AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 15 December 2021

10:00am

Note:

- **Open Meeting from 1:30pm**
- **Public Excluded to follow**

Via Zoom

Healthy communities | World-class healthcare | Achieved together
Kia kotahi te oranga mo te iti me te rahi o te hāpori

Published 10 December 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.

Open Agenda
Meeting of the Board
15 December 2021

Venue: Via Zoom **Time: 10:00am**

Board Members Pat Snedden (Board Chair) Jo Agnew Doug Armstrong Michelle Atkinson Zoe Brownlie Peter Davis Tama Davis (Board Deputy Chair) Fiona Lai Bernie O'Donnell Michael Quirke Ian Ward **Seat at the Table Appointees** Krissi Holtz Maria Ngauamo	**Auckland DHB Executive Leadership** Ailsa Claire — Chief Executive Officer Mel Dooney — Chief People Officer Mark Edwards — Chief Quality, Safety and Risk Officer Meg Poutasi — Chief of Strategy, Participation and Improvement Michael Shepherd — Interim Director Provider Services Shayne Tong — Chief Digital Officer Sue Waters — Chief Health Professions Officer Justine White — Chief Financial Officer **Auckland DHB Senior Staff** 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

KARAKIA

10.00am **1.** **ATTENDANCE AND APOLOGIES**

Board Member Fiona Lai

Executive Leadership Team Members, Karen Bartholomew, Debbie Holdsworth, Shayne Tong, Margaret Dotchin, Margaret Wilsher

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?

10.08am **3.** **CONFIRMATION OF CONFIDENTIAL MINUTES 3 NOVEMBER 2021**

3.1 Emergency Meeting of the Board **24 November 2021**

4. **ACTION POINTS**

10.15am **5.** **EXECUTIVE REPORTS**

5.1 Chief Executive's Report

5.2 Health and Safety Report

5.3 Human Resources Report

10.45am	**6.**	**PERFORMANCE REPORTS**
	6.1	Financial Performance Report
	7.	**COMMITTEE REPORTS - Nil**
10.55am	**8.**	**DECISION REPORTS**
	8.1	healthAlliance - DHB shareholder director change for Northland
	8.2	2022 Governance Meeting Structure
	8.3	Establishment of Executive Committee of the Board to cover holiday recess
	8.4	Child Immunisation Report [*Ruth Bijl in attendance to answer questions*]
	9.	**INFORMATION REPORTS - NIL**
11.15am	**10.**	**DISCUSSION ITEM**
	10.1	Auckland Health Foundation – In the new Health NZ framework [*Andrew Barclay, CEO/Pat Snedden, Board Chair – 30 minutes*]
	11	**GENERAL BUSINESS**
11.45am	**12**	**RESOLUTION TO EXCLUDE PUBLIC**

Next Meeting:	**TBA**

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Attendance at Board Meetings

2020/2021

Members	8 July 20	12 Aug 20	23 Sept 20	4 Nov 20	16 Dec 20	27 Jan 2021	31 March 2021	26 May 2021
Pat Snedden (Board Chair)	1	1	1	1	1	1	x	1
Joanne Agnew	1	1	1	1	1	1	1	1
Doug Armstrong	1	1	1	1	1	x	1	1
Michelle Atkinson	1	1	1	1	1	1	1	1
Zoe Brownlie	1	1	1	1	1	1	1	1
Peter Davis	1	1	1	1	1	1	1	1
Tama Davis	x	1	1	1	1	1	1	1
Fiona Lai	1	1	1	1	1	1	1	1
Bernie O'Donnell	1	1	1	1	1	1	1	x
Michael Quirke	1	1	1	1	1	1	1	1
Ian Ward	1	1	1	1	X	1	1	1

Members	28 July 21	29 Sept 21	3 Nov 21	15 Dec 21
Pat Snedden (Board Chair)	1	1	1	
Joanne Agnew	1	1	1	
Doug Armstrong	1	1	1	
Michelle Atkinson	1	1	1	
Zoe Brownlie	x	1	1	
Peter Davis	1	1	1	
Tama Davis	x	1	1	
Fiona Lai	1	1	1	
Bernie O'Donnell	x	1	x	
Michael Quirke	1	1	1	
Ian Ward	1	1	1	

Attendance at Board Meetings

Seat at the Table

Members	26 May. 21	28 Jul. 21	29 Sep. 21	3 Nov 21	15 Dec. 21	Meeting date			Meeting date
Kirimoana Willoughby	1	nm	nm	x					
Krissi Holtz	1	1	1	1					
Maria Ngauamo	1	1	1	1					
Shannon Ioane	1	nm	nm	1					
	Key: 1 = present, x = absent, # = leave of absence, c = cancelled nm = non member								

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 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	01.07.2021
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)* NZX shares which may include from time to time the health related shares EBOS , Fisher and Paykel Healthcare,Ryman Healthcare, Green Cross Healthcare	21.10.2021
Zoe BROWNLIE	Co-Director – AllHuman Board Member – Waitakere Health and Education Trust Partner – Team Leader, Community Action on Youth and Drugs Advisor – Wellbeing, Diversity and Inclusion at Massey University	26.05.2021
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) DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei	26.11.2021

	Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Yellow Brick Road Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa Director - - Board of New Zealand Health Partnerships Elected Member – Ngati Whatua o Orakei Trust Board Board Member – Auckland Health Foundation Director to Emerge Aotearoa Trust and Emerge Aotearoa Limited	
Krissi HOLTZ	Primary Employer – ASB Bank	07.07.2021
Shannon IOANE	Member – Public Service Association (PSA) Employee at Starship Children's Hospital – Allied Health/Child Health ADHB	07.07.2021
Fiona LAI	Member – Pharmaceutical Society NZ Casual Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association Board of Trustee – Mt Roskill Primary School Vaccinator	21.11.2021
Maria NGAUAMO	Employee – NZ Ministry of Foreign Affairs and Trade (MFAT) Employer – University of Auckland	18/10/21
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 Senior Advisor to DCE – Oranga Tamariki Engagement Advisor – Ministerial Advisory Panel – Oranga Tamariki Kura Ratapu – Radio Waatea - Wife	08.07.2021
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group Director of Strategic Partnerships for Healthcare Holdings Limited Board Director – healthAlliance Director - New Zealand Musculoskeletal Imaging Limited	30.08.2021
Ian WARD	Director – Ward Consulting Services Limited Director – Cavell Corporation Limited Trustee of various family trusts Oceania Healthcare – wife shareholder	21.05.2020
Kirimoana WILLOUGHBY	Employer – Ngati Whatua Orakei Whai Maia Ltd	05.07.2021

Minutes
Meeting of the Board
03 November 2021

Minutes of the Auckland District Health Board meeting held on Wednesday, 03 November 2021 via Zoom meeting commencing at 1:30pm

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Mel Dooney	Chief People Officer
Doug Armstrong	Michael Shepherd	Interim Director Provider Services
Michelle Atkinson	Shayne Tong	Chief Digital Officer
Zoe Brownlie	Justine White	Chief Financial Officer
Peter Davis		
Tama Davis (Board Deputy Chair)	**Auckland DHB Senior Staff Present**	
Fiona Lai	Sarah McMahon	Communications Manager
Michael Quirke	Marlene Skelton	Corporate Business Manager
Ian Ward		
Seat at the Table Appointees		
Krissi Holtz	(Other staff members who attend for a particular item are named at the start of the minute for that item)	
Maria Ngauamo		
Shannon Ioane		

KARAKIA

Tama Davis led the Board in a karakia.

1. ATTENDANCE AND APOLOGIES *(Pages 506)*

That the apologies of Board Member, Bernie O'Donnell and "Seat at the Table" member Kirimoana Willoughby be received.

2. REGISTER AND CONFLICTS OF INTEREST *(Pages 7-9)*

Fiona Lai advised that while she remained a vaccinator she was no longer doing so for Tamaki Health. [Remove "Tamaki Health and leave Vaccinator.]

Tama Davis advised that "Supporting Families Auckland" is now known as "Yellow Brick Road". [Change the name.]

There were no conflicts with any item on the open Board agenda.

3. CONFIRMATION OF MINUTES 29 SEPTEMBER 2021 (Pages 10-18)

Resolution: Moved Pat Snedden / Seconded Jo Agnew

That the minutes of the Board meeting held on 29 September 2021 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS – NIL

There were no action items to be considered.

5. EXECUTIVE REPORTS

5.1 CHIEF EXECUTIVE'S REPORT (Pages 19-21)

The Chief Executive, Ailsa Claire asked that the report be taken as read, advising as follows:

Public Visitor Policy

Management have a strong view that whanau are "partners in care" and are a key part in the wellbeing journey of patients. A balanced risk model around visiting has been applied. This includes screening, mask wearing and other restrictions being employed to allow visitors.

The following was covered during discussion:

Doug Armstrong commented that he held a contrary view in regard to the visitor policy. He asked why rapid antigen tests and better use of technology allowing virtual face-to-face visiting were not being employed. He did not support the idea of unvaccinated people being able to visit within the hospital in the current COVID climate. Ailsa Claire advised that visitor numbers were substantially less than would be usual. Those that were visiting were people that were coming to visit and support a family member who was in hospital for some considerable time. They undertook roles such as interpreting information given by clinicians to the patient, providing reassurance through to minor personal care. Without that whanau partner being present the patients hospital stay would be a lonely one in a less positive healing environment.

Michael Shepherd advised that across all sites and entries there is a visitor screening process that requires people to be signed on ahead of time or on arrival contacting the ward to ensure that they are on a list which is important for contact tracing. In the out-patient setting that is done using technology followed up with a screening process checking for symptoms and ensuring people understand the requirements in terms of not moving around the hospital any more than absolutely necessary, mask wearing and hand hygiene. This process gets adjusted according to the amount of COVID in the community. Whanau are absolutely necessary as "partners in care and are critical to the recovery and progress of patients.

Doug Armstrong commented that he was still not happy with this approach.

Living with COVID

Michael Shepherd advised that there are eleven work streams predominantly across the Provider Arm but also linking into the community and regional work.

There is a lot of COVID focused short term work which also has a medium and longer term view in terms of planning and delivery. As this work matures it will realise some reasonably significant changes for the organisation and steps into the future.

Some of the key elements are around:

- Clinical Pathways – managing COVID patients and those with other conditions and

COVID and how they progress through the organisation
- Testing regimes and clinical guidelines
- Facilities work associated with delivering on those pathways
- Looking at workers and workforce requirements
- Supply Chain
- Acute Care and Planned Care

The Board Chair, Pat Snedden commented that this anticipates that COVID remains within the community and therefore business as usual must be managed knowing that this is a fundamental reality.

Michael Shepherd commented that it was about finding a way of working that is not dislocated from normal function. The majority of business as usual does not relate to COVID but the interfaces with COVID need to be clearly understood. It provides an opportunity to deliver a more comprehensive change programme to improve what the organisation does.

Vaccination

Ailsa Claire advised that there had been an amazing amount of work done by many around vaccination.

Internal vaccination figures show that there are less than 135 people yet to be vaccinated and conversations are continuing with those staff to support them to get vaccinated.

Acute Presentations

The hospital has been busy with acute presentations.

Resolution:

That the Chief Executives report for 13 September 2021 – 29 October 2021 be received.

Carried

5.2 Human Resource Report *(Pages 22-27)*

Chief People Officer, Mel Dooney asked that the report be taken as read, advising as follows:

People Dashboard

To note within the data is the change in the volume of roles being recruited for. This is as a result of an increase in:

- turnover in general which has increased the time to hire
- number of staff required to be recruited as a result of the DCCM process.
- turnover in nursing staff which has kept the recruitment team busy trying to keep abreast of.

The trend in voluntary turnover of Maori and Pasifika staff has improved and is better than "all ethnicities".

The following was covered during discussion:

Krissie Holtz drew attention to page 25 of the agenda asking about the voluntary turnover of Maori staff noting it was high in the first year of employment and if there were key themes associated with this. Mel Dooney advised that interviews were being trialled within the Cancer and Blood Unit to get a better understanding of the reasons for turnover. She reminded Board members this was just one quarters results and a more in-depth analysis was required.

Ian Ward was advised that exit interviews were not conducted for all staff leaving the organisation. Where there were concerns related to particular teams then investigation was conducted. Exit surveys are good but a more nuanced approach is required to get understanding of issues that really matter.

Jo Agnew commented that if the DHB was loosing nursing staff then it was important that there be some form of exit survey asking if there was any way resource could be devoted to this. Ailsa Claire advised that the information being gained from these surveys or from one on one interviews was not providing the value expected and did not justify the time spent. What was being looked for were things that the DHB could change or alter to enable people to have a better work life balance? There was information provided around housing unaffordability and trends associated with younger people starting off working life in Auckland to gain experience but never intending to stay. The information really required was from those that had a less than positive experience. Mel Dooney added that the work that she favoured and needed effort was understanding, through conversation, how to improve retention and the work experience of those who work at the DHB.

Jo Agnew commented that if deep seated bullying was occurring then that information would never be obtained unless a survey with the right questions was used as this behaviour was constantly covered up.

Fiona Lai commented that some contact with these people was required to understand the causes of why they were leaving. Many reasons are covered up. She noted that the turnover for corporate administrative staff was also increasing and felt reasons should be revealed. She wanted to know more about this area.

Zoe Brownlie commented that the latest research shows that an interview survey offered to all is not the best tool for revealing the required reasons a person left an organisation. Specific face-to-face interviews do elicit more information. Zoe drew attention to page 27 of the agenda and the level of sick leave being used asking what focus was being placed on this. Ailsa Claire advised that the level of sick leave was expected as management had a conscious policy of encouraging those that had cold or COVID like symptoms not to come to work.

Mel Dooney advised that management were not without knowledge of why people were leaving. Similar trends were being seen nationally and internationally. It was a difficult time to be working within the health sector and was a strategic challenge for those employers within the sector.

Michelle Atkinson acknowledged the work that had been undertaken in this area, noting that many of the concerns raised by board members had been considered by management who were proactively looking at how to deal with them in order to retain staff.

The Board Chair, Pat Snedden commented that it was valuable from time to time for

management to provide an insight at a collective level to provide data and commentary as to where the pressures are existing. He asked that at the next meeting research be highlighted where it pointed to measures that assisted in staff retention in this sort of environment.

Doug Armstrong commented that he favoured a very brief exit survey that covered the big picture which would signal whether it was a planned beneficial departure or was as a result of other things either within or outside the DHBs control.

