AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Special Board Meeting

Wednesday, 26 January 2022

10:00am

Note:

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

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

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

Published 20 January 2022

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
Special Meeting of the Board
26 January 2022

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

Time: 10.00am

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

Agenda

Please note that agenda times are estimates only

KARAKIA

10.00am **1. ATTENDANCE AND APOLOGIES**

Board member - Jo Agnew

Senior Staff - Mel Dooney, Mark Edwards, Michael Shepherd and Margaret Wilsher

10.05am **2. REGISTER OF INTEREST AND CONFLICTS OF INTEREST**

Does any member have an interest they have not previously disclosed?

Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

3. CONFIRMATION OF CONFIDENTIAL MINUTES - Nil

4. ACTION POINTS - Nil

10.07am **5. EXECUTIVE REPORTS**

5.1 Chief Executive's Report

10.30am **6. PERFORMANCE REPORTS**

	6.1	Financial Performance Report
	7.	**COMMITTEE REPORTS - Nil**
	8.	**DECISION REPORTS - Nil**
10.45am	**9.**	**INFORMATION REPORTS**
	9.1	Omicron Report
11.15am	**10.**	**GENERAL BUSINESS**
	11.	**RESOLUTION TO EXCLUDE PUBLIC**

Next Meeting:	Wednesday, 23 February 2022 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	3 Nov 21	15 Dec 21	16 Dec 21
Pat Snedden (Board Chair)	1	1	1	1	1
Joanne Agnew	1	1	1	1	1
Doug Armstrong	1	1	1	1	1
Michelle Atkinson	1	1	1	1	1
Zoe Brownlie	x	1	1	1	1
Peter Davis	1	1	1	1	1
Tama Davis	x	1	1	1	1
Fiona Lai	1	1	1	x	1
Bernie O'Donnell	x	1	x	x	1
Michael Quirke	1	1	1	1	1
Ian Ward	1	1	1	1	x

Attendance at Board Meetings

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Seat at the Table

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

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Board

Member	Interest	Latest Disclosure
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd	01.07.2021
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Chargenet, Director & CEO – Partner	21.05.2020
Doug ARMSTRONG	Trustee – Woolf Fisher Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Trustee- Sir Woolf Fisher Charitable Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Member – Trans-Tasman Occupations Tribunal Daughter – *(daughter practices as a Barrister and may engage in health related work from time to time)* Meta – Moto Consulting Firm – (*friend and former colleague of the principal, Mr Richard Simpson)* NZX shares which may include from time to time the health related shares EBOS , Fisher and Paykel Healthcare,Ryman Healthcare, Green Cross Healthcare	21.10.2021
Zoe BROWNLIE	Co-Director – AllHuman Board Member – Waitakere Health and Education Trust Partner – Team Leader, Community Action on Youth and Drugs Advisor – Wellbeing, Diversity and Inclusion at Massey University	26.05.2021
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties Chair – The Helen Clark Foundation	22.12.2020
William (Tama) DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei Director – Comprehensive Care Limited Board	26.11.2021

	Director – Comprehensive Care PHO Board Board Member – Yellow Brick Road Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa Director - - Board of New Zealand Health Partnerships Elected Member – Ngati Whatua o Orakei Trust Board Board Member – Auckland Health Foundation Director to Emerge Aotearoa Trust and Emerge Aotearoa Limited	
Krissi HOLTZ	Primary Employer – ASB Bank	07.07.2021
Fiona LAI	Member – Pharmaceutical Society NZ Casual Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association Board of Trustee – Mt Roskill Primary School Vaccinator	21.11.2021
Maria NGAUAMO	Employee – NZ Ministry of Foreign Affairs and Trade (MFAT) Employer – University of Auckland	18/10/21
Bernie O'DONNELL	Chairman Manukau Urban Māori Authority(MUMA) Chairman UMA Broadcasting Limited Board Member National Urban Māori Authority (NUMA) Board Member Whānau Ora Commissioning Agency National Board-Urban Maori Representative – Te Matawai Board Member - Te Mātāwai. National Māori language Board Owner/Operator– Mokokoko Limited Senior Advisor to DCE – Oranga Tamariki Engagement Advisor – Ministerial Advisory Panel – Oranga Tamariki Kura Ratapu – Radio Waatea - Wife	08.07.2021
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group Director of Strategic Partnerships for Healthcare Holdings Limited Board Director – healthAlliance Director - New Zealand Musculoskeletal Imaging Limited	30.08.2021
Ian WARD	Director – Ward Consulting Services Limited Director – Cavell Corporation Limited Trustee of various family trusts Oceania Healthcare – wife shareholder	21.05.2020

Chief Executive's Report

TE TOKA TUMAI
Auckland DHB

5.1

Recommendation

That the Chief Executives report for 29 November 2021 – 9 January 2022 be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 29 November 2021 – 9 January 2022.

2. Events and News

2.1 Christmas and New Year

We were able to manage capacity over the holidays despite experiencing continued workforce issues. I would like to extend my thanks to all those who worked over the holidays and those who provided on-call support.

2.2 Living with COVID-19

A big focus for our move into living with COVID-19 is preparing for when the Omicron variant of COVID-19 reaches our communities.

Based on international data we expect that once we get cases of Omicron in the community the spread will be rapid, with a surge at about six weeks. During this surge we are expecting to have an increased workload but probably even more challenging will be the impact on our available workforce due to illness and isolating.

We are already planning so we are ready, and will run a daily operations Incident Management Team approach with one of the focus' to distribute workload and workers to the right places. To some degree we do this every day.

One of our best protections against Omicron is the COVID-19 booster vaccination and we're encouraging our people to get their booster vaccination as soon as they can. We have an onsite vaccine centre to make it easy for staff to get the booster. Already more than 76% of staff have had their booster vaccination and we anticipate this number of will increase rapidly over the next few weeks.

2.3 Auckland City Mission and Employee Support Centre

Our amazing kaimahi came together to support those who need a helping hand at Christmas. They donated to Auckland City Mission appeal and to our own Employee Centre. Food, toiletries, gifts and money were donated to the Employee Support Centre. More than $1,300 was donated through our Givealittle page to the Auckland City Mission.

2.4 12 days of Christmas giveaways

As a small token of thanks for the incredible mahi and effort our staff put in last year, we organised 12 days of Christmas giveaways and some treats for teams to share. There was a giveaway each day Monday to Friday until 16 December. Giveaways included retail discounts, gym passes, vouchers and a Christmas hamper. The last giveaway was platters for each team including teams at Greenlane Clinical Centre and satellite sites.

A huge thank you to all our sponsors and kitchen staff for participating. It was a great way to end the year.

2.5 Climate Challenge Awards for Auckland DHB

Climate change and health are becoming inextricably linked. The Health Care Climate Challenge is run by Health Care without Harm, whose aim is to mobilise health care institutions around the world to protect public health from climate change.

Auckland DHB received three gold awards and one silver for 2021 to recognise our work on climate change.

We're thrilled to receive these awards that recognise the incredible efforts our team. We are aware of the health effects and environmental impact of climate change and as one of the largest employers in New Zealand we are deeply committed to our sustainability programme. Thank you to our amazing teams for their leadership and commitment around climate change.

3. Our People

3.1 You're awesome campaign

The three metro DHB foundations developed the you're Awesome campaign at the end of 2021. The campaign backed by Stuff, provided an opportunity to share some of our people stories and an opportunity for the public to reward healthcare workers for their efforts during the Covid-19 pandemic. You can read some of our people stories on Stuff using the links below:

Shakira Camp https://www.stuff.co.nz/national/health/coronavirus/127345660/youre-awesome-better-parking-cheeky-perk-for-nurse-working-through-lockdown

Pippa Holland https://www.stuff.co.nz/national/health/coronavirus/127345012/youre-awesome-supporting-rangatahi-and-their-wellbeing-during-the-pandemic

Hayden Erick https://www.stuff.co.nz/national/health/coronavirus/127265027/youre-awesome-family-the-backbone-of-nurse-educators-wellbeing-during-pandemic

Emily Welburn https://www.stuff.co.nz/national/health/coronavirus/300471937/youre-awesome-important-to-give-support-as-we-adapt-to-new-normal-with-covid19

Sarah Coffison https://www.stuff.co.nz/national/health/coronavirus/300469079/youre-awesome-words-of-kindness-valued-by-hospital-workers-during-pandemic

Elsie Smith https://www.stuff.co.nz/national/health/coronavirus/127223988/youre-awesome-advocating-for-aucklands-pacific-hospital-patients

3.2 Local Heroes

Congratulations to all our local heroes. Here are our recent winners.

Claire Raikuna, Nurse, Adult Emergency

"Claire is such a kind person, a team player, gentle and caring with patients, a leader and teacher amongst her nursing colleagues.

Her lovely nature makes her so good at supporting patients who are fearful, frail or elderly.
She is also a great teacher providing clear, easy to understand information it.

Lately I have been a "return to work" ACC casualty and Claire has been a real support. She makes sure I'm taking care of my injury, helps in situations where I can't do a task, and gives advice where I am frustrated at my limitations." - **a colleague**.

Maria Sergeeva, Healthcare Assistant, Ward 83

"From the time I was admitted to the ward, Maria made me feel comfortable and relieved the fear and tension that was threatening to overcome me because of the discomfort I was suffering.

