AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 29 September 2021

10:00am

Note:

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

Via Zoom

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

Published 23 September 2021

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

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

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

Well Being to All.

Open Agenda
Meeting of the Board
29 September 2021

Venue: Via Zoom **Time: 10.00am**

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

Agenda

Please note that agenda times are estimates only

10.00am		**KARAKIA**
10.05am	**1.**	**ATTENDANCE AND APOLOGIES**
10.07am	**2.**	**REGISTER OF INTEREST AND CONFLICTS OF INTEREST** Does any member have an interest they have not previously disclosed? Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
10.10am	**3.**	**CONFIRMATION OF MINUTES 28 July 2021**
	3.1	Confirmation of Emergency Board Meeting Minutes of 1 September 2021
10.15am	**4.**	**ACTION POINTS - NIL**
10.15am	**5.**	**EXECUTIVE REPORTS**
	5.1	Chief Executive's Report
10.25am	**6.**	**PERFORMANCE REPORTS**
	6.1	Financial Performance Report – Highlights (
	7.	**COMMITTEE REPORTS - NIL**
	8.	**DECISION REPORTS - NIL**

10.35am	**9.**	**INFORMATION REPORTS**
	9.1	Statement of Performance Expectations (SPE) Performance Report: Quarter Four 2020/21
	10.	**GENERAL BUSINESS**
10.45am	**11.**	**RESOLUTION TO EXCLUDE PUBLIC**

Next Meeting:	Wednesday, 03 November 2021 at 10:00am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

2020/2021

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

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

Attendance at Board Meetings

Seat at the Table

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

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Board

Member	Interest	Latest Disclosure
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd	01.07.2021
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Chargenet, Director & CEO – Partner	21.05.2020
Doug ARMSTRONG	Trustee – Woolf Fisher Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Trustee- Sir Woolf Fisher Charitable Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Member – Trans-Tasman Occupations Tribunal Daughter – *(daughter practices as a Barrister and may engage in health related work from time to time)* Meta – Moto Consulting Firm – (*friend and former colleague of the principal, Mr Richard Simpson)*	20.08.2020
Zoe BROWNLIE	Co-Director – AllHuman Board Member – Waitakere Health and Education Trust Partner – Team Leader, Community Action on Youth and Drugs Advisor – Wellbeing, Diversity and Inclusion at Massey University	26.05.2021
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties Chair – The Helen Clark Foundation	22.12.2020
William (Tama) DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Board Member – District Maori Leadership Board	30.06.2021

	Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa Director - - Board of New Zealand Health Partnerships Elected Member – Ngati Whatua o Orakei Trust Board Board Member – Auckland Health Foundation	
Krissi HOLTZ	Primary Employer – ASB Bank	07.07.2021
Shannon IOANE	Member – Public Service Association (PSA) Employee at Starship Children's Hospital – Allied Health/Child Health ADHB	07.07.2021
Fiona LAI	Member – Pharmaceutical Society NZ Casual Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association Board of Trustee – Mt Roskill Primary School Vaccinator – Tamaki Health	03.09.2021
Maria NGAUAMO	Employee – The University of Auckland	09.07.2021
Bernie O'DONNELL	Chairman Manukau Urban Māori Authority(MUMA) Chairman UMA Broadcasting Limited Board Member National Urban Māori Authority (NUMA) Board Member Whānau Ora Commissioning Agency National Board-Urban Maori Representative – Te Matawai Board Member - Te Mātāwai. National Māori language Board Owner/Operator– Mokokoko Limited Senior Advisor to DCE – Oranga Tamariki Engagement Advisor – Ministerial Advisory Panel – Oranga Tamariki Kura Ratapu – Radio Waatea - Wife	08.07.2021
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group Director of Strategic Partnerships for Healthcare Holdings Limited Board Director – healthAlliance Director - New Zealand Musculoskeletal Imaging Limited	30.08.2021
Ian WARD	Director – Ward Consulting Services Limited Director – Cavell Corporation Limited Trustee of various family trusts Oceania Healthcare – wife shareholder	21.05.2020
Kirimoana WILLOUGHBY	Employer – Ngati Whatua Orakei Whai Maia Ltd	05.07.2021

Minutes
Meeting of the Board
28 July 2021

Minutes of the Auckland District Health Board meeting held on Wednesday, 28 July 2021 in the Marion Davis Library, Building 43, Auckland City Hospital, Grafton commencing at 10am

Board Members Present	**Auckland DHB Executive Leadership Team Present**
Pat Snedden (Board Chair) Jo Agnew Doug Armstrong Michelle Atkinson Peter Davis Tama Davis (Board Deputy Chair) Fiona Lai Michael Quirke Ian Ward **Seat at the Table Appointees** Krissi Holtz Maria Ngauamo	**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 Michael Shepherd — Interim Director Provider Services Dr Debbie Holdsworth — Director of Funding – ADHB/WDHB Michael Shepherd — Director Provider Services Shayne Tong — Chief Digital Officer Sue Waters — Chief Health Professions Officer Justine White — Chief Financial Officer **Auckland DHB Senior Staff** Nigel Chee — Acting General Manager Māori Health Carly Orr — Director Communications and Stakeholder Engagement 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)

KARAKIA

Tama Davis led the Board in a karakia.

1. ATTENDANCE AND APOLOGIES

That the apologies of Board Members, Zoe Brownlie and Bernie O'Donnell be received.

That the apologies of Executive Leadership Team members Meg Poutasi, Chief of Strategy, Participation and Improvement and Dr Margaret Wilsher, Chief Medical Officer be received.

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

There were no changes to the interests register and no member indicated a conflict of interest with any item on the open agenda.

3. CONFIRMATION OF MINUTES 26 MAY 2021 (*Pages 9-24)*

Resolution: Moved Pat Snedden / Seconded Tama Davis

That the minutes of the Board meeting held on 26 May 2021 be confirmed as a true and

accurate record.

Carried

4. ACTION POINTS *(Page 25)*

All actions had been completed or would be completed when the financial workshops were held in the first week of August.

5. EXECUTIVE REPORTS

5.1 Chief Executive's Report (*Pages 26-41)*

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

Industrial Action

The hospital began the strike period much fuller than the Executive Leadership team would have wished. All staff worked extremely hard to cope during the day and thanks are to be extended to Margaret Dotchin and the team involved in running the Incident Management Team on the day.

Capacity

There is an underlying situation where capacity is extremely limited in both physical space and in staffing. As a result when surges are experienced there is difficulty in responding with a lot of pressure being placed on staff. An Incident Management Team has been stood up to deal with the urgency of the situation.

Flu Vaccination

With the concentration being on COVID vaccination, Flu vaccination has not had the same attention it would normally receive. There is 50% of the workforce vaccinated and there are plans to undertake ward vaccinations and provide pop-up centres to increase coverage.

Mental Health Service

Auckland DHB is leading the way nationally with an improvement project to work toward the elimination of seclusion in its facilities. It has been 152 days seclusion free which is commendable particularly when dealing with methamphetamine intoxication.

Clinical Safety

This is a world wide initiative that is designed to prevent the inadvertent connection of things to the vascular system. It prevents local anaesthetic toxicity for patients who require things such as epidurals. It is an engineering solution to a rare but potentially catastrophic problem. Auckland DHB is the first hospital in New Zealand to introduce this.

Open Heart Surgery Patient

Helen Harris, nee Arnold, the first person to have open-heart surgery in New Zealand as a ten year old recently visited and expressed her thanks for the life that she was able to have post

the open heart surgery.

Whanau Room Regeneration

In June the first six rejuvenated whānau rooms were opened. These spaces provide a much better environment for those coming in to support patients in the hospital.

Cleaners and Orderlies Graduation

This is a continuation of the "To Thrive" programme of work. It is still working well and people are achieving.

National Volunteers Week

National Volunteers Week was celebrated with a thank you morning tea and with some senior staff becoming volunteers during the week to experience what it was like.

Queens Birthday Honours

Ailsa Claire drew attention to page 35 of the agenda and the honours that had been bestowed on staff and advised that previous board member Gwen Tepania-Palmer (Te Aupouri, Ngati Kahu, Ngati Paoa) was to be an Officer of the New Zealand Order of Merit in recognition of her service to health.

Communications

The communications team has been particularly busy of late due to the vaccination programme and the number of media enquiries particularly around issues of capacity.

Performance of the Health System

Performance, because of capacity issues and the need to cancel elective surgery, has not been high. It is good to see that the Faster Cancer Treatment is still moving forward. The immunisation targets is concerning and this has occurred due to the requirement to have those vaccinators play a significant role in the initial COVID outbreak work.

Financial Performance

The Board is on target.

The following was covered in discussion:

Mel Dooney at the invitation of the Board Chair, Pat Sneddon expanded on her role that she was undertaking within the Transition Unit, advising that she had only been involved for two days. The first day was spent working with national unions on an approach to the development of a health charter. She was acting in an advisory capacity to Andrew Norton, the Change Management and Charter lead within the Transition Unit. The other stream of work was looking at the transition of staff from the 27 organisation into the new entity.

Ailsa Claire was asked to advise what the singular pressure was that was currently impacting on the workforce. Workforce fatigue was high and considered unacceptable. Recruitment of nursing staff was a particular issue in metro Auckland. Whilst everything was being done in terms of recruitment there was an on-going problem which included nursing staff moving

overseas, particularly to Australia.

Tama Davis was advised that the, "To Thrive Programme", was originally set up to enable staff to move up in the MECA agreement and offer them better financial prospects. Negotiations are underway with Et Tu and other areas are being investigated to ensure that people are in a position to obtain enhancements that would move them up to a living wage. Every circumstance where people are not on a living wage is closely monitored.

Doug Armstrong asked for an overview of the transition through to the New Zealand Health Authority and the timelines associated with that.

Resolution:

That the Chief Executives report for 10 May 2021 – 11 July 2021 be received.

Carried

5.2 Health and Safety Report *(Pages 42-50)*

Chief Quality, Safety and Risk Officer, Mark Edwards asked that the report be taken as read, highlighting as follows:

N95 respirators

A big effort had been made at the beginning of COVID to fit test staff for N95 respirators and that this programme was now coming to an end. The majority of staff had been fitted and then refitted when the duckbill respirators were taken off the shelf. There will be an ongoing requirement for an annual fit however the initial project has now been completed.

Contractors and Supplier

The work with contractors and suppliers continues. A business case has been submitted to ACC for additional funding in support of expanding the Making Health Safer project to the other DHBs.

Biological Hazards

A paper was presented to Finance, Risk and Assurance Committee recently and an operational exercise will be run this Friday to ensure that aspects in relation to COVID would still be managed appropriately.

COVID Vaccination Programme

The COVID Vaccination Programme has a component related to health and safety of vaccination workers. Key to note is that it has been challenging to get workers to report issues at the vaccination sites and then to collate those across the programme. Staff have been stretched on the ground at centres and one of the observations has been that reporting has not been a key priority.