Resolution:

That the Board receives the Quarter 1, 2021/22 People Dashboard.

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report (Pages 28-31)

The Chief Financial Officer, Justine White asked that the report be taken as read, advising as follows:

September 2021 Result

The position for the month of September is $4.8M favourable with the reasons being that:

- There was $3.5M relating to clinical supplies for non-washed up procedures. Where those procedures have not been performed the clinical supplies that would normally be purchased to do that activity haven't been purchased. This favourable variance will disappear later in the year when the DHB starts to catch up on this activity.
- The COVID impact for the month appears light and understated at [$3.5M -$4M] and this was because there was some un-accrued revenue brought over from last year.

Planned Care and IDF Impact

The disruptions to planned care and IDF, year-to- date level is sitting at around $18M.

COVID has cost the DHB $8M in August and $14M in September, a total of $22M but because the DHB were ahead in July the overall cost for the three months is $18M. The financial impact is approximately 50% in Planned Care and 50% in IDF.

Removing the timing variance the DHB is on target. However, it must be remembered that there are still things over the coming months within the plan that must be delivered upon in order to provide the savings to meet the year end budget target.

Issues covered during discussion were:

Advice was given that all work undertaken to date has been funded out of approved capital expenditure. A business case is currently being worked through to obtain additional support for capital prioritisation for infection, prevention and control and managing COVID. What will occur this year is approval of expenditure in principle so momentum is not lost and work

continues. There will be a report to the next Board meeting for pre-approval to use the DHBs own capital and to start supplementing that with whatever can be obtained from the Ministry of Health.

Advice was given that in terms of labour cost the DHB is managing net of the COVID effect. The NZNO settlement appears to have come in largely as expected and funding had been accrued for that.

Doug Armstrong was advised that there are some things that the Ministry of Health will fund and there are other things that are treated as known variances. Last year IDF and Planned Care were treated as known variances which equates to the$18M talked about in this report. It is apparent that the Ministry will use the same framework as last year and what the DHB will continue to do is transparently record all COVID cost with the region regularly supplying this data to the Ministry.

Resolution:

That the Board receives this Financial Report for the period ended 30 September 2021

Carried

7. COMMITTEE REPORTS - NIL

8. DECISION REPORTS - NIL

9. INFORMATION REPORTS - NIL

10. GENERAL BUSINESS

11. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 32-34)

Resolution: Moved Pat Snedden / Seconded Fiona Lai

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
3.0 Confirmation of Confidential Minutes 29 September 2021	**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]

4.0 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]
4.1 Mental Health and Well being within the Community – verbal briefing	**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 1982S9(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]
5.0 Risk Report - 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]
6.1 Chief Executives Confidential verbal 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)] **Prevent Improper Gain** Information contained 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]

	could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982S9(2)(k)]	
7.1 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]
8.1 Finance, Risk and Assurance 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]
9.0 Decision Items – 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]
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]
11.1 Digital Workspace	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that	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

	information was made public [Official Information Act 1982 s9(2)(i)]	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]

Carried

The meeting closed at 3.45pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 03 November 2021

Chair: _____ Date: _____

Pat Snedden

Minutes
Emergency Meeting of the Board
24 November 2021

Minutes of the Auckland District Health Board meeting held on Wednesday, 24 November 2021 via Zoom commencing at 4:30pm

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Mark Edwards	Chief Quality, Safety and Risk Officer
Doug Armstrong	Michael Shepherd	Director Provider Services
Michelle Atkinson	Justine White	Chief Financial Officer
Zoe Brownlie	**Auckland DHB Senior Staff Present**	
Peter Davis	Emma Cullen	HARP Change Analyst/Health Information and Technology
Tama Davis (Board Deputy Chair)	Bruce Northey	General Legal Counsel
Fiona Lai	Marlene Skelton	Corporate Business Manager
Bernie O'Donnell		
Michael Quirke		
Ian Ward		
Seat at the Table Appointees		
Krissi Holtz		
Maria Ngauamo		
Shannon Ioane		
Kirimoana Willoughby	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

KARAKIA

Bernie O'Donnell led the Board in a Karakia.

1. ATTENDANCE AND APOLOGIES

There were none.

2. REGISTER AND CONFLICTS OF INTEREST *(Pages 4-6)*

Tama Davis advised that he had a new interest to register. This was:

Director - Emerge Aotearoa Trust and Emerge Aotearoa Limited - commencing 30 November 2021.

3. RESOLUTION TO EXCLUDE THE PUBLIC (*Pages 7-8)*

Resolution: Moved Pat Snedden / Seconded Jo Agnew

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	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]
2 Conflicts of Interest	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]
3.0 HARP	**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 [Official Information Act 1982 s9(2)(j)] **Obligations 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]
4.0 Annual Report Status	**Item Withdrawn**	
5.0 Northern Region COVID 19 Testing	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that	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

	information was made public.	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]
6.0 COVID-19 Minor Facilities Works	**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 [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]
7.0 Staffing	**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]
8.0 COVID Report	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]

Carried

The meeting closed at 6.40pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 24 November 2021

Chair: _____ Date: _____

Pat Snedden

Action Points from 3 November 2021 Open Board Meeting

As at Wednesday, 15 December 2021

Meeting and Item	Detail of Action	Designated to	Action by
	NIL		

Chief Executive's Report

TE TOKA TUMAI
Auckland DHB

5.1

Recommendation

That the Chief Executives report for 30 October 2021 – 28 November 2021 be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 30 October 2021 – 28 November 2021.

2. Events and News

2.1 Acknowledging our people's response to COVID-19

The last few months have been filled with a lot of hard mahi from all our team at Auckland DHB.

As a team our people have done what's needed whether that was in their own role or stepping into a different role.

We've had people redeployed to assist in the community with testing, vaccinations and contact tracing. And we've had people redeployed across other areas of the organisation.

This was at the same time as carrying a number of vacancies. So our team really deserve acknowledgement for keeping our busy hospitals running.

They've done this whilst they have been managing the impact of COVID-19 in their personal lives.

I have been overwhelmed with our response and the amazing effort put in by everyone. I'd like to say thank you to everyone in the Auckland DHB team and partners and contractors that have supported us.

2.2 Living with COVID-19 ongoing response

During COVID-19 outbreaks and as we move into living with COVID-19 in our community, we're continuing to use a range of measures and information to help us plan our hospital response and what we do in the community. Our planning is informed by the local community spread of COVID-19, vaccination rates, other controls in place to manage risk, the impact on our hospitals and community services, workforce capacity and our physical

environment. We're also regularly review the modelling on case numbers, and importantly hospitalisations.

Work to get ready for living with COVID-19 includes:

- recruiting to our patient and whānau screening team,
- launching our Hospital in the Home service,
- creating additional airborne infection isolation rooms (AIIRs; negative pressure rooms)
- additional use of testing, including Rapid Antigen Testing
- pathways for patients with COVID-19
- improving patient flow in hospital
- increasing lab capacity to cope with increased testing.

The Living with COVID-19 Steering Group are helping to put plans in place to help our people adjust to, and navigate a new way of being and working, in a world where COVID-19 exists. A big focus for the group is keeping our people safe, this includes, screening at our entrances, using a patient screening tool, PPE and mask wearing.

2. 3 COVID-19 Vaccinations

We know that vaccination makes a difference and that vaccination is our route out of the current restrictions. As lead CE for Northern Region vaccinations, I am incredibly proud of the work being done by the dedicated team leading the vaccinations and of the staff from the three Auckland DHBs who have supported the vaccination drive.

Auckland DHB has led the way in community vaccination numbers. At the time of writing

- 92% of our eligible population is fully vaccinated
- 99.7% of our staff have had their first vaccination and 98.1% are fully vaccinated.

Many of our staff are now eligible for a booster vaccination. This third dose will provide greater protection for all our team, and we are encouraging everyone to get their booster shot.

2.4 New Kererū Kidney Centre in Tāmaki

The new Kererū Kidney Centre in Tāmaki opened on Monday 1 November. The centre provides a comfortable space for dialysis patients in our community.

When we asked people about their dialysis, 70 per cent said they would like to have dialysis closer to home. Many Auckland DHB dialysis patients live in Tāmaki Regeneration's (TRC) area - Glen Innes, Point England and Panmure, alongside neighbouring suburbs.

Having the new Centre will make treatment much more accessible for patients who live in Tāmaki, and neighbouring suburbs. Not only will the Centre provide self-care dialysis, but also education about kidney health will be a strong focus and will provide this with the help of The Kidney Society.

A special thanks to everyone that was involved in the building of the new centre and ka pai to the Renal Service team who have worked tirelessly.

2.5 Introducing Whitinga ora pēpi

Whitinga ora pēpi 'babies transitioning to wellness', is an eight bed joint venture from Women's Health and the Newborn Intensive Care Unit (NICU) and is located in Ward 96. This new unit is for pēpi who are not quite ready to go home, but don't need NICU. This is great news for late pre-term pēpi that need an extended stay and for pēpi graduating NICU to spend a few days with whānau before going home. Dedicated nurses, midwives and doctors will support parents with their babies and will review baby's feeding and readiness for home.

Congratulations to the teams in Women's Health and NICU for working together to provide a solution that is recognised to have positive outcomes for pēpi and whānau.

2.6 Mahi ē Taea

In November, the new Mahi ē Taea desktop and mobile application was launched. This replaces Workforce Central for recording leave, shifts and time cards.

The name Mahi ē Taea was gifted by Kahurangi Rangimarie Naida Glavish, Chief Advisor Tikanga, with the meaning to reflect on all of us being able to work safely at Auckland DHB.

Mahi ē Taea is central to three of our tupuranga in the People Strategy - Pūmanawa Tāngata:

- Make it easy - the system is modern and intuitive.
- Fit for the Future - other DHBs are also on this journey. Waitematā DHB are already using it and Counties Manukau Health will follow next year.
- Kia Ora tō Wāhi Mahi - safe scheduling, working together for a healthy workplace.

A big thank you to the Mahi ē Taea project team and everyone who was involved with the project.

2.7 Te Whetu Mārama – Lockdown Special

The COVID-19 Delta outbreak had a big impact on the team at Auckland DHB. To acknowledge and thank everyone's hard mahi, a special Te Whetu Mārama Lockdown Special was published. In this is edition, we pulled together a selection of shout outs and photos from some of our teams at Auckland DHB.

2.8 NZ Health System Reforms

Some of our Senior Leaders are working with the Transition Unit to help and advise on the biggest transformation the health system in New Zealand has seen.

In November, an online information session was held specifically for Auckland DHB.

Hon Andrew Little, Minister of Health and representatives from the Transition Unit provided an update on the health reforms.

3. Our People

3.1 Health Research Awards

Congratulations to two of our clinicians who have received Health Research Council Career Development Funding Awards**:**

Clinical Research Training Fellowship

Dr Mike Nicholls, for research into improving emergency department workforce wellbeing with insider-led quality improvement.

Clinical Practitioner Research Fellowship

Dr Lynn Sadler, for supporting the future of perinatal epidemiology in Auckland and Aotearoa.

This funding supports New Zealand's most promising emerging researchers to undertake high-quality research and develop the skills needed to address current and future health challenges. Ka pai tō mahi!

3.2 Mana Awhi | Older People's Health Awards

Congratulations to the following recipients of this year's Mana Awhi | Older People's Health Awards.

- **Kim Moore, Therapy Assistant - Winner of the Rose Foster Assistant Award**

  Kim was presented the award for her positive approach with patients. She supports and encourages, the most reluctant, to participate in activities. She is always bright and cheery, respectful and engaging. She encourages whānau to participate and includes them within therapies.

  The award is named after a former inpatient in the Older Peoples Health wards.

  The award recognises the vital and valuable work our Therapy Assistants and Health Care Assistants provide to patients.

- **Rommel Deocares, Registered Nurse – Winner of the Cecile Thompson Gerontology Nursing Award**

  Rommel was presented the award for being caring, empathetic and showing kindness to patients. Rommel establishes positive connection with patients and their whānau and acts as an advocate for his patients. Rommel is approachable, understanding and supportive to his colleagues and demonstrates our values in his nursing practice every day.

  This award is for a Gerontology Nurse who best reflects the values of Cecile Thompson, a former nurse – to respect and promote the patients' dignity and promote healing and wellness.

3.3 Senior Leadership changes

Julie Patterson, Women's Health Director

We're delighted to welcome Julie Patterson as Women's Health Director. Julie comes to us as a highly experienced, qualified and committed leader, with an extensive career in executive management roles. Julie has spent her career contributing to the New Zealand health system, initially practicing as a nurse.

Lisa Middelberg, General Manager for Patient Management Services

Lisa joins us in the new position of General Manager for Patient Management Services. She has extensive leadership experience across a range of services. Most recently as the Operations Lead for the COVID-19 vaccination programme.

4. Communication and Engagement

4.1 External Communication

Between 30 October and 28 November 2021, we received 81 requests for information, interviews or access from media organisations. This included requests about the management of planned care, hospital occupancy and the response to the latest outbreak of COVID-19.

Around fourteen per cent of the enquiries over this period sought the status of patients admitted following incidents such as road traffic incidents.

We responded to 24 Official Information Act requests over this period.

4.2 Internal Communication

For this period, 957 emails were received. Of these emails, 47 were non-communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

- Four editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Four editions of the Manager Weekly Briefing were published for all people managers.
- Two Living with COVID-19 webinars were held.
- Six Living with COVID-19 update emails were sent out to all employees.
- Twelve staff emails were sent out to all employees.

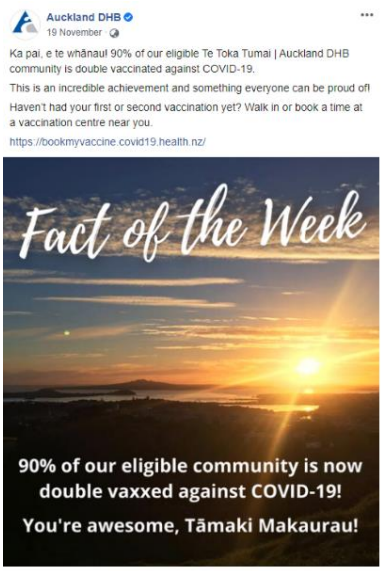
4.3 Social Media

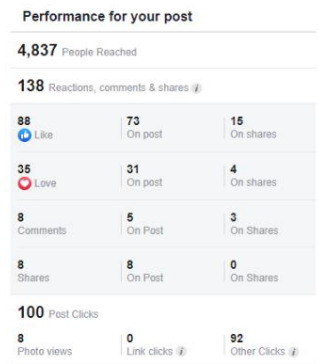
We continue to engage with our community on social media, celebrating achievements and sharing important health messages.

