AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 26 May 2021

10:00am

Note:

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

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

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

Published 21 May 2021

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

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

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

Well Being to All.

Agenda
Meeting of the Board
Wednesday 26 May 2021

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

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 Shannon Ioane Maria Ngauamo Kirimoana Willoughby	**Auckland DHB Executive Leadership** Ailsa Claire — Chief Executive Officer Dr Karen Bartholomew — Director, Health Outcomes for ADHB/WDHB Mel Dooney — Chief People Officer Margaret Dotchin — Chief Nursing Officer Mark Edwards — Chief Quality, Safety and Risk Officer Dame Naida Glavish — Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB Dr Debbie Holdsworth — Director of Funding – ADHB/WDHB 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 Dr Margaret Wilsher — Chief Medical 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

10.00am **MIHI WHAKATAU**

Welcome for new "Seat at the Table" appointees to Board followed by light refreshments prior to the start of the meeting.

KARAKIA

10.45am **1.** **ATTENDANCE AND APOLOGIES**

Margaret Dotchin

10.50am **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?

10.55am **3.** **CONFIRMATION OF MINUTES – 31 MARCH 2021**

3.1 Circulated Resolution Endorsement - External Appointments to Disability Support

		Advisory Committee
11.00am	**4.**	**ACTION POINTS**
11.03am	**5.**	**EXECUTIVE REPORTS**
	5.1	Chief Executives Report
	5.2	Health and Safety Report
	5.3	Human Resources Report
11.55am	**6.**	**PERFORMANCE REPORTS**
	6.1	Financial Performance Report
	6.2	Planning and Funding Outcomes Update
12.30pm	**7.**	**COMMITTEE REPORTS**
	7.1	Hospital Advisory Committee
	7.2	People and Culture Sub-Committee
	8.	**DECISION REPORTS**
	8.1	2021/22 Capex Plan Approval –delegated authority to FRAC
	9.	**INFORMATION REPORTS - NIL**
	10.	**GENERAL BUSINESS**
12.45pm	**11.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	Wednesday 28 July 2021 at 10am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

Healthy communities \| World-class healthcare \| Achieved together

Kia kotahi te oranga mo te iti me te rahi o te hāpori

Attendance at Board Meetings

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

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	
Joanne Agnew	1	1	1	1	1	1	1	
Doug Armstrong	1	1	1	1	1	x	1	
Michelle Atkinson	1	1	1	1	1	1	1	
Zoe Brownlie	1	1	1	1	1	1	1	
Peter Davis	1	1	1	1	1	1	1	
Tama Davis	x	1	1	1	1	1	1	
Fiona Lai	1	1	1	1	1	1	1	
Bernie O'Donnell	1	1	1	1	1	1	1	
Michael Quirke	1	1	1	1	1	1	1	
Ian Ward	1	1	1	1	X	1	1	

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Board

Member	Interest	Latest Disclosure
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Trustee - Recovery Solutions Trust Director – Recovery Solutions Services Limited Director – Emerge Aotearoa Limited and Subsidiaries Director – Mind and Body consultants Ltd Director – Mind and Body Learning & Development Ltd Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd	18.05.2021
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)*	20.08.2020
Zoe BROWNLIE	Co-Director – AllHuman Board Member – Waitakere Health and Education Trust Partner – Team Leader, Community Action on Youth and Drugs	02.12.2020
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties Chair – The Helen Clark Foundation	22.12.2020
William (Tama)	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei	18.02.2021

DAVIS	Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Board Member – Freemans Bay School Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa Director - - Board of New Zealand Health Partnerships Elected Member – Ngati Whatua o Orakei Trust Board	
Krissi HOLTZ	To be advised	
Shannon IOANE	To be advised	
Fiona LAI	Member – Pharmaceutical Society NZ Casual Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association	26.08.2020
Maria NGAUAMO	To be advised	
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	05.03.2021
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group Director of Strategic Partnerships for Healthcare Holdings Limited	27.05.2020
Ian WARD	Director – Ward Consulting Services Limited Director – Cavell Corporation Limited Trustee of various family trusts Oceania Healthcare – wife shareholder	21.05.2020
Kirimoana WILLOUGHBY	To be advised	

Minutes
Meeting of the Board
31 March 2021

Minutes of the Auckland District Health Board meeting held on Wednesday, 31 March 2021 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 10am

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Jo Agnew	Ailsa Claire	Chief Executive Officer
Doug Armstrong	Dr Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Michelle Atkinson	Mel Dooney	Chief People Officer
Zoe Brownlie	Margaret Dotchin	Chief Nursing Officer
Peter Davis	Mark Edwards	Chief Quality, Safety and Risk Officer
Tama Davis (Board Deputy Chair)	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Fiona Lai	Mike Shepherd	Interim Director Provider Services
Bernie O'Donnell	Sue Waters	Chief Health Professions Officer
Michael Quirke	Justine White	Chief Financial Officer
Ian Ward	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff Present	
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

[Secretarial Note: The Deputy Board Chair, Tama Davis assumed the Chair for the meeting in the absence of the Board Chair, Pat Snedden.]

Tama Davis drew attention to the Hoe Waka sitting before him and acknowledged its importance to the Board. Auckland DHB had been honoured with a gift of a Taonga from Te Rungaga Ngati Whatua in recognition of the relationship it had with the Auckland DHB. The Hoe Waka is named Puanga. It represents Anga Whakamua where every stroke of the paddle moves us forward together.

KARAKIA

Bernie O'Donnell then led the Board in a Karakia

Acknowledgement of Auckland DHB Staff Effort

Tama Davis, Deputy Board Chair advised that during Board Only session members had agreed that they wished the Board Chair to write to the Chief Executive to acknowledge the work being conducted by staff within the Auckland DHB dealing with the current complexity of business and the determination displayed in delivering quality service to the Auckland population.

1. ATTENDANCE AND APOLOGIES

That the apology of Pat Snedden (Board Chair) be received.

That the apologies of Executive Leadership Team members, Meg Poutasi, Chief of Strategy, Participation and Improvement and Shayne Tong, Chief Digital Officer be received.

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

There were no knew interests to record and no conflicts of interest with any item on the open agenda.

3. CONFIRMATION OF MINUTES 27 JANUARY 2021 *(Pages 9-23)*

Resolution: Moved Zoe Brownlie / Seconded Fiona Lai

That the minutes of the Board meeting held on 27 January 2021 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS *(Page 24)*

Māori Vaccine Hesitancy

Tama Davis the Deputy Board Chair advised that communication had been entered into with the NRHCC and Māori IMT around processes required for "Trusted Voices". An all of communications process is being worked on to address Māori vaccine hesitancy.

Financial Workshops

Advice was given that the Ministry of Health was currently running a further Financial Workshop for Board Members at the conclusion of that Board Members who had attended were invited to provide feedback so that any gaps in understanding could be identified and that information used to formulate an in-house workshop by the Chief Financial Officer and the Director of Funding.

5. EXECUTIVE REPORTS

5.1 Chief Executive's Report (*Pages 25-35)*

Ailsa Claire, Chief Executive asked that the report be taken as read and highlighted as follows:

Honouring Waitangi Day

Work is being undertaken with the Māori Team to provide an opportunity to better honour the significance for Māori of both Waitangi and Matariki.

Pay Equity

There is funding available from the Government for pay equity. Dates have been requested about dates for payment to clerical and administration staff. The first week in May is the best time to effect this payment. The magnitude of that catch-up payment is in the vicinity of $2M.

What is funded is the uplift in salaries. What is not funded and which is a gap in the funding is the change in annual leave accruals etc.

Pride Health Crossing

This year to celebrate PRIDE we turned the pedestrian crossing at Auckland City into a rainbow crossing and our Rainbow Employee Network hosted Rainbow information stands and a Rainbow lunch.

Employee Support Centre

The Employee Support Centre was set up last year as a place where our people can get career development advice, financial advice and wellbeing support alongside additional support provided by other services and agencies. Most recently, ELT have sponsored free breakfasts for those who need them.

Women's Health Hui

Engagement work has commenced in Women's Health. The recent hui was designed to start a conversation with our people about identifying and removing barriers to equity for Māori wahine and Pacific women as well as other service users; ensuring the same level of care and treatment is offered.

COVID Communications

There has been active internal communications undertaken to keep people up-to-date with COVID and Vaccination issues.

Local Heroes

A special Local Hero award was made to Sally Roberts who during COVID has undertaken a very important piece of regional work and nationally in relation to microbiology and infection prevention.

Colin McArthur has been leading a number of Australasian ICU clinical trials and has recently been an author in a new publication looking at new therapies for severe COVID related illnesses. This discovery that two drugs, already used to treat other conditions, are also effective in treating the virus along with the COVID vaccination itself gives hope that the impact of COVID can be modified.

Nursing Award

Te Kauae Raro recognises a Māori nurse or midwife who has made a significant contribution to Māori Health in our hospitals or our community. Each year, the previous recipient passes

over the Te Kauae Raro korowai. This builds a sustainable whakapapa and honours the mauri and mana that lives within all our Māori nurses and midwives. Natalie Keepa, Charge Nurse for Ward 42 was the winner of the Te Kauae Raro award for 2020.

Health Outcomes

There has been deterioration in the rates of immunisation within the Auckland DHB catchment largely due to the fact the secondment of trained DHB vaccination staff to the COVID vaccination centres. Every effort is being made to get these staff returned to the DHB so that the DHB can continue with the important work of vaccinating children.

The following points were covered in discussion:

Tama Davis acknowledged the work being done by staff relating that he had had the privilege of presenting one of the Local Hero awards. The staff were very serious in their commitment to the Auckland population. It was heartening to see the excitement and energy generated by having Board Members present at this event. Tama would encourage any Board Member given the opportunity to attend staff events and functions to do so as it was appreciated.

Tama also advised that he had attended the dawn blessing for the opening of the Breast Screening Unit at Greenlane. This was the culmination of a concerted effort at a number of levels to get this service up and running by a number of very committed people. Dr Debbie Holdsworth thanked Tama for his presence advising that Ngati Whatua had gifted a name that was appropriately linked to breast wellness; Kia u Ora. Women would start being referred through the unit next week.

Financial Report

The Chief Financial Officer, Justine White advised that the DHB Financial performance against the budget for the eight months ending 28 February 2021 was favourable to budget for the year to date by $2.6M. Although it appears unfavourable by $51.1M this unfavourable variance is attributed mostly to an increase in the provision for non-compliance with the Holidays Act of $26.7M and unfunded COVID impacts of $27.1M.

In terms of the full year forecast the Board is looking at being around $3M favourable to budget to the end of the year; although there remains considerable pressure due to the current levels of activity busyness of the facilities and the level of staffing required to maintain that level of activity as well as COVID 19 Vaccinations etc.

The following points were covered in discussion:

Doug Armstrong asked what the approach was around the unfunded impact of COVID of $27.1M. That was money that the DHB would not be getting and would mean that the DHB would not meet the financial target set at the beginning of the year. He asked how well documented the expenditure was in terms of being factual and verifiable. This aspect needs to be managed carefully so that the Board could articulate a view that it was justified in making this expenditure.

Justine White advised that detailed reporting of COVID expenditure is provided to the Finance, Risk and Assurance Committee. The forecast reported is for $19.9M unfunded rather than $27.1M unfunded reflecting that an extra appropriation has been allocated. The DHB has not yet received seen that money. The ~$20m remaining relates to the fact that there has been no signal that compensation for expenses related to border closure, disruption to IDF and elective care or annual leave impacts in relation to COVID, will be forthcoming. It is therefore sitting as unfunded expenditure and it is clear what it relates to, as the Ministry of Health is provided with a weekly expenditure tracker. There may be some instruction between now and the end of the year but that is still awaited on.

Bernie O'Donnell was provided with advice that there is a one off accrual of $260M sitting in the books that is a remediation for the Holidays Act issue. This is liability accrued over 9 years. Until the remediation is undertaken and calculations worked forward, the exact quantum is unknown. The instruction from the Ministry at the time of financial planning for the 2020/2021 year was to exclude Holidays Act liability because of the level of uncertainty, however in December they signalled a change of direction, and DHBs were asked to start including the cost on a monthly basis rather than declare it at the end of the year. Therefore an estimated $40M per annum impact is being added to this current year each month. It is yet to be seen whether this will be adequate. Until each individual staff member is investigated to determine how they have been affected a full and final figure cannot be settled on.

Michael Quirk was advised that there had been an additional income signalled as being required for the Incident Management response for ARPHS and the cleaning and security costs for the NRHCC. The non-revenue portion related to the border closure, the disruption to IDF and annual leave which was the part remaining unfunded.

Justine White advised that the Annual Report for the 20/21 year would require a comprehensive COVID 19 note providing detailed information as to the components that are potentially not funded so that the readers can clearly identify what those component parts are.

Ian Ward asked what amount of both P and L and Capital overall which is committed but which is still yet to be received. He would accept an answer being provided outside of the meeting.

Actions:

1. **Bernie O'Donnell asked for an interpretation of "Te Kauae Raro" to be provided.**
2. **That Board Members be invited to staff events and functions, where it is appropriate to do so, to provide a Board presence.**
3. **That Ian Ward be advised of what the amount of both P and L and Capital overall which is committed but which is still yet to be received.**

Resolution:

That the Chief Executives report for 11 January 2021 – 14 March 2021 be received.

Carried

5.2 Health and Safety Report *(Pages 36-44)*

Mark Edwards, Chief Quality, Safety and Risk Officer asked that the report be taken as read, advising as follows on issues that have been of interest to members previously:

Review of health and safety inductions and internal reporting system

The review started in December with the aim to consolidate induction and internal reporting into a new package. This work will help aid understanding of relevance and any overlap with the broader DHB induction requirements, and the understanding of the systems used for recording and reporting as there is variability with paper based systems still in use.

Workplace Violence and Aggression

The team has started discussions with a team who have assisted SafeWork New South Wales with benchmarking hospitals in the Greater Sydney area and some other parts of New South Wales. They have developed a systematic methodology to look at workplace violence and aggression within healthcare. The plan is to develop a strategic workplace violence and aggression work plan for the DHB. It should be noted that WorkSafe published guidance last year, some aspects of which will be challenging to implement.

The following points were covered in discussion:

Peter Davis was advised that the response rate to the Patient Experience Survey was variable depending on the community looked at; it is not high at less than 15%.

Peter Davis commented drew attention to Appendix one commenting that it indicated that things were in reasonable shape. Mark Edwards commented that "consequence" and "likelihood" should be considered together when assessing risks. There are currently three risks that remain with high residual risk. All risks and their respective controls should be taken seriously. A risk heat map alone does not indicate that the health and safety system is in reasonable shape.

Zoe Brownlie asked about online workplace inductions, in particular the health and safety portion and as it had been reviewed; whether it was possible now to consider that the numbers undertaking that induction should show improvement. Mark Edwards replied that variability remained as the results were still being captured in a number of systems. Zoe Brownlie then drew attention to page 40 of the agenda and the reference; *"Advisors have*

been asked to encourage their directorate staff to complete this mandatory training" questioning whether to encourage staff was a strong enough action. Mark Edwards responded that this was part of a broader issue around what should be considered to be mandatory training within the DHB. The Executive Leadership Team need to better understand what is being asked of staff in the area of mandatory training, the quality of the training, how that training is being offered and how it is recorded. Currently there is no single system for tracking mandatory training for individual staff members.

Mel Dooney commented that in relation to a wider project that she could report further at a future meeting on the total scope of what was being worked on with respect to mandatory training. One segment that had been progressed was gaining a better understanding of the reporting taking place.

It was agreed that this would be beneficial and that a completion timeframe for all segments of the project should be presented at the same time.

Jo Agnew referred to HSO9 [Fatigue Management] and queried whether in light of a recent Board update that it should remain at a rating of "moderate and unlikely" risk. She felt the risk should perhaps be greater and questioned when a review would be done to change that risk rating. Mark Edwards advised that all risks were being worked through; with the highest risks first and medium risks would then be addressed. Jo Agnew commented that there appeared to be a disconnect between reporting and what was actually occurring leaving her feeling uncomfortable with this risk analysis.

The Deputy Board Chair, Tama Davis requested that timelines be placed around the assessment process for each risk so that the Board could have a greater understanding of where progress was being made.

Zoe Brownlie drew attention to page 43 of the agenda commenting that as staff wellbeing was an important issue at this time she would like to know how it was being addressed. Mel Dooney commented that it was important to remember that the statistics reported in the report in this agenda were generic and were not Auckland DHB specific but there was no reason at this point to think that Auckland DHB would be any different. Mark Edwards advised that a deep dive would be presented as part of the Chief People Officers report at the next Board meeting.

Doug Armstrong drew attention to HS12 [Biological Hazards]commenting that in his opinion that this was one of the most likely risks that the DHB would face and should be risk rated more highly. Mark Edwards replied that this risk did not refer to a community outbreak or a single case but an outbreak within the hospital. There are numerous controls in place to reduce this likelihood and the rating is likely to go down over time rather than increase as the population is vaccinated for COVID.

Mark Edwards commented that, in general, the risk assessments presented in this context are not quantitative but qualitative, and some of their power is in having a group of people

thinking through the consequences and understanding the controls of various risks.

Fiona Lai commented that she felt it important to review whether the current controls managing workplace violence and aggression are actually working effectively. The workload of the ED is stressful already and to deal with workplace violence and aggression adds another burden which ultimately can increase staff turnover, efficacy of work can led to slower work turn around. Presenteeism is talked about on page 43 of the agenda and is important to the financial health of the DHB. Fiona Lai believed that all these aspects are linked and a more holistic approach should be taken in addressing workplace violence and aggression.

Actions:

1. **That the Chief People Officer provide a wider view of the total scope of work being undertaken around organisational training and in particular mandatory training in a future report to the Board**
2. **That timelines be placed around the assessment process for each risk so that the Board could have a greater understanding of where progress was being made.**
3. **That the Executive Leadership team report on staff wellbeing to other Board committees so that there is not a lag of a month between updates to Board members.**

Resolution:

That the Board receives the Health and Safety Performance Report for March 2021.

Carried

5.3 Human Resources Report *(Pages 45-50)*

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

There are 6 KRA areas and Mel dealt with those KRAs showing yellow in the report.

KRA2 Uphold Te Tiriti o Waitangi as our framework to eliminate racism, build cultural safety and achieve health equity

Mel Dooney thanked Bernie O'Donnell and Tama Davis for their contribution. The Human Resources team were appreciative of the time and direction given. Good results are being achieved in the priority directorates and this can also be seen in the Hospital Advisory and Provider Equity Committee reporting.

KRA4: Implement 'Kia Ora tō wāhi mahi'- the Te Toka Tumai Health Workplace plan

Mel Dooney drew attention to page 45 of the agenda and the work being achieved with the Employee Centre. Space has been secured on Level 4 and Dame Naida Glavish has gifted a name for the centre; Awhi Oranga –which speaks to the centre's role in embracing our team

in care and safety.

KRA5: Attract and grow a workforce that is fit for the future

New approaches are being trailed with recruitment for the Vaccinations Centres. Great videos have been produced for use to drive recruitment for those Centres.

While the strategy for Auckland DHB is not quite on track some good work is being completed.

The following points were raised in discussion:

Bernie O'Donnell commented that there was a huge pool of talent available if a pipeline could be established connecting the DHB to Māori and Kohunga Kura to show them what hauora looks like in the DHB.

Zoe Brownlie drew attention to Kia ora tō Wāhi Mahi and whether this was something being pushed out to all staff. Mel Dooney replied that there were some aspects that were organisation wide. These were the themes of work of which feeling safe and supported at work, building stronger relationships between Human Resources and Occupational Health for how long term absences are managed and work yet to be done around how a manager leads for wellbeing contributed to the wider staff context. The work that is not so on track is obtaining a point of measurement and a broader longer term strategy.

Michael Quirke asked what the budget was and the remit that was being worked with for the employee centre. It appeared that this work incorporated low cost, high value initiatives some of which utilised volunteers. Mel Dooney replied that there were on-going donations annually to the Centre of around $20K and a further $40K as a result of one off donations. Some of that was used for establishment, furniture and set-up. There is money in the Human Resources budget for staffing the Centre Coordinator and some opex. Conversations were being held with the Auckland Foundation to see about additional funding.

The Centre was stood up during the first COVID lockdown and the support provided at the time was focused on ensuring that people could still come to work and the need now is more about having a place for people to raise concerns and obtain information. Michael Quirke commented that this Centre would substantially assist with meeting the requirements of KRA4 but a gap still remains with KRA2 and equity.

Resolution:

That the Board receives the Quarter 3 Pūmanawa Tāngata Status Report, noting the progress which has been made across all aspects of the plan.

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report *(Pages 51-57)*

Justine White, Chief Financial Officer asked that the report be taken as read, advising that in addition to her earlier financial summary given under the Chief Executives report she would reiterate that pressure is being seen in this last quarter.

This pressure is associated with people costs. The DHB was sitting at 86% of standard utilisation of annual leave annually. During January/February it had moved to 96% however from March onward it is likely to regress and will have a consequence for the operating result.

Supply Chain disruption is another area of pressure particularly short term or short notice changes to suppliers and substitution of products. There have been intermittent problems throughout the year. One of the consequences of substituted product is that there is a cost-up associated with it or a cost because of a change required in the way that we work.

There were no questions

Resolution:

That the Board receive this Financial Report for the eight months ending 28 February 2021.

Carried

6.2 Funder Update (*Pages 58-83)*

Dr Debbie Holdsworth, Director of Funding advised that the report before the Board was almost identical to that which was reported to the Community Public Health Equity Advisory Committee earlier in the month. Of note since had been:

- The opening and blessing of Kia Ū Ora (the Breast Screening Unit at Greenlane)
- A pleasing uptake in the MMR space. The weekly rate has doubled. It is possible that going forward COVID may have to be prioritised over MMR which provides concern around clinical impact for our vulnerable children.

Dr Karen Bartholomew provided an update on 8.2.2 and the Māori Health Pipeline projects in particular the Tongan AAA pilot project which had been well received and is currently being evaluated the results of which will be publicised. This will continue to be rolled out with other Pacific groups.

The programme found a 70mm AAA and several people have been booked for urgent cardiac appointments related to the AF check. This demonstrates the broader co-benefits of reaching out to people. There is a meeting with Northland DHB next week, at the request of

Kōtui Hauora, to see how the programme might be tailored for Northland communities.

The new Hepatitis C project (within the broader Hepatitis C programme, managed by the NRA) provides a real opportunity to offer people with known Hepatitis C curative treatment. That piece of work will encompass the whole Northern Region. A Māori pharmacist is leading the project. A national data match will be undertaken to identify people and systematically offer them treatments and measure the outcome of the contacts.

The following points were covered during discussion:

Bernie O'Donnell drew attention to PHO enrolments and Māori data sovereignty which Bernie saw as important to Māori in being kaitiaki and asked how it was to be rolled out in terms of the engagement required.

Dr Karen Bartholomew advised that this had been the first opportunity to engage in a formal process dealing with Māori data sovereignty. Te Mana Rarauanga has developed a set of principles and a range of ways that this can be considered in terms of projects. One was using a project matrix, the outcome of which came up amber indicating that there were a set of consequences around who was required to be involved in governance. In this case, Iwi Partners who selected their representatives and we undertook to data match. They decided what to do with the data match outcome next.

Confirmation was provided to Bernie O'Donnell that there was a partnership around data sovereignty. It was taken through the Māori Provider Forum who asked for Iwi representatives in terms of the governance question.

Zoe Brownlie drew attention to page 67 in the agenda and oral health commenting that it was good to see an improvement plan but wanted to know how quickly the issue was going to be resolved. Dr Debbie Holdsworth advised that it was seen by the Regional Steering Group as being a two year recovery period rather than one in terms of being able to access sufficient capacity to treat the backlog.

Doug Armstrong was advised that contraception was free for certain prioritised groups such as Māori and Pacific. Michelle Atkinson referred to the long acting contraceptive (LARC) commenting that for women who may be susceptible to unplanned pregnancies this was a good alternative but an expensive one. In general women had to pay the GP fee to get a prescription for contraceptives outside of those target priority groups. Debbie Holdsworth noted that it is the intention of this piece of work is to improve equity, reduce access barriers and enable choice.

Peter Davis drew attention to PHO enrolment figures and was advised that it was considered that there was an equity gap and that was one of the reasons for undertaking the data match with Māori providers to attempt to work out what the gap actually was. It is considered that the gap is more in the region of 5% than 15% or 20%.

Peter Davis commented that there were a lot of issues reported about being able to bring

together different data sets. Dr Debbie Holdsworth advised that this was the intent behind implementing NCHIP the National Child Health Information Platform which would be the closest tool that DHBs would have to a child health register which brings those data sets together. Plunket data goes direct to the Ministry of Health and the DHB is working to get more timely access to that data. A challenge is that this could be obtained via PHOs with their agreement and this is still being worked through too.

Peter Davis was advised that their were still restrictions in place by the Dental Council and that representation had been made to them and the Ministry of Health and some progress has been made with work being undertaken via the Chief Medical Officer to modify the Dental Council view.

