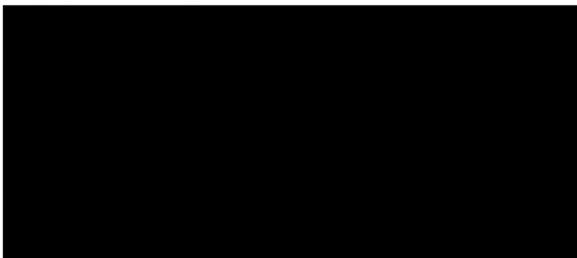




**Northern Region Health
Coordination Centre**
Level 9
Bledisloe House
24 Wellesley Street West,
Auckland CBD, Auckland 1010

23 July 2021



Re: Official Information Request – Vaccination & Provider Data

I am writing to acknowledge your official information request dated 25 June 2021.

1. Let me know the names and locations of all the Māori health providers contracted to provide the Covid-19 vaccine in the Auckland Metro region.
2. Provide the number of people vaccinated at each of those places/clinics in the past month, broken down by week, and ethnicity and priority group.
3. Provide the contracts signed by the DHB and providers for the delivery of Covid-19 vaccine.
4. Provide the number of vaccine doses delivered at every Covid-19 vaccination clinic in the Auckland Metro region in the past month, broken down by week, ethnicity and priority group (ie, level 1,2,3).

I am responding on behalf of the Northern Region Health Coordination Centre (NRHCC), the COVID-19 response and vaccination team set up by the Northland, Waitematā, Auckland, and Counties Manukau DHBs.

1. The names and locations of the Māori health providers contracted to provide the Covid-19 vaccine in the Auckland Metro region are listed below.
 - Manurewa Marae/Whanau Ora
 - Waipareira Trust – Henderson
 - Ngati Whatua Orakei – Tamaki
 - Whanau Ora – Takanini
 - Te Huakina Development Trust – Pukekohe
2. Please refer to attached Appendix 1 for the number of people vaccinated at each of the above locations in the month of June broken down by week, ethnicity and priority group.
3. Please refer to attached Appendix 2 for a standard template of the terms for the contracts signed by the DHB and providers for the delivery of the Covid-19 vaccine. As this was a

standing contract, all site specific information has been redacted. Also worth noting, Section F is a Service Specification for Māori led LVCs only.

4. Please refer to attached Appendix 3 for the number of vaccine doses delivered at every Covid-19 Vaccination clinic in the Auckland Metro region in the month of June broken down by week, ethnicity and priority group.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Please note the tier groupings below are an estimation based on the cohort information we have available. There are some people whose cohort is unknown so the tier/priority group totals do not add up to the vaccination/ethnicity totals

Please note the weeks below only include 1-30th June. May and July numbers are not included.

2. Provide the number of people vaccinated at each of those places/clinics in the past month, broken down by week, and ethnicity and priority group.

	Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Manurewa Vaccination Centre		1,715	1,628	2,196	2,489	1,399	9,427
Ethnicity	Māori	264	211	247	310	176	1,208
	Pacific Peoples	185	216	281	304	213	1,199
	Asian	506	457	621	654	379	2,617
	Other	750	731	1,024	1,196	621	4,322
	Unknown	10	13	23	25	10	81
Tier	Group 1	398	464	473	409	172	1,916
	Group 2	1,314	1,080	1,351	1,563	867	6,175
	Group 3			7	46	51	104
Pukekohe LVC				69	919	554	1,542
Ethnicity	Māori			21	174	64	259
	Pacific Peoples			7	47	17	71
	Asian				72	62	134
	Other			41	620	405	1,066
	Unknown				6	6	12
Tier	Group 1			1	15	12	28
	Group 2			49	527	275	851
	Group 3			5	182	129	316
SVC Henderson		1,206	1,339	1,823	2,326	1,302	7,996
Ethnicity	Māori	156	174	246	339	235	1,150
	Pacific Peoples	154	218	423	468	239	1,502
	Asian	297	290	371	470	267	1,695
	Other	595	650	773	1,037	554	3,609
	Unknown						
Tier	Group 1	725	740	588	425	145	2,623
	Group 2	323	295	322	270	158	1,368
	Group 3	173	320	870	1,374	779	3,516
Takanini COVID-19 VC				35	559	241	835
Ethnicity	Māori			2	58	34	94
	Pacific Peoples			8	79	42	129
	Asian			16	178	58	252
	Other			8	236	106	350
	Unknown			1	8	1	10
Tier	Group 1			1	12	7	20
	Group 2			7	203	105	315
	Group 3			1	85	26	112
Tamaki MVC					365	383	748
Ethnicity	Māori				95	48	143
	Pacific Peoples				21	28	49

Appendix 1

	Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Tier	Asian				95	63	158
	Other				149	244	393
	Unknown				5		5
	Group 1				15	15	30
	Group 2				11	6	17
	Group 3				90	139	229
Grand Total		2,921	2,967	4,123	6,658	3,879	20,548

[Redacted]

Agreement

between

Counties Manukau DHB

NZBN: 9429000097901

Private Bag 93311
Otahuhu
Auckland 1640

Ph: 09-276 0044

Contact: Sharon McCook

and

[Redacted]

[Redacted]

NZBN: [Redacted]

COVID-19 Local Vaccination Centre

[Redacted]
[Redacted]
[Redacted]

Ph: [Redacted]

Contact: [Redacted]

CONTENTS OF THIS AGREEMENT

PART 1 HEAD AGREEMENT

Section A Summary

PART 2 GENERAL TERMS

Section B Standard Conditions of Contract (SCC)

Section C Provider Quality Specifications (PQS)

Section D Standard Information Specifications (SIS)

PART 3 SERVICE SCHEDULES

Section E Provider Specific Terms and Conditions

Section F Service Specification

A: SUMMARY

A1 Agreement to Purchase and Provide Services

- A1.1 We agree to purchase and you agree to provide services on the terms and conditions set out in the Agreement.
- A1.2 The Agreement means all documents included in Part 1 (this document, to be referred to as the Head Agreement), together with Parts 2 and 3 (the documents listed in the Agreement Summary below).
- A1.3 The Agreement sets out the entire agreement and understanding between us and supersedes all prior oral or written agreements or arrangements relating to its subject matter.

A2 Duration of the Agreement, and Components of the Agreement

- A2.1 Part 2 (the General Terms) will apply for the period specified in the Agreement Summary below, or until terminated in accordance with the Agreement, subject to any rights to review, extend, vary or terminate any of these documents in accordance with the terms of this Agreement.
- A2.2 Each Service Schedule will apply for the period specified in Part 3, and shown in the Agreement Summary below, subject to any rights to review, extend, vary or terminate any of these documents in accordance with the terms of this Agreement.
- A2.3 The Agreement will automatically terminate upon the expiry of all Service Schedules in Part 3. Notwithstanding any end date given in Part 2 (the General Terms) the terms and conditions of Part 2, including the right to terminate the Agreement or any part of the Agreement, Part 2 (the General Terms) will be deemed to continue as long as there is one or more active Service Schedule in Part 3.

A3 Relative Priorities of the Component Parts of the Agreement

- A3.1 In the event of any conflict between the terms of the Provider Specific Terms and Conditions within Part 3 (Service Schedules) and any other part of the Agreement, the terms of the Provider Specific Terms and Conditions within Part 3 (Service Schedules) will have priority.
- A3.2 In the event of any conflict between the terms of Part 2 (the General Terms) and Part 3 (the Service Schedules), the terms of the Service Schedules will have priority.

- A3.3 In the event of any conflict between the terms of Section B (the Standard Conditions of Agreement) and Section E (the Provider Type Terms and Conditions), the terms of Section E (the Provider Type Terms and Conditions) will have priority.

A4 Enforceability of the Agreement, and its Component Parts

- A4.1 If any provision in any of the documents listed in the Agreement Summary below is lawfully held to be illegal, unenforceable or invalid, the determination will not affect the remainder of the relevant document or the Agreement, which will remain in force.

A4.2 If an entire document listed in the Agreement Summary below is lawfully held to be illegal, unenforceable or invalid, the determination will not affect any other documents listed in the summary or the Agreement, which will remain in force.

A4.3 If any provision in any of the documents or an entire document listed in the Agreement Summary below is held to be illegal, unenforceable or invalid, then we agree to take such steps or make such modifications to the provision or document as are necessary to ensure that it is made legal, enforceable or valid. This is in addition to and not in substitution of our rights to give notice of the terms and conditions on which we will make payments to you pursuant to section 88 of the New Zealand Public Health and Disability Act 2000 or otherwise.

A4.4 The above provisions with respect to illegality, unenforceability or invalidity are not to affect any rights validly to terminate any of the documents in the above schedule or the Agreement as a whole in accordance with the terms of the Agreement or otherwise.

A5 Agreement Summary

A5.1 This section lists all documents included in The Agreement. The Agreement comes into effect from the commencement date identified in Part 1 below. This summary will be updated, by an agreement variation, whenever there is a change to this list.

A6 Part 1 – The Head Agreement

Document	Commencement Date
This document	██████████

A7 Part 2 – The General Terms

Document	Document Version No.	Commencement Date	End Date, if specified
Conditions of Agreement	1.0	██████████	██████████
Provider Quality Specifications	1.0	██████████	██████████
Standard Information Specifications	1.0	██████████	██████████
Provider Type Terms and Conditions	1.0	██████████	██████████

A8 Part 3 - The Service Schedules

Service Schedule(s)	Reference/Version No.	Commencement Date	End date
COV1901 COVID-19 Vaccination	1.0	██████████	██████████

[Redacted]

A9 Signatures

Please confirm your acceptance of the Agreement by signing where indicated below.

For **Counties Manukau DHB:**

For [Redacted]
[Redacted]



(signature)

(signature)

Name Margaret White

Name [Redacted]

Position Chief Financial Officer

Position .. [Redacted]

Date 5 May 2021.....