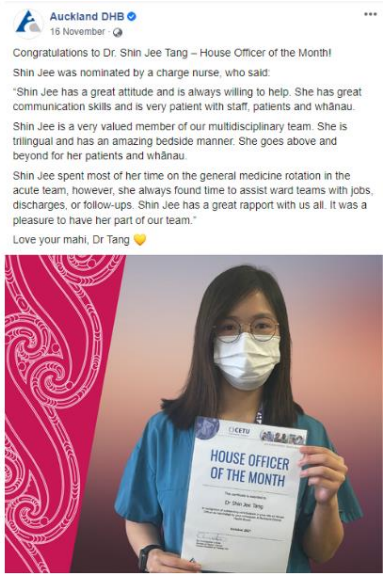
Some of the information we have shared includes:
90% of Auckland DHB double vaccinated
Dr Shin Jee Tang – House Officer of the Month
Facts of the Week
Kererū Kidney Centre opening

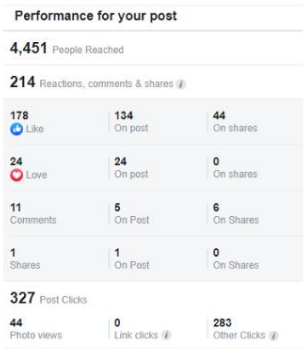
[Kōkiri te reo Māori]
[Pop-up vaccination centre locations]
[Shubh Diwali]

Top-performing social media posts









5. Performance of our health system

	Status	Comment
Acute patient flow (ED 6 hr)		Oct 81%, Target 95%
Improved access to elective surgery (YTD)		R/U to plan for the year, Target 100%
Faster cancer treatment		Oct 95%, Target 90%
Better help for smokers to quit:		
• Hospital patients		Oct 93%, Target 95%
• PHO enrolled patients		Jun Qtr 82%,Target 90%
• Pregnant women registered with DHB-employed midwife or lead maternity		Sep Qtr 100%,Target 90%
Raising healthy kids		Oct 96%, Target 95%
Increased immunisation 8 months		Jun Qtr 91%, Target 95%

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

R/U: Result Unavailable

6. Financial Performance

The 2021/22 Annual Plan approved by the Board in August 2021 included a budget deficit of $73M comprising $40M for an increase in the liability for non-compliance with the Holidays Act and $33M for Business as Usual (BAU) operations.

The financial result for the four months ended 31 October 2021 is a deficit of $12.3M, against a budget deficit of $12.9M, thus $600K favourable. The result includes net adverse COVID-19 impacts of $10.4M that were fully offset by a favourable variance in BAU operations of $11M. COVID-19 funding realised for the period to cover vaccinations, community testing, Public Health Services, laboratory testing, quarantine, border control and other Covid-19 response costs is $91.8M. However, COVID-19 related costs were $102.2M, hence the $10.4M adverse impact. Unfunded COVID-19 impacts mainly relate to volume disruption for Inter District Flows and Planned Care where funding wash-ups are applied. The BAU operations' favourable variance is mainly due to one off prior year impacts (mainly IDFs wash-ups) and timing differences in expenditure, with the BAU result expected to be on budget by year end.

At a divisional level, the Provider Arm result is $4.7M unfavourable to budget, mainly due to unfunded COVID-19 impacts. This is fully offset by favourable variances in the Funder Arm result ($4.8M, mainly due to one off prior year impacts) and Governance and Admin Arm ($500K).

7. Auckland DHB at a glance

Patient Experience

1,273 patients completed our patient experience survey in October and November 2021

91.75% rated their experience very good or excellent

The **top three** things making a difference to their care

- Communication
- Treated with care and compassion
- Safe and high quality care

Patients

In October and November 2021 across Auckland DHB:

224,066 outpatient appointments took place (October)

7,373 presentations to the Adult and Children's Emergency Departments

2542 patients had planned surgery (October)

In November 2021 the mean occupancy for the Adult hospital at 12am was **648**

Communications

in October and November

131 media requests

88 Official Information requests

1,192 emails to the generic communications inbox

156,628 page views on the Auckland DHB website

There's been a **20.1%** increase in people coming to the Auckland DHB website from Google compared to 2020.

Health and Safety Report

Recommendation

That the Board receives the Health and Safety Report for December 2021.

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

Glossary

BBFA	Blood and/or Body Fluid Accident
HSR	Health and Safety Representative
HSWA	Health and Safety at Work Act (2015)
PCBU	Person Conducting a Business or Undertaking

Board Strategic Alignment

Te Tiriti o Waitangi in action	*Occupational health, safety and wellbeing has a close alignment with the Kia Ora tō Wāhi Mahi vision through the development of safety culture and leadership, empowering and developing our leaders to help us flourish and grow by supporting our leaders' capability to nurture their own wellbeing and the wellbeing of their team and keep their people safe, and improving connections and collaboration across the DHB.*
Eliminate inequity	*This report details how we are ensuring integrity associated with meeting ethical and legal obligations, and how we are working towards eliminating inequity and strengthening our cultural diversity.*
People, patients and whānau at the centre	*This report provides information on how the work we are doing that supports patient safety, workplace safety, visitor safety, worker health and wellbeing. Health, safety and wellbeing risks and programmes are inherently focused on staff, patients, visitors, students and contractors.*
Digital transformation	*This report provides information on the progress of work in progress to enhance our OH&S information management system and integrate data within the service and across QSR*
Resilient services	*This report provides information on the progress of work programmes and strategies to implement effective resourcing solutions that meet our organisations newfound need for Occupational Health and Safety, promote a culture for our people where we empower and promote good processes and reliable systems to enable delivery of resilient services, information and insight into workplace incidents and what Auckland DHB is doing to respond to these and other workplace risks.*

1. Executive Summary

Since our last Board update there have been changes to our worker vaccination requirements. These are to meet the provisions of the Order requiring all healthcare workers to be fully vaccinated by 1

January 2022. This has resulted in a reduced number of staff risk reduction plans, which now mainly apply to a number of (vaccinated) vulnerable staff due to their underlying health conditions.

HealthSource have initiated a programme supporting DHBs with business level contractor/supplier COVID vaccination compliance which will be monitored through spot auditing to ensure compliance across work activities.

We have been working with the on-site team to review and reduce the risks around formaldeyde exposure at Anatomical Lab Services in Mt Wellington. This has included worker, management, Health and Safety representatives, the Health and Safety team, union and WorkSafe engagement. One of the main concerns from workers is about the impact of formaldehyde exposure. The concerns from the staff recently escalated and over mid-late November we received Provisional Improvement Notices (PINs) related to the lab for a range of issues and subsequently two Improvement Notices were received from WorkSafe which required additional use of respiratory protective equipment and additional validation that the ventilation and air extraction system was balanced and that existing controls were effective. A working group comprising health and safety representatives and management has made changes to work arrangements and has developed a work plan which has resulted in the PINs and improvement notices being cleared. Our subject matter experts in environmental monitoring and Occupational Health have assessed and reported that existing controls are effective.

Reported workplace violence and aggression (WPV) incidents decreased by 16% over the four-month period (August to November) compared to the previous four-month period (April to July). This was also similar in the last lockdown in 2020.

Our Contractor management framework progress has been slow, with key internal stakeholders impacted by ongoing operational activities. This has reduced the project's ability to move forward. Progress is dependent on active involvement from the contract holders who will be supported with education and other resources being rolled out over the next few weeks. To date only 5% of our 2,167 contractors have fully completed requirements.

The recent ACC Accredited Employers Programme audit resulted in ADHB maintaining its tertiary status.

2. COVID-19 Response

The focus of this section of the report is on the OHS activities in supporting Covid-19 risk reduction.

2.1 Unvaccinated Worker and Vulnerable staff Risk Reduction Plans

As previously reported, our SARS-CoV-2 (and Variants) Vaccination Policy recommended vaccination for staff working in all roles. The policy further defined all workers as being designated as either Category A or Category B workers. All staff working in Category A roles were required to be vaccinated or if they were unvaccinated they had to work with their manager and have a suitable and sustainable risk reduction plan in place.

Over the September and October period the Occupational Health team received a surge of Risk Reduction Plans submitted for both Unvaccinated Workers and Vulnerable Staff (those staff with documented underlying health conditions). This surge in work volume resulted in a significant

amount of resource across the whole of the Occupational Health team being diverted away from some less time-sensitive work.

However, the announcement from the Government under the COVID-19 Public Health Response (Vaccinations) Order 2021 ("the Order") has meant that there will now be a significantly reduced requirement for Risk Reduction Plans from Unvaccinated Workers with the exception of staff that secure a vaccine exemption from the Ministry of Health.

The Order provides a legally binding mandate that, in effect, instructs all Auckland DHB employees to be fully vaccinated by 11.59pm on 1 January 2022. The provisions of the Order establish that healthcare workers must receive their 1st vaccine dose by 11.59pm on 15 November 2021 and then have their second vaccine dose by 11.59pm on 1 January 2022.

There will also continue to be a number of (vaccinated) vulnerable staff who will submit Risk Reductions Plans following deployment advice due to their underlying health conditions. Working through the deployment advise and risk reduction plans is a significant project for the Occupational Health service.

2.2 Vaccine Mandates for staff and contractors

Staff: Occupational Health and Safety supported the organisational response to the government's Order. Staff with vulnerabilities that prevent them from being able to be vaccinated and some who are uncertain whether or not they could safely receive the vaccine were reviewed by an Occupational Health Doctor to assist with ensuring the correct care and work pathway is identified for them.

Contractors: HealthSource have initiated a programme supporting DHBs with business level contractor COVID vaccination compliance. It applies to contractors, service providers, volunteers and others who provide services in a setting where healthcare is delivered. This will provide another level of risk management and assurance, and better enable us to mitigate risks to our employees, health consumers and those that provide them with services.

2.3 Staff Surveillance

A Staff Surveillance testing programme for Covid-19 remains in place for testing for asymptomatic staff. The surveillance testing programme aligns with the National Surveillance Strategy, with amendments and updates being made following advice from the Ministry of Health.

The Staff Surveillance programme currently has swabbing clinics in operation over sixteen different Auckland DHB sites within Grafton, Greenlane, and other community locations.

2.4 N95/P2 Fit Testing

Three Health and Safety staff continue to support the central fit testing programme. Deployment was scaled back to three days of advisor support from mid-November through to the week ending 3 December 2021 with all advisors then reverting back to core health and safety duties.

N95/P2 respirators form a key part of the PPE controls that support and contribute to staff safety. Overall, some 7,925 staff require N95/P2 respirator fitting to support their work roles. As of 6 December, 6,410 staff (80.88%) have been fitted. Of the 4,068 staff considered priority 1, eighty-seven percent (87.5%) have been fitted. Daily fit testing updates are produced in dashboard format

to support directorate leaders, noting that we are still having to match a number of data sets to obtain reports.

2.5 Regional COVID Vaccination Centres

In response to the need for different models of delivery, the contracted health and safety project team roles supporting vaccination sites have been extended at the request of NRHCC to March 2022. Some aspects of the vaccination project now have a higher worker risk exposure with an increase in personal security risk for outreach staff in particular due to the remoteness of activity and unpredictability of environment. Controls (such as no lone working) are in place. The project team is modestly sized and there has recently been turnover in the roles as the incumbents have or will be moving on to other employment. We need experienced health and safety project staff, who are proving difficult to recruit. These roles are critical to ensure the safe operation of vaccination delivery amongst the challenges of operating in remote areas and in varying environments.

3. Anatomical Pathology Service Labs / Health and Safety at Work Act

You will recall we have been working to improve our Mt Wellington Anatomical Pathology Service (APS) Labs in order to ensure optimal health and safety for our workers and workflow. There is a work plan involving facilities and equipment upgrades that has been underway for some months aimed towards enabling compliance with the new lower exposure limits for formaldehyde by November 2022. Toward this end, the 2021/22 Board Approved Capital plan included seed funding for designing and planning a facility upgrade and improvements for space and formaldehyde extraction.

We have been working with the on-site team to review and reduce the risks around formaldeyde exposure. This has included worker, management, Health and Safety representatives, the Health and Safety team, union and WorkSafe engagement. One of the main concerns from workers is about the impact of formaldehyde exposure when work is being completed in the Cut Up Room.

The concerns from the staff recently escalated and over mid-late November we received six Provisional Improvement Notices (PINs)[1] related to the lab for a range of issues including the ventilation and air extraction system, overcrowding and a lack of space, air monitoring practices, health monitoring of workers, and engagement with workers and health and safety representatives. Following this two Improvement Notices[2] were received from WorkSafe which required

- additional use of respiratory protective equipment in the Cut Up room and
- additional validation that the ventilation and air extraction system was balanced and that existing controls were effective.

A working group comprising health and safety representatives and management has made changes to the Cut Up room work arrangements and has developed a work plan which has resulted in the

[1] A Provisional Improvement Notice (PIN) is a written notice requiring a person (the duty holder) to address a health and safety matter that is contravening, or is likely to contravene, the Health and Safety at Work Act 2015 (HSWA) or regulations. The PIN tells the person what the health and safety issue is and can include recommendations to resolve the issue (eg by fixing or preventing a problem). A trained Health and Safety Representative is the only person who can issue a PIN.

[2] Improvement notices outline changes that are required to be made to improve a risky situation, within a certain time period.

PINs being cleared. The Improvement Notices have also been complied with. Our subject matter experts in environmental monitoring and Occupational Health have assessed and reported that existing controls are effective.

We have a work plan which will focus on further improving controls and improving engagement with the workers. Large volume pathology samples, which are a higher potential source of formaldehyde exposure, are being processed at other laboratories.

It is important to note that while new lower personal exposure limits for formaldehyde exposure will be introduced from November 2022, WorkSafe has indicated that from a risk reduction perspective it is appropriate to target exposure limits to be as low as possible (i.e., at least at the limit that will be introduced in November 2022) from now.