Karen Bartholomew advised that there was disappointment in the High Grade pipeline project around cervical screening where the National Cervical Screening Programme (NCSP) had not approved the use of data to triage the large list of women in metro Auckland to appropriately tailor the service response. Legal advice had been sought. The project had to be revised. A final report had been completed for the project on what had been achieved which was still important, despite dealing with a smaller number of clinics. The DHB were in the process of formally submitting back to the NCSP and reiterating the issue with access to data in order to provide service. It had also been raised with the Ministry who has a recently released Data and Information Strategy, where they have sought to identify particular legal constraints around safe data sharing. In this instance it was a regulation from the 1990s, no longer fit for purpose; that had been identified that had prevented this particular data sharing.

Peter Davis drew attention to page 81 of the agenda and was advised that people fell off the PHO enrolment register for a number of reasons. A proactive re-enrolment process was required but there were also people who preferred casual visits and did not enrol with a provider. The DHB was looking at those people who preferred to access services from a Māori provider but preferred not to be enrolled and was considering what services the DHB could offer through Māori providers.

Jo Agnew commented that PHOs must have people enrolled to receive funding from the DHB in relation to population based funding so if people are dropping off rolls then surely it is their responsibility to ensure re-enrolment occurs or are there issues with how this works. Dr Debbie Holdsworth advised the PHOs were required to submit quarterly reports and that process prevents enrolment at more than one practise. There is a rule that if a practice has not had a contact with the patient in a three year period then that person must be approached for re-enrolment.

A question was asked as to whether the number of people not enrolled within the Auckland DHB catchment was known. Doug Armstrong added that this underlined the need for a national patient database. Doug commented that there were numerous places where data on people could be sourced, NHI number, electoral roll plus many other registers and felt

that this could surely be utilised to formulate a master register.

Michael Quirke referred to the work being done by ACC around escalated care pathways, equating this to the work Auckland DHB was doing with the Navigator project and asked whether the DHB from a provider and process perspective placed enough focus on creating these new pathways or models of care. Dr Debbie Holdsworth advised that the Auckland metro region is part of a collective signed up to Health Pathways a Canterbury initiative. There is a lot of work that goes into localising these pathways in the metro Auckland context. ACC is able to demonstrate cost savings by avoidance of paying out benefits. That changes the value proposition somewhat. It is fair to say COVID has changed priorities and that is where effort is likely to be applied for the next 12 months.

Resolution:

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 16 December 2020.

Carried

7. COMMITTEE REPORTS

7.1 Hospital Advisory Provider Equity Committee *(Pages 84-100)*

Jo Agnew, Deputy Chair asked that the unconfirmed minutes from the Hospital Advisory Provider Equity Committee be noted and received.

Resolution:

That the unconfirmed minutes from the Hospital Advisory Provider Equity Committee meeting held on 17 February 2021 be received.

Carried

7.2 Disability Support Advisory Committee (*Pages 101-109)*

The Committee Chair, Jo Agnew asked that the report be received advising that there had been a decision made to advertise for additional members with specific skills, from targeted cultural backgrounds and with lived experience to sit on DiSAC. Jo had considered it better to keep the advertising broad and have more people apply in order to attract the skill required.

Michelle Atkinson considered that the advert could have been broadened further as it read to her that the target audience was Māori, Pacific or youth and had a concern that people would self exclude if they didn't consider they met the requirements.

It was advised that advertising had been placed internally via HIPPO, with Local papers within

the Auckland DHB boundaries, via networks held by Tama Davis and Bernie O'Donnell, with The Consumer Council, with the Pacific Medical Association Group, the Blind Institute and the Deaf Society.

Tama Davis advised that going forward similar advertising processes would be more widely consulted on.

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

That the unconfirmed minutes from the Disability Support Advisory Committee meeting held on 10 February 2021 be received.

Carried

The following item from within the draft minutes is submitted by the Disability Support Advisory Committee for approval by the Board.

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

Auckland DHB Accessibility – Accessibility ✓*(Was item 6.2, Pages 24-62 on the Disability Support Advisory Committee agenda for 10 February 2021)*

That the Board:

1. **Request healthAlliance to join the Accessibility ✓ programme**
2. **Noting that healthAlliance procure on behalf of the four regional DHBs who belong to the programme that when they procure on Auckland DHBs behalf that the process aligns with the Accessibility ✓**

Carried

8. DECISION REPORTS

8.1 Hospital Advisory Provider Equity Committee – Terms of Reference (*Pages 110-112)*

Tama Davis, Deputy Board Chair and Chair of the Hospital Advisory Provider Equity Committee advised that at the March 2020 HAPEC meeting the Hospital Advisory Provider Equity Committee Terms of Reference were considered and approved for submission to Full Board but the Terms of Reference themselves were overlooked for endorsement.

He requested that the Terms of Reference for the Hospital Advisory Provider Equity Committee be endorsed.

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

That the Board approve the Terms of Reference for the Hospital Advisory Committee

Carried

9. INFORMATION REPORTS *(Pages 113 - 135)*

9.1 Code of Conduct for Crown Entity Board Members *(Pages 113-120)*

Tama Davis, Deputy Board Chair advised that the Code of Conduct for Crown Entity Board Members had previously been circulated to Board Members by the Board Chair and this report was drawing attention to that Code of Conduct and the fact that it would come into force on 19 April 2021.

There were no questions.

Resolution: Moved Bernie O'Donnell / Seconded Fiona Lai

That the Board:

1. **Receive the letter from Peter Hughes, Public Service Commissioner of Te Tumu Whakarae mō Te Kawa Mataaho dated 18 March 2021**
2. **Notes the requirement to comply with the minimum standards set out in the code of conduct (section 18(1))**
3. **That the Corporate Business Manager update the existing Board Governance Manual to include reference to this new code and ensure that there is no inconsistency with other material currently published within that manual.**

Carried

9.2 Statement of Performance Expectations (SPE) Performance Report Quarter Two 2020/2021 *(Pages 121-135)*

Dr Karen Bartholomew Director, Health Outcomes for Auckland and Waitematā DHBs asked that the report be taken as read.

The following points were covered in discussion:

Peter Davis asked that it if possible it be made clear in future reporting when denominators come from the census and when they were derived from a register. It is not clear whether rates seen are due to the fact that the uptake is low from a substantial register or whether people are just not getting treated because an adequate register does not exist.

Dr Bartholomew advised that this was a summary report and that it was difficult at times to get to that level of detail in the report although it did exist outside of that reporting.

Resolution:

That the Statement of Performance Expectations (SPE) Performance Report - Quarter Two 2020/21 report be received.

Carried

10. GENERAL BUSINESS

There was no general business.

11. RESOLUTION TO EXCLUDE THE PUBLIC *(Pages 136-139)*

Resolution: Moved Tama Davis / Seconded Bernie O'Donnell

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 27 January 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]
3.1 Circulated Resolution – 2021/2022 Auckland DHB Annual Plan	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	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 Confidential Action Points	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Risk Management Update	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in

	be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	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 Executive 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 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)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
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]
8.2 Hospital Advisory Committee Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **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]
9.1 Neurology Patient Repatriation and Debt Write-Off	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Home Haemodialysis Supplier Contract 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. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

10.0 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 COVID Vaccination Programme	**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)] **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]
11.2 Leonard 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. **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]
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 2.15pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 31 March 2021

Chair: _____ Date: _____

Pat Snedden

Circulated Resolution of the Board

External Appointments to Disability Support Advisory Committee

That the Board approve the appointment of Shehara Farik, Fafita Finau, Lovely Mahe and Jenny Allison as external members to the Disability Support Advisory Committee.

Carried

Prepared by: Marlene Skelton (Corporate Business Manager)

1. Background

This matter was considered by the Board under urgency as the process for recruitment agreed by DiSAC under circulated resolution on 17 March 2021 requested that the decision in relation to appointees be referred to Board under circulated resolution to allow those appointees to attend the 19 May 2021 Disability support Advisory Committee meeting.

As is required procedurally, this matter is back before the Board for endorsement of its decision made on 7 May 2021.

Action Points from 31 March 2021 Open Board Meeting

As at Wednesday, 26 May 2021

Meeting and Item	Detail of Action	Designated to	Action by
27 Jan 2021 Item 6.1	**Board Financial Workshops** That the Chief Financial Officer and the Director of Funding provide some one hour workshops focusing on the how the financial and funding system worked and to provide some deep dives into the areas that will affect whether the Board will see budget clarity toward year end or not along with the variables involved with that situation.	Justine White Debbie Holdsworth	(Following completion of MoH workshops on Financial Governance held in mid-June/July) Dates TBA in May
31 March 2021 Item 5.1	**Chief Executive's Report** 1. Bernie O'Donnell asked for an interpretation of "Te Kauae Raro" to be provided. 2. That Ian Ward be advised of what the amount of both P and L and Capital overall which is committed but which is still yet to be received.	Margaret Dotchin Justine White	Completed Completed
31 March 2021 Item 5.2	**Health and Safety** 1. That the Chief People Officer provide a wider view of the total scope of work being undertaken around organisational training and in particular mandatory training in a future report to the Board 2. That timelines be placed around the assessment process for each risk so that the Board could have a greater understanding of where progress was being made. 3. That the Executive Leadership team report on staff wellbeing to other Board committees so that there is not a lag of a month between updates to Board members.	Mel Dooney Mark Edwards Mel Dooney	TBA Noted Noted

Chief Executive's Report

TE TOKA TUMAI
Auckland DHB

5.1

Recommendation

That the Chief Executives report for 15 March 2021 – 9 May 2021 be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 15 March – 9 May 2021.

2. Events and News

2. 1 COVID-19 Vaccination Update

Three milestones were reached the week of 10 May:

- 150,000 vaccines were administered regionally
- 20,000 vaccines have been administered at the Auckland City Hospital vaccination centre. Approximately 85% of our employees have had at least one dose of the vaccine.
- Waiheke Medical Centre became the first Auckland primary care facility to start vaccinating patients.

The Auckland City Hospital site closes on 28 May 2021. The vaccination centre has been a real success story the team running the site and the vaccinators have done an amazing job. I would like to acknowledge the mahi of everyone involved in setting up and running the vaccination centre and to thank the people who have turned up to get vaccinated.

The vaccination team will be redeployed to support the communication vaccinations at Orakei

2.2 Hospital capacity

Our hospital occupancy remains high. In March and April, occupancy was about 5.5 % and 5.3% higher than the same months in 2019.

We are getting ready for **winter demand**. We have opened and staffed an additional 14 beds in Adult Health. Our plan is to have a further 15 beds able to be opened. We are currently recruiting so we have the right staffing levels for these beds. These additional beds will ensure our bed numbers matches our predicted patient demand over the winter months.

2. 2 Notable programmes and events

New breast screening clinic for central Auckland

Auckland and Waitematā DHBs, with the help of Associate Minister of Health Dr Ayesha Verrall, launched a new breast screening clinic in central Auckland in April.

Dr Ayesha Verrall with clinic staff at the opening of the new breast screening clinic.

The new Breastscreen Auckland clinic is located in Greenlane and is a collaborative approach between Auckland and Waitematā DHBs.

Waitematā DHB is running the service which will make breast screening more accessible for the 67,000 women who are aged between 45 and 69 in the Auckland DHB catchment.

The new service, gifted the name of Kia Ū Ora by Ngāti Whātua, has been applauded by Minister Verrall for its focus on equity of health outcomes.

A patient story

"Total strangers have given me a new life" Murray Heasley

Murray Heasley, a liver transplant recipient, recently shared his story with us. You can watch Murray talk about his experience here: www.vimeo.com/545698920

Murray rates the Auckland City Hospital Liver Transplant Unit as world-class. "From the doctors to the nurses; the anaesthetists, radiologists and phlebotomists, to the orderlies and physiotherapists – not only are they great at what they do, but they are also kind, courteous, respectful and sensitive," he says.

Women's refuge shielded site

We've added a new feature to our website. If you look at the lower right corner of the screen, you'll see a half-green, half-white icon of a computer screen. This is the Shielded Site Project, an initiative by Women's Refuge to make it safer for victims of abuse to ask for help.

Clicking on the symbol opens a secure window that won't show up in your browser history, but will provide you with access to helpful advice for people in danger of family violence, presenting six options: In Danger, Getting Help, Getting Out, Making a Plan, Online Safety and Need Answers.

The pop-up provides information on how to make a plan to safely get out of a dangerous situation, tips on how to stay safe online – particularly if a user suspects their history is being monitored – and what to do next.

It also offers a live chat and contact form for victims to use.

The tab can also be found on www.nationalwomenshealth.adhb.govt.nz and www.careers.adhb.govt.nz

International Day of the Midwife

On Wednesday 5 May, we celebrated International Day of the Midwife. We thanked our amazing midwives by acknowledging all they do for women, babies, and their whānau with a digital campaign which included a screensaver and social media.

International Nurses Day

On Wednesday 12 May we celebrated International Nurses Day. This year's theme was 'A voice to lead and a vision for future healthcare.'

To celebrate, we asked some of our onsite retailers if they could support the special day in some way – they were excited to do something for our nurses and were quick to get on-board. Thank you to Paper Plus, Habitual Fix, Jamaica Blue and Planet Espresso.

Margaret Dotchin sent a heartfelt email, and we showcased just a few of the many pieces of feedback we receive from patients on a daily basis. Here is some of that feedback:

"My nurse was so calm and kind to me. I could hear her talking to patients around me too, and each one she addressed with respect, humour and humility. Behind the curtain in the bed next to mine I could hear an older woman who was extremely distressed and worried that she wouldn't be able to use the crutches she'd been given. The nurse helped her to master them, and by the end the patient was laughing about it all. Even though it was busy

in the emergency department, and she had many patients to rush between, it felt like the nurse had time for all of us."

"The nurse was fantastic, efficient and empathetic. She took time to explain things and made sure I was comfortable and ok. She worked tirelessly and I watched her swiftly going from one patient to another. The level of care is beyond amazing. It's nice to see nurses enjoying their work and being happy all the time."

"The nursing team was amazing, engaging with my son at a stressful time and helping him relax."

My Māori Midwife

The recent episode of My Māori Midwife features Te Manawa o Hine, our Māori midwifery team.

The show approached us last year, wanting to show who this rōpū (group) are and how they celebrate the use of kaupapa Māori birthing methods and traditional remedies as they care for our wāhine and pēpē.

My Māori Midwife followed two of our midwives, Emily Watt and Katarina Komene, as they looked after some of our mothers and babies.

They also caught up with Associate Director of Midwifery Nicole Pihema, who was featured in the first season when she worked in Northland.

You can watch the episode on TVNZ OnDemand.

New Orderly Uniforms

In April, we rolled out a new uniform for our orderlies. Our dedicated team of orderlies are rightly proud of the service they provide to our patients and their whānau. So having a new uniform that they can feel proud to wear and one that reflects the brilliant service they provide is important.

3. Communication and Engagement

3. 1 External Communication

Between 15 March and 9 May 2021 we received 174 requests for information, interviews or access from media organisations. This included requests for information or interviews on the health sector reforms, hospital capacity and demand, specialist eating disorder services, and COVID-19 vaccinations. Around 19 per cent of the enquiries over this period sought the status of patients admitted following incidents such as road traffic incidents.

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

3. 2 Internal Communication

For this period, 722 emails were received. Of these emails, 82 were non-communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

- Seven editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Eight editions of the Manager Briefing were published for all people managers.
- The autumn edition of Te Whetu Mārama | Nova was published.
- One COVID-19 Vaccination webinar was held.
- 11 COVID-19 Vaccination update emails were sent out to all employees.
- Two all staff emails were sent out to all employees:
    - Health and Disability review announcement
    - Public Service pay restraints.

3. 3 Social Media

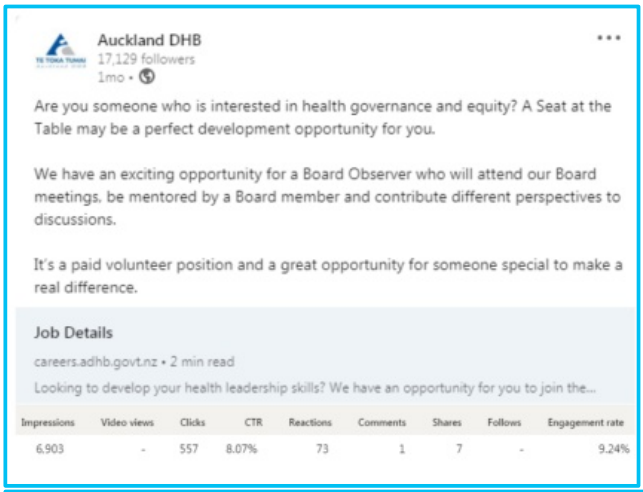
We continue to engage with our community on social media, celebrating achievements and sharing important health messages.

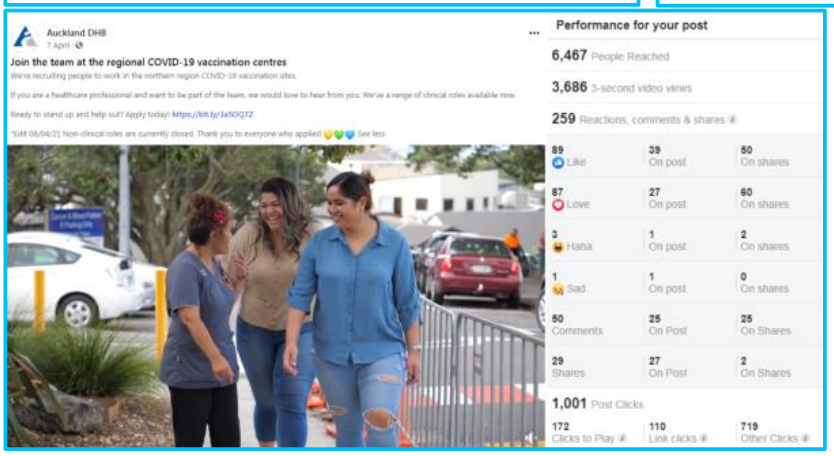
Some of the information we have shared includes:

- Administrative Professionals Day
- COVID-19 vaccinations messaging in Fijian, Tongan and Samoan
- House Officers of the Month Dr Shawn Jordan, Dr Rajan Ramji and Dr Georgia Brendling

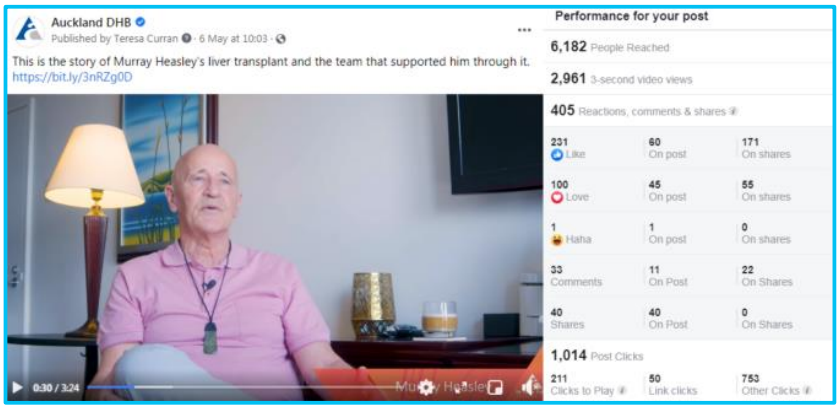
- International Day of the Midwife
- Liver Transplant Unit – patient story
- Local heroes Emma Adamson and Janene Waye
- Te Manawa o Hine on TVNZ My Māori Midwife
- NRHCC vaccinators recruitment
- Pacific Church leader COVID-19 vaccinations
- PICU on TVNZ Sunday
- Professor Nicola Dalbeth, winner of this year's Gluckman Medal
- The right care for you long weekend messaging
- World Hand Hygiene Day.

Top performing social media posts






Te Toka Tumai | Auckland DHB
@Akld_DHB
Today more than 100 Pacific church ministers, their families and congregation members stepped up to have their COVID-19 vaccinations in Ōtara.
adhb.health.nz/about-us/lates...
Impressions
times people saw this Tweet on Twitter
20,641
Total engagements
times people interacted with this Tweet
296
Media engagements
number of clicks on your media counted across videos, vines, gifs, and images
125
Likes
times people liked this Tweet
68
Detail expands
times people viewed the details about this Tweet
58
Retweets
times people retweeted this Tweet
18
Link clicks
clicks on a URL or Card in this Tweet
15
Profile clicks
number of clicks on your name, @handle, or profile photo
11


Auckland DHB
Published by Teresa Curran · 6 May at 10:03 ·
This is the story of Murray Heasley's liver transplant and the team that supported him through it.
https://bit.ly/3nRZg0D
0:30 / 3:24
Performance for your post
6,182 People Reached
2,961 3-second video views
405 Reactions, comments & shares
231 Like 60 On post 171 On shares
100 Love 45 On post 55 On shares
1 Haha 1 On post 0 On shares
33 Comments 11 On Post 22 On Shares
40 Shares 40 On Post 0 On Shares
1,014 Post Clicks
211 Clicks to Play 50 Link clicks 753 Other Clicks

4. Our People

4. 1 Local Heroes

Congratulations to our recent local heroes, Janene Waye, Nurse Specialist, ED and Emma Adamson, Team Administrator, Perioperative Services. Here are their nominations:

Janene Waye, Nurse Specialist, ED
"We've never had an experience quite like we did with Janene. She was professional, kind and spot on about everything. Janene's caring nature made us feel instantly at ease. From the bottom of our hearts, thank you Janene. We've never walked away from the hospital feeling at peace like we did after the way you cared for our whānau. You are the perfect example of how doctors and nurse should be with every patient here in Aotearoa."

Emma Adamson, Team Administrator, Perioperative Services
"Emma lives and breathes Te Toka Tumai values each and every day. She is kind and engages respectfully with every person she meets. Emma has been instrumental in incorporating Te Reo Māori into Āhua Tohu Pōkangia | Perioperative Services. She has created many resources such as bilingual signage and karakia, which are currently visible and accessible within all our operating room suites and non-clinical spaces. Emma consistently performs her job to a highly efficient standard. She is always willing to awhi | embrace and tautoko | support other members of the team to highlight and whakamana | uplift our collective mahi | work. He whetu taiho ia | She is a shining star!"

4. 2 Professor Nicola Dalbeth

Congratulations to Professor Nicola Dalbeth, winner of this year's Gluckman Medal for her distinguished contribution to gout research.

Gout is a painful form of arthritis caused by urate crystals accumulating in joints. It affects one quarter of older Māori men and one third of older Pasifika men in New Zealand.

Nicola's work has challenged widely held beliefs about gout as being caused by over-indulgence in food and drink. In fact, biological factors including age, male sex, chronic kidney disease, genetic variants and some medications play a major role in development of gout.

Professor Nicola Dalbeth

The prestigious Gluckman medal is the top research award at the medical faculty of the University of Auckland.

4. 3 Senior Leadership changes

Vanessa Duthie, who has been appointed to the role of manager of the **Consumer Experience Team**. Vanessa is a descendant of Ngāti Awa and has worked with Waitematā and Auckland DHBs since 2013, most recently as the Māori patient and Whānau experience lead. This new role will bring together the Consumer Liaison and Patient Experience teams and will partner with the Consumer Experience Council. This will be a significant part of how we understand and act on consumer feedback to deliver high quality services.

Richard Sullivan has been seconded to **Director of Surgery**. he retains an overview of Regional Cancer and Blood Services and will be supported by **Interim Associate Director of Cancer and Blood, Dr Fritha Hanning**.

Rebecca Tapper has stepped into an **Interim General Manager Cancer and Blood** role. We wish **Deirdre Maxwell** (former General Manager) well in her now role at HQSC.

5. Performance of the our health system

Priority Health Outcomes Summary

	Status	Comment
Acute patient flow (ED 6 hr)		Apr 87%, Target 95%
Improved access to elective surgery (YTD)		93% to plan for the year, Target 100%
Faster cancer treatment		Apr 92%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity	  	Apr 96%, Target 95% Dec Qtr 82%,Target 90% Dec Qtr 100%,Target 90%
Raising healthy kids		Apr 100%, Target 95%
Increased immunisation 8 months		Dec Qtr 93%, Target 95%

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

6. Financial Performance

DHB Financial performance against the budget for the nine months ending 31 March 2021 is a deficit of $74M, against a budgeted deficit of $19.5M, thus unfavourable by $54.5M. This unfavourable variance is attributed to an increase in the provision for non-compliance with the Holidays Act of $30M and unfunded COVID-19 impacts of $27.5M. The consolidated Business as Usual (BAU) operational result (excluding these extraordinary items) is favourable to budget for the year to date by $3M, mainly reflecting COVID-19 related clinical equipment donated to the DHB by the Ministry of Health.

At a divisional level, the Provider Arm result is $60.6M unfavourable to budget (mainly due to the unfunded COVID-19 impacts and unbudgeted Holidays Act provision noted above). The Funder Arm result is $5.7M favourable to budget (reflecting favourable prior year accrual adjustments) and the Governance and Admin Arm result is also favourable to budget by $433K. The yearend forecast result is a deficit of $102M against the approved budget of $45M. This the full year unbudgeted Holidays Act impact of $40M and unfunded COVID-19 impact of $20M, with the underlying BAU position favourable to the budget by $3M.

