10,000U
Debtors	30,650	45,325	14,676U	33,201	2,551U	45,325	14,676U
Accrued Income	70,167	53,611	16,556F	64,404	5,763F	66,672	3,495F
Prepayments	9,143	6,651	2,492F	9,869	725U	4,622	4,521F
Inventory	15,754	27,511	11,757U	15,369	385F	15,396	359F
Total Current Assets	**326,454**	**266,965**	**59,489F**	**316,654**	**9,801F**	**299,311**	**27,144F**
Current Liabilities							
Borrowing	(2,307)	(1,925)	382U	(2,047)	260U	(1,828)	480U
Trade & Other Creditors, Provisions	(226,289)	(166,917)	59,372U	(217,517)	8,771U	(177,892)	48,396U
Employee Entitlements	(535,913)	(524,748)	11,166U	(524,452)	11,461U	(524,748)	11,166U
Funds Held in Trust	(1,384)	(1,376)	8U	(1,384)	0F	(1,384)	0U
Total Current Liabilities	**(765,893)**	**(694,965)**	**70,928U**	**(745,400)**	**20,492U**	**(705,851)**	**60,042U**
Working Capital	**(439,439)**	**(428,000)**	**11,439U**	**(428,746)**	**10,692U**	**(406,541)**	**32,898U**
Non Current Liabilities							
Borrowings	(12,309)	(15,562)	3,253F	(11,057)	1,252U	(10,136)	2,172U
Employee Entitlements	(88,931)	(89,086)	154F	(88,931)	0F	(88,931)	0F
Total Non Current Liabilities	**(101,240)**	**(104,647)**	**3,407F**	**(99,988)**	**1,252U**	**(99,067)**	**2,172U**
Net Assets	**706,486**	**753,658**	**47,172U**	**709,501**	**3,015U**	**725,799**	**19,313U**

Commentary

The major variances to budget are summarised below:

Property, Plant and Equipment:
The variance reflects capital expenditure tracking below budget as at November 2020. Budgeted capital spend is based on timing of implementation of capital projects as advised by services which may vary due to timing of capital approval, procurement and implementation timeframes.

Cash and Short Term Deposits:
The higher than budgeted balance mainly reflects the impact of the delay in the capital program on cash and timing of receipts and payments. The cash balances include $25m investment matured and not yet reinvested.

Debtors and Accrued Income:
Debtors and Accrued income in total variance is mainly driven by the timing of billings to and receipts mainly from MOH.

Inventory
The higher inventory budget reflects budgeted PPE stock purchased on behalf of MOH ($12m). As at 30 June 2020, the stock value was reclassified into accrued debtors as this stock was purchased by ADHB on behalf of MOH.

Trade & Other Creditors and Provisions:

Trade & Other Creditors, Provisions:	**$000's**
Trade Creditors (including accruals)	197,888
Income in Advance	28,401
Total	226,289

4.2 Statement of Cash flows as at 30 November 2020

$000's	30-Nov-20			For the five months ending 30 Nov 2020		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	215,089	215,808	719U	1,109,231	1,079,857	29,374F
Payments						
Personnel	(87,343)	(98,631)	11,288F	(478,347)	(483,703)	5,356F
Suppliers	(47,114)	(50,605)	3,491F	(248,359)	(254,108)	5,749F
Capital Charge	0	(3,807)	3,807F	-	(19,036)	19,036F
Payments to other DHBs and Providers	(63,708)	(62,490)	1,218U	(326,360)	(312,450)	13,911U
GST	(3,701)	0	3,701U	(3,300)	0	3,300U
	(201,865)	(215,533)	13,668F	(1,056,366)	(1,069,296)	12,930F
Net Operating Cash flows	**13,224**	**274**	**12,949F**	**52,865**	**10,561**	**42,303F**
Investing						
Interest Income	215	227	12U	1,057	1,135	78U
Sale of Assets	(0)	0	0U	22	0	22F
Purchase Fixed Assets	(11,780)	(16,875)	5,095F	(38,526)	(86,333)	47,806F
Investments and restricted trust funds	1,555	0	1,555F	9,348	0	9,348F
Net Investing Cash flows	**(10,010)**	**(16,648)**	**6,637F**	**(28,100)**	**(85,198)**	**57,098F**
Financing						
Interest paid	(38)	(99)	61F	(291)	(493)	202F
New loans raised	1,851	1,247	605F	3,738	6,604	2,866U
Loans repaid	(180)	(239)	59F	(927)	(1,024)	97F
Other Equity Movement	3,582	5,195	1,613U	15,659	36,121	20,462U
Net Financing Cash flows	**5,215**	**6,104**	**889U**	**18,179**	**41,208**	**23,029U**
Total Net Cash flows	**8,428**	**(10,269)**	**18,697F**	**42,943**	**(33,429)**	**76,373F**
Opening Cash	170,419	112,742	57,677F	135,902	135,902	0F
Total Net Cash flows	8,428	(10,269)	18,697F	42,943	(33,429)	76,373F
Closing Cash	**178,847**	**102,473**	**76,373F**	**178,847**	**102,473**	**76,373F**
ADHB Cash				172,956	96,270	76,686F
A+ Trust Cash				5,545	5,857	312U
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits				346	346	1F
				178,847	**102,473**	**76,373F**
ADHB Short Term Investments 3 > 12 months				5,000	15,000	10,000U
A+ Trust Short Term Investments 3 > 12 months				16,892	16,394	498F
ADHB Long Term Investments				-	-	0F
A+ Trust Long Term Investment Portfolio				17,388	15,970	1,418F
Total Cash & Deposits				**218,127**	**149,836**	**68,289F**