She gave me the confidence I needed to achieve the simple, day to day things I was scared of.

I will forever be grateful to Maria for her caring nature and the confidence and feeling of safety she created in me. I feel she totally deserves the local hero award for the work she does." **- a patient.**

Bronwyn Jupp, Community Mental Health Nurse, Maanaki House

"Whilst the whole team has been separated by walls, doors, separate offices and working from home, Bronwyn has kept us all together.

She has provided the team with a daily activity, quizzes, funny hat days, favourite tee shirt days, freaky Fridays, fancy Fridays, daily fuzzy picture competitions, get to know your workmate quizzes and a large number of other things. During our twice daily check ins via Zoom she has bought humour, competitiveness, and connection in a time when it would be easy to feel very disconnected. Thank you Bronwyn for being simply awesome."

Megan Christie, Nurse, Gynaecology Outpatients

"Megan was seconded to the Gynaecology outpatient clinics. Just before Christmas. She quickly took on the tasks quickly and more!

Her organisational abilities are outstanding to the point she ensures all medical rosters for the week are filled to capacity with the right patient.

Megan works around any challenges that patients may have to ensure that all patients have equitable access to get to a medical appointment. She helps resolves transport issues, infection control issues, and appointment time challenges so that the patient can be seen.

Megan has also taken on the role of being the "SOS" phone nurse for patients that have been seen in clinics by the doctor but may need to reach out for advice.

Thank you Megan for being a star."

4. Communication and Engagement

4.1 External Communication

Between 29 November 2021 and 9 January 2022, we received 44 requests for information, interviews or access from media organisations. This included requests about hospital occupancy and the ongoing response to COVID-19.

Around 31 per cent of the enquiries over this period sought the status of patients admitted following incidents such as road traffic incidents and water incidents.

We responded to 43 Official Information Act requests over this period.

4.2 Internal Communication

For this period, 403 emails were received. Of these emails, 28 were non-communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

- Four editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Three editions of the Manager Weekly Briefing were published for all people managers.
- Eighteen Living with COVID-19 update emails were sent out to all employees. This includes COVID-19 booster vaccination emails.
- Seven non-COVID-19 related staff emails were sent out to all employees.

4.3 Social Media

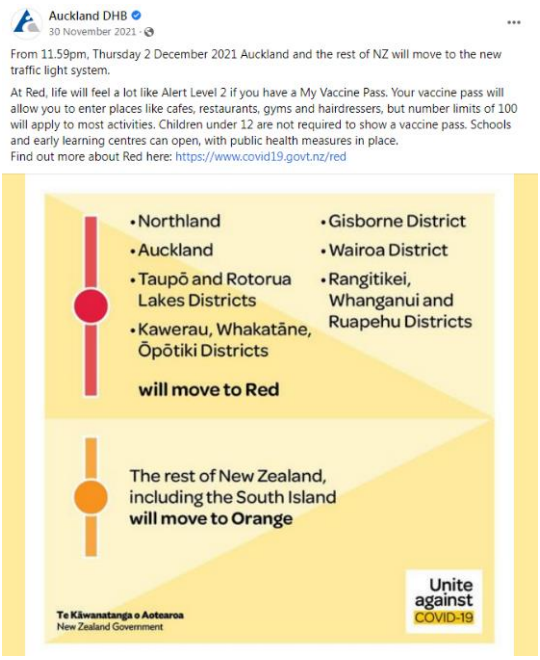
We continue to engage with our community on social media, celebrating achievements and sharing important health messages.

Some of the information we have shared includes:

- Mana Awhi | Older People's Health Awards
- COVID-19 Protection Framework
- Festive cheer from local businesses

- Kōkiri te reo Māori
- You're Awesome campaign
- 90% eligible Pacific population vaccinated
- NRHCC vaccination events
- Dr Barry Snow – keeping people safe at our sites
- Booster shots

Top performing social media posts



5. Performance of our health system

	Status	Comment
Acute patient flow (ED 6 hr)		Dec 78%, Target 95%
Improved access to elective surgery (YTD)		Dec 74% , Target 100%
Faster cancer treatment		Dec 94%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity		Dec 92%, Target 95% R/U, Target 90% R/U, Target 90%
Raising healthy kids		Dec 95%, Target 95%
Increased immunisation 8 months		Sep Qtr 92%, Target 95%

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

R/U: Result Unavailable

6. Financial Performance

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

The financial result for the five months ended 30 November 2021 is a deficit of $4.5M against a budgeted deficit of $20.9M, thus favourable to budget by $16.4M. The favourable position to budget was realised in the Funder arm ($8.2M favourable), the Provider Arm ($7.3M favourable) and the Governance arm ($757K favourable). The favourable position is attributed to Business as Usual operations ($15.3M favourable), mainly due to reduced Funder demand driven expenditure, prior year adjustments, lower clinical supplies expenditure due to reduced throughput, and additional revenue realised. The net COVID-19 impact is a favourable position of $1.1M for the year to date partly due to prior period adjustments. COVID-19 funding realised for the period was $114M, this covered vaccinations, community testing, Public Health Services, laboratory testing, quarantine, border control and other Covid-19 response costs. However, COVID-19 related costs in the same period were $112.9M, hence the $1.1M favourable impact year to date.

Financial Performance Report for the period ended 30 November 2021

Recommendation

That the Board Receives the Financial Report for the period ended 30 November 2021

Prepared by: Auxilia Nyangoni, Deputy Chief Financial Officer
Endorsed by: Justine White, Chief Financial Officer
Date: 16 January 2022

1. Statement of Financial Performance for the period ending 30 November 2021

The November 2021 net financial result for the month is a surplus of $7.8M which is $15.8M favourable against the budgeted deficit of $7.9M. For the year to date (YTD), a deficit of $4.5M was reported against a deficit budget of $20.9M, thus favourable to budget by $16.4M. The $16.4M YTD favourable variance is attributable to Business as Usual (BAU) operations and was realised in the Funder Arm ($8.3M favourable), Provider Arm ($7.3M favourable) and Governance Arm ($757K favourable).

The forecast for the full year has been updated this month to a deficit of $69.9M, which is $3.1M favourable compared to the approved full year budget deficit of $73M. This is an improvement on the year end forecast in October (a deficit of $81M), with the improvement reflecting the improved YTD Covid-19 impacts. The forecast includes YTD Covid-19 impacts up to November 2021, with no further future impacts included due to the variable nature of these costs.

The summary financial performance for the month, YTD and year end forecasts are summarised in the Table below:

$000s	Month (Nov-2021)			Year to Date 2021-22			Full Year (2021-22)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Income									
Government and Crown Agency	201,758	160,977	40,781 F	895,353	804,731	90,622 F	2,026,898	1,935,832	91,066F
Non-Government and Crown Agency	8,889	8,446	443 F	40,421	42,374	1,953 U	99,112	101,508	2,396U
Inter- District Flows	65,355	66,133	777 U	319,415	330,665	11,250 U	784,178	793,595	9,417U
Inter-Provider and Internal Revenue	3,370	1,535	1,835 F	9,046	7,722	1,324 F	17,959	18,469	510U
Total Income	**279,373**	**237,091**	**42,281 F**	**1,264,235**	**1,185,492**	**78,743 F**	**2,928,147**	**2,849,404**	**78,743F**
Expenditure									
Personnel	133,890	109,281	24,609 U	574,001	529,417	44,584 U	1,360,855	1,307,404	53,451U
Outsourced Personnel	5,324	2,355	2,969 U	24,006	11,777	12,229 U	42,419	28,265	14,154U
Outsourced Clinical Services	3,933	3,833	100 U	17,677	19,143	1,466 F	44,086	45,652	1,566F
Outsourced Other Services	7,609	7,376	233 U	40,593	36,882	3,710 U	92,330	88,518	3,812U
Clinical Supplies	30,720	30,446	274 U	146,286	150,537	4,251 F	352,000	349,726	2,274U
Funder Payments - NGOs and IDF Outflows	62,428	73,778	11,350 F	346,601	368,892	22,290 F	866,047	885,340	19,293F
Infrastructure & Non-Clinical Supplies	27,628	17,933	9,695 U	119,567	89,692	29,876 U	240,310	217,498	22,812U
Total Expenditure	**271,532**	**245,003**	**26,529 U**	**1,268,731**	**1,206,342**	**62,390 U**	**2,998,047**	**2,922,404**	**75,643U**
Net Surplus / (Deficit)	**7,841**	**(7,912)**	**15,752 F**	**(4,496)**	**(20,850)**	**16,353 F**	**(69,900)**	**(73,000)**	**3,100 F**

Result by Division $000s	Month (Nov-2021)			Year to Date 2021-22			Full Year (2021-22)		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder	3,524	0	3,524 F	8,284	0	8,284 F	0	0	0 F
Provider	4,052	(7,919)	11,971 F	(13,523)	(20,836)	7,312 F	(69,900)	(73,000)	3,100 F
Governance	265	7	257 F	743	(14)	757 F	0	0	0 F
Net Surplus / (Deficit)	**7,841**	**(7,912)**	**15,752 F**	**(4,496)**	**(20,850)**	**16,353 F**	**(69,900)**	**(73,000)**	**3,100 F**
COVID-19 Net impact on bottom-line	11,518	7	**11,511 F**	1,099	(3)	**1,102 F**	1,099	0	**1,099 F**
Holidays Act Impact	(3,334)	(3,334)	**0 F**	(16,670)	(16,670)	**0 F**	(40,000)	(40,000)	**0 F**
BAU Net impact on bottom-line	(343)	(4,585)	**4,241 F**	11,075	(4,177)	**15,251 F**	(30,999)	(33,000)	**2,001 F**
Net Surplus / (Deficit)	**7,841**	**(7,912)**	**15,752 F**	**(4,496)**	**(20,850)**	**16,353 F**	**(69,900)**	**(73,000)**	**3,100 F**

Commentary on Significant Variances for the Year to Date

Revenue

Total revenue is favourable to budget YTD by $78.7M (6.6%). The key variances are as follows:

- $86.6M favourable Covid-19 response funding covering vaccinations, community testing, ARPHS, laboratory testing, MIF, border control and other response costs.
- $19.0M unfavourable variance due to a provision for Planned Care and IDF revenue wash-up, reflecting significantly reduced volumes during the level 4 and level 3 Covid-19 lockdown period.
- $18.3M favourable MOH Nursing Pay Equity funding received specifically to cover nursing pay equity settlement costs incurred.