Governance Committee

There is a desire to change the way health and safety governance is conducted. The vision is to have a governance committee that has information flowing to it from directorates, health

and safety representatives and other health and safety related committees, i.e. Workplace Violence Steering Group and the Wellbeing Programme so that they all have a governance umbrella. The Unions are working with Auckland DHB to make sure that from a health and safety representative view point that the right expectations exist and that a programme is in place to develop these representatives.

The following was covered during discussion:

Doug Armstrong asked where in the Health and Safety continuum the effects of a cyber attack would fit as opposed to the treatment of a cyber attack as a potential risk. Mark Edwards advised the impact would be dependant on what systems and process were taken out and from a worker point of view it was dependant on what role was being undertaken, where it was being undertaken and the time of day the attack occurred. This sits within a Business Continuity Framework rather than on a risk heat map.

Doug Armstrong commented that Dame Paula Rebstock had some interesting observations on this facet of risk and was keen for the experience to be spread so that people could be prepared to use manual systems in order to cope. Shayne Tong advised that the Waikato experience would be shared when it was considered the timing for the release of such information was right. Ailsa Claire commented that Auckland DHB had disaster recovery plans for all individual systems. Scenario planning had been undertaken to determine that if all systems went down at Auckland DHB how that event be managed.

Mark Edwards, when asked what was key work for him, advised that it would be the new heat maps and he would be interested to see how they landed and what actions might be required as a result He agreed that it would be valuable to have some Board Members available to provide feedback on these.

Mark Edwards advised that the other area of concern was capacity and demand and its impact on staff wellbeing. It was difficult for people to come to work day in and day out knowing that they would be put under pressure; that it would be difficult to do the work required of them because the systems that support them were under such strain. There hasn't been a significant shift in patient/customer complaints and it was currently difficult to see if or where there had been an impact on patient harm. This is generally only ever understood retrospectively.

Ailsa Claire commented that it is a credit to staff as to what was being achieved under pressure. They are determined to do the right thing. However, this prolonged pressure is not acceptable.

Michelle Atkinson commented that the pressure on staff had continued to grow year on year and the problems were difficult to solve. It is good to see that new ideas and more controls are being put in place but it appears that the problem will still not be solved and it is hard to imagine a future where this problem does not exist. Thinking in terms of how the Board budgets and plans for very busy periods it is incumbent on the Board to be realistic ahead of time particularly when it was heading into new territory from June 2022 with the new authority, Health NZ.

5.3 Human Resources Report *(Pages 51-71)*

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

KRA 2: Building Capability to Achieve Par Ora - Online Hub

Good work has been done in terms of the resources that have been put in place for the kaimahi to understand ti tiriti in action and build cultural safety. These things are outlined on page 58 of the agenda.

To date, the focus has been with Directors and kaimahi Māori across the organisation. Around 155 people have accessed the resources and Mel Dooney related feedback received from one kaimahi nahi (nurse) in particular who had the opportunity to review the content and the nurse's positive reaction to it along with the comment of the importance of imbedding this with leaders below the level of ELT and SLT within the organisation.

Recruitment

High levels of difficulty are being experienced in this area. There are record levels of vacancy and the ability to attract into those roles is stretched. Time to hire has increased. The dashboard seeks to highlight this for nursing and also for corporate roles given the imminent transition.

Both Mel Dooney and Ailsa Claire were involved nationally in the Workforce Management Group where thought is started to be given to what pressure as a sector might be required to be brought to bear on immigration settings as international recruits are required as well.

Activity for 2021-2022

Attention was drawn to pages 67-71 in the agenda which outlined the activity under Pūmanawa Tāngata that would be reported against for the next financial year.

What's Not in the Plan

There are two key areas which are not contained within the plan and which support of the People and Culture team will be required.

These areas include the vaccination program – where the team are involved in recruiting, on-boarding and Human Resources support for the centres under Te Toka Tumai

The second area which will require support will be the work under the health reform or transition support over the next 12 months. It is not in the plan yet, as it is not clear what activity will be required here from local People and Culture teams but this is likely to have a significant operational impact.

Both these pieces of work are significant undertakings.

The following was covered during discussion:

The Board Chair, Pat Snedden asked that if the DHB considered the population existing right now and made no assumptions around growth, how would the Board tackle the recruitment

issues to service the population it currently had. What might be done differently and is the organisation open to a different world view? Where would staff be obtained from within a moderately closed environment?

Advice was given that if that was known it would be done by now. The friction to maintain the status quo is significant, the regulations that exist, the complexity of the system among other things made it difficult to create an alternate view.

Margaret Dotchin advised that there were some things that were being done. Margaret gave an example where a decision had been made that Health Care Assistants no longer needed to be recruited with a Level 3 or 4 NZQA certificate. The DHB would recruit people, employ them and train them to obtain that. A call was put out recently to attract 50 people to join the DHB as a Health Care Assistant. It went out under the banner of an "Earn and Learn" campaign where people were told; be employed with the DHB and have some onsite training given through a formal process that allows you to gain an NZQA qualification. Assessment centres were run where cohorts of people were brought together instead of people undergoing one to one interviews. Forty people have been offered and are in the process of accepting roles. This is a shift in traditional recruiting methods. This has been supplemented with a Pacific Youth earn and learn programme. This is a programme to support up to 13 young people with appropriate cultural support to become Health Care Assistants. Over the next few months there will be over 50 Health Care Assistants joining the DHB workforce.

The supply constraints, the workforce pressure that exists and the fact that there is no pipeline meant that the pipeline had to be increased significantly and traditional methods were not going to be able to respond quickly enough to enable that.

The Board Chair, Pat Snedden asked how this new approach could be applied to midwifery and Margaret Dotchin advised that a recruitment exercise had begun in order to attract registered nurses to work within maternity services. Alongside that work commenced with AUT around how these nurses who have an interest in women's health can be transitioned into a midwifery education programme and qualification in an abridged way. It is also being looked at how the work these nurses are doing in the clinical setting can be recognised as part of their clinical placement and hours required to gain their qualification. Often it is mature women who are attracted to midwifery and they cannot afford to have 4 years of unpaid work so different thinking had to be brought to look at how that could be bridged.

Sue Waters advised that Allied Health were doing similar things although staff here had always been trained in-house as training programmes for many of the professions do not exist formally. It is now being considered how some of the assistant roles can be utilised to support the nursing pressure on wards. Some of the therapy assistant roles are being looked at to assess whether a component of patient attender support can be introduced. A variety of things are being done with other roles to try to shorten the professional pathway into a qualification, however the DHB is bound by the regulators and the HPCA. Some work is required there to get change. There are some two year master's level programmes being devised to transition people into some Allied Health professions. An undergraduate ultrasound course is being looked at in conjunction with Otago University.

A registered nurse anaesthetic assistant training course has been commenced. This is a

programme that is running in-house where registered nurses are being trained to provide anaesthetic assistance which is role currently done by an anaesthetic technician. This programme has been established in conjunction with Southern Cross Hospitals and we have an initial cohort of 6 nurses who are training in that area. We will expand this number in early 2022. In relation to anaesthetic technicians expanded practise opportunities are being worked up for places for them to work in e.g. post anaesthetic care unit.

The Board Chair, Pat Snedden asked that in terms of the innovation brought to growth for roles and provision of training in-situ is the Board still facing real resource constraints that make it difficult to get the volume of people required for the pipeline. Advice was given that constraints still existed because it was only moving existing health care staff around and the need is to grow that pipeline to feed the pool. Nursing enrolments show very modest increases over time with some significant attrition.

Sue Waters advised that DHBs were not the end place for a number of people it trained. Many were trained who went in an entirely different direction than a DHB giving an example of physiotherapists where only 40% of those trained would remain with a DHB across New Zealand.

Doug Armstrong reiterated that the incentives were all wrong for external education providers. DHBs were the major providers of health education within the country providing the supervision required at their cost for these external providers. It is hoped that Health New Zealand will provide a fundamental rethink of how this operates.

Fiona Lai commented that following recruitment that retention of these staff would be the next challenge.

Tama Davis drew attention to page 60 of the agenda and the use of the word “Kahuo Hononga” asking if it should be “kahi Hononga” and being advised, the later.

Resolution:

That the Board receives the Quarter 4 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 72-78)*

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

The results shown are pre-audit for the full year. Our External auditors are currently reviewing the accounts with nothing of significance raised at this stage.

The year to date result for the full year at a BAU level, which excludes the Holidays Act and

COVID 19 cost impacts, is $41.7M deficit against a budget of $45M deficit. The variance of $3.3M favourable largely comes from a donation and the remainder comes from an underlying operational favourable position of $200K.

The following was covered during discussion:

It was considered that this was a very good result. Michael Quirke added that this result had been messaged for the last 8 months which provides a great deal of confidence in that it had been delivered on with to a budget as big as $2.6B with little variation over that 8 months.

Resolution:

That the Board receives this Financial Report for the year ended 30 June 2021

Carried

6.2 Planning and Funding Outcomes Update (*Pages 79-92)*

The Director of Funding – Auckland and Waitematā DHBs, Dr Debbie Holdsworth asked that the report be taken as read, highlighting as follows:

Commenting that it was not just front line clinical staff who were fatigued it was all staff and an effort had been made to get team members off on a break during the school holidays.

Immunisation

Supporting the COVID vaccination is a key activity and the rollout of ARC was pleasing. Supporting the primary care and pharmacy rollout is an on-going important piece of work.

There are on-going concerns in relation to oral health and there have been some very small improvements covered in the report, noting that it is a long pathway to resolving this issue.

Childhood immunisation also remains a focus. Given that the on-going potential for a measles and pertussis outbreak has been identified an immunisation outbreak prevention plan is being developed.

To date closed borders has protected the population from outbreaks but the recent impact of RSV on acute demand within the hospital has raised awareness of this risk. Pertussis has a three year epidemiological cycle and we are due for another one now and there is a risk of imported cases. We are concerned particularly the low immunisation rate for Maori and the impact of an outbreak in the Māori and Pacific communities. Antenatal vaccination is important for the prevention of pertussis. Karen Bartholomew added that this involved planned response activities being initiated currently and also a focussed set of additional activities to be put in place. The DHB does not want to be in a position in a few weeks with an outbreak on its hands which could have been prevented.

Breast Screening

The new service is progressing well, particularly for Māori and Pacific coverage. The service is receiving encouraging feedback in relation to how welcoming the new service is.

A mobile unit has been commissioned which is a necessity for increasing geographic coverage in areas with high priority populations. A Māori designer has been engaged and drawn on traditional Māori values and legends to provide an engaging visual experience.

Update on the Māori Health Pipeline

Karen Bartholomew addressed issues related to Māori health pipeline advising that the pipeline is expanding and scaling up.

Grants – Lung Cancer

Of note is the additional $1.2M HRC grant which is in addition to the$1.9M grant received for the lung cancer screening programme. That is to enable the co-benefits of the programme into detecting and treating COPD better for those undergoing screening. COPD and lung cancer are both smoking related conditions. This allows a more holistic approach to be applied to lung cancer screening and improve quality of life through better management. Māori are much more likely to be under diagnosed and undertreated for COPD despite having far higher hospitalisations and hospitalisations occurring at younger ages.