Date .. [Redacted]



PART 2: GENERAL TERMS

- 2. 01** This Part 2 contains all of the parts of the Head Contract, as listed in the Contract Agreement (Agreement Summary).
- 2. 02** Each of the documents in Part 2 (the Head Contract) form part of the Agreement between us, as defined in the Contract Agreement or in a subsequent Variation to the Contract Agreement, as applicable.
- 2. 03** Section B -the Standard Conditions of Contract set out the conditions on which our relationship with all our providers is based.
- 2. 04** Section C -the Provider Quality Specification (PQS) sets out the minimum quality of service required of all our providers. Where appropriate, the PQS also requires providers to meet the Health and Disability Sector Standards. The PQS applies to all Services provided under the Agreement. More detailed and service specific quality requirements are included in the Service Schedules.
- 2. 05** Section D -the Standard Information Specifications (SIS) sets out information management principles required of all our providers. The SIS applies to all Services provided under the Agreement. More detailed and service specific information requirements are included in the Service Schedules.

B: STANDARD CONDITIONS OF CONTRACT

INTRODUCTION

B1 Standard Conditions

- B1.1 Any Agreement you enter into with us will be deemed to include the following Standard Conditions.
- B1.2 If however any other terms in the Agreement directly conflict with these Standard Conditions, the other terms will have priority.
- B1.3 There is a glossary at the back of these Standard Conditions setting out definitions, interpretations and terms used.

B2 Treaty of Waitangi and Māori Health Statement

- B2.1 The Treaty of Waitangi establishes the unique and special relationship between iwi, Māori and the Crown. As a Crown entity the District Health Board considers the Treaty of Waitangi principles of partnership, proactive protection of Māori health interests, co-operation and utmost good faith, to be implicit conditions of the nature in which the internal organisation of the District Health Board responds to Māori Health issues.

B3 Relationship Principles

- B3.1 The following values will guide us in all our dealings with each other under the Agreement:
- a) Integrity – we will act towards each other honestly and in good faith.
 - b) Good communication – we will listen, talk and engage with each other openly and promptly including clear and timely written communication.
 - c) Enablement – we will seek to enable each other to meet our respective objectives and commitments to achieve positive outcomes for communities and consumers of health and disability services.
 - d) Trust and co-operation – we will work in a co-operative and constructive manner recognising each other's viewpoints and respecting each other's differences.
 - e) Accountability – we will each recognise the accountabilities that each of us have to our respective and mutual clients and stakeholders.
 - f) Innovation – we will encourage new approaches and creative solutions to achieve positive outcomes for communities and consumers of health and disability services.
 - g) Quality improvement – we will work co-operatively with each other to achieve quality health and disability services with positive outcomes for consumers.

MĀORI HEALTH

B4 Māori Health Priority

Both of us will abide by the Māori Health statement set out in clause B2 of these Standard Conditions.

- B4.1 You agree that Māori Health is a specifically identified health gain priority area. You must therefore establish and implement a Māori Health policy that reflects that fact. In developing this policy, and without limitation, you must take into account our strategic direction for Māori health in terms of minimum requirements for Māori health based on the Treaty of Waitangi, Crown objectives for Māori health and specific requirements negotiated from time to time with us.
- B4.2 You must specify how you intend to implement this policy. In particular, you will identify those services you will deliver as explicit contributions to Māori health gain priorities, how these services will be measured to ascertain what benefit is evident and other additional opportunities that may exist for furthering Māori health gain.
- B4.3 On commencement of the Agreement, you must develop your Māori health policy and operational plans after consultation with us, subject to agreement between both of us to our respective responsibilities for ensuring that the plans are adequately resourced within the current levels of funding.

SERVICE PROVISION

B5 Provision of Services

- B5.1 You must provide the Services and conduct your practice or business:
- a) in a prompt, efficient, professional and ethical manner, and
 - b) in accordance with all relevant published Strategies issued under the Act; and
 - c) in accordance with Our obligations, and
 - d) in accordance with all relevant Law; and
 - e) from the Commencement Date and then without interruption until the Agreement ends or is ended in accordance with the Agreement.
- B5.2 Nothing in the Agreement gives you an exclusive right to provide the Services.

B6 Payments

- B6.1
- a) we will pay you in accordance with the terms of the Agreement.
 - b) We will pay you default interest on any payments due to you under the Agreement and in arrears for more than 14 days.
 - c) You must first have given us an invoice completed in the format required and we must have received it 14 working days before it is due.
 - d) "Default interest" means interest at the base rate of our bankers calculated from the due date for payment to the date of actual payment, plus the rate of 2 per cent per annum.

- e) This clause does not apply to payments due to you in respect of which we have exercised our right of set off (see clause B6.2).

B6.2 We may set off any amounts which you owe us against any payments due by us to you.

B6.3 We may withhold any further payments or portions of payments, where you:

- a) have failed to meet any reporting requirements under the agreement,
- b) are found to be in breach at the end of an Audit
- c) or your sub-contractors do not allow us access under clause "B15.2".

B6.4 In that case payments may be withheld from the date of non-compliance until such time compliance occurs.

B7 Cost and Volume Shifting

B7.1 You must not:

- a) act in such a way that increases cost to another provider,
- b) be party to any arrangement which results in our effectively having to pay more than once for the supply of the same Services or any component of them,
- c) act in such a way that shifts volumes relating to Services being provided separately by you where such volumes have been specifically related to that Service.

B8 Responsibility for Others

B8.1 You will be responsible for all acts and omissions of your employees, agents and subcontractors even if they are done without your knowledge or approval.

B9 Other Arrangements

B9.1 You must not enter into any other contract or arrangement which might prejudice your ability to meet your obligations in the Agreement

B9.2 You may (subject to your obligations in the Agreement), agree to provide Services for any other person.

B10 Subcontracting

B10.1 You may not subcontract any of the Services or part of them without our prior written consent which may not be unreasonably withheld.

B10.2 If we give consent you must comply with any reasonable conditions we impose as part of the consent.

B11 Transfer of your Rights and Obligations

B11.1 You must not transfer any part of your rights or obligations under the Agreement without our prior written consent.

QUALITY ASSURANCE

B12 Quality of Services

B12.1 You must comply with the quality requirements set out in the Agreement.

B13 Information and Reports

B13.1 You must comply with the information requirements set out in the Agreement.

B13.2 You must keep and preserve Records and protect the security of them and make them available to us in accordance with our reasonable instructions.

B13.3 You must take all due care to ensure that in the event of your ceasing to provide the Services, the Records are properly preserved and transferred to us.

B13.4 You must keep proper business records and promptly complete a balance sheet, statement of income and expenditure and cashflows in accordance with accepted accountancy principles at the end of each financial year.

B13.5 We may use any information concerning you:

- a) for our own purposes; and
- b) for any purposes required by any Minister of the Crown or any Governmental Body.

B13.6 You must report to us in accordance with our reasonable instructions.

B13.7 We may reasonably require you to send reports direct to any Minister of the Crown or any Governmental Body within a time reasonably fixed by us.

B14 Appointment of Auditors

B14.1 We may appoint people to Audit, on our behalf, in relation to any of the matters contained in the Agreement.

B14.2 We will give you prior written notice of the names of the people we have appointed.

B14.3 Both of us must agree to the people we have appointed. You may not refuse where any or all of those people are suitably qualified and have no demonstrable conflict of interest, but your refusal may be based on some other good reason.

B14.4 Those people may take copies of any parts of the Records.

B15 Access for Audit

B15.1 You and your sub-contractors must co-operate with us fully and allow us, or our authorised agents, access to:

- a) your premises,
- b) all premises where your Records are kept,
- c) Service Users and their families,
- d) staff, sub-contractors or other personnel used by you in providing the Services,

For the purposes of and during the course of carrying out any Audit.

B15.2 We will ensure that our exercise of access under this clause B15 will not unreasonably disrupt the provision of the Services to Service Users.

B15.3 Notice of Audit

- a) we will give you prior notice of any Audit as agreed in any Audit protocols.
- b) If we believe that delay will unnecessarily prejudice the interests of any person, we may give you notice of our intention to carry out an Audit within 24 hours.

B15.4 Times for Audit

- a) Subject to Clause B15.3b an Audit may be carried out at any time during working hours and at any other reasonable times.
- b) You must ensure that the people appointed by us to carry out the Audit have access, during the hours they are entitled to Audit.

B16 Audit Process

B16.1 Subject to clause B23, in carrying out any Audit we may;

- a) Access confidential information about any Service User; and
- b) Observe the provision or delivery of the Services; and
- c) Interview or follow up Service Users and/or their families; and
- d) Interview or follow up any staff, sub-contractors or other personnel used by you in providing the Services.

B17 Financial Audit

B17.1 Despite the other provisions in this section B12.1 (Quality Assurance) we may not inspect your accounting system or record of your costs of providing the Services.

- a) We may, however, appoint as set out in the Agreement, an independent auditor to Audit;
 - i. The correctness of the information you give us; and
 - ii. Your calculations of the cost of supplying the Services; and
 - iii. Your financial position.
- b) The auditor:
 - i. Must not disclose specific details of your financial position to us; but
 - ii. May advise us if he or she considers your financial position may prejudice your ability to carry out your obligations under the Agreement.

B17.2 We retain the right to Audit under this Section B12.1 (Quality Assurance) after the Agreement ends but only to the extent that it is relevant to the period during which the Agreement exists.

B18 Insurance

- B18.1 You must immediately take out adequate comprehensive insurance throughout the term of the agreement covering your practice or business.
- B18.2 You must make sure that all the insurance cover always remains in force for the term of the Agreement or so long thereafter as required for the purposes of the Agreement.

B19 Indemnity

- B19.1 You must indemnify us against all claims, damages, penalties or losses (including costs) which we incur as the result of:
- a) Your failing to comply with your obligations in the Agreement; or
 - b) Any act or omission by you or any person for whom you are responsible.

B20 Complaints

- B20.1 You must comply with any standards for the Health sector relating to complaints
- B20.2 If there is no such standard applicable to you, then you must implement a complaints procedure in accordance with the terms of the Agreement.

B21 Complaints Body

- B21.1 You must at all reasonable times co-operate with any Complaints Body and comply with its reasonable requirements.
- B21.2 We will advise a Complaints Body of any complaints we receive about you if we believe it is appropriate to do so.
- B21.3 We will give you reasonable assistance when we can in respect of any complaints made to the Privacy Commissioner which involve both of us.

B22 Warranties

- B22.1 You warrant to us that:
- a) All material information given to us by you or on your behalf is correct; and
 - b) You are not aware of anything which might prevent you from carrying out your obligations under the Agreement.
- B22.2
- a) The above warranties will be deemed to be repeated on a daily basis from the date of the Agreement and,
 - b) You must advise us immediately if at any time either of the warranties is untrue.