The first draft of the 2021/22 Annual Plan was submitted to the Ministry in March 2021 with a deficit budget of $41M. Budgeting work has been on-going since development of the draft budget and a final budget will be presented to the Board following receipt of the MoH Funding Envelope advice for 2021/22, expected in the last week of May 2021.

7. Auckland DHB at a glance

Health and Safety Report

Recommendation

That the Board receives the Health and Safety Performance Report for May 2021.

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

Glossary

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

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. Performance Summary

1.1 Lead Indicators

Description	March	Previous Month (February)	3mth Trend	6mth Trend
Leadership Observations	177	115	↑	↑
Leadership Discussions (H&S Rep Meetings, Regional H&S Technical Advisory Group (TAG) ACC/Safe 365	103	67	↑	↓
Training (Inductions/PPE/Patient Handling)	385	408	↓	↓
Audits/Inspections	106	75	↓	↓
N95 Respirator Fit Testing Appointments	1369	1067	↑	-

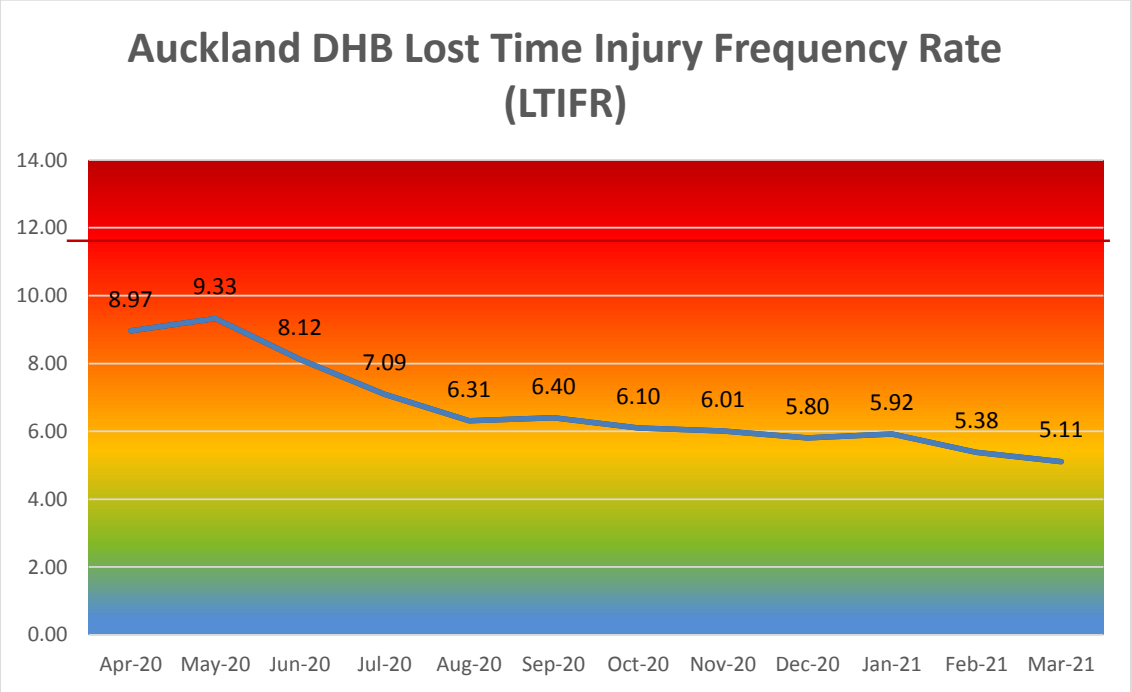
**This figure is based on fit tests delivered by Occupational Health Nurses and In Team Fit Testers.*

- N95 Fit Testing appointments saw a significant increase in February and March due to the project to transition staff out of QSI duckbill respirators by 31 March as directed by the Ministry of Health. The project has now been completed and the activities have returned to normal.
- Leadership observation and discussion activities have increased due to ongoing management support resulting from increased H&S Advisor discussions at a Service level
- We are working towards formalising HSE into an ADHB Contractor Management Framework in the next few months that will be supported by a Contractor Management Governance Committee
- We are formalising the "Gold Standard" for managing the 7000 + Contractors and Suppliers involving registering with Totika (National Pre-Qualification Standard) due to start in July this year.
- We observed there are still opportunities to reduce WPV incidents. We will put in place targeted activities based on the completion of a Risk Workshop which will result in a draft WPV Work plan for the next 3 years. Work plan actions will be overseen by the Workplace Violence & Aggression Steering Committee.

Lag Indicators

Description	Target	March	Previous Month	3mth Trend	6mth Trend	12mth Trend
Total Recordable Injury Frequency Rate (TRIFR)(per 1,000,000 hrs)	-	26.36	**26.32**	26.34	23.10	26.22
LTI Frequency Rate (LTIFR)(per 1,000,000 hrs)	10.00	5.11	**5.38**	5.92	6.10	8.97
All Injury Frequency Rate (AIFR)(per 1,000,000 hrs)	-	95.21	**93.31**	95.95	99.13	122.11

a. 138 injuries were reported in March, including 25 that required medical treatment and 16 resulting in lost time.
b. Despite the ongoing number of LTI's we are observing a steady decline in the LTIFR. We think the increased Observations and Leadership discussions taking place across the Directorates are contributing to this.
c. The main types of LTIs were ergonomic-related (including repetitive tasks, manual work, and patient handling), workplace violence and sharps (needle/blade cuts and penetrations).



2. Risk Analysis

A number of risks are scheduled for review in May 2021 as requested by the Board at its last meeting. A schedule of work around the assessment process for each of the 12 Key Risks is in progress and is due for completion by week 2 of June 2021.

2.1 Key Risks

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

- Biological Hazards

- Contractor Management
- Workplace Violence and Aggression

Biological Hazards: The re-opening of the borders with Australia means this risk remains at High. As the PCBU for super vaccination sites (SVCs), ADHB has provided Health and Safety expertise from site selection through to "go live" for both SVCs and Community Vaccination Centres while providing ongoing support and monitoring to SVCs. At least three more centres are in the planning stages. More information on this is included in section 4.1 below.

Contractor Management: The Contractor Management Framework continues to be implemented for Auckland DHB contractors. The pilot group of circa 370 contractors have been engaged in the formal process to both assess their current certification status and register for a Totika certification as a minimum requirement. Initial up-take was slower than desired; this was addressed by additional targeted follow up and engagement which has improved the response rate. The pilot phase had been anticipated for completion by 31 March however, due to the additional engagement required is now expected to close on 31 May. Lessons learnt will be applied to the remainder of Auckland DHB contractors (circa 7,000 contractors).

The national HS Managers Forum programme of work for Contractor Management continues to make good progress and is well ahead of schedule. We now have a Sector wide draft Contractor Management Framework covering the "why" and "how" based on the steps Auckland DHB has been completing. Steps have been taken to engage ACC to explore their commitment to ongoing funding using a phased approach.

Health and Safety Maturity: Work on 'refreshing' the safety maturity profiles of Auckland DHB Directorates have now been completed. Health and Safety staff and Directorate representatives have been engaged in this programme of work. The remaining module requiring completion is 'Directors Knowledge' which specifically relates to the health, safety and risk capability and skill set of the Board and Finance Risk and Assurance Committee members. A time is being set to undertake this exercise which covers 8 key health and safety governance elements. Once this is completed an Insights Report will be prepared and analysed for presentation to the Board. This work parallels that undertaken at a sector level in the national benchmarking exercise, key outcomes being:

- Insights into Auckland DHB's current safety maturity, areas of strength and areas that could be improved
- Recommendations for safety improvements to enhance internal safety performance and maturity
- A benchmark comparison to other DHBs

Workplace Violence and Aggression: As reported to the Finance Risk and Assurance Committee in April, an in-depth review has been commenced with front facing staff in some of our higher risk areas (Te Whetu, Child Health, and Emergency Department) to understand whether current controls around managing and/or preventing Workplace Violence are working so that targeted action plans can be developed to mitigate and reduce risk for staff in these areas. Current activities over the next 6 weeks will be the completion of Risk Workshop and a draft WPV work plan for the next 3 years. The work plan will be overseen by the Workplace Violence and Aggression Steering Group and supported by the Workplace Violence and Aggression Advisor.

3. Observations

We completed 37 site visits from which we made 177 observations. Of those observations, 95 were assessed as Safe, 79 as At Risk, and 3 as Significant At-Risk.

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

- Hazardous substance management, with potential fume exposure and possible malfunction of indoor air quality early warning devices and;
- Fire safety access / egress risk caused by furniture and equipment storage and placement.

4. Key Initiatives and Activities

4.1 Regional COVID Vaccination Centres

Vaccination facility capacity continues to grow with five sites now fully operational and another two due by 12 May 2021, increasing theoretical vaccination capacity to 5000 per day. As the declared PCBU for super vaccination sites (SVCs), ADHB has provided Health and Safety expertise from site selection through to "go live" for both SVCs and Community Vaccination Centres while providing ongoing support and monitoring to SVCs. At least three more centres are in the planning stages.

As part of creating a sound foundation, all sites complete a health and safety risk register, health and safety management plan, traffic management plan, site SOP, emergency evacuation plan, security plan, induction checklist and site suitability assessment as part of a Health and Safety checklist prior to becoming operational. Broadly there has been good support for this approach and it is becoming more mature.

Non-clinical incident and near miss reporting is low for newly established sites. Coaching from the Health and Safety team and the implementation of a cloud-based reporting/checklist tool is targeted to improve performance in this area. Shortages of sufficiently qualified staff is emerging as a risk to the overall programme in terms of centres being able to reach vaccination capacity, placing stress on the workforce and contributing to the potential for errors or controls failing. Monitoring of this risk is a priority as more centres are added.

4.2 Digital Transformation

Occupational Health Patient Management System: Due to limited response from regional Occupational Health departments Auckland DHB have decided to proceed on its own system transition from Medtech32 to Medtech Evolution. There is limited cost differential to Auckland DHB doing this independently of other DHBs, and the work completed with healthAlliance and Medtech Global can be replicated should the other regional DHBs subsequently prioritise funding to progress with their own upgrade.

Currently the estimates from the vendor and healthAlliance are being refreshed to enable the construction of a business case. It is anticipated that once capital funding can be secured the project will take approximately 6 months to complete.

Initial Medtech training has been successfully delivered to key Occupational Health and Safety staff. Medtech improvements have been prioritised and top priorities have been lodged with healthAlliance and Health Information Technology for investigation and sizing.

The Pre-Employment Health Screening (PEHS) improvements implementation Phase 1 has been delayed but is likely be completed in the next fortnight. This phase is to "lift and shift" the existing pre-employment health questionnaire from the existing vendor to be integrated with Taleo which is our HR recruitment platform. Making this change will enable Auckland DHB to more easily change and update questions, will provide a better platform for system integrations with our Patient Management System, will allow process improvements and improved data security.

Phase 2 (which is dependent on phase 1 completion, although can run independently until then) involves reviewing the questions currently used and making required amendments.

4.3 Occupational Health and Safety Work Plan

Monitoring and Measurement

At its November 2020 meeting the Finance, Risk and Assurance Committee requested further information be provided on how regularly an external audit would be undertaken.

We have completed a Monitoring and Measurement Standard and Expectation which describes our annual auditing schedule, Safe 365 Maturity Assessments and other internal Audit activities for Auckland DHB and how the Directorates will support this. We will be reviewing this with other stakeholders such the Senior Leadership Team for sign off and support in May.

Other Work stream activities such as developing documentation relating to Planning, Goals and Targets are underway.

5. Auckland DHB Health and Safety Governance Committee

The Auckland DHB Health and Safety Governance Committee meet six-weekly. The last meeting scheduled for 31 March 2021 was cancelled due to a number of changes in priorities for committee members. The next meeting is scheduled for 31 May 2021.

A proposal to restructure the committee has commenced in consultation with relevant parties and will be communicated when appropriate. The purpose of this is to direct the forum's focus and scope of work to its key functions, and to enable improved governance processes and escalation of relevant information to senior leadership and the Board.

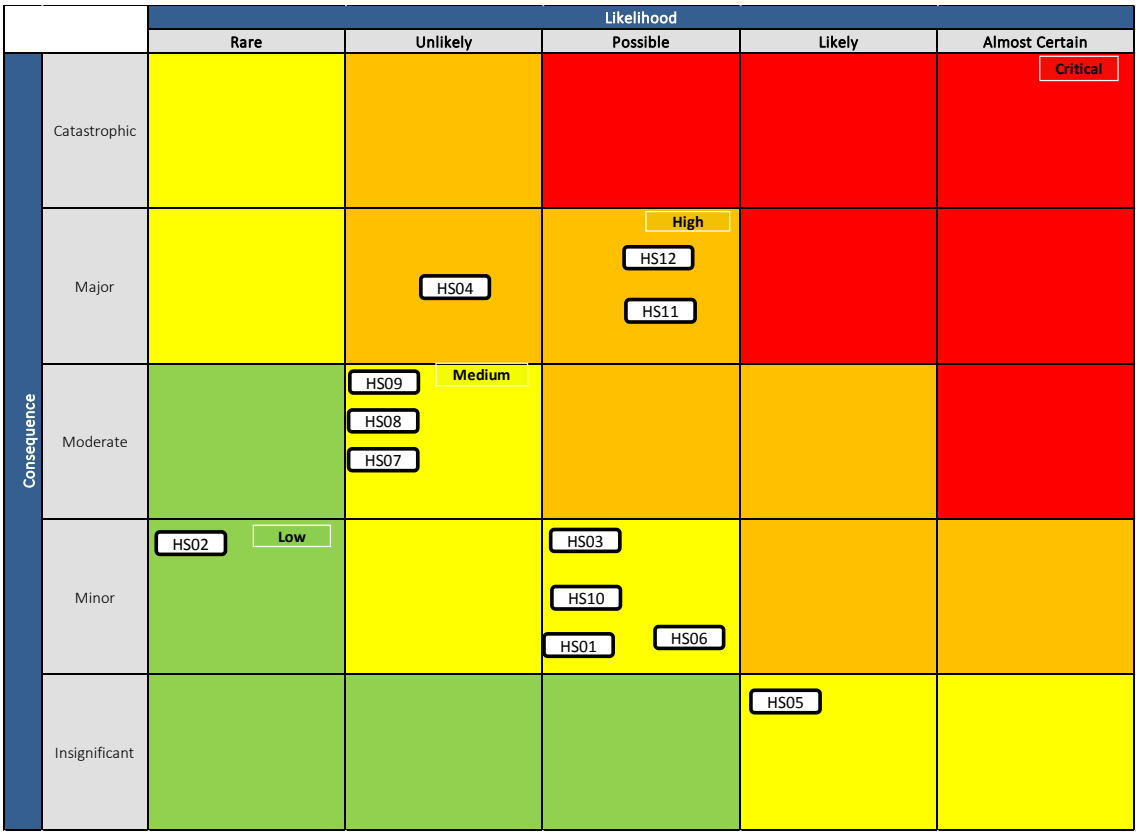
6. External audits

Nil.

Appendix 1

Health and Safety Risks (currently under review)

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

Auckland DHB People Dashboard – Quarter 4 2020/21

Recommendation

That the Board:

1. **Receives the Quarter 4 Pūmanawa Tāngata Status Report, noting the progress which has been made across all aspects of the plan.**

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

This Paper is presented for the Board's information.

The Pūmanawa Tāngata Status Report for Quarter 4 gives a brief commentary of this quarter's activity current status, and the next quarters planned activity under each of the Key Result Areas under the plan.

Progress against the whole plan is pleasing in many areas, allowing for the distraction which the COVID-19 response and Vaccination program.

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

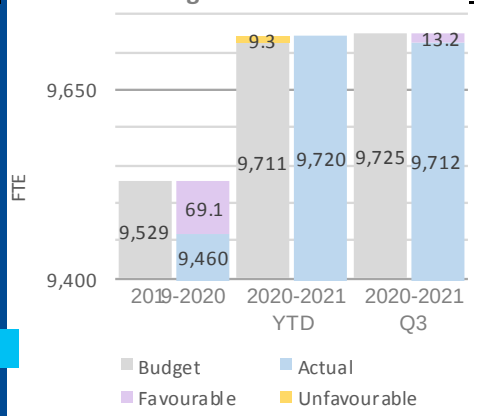
Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

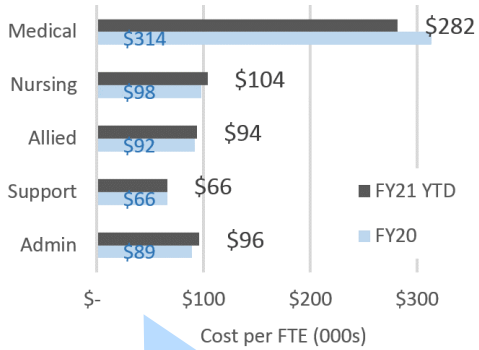
What does our workforce look like?

- Financial FTE in Q3 of FY 2020-2021 was 0.1% under budget (9,725 FTE). This equates to 13.2 FTE (excluding outsourced personnel).
- As at 31 March 2021, there are 10,610 employees (headcount) at Auckland DHB, excluding staff on casual contracts or those on extended leave.

Budget vs Actual FTE



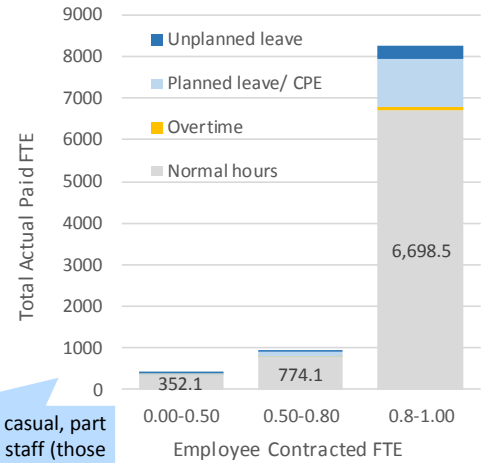
Total Workforce Cost per FTE



YTD Q2
$297
$112
$99
$70
$100

The total cost per FTE has reduced since last quarter largely due to more annual leave being taken during Q3.

Part time workers



The cost of actual hours is paid to casual, part time, and full time staff. Full Time staff (those contracted to work between 0.8 and 1.0 FTE) account for 86% of the total paid hours.

Attracting talent to our workforce

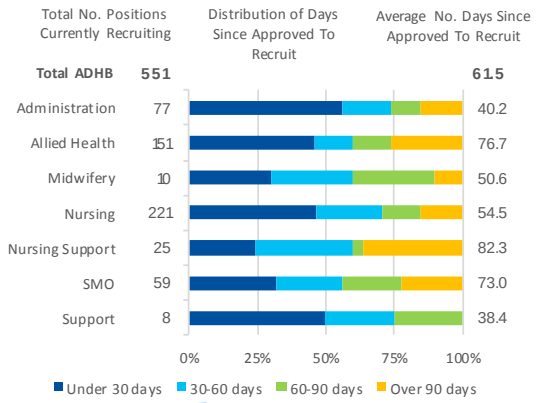
As at 31 March 2021, ADHB are currently recruiting for 551 positions (511 FTE). This is significant growth from 392 roles (381 FTE) at the end of December 2020.

Increases in turnover, people reducing working hours and leave cover are the greatest reasons.

A number of CCDM Nursing and Health Care Assistant increases will be present in the new position numbers, and we will expect to see the balance in the next quarter. A total of 157 FTE across Nursing and Health Care Assistant roles have been approved as part of the CCDM increases.

Development of international advertising and sourcing campaigns are underway to augment locally oriented programmes.

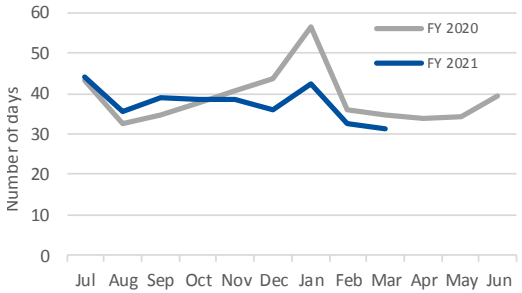
Positions Currently in Recruitment



Midwifery figures are under reported, as they aren't all being recruited to cover vacancy levels.

Reasons for Recruitment Activity	
Replace resignation	259
Cover for staff on leave	72
New position / increased FTE	65
Internal Staff Movement	53
Change in hours	32
Secondment/Backfill	27
Project	13
Other	13
Training	9
Temporary cover	6
Fellowship	4
Total No. Positions Recruiting	**551**

Trend in Time to Hire



The time to hire represents the time taken from approving recruitment to commence, to extend an offer to a desired candidate.

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

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

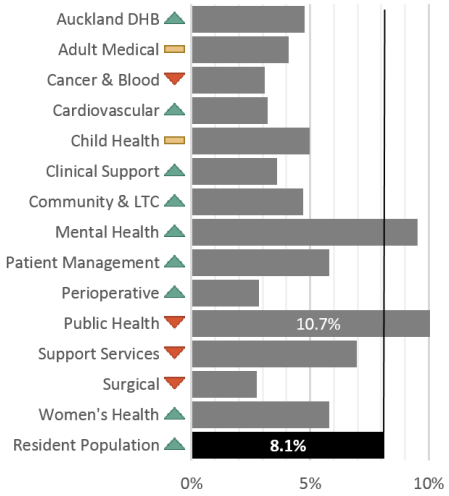
AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

5.3

Māori in the workforce

- We continue to see an increase in the number of applications we have had from people who identify as Māori
- There has also been a positive shift in the both shortlist to interview % and interview to hire % for Māori
- The voluntary turnover rate < 1 year for Māori Workforce is lower than that of non-Maori with an downward trend across FY. The overall voluntary turnover rate between the two populations remains comparable.

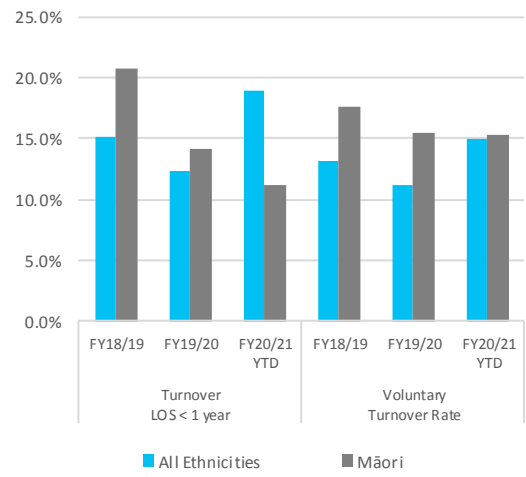
Māori Representation by Directorate



Progression of Māori Applicants Through Recruitment

Year	Percent of Shortlisted Applicants to Interview		Hired : Unsuccessful Applicants Ratio	
	Māori	All Staff	Māori	All Staff
FY21 Q3	67%	45%	1 : 1.8	1 : 5.8
FY21 Q2	62%	41%	1 : 3.1	1 : 7.5
FY 20	54%	34%	1 : 3.9	1 : 7.4
FY 19	45%	32%	1 : 4.8	1 : 8.2

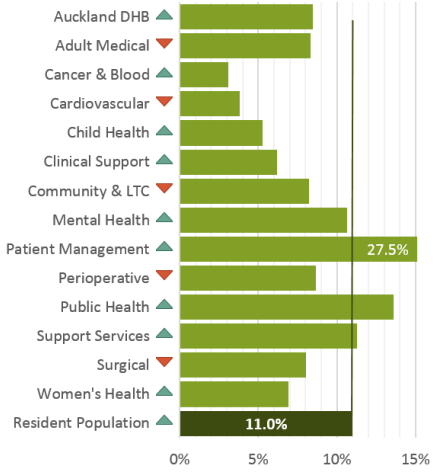
Voluntary Turnover Rate



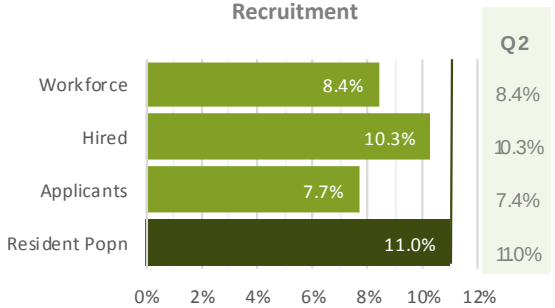
Pacific in the workforce

- This quarter we see a positive shift in the applicants to hired % for our Pacific workforce.
- However, we see a increase level of Voluntary turnover – from just under 10% last quarter to just over 15% in this quarter.
- Turnover within one year of service has also increased across this quarter to just over 15%.