In the broader lung cancer screening programme there is a Māori primary care nurse starting with good support from a Māori cancer nurse and Māori respiratory nurse. This allows staffing to get into primary care and undertake the training for that programme. The aim is to start in August.

HPV Self Testing Programme

This programme aims to start in August too. A nurse has been recruited to the programme and teaching in primary care has commenced. Ethical approval is awaited.

Breast Screening Datamatch

The report has been finalised and there has been a good response from the Ministry of Health. They have reached out about their primary care strategy they are developing and what lessons they could take from the DHBs work.

Two further pieces of work around breast screening data match have been completed. Repeating the match of two years ago and completing a hospital match allowing data to be fed directly into service improvement work.

AAA and AF Programme– Northland extension

This conversation is being progressed. It is particularly focused on understanding the local considerations about co benefits and AAA. There are also opportunities in the hepatitis and point of care spaces. What was found in the AAA programme was that when people have a really positive experience there are opportunities to undertake other health related assessments. This has already been done in AAA with the CVD assessment.

It is considered that there is opportunity to extend assessments to include a medication review, potentially pick up diabetes or other cardiac issues, or conduct point of care testing for Hepatitis C. This may allow people to be seen faster in clinical services. There may be a future opportunity to actually do a point of care test and have cardiology or other medical intervention on the day. It will take some work as there are numerous things to be

considered. Northland is keen to look at they do not need to.

World Hepatitis Day

For the Hepatitis C project a Māori and a Pacific engagement coordinator are in place with their training underway. They will start interviewing service users and then they'll be underway with re-offering of treatment to those with known Hepatitis C.

The Following was covered in discussion:

Tama Davis asked for a future update on Kōutui Hauora commenting that the new projects were exciting and it would be good to leverage off the data the DHB already had to reach the traditionally hard to reach communities and put in place necessary improvements.

Tama Davis was advised that the name "Te Oranga Pūkahukahu"was developed with Te Hā Kotahi; the Lung Cancer Screening Consumer Advisory Group supported by the Group's Kaumatua and went to Dame Naida Glavish for final approval.

Fiona Lai drew attention to the homelessness transition pilot noted under 5.1 on page 88 of the agenda and asked what result was being seen so far. Advice was given that it was very early days in the pilot but that it would be covered in the Mental Health Service report to the next Hospital Advisory Committee meeting.

Jo Agnew was advised that the involvement that Auckland DHB had with the new City Mission Building, was related to a contract for a social detoxification service providing an increase from 10 to 15 detox beds and also the Calder Centre.

Advice was given that the COVID immunisation programme provides an opportunity to leave a legacy in terms of immunisation capability and capacity with the question being what a longer term model of care in immunisation might look like in the future.

The Board Chair, Pat Snedden commented that there were now people who had a skill level which could confidently be relied on to administer other immunisations appropriately and was advised that while it might seem that way it was complicated by the fact that this workforce was limited in scope in terms of the vaccination they were authorised to administer. Authorisation would need to be sought to extend the range of vaccinations they could give to include childhood immunisations.

Resolution:

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 26 May 2021.

Carried

7. COMMITTEE REPORTS

7.1 Hospital Advisory Committee *(Pages 93-105)*

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

Resolution: Moved Tama Davis / Seconded Michael Quirke

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 23 June 2021 be received.

Carried

7.2.1 CPHAC – Commissioning Health Equity Advisory Committee *(Pages 106-122)*

The Deputy Chair, Michelle Atkinson, submitted the draft minutes for information and a recommendation in relation to Suicide Prevention and Postvention Action Plan 2020 – 2023.

Resolution: Moved Michelle Atkinson / Seconded Tama Davis

That the CPHAC Commissioning Health Equity Advisory Committee draft unconfirmed minutes for 16 June 2021 be received.

Carried

7.2.2 Joint Auckland and Waitematā DHB Suicide Prevention and Postvention Action Plan 2020 - 2023 (Was item 6.1, Pages 42-64 on the CPHAC Commissioning Health Equity Advisory Committee agenda for 16 June 2021)

Resolution: Moved Michelle Atkinson / Seconded Tama Davis

That the Board:

1. **Approves the joint Auckland and Waitematā DHB suicide prevention and postvention action plan 2020 - 2023**
2. **Note the collaborative work that has been undertaken to develop this plan**
3. **Notes that an update of the Zero Suicide Framework is to be brought back to the next Community and Public Health Advisory Committee meeting with consideration of the following:**
   - the difference between co-governance and co-design
   - a clear plan for collaboration and co-design with Māori and Pasifika provided
   - a timeframe added.

Carried

8. DECISION REPORTS

8.1 CEO Remuneration Review *(Page 123)*

The Board Chair, Pat Snedden advised that this was a straightforward report and that in line with public sector guidance for public servants earning more than $100K the Chief Executive would not be receiving a remuneration increase in the current salary review cycle.

Resolution: Moved Pat Snedden / Seconded Tama Davis

That the Board approves the CEO Remuneration Review for July 2021 of Nil increase in line with public sector guidance for those earning over $100k

Carried

9. INFORMATION REPORTS - NIL

10. GENERAL BUSINESS

There was none.

11. RESOLUTION TO EXCLUDE THE PUBLIC *(Pages 124-128)*

Resolution: Moved Pat Snedden / Seconded Tama Davis

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
3.1 Confirmation of Confidential Minutes 26 May 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]
3.2 Emergency Board – 18 June 2021 - Fit Out Tōtara Haumaru/North Shore Hospital – Building for the Future Tranche One	**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]

3.3 Emergency Board – 23 June 2021 - 2021/22 Draft 2 High Level Budget	**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]
3.4 Emergency Board – 14 July 2021 – COVID 19 Vaccination Programme Cost	**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]
3.5 Circulated Resolution of the Board – 11 June 2021 – Approval of 2020/21 Audit 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 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	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]

	time [Official Information Act 1982 s9(2)(k)]	
6.1 Chief Executives Confidential Verbal Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **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	**Commercial Activities** Information contained in this report	That the public conduct of the whole or the relevant part of the

Committee Report	is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	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 ACH Building A32 LED Lighting Renewal	**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]
9.2 Auckland Metro DHBs Holidays Act Remediation Business Case	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 All of Government Panel Contract For Office Supplies	**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)] **Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.4 Contract Renewals	**Commercial Activities** Information contained in this report is related to commercial activities	That the public conduct of the whole or the relevant part of the

and Price Increases – Funder Community Health Service Providers 21/22	and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	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 Nursing	**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)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.2 Vaccination	**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]
11.3 Capacity	**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]

Carried

The meeting closed at 2.45pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 28 July 2021

Chair: _____ Date: _____

Pat Snedden

Minutes
Open Emergency Meeting of the Board
01 September 2021

Minutes of the Emergency Auckland District Health Board meeting held on Wednesday, 01 September 2021 via Zoom commencing at 3:30pm

Board Members Present	**Auckland DHB Executive Leadership Team Present**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Mel Dooney	Chief People Officer
Doug Armstrong	Michael Shepherd	Interim Director Provider Services
Michelle Atkinson	Shayne Tong	Chief Digital Officer
Zoe Brownlie	Justine White	Chief Financial Officer
Peter Davis		
Tama Davis (Board Deputy Chair)	**Auckland DHB Senior Staff Present**	
Fiona Lai	Marlene Skelton	Corporate Business Manager
Bernie O'Donnell [Arrived during item 5.1]		
Michael Quirke		
Ian Ward		
Seat at the Table Appointees		
Krissi Holtz		
Maria Ngauamo		
Shannon Ioane		
Kirimoana Willoughby		
Other Attendees	(Other staff members who attend for a particular item are named at the start of the minute for that item)	
Dame Paula Rebstock		
Norman Wong		

KARAKIA

Tama Davis led the Board in a karakia.

1. ATTENDANCE AND APOLOGIES

That the apology of Bernie O'Donnell for late arrival be accepted.

2. REGISTER AND CONFLICTS OF INTEREST

Michael Quirke drew attention to a new interest that had been registered for him, that of, Director - New Zealand Musculoskeletal Imaging Limited

Dame Paula Rebstock advised that she was no longer the Chair of the Accident Compensation Corporation and that interest could be removed and Chair of Asia Pacific Health Investments could be added.

Fiona Lai stated that she was now a vaccinator for Tamaki Health.

Doug Armstrong advised that he had been adding to his retirement share portfolio but had no significant shareholding in any one company to declare.

3. RESOLUTION TO EXCLUDE THE PUBLIC

Recommendation

Resolution: Moved Pat Snedden / Seconded Jo Agnew

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3.1 Chief Executives Confidential Verbal Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **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]
4.1 Finance, Risk and Assurance Report – Decision Items	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist

	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)]	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 COVID-19	**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.	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]
5.2 2021-2022 Annual Plan and SPE	**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	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]

	if made public at this time [Official Information Act 1982 s9(2)(j)]	

Carried

The meeting closed at 5.05pm.

Signed as a true and correct record of the Emergency Board meeting held on Wednesday, 01 September 2021

Chair: _____ Date: _____

Pat Snedden

Chief Executive's Report

TE TOKA TUMAI
Auckland DHB

5.1

Recommendation

That the Chief Executives report for 11 July 2021 – 12 September 2021 be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 11 July 2021 – 12 September 2021

2. Events and News

2. 1 COVID-19 outbreak

On August 17, COVID-19 was detected in the community. A countrywide Alert Level 4 lockdown was announced and our COVID-19 barometer moved up to medium.
This meant that the IMT was ramped up to manage the risk within our hospitals and community.

We had a positive COVID-19 staff member and a number of colleagues were asked to isolate and the ward locked down. This was an anxious time for the staff member, their colleagues and the patients in the ward. The professionalism and team spirit that was shown in the days following that was amazing to see. All our patients in the impacted wards were tested and kept safe. Unfortunately it meant that they weren't able to receive visitors, but the nursing teams helped them to keep in touch in other ways.

Screening for patients continued using the processes we have in place as part of our on-going COVID-19 response.

We quickly shared important messages with our team when lockdown was announced and have held a number of webinars to keep staff informed and a place to ask questions. We worked hard to make sure staff members were informed in a timely manner – something we learnt from previous outbreaks.

We used social media, our website and visual posters in the entrances to communicate with our patients and visitors. We re-shared our light-hearted video content from last year to remind patients that we're still open and they can get the care they need when they need it.

We continue to rollout the COVID-19 vaccine for new staff and any still to get vaccinated. The current vaccination rate of employees is currently 91% fully vaccinated with 2 doses and 96% with one dose.

Additional facilities work has taken place rapidly on one of our wards – designated as our main ward for COVID-19 patients. We owe a huge thank you to our facilities team and contractors to get this work done so quickly.

There are many heroes and people to be thanked and recognised throughout this latest community outbreak. We will be celebrating their stories in a special edition of our magazine Te Whetu Mārama.