B23 Limitation of our Rights

B23.1 Our rights and the rights of others to:

- a) Access confidential information about any Service User; and
- b) Observe the provisions or delivery of the Services; and
- c) Interview or follow up Service Users and/or their families,

Must be either authorised by statute or by a code of practice under the Privacy Act 1993 covering health information held by health agencies or by the informed consent of each Service User concerned. The consents will normally be in writing.

DEALING WITH PROBLEMS

B24 Notification of Problems

B24.1 You must advise us promptly in writing:

- a) Of any:
 - i. changes,
 - ii. problems,
 - iii. significant risks,
 - iv. significant issues,

which materially reduce or affect your ability to provide the Services, or are most likely to do so, including those relating to:

- v. any premises used by you,
 - vi. any equipment you are using,
 - vii. your key personnel; or
- b) if you materially fail to comply with any of your obligations in the Agreement; or
 - c) of any serious complaints or disputes which directly or indirectly relate to the provision of the Services; or
 - d) of any issues concerning the Services that might have high media or public interest.

B24.2 We must discuss with each other possible ways of remedying the matters notified. Our discussion or attempted discussions will not however limit any of our rights under the Agreement.

B24.3 You must have in place realistic and reasonable risk management processes and contingency plans to enable you to continue to provide the Services on the occurrence of any of the matters in this clause B24.

B25 Uncontrollable Events

B25.1

- a) For the purposes of this Clause B25 an “uncontrollable event” is an event which is beyond the reasonable control of us (“the person claiming”), or an event as set out in Clause B29.4.
- b) An uncontrollable event does not include:
 - i. any risks or event which the person claiming could have prevented or overcome by taking reasonable care including having in place a realistic and reasonable risk management process; or
 - ii. a lack of funds for any reason.

B25.2 The person claiming will not be in default under the terms of the Agreement if the default is caused by an uncontrollable event.

B25.3 The person claiming must:

- a) promptly give written notice to the other specifying:
 - i. the cause and extent of that person’s inability to perform any of the person’s obligations; and
 - ii. the likely duration of the non-performance;
- b) in the meantime take all reasonable steps to remedy or reduce the uncontrollable event.

B25.4 Neither of us is obliged to settle any strike, lock out or other industrial disturbance.

B25.5 Performance of any obligation affected by an uncontrollable event must be resumed as soon as reasonably possible after the uncontrollable event ends or its impact is reduced.

B25.6 If you are unable to provide the Services as the result of an uncontrollable event we may make alternative arrangements suitable to us for the supply of the Services during the period that you are unable to supply them after we consult with you.

B25.7 If either of us is unable to perform an obligation under the Agreement for 90 days because of an uncontrollable event, both of us must first Consult and decide to what extent if any the Agreement can be varied and to continue.

B25.8 If we cannot agree that the Agreement may continue, then either of us may cancel the Agreement after giving at least 14 days prior written notice.

B25.9 Clause B34.1 will apply to cancellation of the Agreement under this clause.

B26 We May Remedy Your Failure To Meet Your Obligations

B26.1 If you fail to carry out any of your obligations in the Agreement we may do so on your behalf at your expense and risk.

B26.2 We may do this without giving you notice where the circumstances reasonably require such action. Otherwise, we will give you 7 days notice in writing of our intention to act.

B26.3 All costs we incur in doing so, must be paid by you to us on demand or we may deduct them from moneys which we owe you.

B27 Public Statements Issues and Advertising

B27.1

- a) Neither of us may directly or indirectly criticise the other publicly, without first fully discussing the matters of concern with the other.
- b) The discussion must be carried out in good faith and in a co-operative and constructive manner.
- c) Nothing in this clause prevents you from discussing any matters of concern with your people being your staff, subcontractors, agents or advisors.
- d) Nothing in this clause prevents you from discussing any matters of concern with our people being our staff, subcontractors, agents, advisers or persons to whom we are responsible.
- e) If we are unable to resolve any differences then those differences may be referred by either of us to the Dispute Resolution process set out in clause B28.

B27.2 You may use our name or logo only with our prior written consent.

B27.3 The provisions of this clause B27 will remain in force after the Agreement ends.

B28 Dispute Resolution

B28.1 If either of us has any dispute with the other in connection with the Agreement, then:

- a) Both of us will use our best endeavours to settle the dispute or difference by agreement between us. Both of us must always act in good faith and co-operate with each other to resolve any disputes, and
- b) If the dispute or difference is not settled by agreement between us within 30 days, then, unless both of us agree otherwise:
 - i. full written particulars of the dispute must be promptly given to the other.
 - ii. The matter will be referred to mediation in accordance with the Health Sector Mediation and Arbitration Rules 1993 as amended or substituted from time to time. A copy of the Rules are available from the Ministry of Health.
- c) neither of us will initiate any litigation during the dispute resolution process outlined in paragraph b) above, unless proceedings are necessary for preserving the party's rights.
- d) both of us will continue to comply with all our obligations in the Agreement until the dispute is resolved but payments may be withheld to the extent that they are disputed.

B28.2 Clause B28.1 will not, however, apply to any dispute:

- a) concerning any renegotiation of any part of the Agreement,
- b) as to whether or not any person is an Eligible Person,
- c) directly or indirectly arising from any matter which has been referred to a Complaints Body unless the Complaints Body directs the matter to be resolved in accordance with clause B28.1.

B29 Variations to the Agreement

- B29.1 The Agreement may be varied by written agreement signed by both of us.
- B29.2 Where the Agreement is for a term exceeding 1 year, we both agree that the Agreement shall be reviewed annually.
- B29.3 Variation on requirement by Crown
- a) we may require you to vary the Agreement by written notice to you to comply with any requirement imposed on us by the Crown.
 - b) We will give you as much notice of the requirement and details of the proposed change as possible, to the extent that we are able to do so.
 - c) Both of us must Consult and decide to what extent if any the Agreement can be varied and continue on that basis.
 - d) If we cannot agree within 60 days, then either of us may cancel the Agreement after giving at least 30 days prior written notice.
 - e) You must continue to comply with your obligations under the existing Agreement until any variation of it takes effect.
- B29.4 The Agreement will be varied in the event of a disaster, local or national epidemic, emergency or war in accordance with our requirements but this clause is subject to clause B25.

B30 Our Liability

- B30.1 Except to the extent that we agree otherwise, we will not be liable to you for any claims, damages, penalties or losses (including costs) which you incur.

ENDING THE AGREEMENT

B31 Notice of Your Future Intentions

- B31.1 Before the end of the Agreement you must give a minimum of 3 months notice if:
- a) you do not wish to enter into a new agreement with us when the Agreement ends; or
 - b) you wish to enter into a new agreement with us when the Agreement ends but on materially different terms.

This clause does not mean we must enter into a contract with you when the Agreement ends.

- B31.2 You must discuss with us your intentions before giving any notice under clause B31.1.
- B31.3 We must give you a minimum of 3 months notice if we do not intend to renew the Agreement, except where Management of Change Protocols may apply.

B32 Your Default and our Right to End the Agreement

B32.1 We may end the Agreement immediately by written notice to you on the occurrence of any of the following events:

- a) We have good reason to believe you are unable or will soon become unable to carry out all your material obligations under the Agreement.
 - i. We must, however, consult with you before ending the Agreement for this reason.
 - ii. If we believe the health or safety of any person or Population Served is at risk we may suspend your provision of the Services while we consult.
- b) You have failed to carry out any of your obligations in the Agreement; and
 - i. the failure is material; and
 - ii. it cannot be remedied
- c) if:
 - i. you are or adjudged bankrupt; or
 - ii. you are more than one person, if any of you are adjudged bankrupt; or
 - iii. you are a company and you are placed in receivership or liquidation.
- d) You have failed to carry out any of your obligations in the Agreement and the failure can be remedied by you but you fail to do so within 30 days of your receiving written notice of the default from us.
 - i. After 30 days from your receiving the notice, so long as the obligation still has not been met, we may instead of ending the Agreement;
 - ii. At any time vary or withdraw from coverage by this Agreement any of the Services in respect of which you have not met your obligation, either straight away or at any later date, and
 - iii. Cease payment for any of the services from the date of withdrawal.
 - iv. You have the same right and must follow the same procedure if we have not met any obligation and you wish to vary or withdraw any of the Services.
 - v. Any dispute regarding the withdrawal or variation of any of the Services under this paragraph d) must be resolved under clause B28.

B32.2 Nothing in clause B32.1 affects any other rights we may have against you in law of equity.

B33 Our Default and your Right to End the Agreement

B33.1 If we default on any payments which we are not entitled by the Agreement to withhold and we fail to remedy the default within 20 days of your giving us written notice of the default you may do any one or more of the following:

- a) cancel the agreement,
- b) seek specific performance of the Agreement,
- c) seek damages from us,
- d) seek penalty interest.

B34 Effect of Ending the Agreement

B34.1 Any cancellation of the Agreement will not affect:

- a) the rights or obligations of either of us which have arisen before the Agreement ends; or
- b) the operation of any clauses in the Agreement which are expressed or implied to have effect after it ends.

GENERAL

B35 Confidentiality

B35.1

- a) except to the extent that these Standard Conditions provide otherwise, neither of us may disclose any Confidential Information to any other person.
- b) Both of us acknowledge that the Agreement, but not any Confidential Information, may be published publicly by us through any media including electronically via the Internet.

B35.2 Neither of us will disclose to any third party information which will identify any natural person (as defined in the Privacy Act 1993);

- a) without that person's informed consent; or
- b) unless authorised by statute, or by a Code of Practice under the Privacy Act 1993 covering Health Information held by Health Agencies.

B35.3. Clause B35.1 does not apply:

- a) to terms or information which are or become generally available to the public except as the result of a breach of clause B35.1; or
- b) to information which either party is required by law to supply to any person but only to the extent that the law required; or
- c) to terms or information disclosed to the professional advisers of either of us or to those involved in a Service User's clinical or care management where disclosure is reasonably necessary for the management; or
- d) to information which you are required by the Agreement to disclose or forward to any person.