Pacific Representation by Directorate

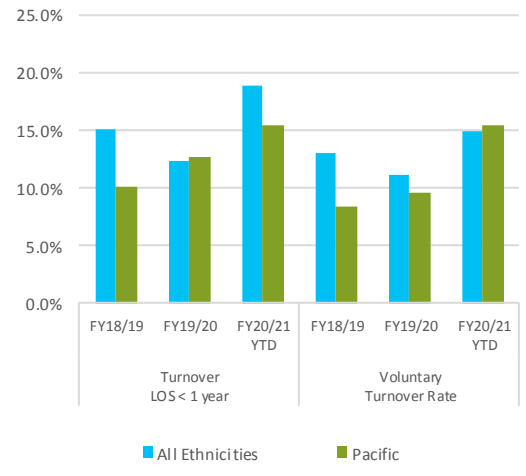


Progression of Pacific Applicants Through Recruitment



	Percent of Shortlisted Applicants to Interview		Hired : Unsuccessful Applicants Ratio	
	Pacific	All Staff	Pacific	All Staff
FY21 Q3	64%	45%	1 : 4.1	1 : 5.8
FY21 Q2	57%	41%	1 : 5.1	1 : 7.5
FY 20	43%	34%	1 : 6	1 : 7.4
FY 19	33%	32%	1 : 6.8	1 : 8.2

Voluntary Turnover Rate



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

% of Shortlisted to Interview shows what % of applicants that were shortlisted get an interview.
The hired ratio represents how many unsuccessful applicants per hire.

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

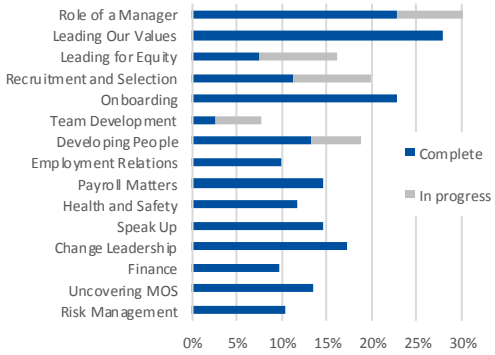
Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Strengthen Culture & Build Capability

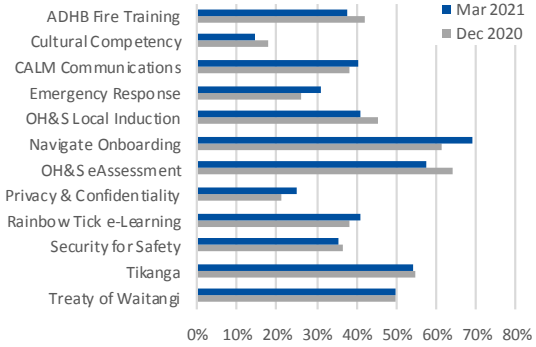
- There remains a good increase in participation in the Leading for Equity module (online and face to face) which was released last year. The ongoing focus for this module will be to complete with teams (vs individuals) for best benefit. It is a core part of our planned work for KRA Two of Pūmanawa Tāngata.
- Work continues to engage people in their required mandatory training. We have just released a new report that enables Managers and educators to understand who is compliant across the required organisational mandatory training. This should enable Managers to track and prompt their team members on required completions.
- The HR Partnering team are working with each directorate regarding the tracking of performance conversations. To date we are not seeing an upward trend. We will continue to have challenges with the current method of recording those conversations.
- Continued gains are being made due to better reporting for Managers on leave and projected leave. Effort will continue to made to address excess leave across the Directorates.

Management Development Programme

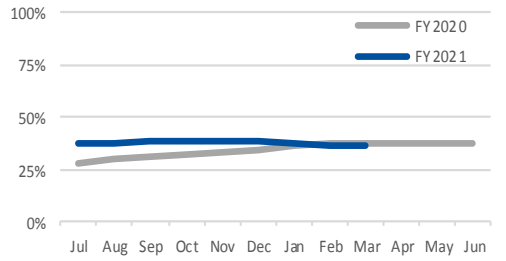


The MDP module completed by People managers as at 31 March 2021.

Mandatory Training

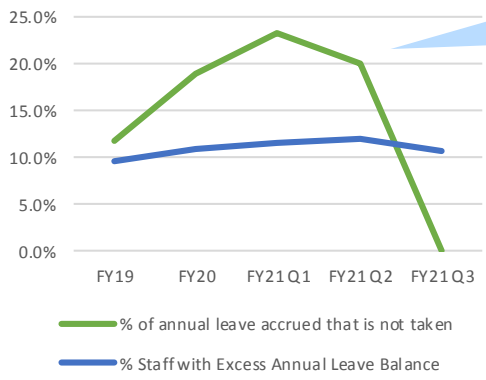


Performance & Development Conversations



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

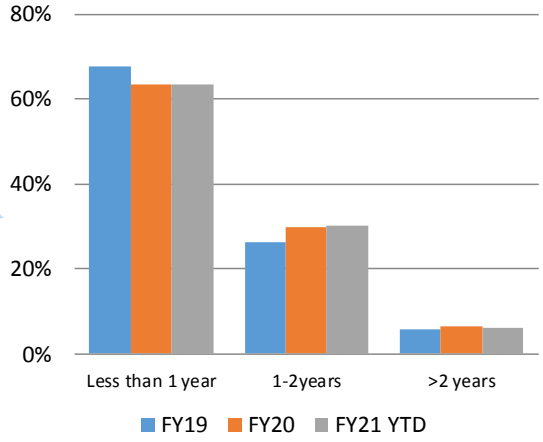
Annual Leave



11,243 weeks of leave was accrued by staff in FY21 Q3, and 13,278 weeks of leave taken. This means that on average, there was no annual leave accrued during the quarter that was not taken.

The year-to-date % of employees taking less than their annual leave entitlement (63.5%) is currently very similar to FY20. A concerted effort to have staff continue taking leave through Q4 will be needed to establish a trend of decreasing the % of staff not taking their full annual leave entitlement.

Annual Leave Entitlement Not Taken



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

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Diversity & Inclusion

As part of our commitment to the Accessibility Tick, we are focusing on workforce reporting.

An all of organisation survey was undertaken last year which increased the workforce reporting from approx. 12 members of staff to 31. This is still a significant under representation and requires investigation as to the reasons.

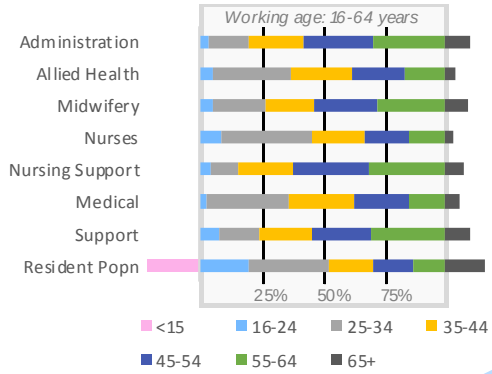
Ongoing work to create a supportive workplace environment for people with access needs, should see this disclosure number grow over time.

Disability Data

Type	Count
Mobility/Physical	10
Invisible	8
Hearing	7
Vision	4
Head Injuries (TBI)	1
Cognitive/Learning	1
Total	**31**

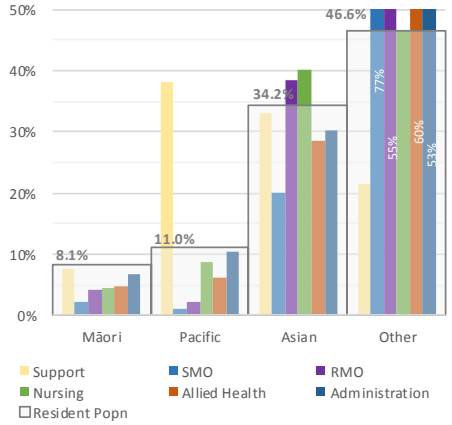
According to Stats NZ Disability survey from 2013, approximately 10% of New Zealand's workforce has a disability or impairment. 0.3% of ADHB workforce have self-identified as having a disability.

Age by Profession



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

Ethnicity by Profession



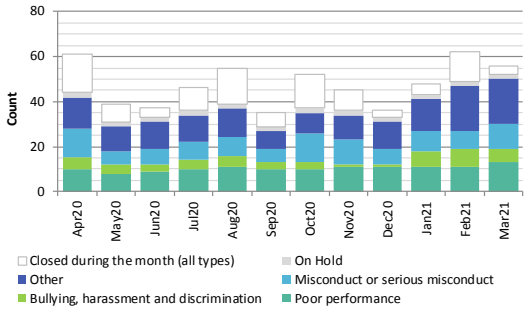
Resident population supplied by Stats NZ, based on 2018 Census.

Wellbeing

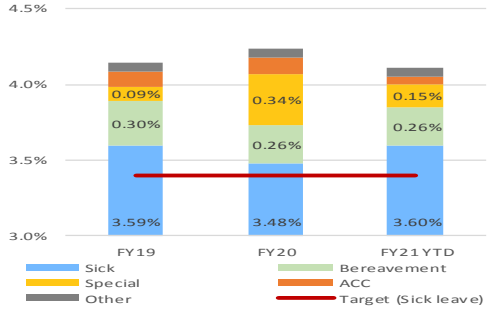
We are working on taking a more restorative approach to resolving bullying and inappropriate behaviour in order to preserve or re-establish the working relationship moving forward which are showing good outcomes instead of adopting a more punitive approach.

We are seeing an increase involving employees who are unable to fulfil their roles as a result of physical or mental health issues. Work is occurring in conjunction with Occupational Health and/or external medical experts to support return to work where and when appropriate.

Employee Relations Cases



Unplanned Leave / Absenteeism



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

Pūmanawa Tāngata Status Report - Quarter 4 2020/21

Key Result Areas	WHAT	Status	This Qtr activity	Next Qtr Planned activity
KRA1: Continue to strengthen our organisational culture and values	On-going promotion/recognition and development of our values		Incorporating the values into the Employment Brand work. Te Reo word first or only word when using values in our internal communications channels. Collating Spirit of Service award nominations. Celebrate and promote Pink Shirt Day.	Investigate the use of e cards to recognise values in action. Clearly articulate our channels and their purpose, with an equity lens.
	Demonstrate our commitment to improving communications, garnering feedback and engagement		Working group for social platform established, workshop planned to identify key requirements. Free platform being investigated. Liaising with Northern DHB comms teams to test appetite for collaboration. Working group established for Employee Council. Communications Strategic Plan finalised. Investigating the use of Poppulo app on mobile to improve communication for non-desk based employees.	Increased focus on reporting and measurement - using Poppulo to determine read rates on Staff alerts, polls to determine levels of interest.
	Continue partnership, inclusion and diversity work		**Accessibility:** Hearing Accredited workplace general workplace assessments and noise risk assessments completed and action plan created. Partial accreditation awarded. Facilitate Tangata Whaikaha (Maori Disability) Responsiveness training co-design workshop.	**Accessibility:** Develop Tangata Whaikaha responsiveness resource. Test, review and refine with co-design group and service users ready for roll out.
	Creating a Just Culture		e-module called Managing Employee Behaviour in a Just Culture design is on track for completion this quarter. The Disciplinary & Termination policies have been updated, alongside a Just Culture Principles document. Discussions have commenced with Mental Health being the pilot for the tool being developed for Managers to have 1:1 conversations incorporating the Just Culture principles. Total number of employees trained in Just Culture to date: 517.	The e-module will be completed. The Displinary and Termination Policies, alongside the Just Culture principles will be sent to the Union for feedback. Review of the pilot conducted around the tool for Managers to have 1:1 conversations incorporating the Just Culture principles.
KRA2: Uphold Te Tiriti o Waitangi as our framework to eliminate racism, build cultural safety & achieve health	Design & Development of learning supports and resources	On Track to launch in May	Immediate priority to build online hub, seek kaimahi Māori feedback and launch. Build hippo page and mailing community.	Comms and engagement to increase access to online hub. Create annual speaker series calendar and Journal Clubs to support online learning.
	Leadership Development		Supporting Provider Directors to build leadership and capability in Te Tiriti o Waitangi (May-July)	Continue to support Provider Directors in building leadership and capability in prioritised areas identified through baseline confidence survey (July and beyond)
	Measurement of activity		Adapt Te Arawhiti baseline confidence survey to suit ADHB bespoke framework. Pilot with Provider Directors.	Design survey dashboard, adjust survey based off pilot learning's. Socialise the availability of survey with Directorates.
	Development of Directorate Plans		Support creation of Directorate-specific learning plans utilising baseline confidence survey, online hub, CoPs and leadership development. Q4 to socialise process of engagement and begin initial partnerships with interested Directorates.	
KRA3: Grow and develop nga Kaimahi Maori	Increasing Capacity		Senior Consultant, Kaimahi Māori Experience appointed; Talent Advisor recruitment process commenced; NZQA accreditation received and planning re: micro credential implementation.	Rangatahi Programme Activity (Introduction Days & Work Experience Weeks); Confirmed micro-credential implementation; Talent Advisor recruited.
	Increasing Capability & Leadership		Tuakana-Teina mentoring and Māori leadership programmes scoping remains a WIP - will be able to progress more with new Senior Consultant starting May 24th	Scope and pilot Tuakana-Teina programme; Scope and confirm Māori Leadership Programme.
	Better Experiences		Kāhui Hononga Network occurring monthly with good attendance. GM Māori whakawhanaungatanga sessions with kaimahi Māori in the lead up to Matariki scheduled; Stay interview kaupapa commenced.	Hohou i te rongo scoping; stay interview pilot in Cancer & Blood Services; whakawhanaungatanga sessions & Matariki hui for kaimahi Māori; Kaimahi Maori hui/rōpū established in Child Health.
KRA4: Implement 'Kia Ora to wahi mahi'- the Te Toka Tumai Health Workplace plan	Employee Support Centre/ Supportive employment		Official launch, blessing and naming of the centre delayed, but in progress. Working with Auckland Health Foundation to progress fundraising plan. Received funding from Te Puni Kōkiri (TPK) for Administration Internship programme. Working with Ngāti Whātua Ōrakei to identify interns for programme.	Official launch, blessing and naming of the centre. Approved funding plan. Administration internship programme implemented.
	Healthy Workplace plan / strategy		Finish draft strategy/plan. Complete Feasibility process of measuring wellbeing tools.	Move to BAU
	Leadership capability to support wellbeing		Staff council/forum test concept and establish appropriate forum. Continue with healthy workplace/wellbeing interest group digital trial.	Link current resources for leading for wellbeing as part of winter seasonal planning.
	Feeling Safe & Supported at Work		Design support framework with suite of tools and communicate to organisation.	Identify the appropriate supports for key scenarios and ensure that our leaders and workforce have access to tools and services at the right time.
	Short Term Action Plan: Occupational Health		Publish Occupational health data set to organisation. Business case for wellbeing index survey deployment. Union engagement on Sick Leave guidance and OH referral information.	Publish tools for managers for managing Sick Leave, Loss time injuries and redeployment.
KRA5: Attract & grow a workforce that is fit for the future	Talent Acquisition Strategy		Work on the development of the Te Toka Tumai Employment Brand. New tone of voice, in line with employment brand insights has been introduced to job advertising. We will be testing the Employment brand with a new Recruitment campaign for nursing. We are experiencing increased vacancy volumes due to CCDM outcomes and winter planning, that alongside a focus for the region on recruitment for the Vaccination programme have impacted strategic work in favour of operational/tactical activity.	Employment Branding project is timed to conclude in the next quarter with implementation set to begin pending formal approval. Nursing campaign to commence. With the establishment of the Māori Workforce Experience team, our focus on system review in our recruitment processes can be undertaken.
	Talent Management		Pilot of Māori Midwifery underway. Identify any learning's from the pilot to develop our Talent Management approach for the wider organisation ensuring it incorporates te ao Māori.	Introduce the approach to Mental Health and Te Pururi o Te Ora by progressing Talent Management for Māori across their directorates. Scope how we will deliver that all Māori across Mental Health, Te Pururi o Te Ora, Women's Health and Child Health have had a development conversation by 30 June 2022.

Pūmanawa Tāngata Status Report - Quarter 4 2020/21

Key Result Areas	WHAT	Status	This Qtr activity	Next Qtr Planned activity
KRA6: Make it easier to work here - improving the manager and employee experience of people processes	HR Customer led improvement programme		Analysis of information gathered from Directorates completed and awaiting prioritising by HRLT. (Work on some of the improvement opportunities identified has started anyway as it had been identified independently of the customer research.)	Finalise and implement agreed priorities.
	HRIS Strategy		A workshop was held with Deloitte to develop an HRIS Strategy through the customer lens. A draft of the outcomes has been presented by Deloitte to the participants of the workshop.	Agree priorities across the region and timelines for future planning.
	Mandatory Training		Mandatory training compliance reporting developed and live. Drop-in sessions between GCC and ACH currently being run - feedback so far has been positive. SLT have confirmed the list of mandatory training for all organisational members and robust process for additional training requests has been established.	Evaluate uptake and use of mandatory training report Reporting for Directorate, Profession to be developed with HR Reporting.
	Workforce Dimensions Implementation		**Kronos, ADHB & healthAlliance deliverables completed:** DHB functional solution walkthroughs. Test script completed. UKG and DHB went through solution walkthrough workshops for functional and integrations. Integration development design completed. Functional testing underway - 60% passed, rest assigned for resolution. ADHB Timecard testing started - 1.7% passed. Comms Resource Recruitment Commenced **Activity to June 2021 planned** HealthAlliance to provide technical integration and Application Programming Interface Development. Functional & Timecare testing continues. Integration Development build underway. Development of change management and training materials continues. May 2021 mostly dedicated to for functional, timecard and reporting testing; mock runs. June 2021 for UAT and integration testing and parallel testing	**Activity for the quarter to September 2021:** July 2021 for comms and change mgmt; moving config to pre production environment Go/No-go decision for deployment 1: 13 Aug WDHB go-live 16 August ADHB go-live 30 August for FN1 and 7 September for FN2
	Holidays Act	DELAYED. Due to extended procurement and approval process	Sign contract and onboard remediation vendor. Remediation phase planning. Obtain Business Case approval Identify resources (people and location) for Rectification Backfill BAU resources and on-board project resources Rectification planning.	Remediation - Data extraction and validation Rectification - Solution analysis and design, Change management

Financial Performance Report for the period ending 31 March 2021

Recommendation

That the Board receives this Financial Report for the nine months ending 31 March 2021

Prepared by: Auxilia Nyangoni, Deputy Chief Financial Officer
Endorsed by: Justine White, Chief Financial Officer
Date: 12 May 2021

1. Executive Summary

The result by division is as follows:

Result by Division	For the nine months ending 31 Mar 2021		
	Actual	Budget	Variance
Funder	19,857	14,175	5,682 F
Provider	(94,285)	(33,674)	60,612 U
Governance	384	(50)	433 F
Net Surplus / (Deficit)	**(74,044)**	**(19,549)**	**54,496 U**

COVID-19 Net impact on bottom-line	(27,501)	0	**27,501 U**
Holidays Act Impact	(30,000)	0	**30,000 U**
BAU Net impact on bottom-line	(16,543)	(19,549)	**3,006 F**
Net Surplus / (Deficit)	**(74,044)**	**(19,549)**	**54,495 U**

- Underlying Business as Usual (BAU) operations' are favourable to budget by $3M YTD
- Covid unfunded impacts amount to $27.5M YTD
- Provision for costs associated with the Holidays Act entitlements amount to $30M YTD

2. Summary Result and Financial Commentary for March 2021

$000s	Month (Mar-2021)			For the nine months ending 31 Mar 2021			Full Year (2020/21)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Income									
Government and Crown Agency	150,409	145,110	5,300 F	1,341,738	1,307,470	34,268 F	1,802,559	1,742,995	59,564F
Non-Government and Crown Agency	9,404	8,778	625 F	78,452	79,333	882 U	104,602	105,660	1,058U
Inter- District Flows	60,137	60,598	461 U	537,671	545,382	7,711 U	741,315	727,176	14,139F
Inter-Provider and Internal Revenue	1,295	1,565	270 U	13,429	13,546	118 U	18,570	18,242	328F
Total Income	**221,246**	**216,051**	**5,195 F**	**1,971,289**	**1,945,732**	**25,558 F**	**2,667,046**	**2,594,073**	**72,973F**
Expenditure									
Personnel	111,243	101,116	10,127 U	926,371	875,252	51,119 U	1,260,068	1,184,077	75,991U
Outsourced Personnel	3,095	1,605	1,490 U	26,053	14,441	11,612 U	27,058	19,254	7,804U
Outsourced Clinical Services	3,497	3,953	456 F	35,792	33,720	2,072 U	49,582	45,976	3,607U
Outsourced Other Services	7,266	7,395	129 F	66,843	66,552	291 U	98,866	88,737	10,129U
Clinical Supplies	29,961	28,824	1,136 U	249,921	244,896	5,024 U	331,687	326,698	4,989U
Funder Payments - NGOs and IDF Outflows	59,349	62,490	3,140 F	577,250	562,410	14,840 U	770,823	749,879	20,943U
Infrastructure & Non-Clinical Supplies	18,256	18,734	478 F	163,103	168,009	4,905 F	230,888	224,496	6,392U
Total Expenditure	**232,666**	**224,117**	**8,549 U**	**2,045,333**	**1,965,280**	**80,053 U**	**2,768,972**	**2,639,117**	129,854U
Net Surplus / (Deficit)	**(11,420)**	**(8,065)**	**3,354 U**	**(74,044)**	**(19,549)**	**54,496 U**	**(101,925)**	**(45,044)**	**56,881 U**

Result by Division	Month (Mar-2021)			For the nine months ending 31 Mar 2021			Full Year (2020/21)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder	5,379	1,575	3,804 F	19,857	14,175	5,682 F	11,234	18,900	7,666 U
Provider	(16,839)	(9,625)	7,214 U	(94,285)	(33,674)	60,612 U	(114,059)	(63,882)	50,177 U
Governance	40	(15)	55 F	384	(50)	433 F	900	(61)	961 F
Net Surplus / (Deficit)	**(11,420)**	**(8,065)**	**3,354 U**	**(74,044)**	**(19,549)**	**54,496 U**	**(101,925)**	**(45,044)**	**56,881 U**

COVID-19 Net impact on bottom-line	(391)	0	**391 U**	(27,501)	0	**27,501 U**	(19,925)	0	**19,925 U**
Holidays Act Impact	(3,333)	0	**3,333 U**	(30,000)	0	**30,000 U**	(40,000)	0	**40,000 U**
BAU Net impact on bottom-line	(7,696)	(8,065)	**369 F**	(16,543)	(19,549)	**3,006 F**	(42,000)	(45,044)	**3,044 F**
Net Surplus / (Deficit)	**(11,420)**	**(8,065)**	**3,355 U**	**(74,044)**	**(19,549)**	**54,495 U**	**(101,925)**	**(45,044)**	**56,881 U**

Commentary on DHB Consolidated Financial Performance

1.1.1 Month Results

- Revenue for the month of March 2021 is favourable to budget by $5.2M (4.3%). This includes $2.6M additional Covid income , alongside additional MoH devolved contract revenue (which has associated costs)

- Expenditure for the month of March 2021 sits unfavourable to budget by $8.5M (-3.8%) overall. $2.9M of this variance is due to unbudgeted Covid costs, $3.3M is due to an increase in the Holidays Act provision and $2.4M is due to unfavourable cost movements in BAU operations. The largest variance is $11.6M (-11.3%) unfavourable in combined Personnel and Outsourced Staff costs reflecting Covid-19 impact $2.2M unfavourable, Holidays Act remediation $3.3M unfavourable and the BAU variance is $6.1M unfavourable (mainly related to anticipated year end actuarial valuations). This is partially offset by various favourable movements in other expenditure categories, mainly favourable capital charge (with revenue offsets) and favourable payments to NGO providers. FTEs are net 163 unfavourable to budget for the month, Covid related FTEs 213 unfavourable, offset by BAU FTEs 49 favourable.

1.1.2 Year to Date Results

Major variances to budget include:

Revenue

Revenue is favourable to budget YTD by $25.6M (1.3%), mainly driven by a net favourable Covid impact of $30M, with BAU revenue being $4.5M unfavourable (mainly planned care and IDF wash-up provisions and reduction in capital charge funding). Significant variances in revenue categories include:

- $34.3M (2.6%) favourable Government and Crown Agency revenue. This includes $42M additional revenue realised for Covid for community testing, offset by $7.8M unfavourable revenue in BAU operations mainly MoH devolved contract revenue with some offsetting expenditure reduction.
- $882K (-1.1%) unfavourable Non Government and Crown Agency revenue, largely driven by the following movements:
  - Non Resident revenue $7.8M unfavourable – primarily reflecting reduced Pacific contract cases as a result of Covid-19.
  - Retail Pharmacy revenue $5.3M favourable (mostly offset by additional cost of goods sold).
  - New MOH funding for the Integrated Primary Mental Health Initiative $1.3M favourable.
  - Research Income $2.7M favourable (offset by additional research costs so bottom line neutral).
  - Donations $1M favourable - this income fluctuates from month to month depending on timing of larger donations for key projects.
- $7.7M (-1.4%) unfavourable Inter-District Flows, mainly from unfavourable impact of Covid-19 funding.