2.2 Urgent Response Team supporting our busy hospital

In the recent months, our hospital has been incredibly busy with high occupancy and high acuity. On 21 July, an Urgent Response Team was stood up to help support teams to manage the unprecedented demand we were experiencing.

Capacity and Demand meetings were held at 8.30am and 3pm daily, including weekends. The meeting helped address hospital capacity, patient flow and staffing issues.

Additional community support was put in place to avoid admissions, more same day surgery or shorter lengths of stay. Rapid discharging was in place to help patients get home as soon as they were well and safe enough today so.

On one of the peak days, incredible efforts were made to get our inpatient numbers down from 718 to 645 by the end of the day. This included new admissions.

2.3 Health care Assistant roles

In August we welcomed 32 new Healthcare Assistants to Auckland DHB. They are part of our exciting new Healthcare Assistant Development Programme, working in our hospitals while studying for their NZ Certificate in Health and Wellbeing.

2.3 MERAS Midwifery industrial action

On 9 August members of Midwifery Employee Representation & Advisory Service (MERAS) union took part in industrial action from 11am to 7pm.

Contingency planning and life preserving services were in place and the safety of mums and babies was our highest priority.

3. Our People

3. 1 Local Heroes

Congratulations to our recent local heroes.

Terena Ru-Tuani, Team Administrator – Starship Cancer and Blood Centre.

"Terena is always willing to help anyone out and will go above and beyond for our team. If there's a problem, she will sort it with a smile. She creates a fun atmosphere of unity with her infectious laughter and morale boosting music playlist. She greets all our patients and their families with her friendly and welcoming attitude.

Terena is full of warmth, joy and positivity. We are so fortunate to have her on our team."

Daisy Medalla, Phlebotomy Educator – LabPlus

"Daisy has provided one-on-one training to nurses in venpuncture. This means we have a confident and skilled nursing team and a more seamless and timely service for women at their gynaecology appointment. They can now have their blood test at the nurse appointment rather than waiting in line at the labs clinic.

Compliments abound about Daisy's kindness, gentleness and appropriate teaching style in front of patients."

3.2 Health Research Council's health delivery grant recipients

Congratulations to our colleagues who received funding for their research as part of the Health Research Council of New Zealand:

- Dr Amelia Tekiteki: *Identifying the barriers to kidney transplant for Pasifika patients with ESRD.*
- Dr Clare O'Donnell: *Pilot - Developing a national Adult Congenital Heart Disease (ACHD) Registry.*
- Dr Emma Best: *Understanding measles: severity and sequelae.*
- Professor Stuart Dalziel: *RCT budesonide-formoterol vs salbutamol reliever therapy in preschool asthma.*
- Associate Professor Rinki Murphy: *Predicting cardiovascular risk from diabetic eye screening photographs.*

4. Communication and Engagement

4. 1 External Communication

Between 11 July and 12 September 2021, we received 162 requests for information, interviews or access from media organisations. This included a request for how many procedures had been postponed due to high winter demand, a request to respond to some allegations from a patient about a lack of feeding machines, and numerous requests in regard to how the DHB and hospital are managing the latest outbreak of COVID-19.

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

We responded to 59 Official Information Act requests over this period.

4. 2 Internal Communication

For this period, 1,157 emails were received. Of these emails, 90 were non-communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

- Eight editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Eight editions of the Manager Weekly Briefing were published for all people managers, three of these were COVID-19 related.
- Four COVID-19 webinars were held.

- Two COVID-19 manager webinars were held.
- One webinar was held for an update on busy hospital and Health reforms.
- 27 COVID-19 all staff emails were sent out, main topics:
    - Health reforms
    - Urgent Response Team supporting our busy hospital
    - COVID related updates.

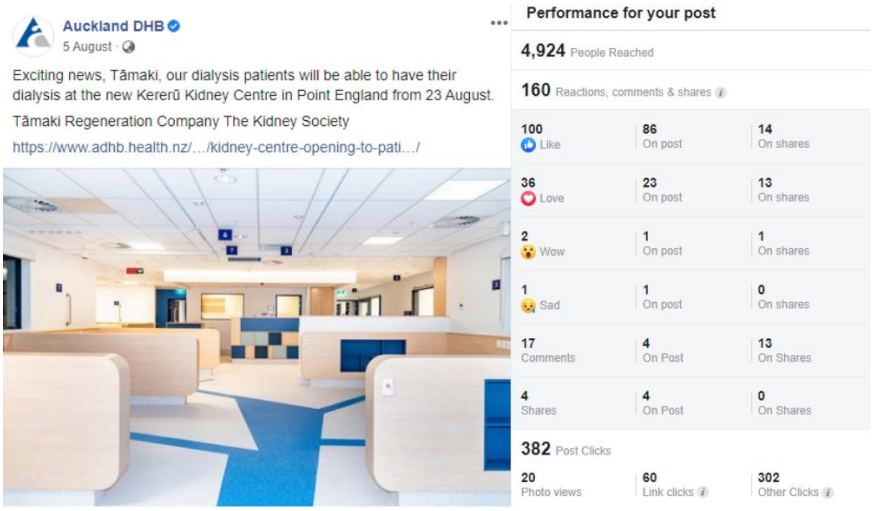
4. 3 Social Media

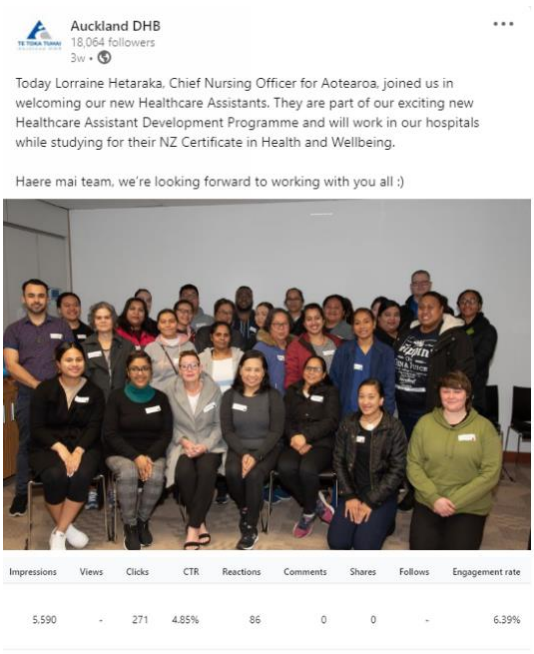
We continue to engage with our community on social media, celebrating achievements and sharing important health messages.

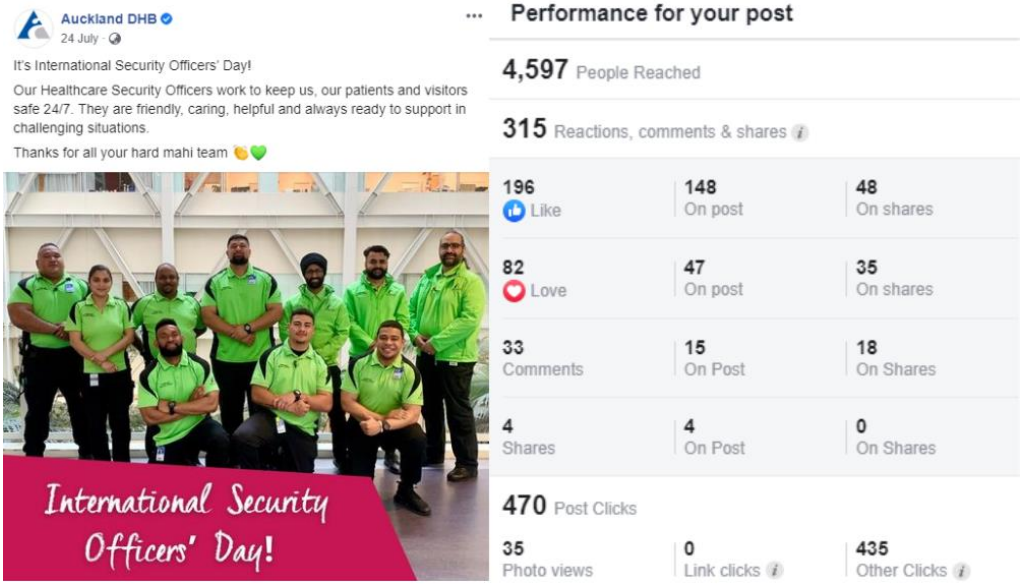
Some of the information we have shared includes:

- Helen Harris' visit to the Cardiothoracic and Vascular Intensive Care Unit
- International Security Officers' Day
- Kererū Kidney Centre update
- Welcome to our new Health Care Assistants
- Level 4 lockdown announcement
- Sticking to what we're good at
- Tō mask e kare
- Our kaimahi are awesome
- Ministry of Health COVID-19 information.

Top performing social media posts


Auckland DHB
5 August
Exciting news, Tāmaki, our dialysis patients will be able to have their dialysis at the new Kererū Kidney Centre in Point England from 23 August.
Tāmaki Regeneration Company The Kidney Society
https://www.adhb.health.nz/.../kidney-centre-opening-to-pati.../
Performance for your post
4,924 People Reached
160 Reactions, comments & shares
100 Like | 86 On post | 14 On shares
36 Love | 23 On post | 13 On shares
2 Wow | 1 On post | 1 On shares
1 Sad | 1 On post | 0 On shares
17 Comments | 4 On Post | 13 On Shares
4 Shares | 4 On Post | 0 On Shares
382 Post Clicks
20 Photo views | 60 Link clicks | 302 Other Clicks


Auckland DHB
18,064 followers
3w
Today Lorraine Hetaraka, Chief Nursing Officer for Aotearoa, joined us in welcoming our new Healthcare Assistants. They are part of our exciting new Healthcare Assistant Development Programme and will work in our hospitals while studying for their NZ Certificate in Health and Wellbeing.
Haere mai team, we're looking forward to working with you all :)
Impressions | Views | Clicks | CTR | Reactions | Comments | Shares | Follows | Engagement rate
5,590 | - | 271 | 4.85% | 86 | 0 | 0 | - | 6.39%


Auckland DHB
24 July
It's International Security Officers' Day!
Our Healthcare Security Officers work to keep us, our patients and visitors safe 24/7. They are friendly, caring, helpful and always ready to support in challenging situations.
Thanks for all your hard mahi team
International Security Officers' Day!
Performance for your post
4,597 People Reached
315 Reactions, comments & shares
196 Like | 148 On post | 48 On shares
82 Love | 47 On post | 35 On shares
33 Comments | 15 On Post | 18 On Shares
4 Shares | 4 On Post | 0 On Shares
470 Post Clicks
35 Photo views | 0 Link clicks | 435 Other Clicks

5. Performance of our health system

Priority Health Outcomes Summary

	Status	Comment
Acute patient flow (ED 6 hr)		Aug 84%, Target 95%
Improved access to elective surgery (YTD)		71% to plan for the year, Target 100%
Faster cancer treatment		Aug 94%, Target 90%
Better help for smokers to quit:		
• Hospital patients		Aug 94%, Target 95%
• PHO enrolled patients		Mar Qtr 82%,Target 90%
• Pregnant women registered with DHB-employed midwife or lead maternity		Mar Qtr 97%,Target 90%
Raising healthy kids		Aug 100%, Target 95%
Increased immunisation 8 months		Jun Qtr 91%, Target 95%

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

6. Financial Performance

The Board approved 2021/22 Annual Plan financial budget is a deficit of $73M of which $40M relates to unfunded Holidays Act impacts and $33M is the underlying Business as Usual (BAU) budget.