DHB Governance Programme: 'Seat at the Table'

Recommendation

That the Board:

1. **Receives the DHB Governance Programme: 'A Seat at the Table' Observers report for January 2021.**
2. **Approves the appointment of three Board Observers to Auckland DHB where two are proposed as external appointments and a third from internal staff members**
3. **Gives consideration to appointing two or three board members as mentors, one of these to be Tama Davis.**

Prepared by: Tama Davis, Deputy Board Chair
Endorsed by: Pat Snedden, Board Chair
Endorsed by Executive Leadership Team: Yes: Date: Wednesday, 27 January 2021

1. Executive Summary

The "Seat at the Table" programme aims to increase the future governance diversity on District Health Boards and on boards of other significant health sector organisations. The programme provides opportunities for young Māori, Pacific and disabled people to assume a role as a Board Observer and build their governance skill base.

Auckland DHB are asked to consider:

- Their level of interest in the programme
- Appointing one or more Board members as Mentors.
- Approving the process calling for two nominations of observers (mentees).

2. Introduction/Background

A Seat at the Table is a governance programme designed to mentor younger Māori, Pacific and disabled people interested in health board governance. The programme has both equity and succession planning objectives. The mentee will become part of the Board for 12 months, attending no more than 10 Board meetings, having no voting rights but being granted the ability to sit at the table, participate and learn. See attachment one for detail of mentee role.

The programme is supported by the Ministry of Health (MoH) who is allowing Boards to each select up to two candidates as mentees and is prepared to refund the cost associated with their participation.

Opportunities for a Board Observer

- Attendance as observers at full Board meetings with speaking but no voting rights.
- Introduction to committees meetings of Board over the course of the year.
- Meeting with Consumer Councils, Māori, Pacific and Asian health teams.
- Informal catch-ups with Board chairs and/or Deputy Board Chairs.
- Accompanying Boards on their site visits for health and safety or other governance functions.

- Attending board professional development sessions (for example, equity issues) as appropriate.
- Access to board and committee papers via Diligent board books or similar board packs.
- An experienced mentor for the duration of term.
- Three or four Zoom or in person meetings a year with Kylie Clegg (Waitematā DHB Deputy Chair and former Counties Manukau board member) and other DHB Board Observers to share experiences, concerns and be provided with further mentoring.
- Upon completion of the programme, possible opportunities to be appointed to a relevant sub-committee in a governance capacity could be explored

Board Observers will sign a basic agreement setting out the terms of the governance programme, including confidentiality guarantees. Any conflicts of interest that a board observer may have must be declared. The observers will also provide feedback to the DHB at the end of the appointed term.

3. Role of Mentor

The DHBs who are currently involved with or who have expressed an interest in this initiative are Waitematā DHB, Counties Manukau DHB, Bay of Plenty DHB, Taranaki DHB and Hawkes Bay DHB.

It is essential to the success of the programme that experienced board members with the ability to set aside time are chosen as mentors. A board member would not be able to manage more than two mentees at a time and ideally only one so that an enriching experience is offered.