B35.4 Nothing in clause B35.1 will prevent us from disclosing any terms or information in accordance with any Funding Agreement, or by direction or requirement from the Minister under the Act.

B35.5 Each of us will ensure all Confidential Information is kept secure and is subject to appropriate security and user authorisation procedures and audits.

B36 Governing Law

B36.1 The Agreement is governed by New Zealand law.

B37 Contracts (Privity) Act 1982

B37.1 No other third party may enforce any of the provisions in the Agreement.

B38 Waiver

B38.1 Any waiver by either of us must be in writing duly signed. Each waiver may be relied on for the specific purpose for which it is given.

B38.2 A failure of either one of us to exercise, or a delay by either one of us in exercising, any right given to it under the Agreement, does not mean that the right has been waived.

B39 Entire Agreement

B39.1 Each of us agree that the Agreement sets forth the entire agreement and understanding between both of us and supersedes all prior oral or written agreements or arrangements relating to its subject matter.

B40 Notices

B40.1 Any notice must be in writing and may be served personally or sent by security or registered mail or by facsimile transmission. All notices are to have endorsed on them the contract reference number given to the Agreement.

B40.2 Notices given:

- a) personally are served upon delivery;
- b) by post (other than airmail) are served three working days after posting;
- c) by airmail are served two days after posting;
- d) by facsimile are served upon receipt of the correct answer back or receipt code.

B40.3 A notice may be given by an authorised officer, employee or agent of the party giving the notice.

B40.4 The address and facsimile number for each of us shall be as specified in the Agreement or such other address or number as is from time to time notified in writing to the other party.

B41 Relationship of Both of Us

B41.1 Nothing in the Agreement constitutes a partnership or joint venture between both of us or makes you an employee, agent or trustee of ourselves.

B42 Signing the Agreement

B42.1

- a) You must satisfy us that the Agreement has been properly signed by you and is a valid and enforceable agreement before we have any obligations to you under the Agreement.
- b) We may however waive all or part of this provision with or without conditions by us.

B46 Glossary Terms

<u>Expression</u>	<u>Meaning</u>
Act	The New Zealand Public Health & Disability Act 2000
Agreement	The agreement or arrangement between both of us for the provision of any Services and each schedule to that agreement or arrangement and these Standard Conditions of Contract
Audit	Audit includes (without limitation) audit, inspection, evaluation or review of: a) quality, b) service delivery c) performance requirements, d) organisational quality standards, e) information standards and, f) organisational reporting requirements, g) compliance with any of your obligations in relation to the provision of the Services by you.
Commencement Date	The date the Agreement comes into effect
Complaints Body	Any organisation appointed: a) under the Agreement; or b) by both of us by mutual agreement; or c) by a Health Professional Authority; or d) by law to deal with complaints relating to the Services.
Confidential Information	Any information disclosed either before or during the course of the Agreement, by us to you or vice versa that is agreed by both of us as being confidential and which may not be disclosed (subject to any law to the contrary) but excluding the terms of the Agreement.
Consult	a) Each of us must fully state our proposals and views to the other and carefully consider each response to them. b) Each of us must act in good faith and not predetermine any matter. c) Each of us must give the other adequate opportunity to consult any other interested party. The obligation of either of us to Consult will be discharged if the other refuses or fails to Consult.
Crown	The meaning given in the Act.

Eligible Person	<p>Any individual who:</p> <ul style="list-style-type: none"> a) is in need of the Services; and b) meets the essential eligibility criteria and other criteria, terms and conditions which, in accordance with any direction given under Section 32 of the Act or continued by Section 112(1) of the Act, or any other direction from the Minister, or the Funding Agreement, must be satisfied before that individual may receive any Services purchased by us. c) The Ministry of Health will determine if any individual is an Eligible Person if there is any dispute. <p>“Eligible People” has a corresponding meaning.</p>
End Date	The date the Agreement ends or is ended in accordance with the Agreement.
Funding Agreement	The relevant Crown funding agreement within the meaning of Section 10 of the Act, entered into by us.
Governmental Body	Includes any entity lawfully formed by, or in accordance with any direction of, the Crown or any Minister or officer of the Crown.
GST	Goods and Services Tax under the Goods and Services Tax Act 1985.
Health Professional Authority	Any authority or body that is empowered under and by virtue of any enactment of law, or the rules of any body or organisation, to exercise disciplinary powers in respect of any person who is involved in the supply of Health or Disability Services, or both.
Law	<p>Includes:</p> <ul style="list-style-type: none"> a) Any legislation, decree, judgement, order or by law; and b) Any rule, protocol, code of ethics or practice or conduct and other ethical or other standards, guidelines and c) Requirements of any Health Professional Authority; and d) Any relevant standards of the New Zealand Standards Association; and e) Any future law.
Management of Change Protocols	Such protocols as may be agreed between us relating to the management of change.
Minister	The Minister of Health.
Ministry	The Ministry of Health (by whatever name known) and any other successor department of state and include the Minister of Health and the Director-General of Health and any of his her or their delegates.
Ministry of Health	Includes any of its legal successors.
DHB	The District Health Board

Our Objectives	<p>Include:</p> <ul style="list-style-type: none"> a) The objectives listed in Section 22 of the Act, and b) The objectives specified in our statement of intent (as defined in the Act). c) To meet the directions and requirements notified to us under the Act from time to time.
Person	Includes a corporation, incorporated society or other body corporate, firm, government authority, partnership, trust, joint venture, association, state or agency of a state, department of Ministry of Government and a body or other organisation, in each case whether or not having a separate legal identity.
Population Served	Means communities or targeted populations, including Eligible People, for whom Services are or may be provided.
Records	<p>Means without limitation:</p> <ul style="list-style-type: none"> a) All relevant written and electronically stored material; and b) Includes all relevant records and information held by you and your employees, subcontractors, agents and advisers.
Services	Health Services, or disability services or both as specified in the Agreement.
Service Users	Users of any of the Services.
Standard Conditions	These Standard Conditions of Contract.
Working Day	Any day on which Registered Banks are open for business in New Zealand, relative to your principal place of business.

C: PROVIDER QUALITY SPECIFICATIONS

INTRODUCTION

C1 Relationship Principles

C1.1 The following values will guide us in all our dealings with each other under the Agreement:

- a) Integrity -we will act towards each other honestly and in good faith.
- b) good communication -we will listen, talk and engage with each other openly and promptly including clear and timely written communication.
- c) enablement -we will seek to enable each other to meet our respective objectives and commitments to achieve positive outcomes for communities and consumers of health and disability services.
- d) trust and co-operation -we will work in a co-operative and constructive manner recognising each other's viewpoints and respecting each other's differences.
- e) accountability -we will each recognise the accountabilities that each of us have to our respective and mutual clients and stakeholder.
- f) innovation -we will encourage new approaches and creative solutions to achieve positive outcomes for communities and consumers of health and disability services.
- g) quality improvement – we will work co-operatively with each other to achieve quality health and disability services with positive outcomes for consumers.

C2 Quality of Service

C2.1 These Provider Quality Specifications define the quality of service which consumers and populations served under the terms of this contract will receive. Provider quality requirements will in final form be described in three key levels.

- a) Health and Disability Sector Standards (H&DS Standards)
- b) Provider Quality Specifications (PQS)
- c) Service Specific Quality Specifications (SSQS)

C3 Health and Disability Sector Standards (H&Ds Standards)

C3.1 The Health and Disability Sector Standards (H&DS Standards) have been developed to replace several pieces of previous consumer safety legislation. Compliance with them will become mandatory when the Health and Disability Services (Safety) Bill is passed and fully implemented. At that stage compliance with the Standards will replace compliance with the regulations and statutes that apply to hospital in-patient and residential care services. As the standards are implemented the Provider Quality Specifications will be revised to those Standards, and to eliminate repetition.

C4 Provider Quality Specifications (PQS)

- C4.1 All providers are required to meet these Provider Quality Specifications (PQS). The PQS have been developed to ensure a common basis for quality among providers of similar services nationally. They focus on key processes and outcomes. The PQS apply to all services provided under the terms of this Contract.
- C4.2 These PQS include:
- a) specifications for all providers, (Sections C1 – C43 inclusive).
 - b) facility specifications only for providers who offer services to consumers within premises (C44 and C45).
- C4.3 The PQS may be supplemented in contracts by Service Specific Quality Specifications (SSQS) or by specific quality requirements in the Service Specification.

C5 Auditing and Reporting

- C5.1 We may, at any time, audit your service against an H&DS Standard (when implemented) or against a PQS or SSQS by asking you to demonstrate compliance with it. This is part of the Provider Quality Improvement Strategy, which may include regular, random and risk based auditing of services. The PQS and SSQS are not, at present, subject to regular reporting unless required elsewhere in the Agreement or as part of any specified Quality Improvement initiative. You are, however, invited to raise with us at any time any concerns you have about your ability to meet these PQS so corrective processes can be put in place. Please see also Clause C11, C12, C16, C17 and C18 of the Standard Conditions and the Schedule or Templates for Information Requirements.

PROVIDER QUALITY SPECIFICATIONS

C6 PQS Apply to all Services

- C6.1 You will operate all services covered in this Agreement according to these PQS. You will implement these requirements in a manner that is appropriate for your Organisation, taking into account:
- a) requirements of Government Māori Health Policy and Strategies,
 - b) identified needs of consumers, carers and families,
 - c) service goals and objectives,
 - d) parameters of activities,
 - e) management of risks,
 - f) any good practice guidelines endorsed by us and by the Ministry of Health,
 - g) professional standards and codes relevant to your service.

C7 Written Policy, Procedures, Programme, Protocol, Guideline, Information, System or Plan

- C7.1 Where, to meet a H&DS Standard or an PQS or SSQS, you need to develop a written policy, procedure, programme, protocol, guideline, information, system or plan etc, you will:
- a) develop such a document,

- b) demonstrate systems for reviewing and updating all such documents regularly and as required by current performance or risks,
- c) demonstrate implementation, through documentation supported as requested through interviews with staff, consumers, and Māori,
- d) Demonstrate that staff are adequately informed of the content and the intent of these written documents,
- e) provide us with a copy on request.

C8 All Staff Informed

C8.1 You will ensure that:

- a) these PQS are attached to each and every service specification contracted by us and delivered by you,
- b) employees and sub-contractors are aware of your and their responsibilities for these PQS and relevant Service Specifications as they relate to services provided.