Financial performance against the full budget for the two months ending 31 August 2021 is a deficit of $9.6M, against a budget deficit of $2.9M, thus $6.7M unfavourable. This unfavourable variance is entirely attributed to net COVID-19 impacts and includes a provision for IDFs and Planned Care adverse revenue wash-ups of $7M as volume delivery was impacted by the COVID-19 lockdown for the Delta outbreak. The BAU operational result (excluding COVID-19 impacts) is favourable to budget for the year to date by $149K.
At a divisional level, the Provider Arm result is $8.5M unfavourable to budget (mainly due to unfunded COVID-19 impacts). The Funder Arm result is $683K favourable and the Governance and Admin Arm result is $248K favourable to budget.

7. Auckland DHB at a glance

Patient Experience

3846 patients completed our patient experience survey in July and August 2021

90.5% rated their experience very good or excellent

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

- ✓ Communication
- ✓ Care and compassion
- ✓ Safe and high quality care

Patients

In July and August 2021 across Auckland DHB:

264,509 outpatient appointments took place

4219 patients had planned surgery

In July 2021 the mean occupancy at 12am was **700**

Since Auckland has been at alert level 4 the mean daily occupancy is **599**

Communications

in July and August

162 media requests

59 Official Information requests

1157 emails to the generic communications inbox

344,236 page views on the Auckland DHB website

There's been a **97.87%** increase in website visitors aged 65+ compared to the same time last year

Financial Performance Report for the period ended 31 August 2021

Recommendation

That the Board receives this Financial Report for the period ended 31 August 2021

Prepared by: Auxilia Nyangoni, Deputy Chief Financial Officer
Endorsed by: Justine White, Chief Financial Officer
Date: 15 September 2021

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

The August 21 financial net result is a deficit of $9.6M, against a budget deficit of $2.9M, thus $6.7M unfavourable, mainly due to the current Covid19 Delta outbreak. A summary of the result and distribution of this across the DHB divisions and across Business as Usual operations, Covid19 and Holidays Act drivers is provided in the table below.

$000s	Month (Aug-2021)			Year to Date 2021-22		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
Government and Crown Agency	157,369	160,784	3,415 U	315,149	321,877	6,728 U
Non-Government and Crown Agency	8,202	8,497	296 U	15,766	16,997	1,231 U
Inter- District Flows	62,638	66,133	3,495 U	127,471	132,266	4,795 U
Inter-Provider and Internal Revenue	7,731	1,542	6,188 F	14,090	3,116	10,974 F
Total Income	**235,939**	**236,957**	**1,018 U**	**472,476**	**474,255**	**1,779 U**
Expenditure						
Personnel	110,948	103,737	7,211 U	217,865	207,647	10,218 U
Outsourced Personnel	3,403	2,295	1,108 U	6,772	4,711	2,062 U
Outsourced Clinical Services	3,156	3,846	689 F	7,262	7,659	397 F
Outsourced Other Services	7,796	7,320	476 U	15,728	14,753	975 U
Clinical Supplies	29,938	30,743	805 F	59,661	60,379	718 F
Funder Payments - NGOs and IDF Outflows	68,114	73,778	5,664 F	134,845	147,557	12,711 F
Infrastructure & Non-Clinical Supplies	22,159	18,097	4,063 U	42,257	35,891	6,367 U
Total Expenditure	**245,515**	**239,816**	**5,699 U**	**484,391**	**478,596**	**5,794 U**
Net Surplus / (Deficit)	**(9,576)**	**(2,859)**	**6,717 U**	**(11,915)**	**(4,341)**	**7,573 U**
COVID-19 Net impact on bottom-line	(6,738)	2	**6,740 U**	(7,738)	(16)	**7,722 U**
Holidays Act Impact	(3,334)	(3,334)	**0 F**	(6,667)	(6,667)	**0 F**
BAU Net impact on bottom-line	496	473	**23 F**	2,490	2,342	**149 F**
Net Surplus / (Deficit)	**(9,576)**	**(2,859)**	**6,717 U**	**(11,915)**	**(4,341)**	**7,573 U**

Result by Division $000s	Month (Aug-2021)			Year to Date 2021-22		
	Actual	Budget	Variance	Actual	Budget	Variance
Funder	534	0	534 F	683	0	683 F
Provider	(10,374)	(2,856)	7,518 U	(12,818)	(4,314)	8,505 U
Governance	264	(3)	267 F	220	(28)	248 F
Net Surplus / (Deficit)	**(9,576)**	**(2,859)**	**6,717 U**	**(11,915)**	**(4,341)**	**7,573 U**

Commentary on Significant Variances

Revenue

Total revenue for the month is unfavourable for the month by $1.0M and YTD by $1.8M with key variances based on YTD results as follows:

- $6.7M unfavourable Government and Crown sourced revenue mainly due to a reduction in baseline revenue, Mental Health funded initiatives (with corresponding reduction in expenditure) and, provision for under-delivery of planned care due to Covid19 lockdown.
- $4.7M unfavourable IDFs due to a provision for under-delivery of adverse IDFs during Covid19 lockdown.

- $11M favourable Inter-Provider revenue mainly due to unbudgeted Covid-19 funding for vaccinations, ARPHS, laboratory testing, MIF, border control and other response costs.

Expenditure

Expenditure is unfavourable to budget for the month by $5.7M (2.4%) and YTD by $5.8M (1.2%) with significant variances based on YTD results as follows:

- Personnel/Outsourced Personnel costs $12.3M (5.8%) unfavourable with the key variances as follows:
  - Unbudgeted Covid-19 related expenditure of $8.7M.
  - MECA costs above budget assumptions $2.4M.
  - Budget Personnel vacancy and cost per FTE assumptions not achieved $0.9M unfavourable.
  - One off backdated costs $0.3M unfavourable.
- Clinical Supplies $0.7M (1.2%) favourable. Covid-19 related clinical supplies costs are $2.1M unfavourable reflecting the extremely high volume of Covid-19 tests processed during August. Excluding these costs, the underlying Clinical Supplies variance is $2.8M favourable, in line with overall volume performance below contract.
- Infrastructure & Non Clinical Supplies $6.4M (17.7%) unfavourable, with the variance being entirely unbudgeted Covid-19 related expenditure of $7.0M (e.g. vaccination clinic leases and urgent facilities work), offset by unbudgeted Covid19 revenue. BAU costs are slightly below budget at $0.3M favourable.
- Funder payments to NGO/IDF providers are $12.7M (8.6%) favourable mainly due to net favourable funded initiatives variances and net favourable utilisation variances across NGO demand based services. The more notable of the favourable funded initiative variances include a favourable $8.3M variance for COVID-19 expenditure recorded under Public Health and a favourable $2.2M variance for Integrated Primary Mental Health Initiative recorded under Mental Health. Funded initiatives have equivalent and related offsetting revenue variances with a nil impact on core result.

FTE

Total FTE (including outsourced) for August were 10,336 which is 80 higher than budget. There were 438 unbudgeted FTE for Covid-19, meaning underlying the BAU position is 358 FTEs below budget, mainly driven by Nursing FTE vacancies.

2. Statement of Financial Position as at 31 August 2021

$'000	31-Aug-21			31-Jul-21	Var	30-Jun-21	Var
	Actual	Budget	Variance	Actual	Last Mth	Actual	Last Year
Public Equity	970,821	978,076	7,255U	970,663	158F	964,383	6,438F
	-	-	0F	-	0F	-	0F
Reserves							
Revaluation Reserve	643,988	643,988	0U	643,988	0U	643,988	0U
Accumulated Deficits from Prior Year's	(888,955)	(829,765)	59,189U	(888,955)	0F	(792,742)	96,213U
Current Surplus/(Deficit)	(11,914)	(63,546)	51,632F	(2,339)	9,575U	(96,229)	84,315F
	(256,881)	(249,323)	7,558U	(247,306)	9,575U	(244,983)	11,898U
Total Equity	**713,940**	**728,753**	**14,813U**	**723,357**	**9,417U**	**719,400**	**5,460U**
Non Current Assets							
Fixed Assets							
Land	397,089	397,089	0F	397,089	0F	397,089	0F
Buildings	617,564	624,120	6,556U	620,524	2,960U	621,314	3,750U
Plant & Equipment	86,547	93,273	6,726U	87,971	1,424U	91,861	5,314U
Work in Progress	109,137	105,071	4,066F	103,658	5,479F	96,596	12,541F
Total Property, Plant & Equipment	1,210,337	1,219,553	9,216U	1,209,242	1,095F	1,206,860	3,477F
Investments							
- Health Alliance	78,787	79,676	889U	78,787	0F	79,676	889U
- Health Source	271	-	271F	271	0U	-	271F
- NZHPL	7,142	7,295	153U	7,218	76U	7,295	153U
- Other Investments	617	-	617F	617	0F	-	617F
	86,818	86,971	153U	86,893	75U	86,971	153U
Intangible Assets	2,592	4,536	1,944U	2,670	78U	2,751	159U
Trust Funds	17,716	17,577	139F	17,597	119F	17,577	139F
	107,125	109,084	1,959U	107,160	35U	107,299	174U
Total Non Current Assets	**1,317,462**	**1,328,637**	**11,175U**	**1,316,402**	**1,060F**	**1,314,159**	**3,303F**
Current Assets							
Cash & Short Term Deposits	227,387	204,984	22,403F	216,936	10,451F	202,469	24,918F
Trust Deposits > 3months	6,707	10,707	4,000U	8,707	2,000U	10,707	4,000U
ADHB Term Deposits > 3 months	-	-	0F	-	0F	-	0F
Debtors	31,339	44,859	13,520U	24,036	7,303F	44,859	13,520U
Accrued Income	106,715	76,452	30,263F	96,616	10,099F	76,452	30,263F
Prepayments	10,514	5,803	4,712F	6,768	3,746F	5,920	4,594F
Inventory	17,015	16,275	740F	16,526	489F	16,275	740F
Total Current Assets	**399,678**	**359,080**	**40,598F**	**369,589**	**30,089F**	**356,682**	**42,996F**
Current Liabilities							
Borrowing	(2,743)	(2,828)	85F	(2,741)	2U	(2,828)	85F
Trade & Other Creditors, Provisions	(248,152)	(222,902)	25,250U	(224,557)	23,594U	(222,902)	25,250U
Employee Entitlements	(644,157)	(623,653)	20,505U	(626,948)	17,209U	(616,986)	27,171U
Funds Held in Trust	(1,410)	(1,410)	0U	(1,410)	0U	(1,410)	0U
Total Current Liabilities	**(896,462)**	**(850,793)**	**45,670U**	**(855,656)**	**40,805U**	**(844,126)**	**52,336U**
Working Capital	**(496,784)**	**(491,713)**	**5,072U**	**(486,067)**	**10,716U**	**(487,444)**	**9,340U**
Non Current Liabilities							
Borrowings	(13,469)	(14,822)	1,353F	(13,710)	241F	(13,949)	480F
Employee Entitlements	(93,268)	(93,349)	81F	(93,268)	0U	(93,366)	98F
Total Non Current Liabilities	**(106,737)**	**(108,171)**	**1,434F**	**(106,978)**	**241F**	**(107,315)**	**578F**
Net Assets	**713,940**	**728,753**	**14,813U**	**723,357**	**9,417U**	**719,400**	**5,460U**