The learning from what worked to significantly lower exposure has been shared at the National laboratory quality managers meeting. The seed funded work on potential redesign design and planning work has been completed and costed in the last week and this will be presented at a later date. Note is made that the same concerns related to formaldehyde exposure do not exist for staff the Grafton campus lab.

4. Risk Analysis

There are six key risks with a residual risk rating of High.

4.1 Workplace Violence and Aggression

The WPV risk remains high, with consequence and likelihood, being rated as Major and Possible. Four directorates (Adult Medical Services, Mental Health and Addictions, Surgical Services and Adult Community Long Term Conditions) between them have generated 90% of the reported WPV incidents over the past four months.

Over the four month period (August to November) reported WPV incidents decreased by 16% compared to the previous four month period (April to July). The primary driver for this has been the decrease in reported WPV incidents in the Adult Medical Directorate over this period. The twelve month average for Adult Medical WPV incidents is 71 incidents compared to the four-month lockdown period average of 48 incidents for the August to November period.

Discussion with Security Services notes that this pattern appears to be comparable to trends noted during the first lockdown period in 2020, albeit with the number of reported incidents being a little higher than those noted in 2020.

The first draft of the WPV work plan has been completed and it is being reviewed by internal key stakeholders and a final version will be available for the next FRAC meeting early in 2022.

4.2 Contractor Management

Contractor Management risk remains high (Major and Possible).

Auckland DHB has been working to implement a ‘Gold Standard Contractor Management’ framework designed as part of the ACC sponsored ‘Making Health Safer Project’. Auckland DHB has been leading this framework and collaborating with DHBs who see the benefits of participating.

A variety of approaches to engage with, guide and support our contractors have been used over the past 10 months. These have included workshops, educational videos, and other forms of common communication.

Most recently, the project team has been working to identify and communicate with the ADHB contract holder for each supplier to involve them in the support process and gain agreement to contact their relevant suppliers. Progress has been slow which we believe is mainly due to ongoing competing operational activities. We have ultimately had a good response rate from these key stakeholders. The contract holders will be supported with education and other resources being rolled out over the next few weeks.

We have also recently sent further communications to contractors noting that to date only 5% of our 2,167 contractors have fully completed requirements.

We are currently taking a collaborative and continuous education approach to the requirements to comply with the Tōtika framework. Over time this will be tightened by taking a more direct approach with contractors, particularly as we develop our Contractor management system. Not progressing this work puts our relationships with ACC at risk, along with not improving our assurance around our contractor health, safety and wellbeing. It also puts Auckland DHB at risk of failing to meet its requirements under the Health and Safety at Work Act (2015) to safeguard the organisation and undertake its duties as a PCBU.

4.3 Fatigue Management

Fatigue Management remains High risk (Moderate and Possible). There has been no additional review work undertaken during the reporting period. With the wide range of contributing factors involved with fatigue management, the Health and Safety and Risk teams will look to work together to understand the organisation-wide perspective and look to identify successful directorate / service approaches that the wider organisation can learn from.

4.4 Hazardous Substances

The risk remains high (Moderate and Possible).

We have been focused mainly on the APS Labs in Mt Wellington due to concerns from staff about formaldehyde exposure when work is being completed in the Cut Up Room. As detailed above, we are assisting management to work through the issues which are mainly around the size of the space, equipment and ventilation.

Current observations across other work areas notes some areas of improvement such as increasing management education and awareness of hazardous substance management, improved signage and improved hazardous substances volume documentation will help to support and enhance existing controls.

4.5 Working at Height

The risk remains high (Moderate and Possible). Facilities and Development note that there continues to be some minor upgrade work for guard rails. No additional review work has been undertaken during the reporting period, with the construction activity across the Grafton and Greenlane sites being minimal over the lockdown period, but this has gradually started to increase with the movement to level 3 and now the transition to the Protection Framework.

In response to a reported incident involving a potential fall from height, an assessment was undertaken of the areas over the atrium from level 3 to level 9 in Building 32 and the corridor areas of levels three to nine between Buildings 32 and 1 at ACH. In summary, the findings noted that a number of barriers were too low, and that there were a number of pieces of furniture and equipment (beds, bins, seating, trolleys etc.) stored across the corridor spaces that were able to be used as ladders to access and facilitate people being able to climb over the barriers. Plans are being developed and include increasing the height of the barriers and working with appropriate services to ensure that furniture and equipment not be stored in those high-risk areas.

4.6 Manual Handling

The risk remains high (Moderate and Likely). We are currently exploring a new model of education to manage this risk which will involve an integrated, practical approach that will raise awareness through planning and mentoring. Manual handling continues to be one of the top four reported incidents and this has been affected by the impact of training delays and staff shortages across services.

As this is a key health, safety and wellbeing risk for our staff, a number of measures to address are being taken including:

- Re-activating the Moving and Handling Steering Committee in early 2022
- Developing a comprehensive programme to expand on our existing classroom based training model and embed a culture of safe practice to reduce injuries
- Planning to implement an associated Moving and Handling Coordinator role to support training roll out and scheduling

4.7 Biological Hazards

Independent of Covid-19, the biological hazard risk remains moderate.

An emerging risk is the deferment of immunisations for vaccine preventable diseases for our staff, which is an impact of working on covid-related activities in Occupational Health. We will report further on this in the next report when we understand it more fully.

5. Key Initiatives and Activities

5.1 Digital Transformation

Occupational Health Patient Management System: There continue to be unanticipated delays in signing of a contract with the provider, impacting on our implementation and go-live timeline. Discussions with Health Information Technology and HealthSource Commercial will be prioritised to enable the project to move forward.

5.2 Occupational Health and Safety Work Plan

Key activities and areas of focus this reporting period have included:

- Development of draft documents relating to the health, safety and environment management system for consultation with unions and workers.
- Provision of education to Directorates along with support for reporting and health and safety risk identification and management.
- Capability Plan for our HSRs, and providing better access to tools and resources.

- The appointment of 2 x HSR representatives as standing members of the Health, Safety and Wellbeing Governance Committee.

Current activities in progress:

- Planning for review and update of the occupational health and safety work plan to incorporate Te Tiriti O Waitangi, and strengthened worker engagement and consultation.
- Leading for Health, Safety and Wellbeing capability plan being developed
- Developing a protocol that will combine, co-locate, strengthen and expand our exposure monitoring and health monitoring guidance and processes.

5.3 Occupational Health Service Review

In recognition of significant increases in service demand and complexity, the operating model requires review to enable us to continue to support staff. Early preparatory work has commenced, supported by findings of a recently held Occ Health risk workshop. An options paper will be developed in consultation with key stakeholders for consideration on the best way forward.

6. Auckland DHB Health, Safety and Wellbeing Governance Committee

The remodelled Governance Committee is now in place. A 6-weekly meeting cycle has been set for 2022, along with a standing agenda that incorporates priority focus areas for the committee.

These are primarily:

- Worker participation and engagement
- Improving health, safety and wellbeing leadership
- Organisation wide HSW related initiatives and work plans
- Understanding organisational health, safety and wellbeing performance
- Understanding directorate-specific health, safety and wellbeing initiatives and performance

The committee is currently working to implement and support regular Directorate level reporting, with the aim of guiding Directorates to provide information and insights into the key health, safety and wellbeing risks relevant to their services, and the development of their health and safety maturity. To support effective reporting, the committee and Health and Safety Advisors will work alongside Directorates to highlight and share best practices and processes.

The appointment of two standing HSR committee members aims to assist bi-directional information flows between HSRs and the committee, encouraging feedback and engagement to represent the HSRs voice. We have also developed a taxonomy of information supporting and improving our Health and Safety communication, consultation and issue resolution across the ADHB.

7. External audits

7.1 ACC AEP Audit

The annual Accredited Employer Programme (AEP) audit was undertaken on 15th and 16th November 2021.

For the 2021 audit, the Accident Compensation Corporation (ACC) selected the Cardiovascular Directorate as the primary and only site for audit. The Directorate has 675 staff and includes the following Services: Cardiovascular Intensive Care, Cardiac Surgical Unit, Cardiac Physiology, Cardiology, Vascular Ward, Coronary Care Unit and Outpatient Clinics

The audit concluded that the DHB continues to meet the standard of its tertiary level requirements.

The audit noted the following highlights from its focus group meetings:

- Increasing awareness and visibility of health safety and wellbeing at all leadership levels, including improved governance reporting.
- Improving levels of worker engagement; in particular the initiation of weekly "stand up sessions" with Health and Safety Representatives (HSRs).
- Covid protocols well communicated.
- Positive levels of graduated return to work support for workers with work and non-work-related injuries.

The main area identified for ongoing improvement was the need to explore ways to include shift workers in wellbeing initiatives.

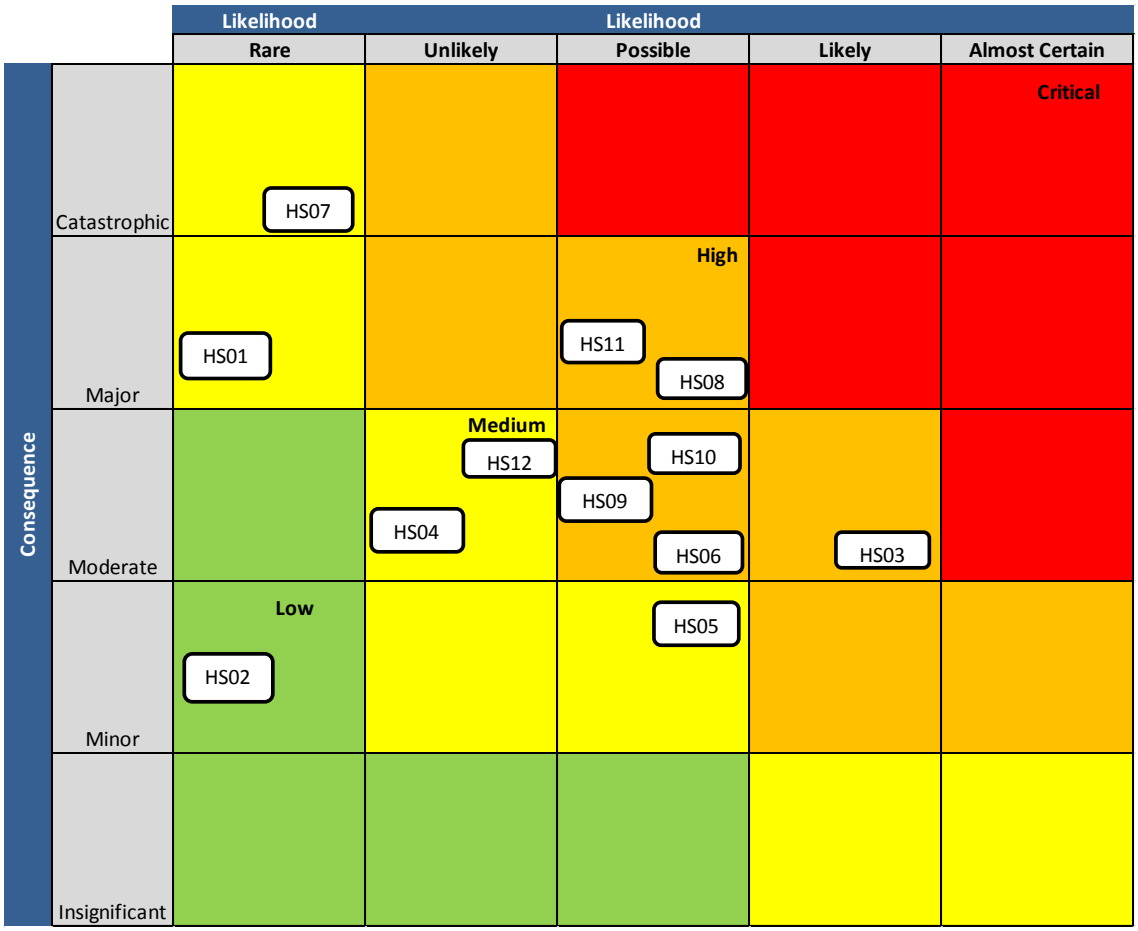
The auditor in their report also noted the following strengths and improvement initiatives during the course of the audit:

- Health and Safety Advisors are visible in work areas actively supporting managers.
- Information available for workers on Hippo includes FAQs and 'Advice following Illness or Injury'.
- Consistent and well documented weekly monitoring of injured workers rehabilitating in the workplace.
- ADHB and WellNZ work closely together to monitor rehabilitation progress and facilitate return to work where possible.

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

Appendix 2

Health and Safety and Environment Key Risk Audit Schedule

Key Risk	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
HS11 - Workplace Violence and Aggression	✓	✓	✓	✓													
HS 12- Biological Hazards	✓	✓	✓	✓													
HS08 - Contractor Management	✓	✓	✓														
HS04 -Lone Worker Protection		x		✓													
HS 01 - Asbestos Management		x		✓													
HS 03 - Manual Tasks (including patient handing)		x		✓													
HS 06 - Working at Heights			x														
HS07 - Hot Works			x														
HS09 - Fatigue Management			x	x													
HS10 - Hazardous Substances				✓													
HS05 - Vehicles and Driving				✓													
HS02 -Confined Spaces				✓													

Human Resources - Wellbeing Report

Recommendation

That the Board receives the Wellbeing Report for December 2021.

Prepared by: Sarah McLeod (Director of Organisational Development and Recruitment)
Endorsed by: Mel Dooney (Chief People Officer)

1. Wellbeing Report

The following paper provides information on our sense of the current state of the Te Toka Tumai Workforce from a Wellbeing perspective and actions and activities that are underway from a Workforce wellbeing perspective.

Te Toka Tumai Wellbeing Information Report

Recommendation

That the Board receives the Wellbeing Information report for December 2021.

Prepared by: Sarah McLeod (HR Director of Organisation Development and Recruitment)
Endorsed by: Mel Dooney (Chief People Officer)

Introduction

Following a very challenging 2020, we are sure that our workforce were seeking a return to their normal level of work and focusing on delivering care to our patients, and supporting their whānau as is their reason for working in healthcare.

2021 had different ideas.

This year has seen a range of challenges that have stirred interest, challenge, reflection and opportunity presented to our organisation and to our people.

Industrial Action, Health reform announcements, pay restraint impacts, Vaccination programmes, Delta Outbreak and lastly the realisation that COVID is here to stay for the foreseeable future have all had an impact in how our people are feeling across their work and home lives.

As an organisation, Te Toka Tumai has sought to both listen to our people to understand where they are at, but also to anticipate their needs to support them across these many challenges.