Expenditure

Expenditure is unfavourable to budget YTD by $62.4M (1.2%) with significant variances as follows:

- Personnel/Outsourced Personnel costs $56.8M (9.5%) unfavourable with the key variances as follows:
  - Unbudgeted Covid-19 related expenditure of $33.9M.
  - Nursing Pay Equity costs $18.3M unfavourable
  - MECA costs above budget assumptions $4.5M unfavourable.
- Outsourced Clinical Services were $1.4M (7.7%) favourable YTD mainly outsourced surgical services behind plan. Outsourced Other Services were $3.7M (10.1%) unfavourable YTD reflecting higher shared services costs (mainly healthAlliance) due to the final budget approved for the regional entity being higher than budget set.
- Clinical Supplies $4.3M (2.8%) favourable. Covid-19 related clinical supplies variances are $0.9M unfavourable. Excluding these costs, the underlying Clinical Supplies variance is $5.2M favourable, in line with overall volume performance below contract levels.
- Funder payments to NGO/IDF providers are $22.3M (6%) favourable, mainly due to net favourable funded initiatives variances and net favourable utilisation variances across NGO demand based services. Funded initiatives have equivalent and related offsetting revenue variances meaning there is a nil impact on core result.
- Infrastructure & Non Clinical Supplies $29.9M (33.3%) unfavourable, with the variance being entirely unbudgeted Covid-19 related expenditure of $31.0M (e.g. vaccination clinic leases and urgent facilities work). BAU costs are slightly below budget at $0.6M favourable.

FTE

Total FTE (including outsourced) for the YTD to November were 10,542 which is 225 higher than budget. There were 608 unbudgeted FTE for Covid-19, meaning underlying the BAU position is 384 (3.8%) FTEs below budget, mainly driven by Nursing and Allied Health FTE vacancies due to a severe workforce shortage.

2. Statement of Financial Position as at 30 November 2021

$'000	30-Nov-21			31-Oct-21	Var	30-Jun-21	Var
	Actual	Budget	Variance	Actual	Last Mth	Actual	Last Year
Public Equity	982,879	1,007,848	24,969U	978,435	4,444F	964,383	18,496F
Reserves							
Revaluation Reserve	643,988	643,988	0U	643,988	0F	643,988	0U
Accumulated Deficits from Prior Year's	(888,955)	(857,726)	31,228U	(888,955)	0F	(792,742)	96,213U
Current Surplus/(Deficit)	(4,496)	(52,092)	47,596F	(12,336)	7,841F	(96,229)	91,734F
	(249,463)	(265,830)	16,368F	(257,304)	7,841F	(244,983)	4,479U
Total Equity	**733,417**	**742,018**	**8,601U**	**721,132**	**12,285F**	**719,400**	**14,017F**
Non Current Assets							
Fixed Assets							
Land	397,089	397,089	0F	397,089	0F	397,089	0F
Buildings	608,771	650,721	41,950U	611,709	2,938U	621,314	12,543U
Plant & Equipment	85,516	95,391	9,875U	86,264	748U	91,861	6,345U
Work in Progress	126,121	114,997	11,124F	118,481	7,640F	96,596	29,526F
Total Property, Plant & Equipment	1,217,498	1,258,198	40,701U	1,213,543	3,954F	1,206,860	10,638F
Investments							
- Health Alliance	78,787	79,676	889U	78,787	0F	79,676	889U
- Health Source	271	-	271F	271	0F	-	271F
- NZHPL	6,913	7,295	382U	6,989	76U	7,295	382U
- Other Investments	617	-	617F	617	0F	-	617F
	86,588	86,971	383U	86,665	76U	86,971	383U
Intangible Assets	2,361	7,212	4,852U	2,439	79U	2,751	390U
Trust Funds	17,220	17,577	357U	17,517	296U	17,577	357U
	106,169	111,760	5,591U	106,621	452U	107,299	1,130U
Total Non Current Assets	**1,323,667**	**1,369,958**	**46,292U**	**1,320,164**	**3,503F**	**1,314,159**	**9,508F**
Current Assets							
Cash & Short Term Deposits	194,307	191,646	2,660F	196,233	1,927U	202,469	8,162U
Trust Deposits > 3months	18,423	10,707	7,716F	19,614	1,191U	10,707	7,716F
ADHB Term Deposits > 3 months	-	-	0F	-	0F	-	0F
Debtors	45,613	44,859	754F	57,926	12,313U	44,859	754F
Accrued Income	165,799	76,452	89,347F	109,097	56,702F	76,452	89,347F
Prepayments	10,735	5,627	5,109F	11,867	1,132U	5,920	4,815F
Inventory	17,744	16,275	1,469F	16,559	1,184F	16,275	1,469F
Total Current Assets	**452,621**	**345,566**	**107,055F**	**411,297**	**41,324F**	**356,682**	**95,939F**
Current Liabilities							
Borrowing	(3,179)	(2,828)	351U	(3,140)	39U	(2,828)	351U
Trade & Other Creditors, Provisions	(238,884)	(222,902)	15,982U	(246,067)	7,184F	(222,902)	15,982U
Employee Entitlements	(689,511)	(633,653)	55,859U	(649,698)	39,814U	(616,986)	72,525U
Funds Held in Trust	(1,410)	(1,410)	0U	(1,410)	0F	(1,410)	0U
Total Current Liabilities	**(932,984)**	**(860,793)**	**72,191U**	**(900,314)**	**32,669U**	**(844,126)**	**88,858U**
Working Capital	**(480,363)**	**(515,227)**	**34,864F**	**(489,018)**	**8,656F**	**(487,444)**	**7,081F**
Non Current Liabilities							
Borrowings	(16,619)	(19,390)	2,771F	(16,746)	128F	(13,949)	2,670U
Employee Entitlements	(93,268)	(93,324)	56F	(93,268)	0F	(93,366)	98F
Total Non Current Liabilities	**(109,887)**	**(112,714)**	**2,827F**	**(110,015)**	**128F**	**(107,315)**	**2,572U**
Net Assets	**733,417**	**742,018**	**8,601U**	**721,132**	**12,285F**	**719,400**	**14,017F**

3. Statement of Cash flows as at 30 November 2021

$000's	Month (Nov-2021)			Year to Date 2021-22		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	233,541	236,874	3,333U	1,181,888	1,184,403	2,515U
Payments						
Personnel	(93,973)	(102,613)	8,641F	(501,254)	(496,084)	5,171U
Suppliers	(74,209)	(53,743)	20,467U	(320,268)	(267,022)	53,247U
Capital Charge	0	(2,713)	2,713F	0	(13,563)	13,563F
Payments to other DHBs and Providers	(62,428)	(73,779)	11,351F	(346,601)	(368,896)	22,294F
GST	(5,980)	0	5,980U	(2,526)	0	2,526U
	(236,590)	(232,848)	3,742U	(1,170,650)	(1,145,564)	25,087U
Net Operating Cash flows	**(3,049)**	**4,026**	**7,076U**	**11,237**	**38,839**	**27,602U**
Investing						
Interest Income	232	219	13F	1,089	1,095	6U
Sale of Assets	42	0	42F	79	0	79F
Purchase Fixed Assets	(4,950)	(20,726)	15,776F	(34,491)	(99,120)	64,629F
Investments and restricted trust funds	1,500	0	1,500F	(7,409)	0	7,409U
Net Investing Cash flows	**(3,176)**	**(20,507)**	**17,331F**	**(40,732)**	**(98,025)**	**57,293F**
Financing						
Interest paid	(56)	(100)	44F	(383)	(501)	118F
New loans raised	(14)	1,247	1,261U	2,319	6,427	4,108U
Loans repaid	(74)	(240)	166F	901	(1,029)	1,930F
Other Equity Movement	4,444	10,625	6,181U	18,495	43,465	24,970U
Net Financing Cash flows	**4,299**	**11,531**	**7,232U**	**21,334**	**48,363**	**27,030U**
Total Net Cash flows	**(1,926)**	**(4,950)**	**3,023F**	**(8,162)**	**(10,823)**	**2,661F**
Opening Cash	196,233	196,596	363U	202,469	202,469	0F
Total Net Cash flows	(1,926)	(4,950)	3,024F	(8,162)	(10,823)	2,661F
Closing Cash	**194,307**	**191,646**	**2,661F**	**194,307**	**191,646**	**2,661F**

ADHB Cash	188,057	178,130	9,927F
A+ Trust Cash	5,909	11,765	5,856U
A+ Trust & Restricted Deposits < 3 months	340	1,751	1,411U
Closing Cash	**194,307**	**191,646**	**2,661F**
ADHB Short Term Investments 3 > 12 months	0	0	0F
A+ Trust Short Term Investments 3 > 12 months	18,423	10,707	7,716F
ADHB Long Term Investments	0	0	0F
A+ Trust Long Term Investment Portfolio	17,220	17,577	357U
Total Cash & Deposits	**229,950**	**219,930**	**10,021F**

Omicron Update

Recommendation

That the Board receive the presentation on Omicron

Prepared by: Dr Andrew Old (Planning and Intelligence Clinical Lead NRHCC) for Ailsa Claire (CEO)

1. Purpose

The attached presentation provides current information and data on the COVID variant; Omicron.