3. Statement of Cash flows as at 31 August 2021

$000s	Month (Aug-2021)			Year to Date 2021-22		
	Actual	Budget	Variance	Actual	Budget	Variance
Operating Cashflow						
Cash Received	219,083	236,738	17,655U	460,887	473,819	12,932U
Payments	(204,937)	(227,659)	22,722F	(433,527)	(454,284)	20,757F
Net Operating Cashflow	**14,146**	**9,079**	**5,067F**	**27,359**	**19,534**	**7,825F**
Investing Cashflow						
Interest Income	206	219	13U	392	438	46U
Capex & Investments	(3,775)	(18,543)	14,768F	(8,542)	(31,806)	23,264F
Net Investing Cashflow	**(3,570)**	**(18,324)**	**14,754F**	**(8,150)**	**(31,368)**	**23,221F**
Financing Cashflow						
Debt/Equity Injections	(43)	(100)	57F	(162)	(200)	38F
New loans raised	(215)	1,225	1,440U	(541)	1,225	1,766U
Loans repaid	(24)	(190)	166	(24)	(370)	345F
Interest paid	158	8,181	8,023U	6,437	13,693	7,256U
Net Financing Cashflow	**(124)**	**9,116**	**9,240U**	**5,710**	**14,348**	**8,638U**
Total Net Cashflow	**10,452**	**(129)**	**10,581F**	**24,919**	**2,515**	**22,407F**
Opening Cash	216,935	205,113	11,822F	202,468	202,469	1U
Closing Cash	**227,387**	**204,984**	**22,403F**	**227,389**	**204,984**	**22,405F**

ADHB Cash	210,191	191,468	18,723F
A+ Trust Cash	15,448	11,765	3,683F
A+ Trust & Restricted Deposits < 3 months	1,748	1,751	3U
Closing Cash	**227,387**	**204,984**	**22,403F**
ADHB Short Term Investments 3 > 12 months	0	0	0F
A+ Trust Short Term Investments 3 > 12 months	6,707	10,707	4,000U
ADHB Long Term Investments	0	0	0F
A+ Trust Long Term Investment Portfolio	17,716	17,577	139F
Total Cash & Deposits	**251,810**	**233,268**	**18,541F**

Statement of Performance Expectations (SPE) Performance Report: Quarter Four 2020/21

Recommendation:

That the report be received.

Prepared by: Lily Yang (Reporting Analyst – Auckland and Waitematā DHBs)
Endorsed by: Karen Bartholomew (Director of Health Outcomes, Auckland and Waitematā DHBs), Wendy Bennett (Planning and Health Intelligence Manager, Auckland and Waitematā DHBs)

Glossary

CEO	Chief Executive Officer
CVD	Cardiovascular disease
HQSC	Health Quality and Safety Commission New Zealand
NOF	Neck of femur
POAC	Primary Options for Acute Care
SLM	System level measure
SPE	Statement of Performance Expectations

Introduction

This is a regular six monthly report of the indicators in the Statement of Performance Expectations (SPE), a key component (Appendix B) of the Annual Plan. SPE measures represent the outputs or activities we deliver to meet our Annual Plan goals and objectives, and provide a reasonable representation of the vast scope of business-as-usual services we provide. These performance measures help to assess the quantity, quality, coverage and timeliness of service delivery. Performance against these measures is published in our Annual Report and audited by Audit NZ.

The measures in this report reflect those in the 2020/21 Annual Plan. A focus on equity is reflected in the extended number of measures monitored by ethnicity. This report excludes indicators that measure volumes without a specified target or those for which data is available only annually.

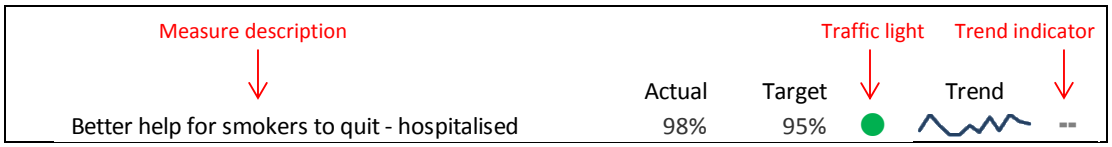
Due to the current COVID-19 outbreak, the latest results of several indicators are not currently available as internal and external staff are prioritised to the COVID-19 response. Results of the previous quarters are used instead and the timeframes are noted on the scorecards. Q4 results are expected to be available in time for the 2020/21 Annual Report.

The performance achieved in Q4 was generally good, as many of our community and hospital services continue to recover from previous COVID-19 disruptions. However, challenges continue in some areas, reflected in the performance against some indicators, such as immunisation rates and ED waiting times.

HOW TO INTERPRET THE SCORECARDS

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target for the reporting period (or previous reporting period, if displayed in ***grey bold italic*** font).



The traffic light colours align with Annual Plan criteria (with the HQSC exceptions, listed below):

Traffic light	Annual Plan criteria: relative variance actual vs. target	Interpretation
●	On target or better	Achieved
●	0.1–5% away from target	Substantially achieved but off target
●	5.1–10% away from target and improvement from previous reporting period	Not achieved but progress made
●	>10% away from target or 5.1–10% away from target and no improvement from previous reporting period	Not achieved and no progress made

HQSC criteria are applied wherever possible (these measures are labelled with '*'):

Traffic light	HQSC criteria: thresholds are set by HQSC		Interpretation
●	Upper better	Varies with each indicator	Achieved
●	Middle group	Varies with each indicator	Not achieved but near target
●	Lower group	Varies with each indicator	Not achieved

Trend lines and trend indicators

A trend line and a trend indicator are displayed for each measure. Trend lines represent the available data for the latest 12-month period. All trend lines use auto-adjusted scales, and small variations may appear to be large.

YTD measures (e.g. Green Prescriptions, B4 School Checks) are cumulative and their trend lines will always show an increase that resets with each new financial year; the line direction may not reflect positive performance. To assess the performance trend, use the trend indicator as described below.

Trend indicator	Rules	Interpretation
▲	**Current > previous** quarter (or reporting period) **performance**	Improvement
▼	**Current < previous** quarter (or reporting period) **performance**	Decline
--	**Current = previous** quarter (or reporting period) **performance**	Maintained

By default, the performance criteria is the actual : target ratio. However, in some exceptions (e.g. when target is 0 and when performance can be negative), the performance reflects the actual.

Specific notes are provided beneath each scorecard.

SPE scorecards: Quarter four 2020/21

Metro Auckland DHBs priority health outcomes and other key indicators scorecard
Quarter 4, 2020/21

	Auckland DHB			Waitematā DHB			Counties Manukau DHB		
Priority health outcomes	Actual	Target	Trend	Actual	Target	Trend	Actual	Target	Trend
Shorter stays in EDs	85%	95%		89%	95%		79%	95%	
Planned Care Interventions (YTD)	97%	100%		111%	100%		b. *113%*	*100%*	
Faster Cancer Treatment - within 62 days	91%	90%		89%	90%		84%	90%	
Increased immunisation at age 8 months	91%	95%		89%	95%		86%	95%	
- Māori	74%	95%		74%	95%		70%	95%	
- Pacific	87%	95%		85%	95%		82%	95%	
Better help for smokers - Primary Care	82%	90%		77%	90%		85%	90%	
Better help for smokers - Maternity	95%	90%		96%	90%		*n/a*	*90%*	
Raising Healthy Kids	99%	95%		99%	95%		100%	95%	
Key indicators									
Breast screening coverage	53%	70%		64%	70%		66%	70%	
Cervical screening coverage	69%	80%		70%	80%		65%	80%	
a. Preschoolers enrolled in DHB oral health	102%	95%		100%	95%		88%	95%	
- Māori	88%	95%		77%	95%		74%	95%	
- Pacific	101%	95%		100%	95%		90%	95%	
- Asian	95%	95%		92%	95%		81%	95%	
Urgent diagnostic colonoscopy in 14 days	100%	90%		98%	90%		100%	90%	
b. Opportunities for hand hygiene taken*	*86%*	*80%*		*91%*	*80%*		*87%*	*80%*	
c. Hip/knee procedures given ABx in time*	*96%*	*100%*		*98%*	*100%*		*96%*	*100%*	
b. 0-19 yo Mental Health waiting ≤3 weeks	*73%*	*80%*		*53%*	*80%*		*73%*	*80%*	
b. 0-19 yo Mental Health waiting ≤8 weeks	*85%*	*95%*		*89%*	*95%*		*91%*	*95%*	
b. 0-19 yo Addictions waiting ≤3 weeks	*92%*	*80%*		*71%*	*80%*		*98%*	*80%*	
b. 0-19 yo Addictions waiting ≤8 weeks	*97%*	*95%*		*93%*	*95%*		*98%*	*95%*	

Traffic light criteria
- Achieved; target met
- Substantially achieved; 0.1–5% from target
- Not achieved but progress made, or 5.1–10% from target
- Not achieved and no progress made, or >10% from target

*** HQSC criteria**
- Upper group
- Middle group
- Lower group

Scorecared notes
a. >100% results are due to mismatch of population projection and ARDS database ethnicity categorisations
b. Q3 2020/21 result
c. Q2 2020/21 result (Q1 2020/21 result for Waitematā DHB)
d. Q2 2020/21 result
e. Metro Auckland DHBs result
f. Q1 2020/21 result
1. Most **Actuals** and **Targets** are reported for the timeframe listed at the top
2. ***Grey bold italics*** indicate data from previous time frame as noted (e.g. a., b.)
3. **The trend lines** scale is auto-adjusted, small variations may appear large