There is no financial reimbursement for the time expended in this role. See attachment two for detail of the mentor role.

4. Costs/Resources/Funding

Board Observers are to be paid $250 per meeting attendance with a limit of payment for ten meetings per year.

The budget for each mentee is:

Meeting attendance	$2,500
Diligent access	$500
Admin/catering/incidentals	Estimated as $500
Travel	Up to $500
Total cost per observer	~$4,000

Auckland DHB will invoice the Ministry of Health (MoH) for costs associated with the programme as specified above at the end of the Board Observers' (mentees) term. The MoH have undertaken to reimburse cost for two observers per Board. Should the Board determine that they would like to take on more than two observers/mentees then that additional number would be at its own cost.

Auckland DHB's People and Culture department will fund the cost of an additional Board Observer. This is in line with the Key Result Area 3 of the Pūmanawa Tāngata (People Plan) 2020-2023, which is to grow and develop nga kaimahi Māori. Auckland DHB proposes to appoint 3 Board Observers, one from within the organisation, and the other two from the community. The appointment of the 2 community representatives will be by nomination and the internal will be advertised to staff

members for those who are eligible to express their interest and an interview and selection process will determine the successful applicant.

On the appointment of the 3 Board Observers, a mihi whakatau will be organised to formally welcome them to the Auckland DHB and to assist in establishing effective relationships with staff and key stakeholders.

An induction programme will also be organised to provide Board Observers an opportunity to formally meet Board members, ELT, SLT and other staff. This will support them in gaining a better understanding of the different areas of the organisation.

Each Observer will be assigned a Board Member mentor.

Representatives from the People and Culture team will meet regularly with Board Observers to gain valuable feedback and ensure participants gain a meaningful, high-level quality of experience from the programme.

5. Risks/Issues

The Seat at the Table programme has already been implemented at Waitemata DHB and Counties Manukau DHBs. The following comment is based on their experience:

- Board Observers who are also staff may have issues managing work schedules to attend meetings.
- There may also be potential conflicts of interest around their work in relation to discussions at Board and committee meetings.
- The amount of time spent by a board member mentoring was under estimated.
- More resource than just the board member was involved in the mentoring process it also involved staff. That cost had not been factored in as while the mentor was dealing with one or two observers, key staff were having to deal with the full number taken on by the DHB.
- Workshops are funded by the MoH on Enhancing DHB Governance. These are the same ones provided to new board members by Tragaskis Brown who have confirmed that they are planning to run the Finance for Governors webinar module in February, subject to funding being available for these. There is no other training currently available for an observer/ mentee.
- Funding for additional mentees and costs will need to be spread out across two financial years as the programme commences in January each year. As a result of COVID, there is budget to cover one further potential observer/mentee from the 2020/2021 budget. It is has yet to be determined whether there would be corresponding funding available in the 2021/2022 financial year.

10. Conclusion

It is recommended that the Auckland DHB Board participates in the “Seat at the Table” programme to promote succession planning and governance diversity within District Health Boards and boards of other significant health sector organisations.

Attachment 1

A Seat at the Table
District Health Boards Governance Observer Programme

The Seat at the Table is a District Health Board governance programme to mentor younger people interested in health sector governance, in particular Māori, Pacific and disabled people.

The board governance programme aims to increase the diversity on District Health Boards and on boards of other significant health sector organisations, by providing opportunities to develop governance skills for board observers.

The programme is for 12months where you will be a part of a board governing a District Health Board. You will participate as a board member in all aspects but will not have voting rights and will not form part of the quorum of a board meeting.

You will be provided with a board member as a mentor to support you on the board governance programme and there will be opportunities to meet with board observers on other District Health Boards to share learnings. You will attend most board meetings and some committee meetings, (where possible) during your year, which will help you develop skills to further your governance career. While the board will make final decisions, the board welcomes your voice and skill set in its governance deliberations. There will also be governance development opportunities throughout the year and you will be in an environment to learn off other experienced directors, executives and clinicians.

The observer will be subject to usual pre-employment and background checks. We will ask that you sign an agreement, including confidentiality guarantees, and declare any conflicts of interest.

Attachment 2

Seat at the Table Board Governance Development Programme

Guidelines for Board Mentors

Purpose of Mentoring: Provide guidance and support to Board Observers to enable them to get the most out of the development programme.