This paper will outline what we have learned and what we have done to support our people and their wellbeing.

What we have noticed and how have we responded?

This latest outbreak has embodied the concept of 'weathering the same storm but in different boats' as we acknowledge that everyone's circumstances and experiences have been different.

At the early stages of this outbreak we had large numbers of our people off work and impacted by being in places of interest or contacts of cases.

Given the fast moving pace and the escalation of this outbreak we wanted to ensure that our people felt supported, and had access to information they needed across this time.

To do this, we implemented the 'Staying Connected' call centre which proactively contacted impacted workforce to understand how they were going and to provide information regarding leave, testing or just to be a friendly face on the end of the phone.

Feedback on this call centre was very positive and many of our workforce expressed their thanks for the organisation's concern.

It was also understood that access to leaders and information was really important in ensuring people felt safe and felt supported at this time.

An increase in the volume of both email and webinar communication with a focus on clear, factual and supportive information was important across this time. We saw good levels of engagement in both of these activities.

As we experienced in 2020, we saw the rise in requirement of support for some of our Te Toka Tumai whānau to meet some basic needs.

We implemented:

- A Pātaka Kai which was stocked daily for our workforce to utilise as needed;
- Utilised donations from the Manaaki Fund to provide Countdown vouchers to people as needed – a social worker was available to assess need and link people to additional support resources as required;
- Engaged the City Mission food parcels programme we had run in 2020 – this was popular and well utilised during Level 4 & Level 3;
- Provided one meal per day for most workers earning under $55k (HCAs, Cleaners, Orderlies, Security & CSSD). Again this was well utilised and very much appreciated.

Our newly established Kaimahi Māori experience team, alongside their Māori Health colleagues supported our Kaimahi Māori across this time in a number of ways.

- Daily virtual Karakia, Waiata, Whakataukī and Pānui were implemented;
- Virtual Yoga – for the whole whānau (mindfulness; Māori pūrākau, movement);
- Virtual cuppa tī – groups and 1:1;
- Communications approach – regular connection, positive kaimahi Māori covid story showcase;
- Raising/maintaining rangatira Māori visibility;
- Weekly roundup Pānui;
- Emergency kai packs;
- Kaimahi Māori welfare checks – part of the 'Staying Connected' call centre with a bespoke approach for Kaimahi Māori.

This outbreak was impactful to all of our workforce, including our leaders and managers who play many roles across the system of work during a time like this.

We implemented 'Manager' webinars as a way to share specific information for managers to act upon, but also as an opportunity for question and answers – to meet their needs and support them to support their people.

We shared tools to help teams 'check in' at the beginning of the day and 'check out' at the end of the day to support them to deal with any issues/concerns they had at the end of the day, and ensure they could leave work behind when they went home.

We also developed tools to help people connect while at work and get to know and understand how the team were feeling each day, to encourage connection and wellbeing.

What are we noticing now and what are we doing next?

Whilst many of the activities mentioned above continue, we are now looking at what is important to support our people as we move out of the controlled lock down environment and into one where COVID is endemic and a feature of our environment.

There is a sense in the organisation that we are in a period of change and preparation but the feedback that we are hearing is that generally speaking, people are feeling confident with the planning and preparation for an environment where COVID is present as a primary diagnosis or presented alongside another admission requirement.

Our workforce at Te Toka Tumai is the most vaccinated DHB healthcare workforce in the country which demonstrates a commitment to our patients and their whānau, and to each other which is very positive.

There is no doubt that our people are feeling tired following a very busy and challenging year, and that high levels of vacancies across our clinical workforces are impactful.

Messaging and encouragement for our people to take leave when they need it, even if this is done in a different way than normal, is really important. We want to ensure, wherever possible, that our people are taking at least a week of leave in next new 2-3 months and changing our practice to actively consider short notice leave requests where this is possible. This messaging must continue and we need to think quite creatively about how we support people to get the rest and restoration that they need.

We continue to work on recruitment and on-boarding strategies to get new employees into our workforce as efficiently as possible to provide relief to our existing workforce and to allow for increases in service delivery.

Despite the current challenging environment for attracting talent and recruitment we have seen some really positive successes recently.

Our February 2022 Nursing Entry to Practice (NeTP) intake is the largest that we have ever taken at Te Toka Tumai. Around 159 New Graduate nurses will be joining us to begin their nursing careers. This is a great result and has been supported by some excellent work lead by our Manawa Awhi (Nursing Development) service to engage with our pre-registration nursing students and support them this year – this care and support has been critical to the success of our recruitment.

In addition, we have been innovative with our Health Care Assistant (HCA) recruitment this year implementing a new 'Earn & Learn' programme. This programme attracted approx. 40 new employees into healthcare assistant roles and has been well supported in the services. We are in the process of planning another cohort of people for this programme, which will begin in February 2022.

In addition, priorities for our wellbeing work across the next few months. They are:

Preparing our people for change:

- Ensuring our organisational communications continue to support our people through the changes associated with the working environment. Example focus areas for this will be:
    - Returning to work after working from home (for some of our workforce)

- Keeping safe and well at work
- How to prepare as a whānau to isolate at home

- Health Reforms and transition – as we move into the new year there is going to be keen interest and also the need for information for our people to begin to understand what the transition to HealthNZ looks like. This is likely to be moving at pace and it will be really important to keep our people connected, engaged and up to date with information and potential impacts to their work life.

Helping our people to feel safe and supported at work:

- Development of digital communities to connect people from across the organisation;
- Ensuring a 'workforce wellbeing' approach is taken to Exposure Management within Te Toka Tumai;
- Encouragement to our Senior leaders to be out in the organisation engaging with their teams, being available to answer questions and checking in on how they are going;
- Focused support for people involved in incidents;
- Working with our Union partners to ensure employee voice in design and implementation of key wellbeing and workforce activities;
- Implementing 'Kia ora tō Wāhi Mahi in practice' – a programme to support teams to identify the wellbeing activities that most support them in their context and environment;
- Further development of the Employee Centre programmes and offerings, including the reinvigoration of the Employee Centre champions network. The intention for this work is to grow the volume of champions, to broaden the workforce communities that our champions come from and the have a deeper contribution to the growth of the Employee Centre and the support it provides;
- Building capability in our people to provide supportive and challenging feedback by the introduction of the Respectful Resolutions programme.

Conclusion

The challenges of 2021 are not going to reduce overnight. In fact, it is known that many of them will continue into 2022.

It is really important that supporting our people and building workplace wellbeing strategies that make a difference to our people, remains a high priority at Te Toka Tumai.

Financial Performance Report for the period ended 31 October 2021

Recommendation

That the Board Receives the Financial Report for the period ended 31 October 2021

6.1

Prepared by: Auxilia Nyangoni, Deputy Chief Financial Officer
Endorsed by: Justine White, Chief Financial Officer
Date: 3 December 2021

1. Statement of Financial Performance for the period ending 31 October 2021

The October 2021 net financial result for the month is a surplus of $1.3M which is $4.4M favourable against the budgeted deficit of $3.1M. For the year to date (YTD), a deficit of $12.3M was reported against a deficit budget of $12.9M, thus favourable to budget by $0.6M.

The forecast for the full year has been updated this month. The forecast deficit of $81.1M for the year is $8.1M unfavourable as compared to the approved budget. The full year variance is due to net unfunded Covid-19 impacts of $10.4M, partially offset by a small improvement in underlying Business As Usual (BAU) operations of $2.3M. The forecast only includes Covid-19 impacts up to October 2021 and no further impacts have been included due to the variable nature of these costs.

$000s	Month (Oct-2021)			Year to Date 2021-22			Full Year (2021-22)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Income									
Government and Crown Agency	183,332	160,979	22,353 F	693,595	643,754	49,840 F	1,985,672	1,935,832	49,840F
Non-Government and Crown Agency	7,584	8,436	852 U	31,532	33,928	2,396 U	99,112	101,508	2,396U
Inter- District Flows	65,788	66,133	345 U	254,059	264,532	10,472 U	783,123	793,595	10,472U
Inter-Provider and Internal Revenue	1,494	1,535	41 U	5,677	6,187	510 U	17,959	18,469	510U
Total Income	**258,198**	**237,083**	**21,115 F**	**984,862**	**948,401**	**36,461 F**	**2,885,866**	**2,849,404**	**36,462F**
Expenditure									
Personnel	111,495	105,733	5,762 U	440,111	420,137	19,975 U	1,331,828	1,307,404	24,424U
Outsourced Personnel	6,643	2,355	4,288 U	18,681	9,422	9,260 U	39,525	28,265	11,260U
Outsourced Clinical Services	3,346	3,839	493 F	13,744	15,310	1,566 F	44,086	45,652	1,566F
Outsourced Other Services	7,938	7,376	561 U	32,984	29,506	3,478 U	91,995	88,518	3,477U
Clinical Supplies	28,839	29,168	329 F	115,566	120,091	4,525 F	344,502	349,726	5,224F
Funder Payments - NGOs and IDF Outflows	73,293	73,778	485 F	284,173	295,114	10,940 F	877,400	885,340	7,940F
Infrastructure & Non-Clinical Supplies	25,323	17,933	7,390 U	91,939	71,759	20,181 U	237,678	217,498	20,180U
Total Expenditure	**256,876**	**240,184**	**16,693 U**	**997,199**	**961,338**	**35,861 U**	**2,967,015**	**2,922,404**	**44,610U**
Net Surplus / (Deficit)	**1,322**	**(3,100)**	**4,422 F**	**(12,337)**	**(12,938)**	**601 F**	**(81,149)**	**(73,000)**	**8,149 U**

Result by Division $000s	Month (Oct-2021)			Year to Date 2021-22			Full Year (2021-22)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder	2,752	0	2,752 F	4,760	0	4,760 F	0	0	0 F
Provider	(1,787)	(3,124)	1,337 F	(17,575)	(12,917)	4,659 U	(81,149)	(73,000)	8,149 U
Governance	356	24	333 F	478	(21)	500 F	0	0	0 F
Net Surplus / (Deficit)	**1,322**	**(3,100)**	**4,422 F**	**(12,337)**	**(12,938)**	**601 F**	**(81,149)**	**(73,000)**	**8,149 U**
COVID-19 Net impact on bottom-line	(1,913)	8	**1,921 U**	(10,419)	(10)	**10,409 U**	(10,419)	0	**10,419 U**
Holidays Act Impact	(3,334)	(3,334)	**0 F**	(13,334)	(13,334)	**0 F**	(40,000)	(40,000)	**0 F**
BAU Net impact on bottom-line	6,569	226	**6,343 F**	11,416	406	**11,010 F**	(30,730)	(33,000)	**2,270 F**
Net Surplus / (Deficit)	**1,322**	**(3,100)**	**4,422 F**	**(12,337)**	**(12,938)**	**601 F**	**(81,149)**	**(73,000)**	**8,149 U**

Commentary on Significant Variances for the Year to Date

Income

Total Income is favourable to budget YTD by $36.5M (3.8%). The key variances are as follows:

- Covid-19 response funding $64.3M favourable covering vaccinations, community testing, ARPHS, laboratory testing, MIF, border control and other response costs.
- $26M unfavourable variance due to a provision for Planned Care and IDF revenue wash-up, reflecting significantly reduced volumes during the level 4 Covid-19 lockdown period.

Expenditure

Total Expenditure is unfavourable to budget YTD by $35.9M (-3.7%). The key variances are as follows:

- Combined Personnel and Outsourced Staff costs $29.2M (-6.4%) unfavourable variance reflecting unbudgeted Covid-19 related costs of $25.9M, MECA provisions $4.4M, unachieved savings budget $1.3M.
- Clinical Supplies are $4.5M (3.8%) favourable to budget reflecting reduced use of supplies due to lower volumes during Covid-19 lockdown.
- Funder payments to NGOs and IDFs $10.9M (3.7%) favourable mainly due to $4.2M favourable Covid-19 expenditure in Public Health and Integrated Primary Mental Health along with favourable demand related variances in Pharmaceuticals and Oral Health, GP Demand, Primary Health Organisations (PHO), Aged Residential Care and Carer Support.
- Infrastructure & Non Clinical Supplies $20.1M (-28.1%) unfavourable, related to unbudgeted Covid-19 expenditure $22.6M for vaccination clinic leases, urgent short-term facilities work, security, couriers, signage, etc.

Year End Forecast Result

The Forecast for the year was updated in October 2021 resulting in an overall increase in the net deficit from budget of $73M to forecast of $81.1M. The unfavourable forecast variance is in the Provider Arm and mainly relates to the YTD unfunded Covid-19 impacts. Full year forecasts only included the YTD Covid-19 net impact on the bottom-line due to the difficulty in predicting future impacts of Covid-19. The full year forecast takes account of some of the current timing related favourable variances that are expected to reverse in the second half of the year.

FTE

Total FTE (including outsourced) for October 2021 was 10,849, which is 481 higher than budget. There were 887 unbudgeted FTE for Covid-19, meaning the underlying BAU position is 408 below budget, mainly driven by Nursing FTE vacancies.