Auckland DHB Statement of Performance Expectations scorecard

Quarter 4, 2020/21

Focus on priority populations				
Health promotion	Actual	Target		Trend
% of total clients engaged with GRx (YTD) - Māori	12%	11%	●	▼
% of total clients engaged with GRx (YTD) - Pacific	21%	17%	●	▬
% of total clients engaged with GRx (YTD) - South Asian	17%	18%	●	▼
Immunisation				
Pertussis vaccination in pregnancy	64%	50%	●	▲
- Māori	34%	50%	●	▬
- Pacific	44%	50%	●	▬
- Asian	74%	50%	●	▲
c. Flu vaccine in 0-4 yo hospitalised for respiratory illness	*33%*	*30%*	●	▲
c. - Māori	*26%*	*30%*	●	▲
c. - Pacific	*26%*	*30%*	●	▼
Increased immunisation at age 5 years	86%	95%	●	▼
- Māori	77%	95%	●	▲
- Pacific	83%	95%	●	▼
- Asian	89%	95%	●	▼
Primary health care				
Primary Care enrolment rate - Māori	82%	90%	●	▲
d. Eligible patients without HbA1c in last 15 mo	*11%*	*<12%*	●	▬
d. - Māori	*17%*	*<12%*	●	▬
d. - Pacific	*13%*	*<12%*	●	▬
b. Eligible patients with HbA1c ≤64 mmol/mol in last 15 mo	*59%*	*65%*	●	▼
b. - Māori	*48%*	*65%*	●	▬
b. - Pacific	*47%*	*65%*	●	▼
b. Māori with prior CVD prescribed triple therapy	*60%*	*70%*	●	▲
Mean decayed, missing, filled teeth (DMFT) at Year 8	0.45	<0.63	●	▲
- Māori	0.80	<0.63	●	▼
- Pacific	0.69	<0.63	●	▼
- Asian	0.38	<0.63	●	▲
Children caries free at age 5 years	52%	61%	●	▲
- Māori	40%	61%	●	▲
- Pacific	31%	61%	●	▲
- Asian	52%	61%	●	▲
Mental health				
b. Mental health service access (age 0-19 years)	*3.39%*	*3.15%*	●	▲
b. - Māori	*5.91%*	*6.11%*	●	▲
b. Mental health service access (age 20-64 years)	*3.87%*	*3.50%*	●	▲
b. - Māori	*11.64%*	*10.90%*	●	▲
b. Mental health service access (age 65+ years)	*3.06%*	*2.92%*	●	▼
b. - Māori	*4.18%*	*3.64%*	●	▲

Traffic light criteria

- ● Achieved; target met
- ● Substantially achieved; 0.1–5% from target
- ● Not achieved but progress made, or 5.1–10% from target
- ● Not achieved and no progress made, or >10% from target

Scorecard notes

a. >100% results are due to mismatch of population projection and ARDS database ethnicity categorisations
b. Q3 2020/21 result
c. Q4 2019/20 result
d. Q2 2020/21 result.
e. Metro Auckland DHBs result
f. Q1 2020/21 result
1. Most **Actuals** and **Targets** are reported for the timeframe listed at the top
2. *Grey bold italics* indicate data from previous time frame as noted (e.g. a., b.)
3. **The trend lines** scale is auto-adjusted, small variations may appear large

Auckland DHB Statement of Performance Expectations scorecard

Quarter 4, 2020/21

Output Class 1: Prevention Services	Actual	Target	Trend
Health promotion			
Pregnant smokers referred to incentives programme (YTD	157	110	
Number of clients engaged with Green Prescriptions (YTD	3,886	4,250	
Population-based screening			
B4 School Checks completed (YTD)	83%	90%	
Newborns offered and hearing screened w/in 1 month	96%	90%	
Auckland Regional Public Health Service			
e. Tobacco retailer compliance checks conducted (YTD)	5	300	
e. Positive pulmonary TB cases contacted in 3 days	100%	90%	
e. By-protocol initial contact for high risk enteric disease	100%	95%	
Output Class 2: Early Detection and Management			
Primary health care			
POAC referrals (YTD)	5,401	6,036	
Output Class 3: Intensive Assessment and Treatment			
Acute services			
b. Alcohol-related ED admissions (10-24 year-olds)	*6.8%*	*<14%*	
b. Stroke patients receiving thrombolysis and/or clot retriev	*15%*	*12%*	
ACS patients with coronary angiography in 3 days	88%	70%	
Elective (inpatient/outpatient)			
Non-urgent diagnostic colonoscopy in 42 days	67%	70%	
Patients waiting >4 months for FSA (ESPI 2)^	3.0%	<0%	
CTs completed in 6 weeks	81%	95%	
MRIs completed in 6 weeks	82%	90%	
Quality and patient safety (HQSC)			
f. Staph bacteraemia rate per 1,000 inpatient bed days	*0.25*	*<0.25*	
b. Older patients assessed for the risk of falling	*86%*	*90%*	
b. Older falls risk patients with an individualised care plan*	*93%*	*90%*	
f. #NOF from falls per 100,000 admissions (rolling 12 m)	*5.0*	*<9.7*	
d. Hip/knee procedures given antibiotic in correct dose*	*96%*	*95%*	
Surgical site infections per 100 hip and knee operations	*n/a*	*<0.97*	
Inpatient respondents with 'very good', 'excellent' care	85%	90%	
Outpatient respondents with 'very good' or 'excellent' car	89%	90%	
Output Class 4: Rehabilitation and Support Services			
Home-based support			
HBSS clients with clinical interRAI and care plan	*n/a*	*95%*	
Palliative care			
Referrals that wait >48 hours for a hospice bed	1%	<5%	

Traffic light criteria

- Achieved; target met
- Substantially achieved; 0.1–5% from target
- Not achieved but progress made, or 5.1–10% from target
- Not achieved and no progress made, or >10% from target

^ ESPI 2 only (MoH)

- 0
- >0% and <0.4%; *n* = 1-10
- ≥0.4%; *n* ≥11

*** HQSC criteria**

- Upper group
- Middle group
- Lower group

Scorecard notes

a. >100% results are due to mismatch of population projection and ARDS database ethnicity categorisations
b. Q3 2020/21 result
c. Q4 2019/20 result
d. Q2 2020/21 result
f. Q1 2020/21 result
f. Q3 2019/20 result

1. Most **Actuals** and **Targets** are reported for the timeframe listed at the top
2. *Grey bold italics* indicate data from previous time frame as noted (e.g. a., b.)
3. **The trend lines** scale is auto-adjusted, small variations may appear large

PRIORITY HEALTH OUTCOMES
SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
1. Shorter stays in EDs	✖	*AED: we continue to experience increase in demand and resourcing constraints, high hospital occupancy rates and capacity restraints across admitting specialties, with high levels of unplanned leave. We reviewed escalation plans and continue to engage with the Acute Flow Steering Group and Integrated Operations Centre.* *Starship: we experienced significant surges (including RSV), with continued pressures on staff vacancies and sickness (recruitment pipeline is diminished); continued concerns regarding staff wellbeing and resilience. We are working on an escalation plan, developing tools to respond to winter activity and significant surges, and a risk balancing approach.*
2. Planned Care Interventions	✓	
3. Faster Cancer Treatment – within 62 days	✓	
4. Increased immunisation at age 8 months	✓	
- Māori	✖	*COVID-19 lockdowns and high demand on the vaccinator workforce capacity affected immunisation coverage.* *A joint Auckland-Waitematā DHBs action plan, developed with PHOs and Māori and Pacific Health Gains teams on strategies to improve immunisation and decline rates for Māori and Pacific tamariki, was provisionally accepted by the Ministry of Health in August 2021. Work is well underway to implement it.*
- Pacific	✖	
5. Better help for smokers – Primary Care	✖	*Limited primary care activity took place during COVID-19 restrictions. Primary care resources continue to be stretched due to the COVID-19 response, with less focus on other conditions, such as smoking. No DHB in the country achieved the target in Q4; Auckland DHB was ranked 5th out of the 20 DHBs.*
6. Better help for smokers – Maternity	✓	
7. Raising Healthy Kids	✓	

KEY INDICATORS

SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
8. Breast screening coverage	✖	*Total coverage is below target. Coverage is 56% for Māori and 62% for Pacific.* *Transition to the new lead provider Breast Screen Auckland Central was completed in Q3 and Q4, which included a reduced screening capacity in the previous provider and a small gap in screening that affected coverage for all groups. An increase in coverage is expected to take some time to achieve. The provider remains focused on achieving equitable gains in coverage for Māori and Pacific women. The recent arrival of the new mobile screening unit increases capacity to focus on Māori and Pacific, and less well-served locations.*
9. Cervical screening coverage	✖	*Total coverage remains below target, with coverage in Māori and Pacific significantly lower. COVID-19 restrictions affected the completion of cervical screens. Small gains were made in Q4 in all groups, attributed to the publicity around an MP's diagnosis. Despite the small gains, the overall decline in both national and local coverage has been the trend for 3-4 years.* *The announcement in May of the planned introduction of HPV primary screening in 2023 is welcome, but may see a further decrease in coverage as women wait for the self-test option. Cancer risk is higher in Māori and Pacific women who are unscreened or have not been screened for >5 years; these groups remain a priority.*
10. Preschoolers enrolled in DHB oral health services	✓	
- Māori	✖	*Pre-school enrolment coverage for tamariki Māori improved in 2021 due to the introduction of an automatic process for birth nomination to the oral health service in Auckland DHB in 2018.* *ARDS continues to work with staff to support their Booking and Scheduling SOPs to reflect the need to confirm the ethnicity of every child for both biological parents at booking. The birth lists from which tamariki are automatically enrolled*

Indicator	On target	Variance commentary
		assigns only the mother's ethnicity. Across a range of child health services, Māori children have lower enrolment, access and utilisation than non-Māori. Auckland and Waitematā DHBs introduced the National Child Health Platform (NCHIP), a child health enrolment and milestone system. NCHIP allows a child's key health checks to be collated from birth through to six years of age, and from a range of different service providers within a single integrated dataset. To ensure the use of NCHIP improves access and equity, it was implemented as part of Uri Ririki - Child Health Connection Centre (UR-CHCC). UR-CHCC will manage the database and analyse it to inform active follow-up with families, providers and other agencies when children are missing out on services. *A data-matching exercise with NCHIP showed ARDS' current report algorithms did not identify all babies born in the three Metro Auckland DHBs, including Māori. This is likely because NCHIP pulls NHIs directly from MoH's feed source, whereas the ARDS automated report pulls from DHB birth lists. A Waitematā DHB analyst is reviewing how ARDS can receive a monthly cross-match of all NCHIP and ARDS enrolments to perform the following tasks to increase enrolment volumes for all babies, including Māori:* *a) identify babies enrolled in NCHIP but not in ARDS* *b) automatically enrol these babies into Titanium (the ARDS patient management system)* *c) retrospectively analyse babies enrolled in NCHIP but not in ARDS, and enrol them into Titanium.*
- Pacific	✓	
- Asian	✓	
11. Urgent diagnostic colonoscopy in 14 days	✓	
12. Opportunities for hand hygiene taken	✓	
13. Hip and knee operations given prophylactic antibiotic in time	✓	
14. Mental Health waiting within 3 weeks in 0-19 year olds	✘	*We continue to see a surge in referral rates, affecting waiting times. The increase in acuity and complexity of clients also affects waiting times.*
15. Mental Health waiting within 8 weeks in 0-19 year olds	✘	