REQUIREMENTS FOR MĀORI

Requirements for Māori, which reflect obligations contained in the Treaty of Waitangi, are specified here and elsewhere in this document.

C9 Services Meet Needs of Māori

C9.1 Your services will meet the diverse needs of Māori, and apply any strategy for Māori Health issued by the Minister.

C10 Māori Participation

C10.1 Māori participation will be integrated at all levels of strategic and service planning, development and implementation within your organisation at governance, management and service delivery levels.

This will include:

- a) consultation with, and involvement of, Māori¹ in your strategic, operational and service processes,
- b) development of a monitoring strategy in partnership with Māori that reviews and evaluates whether Māori needs are being met by your organisation, including:
 - i. removal of barriers to accessing your services;
 - ii. facilitation of the involvement of whanau and others;
 - iii. integration of Māori values and beliefs, and cultural practices;
 - iv. availability of Māori staff to reflect the consumer population
 - v. existence, knowledge and use of referral protocols with Māori service providers in your locality.

¹ Reference to "Māori" includes the development of a relationship with local tangata whenua and if appropriate, regional tangata whenua, Māori staff, Māori providers, and Māori community organisations to achieve the required Māori input.

- c) Education and training of staff in Māori values and beliefs and cultural practices, and in the requirements of any Māori Health Strategy,
- d) Support and development of a Māori workforce

QUALITY MANAGEMENT

You are required to develop, document, implement and evaluate a transparent system for managing and improving the quality of services to achieve the best outcomes for consumers.

C11 Quality Plan

C11.1 You will have a written, implemented and at least annually reviewed Quality Plan designed to improve outcomes for consumers. This plan may be integrated into your business plan. It will describe how you manage the risks associated with the provision of services. The plan will outline a clear quality strategy and will identify the organisational arrangements to implement it. The plan will be of a size and scope appropriate to the size of your service, and will at least include:

- a) an explicit quality philosophy,
- b) clear quality objectives,
- c) commitment to meeting these and any other relevant Quality Specification and Standards, and guidelines for good practice as appropriate,
- d) quality improvement systems,
- e) written and implemented systems for monitoring and auditing compliance with your contractual requirements,
- f) designated organisational and staff responsibilities,
- g) processes for and evidence of consumer input into services and into development of the Quality Plan,
- h) processes for sound financial management,
- i) how you will address Māori issues including recognition of:
 - i. Māori participation with Strategic, Governance, Management and Service Delivery planning, implementation and review functions,
 - ii. Māori as a Government Health Gain priority area,
 - iii. The Pathways set out in any Māori Health Strategy issued by the Minister,
 - iv. Māori specific quality specifications,
 - v. Māori specific monitoring requirements,
 - vi. Māori service specific requirements.

C12 Employees Registration, Education and Training

C12.1 Employees will be, where relevant, registered with the appropriate statutory body, and will hold a current statutory certificate.

C12.2 Employees will have access to continuing education to support maintenance of professional registration and enhancement of service delivery/clinical practice, and to ensure practice is safe and reflects knowledge of recent developments in service delivery.

C12.3 Your employment policies and practices will support professional career pathway development for Māori health workers; Māori service advisory positions; Māori change management positions, and the recruitment and retention of Māori employees at all levels of the organisation to reflect the consumer population.

C13 Training and Supervision of Assistants and Volunteers

C13.1 Assistants, volunteers and other relevant support employees will receive training to enable them to provide services safely, and will work only under the supervision and direction of appropriately qualified staff.

C14 Supervision of Trainees

C14.1 Trainees will be identified and will provide services only under the supervision and direction of appropriately qualified staff.

C15 Performance Management

C15.1 You will have in place a system of performance management for all employees.

C16 Clinical Audit

C16.1 You will have in place clinical audit/peer review processes that incorporate input from relevant health professionals from all services.

C17 Access

C17.1 All eligible people will have fair, reasonable and timely access to effective services within the terms of this agreement. You will define and apply criteria for providing services, including any priority or eligibility criteria agreed between us. You will manage access to services within available resources and according to those criteria. You will maintain records of people who receive services and those who do not, and the criteria by which these decisions are made.

C18 Service Information

C18.1 Potential and current consumers, and referrers, will have access to appropriately presented information in order for eligible people to access your services. This information may be in the form of a brochure and will include at least:

- a) the services you offer,
- b) the location of those services,
- c) the hours the service is available,
- d) how to access the service (e. g. whether a referral is required),
- e) consumer rights and responsibilities including copy of H&DC Code of Rights, and Complaints Procedure,
- f) availability of cultural support,
- g) after hours or emergency contact if necessary or appropriate,
- h) any other important information in order for people to access your services.

This information will be presented in a manner appropriate to the communication needs of

consumers and communities.

C19 Support for Māori

You will facilitate support from whanau/hapu/iwi; kuia/kaumatua; rongoa practitioners; spiritual advisors; Māori staff and others as appropriate for Māori accessing your service.

ACCEPTABILITY

C20 Consumer Rights

C20.1 Each consumer will receive services in a manner that complies with the Health and Disability Commissioner Act 1994, and with all aspects of the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (H&DC Code). This will include provision for the:

- a) right to be treated with respect for person, privacy and culture,
- b) freedom from discrimination, coercion, harassment, and exploitation,
- c) right to dignity and independence,
- d) right to services of an appropriate standard including legal, professional, ethical,
- e) right to effective communication,
- f) right to be fully informed,
- g) right to make an informed choice and give informed consent,
- h) right to support person present,
- i) rights in respect of teaching or research,
- j) right to complain,

You will make available and known to consumers and visitors to the service the Code of Health and Disability Services Consumers' Rights. You will ensure staff are familiar with and observe their obligations under this Code.

C21 Confidentiality

C21.1 You will disclose information about consumers to any third party only:

- a) with the person's informed consent or,
- b) in accordance with the Health Information Privacy Code,
- c) to assist in effective service provision and achieving positive outcomes for the consumer.

C22 Cultural Values

C22.1 You will deliver services in a culturally appropriate and competent manner, ensuring that the integrity of each consumer's culture is acknowledged and respected. You will take account of the particular needs within the community served in order that there are no barriers to access or communication, and that your services are safe for all people. You will include significant local or service specific ethnic and other cultural groups in assessing satisfaction with services.

C22.2 You will incorporate Māori principles/tikanga into your organisation. These may be explained in the following ways:

Wairua	Spirit or spirituality	A recognition that the Māori view of spirituality is inextricably related to the wellbeing of the Māori consumer
Aroha	Compassionate love	The unconditional acceptance which is the heart of care and support
Turangawaewae	A place to stand	The place the person calls home, where their origins are. Must be identified for all Māori consumers
Whanaungatanga	The extended family	Which takes responsibility for its members and must be informed of where its member is
Tapu/Noa	Sacred/profane	The recognition of the cultural means of social control envisaged in tapu and noa including its implications for practices in working with Māori consumers
Mana	Authority, standing	Service must recognise the mana of Māori consumers
Manaaki	To care for and show respect to	Services show respect for Māori values; traditions and aspirations
Kawa	Protocol of the marae, land, iwi	Determines how things are done in various circumstances. Respect for kawa is very important. If the kawa is not known the tangata whenua should be consulted.

C23 Consumer Advocates

C23.1 You will inform consumers and staff, in a manner appropriate to their communication needs, of their right to have an advocate, including to support the resolution of any complaint. You will allow advocates reasonable access to facilities, consumers, employees and information to enable them to carry out their role as an advocate. You will know of and be able to facilitate access to a Māori advocate for consumers who require this service.

C24 Consumer/Family/Whanau and Referrer Input

C24.1 You will regularly offer consumers/families/whanau and referrers the opportunity to provide feedback as a means of improving the outcomes for consumers. When you obtain feedback from consumers by means of written surveys, you will comply with the Ministry of Health Guidelines for Consumer Surveys. Consumer input will be reflected in the maintenance and improvement of quality of service, both for the individual consumer and across the service as a whole. You will actively seek feedback from Māori by appropriate methods to improve

organisation responsiveness to Māori. When requested you will make available to us the results of such surveys.

C25 Community Involvement

C25.1 You will have in place and follow active processes for consulting with the local community in matters affecting them such as service location and building programmes.

C26 Complaints Procedure

C26.1 You will enable consumers/families/whanau and other people to make complaints through a written and implemented procedure for the identification and management of Complaints. This procedure will meet the H&DC Code requirements and will also ensure that:

- a) the complaints procedure itself is made known to and easily understandable by consumers,
- b) all parties have the right to be heard,
- c) the person handling the complaint is impartial and acts fairly,
- d) complaints are handled at the level appropriate to the complexity or gravity of the complaint,
- e) any corrective action required following a complaint is undertaken,
- f) it sets out the various complaints bodies to whom complaints may be made and the process for doing so. Consumers will further be advised of their right to direct their complaint to the H&D Commissioner and any other relevant complaints body, particularly in the event of non-resolution of a complaint,
- g) complaints are handled sensitively with due consideration of cultural or other values,
- h) Māori consumers and their whanau will have access to a Māori advocate to support them during the complaints process,
- i) consumers who complain, or on whose behalf families/whanau complain, shall continue to receive services which meet all contractual requirements,
- j) complaints are regularly monitored by the management of the service and trends identified in order to improve service delivery,
- k) it is consistent with any complaints policy as we may notify from time to time.

C27 Personnel Identification

C27.1 Employees, volunteers, students or sub-contractors undertaking or observing service delivery will identify themselves to all consumers and family/whanau.

C28 Ethical Review

C28.1 If you conduct research and innovative procedures or treatments you will have written and implemented policies and procedures for seeking ethical review and advice from a Health and Disability Ethics Committee in accordance with the current "National Standard for Ethics Committees" (or any replacement publication). You will consult with and receive approval from Māori for any research or innovative procedures or treatments which will impact on Māori.

SAFETY AND EFFICIENCY

C29 General Safety Obligation

C29.1 You will protect consumers, visitors and staff from exposure to avoidable/preventable risk and harm.

C30 Risk Management

C30.1 You will have in place well developed processes for:

- a) identifying key risks including risks to health and safety,
- b) evaluating and prioritising those risks based on their severity, the effectiveness of any controls you have and the probability of occurrence,
- c) dealing with those risks and where possible reducing them.