2. Statement of Financial Position as at 31 October 2021

$'000	31-Oct-21			30-Sep-21	Var	30-Jun-21	Var
	Actual	Budget	Variance	Actual	Last Mth	Actual	Last Year
Public Equity	978,435	997,223	18,788U	973,827	4,608F	964,383	14,052F
Reserves							
Revaluation Reserve	643,988	643,988	0U	643,988	0F	643,988	0U
Accumulated Deficits from Prior Year's	(888,955)	(846,715)	42,239U	(888,955)	0F	(792,742)	96,213U
Current Surplus/(Deficit)	(12,336)	(55,192)	42,856F	(13,659)	1,322F	(96,229)	83,893F
	(257,304)	(257,919)	616F	(258,626)	1,322F	(244,983)	12,320U
Total Equity	**721,132**	**739,304**	**18,172U**	**715,201**	**5,930F**	**719,400**	**1,732F**
Non Current Assets							
Fixed Assets							
Land	397,089	397,089	0F	397,089	0F	397,089	0F
Buildings	611,709	649,318	37,610U	614,642	2,934U	621,314	9,605U
Plant & Equipment	86,264	94,685	8,421U	86,669	404U	91,861	5,597U
Work in Progress	118,481	105,936	12,545F	111,276	7,205F	96,596	21,886F
Total Property, Plant & Equipment	1,213,543	1,247,028	33,485U	1,209,677	3,866F	1,206,860	6,684F
Investments							
- Health Alliance	78,787	79,676	889U	78,787	0F	79,676	889U
- Health Source	271	-	271F	271	0F	-	271F
- NZHPL	6,989	7,295	306U	7,066	76U	7,295	306U
- Other Investments	617	-	617F	617	0F	-	617F
	86,665	86,971	306U	86,741	76U	86,971	306U
Intangible Assets	2,439	6,320	3,881U	2,513	74U	2,751	312U
Trust Funds	17,517	17,577	60U	17,520	3U	17,577	60U
	106,621	110,868	4,247U	106,774	153U	107,299	678U
Total Non Current Assets	**1,320,164**	**1,357,896**	**37,732U**	**1,316,451**	**3,713F**	**1,314,159**	**6,005F**
Current Assets							
Cash & Short Term Deposits	196,233	196,596	363U	296,419	100,186U	202,469	6,236U
Trust Deposits > 3months	19,614	10,707	8,907F	21,101	1,487U	10,707	8,907F
ADHB Term Deposits > 3 months	-	-	0F	-	0F	-	0F
Debtors	57,926	44,859	13,067F	54,523	3,403F	44,859	13,067F
Accrued Income	109,097	76,452	32,645F	116,745	7,648U	76,452	32,645F
Prepayments	11,867	5,685	6,182F	11,802	66F	5,920	5,947F
Inventory	16,559	16,275	284F	17,269	710U	16,275	284F
Total Current Assets	**411,297**	**350,574**	**60,722F**	**517,859**	**106,562U**	**356,682**	**54,615F**
Current Liabilities							
Borrowing	(3,140)	(2,828)	312U	(2,848)	292U	(2,828)	312U
Trade & Other Creditors, Provisions	(246,067)	(222,902)	23,165U	(375,521)	129,455F	(222,902)	23,165U
Employee Entitlements	(649,698)	(630,319)	19,378U	(632,034)	17,664U	(616,986)	32,712U
Funds Held in Trust	(1,410)	(1,410)	0U	(1,410)	0F	(1,410)	0U
Total Current Liabilities	**(900,314)**	**(857,459)**	**42,855U**	**(1,011,812)**	**111,499F**	**(844,126)**	**56,188U**
Working Capital	**(489,018)**	**(506,885)**	**17,867F**	**(493,954)**	**4,937F**	**(487,444)**	**1,574U**
Non Current Liabilities							
Borrowings	(16,746)	(18,375)	1,629F	(14,027)	2,719U	(13,949)	2,797U
Employee Entitlements	(93,268)	(93,333)	64F	(93,268)	0F	(93,366)	98F
Total Non Current Liabilities	**(110,015)**	**(111,708)**	**1,693F**	**(107,296)**	**2,719U**	**(107,315)**	**2,700U**
Net Assets	**721,132**	**739,304**	**18,172U**	**715,201**	**5,930F**	**719,400**	**1,732F**

3. Statement of Cash flows as at 31 October 2021

$000's	Month (Oct-2021)			Year to Date 2021-22		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	161,692	236,866	75,174U	948,347	947,529	818F
Payments						
Personnel	(93,831)	(99,066)	5,235F	(407,282)	(393,470)	13,811U
Suppliers	(81,698)	(52,471)	29,227U	(246,060)	(213,279)	32,781U
Capital Charge	0	(2,713)	2,713F	0	(10,850)	10,850F
Payments to other DHBs and Providers	(73,293)	(73,779)	486F	(284,173)	(295,117)	10,943F
GST	(12,281)	0	12,281U	3,454	0	3,454F
	(261,104)	(228,029)	33,075U	(934,061)	(912,716)	21,345U
Net Operating Cash flows	**(99,412)**	**8,837**	**108,249U**	**14,286**	**34,813**	**20,527U**
Investing						
Interest Income	254	219	35F	857	876	19U
Sale of Assets	16	0	16F	37	0	37F
Purchase Fixed Assets	(10,034)	(21,174)	11,140F	(29,541)	(78,394)	48,853F
Investments and restricted trust funds	1,500	0	1,500F	(8,909)	0	8,909U
Net Investing Cash flows	**(8,265)**	**(20,955)**	**12,690F**	**(37,556)**	**(77,518)**	**39,962F**
Financing						
Interest paid	(130)	(100)	30U	(326)	(400)	74F
New loans raised	3,011	1,969	1,042F	2,333	5,181	2,847U
Loans repaid	0	(220)	220F	976	(788)	1,764F
Other Equity Movement	4,608	8,923	4,315U	14,051	32,840	18,789U
Net Financing Cash flows	**7,490**	**10,572**	**3,082U**	**17,034**	**36,832**	**19,798U**
Total Net Cash flows	**(100,187)**	**(1,546)**	**98,640U**	**(6,236)**	**(5,873)**	**363U**
Opening Cash	296,419	198,143	98,277F	202,469	202,469	0F
Total Net Cash flows	(100,186)	(1,546)	98,640U	(6,236)	(5,873)	363U
Closing Cash	**196,233**	**196,596**	**363U**	**196,233**	**196,596**	**363U**

ADHB Cash	190,984	183,080	7,904F
A+ Trust Cash	4,909	11,765	6,856U
A+ Trust & Restricted Deposits < 3 months	340	1,751	1,410U
Closing Cash	**196,233**	**196,596**	**363U**
ADHB Short Term Investments 3 > 12 months	0	0	0F
A+ Trust Short Term Investments 3 > 12 months	19,614	10,707	8,907F
ADHB Long Term Investments	0	0	0F
A+ Trust Long Term Investment Portfolio	17,517	17,577	60U
Total Cash & Deposits	**233,364**	**224,880**	**8,484F**

healthAlliance
Right behind better healthcare

Decision Paper
Director Appointment to the healthAlliance N.Z. Limited Board

DECEMBER 2021

Recommendation

It is recommended that the Board:

Note

(a) Northland DHB have nominated Nicole Anderson as a Class A director of healthAlliance N.Z. Limited in place of Dr Michael Roberts;

Resolve

(b) Nicole Anderson be appointed as a Class A director and the company be notified accordingly; and

Delegate

(c) Authority to the Northern Region DHB Chairs to execute all documentation necessary to formalise this director appointment.

Prepared by:	George Smith, hA Head of Corporate Services Simon Jones, hA CFO
Reviewed by:	Clayton Wakefield, hA Board Chair

1. Purpose

To seek DHB Board approval and a shareholders resolution to appoint Nicole Anderson (Northland DHB Director) as a Class A director of healthAlliance N.Z. Limited (hA).

Nicole Anderson is the Northland DHB nominated replacement for Mr Michael Roberts (NDHB CMO) who has resigned from the hA Board by virtue of his resignation from Northland DHB.

2. Background

The hA Constitution and Shareholders Agreement provides that all shareholders appoint directors.

Auckland, Counties Manukau, Northland, and Waitemata DHBs (the Northern Region DHBs) each hold one quarter of the Class A shares. The hA Constitution provides, inter alia, that Class A shareholders may appoint up to four Class A directors. Custom and practice has been for each Northern Region DHB to appoint one Class A director.

3. Auckland DHB Class A Director Nomination

Northland DHB has nominated Nicole Anderson (Northland DHB Director) as their Class A director.

> Nicole Anderson (DipAcc, DipBus, DipMgt, PGDPH) is a professional director and a chartered member of the Institute of Directors (CMInstD) with a background in accountancy, health and business development.
>
> Nicole is currently a Board member on the Northland District Health Board, Chair of Northland Inc, Director NZ Blood Service, Co-Chair SCENZ, a Member of the Accreditation Council and NorthTec along with the Ngapuhi Asset Holding Company.
>
> Ko Ngāpuhi tōna iwi, nō Hokianga ia.

4. hA Board Composition

The hA Board composition following approval of these recommendations, is set out below:

	hA Board of Directors **(following endorsement of this proposal)**
Class A shareholder directors	• Catherine Abel-Pattinson (CMH Director) • Dr Andrew Brant (WDHB Deputy CEO) • Michael Quirke (ADHB Director) • *Nicole Anderson (NDHB Director) – proposed*
Independent directors	• Clayton Wakefield (Chair) • Roger Jones • Russell Jones

5. Next steps:

The next steps are:

1. DHB Boards to approve and resolve the appointment and delegate authority to execute documentation to DHB Chairs – *upcoming DHB Board cycle*
2. DHB Chairs to sign the relevant documentation – *upcoming DHB Board cycle*
3. hA to update the Companies Office – *within 10 days of the final DHB Board approval.*

NOTICE OF APPOINTMENT OF DIRECTOR

TO: healthAlliance N.Z. Limited (**Company**)
585 Great South Road
Penrose
Auckland

Notice is hereby given by the Class A Shareholders pursuant to the Company's constitution that the following person be appointed as a Class A director with effect from 16 December 2021:

1. Nicole Anderson

DATED _____

SIGNED on behalf of **AUCKLAND DISTRICT HEALTH BOARD** by:

_____
Signature of authorised signatory

_____
Name of authorised signatory

Note: The same resolution will be sought from each of the Class A Shareholders.

Board Meeting Schedule for 2022

Recommendation

That the Board approve:

1. **Option one as the meeting schedule for 2022**
2. **A cutdown report template providing recommendations, an executive summary and high-level issues outlined**
3. **Only essential Executive Leadership Team and Senior Managers in attendance at meetings.**

Submitted by: Marlene Skelton (Corporate Business Manager)
Endorsed by: Pat Snedden (Board Chair)

1. Background

At the start of the Board term an ambitious meeting schedule supporting the historic 6 weekly meeting cycle was set to support an enhanced Committee structure designed to allow Board Members to have a focus on strategy, system wide issues and overall performance management.

From mid- 2020 through 2021 this meeting structure was pared back due to the effect of COVID 19 on business as usual.

Difficulty was experienced because:

1. A significant amount of Executive Leadership Team time is spent supporting governance meetings and these are people who are currently also carrying dual roles in support of continuing COVID 19 arrangements, secondments to the Transitional Unit and now the new body, Health NZ.
2. The threat of further COVID 19 outbreaks remains and at any time the hospital could revert to a higher alert level, again affecting the availability of senior staff.
3. Report writers are in the main common for many of the committees and are heavily involved in day-to-day COVID 19 management along with their teams and do not have the pre COVID levels of discretionary time to prepare Committee and Board reports and to attend the meetings.

Board members have expressed the wish to stand up a more comprehensive meeting structure for 2022 that would allow the Board to handover in good faith and in the best position to Health NZ in July 2022.

2. Metro DHB Approach to Meeting Schedules for 2022

Both Waitemata DHB and Counties Manukau DHBs during 2021 have continued to stand up a full committee structure with pared back agenda size. They however, have not had the weekly informal Board meeting schedule that Auckland DHB stood up.

It is their intention to run a full schedule of meetings again for 2022.

Counties Manukau DHB has already published their schedule.
https://www.countiesmanukau.health.nz/about-us/who-we-are/governance/cmdhb-board-meetings/

Waitemata DHB is currently considering their meeting schedule but have indicated that it will be a full structure.

3. Auckland DHB Meeting Report - Considerations

In order to remove some stress from the meeting support structure and to address the concerns that have been expressed by Executive Leadership Team, Board Members have indicated that they would be amenable to seeing short form reports on agendas where practicable.

Reports for Committee meetings, other than Finance, Risk and Assurance Committee, could consist of a very detailed Executive Summary and recommendations or simply be in a headline format with the issue outlined and where required a deep dive for an issue of concern.

Meeting length could be of no more than 90 minutes for CPHAC and DiSAC and two hours for HAC. Committee meetings could be run consecutive to one another.

4. Meeting Days

Wednesdays have been set aside as the primary day for Auckland DHB Board business to be conducted with Mondays and the odd Tuesday being reserved for those who currently sit on the Major Capital Expert Advisory Group.
If a full meeting schedule were stood up then the weekly Informal Board Briefings would cease.
It is not a requirement for full Executive management Team or other senior staff to be in attendance at every meeting. Key staff can be nominated to attend.

5. Options for a Meeting Structure

By law a District Health Board is required to have at least 8 meetings per year with the major sub-committees, FRAC and HAC having the same number and CPHAC and DiSAC a lesser number.

The two options proposed meet that requirement based on the remaining 6 months of the Board term.

The following considerations have been taken into account within both options:

- The FIRP programme of work is leaving the design phase and entering the build phase requiring a greater overview by the Major Capital Expert Advisory Group who has indicated that meetings now need to be monthly.
- People and Culture Sub-Committee can report quarterly results following FRAC and in June to the full Board.
- Auckland Regional Public Health have indicated that they cannot begin reporting again until late March and therefore, the first CPHAC meeting has been scheduled for April 2022.

- The requirement for staff to have some form of break in January 2022.

Committee	Frequency	Number
Board	6 Weekly	5
Finance, Risk and Assurance Committee	6 Weekly	4
Hospital Advisory Committee	6 Weekly	4
Community and Public Health Advisory Committee	8 Weekly	2
Disability Support Advisory Committee	8 Weekly	2
People and Culture Sub-Committee	Quarterly	3
Major Capital Expert Advisory Group	Monthly	6

5.1 Option One

[Attachment One]
Board and FRAC are run on separate Wednesdays. Other committees are run consecutively one after the other on a Wednesday.
The year would start with a "Special" Meeting of Board meeting on 26 January to bring the Board up-to-date with any change in COVID, present any decisions made by the Executive Committee of Board during recess or urgent BAU Decision items with the next Board meeting being on 23 February 2022.

5.2 Option Two

[Attachment Two]
This schedule presupposes that a consecutive meeting structure would be employed making full use of all day Wednesday on a scheduled Board day to run committee meetings [other than FRAC] prior to Board.
The year would start with an "Informal" Board meeting on 26 January to bring the Board up-to-date with any change in COVID or BAU with the first formal Board meeting being on 23 February 2022.

Concerns/Risks

Consideration has yet to be given to:

1. commitments of the Planning and Funding team and RIA personnel who have to support both Waitemata and Auckland DHBs Finance committees.
2. The effects of a further COVID outbreak such as the new variant, Omicrom.

Conclusion

To assist with good decision making and providing practical support the proposed meeting schedule in attachment one be approved.