Expenditure

The year to date expenditure variance of $80M (-4.1%) includes Covid impact of $57.6M, Holidays Act provision impact of $30M, partially offset by $3M favourable movements in BAU operations. Significant variances are:

- $62.7M (-7.1%) unfavourable variance in Personnel/Outsourced Personnel costs, reflecting **u**nbudgeted Covid-19 related expenditure of $21.2M, increase in the provision for Holidays Act liability of $30M. FTEs for the YTD are 177 unfavourable, with 163 of this variance relating to Covid FTEs.
- $2M (-6.1%) unfavourable in Outsourced Clinical Services, with the key variances as follows:
  - Unbudgeted Covid-19 related expenditure of $0.4M (for laboratory send-away tests).
  - Diagnostic Genetics $0.6M unfavourable due to delayed repatriation of tests previously not done in house – this variance will reduce once repatriation is complete.
  - Planned outsourcing for colonoscopy has been completed earlier than budget phasing resulting in a $0.3M unfavourable variance which will correct during the year.
  - Additional MRI outsourcing $0.7M unfavourable for which additional one off MOH funding has been received.
- $5M (-2.1%) unfavourable in Clinical Supplies, this variance is due to Laboratory consumable costs which are $4.6M unfavourable mainly for Covid-19 tests, with offsetting additional revenue. Excluding these costs, the underlying Clinical Supplies BAU variance is close to budget at $00.2M unfavourable.
- $14.8M (-2.6%) unfavourable variance in Funder NGOs expenditure & IDF outflows, mainly reflecting unbudgeted Covid cost impact of $26.7M (with corresponding Covid revenue), and also offset by IDF outflows being $5.7M favourable from prior year adjustments and current year quarterly Primary Health Organisation (PHOs) wash-ups.
- $4.9M (2.9%) favourable variance in Infrastructure & Non Clinical Supplies costs, with the key variances being:
  - Unbudgeted Covid-19 related expenditure of $4M
  - Cost of Goods Sold $4.5M unfavourable for retail pharmacy, offset by additional retail revenue for the year to date.
  - Capital Charge $8.8M favourable due to the reduction in the capital charge rate from 6% to 5%, combined with a reduction in the final Crown equity position at 30 June 2020 (compared to the budget) due to the increase in the Holidays Act provision at June 20 year end.

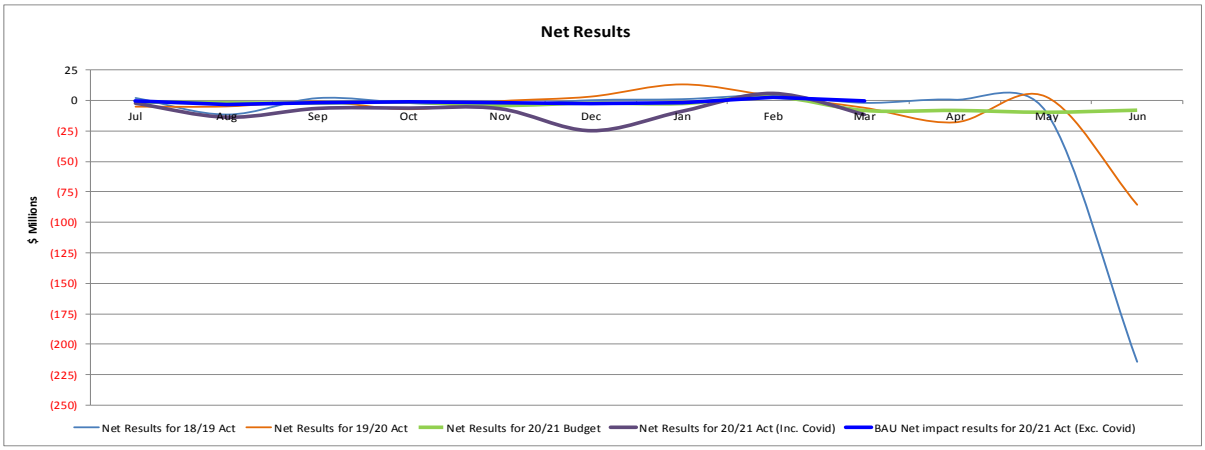
- Interest & Finance Charges $0.5M favourable.
- All Other Operating Expenses such as Professional Fees, Training, Travel & Accommodation $3.2M favourable.

Year End Forecast Result

The year-end forecast full deficit is $102M, with a BAU deficit of $42M which compares favourably to the full year planned BAU deficit of $45M. The total variance to budget reflects the increase in the Holidays Act provision of $40M and $20M for Covid impacts neither of which were included in the financial plan; these are partially offset by the BAU position which is forecast to be favourable to budget by $3M, leaving a net variance of $57M. The Holidays Act provision for 2020/21 is subject to expert estimation at year end.

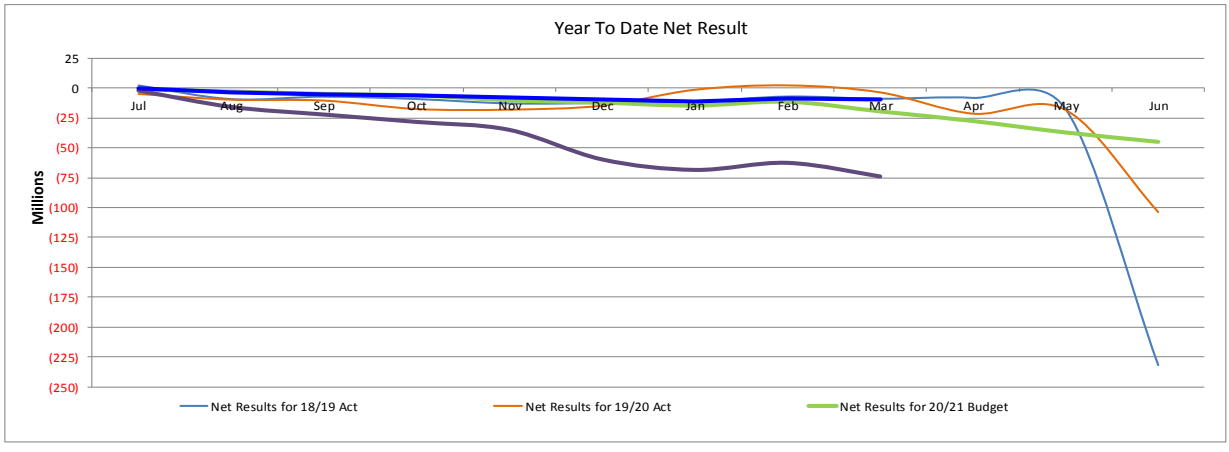
3. Performance Graphs

Figure 1: Consolidated Net Result (By Month)



$ millions	July	August	Spetember	October	November	December	January	February	March	April	May	June	Total
Net Results for 18/19 Act	2.183	(11.446)	2.057	(2.009)	(3.665)	0.324	1.185	4.248	(1.830)	0.728	(9.280)	(214.462)	(231.967)
Net Results for 19/20 Act	(4.968)	(4.764)	(0.776)	(7.055)	(0.494)	3.289	13.310	3.679	(5.846)	(17.834)	3.151	(85.513)	(103.821)
Net Results for 20/21 Budget	(1.110)	(1.795)	(1.975)	(1.290)	(4.026)	(2.028)	(2.449)	3.189	(8.065)	(8.066)	(9.566)	(7.864)	(45.043)
Net Results for 20/21 Act (Inc. Covid)	(2.167)	(13.626)	(6.409)	(6.173)	(6.650)	(24.722)	(8.787)	5.911	(11.420)				(74.044)
BAU net results for 20/21 Act (Exc. Covid)	(0.464)	(2.839)	(1.959)	(0.668)	(1.588)	(2.369)	(1.539)	2.612	(0.391)				(9)

Figure 2: Consolidated Net Result (Cumulative YTD)



$'millions	July	August	September	October	November	December	January	February	March	April	May	June
Net Results for 18/19 Act	2.183	(9.263)	(7.207)	(9.215)	(12.880)	(12.556)	(11.371)	(7.122)	(8.953)	(8.225)	(17.505)	(231.967)
Net Results for 19/20 Act	(4.968)	(9.732)	(10.509)	(17.564)	(18.057)	(14.768)	(1.458)	2.221	(3.625)	(21.459)	(18.308)	(103.821)
Net Results for 20/21 Budget	(1.110)	(2.905)	(4.880)	(6.169)	(10.195)	(12.223)	(14.672)	(11.483)	(19.548)	(27.614)	(37.179)	(45.043)
Net Results for 20/21 Act (Inc. Covid)	(2.167)	(15.793)	(22.202)	(28.375)	(35.026)	(59.748)	(68.535)	(62.624)	(62.624)			
BAU Net impact results for 20/21 Act (Exc. Co	(0.464)	(3.303)	(5.262)	(5.963)	(7.551)	(9.920)	(11.459)	(8.847)	(8.847)			

4. Financial Position

4.1 Statement of Financial Position as at 31 March 2021

$'000	31-Mar-21			28-Feb-21	Var	30-Jun-20	Var
	Actual	Budget	Variance	Actual	Last Mth	Actual	Last Year
Public Equity	951,921	977,992	26,071U	948,501	3,420F	919,427	32,495F
Reserves							
Revaluation Reserve	599,151	599,151	0F	599,151	0F	599,151	0F
Accumulated Deficits from Prior Year's	(792,726)	(790,846)	1,880U	(792,726)	0F	(688,960)	103,766U
Current Surplus/(Deficit)	(74,043)	(11,483)	62,560U	(62,623)	11,419U	(103,819)	29,777F
	(267,617)	(203,178)	64,440U	(256,198)	11,419U	(193,628)	73,989U
Total Equity	**684,304**	**774,814**	**90,510U**	**692,303**	**7,999U**	**725,799**	**41,495U**
Non Current Assets							
Fixed Assets							
Land	354,022	347,122	6,900F	347,122	6,900F	347,122	6,900F
Buildings	603,067	632,741	29,674U	602,400	667F	624,109	21,042U
Plant & Equipment	85,842	95,305	9,462U	85,168	674F	86,655	813U
Work in Progress	121,537	146,045	24,509U	127,254	5,718U	73,193	48,343F
Total Property, Plant & Equipment	1,164,468	1,221,213	56,745U	1,161,945	2,523F	1,131,079	33,388F
Investments							
- Health Alliance	74,375	75,057	682U	74,375	0F	74,268	107F
- Health Source	271	-	271F	271	0F	271	0F
- NZHPL	6,517	5,266	1,250F	6,572	55U	7,084	567U
- Other Investments	518	-	518F	518	0F	518	0F
	81,680	80,323	1,357F	81,735	55U	82,141	461U
Intangible Assets	1,898	9,827	7,930U	1,886	12F	2,216	318U
Trust Funds	17,239	15,970	1,269F	16,944	294F	15,970	1,269F
	100,816	106,121	5,304U	100,565	251F	100,327	489F
Total Non Current Assets	**1,265,284**	**1,327,334**	**62,050U**	**1,262,510**	**2,774F**	**1,231,407**	**33,877F**
Current Assets							
Cash & Short Term Deposits	186,240	82,808	103,433F	191,818	5,578U	135,902	50,339F
Trust Deposits > 3months	17,588	16,394	1,194F	21,095	3,507U	16,394	1,194F
ADHB Term Deposits > 3 months	-	15,000	15,000U	-	0F	15,000	15,000U
Debtors	31,453	45,325	13,872U	43,369	11,916U	45,325	13,872U
Accrued Income	62,510	53,611	8,899F	68,687	6,177U	66,672	4,162U
Prepayments	7,610	6,835	774F	7,628	18U	4,622	2,988F
Inventory	16,187	27,511	11,324U	16,142	45F	15,396	791F
Total Current Assets	**321,589**	**247,484**	**74,104F**	**348,739**	**27,150U**	**299,311**	**22,278F**
Current Liabilities							
Borrowing	(2,542)	(1,925)	617U	(2,543)	1F	(1,828)	714U
Trade & Other Creditors, Provisions	(220,044)	(166,302)	53,742U	(237,345)	17,303F	(177,892)	42,152U
Employee Entitlements	(570,545)	(524,748)	45,797U	(569,500)	1,045U	(524,748)	45,797U
Funds Held in Trust	(1,384)	(1,376)	8U	(1,384)	0U	(1,384)	0U
Total Current Liabilities	**(794,514)**	**(694,350)**	**100,164U**	**(810,772)**	**16,259F**	**(705,851)**	**88,663U**
Working Capital	**(472,926)**	**(446,866)**	**26,060U**	**(462,034)**	**10,891U**	**(406,541)**	**66,385U**
Non Current Liabilities							
Borrowings	(13,266)	(16,592)	3,326F	(13,385)	119F	(10,136)	3,130U
Employee Entitlements	(94,788)	(89,061)	5,726U	(94,788)	0F	(88,931)	5,857U
Total Non Current Liabilities	**(108,054)**	**(105,654)**	**2,400U**	**(108,173)**	**119F**	**(99,067)**	**8,987U**
Net Assets	**684,304**	**774,814**	**90,510U**	**692,303**	**7,999U**	**725,799**	**41,494U**

Commentary – Balance Sheet

The major variances to budget are summarised below:

Property, Plant and Equipment:
The variance reflects reduced capital expenditure spend due to timing variances in approvals, procurement and implementation timeframes for projects.

Cash and Short Term Deposits:
The higher than budgeted balance is mainly due to the impact of delays in the capital projects program and $30M of matured investment funds which are awaiting NZHPL approval to reinvest.

Debtors and Accrued Income:
The Debtors and Accrued Income combined variance is largely due to the timing of billings to and receipts from MOH.

See also note below re Covid inventory acquired for MOH.

Inventory
The inventory cost of $16M represents ADHB normal inventory and excludes the balance ($12M) of inventory purchased by the DHB for Covid on behalf of MOH. The inventory budget of $27.5M includes the MOH related Covid purchases of $12M (this had been included in the budget but was reclassified to Accrued Income as part of year end accounts and post the budget being set).

Trade & Other Creditors and Provisions:

Trade Creditors (including accruals)	190,555
Income in Advance	29,489
Total	220,044

4.2 Statement of Cash flows 31 March 2021 month and YTD

$000's	31-Mar-21			For the nine months ending 31 Mar 2021		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	239,045	215,769	23,276F	1,998,747	1,727,449	271,299F
Payments						
Personnel	(110,198)	(93,051)	17,147U	(874,717)	(774,722)	99,995U
Suppliers	(73,585)	(48,211)	25,375U	(454,489)	(398,419)	56,070U
Capital Charge	0	(3,807)	3,807F	(17,316)	(30,457)	13,142F
Payments to other DHBs and Providers	(59,349)	(62,490)	3,140F	(577,250)	(499,920)	77,330U
GST	(1,888)	0	1,888U	(1,989)	0	1,989U
	(245,021)	(207,559)	37,462U	(1,925,760)	(1,703,518)	222,242U
Net Operating Cash flows	**(5,975)**	**8,210**	**14,186U**	**72,987**	**23,930**	**49,057F**
Investing						
Interest Income	191	227	36U	1,844	1,816	28F
Sale of Assets	12	0	12F	40	0	40F
Purchase Fixed Assets	(6,574)	(19,067)	12,493F	(74,257)	(143,203)	68,945F
Investments and restricted trust funds	3,500	0	3,500F	13,893	0	13,893F
Net Investing Cash flows	**(2,872)**	**(18,840)**	**15,968F**	**(58,480)**	**(141,387)**	**82,907F**
Financing						
Interest paid	(30)	(99)	68F	(511)	(789)	278F
New loans raised	0	0	0F	5,695	8,356	2,661U
Loans repaid	(120)	(253)	133F	(1,851)	(1,770)	81U
Other Equity Movement	3,420	7,451	4,030U	32,495	58,566	26,071U
Net Financing Cash flows	**3,270**	**7,099**	**3,828U**	**35,828**	**64,363**	**28,535U**
Total Net Cash flows	**(5,577)**	**(3,531)**	**2,046U**	**50,335**	**(53,094)**	**103,429F**
Opening Cash	191,818	86,339	105,480F	135,902	135,902	0F
Total Net Cash flows	(5,577)	(3,531)	2,046U	50,335	(53,094)	103,429F
Closing Cash	**186,241**	**82,808**	**103,434F**	**186,239**	**82,808**	**103,431F**
ADHB Cash				180,699	76,605	104,094F
A+ Trust Cash				5,195	5,857	662U
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits				347	346	1F
				186,241	**82,808**	**103,433F**
ADHB Short Term Investments 3 > 12 months				0	15,000	15,000U
A+ Trust Short Term Investments 3 > 12 months				17,588	16,394	1,194F
ADHB Long Term Investments				-	-	0F
A+ Trust Long Term Investment Portfolio				17,239	15,970	1,269F
Total Cash & Deposits				**221,067**	**130,171**	**90,896F**

Planning Funding and Outcomes Update May 2021

Recommendation

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 31 March 2021.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding and Development Manager, Children, Youth & Women), Meenal Duggal (Funding & Development Manager, Mental Health and Addiction Services), Leani Sandford (Portfolio Manager, Pacific Health Gain), Raj Singh (Project Manager, Asian, Migrant and Former Refugee Health Gain), Shayne Wijohn (Acting Funding and Development Manager, Primary Care and Māori Health Gain Manager)
Endorsed by: Dr Debbie Holdsworth (Director Funding) and Dr Karen Bartholomew (Director Health Outcomes)

Glossary

AAA	-	Abdominal Aortic Aneurysm
AF	-	Atrial Fibrillation
ARC	-	Aged Residential Care
ARDS	-	Auckland Regional Dental Service
B4SC		B4 School Check
CALD	-	Culturally and Linguistically Diverse
CVD	-	Cardiovascular Disease
DHB	-	District Health Board
ECE	-	Early Childhood Education
ESBHS	-	Enhanced School Based Health Services
GP	-	General Practitioner
HBHF	-	Healthy Babies Healthy Futures
HC	-	Health Coach
HCSS	-	Home and Community Support Services
HPV	-	Human papillomavirus
HVAZ	-	Healthy Village Action Zones
LARC	-	Long Acting Reversible Contraception
MELAA	-	Asian & Middle Eastern Latin American and African
MMR	-	Mumps, Measles and Rubella
MoH		Ministry of Health
MSD	-	Ministry of Social Development
NA-HH		Noho Āhuru – Healthy Homes
NCHIP	-	National Child Health Information Platform
NGO	-	Non-Governmental Organisation
NIR	-	National Immunisation Register
NRHCC	-	Northern Region Health Coordination Centre
PFO	-	Planning, Funding and Outcomes
PHO	-	Primary Health Organisation
RhF	-	Rheumatic Fever
UR-CHCC	-	Uri Ririki - Child Health Connection Centre
WCTO	-	Well Child Tamariki Ora

1. Purpose

This report updates the Auckland District Health Board (DHB) on Planning and Funding and Outcomes (PFO) activities and areas of priority, since the last update provided on 31 March 2021.

2. Planning

2.1 Annual Plans

The first draft of the 2021/22 Annual Plan was submitted to the Ministry of Health (MoH) on 11 March 2021. Feedback on the first draft was received on 9 April from the MoH and this has mostly been addressed with key contributors and further updates made to meet the requirements contained in the latest Planning guidance.

The following sections were updated and resubmitted separately to the MoH on 7 May:

- actions to improve sustainability and information on the financial impacts of the actions identified
- information on FTE movements that were expected to be included in the service change section of the plans and also in the supporting narrative requested to be provided with summary financial templates
- financial information
- completed production plan.

Draft 2 of the 2021/22 Annual Plan will be presented to the Board at their meeting on 26 May for consideration and review. This is to be circulated to the Board for final approval prior to being submitted to the MoH on 25 June 2021. Feedback on the second draft is expected by 16 July from the MoH. The Plan will subsequently be updated based on this feedback and resubmitted for Ministerial approval.

2.2 Annual Reports

Audit NZ have performed their interim visit in early May, and we are working with the auditors to complete the 2020/21 audit process.

3. Primary Care

3.1 Response to COVID-19

Our team remain heavily involved in the primary care rollout of the COVID vaccination. The primary care approach led by the Northern Regional Health Coordination Centre (NRHCC) is to enlist a small number of practices across metro Auckland that meet a set of agreed criteria, and work with these practices to start vaccinating their enrolled and neighbouring non-enrolled population as per national sequencing. This will give us an idea of how, operationally, safely and logistically, vaccinating will work in this sector. In addition to general practice, a similar process is being undertaken with community pharmacies. It is expected that once both general practice and pharmacy are vaccinating, they will account for 12% of all COVID vaccinations in the region.

Of the 16 selected practices for the first tranche, five are in the Auckland DHB catchment area, and cover some of our most isolated communities with selected practice on Waiheke and Great Barrier. To date, only Waiheke Medical is up and running in the Auckland DHB area and they have completed 357 vaccinations. (Note that local vaccination centres are operational in Auckland city also).

We will work alongside the NRHCC to contract these practices/pharmacies and ensure they are paid seamlessly for the vaccinations that they do. Following this initial tranche of practices, a wider

primary care roll out will commence in preparation for the scheduled wider population roll out in July 2021.

4. Health of Older People

4.1 Aged Residential Care

COVID-19 vaccinations for aged residential care (ARC) residents and staff are underway. An outreach model is being used with vaccination teams visiting facilities to vaccinate residents and staff. Staff also have the option of attending a community vaccination centre. The programme rollout encompasses Metro Auckland and the initial ARC facilities to receive vaccinations were located in Counties Manukau DHB with the programme scaling up across the three metro Auckland DHBs over May. Each outreach team coming on-board receives a three-day induction programme that includes orientation to the ARC setting, cold chain education and the operations of an outreach team. The makeup of the outreach teams is a cold chain coordinator, vaccinators, administrators (to enter information into the COVID-19 Immunisation Register) and a registered nurse observer. Supplementary models using community pharmacy providers are also progressing to enable as timely as possible rollout.

4.2 Home and Community Support Services

Home and Community Support Services (HCSS) support workers are able to receive COVID-19 vaccinations at community vaccination centres and this workforce has been receiving invitations to attend a vaccination centre since the 12 April.

Work is underway to transition to the new national service specification for HCSS including adopting new service response and using a new triage tool for non-complex and complex clients.

The HCSS case mix cost model is being re-calculated to determine the daily rates for each case mix category for the 2021/22 contracts taking account of forecasted client numbers, complexity changes, and average hours per category.

PFO has been participating in the Technical Working Group to determine the pay equity uplift for 2021/22. This is the final year of current Settlement Agreement.

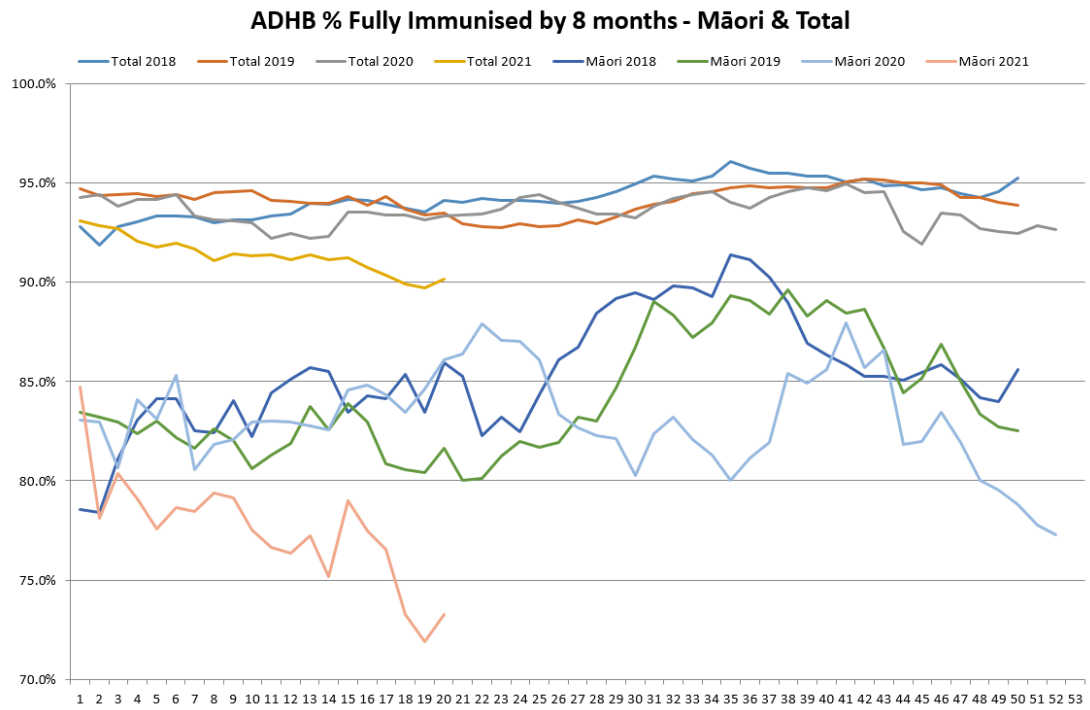
5. Child, Youth and Women's Health

5.1 Immunisation

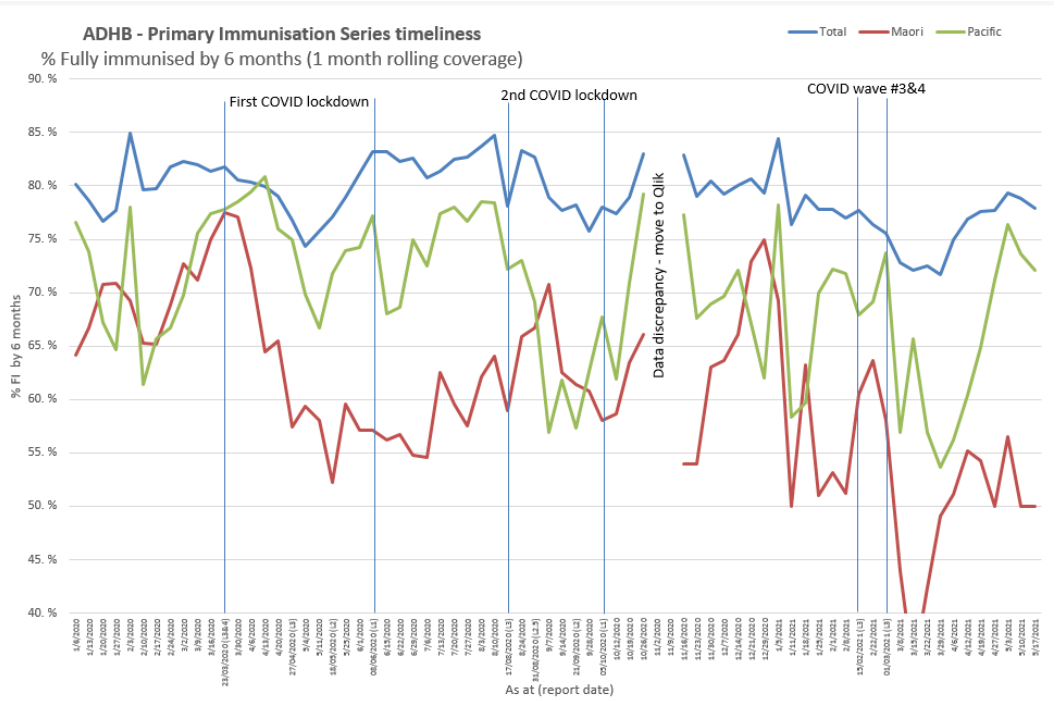
5.1.1 Childhood Immunisation Schedule Vaccinations

As previously indicated, COVID-19 has had an impact on immunisation coverage – the impact on on-time immunisation is being reflected in the coverage at 8 months. Auckland DHB did not meet the 95% target for Q3 2020/21, with 92% for the total population and 81% for tamariki Māori – at the same time last year, coverage was 94% for the total population and 84% for tamariki Māori.