Indicator	On target	Variance commentary
		We implemented changes in our referral management process and how we triage and prioritise clients, which resulted in clients being seen in a more timely manner in the first three weeks of presentation. *We allocated a psychologist and a psychiatrist to triage and prioritise clients on the waitlist and offer medical reviews for clients, where indicated.* *We put in clinic days for a psychologist and paediatrician to see clients waiting to be assessed for Auckland DHD and neurodevelopmental issues.* *We continue to offer telehealth as an option for both initial assessment and ongoing intervention.*
16. Addictions waiting within 3 weeks in 0-19 year olds	✓	
17. Addictions waiting within 8 weeks in 0-19 year olds	✓	

FOCUS ON PRIORITY POPULATIONS SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Health promotion		
18. Total clients engaged with Green Prescriptions (YTD) - Māori	✓	
- Pacific	✓	
- South Asian	✓	
Immunisation		
19. Pertussis vaccination in pregnancy	✓	
- Māori	✖	*We continue to make good progress to increase vaccine uptake in pregnancy, exceeding the total population target; however, an equity gap is growing. During COVID-19 outbreaks, many antenatal clinic and primary care appointments were delivered virtually, prohibiting opportunistic vaccinations.* *The SMILE campaign of health promotion messages for women and their whānau won the 2021 Waitematā DHB Health Excellence in Health Innovation.*
- Pacific	✖	
- Asian	✓	

Indicator	On target	Variance commentary
20. Flu vaccine in 0-4 year olds hospitalised for respiratory illness	✓	*Note: the calendar year 2020 results are reported for this indicator at Q4 to align with the Annual Report timeframe.*
- Māori	✖	*In the 2021 influenza season, we distributed lists of eligible 0-4 year-old children to PHOs for recall. We collaborated with Metro Auckland PHOs on a postcard resource. PHOs sent cards to enrolled children and we sent cards to those not enrolled.* *Vaccine uptake in 2021 is lower than 2020 and 2019. This is likely due to reduced promotion nationally vs. 2020, re-deployment of community vaccinators to the COVID-19 vaccine roll-out, and any extra primary healthcare capacity was absorbed to deliver the additional 12-month immunisation event.*
- Pacific	✖	
21. Increased immunisation at age 5 years	✖	*The result is a 0.9% decrease from Q3 and a decrease of 5.3% from Q4 last year. Combined opt-off and decline was 3.4%, an increase from 2.7% from Q3.* *Providers report whānau/families reluctance to take their well child to GPs in fear of exposure to COVID-19 and other illnesses, and to allow the Outreach Immunisation Service into their homes, especially during lockdowns. The pivot to primary care offering virtual services reduced opportunistic immunisations. COVID-19 and the additional 12-month immunisation event affected primary care workloads, with less time available for recall and follow-up of children due and overdue immunisations.* *See comments above for 8-month-old immunisation (#4) regarding the joint Auckland-Waitematā DHBs action plan.*
- Māori	✖	
- Pacific	✖	
- Asian	✖	*PHO Immunisation Coordinators and the National Immunisation and Missed Events Service are ensuring that Asian children are not overlooked in their immunisation coverage monitoring, overdue reporting and track-and-trace follow-ups.*
Primary health care		
22. Primary Care enrolment rate – Māori	✖	*We continue to focus on ensuring that Māori health providers constantly check the enrolment status of their clients, and*

Indicator	On target	Variance commentary
		data match between Māori health providers and PHOs to find whānau who are not enrolled.
23. Eligible patients without HbA1c in the last 15 months	✓	
- Māori	✖	*Primary Care's ability to undertake routine diabetes care was and continues to be affected by COVID-19; PHOs are working with their practices to re-engage them in BAU, including identifying patients with elevated HbA1c and those without an HbA1c within the last 15 months, and work to re-engage these patients with their primary care team to work together to help improve their diabetes management.*
- Pacific	✖	
24. Eligible patients with HbA1c ≤64 mmol/mol in the last 15 months	✖	
- Māori	✖	
- Pacific	✖	
25. Māori with prior CVD prescribed triple therapy	✖	*Primary Care's ability to undertake CVD risk assessment and risk management was and continues to be affected by COVID-19; PHOs are working with practices to re-engage in BAU, which includes CVD risk assessment and management.*
26. Mean decayed, missing, filled teeth (DMFT) at Year 8	✓	
- Māori	✖	*Over the past two years, there was significant focus on improving the systems and processes that support equity and attendance rates for Māori and Pacific children. However, COVID-19 significantly affected service performance, as routine oral health care (as per Dental Council NZ (DCNZ) guidance) could not be provided during Alert Levels 3 and 4. Due to the DCNZ requirement to screen all children prior to their appointment, the service experienced challenges in reaching some families/whānau to complete this requirement. Children whose parents cannot be contacted miss out on services. The ARDS COVID-19 Recovery Plan focuses on offering appointments to tamariki identified as requiring treatment and those waiting the longest for their routine examination. Resources are distributed to tamariki living in the highest need communities. This means 5-year-old and Year 8 tamariki who attended this year will be the highest needs children and therefore more likely to experience dental caries and have higher DMFT than lower risk children. This need will be reflected in*
- Pacific	✖	

Indicator	On target	Variance commentary
		their caries free status and DMFT score. The ARDS COVID-19 Recovery Plan also means longer appointment lengths as more treatment is required, hence fewer appointments are completed per day vs. pre-COVID-19. With the ongoing DCNZ requirements, ARDS anticipates service delivery will continue to be affected. This includes the provision of services for tamariki before their transfer to the Adolescent Dental Service.
- Asian	✓	
27. Children caries free at age 5 years	✖	*Please see DMFT comments above.*
- Māori	✖	
- Pacific	✖	
- Asian	✖	
Mental health		
28. Mental Health service access (age 0-19 years)	✓	
- Māori	✓	
29. Mental Health service access (age 20-64 years)	✓	
- Māori	✓	
30. Mental Health services access (age 65+ years)	✓	
- Māori	✓	

OUTPUT CLASS 1: PREVENTION SERVICES SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Health promotion		
31. Pregnant smokers referred to incentives programme (YTD)	✓	
32. Number of clients engaged with Green Prescriptions (YTD)	✖	*The provider experienced a decrease in the number of referrals due to the impact of lockdowns and COVID-19 on general practices; although the number of engaged clients increased in Q4, it was insufficient to meet the annual target.*
Population-based screening		
33. B4 School Checks completed (YTD)	✖	*Performance was affected by COVID-19, both during lockdowns where in-home assessments could not be conducted and afterwards with increased client hesitancy for non-household members to visit.*

Indicator	On target	Variance commentary
34. Newborns offered hearing screening within 1 month	✓	
Auckland Regional Public Health Service		
35. Tobacco retailer compliance checks conducted (YTD)	✖	*Smokefree compliance work is on hold due to resourcing pressures from COVID-19 deployments and the increased level of alcohol applications received by ARPHS' compliance officers. Work is being undertaken to redistribute compliance FTE to resume tobacco compliance work in the next six months and recruit 1 FTE compliance officer to increase capacity.*
36. Positive pulmonary tuberculosis cases contacted in 3 days	✓	
37. By-protocol initial contact for high risk enteric disease	✓	

OUTPUT CLASS 2: EARLY DETECTION AND MANAGEMENT SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Primary health care		
38. Primary Options for Acute Care (POAC) referrals (YTD)	✖	*The estimated volumes are calculated based on the annual clinical services funding per DHB. The volumes are estimated using the previous 'average clinical cost per case', but this is no longer indicative due to the varying value of case reimbursements* *Over this financial year, Auckland DHB went over their allocated budget. The main contributing factors were extraordinary increases in services funded through POAC, such as Opioid Substitution Therapy, Rest Home Support/Care/ Dementia, Private Hospital and Long Acting Reversible Conception, when compared to the previous period.*

OUTPUT CLASS 3: INTENSIVE ASSESSMENT AND TREATMENT SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Acute services		
39. Alcohol-related ED admissions (10-24 year-olds)	✓	
40. Stroke patients receiving thrombolysis and/or clot retrieval	✓	
41. ACS patients with coronary angiography in 3 days	✓	
Elective (inpatient/outpatient)		
42. Non-urgent diagnostic colonoscopy in 42 days	✓	
43. Patients waiting >4 months for FSA (ESPI 2)	✘	*ESPI 2 performance continues to improve. We continue to focus on equity, long-waiting patients, and clinic risk. Additional clinics are being undertaken wherever possible.*
44. CTs completed within 6 weeks	✘	*Additional weekend sessions planned throughout the next two months. There are constraints with CTC capacity, both internally and with private providers.*
45. MRIs completed within 6 weeks	✘	*Additional outsourcing is to continue until December 2021. There are constraints with paediatric GA MRI patients and anaesthetist availability. Additional staff is currently being recruited to support these lists. Additional Saturday sessions are continuing until these staff are in post.*
Quality and patient safety (HQSC)		
46. Staph bacteraemia rate per 1,000 inpatient bed days	✓	
47. Older patients assessed for the risk of falling	✓	
48. Older falls risk patients with an individualised care plan	✓	
49. Fractured NOF from falls per 100,000 admissions (rolling 12 months)	✓	
50. Hip and knee procedures given the right antibiotic in the correct dose	✓	
51. Surgical site infections per 100 hip and knee operations	**n/a**	*Awaiting more recent data.*
52. Inpatient respondents with 'very good' or 'excellent' care	✘	*Analysis of the feedback shows that effective communication is a key factor in a very good or excellent patient experience. Work is planned or underway to improve communication in the coordination of care, appointments, wayfinding, and health information systems.*

Indicator	On target	Variance commentary
53. Outpatient respondents with 'very good' or 'excellent' care	✓	

OUTPUT CLASS 4: REHABILITATION AND SUPPORT SERVICES SCORECARD VARIANCE REPORT

Indicator	On target	Variance commentary
Home-based support		
54. HBSS clients with clinical interRAI and care plan	**n/a**	*No data available since Q3 2019/20 due to COVID-19; considerable data issues continue.*
Palliative care		
55. Referrals that wait >48 hours for a hospice bed	✓	

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 28 July 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 [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]
3.1 Confirmation of the Emergency Board Confidential Meeting Minutes of 1 September 2021	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [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]
4.0 Confidential 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]
5.0 Risk Report - Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Chief Executive's Confidential Verbal Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982S9(2)(k)]	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.0 Performance 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]
8.0 Committee 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]
9.1 Kotui Hauora Delegated Authority	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 ACH Site Access	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	made public [Official Information Act 1982 s9(2)(i)] **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)]	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.3 Northern Regional Service Plan	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.4 Fleet Replacement Programme	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.5 AOG Gas Pricing Renewal	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.6 Women's Health 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)] **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]
9.7 Sale and Supply of	**Commercial Activities** Information contained in this report is related to commercial activities and	That the public conduct of the whole or the relevant part of the meeting would

Alcohol Act	Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.8 Smokefree Aotearoa 2025	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.0 Discussion Reports – Nil		That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.1 COVID Delegated Authority	**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]
11.2 HealthSource Operational Performance Report – August 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 [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]
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]