Attachment One

Committee	Time	Jan 2022	Feb 2022	Mar 2022	April 22	May 2022	June 2022
CPHAC – Commissioning Health Equity Advisory Committee	8:30am - 11:00am	NO MEETING	NO MEETING	Wed 130 Grafton	NO MEETING	Wed 25 Grafton	NO MEETING
Major Capital Expert Advisory Group [Sub-Committee of FRAC]		Mon 17	Mon 14	Mon 14	Mon 11	Mon 9	Mon 13
Disability Support Advisory Committee (DiSAC)	1.00pm - 3.00pm	NO MEETING	NO MEETING	Wed 30 Grafton	NO MEETING	Wed 25 Grafton	NO MEETING
Finance, Risk and Assurance Committee	8.00am – 12:00pm	NO MEETING	Wed 2 Grafton	Wed 16 Grafton	Wed 27 Grafton	NO MEETING	Wed 8 Grafton
People and Culture Subcommittee	11:00am - 12:00pm	NO MEETING	Wed 2 Quarter Two	No MEETING	Wed 27 Quarter Three	NO MEETING	Wed 29 Quarter 4 – Part of Board
HAC – Provider Equity Committee	8:30am – 12:30pm	NO MEETING	Wed 9 Grafton	Wed 23 Grafton	NO MEETING	Wed 4 Grafton	Wed 15 Grafton
BOARD Board Only Open Board Meeting followed by Confidential Board	9:00am 10:00am - 4:00pm	Wed 26 [Special] Grafton	Wed 23 Grafton	NO MEETING	Wed 6 Grafton	Wed 18 Grafton	Wed 29

Venues:

Grafton – A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital
MDL – Marion Davis Library – Building 43, Auckland City Hospital
Tuturau - Tuturau Meeting Room – Executive Suite, Building 1, Level 12, Auckland City Hospital

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Issue 1: 15 December

8.2

Attachment Two

Committee	Time	Jan 2022	Feb 2022	Mar 2022	April 22	May 2022	June 2022
CPHAC – Commissioning Health Equity Advisory Committee	10:30am - 12 Noon	NO MEETING	NO MEETING	NO MEETING	Wed 6 Grafton	NO MEETING	Wed 8 Grafton [Following FRAC]
Major Capital Expert Advisory Group [Sub-Committee of FRAC]		Mon 17	Mon 14	Mon 14	Mon 11	Mon 9	Mon 13
Disability Support Advisory Committee (DiSAC)	10.30am - 12 noon	NO MEETING	Wed 23 Grafton	NO MEETING	NO MEETING	Wed 25 Grafton	NO MEETING
Finance, Risk and Assurance Committee	8.00am – 12:00pm	NO MEETING	Wed 2 Grafton	Wed 16 Grafton	Wed 27 Grafton	NO MEETING	Wed 8 Grafton
People and Culture Subcommittee	11:00am - 12:00pm	NO MEETING	Wed 2 Quarter Two	NO MEETING	Wed 27 Quarter Three	NO MEETING	Wed 29 Quarter 4 – Part of Board
HAC – Provider Equity Committee	8:00am – 10.30am	NO MEETING	Wed 23 Grafton	NO MEETING	Wed 6 Grafton	Wed 4 Grafton	NO MEETING
BOARD Board Only Open Board Meeting followed by Confidential Board	1.00pm 1.30pm - 3:00pm – 5pm	Wed 26 [Special to start at 9am] Grafton	Wed 23 Grafton	NO MEETING	Wed 6 Grafton	Wed 18 Grafton	Wed 29

Venues:
Grafton – A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital
MDL – Marion Davis Library – Building 43, Auckland City Hospital
Tuturau - Tuturau Meeting Room – Executive Suite, Building 1, Level 12, Auckland City Hospital

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Issue 1: 15 December 2021

Establishment of Executive Committee of the Board

Recommendation

That the Board:

1. **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. **Approve the membership of the Executive Committee which is to comprise the Board Chair, Pat Snedden, the Deputy Board Chair, Tama Davis, the Chair, Finance, Risk and Assurance, Dame Paula Rebstock, the Chair of DiSAC, Jo Agnew and Michael Quirke, with a quorum of three members (the Board Chair or Deputy Board Chair need to be one of the three members).**
3. **Delegate authority to the Executive Committee of Board 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. **Note that all decisions made by the Executive Committee will be reported back to the Board at its meeting on 23 February 2022.**
5. **Approve dissolution of the Executive Committee as at 23 February 2022.**

Prepared by: Marlene Skelton (Corporate Business Manager) for Pat Snedden (Board Chairman)

Glossary

NZPH&D Act - New Zealand Public Health and Disability Act 2000

1. Purpose

To seek the Board's approval to establish an Executive Committee of Board to conduct pressing Board business during the Christmas/New Year recess.

2. Background

The final normal scheduled meeting of the Board for the year is on 16 December 2021. The next meeting is on 23 February 2022. There may be some items of business requiring approval at Board level that need to be processed during this period.

Under the NZPH&D Act (Schedule 3 Clause 38) there is provision for the Board to establish one or more committees for a particular purpose or purposes.

3. Proposal

As in recent years, it is proposed that the Executive Committee should have a relatively small membership so that it can be convened at short notice, should this be necessary. The proposed membership is the Board Chair, Pat Snedden, the Deputy Board Chair, Tama Davis, the Chair, Finance, Risk and Assurance, Dame Paula Rebstock, the Chair of DiSAC, Jo Agnew and Michael Quirke, with a quorum of three members (the Board Chair or Deputy Board Chair need to be one of the three members)

It is expected that, by their nature, any items referred to this Committee are likely to need to be taken in public excluded session. The date and agenda items of any meeting(s) would, as soon as confirmed, be advised to all Board members and meeting(s) publicly notified if they involve any open meeting agenda reports.

Childhood Immunisation

Recommendation:

That the Board:

1. **Note, consistent with international trends, childhood immunisation coverage has dropped nationally and is most acute in Auckland with prolonged and repeated COVID-19 lock-downs, and for Maori (who, along with Pacific, are most likely to be impacted by outbreaks) to a point where the risk of an outbreak of measles or pertussis is significant.**
2. **Note a report has been prepared by the Northern Region Child Health Steering Group, and outlines the wide ranging recommendations of the Group, requiring a whole of system response.**
3. **Note the Ministry of Health's renewed focus on delivery of the MMR campaign targeting 15 – 30 year old Māori and Pacific peoples, which has remained a focus of the DHBs.**
4. **Note the planned local immunisation campaign's messaging about the importance and safety of childhood vaccination, led by high profile Māori and Pacific clinical champions.**
5. **Endorse the outlined immediate response through a determined focus on delivering all missed vaccinations at any vaccination event, and engaging the whole whānau at any vaccination opportunity by all vaccination providers.**

Prepared by: Ruth Bijl (Funding and Development Manager – Child, Youth and Women); Georgina Tucker (Clinical Leader – Uri Ririki)
Endorsed by: Dr Aumea Herman (Director Pacific, WDHB), Dr Owen Sinclair (Te Rarawa, Paediatrician, WDHB), Dr Debbie Holdsworth (Director Funding), Dr Karen Bartholomew (Director Health Outcomes), Ailsa Claire (Chief Executive)

Glossary

ADHB – Auckland District Health Board
CMH – Counties Manukau Health
CHSG – Northern Region Child Health Steering Group
IMAC - Immunisation Advisory Centre
MMR – Measles, Mumps and Rubella
WDHB – Waitematā District Health Board

1. Executive Summary

A report was prepared by the Northern Region Child Health Steering Group (CHSG) in response to significant clinical concern about falling vaccination rates, particularly for tamariki Māori after the previous COVID lockdowns (the report was developed prior to the August Delta outbreak, however the concerns have been highlighted further in the current COVID outbreak). The reduction in coverage and loss of herd immunity puts the community at risk of an outbreak of vaccine preventable disease which would hit Māori and Pacific disproportionately. Based on previous outbreaks, there will likely be hospitalisations and possibly deaths and significant morbidity, particularly for children aged under five years of age. The best protection is achieved through on-time vaccination from pregnancy. A comprehensive northern region action plan has been proposed, but in the immediate time-frame a communication plan is being delivered alongside the request to the sector to focus on delivering all missed vaccines at any vaccination event, and to offer the suite of vaccinations to whānau when-ever and where-ever they are engaged by health service providers.

2. Background

Falling childhood immunisation rates following COVID-19 is an international trend which is being seen nationally however more acutely metro Auckland with prolonged and repeated lockdowns. Following on-going discussions with the Board and collective concerns regarding declining childhood immunisation, we requested the Northern Region Child Health Steering Group (CHSG) undertake a review of our immunisation system and advise their recommendations for improvement. We have also continued to raise our concerns nationally requesting national leadership and are pleased to advise the Director General wrote to all Chief Executives on 6 December 2021 directing a renewed focus on delivering Measles, Mumps and Rubella (MMR) vaccinations in preparation for the potential re-opening of our borders in 2022.

The Northern Region DHBs' report: Immunisation of Tamariki 0-4 years in the Northern Region: Review July 2021, which is located in the Resource Centre, was developed by the Northern Region Child Health Steering Group (CHSG). This was response to regional data presented to the group by the Funding Manager, Child, Youth and Women's Health, Planning Funding and Outcomes Unit highlighting plummeting immunisation rates and growing inequities of immunisation coverage for tamariki across the Northern Region. Particular concern was raised regarding tamariki Māori living in Counties Manukau, where coverage had dropped in the March 2021 reporting to 65%, as shown in Table 1 below. Coverage rates for all DHBs in the northern region had dropped to alarming levels.

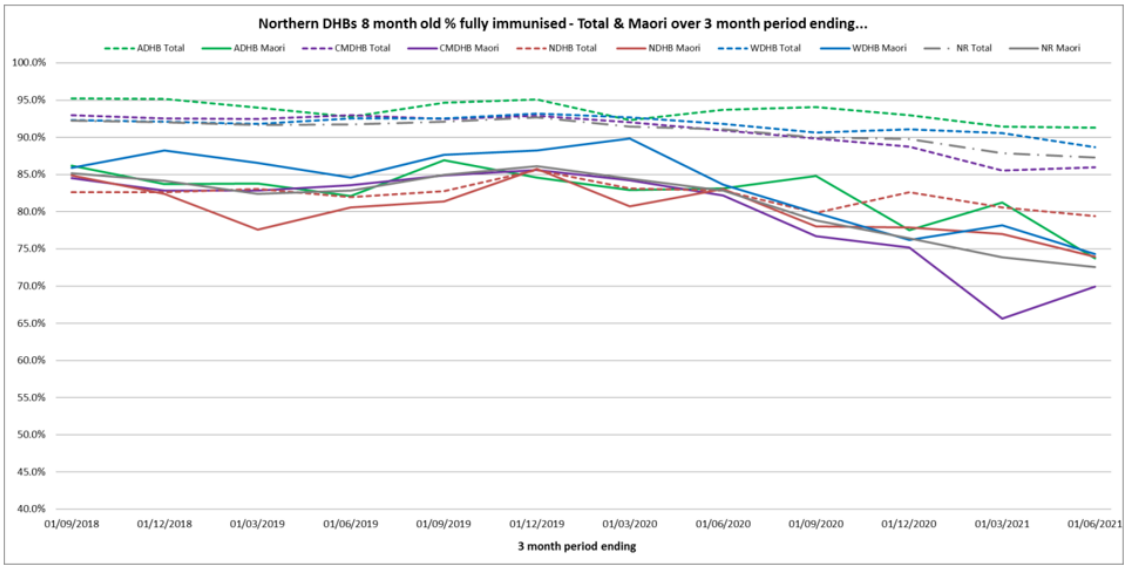
Table One - % Fully immunised at 8 months as at 31/03/2021

DHB of residence	Total	NZE	Māori	Pacific	Asian	Other
Auckland	91.4%	92.1%	81.2%	86.1%	98.6%	84.9%
Counties Manukau	85.4%	90.3%	65.3%	83.2%	98.6%	93.2%
Northland	80.6%	85.0%	77.0%	71.4%	100.0%	20.0%
Waitematā	90.5%	89.0%	78.1%	91.1%	98.5%	93.2%
National Total	87.7%	90.4%	75.9%	86.0%	98.2%	88.4%

Table Two - % Opt off the NIR or declined immunisation at 8 months as at 31/03/2021

DHB of residence	Total	NZE	Māori	Pacific	Asian	Other
Auckland	3.6%	3.5%	9.7%	3.9%	0.5%	8.2%
Counties Manukau	3.3%	3.6%	6.4%	3.7%	0.5%	0.0%
Northland	12.8%	13.6%	13.2%	14.3%	0.0%	40.0%
Waitematā	4.3%	6.1%	8.2%	2.8%	0.7%	1.7%
National Total	5.5%	5.5%	9.7%	4.3%	0.8%	4.6%

The figure below from the regional report, provides 3-month trend data for the 8-month milestone since 2018. This highlights the continued decline in immunisation rates for tamariki Māori in the Northern Region with coverage below 80 % in all districts by June 2021. This is below the rate required to prevent outbreaks of vaccine preventable diseases and is well below the national target of 95%.



8.4

The equity gap for tamariki Māori in the Northern Region was increasing prior to the onset of the COVID-19 pandemic. However, COVID-19 has had a significant and enduring impact on childhood immunisations both within New Zealand and internationally. Providers also identified the introduction of the 12-month MMR vaccine as a contributor to the reduction in immunisation rates.

As stated in the regional report, significant risk exists from the very low child immunisation rates within the Northern Region population. The current border closures are keeping most vaccine preventable diseases out of the country. However, without a population health strategy there will be future vaccine preventable disease outbreaks, with significant morbidity and potential deaths Measles and pertussis are of particular concern with any outbreak likely to significantly impact Māori and Pacific children and their communities. The regional report describes structural barriers and ongoing programme failures within the health system perpetuating inequity for tamariki Māori in relation to immunisation, requiring an urgent and targeted response across the health system to fulfil Te Tiriti o Waitangi obligations.