As immunisation is prone to seasonal fluctuation, a comparison of the week on week changes since 2018 are shown below. The graph demonstrates the effect COVID and increased vaccine hesitancy has had on immunisation coverage, with the impact being stark for Māori tamariki.



PFO continues to monitor the impact on “on-time” immunisation as measured at 6 months of age; particularly the rolling 1-month coverage, which demonstrates the “real time” coverage although, is more prone to fluctuation due to smaller population size. As demonstrated by the graph below, coverage has fallen during the lockdowns, with recovery as we have moved into level 1, however the drop in coverage is more sustained for tamariki Māori. Another drop occurred around the festive season, which fit with the pattern of previous years due to competing family priorities and practices not being open, there had been recovery until we had the third COVID lockdown. When looking at the more stable 3 month coverage (not graphed), we are continuing to see a drop off in coverage for total population, some recovery for the Pacific population, however Māori coverage has not recovered.



The ethnicity insights from the Qlik platform demonstrate some improvement in vaccine hesitancy for tamariki Māori, although at 7.5% as at 17 May 21 they remain more than twice the rate of opt-off and decline compared to non-Māori (3.1%). Review of other DHBs reflects that we are not alone with high Māori decline rates, with other DHBs experiencing rates as high as 18% at 8 months (Whanganui DHB). Reports from the sector continue to reflect the impact of a viral video by a Māori social media influencer, as well as rhetoric from some church groups and political candidates against immunisation having an impact. We have requested assistance from the MoH at a National level to promote immunisation and address vaccine hesitancy. We are also working with our colleagues in Counties Manukau on hosting a hui of Māori child health providers to identify the factors for vaccine hesitancy and delay, and strategies to address these – this is being planned for mid-June.

We have been working with our PHO colleagues to support them with data access with the move to the Qlik reporting platform. The next focus is ensuring all PHOs can access identifiable lists of their Māori tamariki to ensure focus is directed to this area. Unfortunately, the MoH unexpectedly made drastic changes to the Qlik platform which has meant a lot of this training and effort is now redundant. We are working with the MoH to ensure that the platform is fit for purpose and enables not just a target view, but also a population view. There continues to be some data discrepancies with the move to the Qlik platform following immunisation schedule changes.

We are working with our PHO and IMAC colleagues on a fridge magnet concept, with support from Waitematā DHB comms. The concept is that the magnet will be sent out with the “welcome to NCHIP/NIR” letter to all new-borns, providing a visual reminder of the upcoming immunisations.

5.1.2 Measles

Work as part of the national MMR catch-up focused on 15 to 30 year olds, particularly Māori and Pacific, continues, with the Auckland strategy to increase awareness of the need to be immunised and increasing access to the vaccine.

We have seen a positive upswing in vaccinations given in March and April 2021 as the school and tertiary institutes components of the programme are rolled out. Since the campaign was soft

launched by Minister Genter in July 2020, 1,422 MMR doses had been recorded on the NIR for Auckland DHB 15 to 30 year olds. Of these 136 were to Māori and 272 to Pacific. Family Planning and the Regional Sexual Health clinic are now contracted to provide MMR alongside routine services.

The DHB MMR team have given 583 MMR doses across the Auckland and Waitematā settings, taking a holistic approach and offering a catch up of Boostrix (pertussis, 129 vaccines) and HPV (202 doses) in schools and meningococcal (73 doses) in tertiary residential facilities. To date, 117 Counties DHB domiciled patients will also have been immunised by the Auckland DHB/Waitematā DHB MMR project in both schools and tertiary locations. A further 40 people have been immunised by the Auckland DHB/Waitematā DHB MMR team in the tertiary setting where their records have them as domiciled outside of Metro Auckland, which is common in tertiary settings.

The MoH sent all DHB Chief Executives a letter on 30 March 2021 regarding vaccination priorities for DHBs, which are "Covid-19 and childhood immunisation including outreach and school based and BCG". However, the advice recognised some DHBs might find the competing vaccination priorities challenging and provided guidance that allowed a short term reduced focus on the National Measles Immunisation Campaign until October 2021. The advice noted that DHBs with the ability and the infrastructure in place to continue to deliver the MMR campaign over the next few months, to proceed as planned. The MoH have indicated that the programme is likely to be extended to March 2022.

We will not be taking the opportunity to reduce our focus on the programme given significant concerns it will be nearly impossible to 're-start' the programme should it be delayed. This decision also recognises that both Waitematā and Auckland DHBs actively championed a national campaign based on the clinical risk associated with the under vaccinated population, most recently during the 2019 measles outbreak. While the borders are not fully closed, an imported case remains a possibility. When the borders re-open, there will be an on-going risk of measles outbreaks occurring due to the under-vaccinated cohort. Both the World Health Organisation and UNICEF have indicated Covid-19 has created a disruption to the delivery and uptake of immunisation worldwide. The resultant drop in immunisation coverage increases the likelihood of outbreaks of vaccine preventable diseases. The most immediate concern would be an outbreak of Pertussis particularly given the limitation on paediatric intensive care beds. Pertussis follows a three-year epidemic cycle the most recent in 2017 -2019 and we would be due another one on the usual outbreak cycle.

5.1.3 COVID vaccine

The NRHCC continues to lead the COVID vaccine rollout across Metro Auckland. The Senior Programme Manager – Child Health has been seconded as a Project Manager. The Immunisation Programme Manager is supporting the cold chain establishment at the new vaccine clinics, as well as the conversations as primary care comes on board with clear expectations that this vaccine programme cannot disrupt the childhood immunisation events.

The MoH has confirmed the replacement for the National Immunisation Register (NIR) – the "National Immunisation Solution" will be released to support the COVID-19 vaccination information and then will be extended to include replacing the entire NIR by early 2022. We await an update on progress as continue to undertake many workarounds for the legacy NIR platform.

5.2 Uri Ririki – Child Health Connection Centre

The Uri Ririki - Child Health Connection Centre (UR-CHCC) and National Child Health Information Platform (NCHIP) is starting to deliver real and tangible results. A total of 38 Auckland babies previously missing from the NIR were identified via NCHIP and linked in with GPs or outreach for immunisation follow up in Q3 20/21. We continue to follow up children with Ministry of Social

Development (MSD) for babies who were previously unable to be located by any of the child health service providers.

NCHIP data is now actively being used to investigate which babies are missing their first Well Child Tamariki Ora (WCTO) core check (4-6 weeks). Following a data quality check, priority is given to Māori, Pacific or babies living in areas of high deprivation (Quintile 5) for direct whānau contact to link them with an appropriate WCTO provider of their choice. A 6-month evaluation of this New-born Enrolment Process project is planned for March 2021.

As at 30 March 2020, Auckland DHB received 1631 referrals to Noho Āhuru – Healthy Homes (NA-HH). This included 6168 family members getting access to healthier home interventions. Of the referrals received, 572 (35%) were for families with a new-born baby or hapu woman.

Targeted initiatives to promote referrals into the programme are being implemented. Quality improvement opportunities identified in the recent audits of the service are being reviewed with consideration of targeted training and possible system improvement plans being developed.

5.3 Well Child Tamariki Ora and B4 School Check

Comparison of WCTO core checks data for Q3 of 2021/21 and that of 2019/20 as shown in the table below shows that Well Child Tamariki Ora (WCTO) providers have managed to catch up those tamariki that had missed their core checks during the lock downs. Overall, for Q3 of 2020/21, the Auckland DHB WCTO services delivered 3,232 core checks compared to 2,457 for Q3 of 2019/20. Auckland DHB will be working closely with the providers to make sure that there are no outstanding core checks.

WCTO Core checks Q3 2020/21 and Q3 2019/20

	Asian	European	Māori	Pacific	Other	Unknown	Total
Q3 2020/21	383	533	1,154	1,016	110	36	3,232
Q3 2019/20	285	358	980	706	111	17	2,457

The WCTO core checks in the table above do not include Plunket data. The MoH funds Plunket directly, however, Plunket is now required to share some information with the DHBs and therefore we expect to have some monitoring data from them going forward. Auckland DHB is working with Plunket to establish a process of data sharing.

COVID-19 alert levels have impacted B4 School Check (B4SC) services but the B4SC provider has worked hard to catch up the tamariki. Auckland DHB achieved the 67.5% target for the High deprivation for Q3 of 2020/21 but did not meet the Māori, Pacific and eligible total population target. The Auckland DHB B4SC provider indicated that the target was not met largely due to COVID-19 and the lockdown periods Auckland has experienced, as well as the reduced contact numbers in alert level 2. When face-to-face visits are not allowed (during level 3) or when the provider needs to limit numbers to ensure they can thoroughly clean between each client (during level 2) the numbers of children they are able to see is reduced.

Furthermore, the provider indicated that some families remain reluctant to see them – especially families who were involved in the Papatoetoe cluster and the Kmart cluster. They want to protect their families and limit interactions with people outside the home. The provider also indicated that they have had an increase in staff sickness due to COVID-19 like symptoms, as well as having staff off work for 14 days after being identified as casual plus contacts in the previous Auckland outbreak.

To meet the target, the provider continues to prioritise Māori, Pacific and Q5 families and following up on families that were seen via zoom. The provider is offering clinic visits as well as home visits.

They see a child in their Early Childhood Education (ECE) if that is what suits the parent. They are also offering virtual visits to those families who are still concerned about face-to-face visits due to COVID-19.

The table below shows that all the B4SC targets for Q3 of 2020/21 were higher than those of Q3 2019/20. It is positive to note that despite COVID-19 lockdowns, Auckland DHB achieved the 67.5% target for the High deprivation.

B4SC Comparison Auckland DHB Q3 2020/21 and Q3 2019/20

Percentage of eligible population checked	High deprivation	Māori coverage	Pacific coverage	Overall coverage
Q3 2020/21	67.6%	66.0%	66.4%	61.7%
Q3 2019/20	58.9%	63.5%	63.8%	59.5%

Auckland DHB has continued to achieve the Health Target with 100% of obese children identified in the B4SC programme being offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions in Q3 of 2020/21.

5.4 Rheumatic Fever

Work is on-going for the four short-term/high impact initiatives in the Auckland DHB and Waitematā DHB regions in support of managing Rheumatic Fever (RhF) as follows:

- *Identification of culturally safe ways to increase referrals to NA-HH initiative.* A procurement process has been completed to recruit both kaupapa Māori and Pacific researchers who will use guidance from families to develop resources. Planning is underway to gather insights from health workers who will be 'end users' of the resources
- *Piloting of whānau support worker programme*. Work is underway to develop a service specification for this programme alongside the nursing service, which will partner with the social workers in NA-HH, as there are synergies between the two programmes.
- *Piloting dental health services for adults with Acute RhF / Rheumatic Heart Disease*. Early costings and pathways are being developed for hospital-based clinics and community based clinics.
- *Finalisation, evaluation and release of 'fight the fever' mobile app.* The app has been launched and young people on monthly bicillin injections are now being recruited to the evaluation.

The project manager is working with a Public Health Physician Registrar on opportunities for increasing awareness, which may include schools and pharmacy settings.

5.5 Oral Health

The Auckland Regional Dental Service (ARDS) is the provider of universal oral health services for pre-school and school age children across metropolitan Auckland. There are approximately 280,000 children enrolled with the service. Services are delivered from 83 clinics, which are primarily located in schools. The majority of children are seen while they are at school, without a parent or caregiver present.

Enrolment

The enrolment target set by the MoH is 95%. The enrolment rate for Māori preschool children for Auckland DHB is 81%. ARDS is reviewing the automatic enrolment system to increase the enrolment of all babies including Māori.

A data matching exercise with NCHIP showed ARDS current report algorithms did not identify all babies born in the three metro Auckland DHBs including some Māori babies. It was identified that this is likely because NCHIP pulls NHIs directly from the MoH's feed source, whereas ARDS'

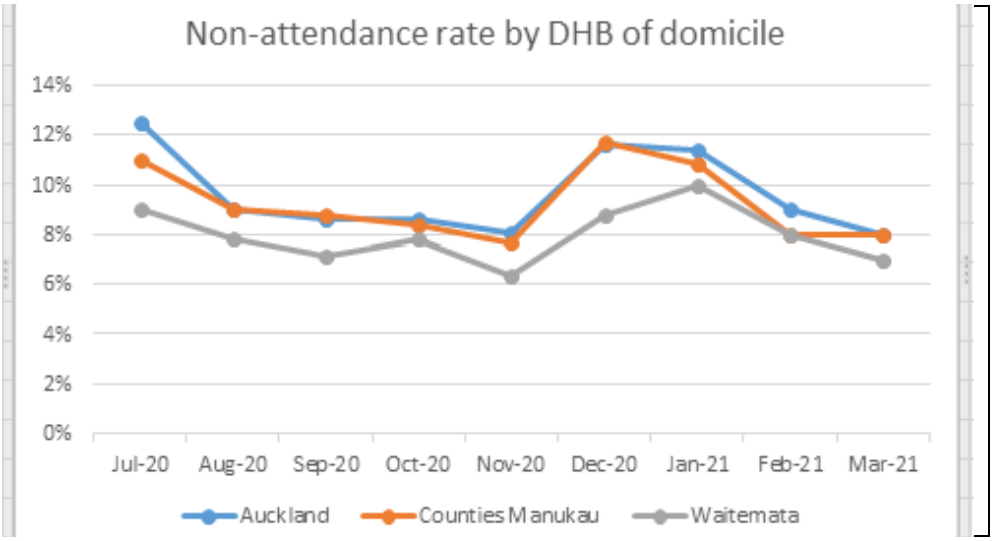
automated report pulls from the DHB birth lists. A data analyst is currently reviewing how ARDS can receive a monthly cross-match of all NCHIP enrolments to ARDS enrolments to:

a) Identify babies enrolled in NCHIP but not in ARDS
b) Automatically enrol these babies into Titanium (ARDS' patient management system)
c) Retrospectively do a one-off analysis of babies enrolled in NCHIP but not in ARDS and enrol them into Titanium.

In addition, when babies are automatically enrolled into ARDS from birth lists, their ethnicity reflects their mother's ethnicity only. This means if a baby's father is Māori and the mother is not, the baby will not be recorded as being Māori in ARDS. This will affect the proportion of babies identified as Māori recorded in our database. ARDS' Standard Operating Procedures now reflect the need to confirm the ethnicity of all children at the time of booking their appointment.

Non-attendance rate

Over the past two years, there has been a significant focus on improving the systems and processes that support equity and attendance. These initiatives have resulted in a significantly improved attendance rate. As demonstrated in the graph below, non-attendance rates have improved across all ethnicities though, the gap between Māori (15%), Pacific (15%) and other (4%) children is still present. The overall non-attendance rate is reduced to 7.7% for Auckland DHB.



Long waiting children

The volume of long waiting children, those who last attended ARDS prior to 2018, across metro Auckland has reduced by 13%, with 1,454 less children appearing on this list over the last month. The service continues to prioritise children who are most overdue. In addition, the Discharge Management Process is now well established in ARDS. Currently, there are 1,615 long waiting children in Auckland DHB.

Timeliness

The growth in arrears (not seen on time) has been stabilised with the service maintaining an arrears percentage of 62% in March. The service will continue to reallocate resources during the school term time to ensure children with the highest clinical needs are prioritised, of which Māori and Pacific children are over-represented. The table below outlines the percentage of children in arrears by ethnicity and DHB of domicile as of 31 March 2021.

DHB	Māori	Pacific	Asian	Other	Total
Auckland	61%	62%	59%	62%	61%
Counties Manukau	65%	64%	59%	62%	63%
Waitematā	61%	64%	60%	63%	62%
ARDS TOTAL	***62%***	***63%***	***59%***	***62%***	***62%***

5.5.1 Maternal Oral Health Project - Hapu Māmā Oranga Niho Ki Tamaki

A total 184 referrals were received by the service by March 2021. Of these, nine referrals did not meet the eligibility criteria and seven declined to take part in the service. Of the 168 wahine who are accepted into the service, 16 have completed their episode of care. The remaining are currently under treatment (109) or have their initial appointment booked (43). A majority of booked appointments (69%) have been with the dentist, compared with 31% with the therapist. The length of appointments reflects the needs with an average appointment being 45 to 60 minutes long. A majority of active referrals are Pacific (49%) and Māori (40%) wahine. Nearly half of wahine seen by the service are aged in their 20s and are 41% in their 30s. About 2% are in their late teenage years and 3% are in their 40s.

Based on the initial examination of those seen, 85% of women had untreated dental caries on 1 or more teeth. Alarmingly no one had healthy gums with 55% of women having periodontal disease (advanced form of gum disease) and 45% with gingivitis (mild form of gum disease).

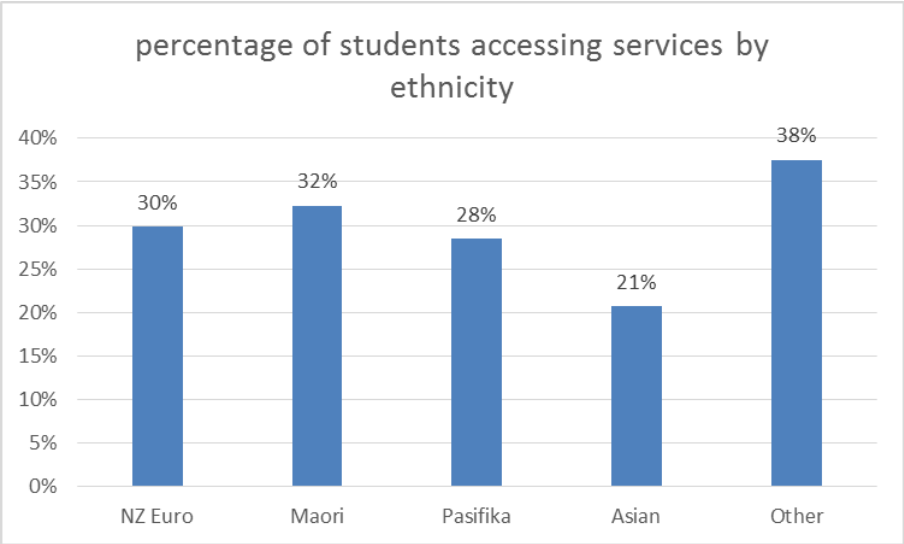
5.6 Youth Health – Enhanced School Based Health Services

The Enhanced School Based Health Services (ESBHS) programme is delivered in ten mainstream secondary schools, Alternative Education settings and the Teen Parent Unit. The programme provides youth friendly, confidential, and easy to access health services – the nurse is available at school every day, supported by a visiting general practitioner and clinical psychologist. Through this programme about 9,000 secondary school students have improved access to primary healthcare in Auckland DHB.

The model involves a contract between the DHB and school to fund and employ appropriately qualified nurses and set expectations, such as all Year 9 students having a bio-psychosocial HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) assessment to identify unmet health needs.

HEEADSSS completed by ethnicity

The graph below shows the percentage of completed HEEADSSS assessments in Auckland ESBHS schools in Term 1 by ethnicity.



5.7 Contraception

We continue to promote the opportunity to provide funded LARC services in the community. Steady increase in providers is positive, with some high needs geographic locations requiring more work. MoH is leading work to clarify training expectations for the provision of LARCs and clarify the pathway. We are participating and supporting this initiative. MoH funding for targeted provision of LARCs going forward is not yet confirmed but it has been indicated that funding will continue. Online training modules from Family Planning Associations National Contraception Training Service are available. Contraception counselling module is now available to all health care professionals. We understand that other e-learning modules will become available more widely and we will promote their uptake. Delivery of practical training has been progressed in partnership with ADHB women's health and feedback from participants has been very positive.

5.8 Cervical Screening

Cervical Screening coverage across New Zealand including Auckland DHB continues to decline and is below the national performance target of 80%. In the Auckland DHB area, 68.6% of eligible women were screened in the three years ending 31 March 2021. Of critical concern, the coverage rate remains inequitable for Māori at 57.1%, a 22.9% difference from the performance target. Coverage for Pacific and Asian women also remains inequitable at 59.8% and 58.3% respectively (noting that there is currently no outcome inequity for Asian women, however this remains for both Māori women and Pacific women).

We welcome the Government pre-budget announcement on the funding for human papilloma virus (HPV) primary screening, including HPV self-testing. Waitematā DHB and Auckland DHB have led two trials of HPV self-testing which have contributed substantially to the evidence base for decision-making, and will continue to contribute to the implementation planning.

COVID-19 restrictions have had a significant impact on completion of cervical screens which are largely provided in primary care. Of greatest concern however are the women who have never been screened or have not been screened for five years or more. To support an equitable return to cervical screening among Māori and Pacific women, the MoH has notified of two planned initiatives including additional funding to provide free and accessible cervical screening for Māori and Pacific women and a campaign to increase screening uptake. A modest additional fund will be allocated regionally based on composition of the eligible population by ethnicity, areas with the highest assessed COVID-19 impact on screening coverage and areas with the highest pre-COVID-19 equity gap. The screening

campaign will be developed in collaboration with a sector advisory group and it will build on the Start to Screen campaign. Preparation for implementing some equity targeted catch up has commenced, however we are yet to receive contracts from MOH outlining the parameters to progress this.

Evaluation of voucher incentives for cervical screening was planned for this quarter has not been progressed as it is still awaiting approval from the National Hauora Coalition research office. This is planned to be progressed as soon as approval is granted.

5.9 Breast Screening

The new Breastscreening site Kia Ū Ora has had a successful first month of operation with a strong equity focus. For Auckland, wahine Māori are 7% of the eligible population but wahine Māori make up 13% of those screened and Pacific women are 10% of the eligible pop but are 19% of those screened.

6. Mental Health and Addictions

6.1 Rapau te Ahuru Mowai – Homelessness Transitions Pilot

On 10 February 2021, MoH entered into a contract with Auckland DHB to deliver the Rapau te Ahuru Mowai/Homelessness Transitions Pilot. Auckland DHB Mental Health Service is one of two pilot sites to deliver this pilot nationally (Waikato DHB being the other site).This pilot is an action from the Aotearoa New Zealand Homelessness Action Plan, a central government-led and cross-agency plan that has been developed to prevent and reduce homelessness. The pilot seeks to address the urgent issue of people stuck in inpatient services who no longer clinically need to be there but are homeless and without a suitable discharge address. The central goal of the Pilot is to help strengthen and improve the responses of Mental Health Inpatient Units when discharging service users/tāngata whaiora (who have experienced or are at risk of homelessness) back into the community.

The Homelessness Transitions Pilot will take place over 4 years and help approximately at least 70 people transition from Auckland DHB acute mental health and addictions inpatient units into the community, with housing and other wraparound support.
The key components of the Pilot include:

- flexible home-based services, tailored to meet the unique needs of individuals in scope for this initiative
- provision of housing through access to the public and private market/social or supported housing
- provision of mental and physical health services
- provision of broader support services

The Pilot aims to support adults with complex mental health and addictions and other needs requiring specialist health services to gain and maintain wellbeing in a community setting. The target cohort includes adults who:

- are transitioning out of acute mental health and addictions inpatient units
- are homeless or do not have suitable accommodation
- have wider wellbeing support needs
- who are able to live in the community with support

A high proportion of tangata whaiora who have an extended stay in mental health and addictions inpatient units are Māori. The Homelessness Transitions Pilot initiative will include a focus on providing culturally appropriate support that responds to the needs of Māori.