2. Background

This presentation was given to a combined regional board meeting on Tuesday, 18 January 2022 by NRHCC Planning and Intelligence staff. Not all Board members could be in attendance and the presentation is repeated here for information and any further discussion.

COVID-19 Omicron Update

9.1

18 January 2022

Information correct at time of publication
NRHCC Planning & Intelligence

NRHCC

What we know

- Omicron spreads more effectively than earlier variants, including Delta, and will rapidly become dominant once in the community
- Impact on illness severity is emerging, with evidence that Omicron is milder than Delta (US, UK & Sth Africa)
- Current two dose vaccines provide limited protection against *infection*, but appear to provide good protection against *severe disease*
- Boosters are effective at improving protection from both infection and severe disease

9.1

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Omicron is now present in most countries …

150+ countries @ 8 Jan 2022

https://newsnodes.com/omicron_tracker

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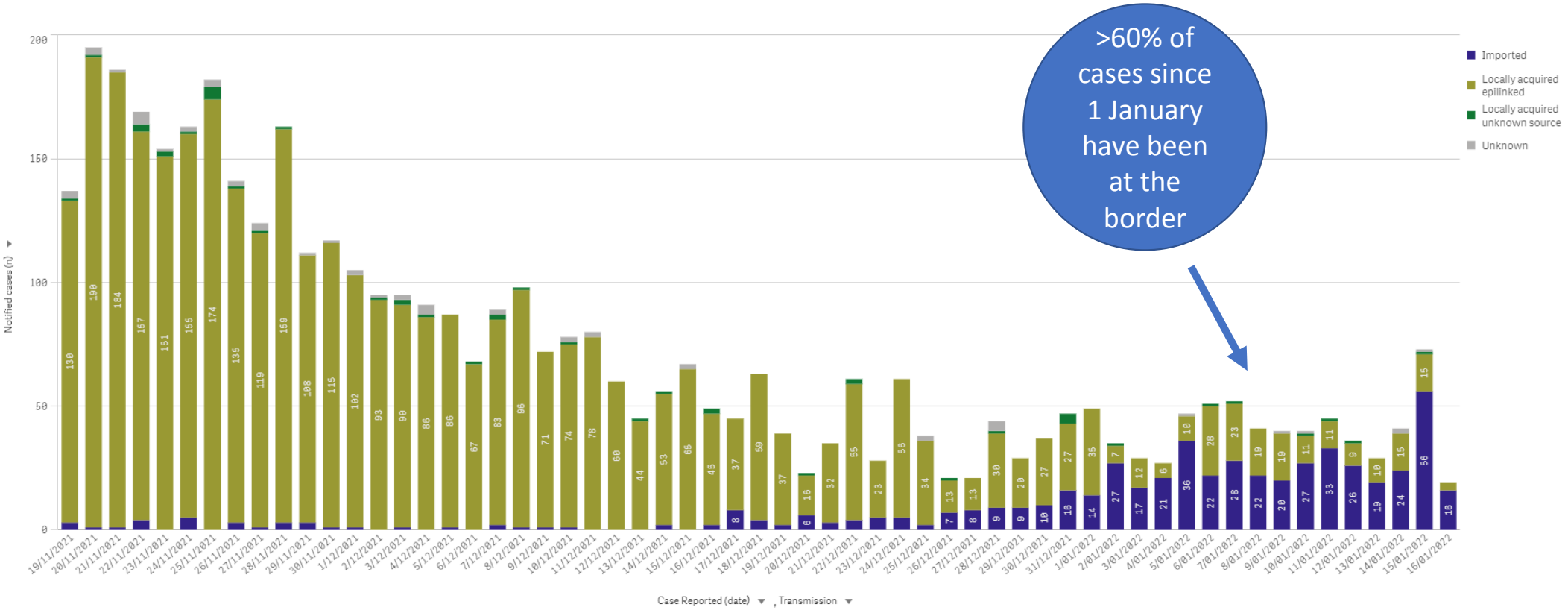
9.1

… and knocking on our door

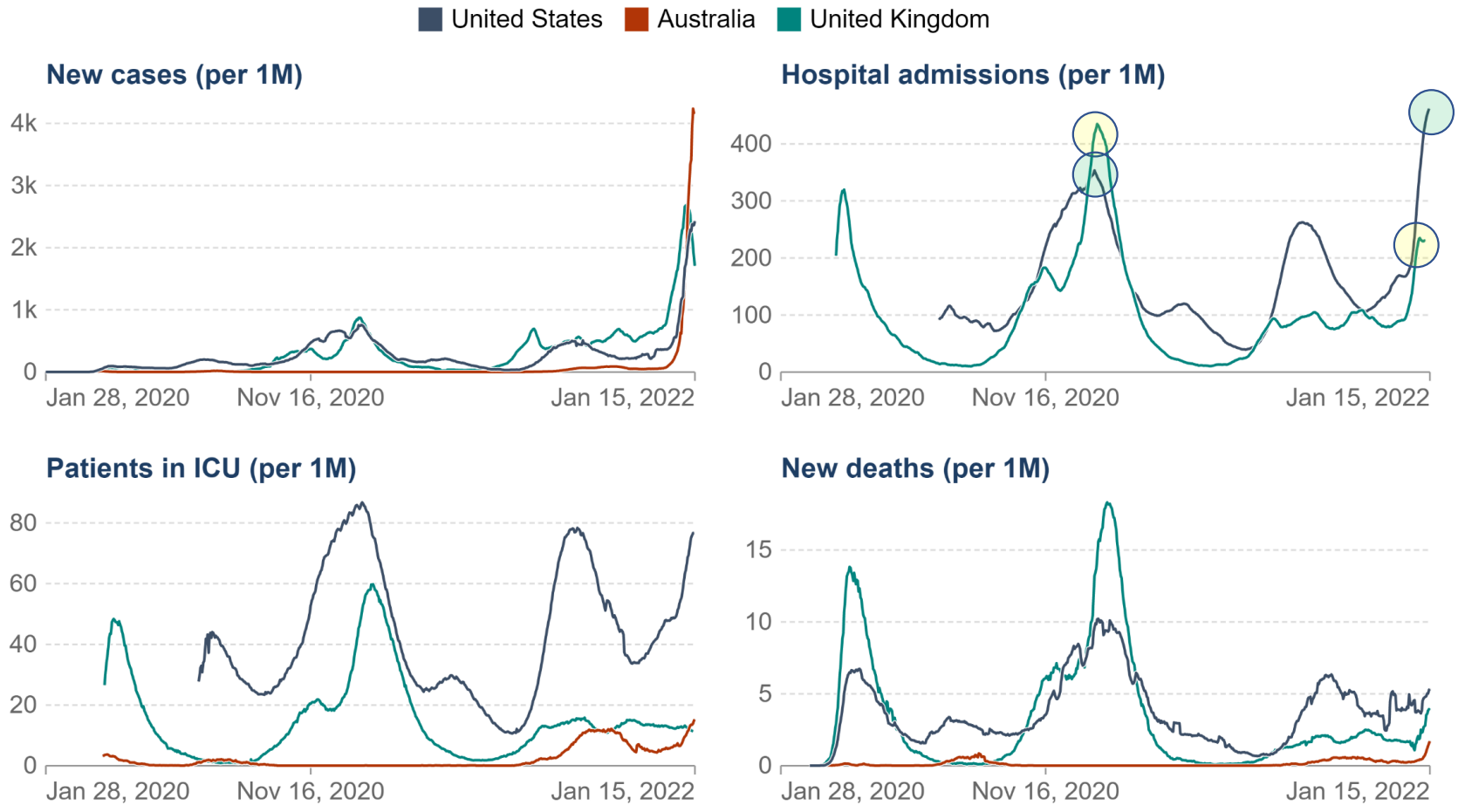


9.1

Confirmed COVID-19 cases, deaths, hospital admissions, and patients in ICU per million people

Our World in Data

Limited testing and challenges in the attribution of cause of death means the cases and deaths counts may not be accurate.