C31 Equipment Maintained

C31.1 You will ensure that equipment used is safe and maintained to comply with safety and use standards.

C32 Infection Control/Environmental and Hygiene Management

C32.1 You will safeguard consumers, staff and visitors from infection. You will have written, implemented and regularly reviewed environmental and hygiene management/infection control policies and procedures which minimise the likelihood of adverse health outcomes arising from infection for consumers, staff and visitors. These will meet any relevant profession-specific requirements and the requirements of the Standard Universal Precautions Guidelines. They will include definitions and will clearly outline the responsibilities of all employees, including immediate action, reporting, monitoring, corrective action, and staff training to meet these responsibilities.

C33 Security

C33.1 You will safeguard consumers, employees and visitors from intrusion and associated risks. You will have written, implemented and reviewed policies and practices relating to security to ensure that buildings, equipment and drugs are secure.

C34 Management of Internal Emergencies and External Disasters

C34.1 You will have written, implemented and reviewed contingency management policies and procedures that minimise the adverse impact of internal emergencies and external or environmental disasters on your consumer, staff and visitors. The policies and procedures will include the processes for working with the organisations who have responsibility for co-ordinating internal and external (environmental) disaster services. These policies and procedures will be linked to your risk management processes.

C35 Incident and Accident Management

C35.1 You will safeguard consumers, staff and visitors from untoward risk arising from avoidable incidents, accidents and hazards. You will have written, implemented and reviewed incident, accident and hazard management policies and procedures which assist in managing safety

and risk. These will include definitions of incidents and accidents and will clearly outline the responsibilities of all employees, including:

- a) taking immediate action,
- b) reporting, monitoring and corrective action to minimise incidents, accidents and hazards, and improve safety,
- c) debriefing and staff support as necessary.

C36 Prevention of Abuse and/or Neglect

C36.1 You will safeguard consumers, staff and visitors from abuse, including physical, mental, emotional, financial and sexual maltreatment or neglect. You will have written, implemented and reviewed policy and procedures on preventing, detecting and removing abuse and/or neglect. These will include definitions of abuse and neglect and will clearly outline the responsibilities of all staff who suspect actual or potential abuse, including immediate action, reporting, monitoring and corrective action. You will ensure that relevant employees are able to participate in family, inter-agency or court proceedings to address specific cases of abuse and neglect. These procedures will also include reference to the Complaints Procedure.

EFFECTIVENESS

C37 Entry to Service

C37.1 You will manage consumer entry to your service in a timely, equitable and efficient manner, to meet assessed need.

C38 Plan of Care/Service Plan

C38.1 You will develop for each consumer a written, up to date plan of care/service plan and/or record of treatment which:

- a) is based on assessment of his/her individual needs, including cultural needs,
- b) includes consultation with the consumer, and,
- c) where appropriate, and with the consent of the consumer, includes consultation with the consumer's family/whanau and/or caregivers,
- d) contains detail appropriate to the impact of the service on the consumer,
- e) facilitates the achievement of appropriate outcomes as defined with the consumer,
- f) includes plans for discharge/transfer,
- g) provides for referral to and co-ordination with other medical services and links with community, iwi, Māori and other services as necessary.

C39 Service Provision

C39.1 You will deliver to consumers services that meet their individual assessed needs, reflect current good practice, and are co-ordinated to minimise potentially harmful breaks in provision.

C40 Planning Discharge from the Service or Transfer between Services

- C40.1 You will collaborate with other services to ensure consumers access all necessary services. When a consumer is transferred or discharged from your services and accesses other appropriate services they will do so without avoidable delay or interruption. You will have written, implemented and reviewed policies and procedures for planning discharge/exit/transfer from your services. These will facilitate appropriate outcomes as defined with the consumer. The policies and procedures will include:
- a) defined employees' responsibilities for discharge planning,
 - b) incorporating discharge planning into the consumer's plan of care/service plan, where appropriate from or before admission,
 - c) full involvement of the consumer in planning discharge,
 - d) involvement of family/whanau, including advising them of discharge, as appropriate,
 - e) assessment and management of any risks associated with the discharge,
 - f) informing the consumer on their condition, possible future course of this, any risks, emergency contacts, and how to access future treatment, care or support services,
 - g) where appropriate involving the original referrer and the health professional having ongoing responsibility for the consumer in planning discharge and informing them of confirmed discharge arrangements,
 - h) a process for monitoring that discharge planning does take place, which includes assessment of the effectiveness of the discharge planning programme.

C41 Where Services are Declined

- C41.1 You will have written and implemented policies and procedures to manage the immediate safety of the consumer for whom entry to the service is declined and, where necessary the safety of their immediate family/whanau and the wider community. These include:
- C41.2
- a) applying agreed criteria for providing services,
 - b) ensuring all diagnostic steps have been taken to identify serious problems which may require your service,
 - c) advising the consumer and/or their family/whanau of appropriate alternative services,
 - d) where appropriate advising the family/whanau or other current services that you have declined service,
 - e) recording that entry has been declined, giving reasons and other relevant information,
 - f) having in place processes for providing this information to us.

C42 Death/Tangihanga

- C42.1 You will have written and implemented policies and procedures to follow in the event of a death including:
- a) immediate action including first aid, calling appropriate emergency services,
 - b) appropriate and culturally sensitive procedures for notification of next of kin,

- 
- c) any necessary certification and documentation including notifying us or the Ministry of Health if required in the Service Specifications,
 - d) appropriate and culturally competent arrangements, particularly to meet the special needs of Māori, are taken into account in the care of the deceased, until responsibility is accepted by the family or a duly authorised person.

C43 Health Education, Disease Prevention and Health Advice/Counselling

- C43.1 You will incorporate within your services, where appropriate, an emphasis on health education, disease prevention and health advice/counselling, and support the goals of The Ministry of Health Strategy "Strengthening Public Health Action" June 1997 or subsequent publications.

FACILITIES

C44 Accessible

- C44.1 You will support consumers in accessing your services by the physical design of your facilities. You will make specific provision for consumers with a mobility, sensory or communication disability available and known to consumer. You will make services available to deaf people through the provision of interpreters and devices to assist communication.

C45 Facilities Maintained

- C45.1 You will provide services from safe, well-designed, well-equipped, hygienic and well-maintained premises.

D: STANDARD INFORMATION SPECIFICATION

REPORTING REQUIREMENTS

D1 Information to be reported to the MoH

D1.1 Unless stated otherwise in the Service Schedule, information to be provided to us is to be provided at three monthly intervals in accordance with the timetable below. Where the Agreement begins or ends part way through a quarter, the report will be for that part of the quarter which falls within the term of the Agreement.

Any delays will be notified to Performance Reporting (see below for details).

D2 Reporting Requirement Timetable

Quarters for Reporting	Due Date
1 January to 31 March	20 April
1 April to 30 June	20 July
1 July to 30 September	20 October
1 October to 31 December	20 January

D3 Forwarding your Completed Report

You shall forward your completed Performance Monitoring Returns to:

Performance Reporting
Sector Operations
Ministry of Health
Private Bag 1942
DUNEDIN 9054

Ph: 03-474 8040

Email: performance_reporting@health.govt.nz

PART 3: SERVICE SCHEDULES

3.01 INTRODUCTION

- 3.01.1** This Part 3 contains each of the Service Schedules listed in the Head Agreement (Agreement Summary).
- 3.01.2** Each of the Service Schedules in Part 3 form part of the Agreement between us as defined in the Head Agreement or in a subsequent Variation to the Head Agreement, as applicable.
- 3.01.3** Each Service Schedule contains the Service Specifications and Provider Specific Terms and Conditions associated with the Service.
- 3.01.4** The Service Specification described the service, and set up quality and information reporting requirements additional to those specified in Part 2 (the General Terms). Note that nationally standard service descriptions may contain details (particularly Purchase Units and Reporting Requirements) which do not apply to all contracts.
- 3.01.5** The Provider Specific Terms and Conditions detail those elements of the Agreement that are unique to you. This will include payment terms, the term of the Service Schedule, and any details which differ from Part 2 (the General Terms) and/or standard Service Specification/s (including detailed clarification of any parts of the nationally standard service description which do not apply to your contract, and a full list of relevant purchase units, volumes, prices and reporting requirements).

CONTENTS OF EACH SERVICE SCHEDULE WITHIN PART 3

3.02 Service Specifications

- 3.02.1** Standard national specifications (note this may not be physically contained in the contract but will be made available for Providers in electronic and hardcopy editions for distribution within their organisations).
- a) Additional specifications (if appropriate).
- 3.02.2** Provider Specific Terms and Conditions
- a) Introduction
 - b) Details of all Volumes and Prices which apply to this Service Schedule
 - c) Reporting Requirements
 - d) Payment Details
 - e) Detail of Changes to standard documents
 - i. Summary of changes to the General Terms (if any)
 - ii. Summary of additional service specifications (if any)
 - iii. Summary of changes from standard service specification (if any)

E: PROVIDER SPECIFIC TERMS AND CONDITIONS

INTRODUCTION

E1 Service Details

It is agreed that the following details apply to this Service Schedule.

Legal Entity Name	[REDACTED]
Legal Entity Number	[REDACTED]
Agreement Number	[REDACTED]
Agreement Commencement Date	[REDACTED]
Agreement End Date	[REDACTED]

E2 Standard Documentation

It is agreed that the Service Schedule includes the standard documentation in Part 2 (the General Terms), and the standard service specifications included in this Service Schedule, as amended by any changes (if any) identified below.

It is agreed that the services will be paid for in accordance with the details given in the Payment Details below.

E3 Details of all Purchase Units which apply to this Service Schedule

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PAYMENT DETAILS

E4 Price

The price we will pay for the Service you provide is specified above. Note that all prices are exclusive of GST.



E5 Invoicing

We will pay you on the dates set out in the Payment Schedule below for the services you provide in each invoice period so long as we receive a valid GST tax invoice from you. The invoice must meet all legal requirements and must contain the following information:

- a) provider name (legal entity name)
- b) provider number (legal entity number)
- c) provider invoice number
- d) agreement number
- e) purchase unit number or a description of the service being provided
- f) date the invoice is due to be paid/date payment expected
- g) dollar amount to be paid
- h) period the service was provided
- i) volume, if applicable
- j) GST rate
- k) GST number
- l) full name of funder

If we do not receive an invoice from you by the date specified in the payment schedule below, then we will pay you within 20 days after we receive the invoice.