Mentor Expectations

Beginning of Programme

- Meet with the Board Observer before the first meeting - welcome them and provide an overview of the of the board culture, board members, how to prepare for meetings and what to expect at meetings, expectations of the Seat at the Table Board Governance Development Programme.
- First board meeting – have a seat next to your own at the board table and make introductions to other board members and staff.
- Ensure there is a formal introduction to the Board.
- Liaise with board secretary about an induction, a meeting between the Board Observer and Chair and CE.
- Help the Board Observer map out their 10 meetings for the year ensuring they experience a broad range of meetings and experiences.
- Ensure administration is sorted i.e the Board Observer is set up to receive board papers at the right time.

Ongoing

- Serve as a coach during meetings, sit next to the Board Observer and quietly provide additional background information.
- Agree with Board Observer the best way for mentoring sessions (frequency of meetings, how much contact between meetings, how they will provide feedback to each other on how the mentoring is going). Informal debriefing after meetings (either immediately or in between meetings) is especially important to provide additional information, history etc.
- Preview meetings are more important to help Board Observers clarify what to focus on, go over issues to raise and how to look at things from a governance lens.
- Help identify opportunities or governance development that will assist Board Observer governance development e.g. shadowing CE for a day.
- Ask for feedback on your performance from Board Observer.
- Keep notes about what is working well and what could be improved from the mentoring experience.

Board Observer Expectations

- Commit to attending board meetings and mentoring sessions with Board Mentor.
- Be available for other governance development opportunities should they arise.
- Seek guidance from Board Mentor on issues and areas of uncertainty.
- Provide feedback to Board Mentor on the mentoring performance.

Committee Membership - Appointment of an additional board member to the Disability Support Advisory Committee and required subsequent amendment of the Terms of Reference

Recommendation:

That the Board:

1. **Amend the Terms of Reference for the Disability Support Advisory Committee to allow membership to comprise up to four Board Members**
2. **Approve the appointment of Zoe Brownlie to the Disability Support Advisory Committee.**

Prepared by: Marlene Skelton (Corporate Business Manager)

Purpose

This paper proposes the appointment of a further member to the Disability Support Advisory Committee and the amendment of the terms of reference to allow this to occur.

Background

The Board Chair, Pat Snedden and the DiSAC Chair, Jo Agnew have received a request from Zoe Brownlie to be appointed to the Disability Support Advisory Committee. They have agreed to the request and are seeking Board endorsement.

Amendment to Terms of Reference

To allow this appointment to occur a simple change to the Terms of Reference is required to allow an increased number of Board members to sit on this committee. There is currently provision for three and with the appointment of Zoe Brownlie this would bring the number to four.

That the wording within the terms of reference (*approved by Board on 16 December 2020*) under the heading "membership" which currently reads:

"DiSAC shall comprise:

- Up to-**three** Board members
- A minimum of two appointed members with lived experience of disability, one of those being Maori.
- At least one member of DiSAC shall be Māori."

Be amended to read:

"DiSAC shall comprise:

- Up to-**Four** Board members"

Auckland DHB Local Disability Support Advisory Committee Membership

It is proposed that the membership then be as follows:

Disability Support Advisory Committee	
Chair	Jo Agnew
Member	Michelle Atkinson [26 February 2020]
Member	Zoe Brownlie [27 January 2021]
Member	Tama Davis

Nomination process of a Auckland DHB Shareholder Representative Director to the healthAlliance Board

Recommendation:

That the Board:

1. **Agree the process as outlined in the report**
2. **Give the Board Chair and Deputy Chair the authority to make the final selection on behalf of the Board**
3. **Note that the appointment must be endorsed by the three remaining regional DHBs prior to healthAlliance being notified.**

Prepared by: Marlene Skelton (Corporate Business Manager)

Purpose

This paper sets out the process to be employed for the calling and review of nominations and the subsequent appointment from among Board Members for the position of Auckland DHB Shareholder Representative Director on the healthAlliance Board.

Background

The Finance, Risk and Assurance Committee at its 14 October 2020 meeting considered a report from General Counsel, Bruce Northey in relation to Auckland DHB being a shareholder in various shared services entities together with other DHBs in the northern region and in particular a vacancy on the healthAlliance Board which required filling.

The Board noted that other DHBs had appointed a medical and/or financial person to the Board. This was seen as an opportunity for Auckland DHB to make a "governance" appointment to that Board.