Source: Johns Hopkins University CSSE COVID-19 Data, Official data collated by Our World in Data

UK hospitalisations about ½ previous peak

US hospitalisations have surpassed previous peak

Difference = vaccination

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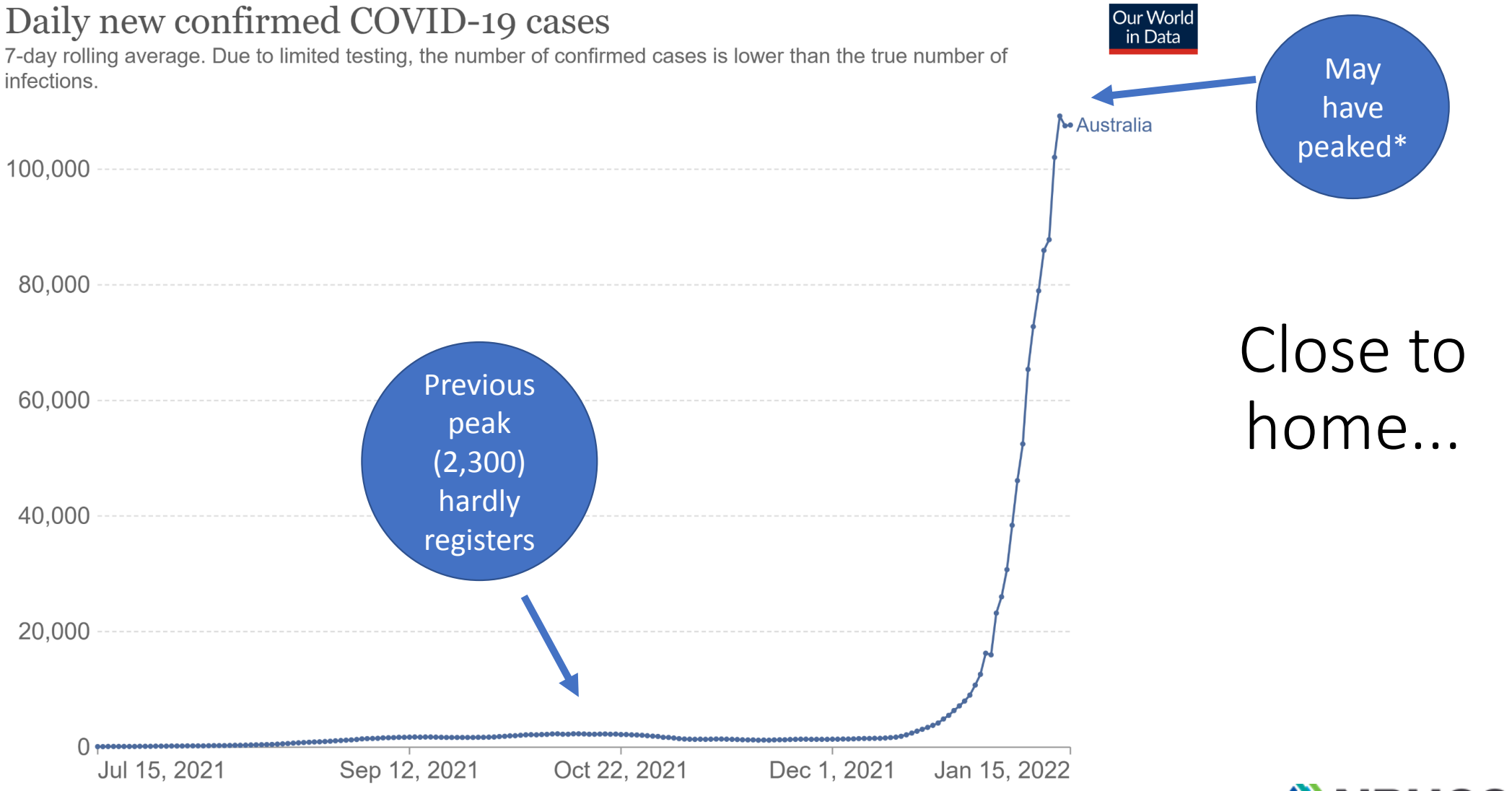
Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

Close to home...

9.1

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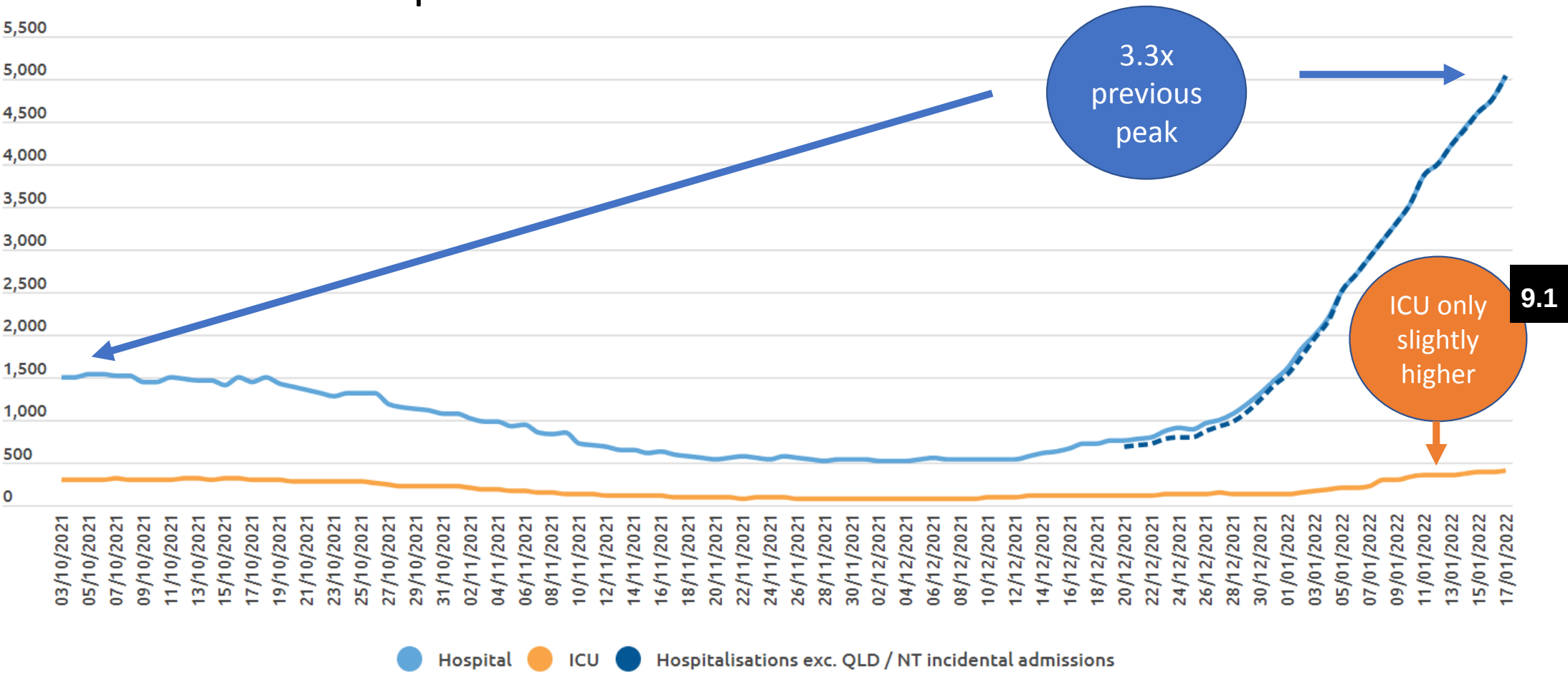
Australian hospitalisations



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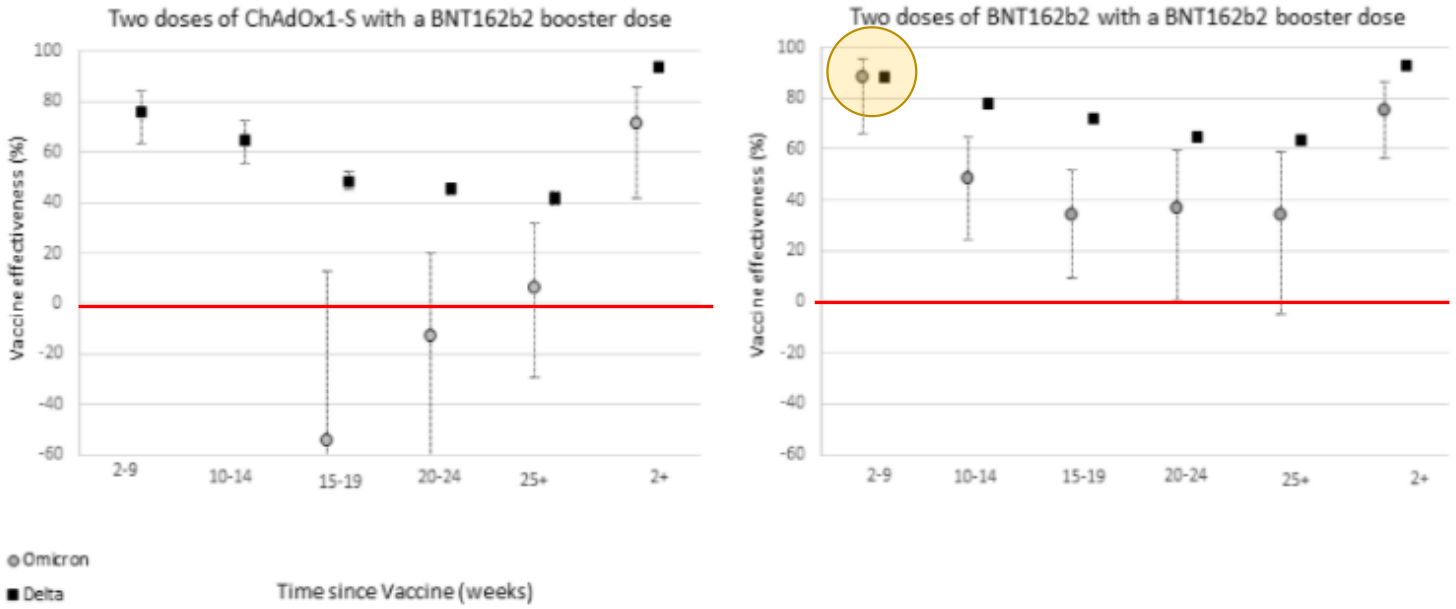
Why? Significant reduction in vaccine effectiveness