The key themes identified by the review are as follows:

1. Chronic inequities in immunisation coverage: Long term systemic failures have caused barriers for whānau Māori immunisation services in New Zealand. Covid-19 has stretched health services to capacity creating unpredictable challenges and widened health inequities. Pae Ora Healthy Futures for Māori (Whakamaua), and the health system re-structure provide us with an opportunity for reform.
2. Systemic racism and bias: Conscious and unconscious bias creates barriers for whānau trusting and accessing primary care and health services. Te Tiriti o Waitangi based leadership is key to ensure any service development is meaningful, culturally safe and sustainable.
3. Referral pathway timeliness: The referral and enrolment to practice processes create gaps in a critical time period for relationship building between whānau and primary care and subsequently successful immunisation. Maternal vaccination provides a protective mechanism and an opportunity to further the conversation, trust and confidence around childhood immunisation and the early relationship with primary care. Immunisation is best considered holistically within the context of whānau needs.
4. Reporting and IT systems: Current reporting does not meet the needs of teams or enable early support to the immunisation journey. Reporting needs to reflect a proactive approach

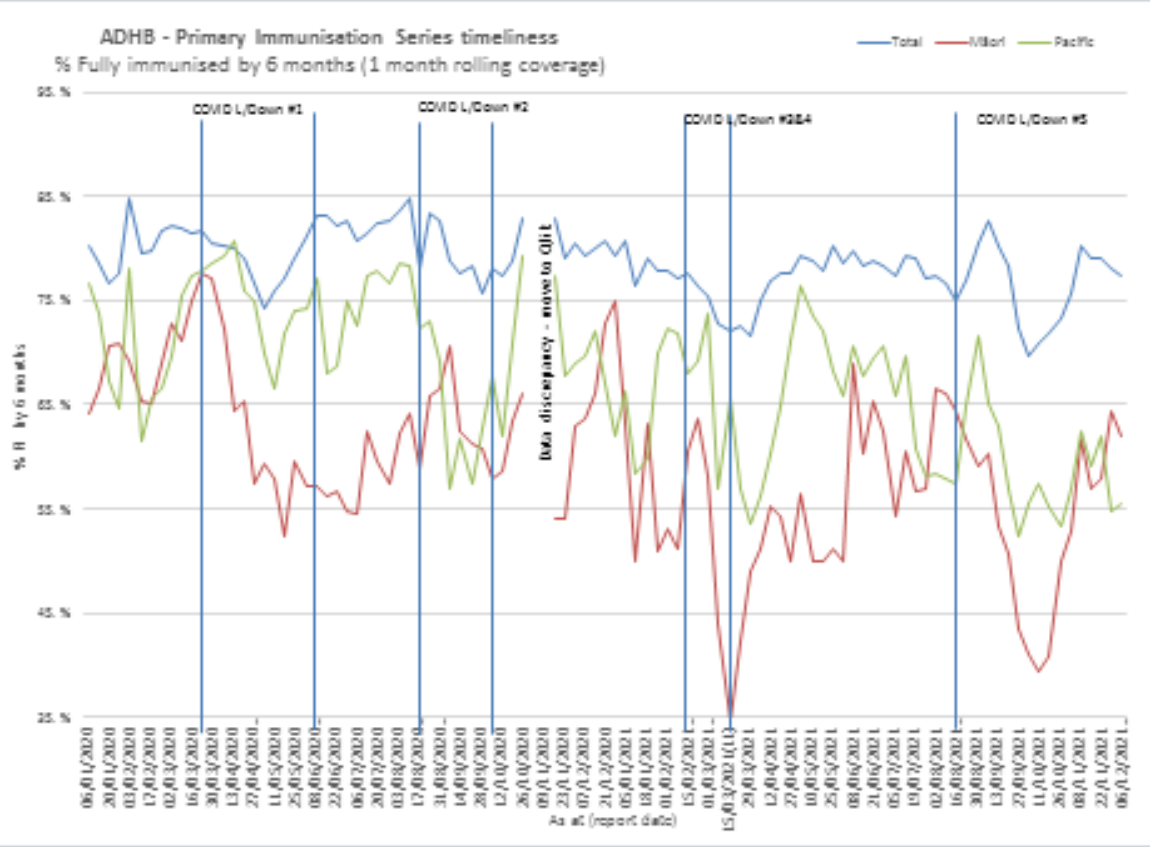
to immunisation and to allow for reporting of individual vaccination events. This includes the positive reinforcement of maternal immunisations and the protective factors influencing immunisation. Proactive and real time reporting would increase the timeliness of recalls for vaccination only if it occurs earlier than the current 8-month focus. An IT system with flexibility and improved access could eliminate cost and time consuming practices used to manage the current system. For example, having availability of on-line booking systems for whānau.

5. Workforce Capacity: Workforce is a limited resource and has been stretched to cover other priorities. Childhood vaccinators need to have protected time and resources to meet the demands of the current situation. Growing workforce capacity and using the semi-skilled workforce emerging from Covid-19 offers an opportunity to support whānau to navigate the health system. A training platform that is Te Tiriti o Waitangi compliant will enhance learning and resources available for staff and whānau.
6. Language, communication and relationship: Health outcomes are dependent upon a trusting relationship between whānau and health services, and between all health providers. A holistic approach to care that crosses the life span sits well in primary health; for childhood immunisation a well-child context is appropriate. Messaging needs to be consistent, friendly, available at all times and non-biased.
7. Covid-19: Covid-19 has added an extra layer of complexity impacting on whānau who are protecting their tamariki from potential risk of exposure. The changes in daily practices required for Primary Care to manage population wellbeing reduces the availability for staff to work face to face with whānau impacting on relationship building, trust and opportunities to provide immunisations.
8. Funding: System funding has siloed immunisation and services. A full review of commissioned services is indicated.
9. Getting it right from the beginning: Evidence shows that completion of the 6 week vaccination is a reliable indicator that the childhood series will continue to be completed on time. However, it is recognised that a poor experience at this 6-week event can have a lasting impact on engagement with immunisation and the health system in general.

Obviously these themes require a whole-of-system response, but there are some immediate actions that can be employed.

3. Current state in Auckland DHB and Immediate Response

Immunisation coverage and activity is routinely reported to the Board through the Community and Public Health Advisory Committee (CPHAC). In the June 2021 report, the Board was informed that coverage for tamariki Māori at 8 months of age was 81%. The following graph showing the 6 month rolling average was presented to demonstrate the impact of lockdowns on on-time immunisation coverage. The blue line represents Total, the green line Pacific, and the red line Māori.



In Auckland DHB as at 30 November 2021, on-time coverage is 78% at 6 months for the total population, 55% for tamariki Māori and 57% for Pacific. At 8 months, total coverage is 91% at 8 months, Maori 79% and Pacific 81%. In comparison, coverage at 6 months a year ago (to 30 November 2020) was 82% for the total population, 65% for Māori and 73% for Pacific; at 8 months coverage was the same as we see now, however the current lower 6 month coverage predicts an ongoing decline in coverage at 8 months.

A number of actions are already underway. These include:

1. The on-going delivery of services through the Outreach Immunisation Service, noting service disruption over lock-downs.
2. Providing lists of children (and their contact details) aged 2- 5 years who have not had at least one MMR vaccine dose to the Māori and to the Pacific mobile providers to increase outreach service capacity. We are currently working with the Māori Health Gains team on a second wave to focus on 14 to 24 month olds tamariki Māori without one dose of MMR.
3. Refinement of processes within the NIR team, including phoning practices regarding enrolled children who are over-due.
4. Refinement of processes in primary care practices to create a ‘baby hour’ (a wellness focus).
5. Developing the tools and skills at COVID-19 vaccination centres to check vaccination status on the NIR and to administer vaccinations as required.
6. Progressing approvals for Pharmacists to administer childhood vaccinations, and all pregnancy vaccinations.
7. Development of key messages for a communications campaign.

There is an urgent need to get messages out to communities regarding the importance and safety of pregnancy and childhood immunisations. A suite of messages has been developed, with the intent of refining messages with local communities, and pushing them out via a range of media. However, the onus needs to be on health service providers to be culturally competent and for vaccination programmes to:

1. Ask and offer all immunisations at any immunisation event.
2. Ask and offer all immunisations to all the whānau when people present for, or are engaged by health services.

4. Whole of system response

The regional report provides a more comprehensive suite of actions and is located in the Resource Centre. An overview of these is provided in the table appended. The table of recommendations for Immunisation System Change can be found on page 6 of the report.

Responsibility for actions outlined are yet to be determined. Areas of where responsibility may currently sit are depicted by the following code:
Green = Ministry of Health
Red = Regional
Orange = Primary Care
Blue = DHB's
Yellow = Immunisation Advisory Centre (IMAC)

5. Conclusion

As immunisation coverage has dropped, protection against vaccine preventable diseases has reduced to the point where communities are at risk of severe disease, especially measles and pertussis, with future borders opening heightening that risk. Māori and Pacific children and their whānau through low immunisation coverage carry a disproportionate risk of experiencing high disease burden should an outbreak occur. The health system needs to re-focus efforts around childhood (and pregnancy) vaccinations with urgency. In addition to community messaging, in the immediate term, all providers need to ask and offer all vaccinations, and ask and offer these for all whānau.

Table 1:	Real Time Data and digital Enablement	Language	Communications Media	Structural Enablement	Integrated Whānau Care (Imms +)	Workforce	Funding	Intersectoral Working
Immediate – 0-3 months	Increase Qlik responsiveness and timeliness of reporting	Develop strengths based Primary Care consistent whānau contact messaging e.g. Text precalls, recalls, letters etc.	Communication (MEDINZ) to Primary Care to accept all new-born Baby Nominations	Removal of all barriers to enrolment through relaxation of eligibility e.g. - no birth certificate required to be immunised	Community engagement to identify groups requiring proactive community supported immunisation	- Prioritise skilled child health workforce for vaccination with alternatives for Covid response	A resourced catch-up programme for 0-4 years	Involve all key sector partners and stakeholders in developing a regional action plan
	Identify susceptible population. NHI level epi data on current immunisation coverage 0-4 year identify geographical areas for urgent attention. Identify N 0\1\2\ MMR.	Develop Regional Best Practice documents ensuring they are strengths based and Te Tiriti responsive.	Te Tiriti responsive and Te Reo accessible media campaign 0-4 year immunisation.	Extend B enrolments to 6 months	Proactive Integrated whānau care programme (OIS)	Strengthen opportunistic hospital and outpatient immunisations.	Payment of birth certificates IN priority populations	Identify sectors that work with priority populations. Opportunities for MoU (or similar) and supportive immunisation (e.g. Housing initiatives including access to integrated whānau care)
	Review of data system across the region to establish a clear plan of work	Identify key champions with Primary Care and Midwifery teams for relationship building	DHB sharing of communications and media practices across the region to ensure consistent messaging.	Prioritisation of integrated whānau care for Māori and Pasifika populations	Establish the who, how and when for the work programme	Gain clarity of the distribution of the current vaccination workforce. Potential opportunities to integrate immunisation activity differently	Review of capitation and funding of vaccinations to be in line with Covid-19	
	Tidy up connected health information services; including NES and NIR	Recommendations to IMAC to review responsiveness of website and resources to Te Tiriti o Waitangi	Update personal details at every opportunity across services. Flexible delivery aims to provide vaccinations at every available opportunity.	Relationship building with key stakeholders; Midwifery college, midwives, Pharmacy, MSD		Identify training pathways for future workforce. Consider options for Integrated Whānau Care (e.g. unregulated Kaimahi trained for Covid vaccination)	Avoid short term narrow focus contracts and move towards commissioning of holistic models of care (Imms +)	
			Work with midwives/midwifery college to ensure the correct GP for baby is identified at birth to ensure nomination goes to the correct practice.	For the 3 critical system issues, develop a regionally consistent solution for short term and recommendations for long term re-design				
Medium term 3 months-1 year	NCHIP reporting informs proactive anticipatory approach	Work with midwifery workforce to ensure positive strengths based messaging for immunisation	MOH and Māori Health Board to establish leadership for Imms programme based on Te Tiriti	Develop a plan for systematic process to maintain up to date contact details across all health points (NHIP).	Develop relationship with Māori Health Board and MOH to establish work on foundational documents	Policy/funding preparedness for future workforce - covid kaimahi	Policy/funding preparedness for future workforce - covid kaimahi	Development guidance for positive conversations with whānau about immunisation - see Comms/media
	NCHIP uptake in Counties Manukau	Training the workforce in strengths based enabling language and actions. Awareness therefore to overcome individual and practice level bias.		Standardise a regional pathway of care	Leverage from current work in the region that is performing well	Enablement of care by micro credentialed workforce (policy/funding)	Enablement of care by micro credentialed workforce (policy/funding)	Plan for digital enablement of contact sharing
	Development of a real-time Child Health Indicator monitoring dashboard	Connect with MOH and Māori Health Board for guidance with leadership			Develop regional strategy around delivery and capacity building	Development of workforce cultural competency with framework and resources	Review of across sector funding of immunisations in line with the vaccinating workforce identified e.g. Pharmacy	
	Review recommendations from Covid-19 experience							
Long term > 1 year		Have a structure in place that is working in Te Tiriti for workforce development, training, resourcing						

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
3.0 Confirmation of Confidential Minutes 3 November 2021	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]
3.1 Emergency Meeting of the Board 24 November 2021	N/A	
4.0 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 [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.	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 Verbal Confidential 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	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

	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)] **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 1982S9(2)(k)]	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 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]
8.1 Finance, Risk and Assurance 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]
9.1 160 Grafton Road - Lease	**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]
9.2 Debt Write Off for Renal and Neurology	**Privacy of Persons** Information relating to natural person(s) either living or deceased is	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

Patients	enclosed in this report.	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 Delegations during Covid-19 Response	**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]
9.4 Refreshed ISSP	**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.	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 New install MRI – Level 3, Auckland City Hospital	**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]
9.6 Fleet Replacements: X-Ray Room SSH Site - S3, Generic and Specialty Beds 21/22 and Ultrasound Machine Project 2021/22	**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)] **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)] **Prevent Improper Gain** Information contained 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]

	could be used for improper gain or advantage if it is made public at this time.	
9.7 Point Chevalier Clinic Room and Dialysis Service Facility Upgrade	**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.	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]
9.8 Mental Health – Improved Acute Flow Telehealth Business Case	**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)] **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]
9.9 ISCV Implementation (Echocardiogram) Business Case	**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]
9.10 Additional Capital Funding 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 [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]
9.11 Annual 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]
10.1 NRHCC COVID-19 Decision Log and Financial Report – 2021/22 Quarter 1	**Obligation of Confidence** Information which is subject to an express obligation of confidence is enclosed in this report. This paper is Confidential as per Section 9(2)(f)(iv) Confidentiality of advice by officials - disclosure of the information would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials.	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 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]