Doug Armstrong considered this a very important appointment as hA oversaw many key functions that provided direct support to the DHB and any applicant should have the required skills to effectively carry out the role. It was agreed that a formal nomination process would be undertaken utilising an appropriate skills matrix.

Company overview and skill requirement

The Corporate Business Manager has obtained information from hA as to a company overview, current Board composition, skills required and time commitment. [see Attachment 8.3.1.]

The healthAlliance Board has good representation in the areas of digital, information technology, and clinical, with a mixture of health sector and wider industry experience at both Executive and Governance levels.
To supplement the existing board skill sets, preferred skills and experience would include:

- Strategy
- People/HR
- A focus on diversity
- Governance and Senior Leadership experience
- Accounting and Finance.

Nomination process

Board members are invited to put themselves forward for the position of Auckland DHB Shareholder Representative Director to the healthAlliance Board.

Any decision ultimately made by Auckland DHB must be endorsed by the other three regional DHBs. Their March board meeting dates are as follows:

DHB	March Meeting Date
Northland	8 March
Waitemata	10 March
Counties Manukau	3 March

Auckland DHB Timeframe for Nomination and selection is as follows:

Task	Date	Who
Nominations Close	5 February 2021	Submit to Pat Snedden
Interview of applicants	15 February 2021	Pat Snedden, Tama Davis and one hA representative
Decision	17 Feb	Pat Snedden, Tama Davis and one hA representative
Regional Boards Advised	18 Feb	Marlene Skelton
hA Advised by	15 March	Marlene Skelton

A nomination form is attached. [see attachment 8.3.2.]

healthAlliance
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Auckland
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healthAlliance
Right behind better healthcare

ADHB Shareholder Representative Director

Information to Support an Expression of Interest

Company Overview

healthAlliance N.Z. Limited (healthAlliance) is the information and communications technology (ICT) company owned by the four Northern Region District Health Boards and operates one of the largest and most complex ICT environments in New Zealand.

The purpose of healthAlliance is to provide IS shared services at an economy of scale to the Northern Region District Health Boards with the goal of enabling better health outcomes through the use of technology (including consumer-driven and digitally-enabled healthcare).
healthAlliance has a critical role to support the Region to operate as a joined up health system, with the patient at the centre of care, through the integration of primary, secondary and community settings to ensure a seamless patient experience.
The following is a summary of the professional shared services that are provided to the four District Health Boards:

- **Technology & Digital Support Services** – supporting and maintaining the region's information systems. Supporting change management, capacity forecasting, development and implementation of new technology solutions. healthAlliance also provides technical training. This includes supporting the Regions 2,000 applications, 25,200 PSc and devices, 3,000 servers, 12,000 mobile phones, 450 network hub rooms, and 8 computer rooms.
- **Cyber Security** – providing 24 x 7 x 365 support to the Region, safeguarding systems, information and data.
- **Customer Service Centres** – supporting 26,000 clinicians and DHB staff. The team also supports TestSafe and CareConnect which provides remote access to lab results and information beyond the DHBs, such as primary care.
- **Project & Programme Services** – delivery of the Region's agreed IS-related portfolio of projects. These services also include IS EPMO-related services, frameworks, standards, and delivery models.
- **Technology Strategy & Road Mapping** – Safeguard the ISSP (Information Systems Strategic Plan). Provide the frameworks for IS strategy and road-mapping in collaboration with DHBs for ICT infrastructure and applications.
- **Annual IS Technology Planning & Reprioritisation** - providing the frameworks and in collaboration with DHBs, develop annual IS Technology plans and quarterly reprioritisation activity.
- **Regional Governance Support** – providing administration and governance support to regional IS forums.

These services enable the District Health Boards to deliver primary, secondary and community healthcare outcomes for 1.95 million New Zealanders.

Further information on healthAlliance can be found at:

- Statement of Intent 2020-2024
- Annual Report FY18/19

Board Composition

The healthAlliance Constitution and Shareholders Agreement provides for a total of seven directors (four Class A[1] Shareholder director representatives, and three independent directors).

The Shareholders (the four Northern Region DHBs - Auckland, Counties Manukau, Northland, and Waitemata DHBs) each hold one quarter of the Class A shares and appoint all directors. Custom and practice has been for each Northern Region DHB to appoint one Class A director.

With the departure of Rosalie Percival (ADHB CFO) there is a requirement to confirm a replacement Class A shareholder director for ADHB.