Figure 7: Vaccine effectiveness against symptomatic diseases by period after dose 1 and dose 2 for Delta (black squares) and Omicron (grey circles) for (A) recipients of 2 doses of AstraZeneca vaccine as the primary course and a Pfizer as a booster and (B) recipients of 2 doses of Pfizer vaccine as the primary course and a Pfizer as a booster

Supplementary data are not available for this figure.



Initial 2x dose VE similar (Delta v Omicron)

Faster waning of VE vs Omicron

Boosters effective*

9.1

Source: UKHSA

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Latest data on booster effectiveness

- Booster doses are continuing to provide high levels of protection against severe disease from Omicron among older adults

- Around three months after receiving the third jab, protection against hospitalisation among those aged 65 remains at about 90%

- With just two vaccine doses, protection against severe disease drops to around 70% after three months and to 50% after six months.

9.1

Source: UKHSA, 7 January 2022

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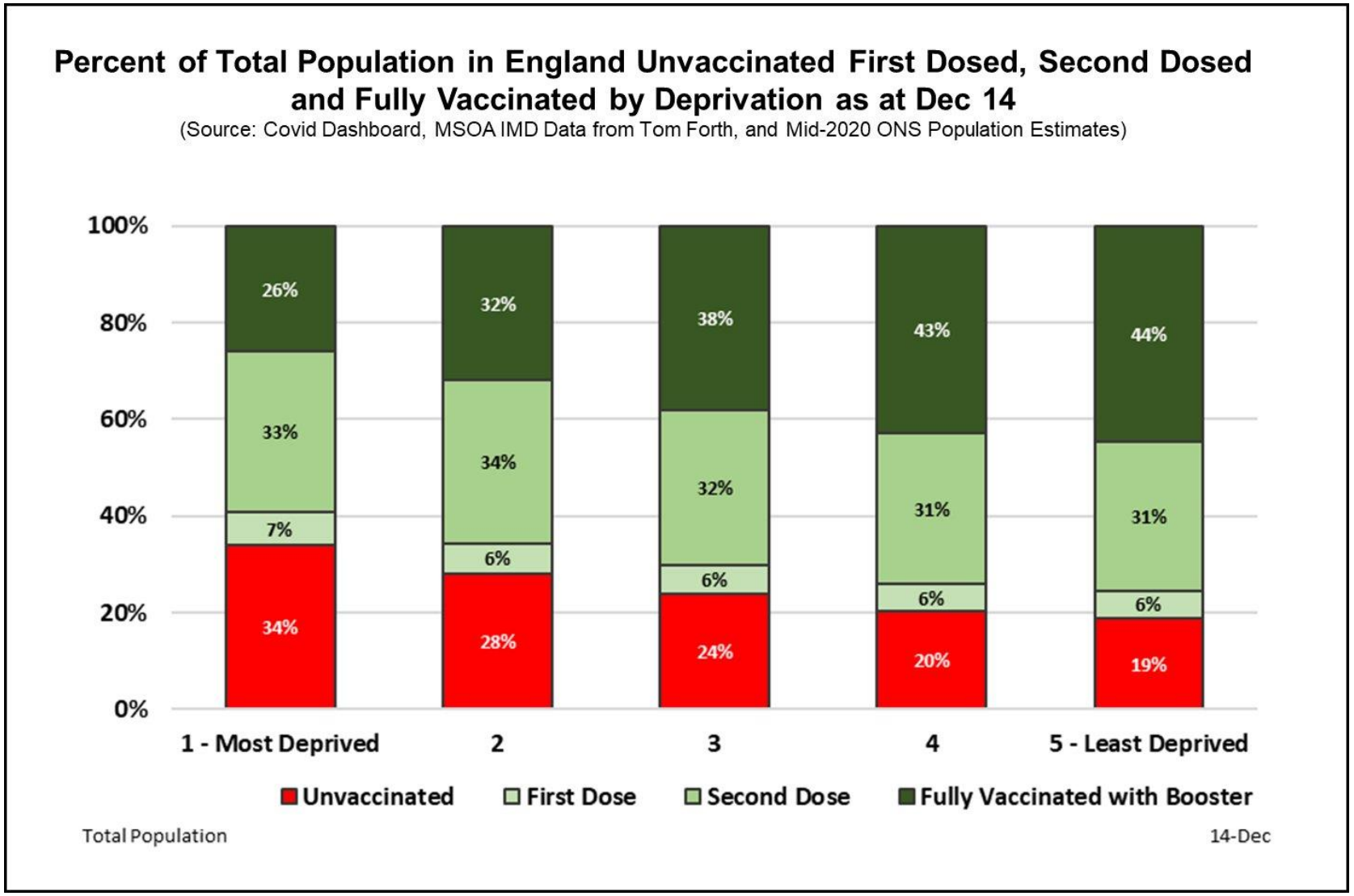

Boosters necessary but insufficient

9.1

Big equity risk

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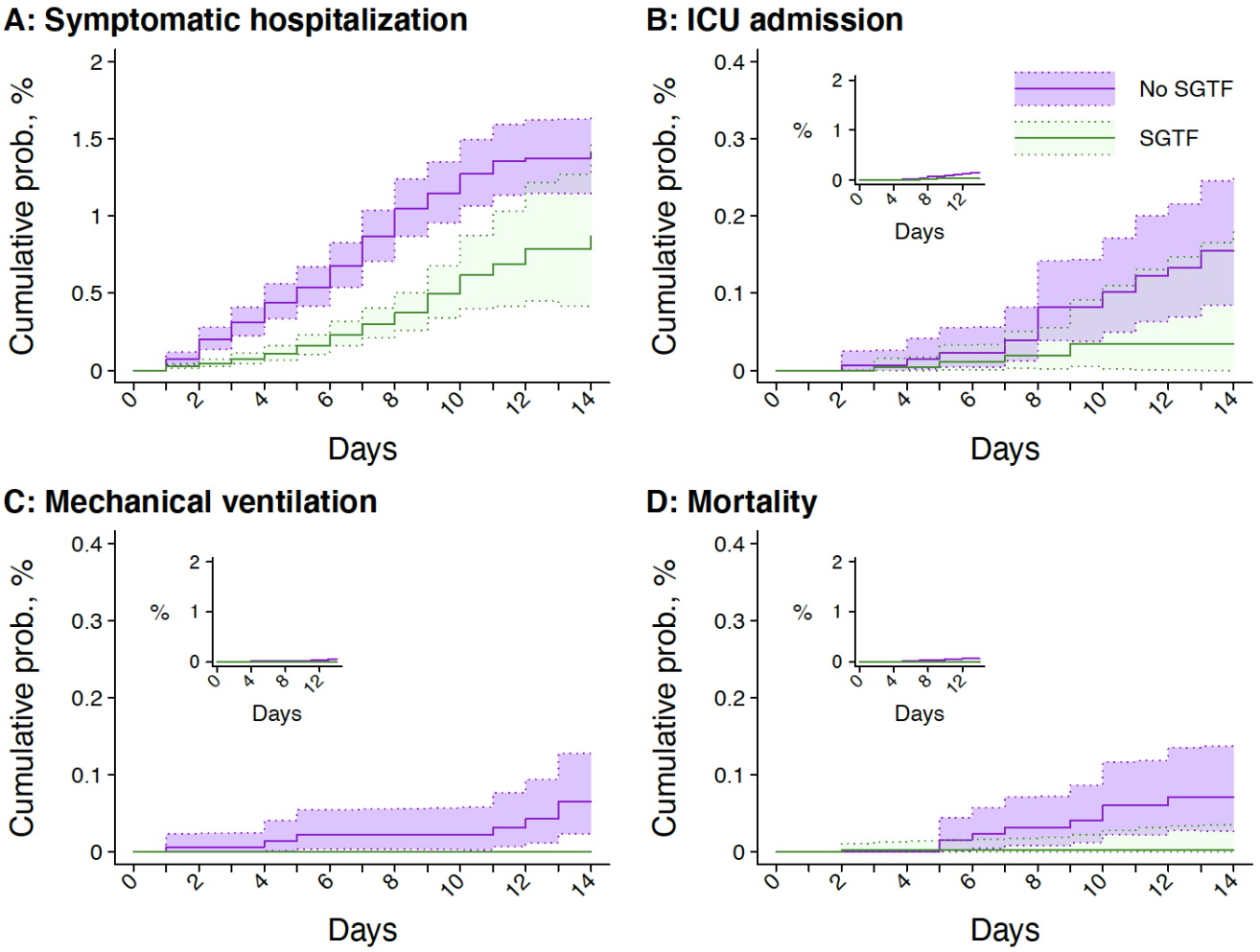
Reduction in severity – Omicron v Delta



53% less risk of symptomatic hospitalisation

74% less risk of ICU admission

91% less risk of death

9.1

* pre-print data

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But...