PFO has completed an open procurement process for a joint proposal for both aspects of the Pilot (Wrap-around Services and Property Sourcing and Housing Co-ordination / Tenancy Management Services). Two providers have been selected and contract negotiations are underway, with an intended contract start date in May 2021.

6.2 Suicide Prevention update:

Many people who are thinking of suicide seek help from whānau and friends, and need whānau support to increase their wellbeing or seek further support. Whānau are able to recognise members experiencing suicidal distress and feel confident to talk to them about their situation and know how to help them access further support. We facilitate regular trainings on suicide prevention throughout the year and in the last quarter we supported two organisations to deliver relevant trainings. Le Va delivered Mana ake ake which is a Lifekeeper training focusing on building whanau capability in Maori community at Waitakere area. Blue Print delivered Mental Health 101, a programme giving people the confidence to recognise, relate and respond to people experiencing mental health challenges. This training was well attended by participants from organisations within Auckland DHB who lack mental health knowledge but are in ideal place to assist people in their community.

Clinical Advisory Services Aotearoa (CASA) was supported by Auckland DHB to deliver Aoake Te Ra, information Hui, and then followed up with one day of workshop. This workshop was attended by a number of local providers that potentially can deliver this counselling service; a free, brief therapeutic service for individuals and whānau needing specific support for bereavement by suicide. Whānau support for those bereaved by suicide: The whanau support coordinator has now been in position for six months. Here are the main progress updates:

- Review of the notification pathway and addition to this taking on the lead role for coordination of support for whānau following a suicide, this has progressed to be trialled however this is dependent on the relationship and information sharing across the network by Victim support.
- Working through the trauma investigation process in Auckland DHB, Whanau support coordinator now a part of the investigation process within Auckland DHB and working well connecting whānau through the investigation process.
- Engaging with external stakeholders to engage better with whānau after a suicide and develop referral pathways for whānau
- Engaging with CASA regarding contagion identification and establishment and promotion around Aoake Te Ra. Also supporting the roll out of registration of professionals across the Auckland region.
- Engaging with the wider stakeholder group in response to a contagion identified across the region – stakeholder came together through a facilitated process to wrap a support package around the whānau.
- Whanau support coordinator meeting with all Governance boards across the DHB for education around the postvention roll.
- Creation of a service model of care for the Whanau support coordinator role. This position would like to lead a KIND response to the bereaved and lead with direct contact with whānau providing a Koha with a no obligation offer of support. This is currently in its final draft; this service has been gifted a name of Hapitia.
- Working alongside and in partnership Kenzie's gift (bereavement support for children) that already distribute and have prepared written whānau booklets after bereavement, these have been very useful and very receptive by the whānau and the children in the whānau.
- Over the past three months have made 29 separate visits to NGO partners across Auckland to meet and greet and inform them about the role of Whanau support.
- Whanau supported over in the last quarter are:
    - 16 whānau referrals into the Whanau support coordinator
    - 18 adults – supported together or 1:1

- 19 children in the whānau households
- Referrals made to Aoake Te Ra, Grief support Centre, Tu tangata Tonu, Kenzie's Gift, Asian mental health services, funeral homes and funeral directors, local peer support services.

Zero Suicide Framework:
The Zero Suicide Framework project has resumed as of the 2021 calendar year after been placed on hiatus during Covid-19 health system response. Cultural fit and equity assessment has resumed. It is expected that the review and adaptation of the framework for cultural fit will be completed by the end of 2021 calendar year. The Activities this quarter include briefing leadership, project plan re-development, establishing governance group with effective contribution from lived experience / whānau group.

7. Pacific Health Gain

7.1 Pacific Regional response to COVID-19

The Pacific team is working on a range of NRHCC Pacific COVID-19 response initiatives that support access, engagement and equity of Pacific health outcomes. Two Pacific Locality Vaccination Centres have been set up in Otara and Westgate, Massey. Work to promote and support Pacific communities to access the specific Pacific centres and other vaccination sites in local areas aligned to the vaccine roll out plan is being undertaken.

Across the metro Auckland region, work is underway to engage with a diverse range of Pacific communities including church ministers and their congregations about the COVID-19 vaccine and the booking process. A team comprising a GP, nurse and member of the NRHCC booking team is visiting community groups starting with several Samoan church denominations to share information about the vaccination sites and booking process. As result of this engagement, the team received a request for group and family bookings that it suggests will improve access to the vaccine. The Samoan Congregational Christian Church Maungakiekie synod was the first group booked to receive their first COVID vaccine. This organisation consists of nine church communities across the Auckland DHB region. Media coverage of the group vaccination was reported and aired on TV1, TV3 and other media channels. Further group bookings are planned.

7.2 Pacific Mobile service

The Tongan Health Society Pacific Mobile service has engaged with the fourteen Healthy Village Action Zone (HVAZ) churches to discuss the COVID-19 vaccine roll-out plan. Health education sessions have included information about the vaccine and the possible side effects that might be experienced after receiving the vaccine. The Tongan Health Society continues to deliver services at both church and home settings actively following up with people by phone and text messages when appointments are missed. A range of other services were delivered included flu vaccinations, 14 smoking cessation education sessions, 82 general health advice, 26 wellbeing assessments, 26 long term condition assessments, referrals to social services and mental health services. The location of service delivery spans across Auckland with majority residing in Auckland Central.

7.3 MMR Vaccination plan

The MMR vaccination plan includes a variety of opportunities to work with community groups to champion key messages to the target audience 15-30 years. The Pacific team is working with a Samoan youth group and a Tongan youth group to run a pacific specific MMR catch-up campaign. The aim of the campaign is designed to educate and promote awareness initially amongst Samoan and Tongan individuals, families and communities and across other Pacific specific ethnic groups. The

Tongan youth group performed a 15 minute item promoting MMR key messages on the Tongan village stage at The Pasifika Festival. The Prime Minister and members of Parliament together with local board members attended, witnessed and acknowledged their great work in promoting the MMR catch-up campaign.

7.4 Self-Management Education/Diabetes Self-Management Education Programmes.

Three Self-Management Education/Diabetes Self-Management Education programmes were completed in April 2021. Two of the programmes were delivered in the Tongan language with one delivered in English to a pan pacific group. The Pan Pacific group is made up of Fijian, Cook Islands, Rotumann and Samoan participants. A total of 94 participants completed the programme of which 86% of the participants experience multiple long-term conditions.

The participants were grateful for a programme that allows the voices of consumers to be heard and shared. They are encouraged to think positively and make healthy changes to help them in self-managing their long-term conditions.

7.5 Fanau ola Integrated services

By the end of March, 67% of the target number of client enrolments had been achieved. Providers reported working with a range of clients presenting with pre-existing Type I or Type II diabetes and gestational diabetes. Diabetes awareness & education, nutrition advice, education about the importance of medication adherence especially in the management of diabetes was delivered in addition to addressing other issues such as social and housing needs.

7.6 Rheumatic fever

The Pacific team is working with the Child Health team to provide appropriate advice and information about approaches to reach, engage and connect with Pacific people. A meeting with the MoH took place in April to discuss reporting and to explore more creative ways of reaching identified target audiences, Maori, Samoan and Tongan populations.

7.7 Pacific smoke free project

The Pacific team continues to support Stop Smoking Services – Pacific Community Based Treat Project with The Fono (Ready Steady Quit service) to provide support to churches and community groups to host and coordinate stop smoking groups for their communities. The project is across Waitematā and Auckland DHB areas.

8. Māori Heath Gain

8.1 Māori Mobile Units

From 4 January 2021, a new contract was put in place with Ngati Whatua o Orakei to provide a kaupapa Māori, nurse led mobile unit in Auckland DHB. The previous service had been put in place to focus on influenza vaccinations for kaumātua, however, due to the timing of the new contract and whānau needs from the numerous lockdowns and pandemic related complications an emphasis was also placed on the holistic wrap around services available to whānau. Services which have been offered, include:

- Opportunistic vaccinations for priority groups (including children, adolescents, pregnant women, elderly, front line and disability workers)
- ‘Strep throat’ management (swabbing and Rheumatic Fever management)
- Skin infection management
- Risk assessment and swabbing for COVID-19
- Wellbeing/social assessment

- Health education -particularly around current medication use
- Smoking cessation support and advice
- Tikanga/cultural support

Since January 4, the following services have been delivered:
- Over 200 households contacted
- 315 NIR status checks to determine vaccination status
- 136 Immunisations (with a further 98 which were scheduled, but cancelled by whānau, the service continues to follow these up)
- 79 Flu vaccinations
- 29 patients who were given specific education around immunisations
- 20 MMR Vaccinations
- 5 COVID swabs

Specific education regarding vaccinations has been a particularly positive aspect of the service, with a number of whānau who have previously declined vaccinations deciding to vaccinate themselves or their tamariki following a session with the nurse. Advice given has usually centred on:
- The diseases on the National Immunisation Schedule
- How childhood immunisations work to protect us from these types of harmful diseases
- Other ingredients found in immunisations that are used to enhance the body's immune response (with nurses often pointing out whānau often consume many of these in their kai or baby products)
- The importance of immunising on time.

We are working to expand the capacity of this service, adding another provider in Auckland DHB; this is likely to be active within the next couple of months.

8.2 Māori Pipeline Projects

The Pipeline is one of the three prioritised areas of focus for Kōtui Hauora.

8.2.1 Māori Health Plan Acceleration Projects

Breast Screening Data Match: The project is complete and demonstrated a significant number of Māori women were able to be identified and contacted to offer enrolment in breast screening services. We welcome the recent Government announcement, alongside the HPV self-testing announcement, of an IT system inclusive of a full population register within the next two years. This will mean that data matching with primary care and hospital data will no longer be required to identify Māori women missing out on services.

Cervical Screening High Grade Project: This project is complete and a project report sent to the National Cervical Screening Programme.

8.2.2 New Services

Lung Cancer Screening Project: This is a large-scale collaborative project with Otago University, Waitematā DHB and Auckland DHB, led by Professor Sue Crengle and supported by a Māori-led steering group. The Consumer Advisory Group Te Ha Kōtahi met again recently an approved the new study information sheet and programme logo, supported by Health Literacy NZ. The documents are to be submitted shortly for ethical review, and the pilot is planned to be underway in July. The research team presented and supported the inaugural Aotearoa Lung Screening Symposium, hosted by the Thoracic Society of Australia and New Zealand National (TSANZ). The symposium and presentations were well received and resulted in positive discussions with a range of clinicians and interested stakeholders nationally.

AAA/AF Screening: The completion of the National Hauora Coalition practices is being finalised, and the Pacific AAA/AF trial is progressing well, with more than half the anticipated 750 participants now completed. The Atrial Fibrillation (AF) component of the research was recently presented to the National Screening Advisory Committee, demonstrating a detection rate of 2% for newly diagnosed AF. Anticoagulation (stroke prevention) prescribing for those newly diagnosed with AF was lower than anticipated, and the team are following this up. Kōtui Hauora requested consideration of a AAA screening extension to Northland DHB. The team have met with Northland DHB representatives and agreed to work together on a pilot project to test rural access pathways. Grant funding applications to support this work are in preparation.

8.2.3 New Models of Care

Kapa Haka Pulmonary Rehabilitation: This project seeks to use Kapa Haka as an intervention to improve respiratory fitness and determine whether it can on its own, or augmented, be used as pulmonary rehabilitation. The project developed out of Dr Sandra Hotu's PhD studies. Staffing and venues for the prototype are being confirmed.

Hepatitis C: the MoH have agreed to the Northern Region leading the data match for the country, in close collaboration with the Ministry of Health. Approvals are in progress. The project will support appropriate data matching to enable the re-offer of treatment to those with known Hepatitis C who have no record of receiving treatment. The project focuses on elimination for Māori first, with the clinical team led by a Māori pharmacist and Māori GP. The clinical pathway is currently being finalised with key stakeholders and the engagement coordinators are being recruited.

8.3 Healthy Babies Healthy Futures

The Healthy Babies Healthy Futures (HBHF) programme is on track educating whānau about nutrition and physical activity for their children.

Outlook: Use of funding grants and relationship building

We have supported this network of providers to apply for external funding grants to:

- Build up HBHF e-Learning courses and
- Create a video resource library for live webinars and face-to-face workshops.

Community partnership grants are a part of this programme to allow community groups to lead their own education sessions using HBHF resources and staff members. We are looking to increase these from 6 to 20 partnerships in the new contractual year. This is in line with our broader strategy to empower communities to educate themselves.

The focus for the year 2021 - 2022 in relation to Māori and Pacific providers is on building on-going relationships to deliver the programme through:

- The Kōhanga Reo Trust (Māori) and

- Pacific church groups.

The Asian community continues to have high engagement with their communities with large waiting lists of eager parents ready to learn. The South Asian community have exceeded their targets ahead of schedule.

Table 8: HBHF Key measures – 1st July 2020 to 31st March 2021

	TextMATCH Enrolments		Programme (6 courses) enrolments		Lifestyle reviews collected - 6 weeks post	
COMMUNITIES	**Actual**	**Performance**	**Actual**	**Performance**	**Actual**	**Performance**
Māori	192	112%	96	89%	40	55%
Pasifika	182	106%	124	115%	79	110%
South Asian	242	141%	160	148%	100	139%
Asian	246	143%	396	367%	102	142%
Total	**862**	**126%**	**776**	**179%**	**321**	**111%**

9. Asian, Migrant and Former Refugee Health Gain

9.1 Increase the DHBs' capability and capacity to deliver responsive systems and strategies to targeted Asian, migrant and former refugee populations

The Asian, New Migrant, Former Refugee and Current Asylum Seeker Health Plan 2020-2023 is now published and is available on Auckland DHB website here.

The Asian, new migrant and former refugee health gain project manager continue to support NRHCC and Department of Prime Minister and Cabinet to provide culturally appropriate guidance for COVID-19 vaccination roll out plan and COVID-19 vaccine resources.

The team is working closely with NRHCC and Counties Manukau DHB Communications Team to produce COVID-19 vaccine promotion videos for the Culturally and Linguistically Diverse (CALD) communities. The videos feature health professionals (doctors) who share some basic information about the COVID-19 vaccine and encouraging their respective community members to get the vaccine.

The videos have been produced in the following languages:

- English
- Burmese
- Cantonese
- Hindi
- Khmer
- Korean
- Mandarin.
- Punjabi
- Tagalog
- Urdu and
- Vietnamese

Work is underway to produce these videos in a few more languages, including

- Arabic
- Japanese

The videos have been well received, for instance, the Tagalog video has had over 9,400 views and the mandarin video has had over 5,000 views (for example, the English video is available here).

Important COVID-19 reminders social tiles were made available in a number of languages during the recent outbreaks including Amharic, Arabic, Bengali, Burmese, Gujarati, Hindi, Japanese, Korean, Portuguese, Punjabi, Simplified Chinese, Sinhalese, Spanish, Tagalog, Tamil, Traditional Chinese, Urdu, Vietnamese, Swahili, Somali and English.

We have provided input and linkages for NRHCC's media plan for Asian and MELAA communities.

We continue to advocate for COVID-19 vaccination related resources being made available in different languages. This is to ensure that the Asian and Middle Eastern, Latin American and African (MELAA) communities receive the information in their language from trusted sources. This will help reduce vaccine hesitancy and misinformation.

9.2 Increase access and utilisation to Health Services

Indicator:

- Increase by 2% the proportion of Asians who enrol with a PHO to meet 90% by 30 June 2021

The number of Asian enrolees Q2 2021 has increased by 455 for Auckland DHB, compared to last quarter. The Auckland DHB PHO enrolment is 80%. (The population projections ('2020 Update') used for the analysis of Q2 2021 are based on Census 2018 as for Q1 2021).

2021 Flu Immunisation Campaign

Translated 'Free flu immunisation for people 65 years+' posters have been created to promote the free flu immunisation campaign in the CALD community. The posters are available in English, Arabic, Burmese, Hindi, Japanese, Korean, Simplified Chinese and Spanish. Please see here

9.3 Indicator:

- Increase opportunities for participation of eligible former refugees enrolled in participating general practices as part of the *'Improving access to general practice services for former refugees and current asylum seekers' agreement'* (formerly known as Former Refugee Primary Care Wrap Around Service funding)

We continue to work with Refugee Health Liaison Team and Counties Manukau DHB as the refugee quota programme is reinstated and small groups of refugee families' start arriving for resettlement in New Zealand.

Hospital Advisory Committee Meeting 21 April 2021 – Draft Unconfirmed Minutes

Prepared by: Marlene Skelton, Corporate Business Manager

Recommendation

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 21 April 2021 be received.

Minutes
Hospital Advisory Committee – Provider Equity Meeting
21 April 2021

Minutes of the Hospital Advisory Committee – Provider Equity meeting held via a Zoom meeting commencing at 9:00am

Committee Members Present	**Auckland DHB Executive Leadership Team Present**	
Tama Davis (Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Dr Mark Edwards	Chief Quality, Safety and Risk Officer
Bernie O'Donnell	Dr Michael Shepherd	Interim Director Provider Services
Doug Armstrong	Sue Waters	Chief Health Professions Officer
Fiona Lai	Justine White	Chief Financial Officer
Heather Came	Dr Margaret Wilsher	Chief Medical Officer
Michelle Atkinson	Margaret Dotchin	Chief Nursing Officer
Zoe Brownlie	**Auckland DHB Senior Staff Present**	
	Jo Brown	Funding and Development Manager, Hospitals
	Dr Barry Snow	Director, Adult Medical Directorate
	Jess Patten	General Manager, Adult Medical Directorate
	Joanne Bos	General Manager, Cardiovascular Services
	Ian Costello	Director, Clinical Support Services
	Sam Titchener	Director, Adult community and Long Term Conditions
	Vanessa Duthie	Māori Patient Whānau Experience Lead, ADHB
	Jane Drumm	Co-Chair Consumer Experiences Council
	Iani Nemani	Consumer Advisor, Consumer Experience Council
	Kay Sevillano	EA to Board Chair and Governance Admin
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

KARAKIA

The Karakia was led by Board member Bernie O'Donnell.

1. APOLOGIES

That the apologies of Peter Davis (Board member) and Michael Quirke (Board member) be received.

That the apologies of Executive Leadership Team members Mel Dooney, Chief People Officer, Dr Debbie Holdsworth, Director of Funding – Auckland and Waitematā DHBs, and Shayne Tong, Chief Digital Officer be received.

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

There were no conflicts of interests to any item on the open agenda.

Heather Came

Heather Came, Board member advised that she regularly undertook contract and training work at a number of District Health Boards (DHBs)in regard to racism. Put in context this is part of her regular business. The Committee did not see that this raised a conflict of interest.

Heather asked that diagrams and graphs in reports should use a reasonable font size for ease of reading. Further, she asked that there be consistency in defining acronyms for the benefit of those who were not familiar with the meaning of these abbreviations.

Doug Armstrong, Board member requested that Māori words carry an English translation alongside. He understood that this country was bilingual however, felt that many people would be at a disadvantage when only the Maori is used with no English translation alongside. He doubted the public's ability to fully understand the content in our Open HAC reports.
Bernie O'Donnell, Board Member commented that Te Reo Māori is an official language of New Zealand and translation should no longer be required. Bernie added that most of the Māori words and phrases used in board reports have been used in previous reports for over a year now and board members should be familiar with them by this time.

Tama Davis, HAC Chair acknowledged the variable capability of the different Board members in terms of fluency in Te Reo Māori. Tama commented that continuous socialisation of the use of Te Reo Māori among Board members will help with learning the language so that translation in reports will eventually no longer be required in future.
In the mean time we will continue to include translation included to ensure engagement of Board members. Acronyms will also be defined clearly and consistently in future reports

Actions:

1) **The Hospital Advisory Committee will continue to socialise the use of Te Reo Māori to its members to support learning the language with English translation.**
2) **Report writers will ensure fonts are of a readable size when providing graphs and illustrations in reports.**
3) **Report writers are to provide clear definitions of acronyms consistently throughout their reports.**

3. CONFIRMATION OF MINUTES 17 February 2021 *(Pages 9-24)*

Resolution: Moved Jo Agnew / Seconded Zoe Brownlie

That the minutes of the Hospital Advisory Committee meeting held on 17 February 2021 be approved.

Carried

4. ACTION POINTS *(Page 25)*

Kaiārahi Nāhi rōpū and Pacific Care Navigation Service Evaluation

Dr Michael Shepherd, Interim Director Provider Services reported that the evaluation of the Pacific Care Navigation Service has been completed and the review will be presented at the next Hospital Advisory Committee meeting.

The results of the evaluation of the Kaiārahi Nāhi rōpū service will be available by the middle of June 2021. If the review is completed on time, it may also be presented at the next Hospital Advisory Committee meeting. Otherwise, the review will be circulated to the committee for review.

There were no other action points to consider.

5. PERFORMANCE REPORTS

5.1 Provider Arm Operational Exceptions Report (*Pages 26-28)*

Dr Michael Shepherd, Interim Director Provider Services asked that the report be taken as read, advising as follows:

He drew the Committees attention to an error on page 27, bullet 6 of the report. The sentence should read, "manage the relationship between Ngāti Whātua" instead of "manage the relationship between Ngāti Whātua Ōrākei".

Dr Shepherd said that he would report on COVID and occupancy issues at the confidential Hospital Advisory Committee meeting but was prepared to answer any other questions the committee may have.

Bernie O'Donnell, Board member queried the origin of the concept of "Kaiārahi Nāhi". Tama Davis, Hospital Advisory Committee Chair explained that it was gifted by Māori senior nurses along side Dame Naida Glavish, Chief Advisor Tikanga, Auckland and Waitematā DHBs.

Zoe Brownlie, Board member asked about the launch of the Women's Health Engagement Plan and how it was received by those present at the event. Dr Shepherd replied that following on from the initial hui, there was some unfavourable feedback received around hosting the event via Zoom. Although we recognised that the modality of Zoom was suboptimal, it was important to start the engagement process. The event received mixed feedback from staff. Some were pleased to see the progress taking place, while others felt frustration about issues not being dealt with straight away. Dr Shepherd said it was important not to lose momentum despite the challenges of dealing with COVID and other pressures. He added that further discussion on Women's Health would be provided at the confidential Hospital Advisory Committee meeting.

Jo Agnew, Hospital Advisory Committee Deputy Chair said that she was present at the initial Women's Health Engagement hui. Jo said the event was emotive and signified what the Auckland DHB was setting out to achieve. She witnessed Māori and Pacific experiences and wished that Asian and European experiences were also presented. Over the years as a board member, she had received feedback about the services provided by Women's Health, and

feedback was at times suboptimal.

Zoe Brownlie, Board member asked whether all Auckland DHB employees would receive an invitation to get the COVID vaccine by the end of the week. Dr Shepherd explained that this was not the case because of challenges around data matching and the database available. Employees that have been data matched and entered into the database have been invited to get vaccinated. Approximately 85% of staff are now vaccinated, with about 90 to 95% having been invited. However, there still exists a cohort that has not been captured through data matching. Various forms of communication have been used to reach out to staff who have not received invitations. He explained that there are employees with multiple employment arrangements who are employed as shift workers, who are on leave, or who may have received their vaccination elsewhere, and all this will need to be verified. Overall, the uptake of the COVID vaccine from staff has been positive.

Zoe Brownlie asked if it was possible to find out whether each and every staff member had been invited to get vaccinated. Dr Shepherd explained the data available shows that not everyone has been invited and that it is unlikely that matching data will be available for a small group of employees. A walk-in service, which started this week, has been provided for employees who have not received an invitation. Cascades within the organisation have also been used to reach out to these employees. The second dose of the COVID vaccine will begin next week.

Fiona Lai, Board member asked whether the vaccination centre on level 4 of Auckland City Hospital would remain open to the public after all employees had received their second dose. Dr Shepherd advised that the area would be returned to Clinical training by the end of May and a smaller vaccination centre may be set-up for staff who are late in getting the vaccine and for new employees. A community vaccination site will not be set up in the hospital because of logistical and transport issues.

Resolution:

That the Hospital Advisory Committee receives the Provider Arm Operational Exceptions Report for April 2021.

Carried

5.2 Financial Update *(Pages 29-38)*

In the absence of Justine White, Chief Financial Officer, Dr Shepherd asked that the report be taken as read. He advised that the report was presented at the last Board meeting and since then, no updates had been made.

There were no questions raised.

Resolution:

That the consolidated statement of financial performance for April 2021 be received.

Carried

5.3 Director Equity Update – Adult Medical *(Pages 39-50)*

Dr Barry Snow, Director – Adult Medical Services introduced Jess Patton, General Manager – Adult Medical Services to the committee. He then asked that the report be taken as read, advising as follows:

Adult Medicine, which includes the Emergency Department (ED), General Medicine, Intensive Care, Infectious Diseases, and Respiratory, are where possible and confirmed adult COVID cases are received. Adult Medical Services focused on COVID all of last year with support from the Incident Management Team (IMT). They successfully established within a short period of time, structures to control patient flow, and changed call rosters as required. No healthcare worker from these services were infected by COVID. Despite the low number or absence of cases of COVID in the community, patients with fever or respiratory illness are required to be treated as if they had COVID. The process was resource intensive and at times exhausting for the teams.