E6 Invoicing Address

Send invoices to:

providerinvoices@health.govt.nz

or post to:

Provider Payments
Ministry of Health
Private Bag 1942
Dunedin 9054

E7 Payment Schedules

COV1901 Covid-19 Vaccination (Local Vaccination Centre) – Workforce Costs

COV1901 Covid-19 Vaccination (Local Vaccination Centre) – Contingency Fund

Payments will be made by us on these dates:	On invoices received by us on or before:	For services supplied in the period:
[REDACTED]	[REDACTED]	[REDACTED]

E10. ADDITIONAL PROVIDER SPECIFIC TERM AND CONDITIONS | MAAORI LOCAL COVID-19 VACCINATION CENTRE (SERVICE ESTABLISHMENT PHASE)

Both of us agree that the following Additional Provider Specific Terms and Conditions apply to this Agreement.

E10.1 Fees

Fees for Base Staffing

E10.1.1 In consideration for providing the Services, the DHB agrees to pay the Provider on an hourly rate basis for staff actually deployed to deliver the Services. The hourly rates payable are set out in the table below.

Role	FTE volume (1 FTE = 40 hours per week spread over six day per week roster)	Week day rates (per hour excl GST)	Weekend/Public Holiday rates (per hour excl GST)
Kaumatua	█	█	█
Clinical lead (senior nurse)	█	█	█
Site lead	█	█	█
Team leader	█	█	█
Flow coordinator	█	█	█
Registration and other admin	█	█	█
Pre assessors and consent	█	█	█
Authorised vaccinators	█	█	█
Cold chain and vaccine preparation	█	█	█
Hauora Coordinator	█	█	█
Security/traffic day control shifts	█	█	█

E10.1.2 If the Provider engages the full volume of staff specified in the Service Specification each week, the amount payable by the DHB will be as per the below table. The Provider must only invoice for hours actually delivered.

Week ending	Maximum Amounts Payable (excl. GST)
█	█
█	█
█	█
█	█
█	█
█	█
█	█

Facility Fee

E10.1.3 The Provider is responsible for ensuring that the facility identified in the Service Specification is available for the Services for the duration of this Agreement. In consideration of this, the DHB agrees to pay the provider a facility fee of █ excl. GST per week for the duration of this Agreement. All costs associated with the use of the facility for the Services are deemed to be included within this facility fee.

Contingency Fund

- E10.1.4 Should the Provider require additional staff (of the FTE types set out in the Service Specification) to meet surges in demand for the Services, the Provider shall notify of the DHB (in writing) of the type and volume of additional staff required and the duration that the additional staff will be required. If the DHB approves the additional staffing request (in writing), the Provider may invoice for actual hours completed by the additional staff at the rates set out in E10.1.1 above.
- E10.1.5 The maximum contingency fund available per six week period is [REDACTED] **excl GST** and will not be exceeded.

E10.2 Additional Payment Details

- E10.2.1 The fees allocated under the Agreement include the staff (as specified) plus all management, administration and supervisory personnel, labour, materials, equipment and anything else required to provide the Services. The Provider shall not apply any premium or seek to claim any additional costs or expenses in connection with or related to those prices for any special hours or days of work or for any other reason.
- E10.2.2 Each time the Provider submits an invoice pursuant to this Agreement it warrants that the fees claimed are in accordance with this Agreement including the COVID-19 Funding clause set out below.
- E10.2.3 The DHB will pay the Provider on the dates set out in the Payment Schedule provided the DHB has received a valid GST tax invoice from the Provider containing all of the information in clause E5 plus an accurate and complete invoice template (Invoice Template). The Invoice Template will be supplied by the DHB and will include a requirement for the Provider to provide the following information:
- (a) the name (or other unique identifier) for each staff member;
 - (b) the role performed by each staff member;
 - (c) the days worked by each staff member;
 - (d) the hours worked by each staff member on each date; and
 - (e) number of DHB staff filling 'roster gaps' during the billing period.
- E10.2.4 If requested by the DHB, the Provider will supply timesheets to support the Invoice Template and copies of any written DHB approvals given pursuant to clause E10.1.3.
- E10.2.5 The Provider is to send a copy of all invoices to: [REDACTED] at the same time they are sent to providerinvoices@health.govt.nz.
- E10.2.6 Failure by the DHB to dispute any invoice prior to payment will not prejudice the DHB's right to subsequently dispute the correctness of such invoice and adjust future payments accordingly.

E10.3 Covid-19 Funding

- E10.3.1 This Agreement includes funding which has been allocated specifically for the provision of services during the COVID-19 pandemic.
- E10.3.2 The Provider acknowledges that:
- (a) the Director-General of Health has notified the DHB that double funding of services, resources, activities and/or costs during the COVID-19 pandemic will not be tolerated and indicated that any such double funding should lead to suspension of a contract; and

- (b) the Provider must not be a party to any agreement or arrangement that results in the DHB or the government effectively having to pay more than once for the provision of the same services, resources, activities and/or costs (in part or in whole).

E10.3.3 The Provider warrants that the fees specified in this agreement are a fair and reasonable estimation of the additional costs required to meet the delivery of the Services and that no cost already recovered under another agreement or arrangement funded by the DHB or government is included (in part or in whole).

E10.3.4 The Provider agrees that that the DHB may undertake a review or financial audit at any time to ensure that the requirements of clause E10.3 are met, that is to ensure that double funding has not occurred and that the Provider has not been advantaged and recovered from this Agreement excessive funding. When determining whether double funding has occurred, the DHB will look at all government funding sources, including (without limitation) funding from the DHB, funding from other DHBs and non DHB funding (e.g. ACC funding and COVID-19 related government welfare and emergency funding).

E10.3.5 Should the DHB determine after a review or audit, that the Provider has been double funded or has recovered from this Agreement excessive funding, that excess may be recovered by the DHB as a debt due. Without limiting any other rights, the DHB may have, the DHB may also elect to suspend or terminate the Agreement with immediate effect.

E10.4 Withholding Payments

E10.4.1 Without prejudice to any other right or remedy provided in this Agreement or otherwise at law, we may withhold any payments or portions of payments, where the Provider has failed to:

- (a) deliver or complete the Services;
- (b) meet the performance measures and timelines specified in this Agreement;
- (c) submit the reports required under this Agreement;
- (d) submit satisfactory reports to us; or
- (e) exercise due professional care and diligence in the performance of the Provider's obligations under this Agreement.

E10.5 Clawback of Funds

E10.5.1 Without prejudice to any other right or remedy provided in this Agreement or otherwise at law, we may require the Provider to repay the funding paid to the Provider under this Agreement, or any portion of the funding that is reasonable in the circumstances, where the Provider has failed to:

- (a) deliver or complete the Services;
- (b) meet the required performance measures and timelines;
- (c) submit satisfactory reports in accordance with the reporting requirements set out in this Agreement; or
- (d) exercise all due professional care and diligence in the performance of the Provider obligations under this Agreement.

E10.5.2 Any amount to be repaid will be determined by us acting reasonably and following a discussion with the Provider regarding the circumstances that have led to us seeking repayment of funding.

E10.5.3 Any disputes regarding the application of this clause shall be dealt with in accordance with the Dispute Resolution provisions set out in clause B28 of Part 2 (Dispute Resolution).

E10.6 Termination

E10.6.1 In addition to the termination provisions contained elsewhere in this Agreement and without limiting any other provision contained in this Agreement, both of us agree that:

- (a) Both of us may agree to terminate this Agreement. Any such agreement must be in writing and signed by each of our authorised signatories.
- (b) We may terminate this Agreement at any time by giving four (4) weeks' notice to the Provider.

E10.7 Term, Rights of Renewal

E10.7.1 This Agreement will commence [REDACTED] and expire on [REDACTED] (Initial Term) unless extended pursuant to clause E10.7.2 or terminated earlier in accordance with the termination provisions of the Agreement.

E10.7.2 The DHB may renew the term of the Agreement one (1) time for a period of up to six (6) weeks (Renewal Term) by giving written notice to the Provider at least two (2) weeks prior to the expiry of the Initial Term.

E10.7.3 The final expiry date of the Agreement is [REDACTED] (Final Expiry Date).

E10.8 Renewal

Both of us agree that clause B31.3 of Part 2 does not apply to this Agreement.

E10.9 Privacy of Personal Information

E10.9.1 In this clause Personal Information has the meaning given to this term in the Privacy Act 2020 and Health Information has the meaning given to this term in the Health Information Privacy Code 2020.

E10.9.2 The Provider will collect, use, store and disclose Personal Information and Health Information related to the Agreement and Services in accordance with:

- (a) the Privacy Act 2020;
- (b) any Law that amends or overrides any of the Information Privacy Principles of the Privacy Act 2020 and that applies to Counties Manukau Health or the Provider;
- (c) any Code of Practice or Approved Information Sharing Agreement (as defined in the Privacy Act 2020) that amends or overrides any of the Information Privacy Principles of the Privacy Act 2020 and that applies to Counties Manukau Health or the Provider (e.g. Health Information Privacy Code 2020);
- (d) any guidelines issued by the Privacy Commissioner.

E10.9.3 Subject to clause E10.9.2, Counties Manukau Health and the Provider will record in the Service Specification, the details of any Personal Information and/or Health Information that will be shared between Counties Manukau Health and the Provider in connection with the Services, the purpose(s) for sharing and using the information and any agreement on the management (including security) of the information.

E10.9.4 Wherever a Provider supplies a privacy statement to clients in respect of the Services in accordance with Information Privacy Principle 3 of the Privacy Act 2020 or Rule 4 of the Health Information Privacy Code 2020, the Provider will implement any reasonable directions made by Counties Manukau Health about the content of the privacy statement, including about the purpose(s) of collection and the disclosure of information.

E10.9.5 Before making a direction under clause E10.9.4, Counties Manukau Health will consult with the Provider about the proposed content of the privacy statement, and consider any reasonable issues or concerns raised by the Provider.



E10.9.6 The Provider confirms that it has adequate security measures to safeguard Personal Information and Health Information from unauthorised access or use by third parties.