... a small proportion of a big number still equals a big number!

9.1

Updated UK Risk assessment

12 January 2022 **Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529)** **UK Health Security Agency**

Indicator	Red, amber, or green status*	Confidence level	Assessment and rationale
Growth advantage	Red	**High**	**Omicron is the dominant circulating variant** Omicron displayed a pronounced growth advantage in the UK and rapidly rose to dominance. This growth advantage is also apparent in other countries with equivalent surveillance. We have high confidence that immune evasion is a substantial contributor to the growth advantage, but the very high growth rate and laboratory findings raise the possibility that other properties may also be contributing.
Transmissibility	Amber	**Low**	**Omicron is at least as transmissible as Delta** Increased transmissibility compared to Delta is biologically plausible. There are extensive changes to the receptor binding domain and other regions of spike, and increased ACE2 binding is measured in some assays. Several studies find that Omicron can use the endosomal pathway as an additional cell entry pathway although the clinical significance of this is unclear. There is evidence for increased replication of Omicron over Delta in upper airway cells in vitro. Generation time and transmissibility as distinct properties of Omicron still require further confirmatory analysis.
Immune evasion (including natural and vaccine derived immunity)	Red	**High**	**Omicron displays substantial immune evasion properties in the current population context** Neutralisation data, real world vaccine effectiveness against symptomatic disease, and reinfection rate all confirm substantial immune evasion properties. Whilst vaccine effectiveness (VE) is lower for Omicron than Delta after 2 doses of vaccine, boosting returns it to a higher level. Early data on hospitalisations following confirmed symptomatic infection indicates the VE against hospitalisation is high after 3 doses. Waning of vaccine effectiveness against symptomatic infection occurs more rapidly with Omicron than Delta. Further data is required to assess the duration of protection against hospitalisation.
Infection severity (adults)	Green	**High**	**Reduction in the relative risk of hospitalisation** Multiple laboratory studies indicate considerable change in phenotype including changes in cell entry and fusogenesis, although these cannot be directly correlated to virulence. Preliminary animal studies are consistent with reduced virulence. Iterated UK analyses (more than one study) find a reduction in the relative risk of hospitalisation for adult Omicron cases compared to Delta. This is consistent with data from South Africa. Available data suggests that the observed reduction in risk of hospitalisation in adults is likely to be partly a reduction in intrinsic severity of the virus and partly to protection provided by prior infection.
Infection severity (children)	Amber	**Low**	**Insufficient data** Increased numbers of hospital admissions in young children are reported in the UK and some other countries although early data suggests that admitted children are not severely unwell. Further analyses are required to compare the risk of hospitalisation between Omicron and Delta, and to assess the clinical nature of the illness in children.

9.1

Severe disease data encouraging

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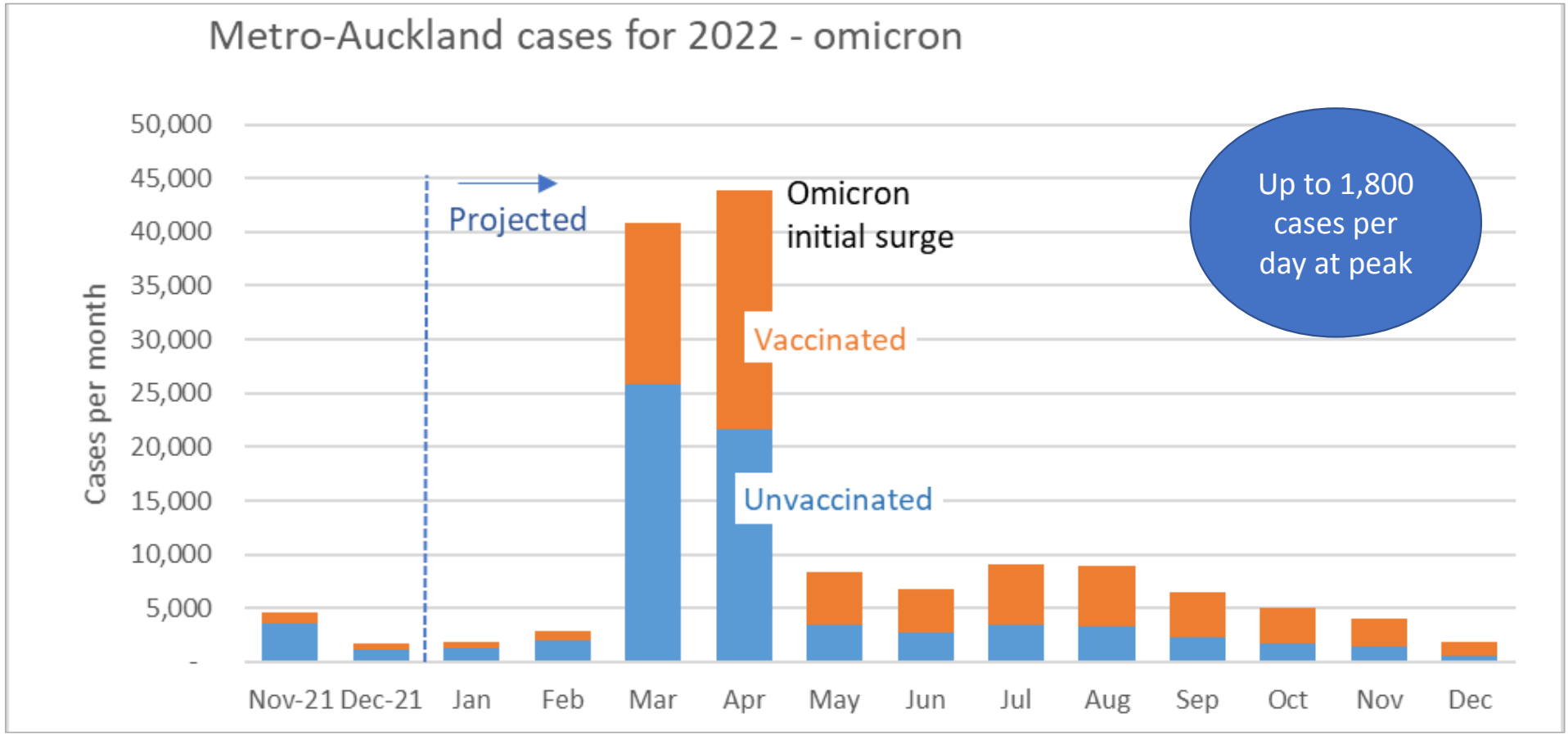
What might that look like here? - Cases



Modelling courtesy of Dr. Gary Jackson

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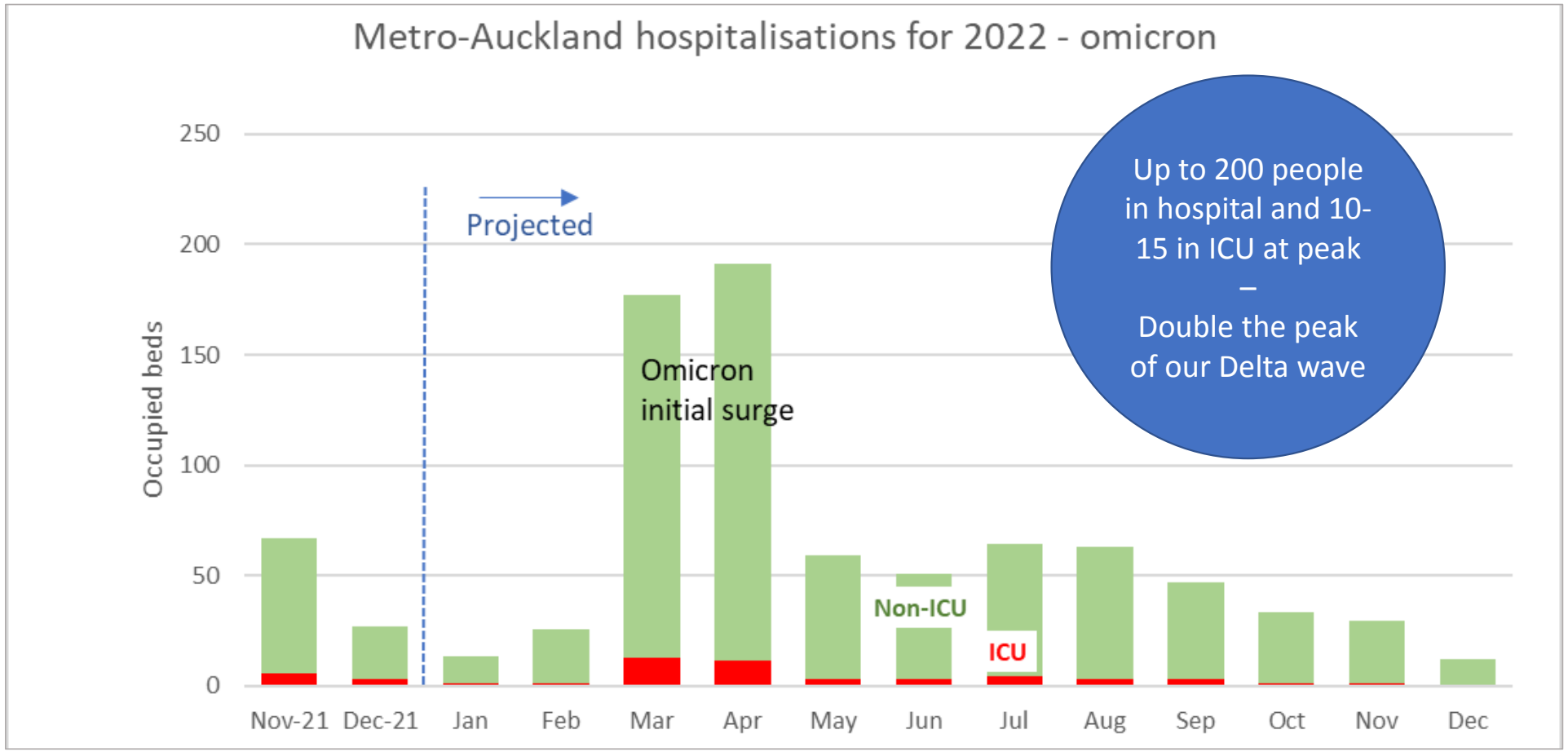
9.1