Skills Required

The healthAlliance Board has good representation in the areas of digital, information technology, and clinical, with a mixture of health sector and wider industry experience at both Executive and Governance levels. The current healthAlliance Board composition is set out at **Appendix 1**.

To supplement the existing board skillsets, preferred skills and experience would include:

- Strategy
- People/HR
- A focus on diversity
- Governance and Senior Leadership experience
- Accounting and Finance

[1] There are two types of shares. Class A shares confer ownership and voting rights. Class C shares relate to assets and distributions.

Time Commitment

The healthAlliance Board:

- Meets 11 times per year (6 times regular 2.5 hour board meetings, 5 times 1 hour approval meetings in the interim month (as required)
- Meetings are held in Penrose, Auckland, generally on the last Thursday/Friday of the calendar month[2]
- Undertakes regular Health & Safety Site visits (i.e. 2-3x visits per annum)
- Contribute to individual initiatives as required (i.e. supporting development of business cases related to director expertise, business deep dives and strategy sessions, time with the CEO to support company strategy and Executive appointment processes, input into reviews and initiatives).

Remuneration / Director and Officer Insurance

- The healthAlliance Board is classified as a multi-parent Crown Subsidiary under the Crown Entities Act. Remuneration (for non-DHB employed directors) is set at $17,213 per annum.
- healthAlliance has director and officer indemnity insurance.

[2] 2021 schedule currently being finalised

Appendix 1: Board Composition (as at November 2020)

	Directors	Current Role & Expertise
Class A shareholder directors	**Catherine Abel-Pattinson** *(Counties Manukau District Health Board shareholder representative)*	• Substantive role: CMH director • Expertise/background: Experienced non-executive Company director, with a strong health and biotechnology background
	Dr Michael Roberts *(Northland District Health Board shareholder representative)*	• Substantive role: NDHB Chief Medical Officer • Expertise/background: Clinical
	Dr Andrew Brant *(Waitemata District Health Board shareholder representative)*	• Substantive role: WDHB Deputy CEO (Seconded as Canterbury DHB CEO) • Expertise/background: Clinical
	Vacant *(Auckland District Health Board shareholder representative)*	
Independent directors	**Clayton Wakefield (Chair)**	• Substantive role: Independent Director • Expertise/background: Experienced non-Executive Director and IT Executive, with a background in technology, telecommunications, governance, banking and financial services
	Roger Jones	• Substantive role: Executive General Manager Business Technology at Auckland Transport • Expertise/background: Experienced IT Executive, Member of Hewlett Packard Enterprise Advisory Board and Microsoft Services Executive Board
	Russell Jones	• Substantive role: Executive General Manager for Technology and Operations at BNZ • Expertise/background: Experienced IT and Operations Executive

The Board is also in the process of engaging the services of Margaret White (CMH CFO) as an Independent Specialist to provide financial and risk advice to the board, and to Chair the Audit & Risk Committee.

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

NOMINATION FORM

Auckland DHB Shareholder Representative Director to healthAlliance Board

Nominee's name	
Nominee's title	

You do not need to complete this section if you are nominating yourself.

Nominator's name	
Nominator's title	
Nominator's signature and date	

Please tell us about your background and work experience in relation to the skills sets identified below:

SKILL SET	YOUR BACKCROUND/EXPERIENCE
Strategy	
People/HR	
Diversity	
Governance and Senior Leadership	
Accounting and Finance	
Any other experience or skills you wish to tell us about. (You can attach a Word document if you prefer. Please keep the length of your answer to a maximum of 150 words.)	

Nomination forms are to be emailed to Pat Snedden, Auckland DHB Board Chair on or before Friday, 5 February 2021.

Resolution to exclude the public from the meeting

Recommendation

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3. Confirmation of Confidential Minutes 16 December 2020	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5. Risk Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6. Chief Executive Confidential Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
	disadvantaged if that information was made public.	under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7. Human Resources Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8. Committee Reports - NIL	NIL	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9. Decision Items	See below	
9.1 Abortion Services Tender	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Capex Variation Requests – BFTF	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
	disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 Capex Variations Requests – General	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.4 Maternity Services Engagement Plan	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10. Discussion Reports – NIL		
11. Information Reports	See below	
11.1 HealthSource New Zealand Limited – Organisational Performance Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(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 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]

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
12. General Business		