The new integrated stroke unit on level 5 opened and early outcome data is currently being reviewed. The length of stay of patients has dropped by approximately 4 days, which was the set target. Based on initial findings, integration appears to be working well.

The service is also prepared for the National Bowel Screening programme.

There has been a change in the Adult Medical Leadership team. Jess Patton and Anne-Marie Pickering joined the team this year.

In terms of developing Resilient Services, the Directorate are in the process of replacing 3 Senior Clinical Directors. Gillian Bishop and Robyn Toomath are retiring. Anil Nair has resigned and accepted the role of Chief Medical Officer at Tairawhiti . Jo Mack who has served as Operations Manager and Service Manager of the hospital for over 40 years is also retiring. Recruitment is ongoing to fill these positions.

The directorate is establishing its own priority plans based on the hospital's overall strategy, with particular focus on resilient services and equity.

Adult Medical services have returned to working to reach the 6- hour ED target which was not strictly adhered to last year due to COVID. However, the unexpected increase in patient numbers has resulted in the need to use 14 more general medical beds compared to 2019 and impacted on patient flow. A new acute flow group has been established to address acute patient flow in the face of increased patient numbers.

Equity and data are essential partners in measuring the actions being taken by the service to address inequity. Based on current data, the measured clinical outcomes for Māori and Pacific patients admitted to hospital are similar to that of patients admitted who are of different ethnicities. The directorate is concerned about current DNA rates and will present a plan at their next HAC presentation. Māori and Pacific patient experience are being actively measured and reviewed.

Jo Agnew asked whether DNA rates were the biggest issue the directorate was dealing with. Dr Snow replied that DNA rates are certainly a significant challenge that needs to be

addressed.

Jo Agnew queried whether patients initially go to their outpatient appointment before coming to hospital. Dr Snow replied that for Adult Medical services a large part of acute work involves patients that come to hospital unexpectedly. The planned care elements of the service are those that send appointments for instance those booked at the Neurology clinic and the Renal clinic. The DNA rates of Māori and Pacific in these areas are around 20% compared to other ethnicities that sit under 10%.

Jo Agnew asked what the baseline is for DNAs and suggested perhaps a 10% baseline. Dr Snow responded the he would at least like to see an equitable baseline that is indistinguishable.

Heather Came, Board member commented that although it is good that the report mentions Te Tiriti O Waitangi, it should include the preamble. The 5 Articles of Te Tiriti o Waitangi should be included in future reports. Heather suggested that reports should also include a table mapping out progress to date in terms of work undertaken, achievements, and future plans. Work plans are currently being presented to the committee with no timeframes allocated to be able track progress. Heather added that this should apply to all directorates submitting reports to the committee.

Fiona Lai, Board member asked whether the plan for reaching the 6-hour target had started and when targets were expected to be met in anticipation of the winter season. Dr Snow explained that the target had started however it does not apply just to ED but to the entire hospital. The target requires an all of hospital response and for this reason a group has been formed to ensure that this is managed.

Resourcing is another significant challenge due to the unexpected rise in patient numbers coming into hospital. It is estimated that the hospital will require an additional 70 beds by the middle of the year which will be a major issue in terms of financial and staffing resources. The situation will be exacerbated if the hospital is faced with a tough winter and if flu patients return to hospital.

Fiona Lai commented that smart strategic plans needed to be put in place to prepare for the shortage in beds and the likelihood of COVID, flu or other acute cases that the hospital may need to deal with. Dr Shepherd explained that as discussed at the last Board meeting, a risk-based approach in managing hospital occupancy will be established. The 6-hour target is an all of hospital measure and he believes it is unlikely that the 95% target will be met by next year. Risk is thus being managed across a number of areas, where work-ons for acute flow will be to minimise the impact of not being able to meet the 95% target. This includes looking after patient safety, patient experience and balancing financial and staffing resources in addition to other pressures.

Bernie O'Donnell, Board member acknowledged how the report aspired to be inclusive in meeting the needs of Māori. However, he wanted to know how Kāwanatanga, Tino Rangatiratanga, Ōritetanga and Te Ritenga have come to be included in the report. He said there appears to be a disconnect with the Auckland DHB trying to be culturally appropriate

(in terms of language and culture) without understanding the journey and pathway of Māori. Bernie's korero is that the narrative suggests that inequity has been addressed when that is not the case. There is a need to truly understand the principles of the Treaty.

Ailsa Claire, Chief Executive ADHB clarified that about 2 years ago a decision was made that as an organisation, Auckland DHB would make a significant contribution to inequity. The organisation started using language to address institutional racism in the system. Ailsa acknowledged that people's experiences were important and the organisation has taken steps to address inequity and has taken action as best as it could to begin to have the required conversation and raise awareness.

Bernie O'Donnell commented that his view was different in term of where the responsibility lies around managing resources and ensuring wellbeing for the district. Everything should resonate from the organisation. The majority of resources go to DHBs and for this reason, the organisation should be conscious about how it is developing its own eco system of wellness. Ailsa explained that while the reports where focused on providers, the organisation continues to take steps to make change in other parts of the eco system as well.

Heather Came, Board member commented that the report needs to clarify what Ōritetanga and Tino Rangatiratanga mean. Changes need to be made in the way reports are written.

Tama Davis, Hospital Advisory Committee Chair thanked Dr Snow for his report and acknowledged everyone who provided commentary. He explained that everyone is on a journey to understand Te Reo Māori, Māori concepts, and its delivery within the hospital administration and within the service that Auckland DHB delivers. He asked that future reports submitted to the committee include where relevant frameworks with intention, process and timelines.

Bernie O'Donnell added that quality reporting inspires quality conversations and thanked Dr Snow for the report which gave him the opportunity to express his views.

Dr Snow commented that he welcomed the conversation and acknowledged that the process is new to his team and they have approached it with some awkwardness and uncertainty but also with great consciousness that at some level, it may not be appropriate for Māori, and that they should not be deciding systems for Māori. He recognised the need for more assistance, governance and guidance but equally he came to present the work they have done with pride, and looked forward to guidance for further improvement.

Dr Shepherd responded to Heather Came's previous comment on measuring performance and success. He explained that they are in the process of establishing directorate and provider level business plans for 2021/22 which will be included in future reports. These were not completed last year due to COVID.

Doug Armstrong, Board member queried the number of people unable to get flu vaccinations and the delays in administering these which he considered could result in more work for the hospital. Ailsa Claire explained that this is an issue being balanced across the region. COVID vaccination is currently being rolled out to vulnerable groups across the region and people within these groups are the same as those on the flu vaccination list. They are being

reviewed on a practice-by-practice basis in terms of where they sit on the schedule to determine when they receive their vaccine.

Action:

That future reports submitted to the Hospital Advisory Committee will include a framework with intention that includes process and completion time.

Resolution:

That the Director Equity Update – Adult Medical report for April 2021 be received.

Carried

5.4 Director Equity Update – Cardiovascular *(Pages 51-59)*

Joanne Bos, General Manager – Cardiovascular (on behalf of Mark O'Carroll, Director – Cardiovascular) asked that the report be taken as read and advising as follows:

The directorate's quarterly hui for Māori staff has received positive feedback. Improvements are being made to the recruitment process for Māori in terms of attracting staff to apply for roles within the service.

The directorate was impacted by COVID and there has been a significant post-COVID service demand over the last 6 months which has affected ESPI compliance and waitlists. DNAs are a major issue where Māori and Pacific make up 20-25% of patients, with around 8% from other ethnicities.

The Heart Failure team has successfully rolled out a project to address multi-factorial issues which include poor communication from the hospital (e.g. patients not understanding appointment details), patients not being able to take time off work and not being able to afford transport costs. The service increased staffing resources to better engage with patients which has brought the DNA rate down to 11%. This exercise has proven that with appropriate communication the hospital can assist people to make their appointments that have previously been difficult for them to come to.

The equity adjuster has been applied to Planned Care which has brought down the number of Māori and Pacific patients on waiting lists, bringing numbers closer to that of other ethnicities. There is no evidence that clinical outcomes for Māori and Pacific patients treated at hospital are different from that of other ethnicities. However, it is difficult to get people to come to hospital.

In terms of Resilient services, Vascular has been identified as a vulnerable service across the region due to its size. The service is reliant on a team of 6, 3 of whom are due to retire in 2 years. Similarly, Middlemore Hospital also has a small Vascular service A regional service will be created for Vascular and Andrew Hill, Clinical Director – Vascular is leading the project. This is anticipated to result in a single service, multi-site model with Auckland providing the most complex services and other localities providing other services.

Heather Came, Board member acknowledged the recruitment of Māori staff and asked about

a retention strategy. Joanne Bos explained that regular Hui now take place to find out what would entice Māori staff to stay and work within the organisation. this had resulted in a number of initiatives that the service has adopted. For instance, the karakia has been introduced at the start and close of meetings and education for senior managers in Tikanga Māori is ongoing.

Bernie O'Donnell, Board member queried the presence of Māori leadership in the directorate. Joanne Bos advised that Dawson Ward, Manager of Kāiarahi Nāhi was providing guidance to the service. However, they are open to receive advice from other Māori leadership if necessary. Tama Davis explained that Nigel Chee, Acting General Manager – Māori Health meets with Māori leadership across the directorates to discuss programmes they are involved with in the different areas. The leadership receive regular feedback from Dawson Ward, and Māori clinicians working in the 7 directorates.

Action: Tama Davis (Hospital Advisory Committee Chair), Ailsa Claire (Chief Executive Auckland DHB and Bernie O'Donnell (Hospital Advisory Committee member) to discuss Māori leadership involvement in the different directorates.

Resolution:

That the Director Equity Update – Cardiovascular for April 2021 be received.

Carried

5.5 Director Equity Update – Clinical Support *(Pages 60-69)*

Ian Costello, Director – Clinical Support asked that the report be taken as read, advising as follows:

The service has adopted a multi-layer approach to recruitment of Māori and Pacific staff including the Rangitahi programme where students are being encouraged to consider health career opportunities through Career First. Targeted visits to particular institutions (most recently Waitakere College) are another means to attract applicants. This was impacted by COVID for a time but the process carried on virtually.

The service is also working with tertiary institutions identifying and ring-fencing internships for Māori and Pacific students. Recruitment within the DHB workforce is also being looked into, particularly for entry-level roles where a pathway has been mapped to allow staff to move from unqualified to qualified roles and eventually towards leadership positions.

Talent mapping across the services is taking place to identify potential Māori and Pacific Leadership.

There are a number of issues around capacity and demand particularly in the Radiology, Diagnostics, Genetics and Anatomical Pathology services. These services are managing an increase in patient numbers by extending staff hours and outsourcing. However, outsourcing capacity is also limited because external providers are also busy.

The directorate is focused on staff capability in terms of Te Tiriti, which is an important part of the service's metrics. Te Reo is used in meetings and everyday conversations. Meetings now open and close with a karakia and the leadership teams and staff are encouraged to develop their own pepeha as part of normal practice.

Doug Armstrong, Board member asked about CAMRI magnets (page 63 of the report) and the arrangement that the Auckland DHB has in relation to its partnership with the University of Auckland.

Ian explained that Auckland DHB has a contract with CAMRI (University of Auckland) for a fixed number of sessions. Auckland DHB has capability to increase sessions under the contract which has been utilised to support the demand from Cardiology. However, the sessions were not able to be efficiently utilised so the directorate is working with Cardiology on alternative options.

Jo Brown, Funding and Development Manager – Hospitals, explained further that Auckland DHB had been allocated additional funding to address MRI waiting times and the level of funding received is for as much volume as needed to correct waiting times. The revenue received covers the cost of the arrangements to get the additional MRIs done by a number of providers.

Ian explained further that there is regional work underway which has been funded by the Ministry of Health. The purpose is to look at capacity and demand and investment in new equipment on a regional basis across the four DHBs, and to identify where equipment is best placed to support both equity and demand.

Zoe Brownlie, Board member asked about eliminating inequity particularly around recruitment and whether retention was a focus to ensure Māori and Pacific staff feel a sense of belonging and safety. Ian explained that regular huis for Māori staff have been put in place to support Māori and to encourage them to provide feedback on what the service can do better to support retention.

Bernie O'Donnell, Board member commented the recruitment pathway should support Māori from Kōhanga Reo (early childhood education) right up to tertiary studies. This is a long-term solution but there are ways of supporting Māori pathways now. Bernie suggested making connections with the 3 main Wānanga (institutions of higher education equivalent to mainstream universities) in Tāmaki Makaurau, Te Whare Wānanga o Awanuiārangi, Te Wānanga o Raukawa and Te Wānanga o Aotearoa. It is significant to focus on Wānanga as they will bring the Māori world view to the organisation. Ian said that they are keen to have that conversation and to make this a part of their multi-layer recruitment and retention programme.

Jo Agnew, Hospital Advisory Committee Deputy Chair asked about Māori leadership in the directorate. Ian explained that it is currently very limited. The service has a small number of Māori staff who are in middle level leadership positions in Pharmacy and in the Laboratory. They have identified a number of junior staff with leadership potential and the service is looking to support them by providing management development courses and other proactive approaches to help them into leadership positions.

Action: Tama Davis and Bernie O'Donnell will provide Ian Costello contacts from the 3

major Wānanga in support of creating Māori pathways at Auckland DHB.

Resolution:

That the Director Equity Update – Clinical Support for April 2021 be received.

Carried

5.6 Director Equity Update – Adult Community and Long Term Conditions *(Pages 70-83)*

Sam Titchener, Director – Adult Community and Long Term Conditions asked that the report be taken as read, advising as follows:

The report has been contributed to by a range of staff within the directorate and is about their mahi, there has been fantastic feedback.

The directorate has engaged a coordinator to work with Māori patients in the community who suffer from diabetes. The coordinator engages with patients and helps them with self-determination of their care, working to actively eliminate inequity. Prior to this role starting, the service was failing to engage with 181 Māori and Pacific patients, resulting in 374 DNAs (patients have multiple appointments). The numbers have been reduced by 71%.

Fiona Lai, Board member asked how the directorate managed to engage with the patients that they had previously failed to engage. Sam explained that these were Māori and Pacific patients they failed to engage with in the past that they have since focused on reconnecting with. This will also allow them to review whether the new measures put in place are effective. The service adopted one holistic approach in dealing with patients. For instance, they arrange Podiatry appointments on the same day for patients who have come in for dialysis or are elsewhere having treatment.

The service is working closely with Surgery in terms of patients with high blood sugars. Virtual clinics with primary care providers have been established to ensure that when patients come for surgery they are feeling well, have been informed of what to expect and are prepared for the procedure, thus also resulting in less procedural cancellations because of high blood sugar.

The service is also working with the Rapid Community Access team, a multi-disciplinary team that provides acute care to patients and whānau in the acute phase. Working hours have now been extended and a single point of triage in the service has been established. The purpose is to be able to take referrals later in the day and also to be able to talk and engage with patients and families and where possible to prevent admission.

Zoe Brownlie, Board member asked whether the pilot programme with the recruitment team was within the service or a part of the wider organisation. Sam Titchener confirmed that it was an organisational recruitment initiative. Zoe asked about the support provided at pre-interview stage and asked whether there was a risk that the focus was to prepare applicants to interview in a pakeha way. Sam Titchener explained that this was not the objective, it was

to make the recruitment process comfortable and ensure applicants feel supported and prepared, but it was noted that further work was needed to review the interview process organisationally.

Bernie O'Donnell, Board member acknowledged the report and story-telling as it made him feel like he knew the team and it provided insight of the patient journey. He acknowledged the importance of social determinants as it allows providers to successfully deliver the services they are meant to carry out. Stories help in developing the road map to improve services.

Resolution:

That the Director Equity Update – Clinical Support for April 2021 be received.

Carried

5.7 Patient and Whānau Voice Report *(Pages 84-87)*

Jane Drumm, Co-Chair – Consumer Experiences Council asked that the report be taken as read, advising as follows:

The proposed Te Tiriti framework has now been incorporated into the patient and whānau centric care work programme. It is hoped to successfully contribute to improving the patient journey in Te Toka Tumai by providing consumer insights that will have a significant impact on governance.

Vanessa Duthie, Māori Patient and Whānau Experience Lead said she was proud of how Te Tiriti has been incorporated into the framework of patient whānau centred care. The working group helped to iterate the framework which involved engagement with the organisational development team. She hoped it would serve as a practical tool for people to refer to and use in the organisation.

Iani Nemani, Consumer Advisor – Consumer Experiences Council shared his positive experience with Auckland DHB staff and highlighted the need for aroha and for everyone to continue to live the values of the organisation.

Bernie O'Donnell, Board member commented on the importance of insights. He said that telling stories in reports gives the patient and whānau a voice to share their experiences which in turn helps to better understand the patient journey.

Michelle Atkinson, Board member acknowledged the report and expressed support for aroha and said that Manaakitanga underpins both good and bad experiences.

Jane Drumm said that their work moved from a structured, compliant framework, to a model that had incorporated patient and whānau experience. She hoped that through the communications plan, Champions group, Hospital Advisory Committee and the Consumer Experiences Council, the framework can be utilised throughout the organisation.

Jo Agnew, Hospital Advisory Committee Deputy Chair asked how patient voices are heard in the council. Jane advised that they are involved in various projects across the organisation (e.g. recent hui in ED) where they provide input on how to improve Māori experience in the

hospital.

Resolution:

That the Patient and Whānau Voice – Te Tiriti o Waitangi based framework for April 2021 be received.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (*Pages 88-89)*

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

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. Karakia Attendance and Apologies	N/A	N/A
2. Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 18 November 2020	**Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [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]
4. Confidential Action Points - Nil	**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]
5.1 Vulnerable Service Update	**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.	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 Major Risk & Issues – 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)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Planned Care – Programme Update - Presentation	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Clinical Quality and Safety Report	**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.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 10.30 am.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 21 April 2021

Chair: _____ Date: _____

Tama Davis

Minutes
Meeting of the People and Culture Sub Committee
06 May 2021

Minutes of the People and Culture Sub-Committee meeting held on Thursday, 06 May 2021 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 11.00am

Committee Members	**Auckland DHB Executive Leadership**
Zoe Brownlie (Chair) William (Tama) Davis Pat Snedden	Mel Dooney Chief People Officer (Other staff members who attend for a particular item are named at the start of the respective minute)

1. ATTENDANCE AND APOLOGIES

That the apology of Dame Paula Rebstock be received.

That the apologies of Executive Leadership Team members Ailsa Claire, Margaret Dotchin and Mike Shepherd be received.

2. REGISTER AND CONFLICTS OF INTERESTS

There were no new interests to register.

3. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

Resolution: Moved Tama Davis / Seconded Pat Snedden

That the minutes of the Open People and Culture Sub-Committee meeting held on 14 October 2020 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS

There were no actions to consider.

5. Supporting Te Reo Māori in Communications – KRA 2

Mel Dooney, Chief People Officer asked that the report be taken as read.

The direction outlined within the paper was universally supported, with the team being encouraged to proceed.

Tama Davis noted that the correct use of phonetics was a very technical skill and a request was made to engage a language expert in Te Reo for that aspect of the proposal.

6. GENERAL BUSINESS

There was none.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution: Moved Zoe Brownlie / Seconded Pat Snedden

That in accordance with the provisions of Clauses 34 and 35, Schedule 4, 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	Grounds under Clause 32 for the passing of this resolution
1. Attendance and 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. Confirmation of Minutes of the Meeting of 14 October 2020	**Confirmation of Minutes** **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would **Confidence** Information which is express obligation of which was supplied under enclosed in this report Information Act 1982 **Privacy of Persons** Information relating to person(s) either living or 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. Action Points - 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]
5. Mandatory Training – KRA 6	**Protect Health & Safety** Information relating to the health and safety of the public is enclosed in the 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]
6. Mahi ē Taea - Workforce Central Replacement	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7. Pūmanawa Tāngata - Key Result Area 2: Building Capability To Achieve Equity	**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. Feedback to inform the CEO Performance Review	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in the 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]

The meeting closed at 12 noon.

Signed as a true and correct record of the People and Culture Sub Committee meeting held on Thursday, 06 May 2021

Chair _____ Zoe Brownlie Date _____

DECISION

2021/22 Capital Expenditure (Capex) Budget Approval Process

Recommendation:

That the Board:

1. **Notes that the 2021/22 Capex Prioritisation process is not yet complete and is subject to the Operational Expenditure (Opex) budget being completed first to confirm funding available for Capex.**
2. **Notes that all services have submitted their Capex requests for 2021/22 and beyond and the prioritisation process for these has commenced but is not able to be completed in time for the Board meeting.**
3. **Notes that the funding available for 2021/22 Capex will be confirmed following receipt of the Funding envelope advice from the Ministry of Health and completion of the operational expenditure budget.**
4. **Notes that as funding available is not yet known, the DHB will prioritise and rank Capex items so that the funding available can be applied using the ranked list of requests.**
5. **Delegates authority to the Finance Risk and Assurance Committee to approve the 2021/22 allocation of available Capex Funding and the Prioritised Capex List to be funded within the available funding.**
6. **Notes that the high level 2021/22 Capex plan will be included in the Draft 2 Annual Plan to be approved by the Board in June prior to this being submitted to MoH on 25 June 2021.**
7. **Notes that the detail of the approved Capex Plan will be provided to the Board at its meeting in July 2021.**

8.1

Prepared by: Auxilia Nyangoni, Deputy Chief Financial Officer
Endorsed by: Justine White, Chief Financial Officer
Date: 17 May 2021

Glossary

Acronym	Explanation
Capex	Capital Expenditure
MoH	Ministry of Health
Opex	Operational Expenditure
SLT	Senior Leadership Team

Strategic Themes

Strategic Theme	Alignment with ADHB Strategic Goals
Intelligence and insight	Assets are a key enabler for the provision of health services. The Capex Plan enables the DHB to maintain and upgrade existing assets, acquire new assets, address quality issues, increase capacity and improve technology. The Capex Plan will be developed taking into consideration the DHB prioritisation criteria and considering risks to be mitigated and managed
Evidence informed decision making and practice	
Operational and financial sustainability	

1. Purpose

This paper is to request the Board to delegate authority to approve the 2021/22 Capex Funding Allocation and the Prioritised Capex List to the Finance Risk and Assurance Committee, to enable the budget to be available to all services from 1 July 2021.

2. Overview

We are currently developing Opex budgets which will be finalised following receipt of the MoH funding advice for 2021/22 (expected at the end of May). The Opex budget position determines how much free cash from deprecation is available to be applied to Capex. Services have provided their Capex needs and the prioritisation of these has commenced with requests initially being prioritised within the three main asset portfolios (Facilities, Clinical and Other Equipment and, Information Technology and Systems). The Board approved criteria below is applied in prioritising Capex.

Criteria	Description
Compulsory	Ministerial Directive or Legal Compliance – Capex automatically qualifies as top priority.
Attractiveness Criteria	Alignment with National, Regional and local Auckland DHB Strategic themes.
	Alignment with Auckland DHB Business Plans and Programs that will drive the strategic change required to achieve our goals.
	Financial Benefits arising from the investment (e.g. savings/cost reductions, additional revenue, efficiencies)
	Non-Financial Benefits arising from the investment (e.g. quality improvements, patient outcomes, staff productivity, service performance).
Risk Criteria	Risk of not proceeding with the investment – Auckland DHB risk management used.
	For replacement Items: Risk in relation to Asset Functionality, Failure & Impact on ability to provide quality and sustainable services.
	Risk Rating: Risk assessment consequence and likelihood.
Achievability Criteria	Benefit Timing and Management.
	Level of Organisational Support required to fully achieve investment objectives.
	Technical Skills required to implement the project and Business Complexity.
Affordability Criteria	Opex Affordability – Ability to fully cover the flow on Opex and savings required to maintain overall breakeven.
	Capex Affordability – Ability to finance the project and impact on other priority Capex requirements.

All prioritised items will be ranked according to importance and criticality but will also take into consideration the capacity available to complete projects, business case approval timeframes, procurement processes and cashflow phasing.

The prioritisation is planned to be completed in time for the Finance Risk and Assurance Committee meeting in June.

To enable the Capex budget to be available to all services from 1 July, thus avoiding delays to implementation of projects, it is recommended that the Capex Plan approval decision be delegated to the Committee and to be made in June. The high level Capex plan will be included in the 2021/22 Annual Plan that will be approved by the Board in June prior to this being submitted to MoH on 25 June 2021. The detailed Capex plan approved by the Committee will be presented to the Board in July.

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 31 March 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]
3.1 Confirmation Minutes of the Emergency Meeting of Joint Board and Finance, Risk and Assurance Committee - 21 April 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]
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 [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

6.1 Chief Executives Confidential Report - Verbal	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **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 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
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]
8.2 Hospital Advisory Committee Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3	**Commercial Activities**	That the public conduct of the whole or the relevant part of the meeting would

People and Culture Sub-Committee	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)]	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 2021/22 Auckland DHB Annual Plan and Statement of Performance Expectations	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Community Testing Centres funding for 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. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.0 Discussion Reports	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 ARPHS role, services, contract and funding	**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]
11.2 Vaccination Programme	**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]
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]