What might that look like here? - Hospitalisations



Modelling courtesy of Dr. Gary Jackson

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9.1

Likely phases

Phase	1	2	3	4	5
	Current state	**Contain**	**Peak delay**	**Peak**	**Post-peak**
Expected duration	Until first case confirmed	24-72 hours	6-8 weeks after first case	>8 weeks after first case	TBC

Assumptions	• No confirmed omicron community cases
	• Similar levels of delta circulating
		• First confirmed case detected
		• ~80 community cases already present
		• Policy pressure to contain omicron outbreak
		• Public panic, pressure on testing, primary care, vaxx, Whakarongorau
		• No staff sickness or COVID hospitalisations
		• Still similar levels of delta circulating
			• Significant growth in:
			  ○ Cases
			  ○ Hospitalisations
			  ○ Staff sickness
			• Supply chain issues
			• Additional pressure on Welfare, CIQ, MIQ
			• Cases across the Region
			• Discharge delays to ARC and MH facilities
			• Still some delta but declining proportion of total cases
				• ~ 1,800 cases per day
				• ~ 200 occupied beds
				• Up to 25% staff sickness
				• Nearly all cases omicron
				• All assumptions from (3) apply
					TBC

Omicron Aim	• Early warning	• Detect all cases	• Slow the growth	• Impact mitigation	TBC
Priorities **(COVID and non-COVID)**	• Keep out Omicron • Prepare the public and health system • Minimise and protect community from delta • Deliver full non-COVID health services	• Understand how widely omicron has spread • Provide public reassurance • Provide clear, consistent public messaging	• Focus on protecting the most vulnerable • Minimise hospitalisations and deaths • Minimise impact on non-COVID health services	• Focus on protecting the most vulnerable • Minimise hospitalisations and deaths • Minimise impact on non-COVID health services	TBC

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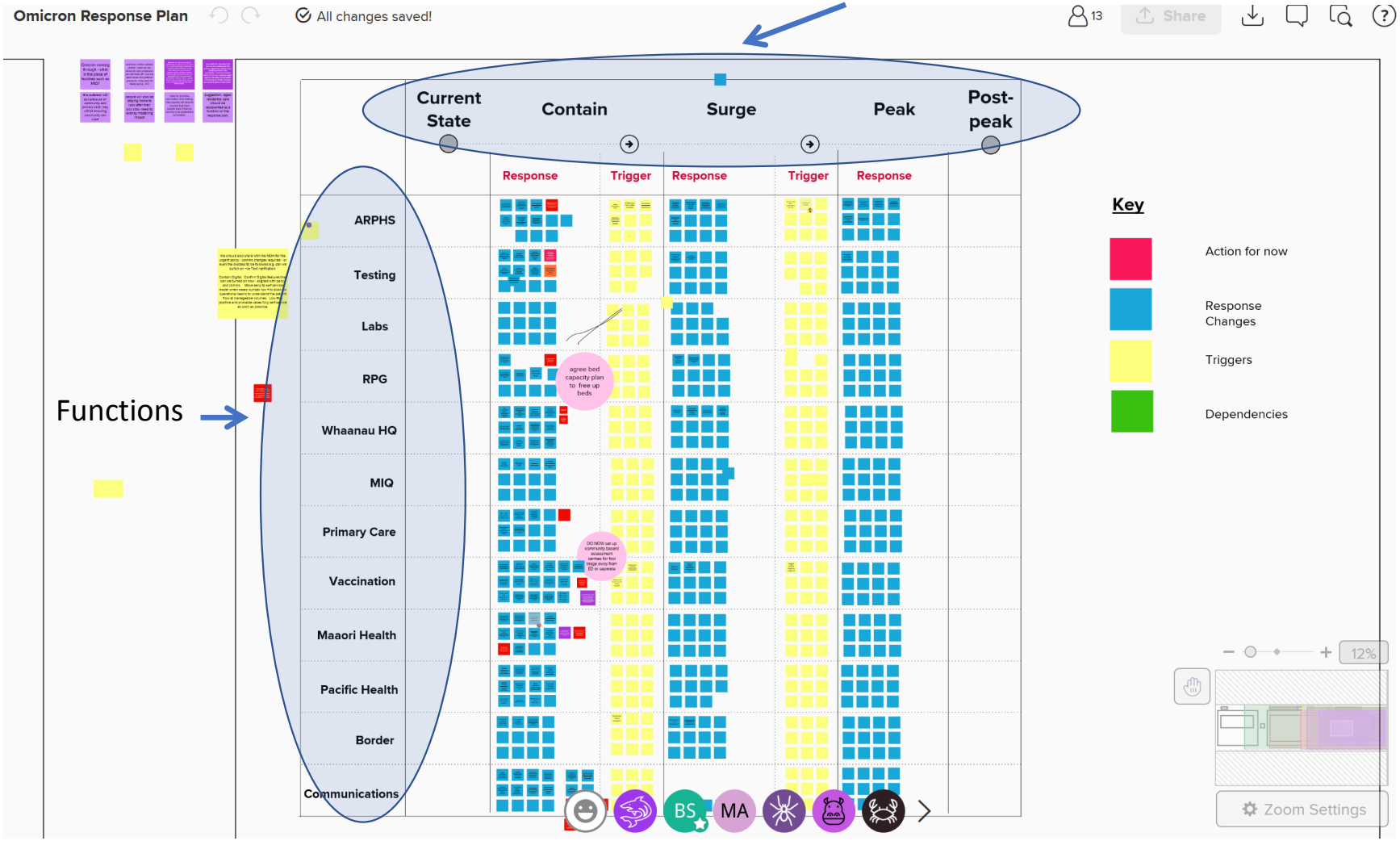
Planning approach



9.1

Many unknowns

- Start point for omicron in NZ
  - assumed in Feb here, impact in March; could already be starting, so impact 3 weeks sooner, alternatively may be able to delay a bit longer
- Speed of increase
  - assumed Australian speed
- Hospital impact
  - assumed Australian-sized
- Height of increase
  - maybe somewhere between 600 – 1800 cases per day
  - 90-180 in hospital; planning for 180 in hospital
- Length of increase
  - maybe 6 weeks exponential growth before plateauing, could be longer

9.1

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Staffing impacts

- Staffing impacts (rather than illness severity per se) are likely to be the major issue for services, as infected staff are required to stand down (estimated up to 25% at peak)
- affecting all essential industries, not just health, with wider system impacts
- New regimes for asymptomatic positive staff likely required

9.1

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Other impacts

- Continued improvements in vaccine coverage will pay dividends, as will the 5-11 year old and booster campaigns if they can be done in time.
  - May need to suggest 2nd dose for children be brought back to 3-4 weeks after 1st dose?
- Testing regimes will need to change, with mild cases likely being asked to stay home without specifically needing a test, or specific health interventions.
- MIQ facilities will still be important to assist those who are unable to isolate safely at home, but their role for border travel control will become less relevant once omicron is circulating freely, potentially freeing up some workforce

9.1

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Takeaways

1. Omicron likely to cause spike in cases however likely not as steep as UK or Australia
2. Disease severity is lessened, but sheer numbers of patients will still mean significant health service load, particularly ED and primary care
3. A “Vaccine Plus” approach = vaccinations + other measures (mask use, PPE, handwashing, scanning) our best protection

9.1

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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
2.0 Conflicts of Interest	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.0 Confirmation of Confidential Minutes - 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]
4.0 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	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

	disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prevent Improper Gain** Information contained in this report 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 Non Resident Write Off - Neurosurgery	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Proposed Debt Write Off – NGO Provider	**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	N/A	That the public conduct of the whole or

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