E10.9.7 Without limiting the Provider's obligation under Part 6 of the Privacy Act 2020, the Provider will notify Counties Manukau Health promptly, in writing, of any privacy breaches related to the Agreement that is likely to cause anyone serious harm. If requested by Counties Manukau Health, the Provider will submit a written report to Counties Manukau Health detailing how it plans to respond to the breach and/or steps taken to respond to the breach.

E10.9.8 The Provider will notify Counties Manukau Health promptly, in writing, if it receives a compliance notice from the Privacy Commissioner that relates to the Agreement or becomes subject to any investigation by the Privacy Commissioner that relates to the Agreement.

E10.10 Smoke-free Policy

E10.10.1 Subject to limited exceptions, the **Smoke-free Environments Act 1990** requires employers to take all reasonable steps to ensure that no person smokes at any time in a workplace. In addition to meeting the Provider's requirements under the Act, CMDHB expects the Provider to have a wider role in promoting health and wellbeing to support achievement of the New Zealand government's goal for a Smoke-free Aotearoa in 2025 by supporting service users and staff not to smoke. Therefore, in addition to complying with the requirements laid out in the Smoke-free Environments Act, from 1 July 2017 the Provider will adopt a **Smoke-free Policy**. At a minimum, the Provider Smoke-free Policy is to:

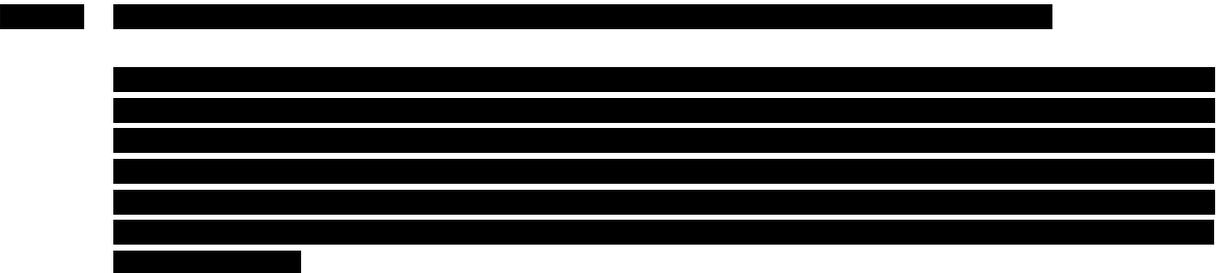
- (a) Be written;
- (b) Be aligned with CMDHB's Smokefree Policy;
- (c) Describe the Provider organisation's internal and external smoke-free environments;
- (d) Specify how the Provider will provide smoking cessation support and advice to staff;
- (e) Specify how the Provider will provide smoking cessation support and advice to service users; and
- (f) Describe the actions the Provider will take to ensure that the Policy is adhered to.

We encourage the Provider to identify a Smokefree Champion for the Provider organisation to ensure the Provider policy is robust and adhered to. A template policy and associated resources and support are available from smokefree@middlemore.co.nz

E10.11 Healthy Food and Drink Policy

E10.11.1 The DHB expects the Provider to have a role in promoting the health and wellbeing of the Provider service users, staff and visitors to the Provider service by supporting them to make healthy food and drink choices. From 1 July 2017, the Provider will adopt a **Healthy Food and Drink Policy** covering all food and drinks sold on sites, and provided to service users, staff and visitors under the Provider jurisdiction. At a minimum, the Provider Policy is to be written and reflect the principles of the National District Health Boards and Ministry of Health Healthy Food and Drink Policy, which aligns with the Ministry of Health's Eating and Activity Guidelines. A template policy can be found at:

[https://www.health.govt.nz/publication/healthy-food-and-drink-policy-organisations.](https://www.health.govt.nz/publication/healthy-food-and-drink-policy-organisations)



F: SERVICE SPECIFICATION

MAAORI LOCAL COVID-19 VACCINATION CENTRE (SERVICE ESTABLISHMENT PHASE)

Background

On 10 March 2021, the Government announced its plan for the rollout of the COVID-19 vaccines. Key points from the plan are as follows:

- A targeted COVID-19 vaccine rollout over next 3-4 months will start to reach 2 million people in most at risk groups.
- The plan prioritises people most at risk of harm if they get the virus and those who live and work in places where they are most likely to pick up COVID-19.
- Those in South Auckland who're over 65 or who have underlying health issues to start being vaccinated from the end of March.
- Minimising risk of future outbreaks central to Government plan and prioritisation.

To support the above direction, the Metro Auckland DHBs (which includes the DHB) through its combined Northern Region Health Coordination Centre (NRHCC) structure will be establishing a vaccination model of delivery which includes the following:

- Super Vaccination Centres (SVCs) capable of delivering up to 1,000 vaccines per day with ten vaccinators on a single shift.
- Locality Vaccination Centres (LVCs) to vaccinate approximately 300 people per day in key community sites, with potential to scale up if required.
- Pop up COVID-19 Vaccination sites.
- Aged Residential Care (ARC) outreach.
- Primary Care (PC), specifically General Practice, vaccination centres.

The Metro Auckland DHBs wish to engage local providers to provide the local vaccination centre (LVC) services. LVCs are intended to ensure an appropriate community focused approach to the DHB's COVID-19 vaccine delivery programme. It is anticipated that the LVCs will have capacity to provide approximately 300 COVID-19 vaccinations per day.

The DHB wishes to engage the Provider to provide a Maaori focused LVC service in the Counties Manukau District Health Board catchment area, recognising that it has specialised knowledge, experience and expertise in providing health services for Maaori living in the district. As an initial step towards this, the DHB wishes to engage the Provider to undertake certain service establishment activities and provide COVID-19 vaccination services on a limited, short term basis. Service provision during this service establishment phase will be used to inform future, on-going LVC service delivery, including funding and contracts for future LVC service delivery.

1. Definition

The DHB has agreed to fund, and the Provider has agreed to deliver, the Maaori LVC service establishment phase services described in this Service Specification (Services). The DHB has engaged the Provider to deliver the Services due to its specialised skills, experience and leadership in delivering targeted healthcare approaches for Maaori communities.

2. Service Objectives

Māori are a priority population and are at greater risk of serious health problems from COVID-19. In line with the Government's requirement that the COVID-19 vaccination rollout ensures equitable access and prioritises people most at risk of harm, the Services aim to ensure that the COVID-19 vaccine is accessible to Māori whānau and communities and support uptake of the COVID-19 vaccine within this priority population. This is critical to minimising the risk of ongoing spread, future outbreaks and harm to Māori communities.

3. Service Principles

The following key principles will underpin the Services delivered:

- Focus on meaningful choices and tailored support for Māori.
- Build Māori capacity and capability to effectively deliver vaccines to Māori whānau and communities.
- Support Māori-specific models of engagement, delivery and care.
- High level of coordination with the DHB and also ADHB (as the NRHCC's nominated COVID-19 Vaccination Lead).

4. Service Users

The Provider will only deliver COVID-19 vaccinations to Service Users in accordance with the Government's COVID-19 vaccination rollout plan, which is structured to ensure that people at greater risk are vaccinated first. As at the commencement date of this Agreement, the roll out plan can be summarised at a high level as follows:

Group 1 — Now onwards

Border and managed isolation and quarantine (MIQ) workers

This includes people working at the border or in MIQ, and the people they live with (household contacts).

Group 2 — from late March

High-risk frontline workers and people living in high-risk places

This includes People who:

- are a high-risk frontline healthcare workers
- work in a long-term residential environment
- live in long-term residential care
- are an older Māori or Pacific person being cared for by whānau
- live in the Counties Manukau DHB area and are over 65, have an underlying health condition or disability, are pregnant, or are in a custodial setting.

Group 3 — from May

People who are at risk of getting very sick from COVID-19

People who are:

- aged over 65
- have a relevant underlying health condition
- disabled
- an adult in a custodial setting.

Group 4 — from July

Everyone

Everyone aged 16 or over.

The rollout plan is described further at <https://covid19.govt.nz>.

The DHB will keep you informed of any changes to the roll out plan and associated rollout dates. You will work with the DHB to develop (and update as required) communications and booking systems that align with the Government's COVID-19 vaccination rollout plan.

The Provider shall have a specific focus on engaging Maaori Service Users, within the groups identified, living in Counties Manukau. This means that Services will be designed, promoted and delivered in a manner that best meets the needs of Maaori living in the Counties Manukau Health catchment area.

5. Access

The Provider will establish and operate a booking system to manage Service User access to the Services. The system must be structured to ensure that Service Users are recalled and booked for their second COVID-19 Vaccination within prescribed timeframes and integrate appropriately with booking systems managed by the NRHCC.

Should a mandatory booking system for COVID-19 vaccinations be introduced at a national level or by NRHCC, you will manage access to the Services utilising that booking system. The DHB will notify you if use of such a booking system is required.

While booking should be the predominant method for managing access to the Services, the Provider will ensure that it has some capacity to accommodate 'walk-ins', including group 'walk-ins'.

Service User preferences in terms of accessing the Services (bookings versus walk-ins) will be monitored during the service establishment phase and may inform future, on-going LVC service delivery.

6. Settings

You will deliver the Services from the following location:

The Provider will be responsible for ensuring that the facility is available for use for the Services and any costs associated with use of the facility for the Services, such costs are deemed to be included in the Agreement price.

7. Days and Hours of Operation

Unless otherwise agreed in writing with the DHB, the Provider will operate the COVID-19 vaccination centre for six (6) days per week between the hours of 0800 – 1600.

8. Service Components

Service Establishment Activities

The Provider will work with the DHB to establish a LVC service in accordance with the NRHCC Vaccination Programme Process for Setting up Vaccination Sites (draft dated 5 March 2021). In addition, the Provider will:

- Support the DHB with the physical/IT set up of the facility.
- Develop a site specific operating procedures (SOP) for delivery of LVC services at the site. The SOP must align with the policies, procedures and guidelines set out in the 'Quality Requirements' section below and be submitted to the DHB for NRHCC review/approval prior to the date of the dry run assessment of the LVC service at the site.
- Develop a site specific health and safety plan for the site (including, without limitation, a security plan and traffic management plan).
- Recruit, train and orientate staff for delivery of LVC services (this may include site visits to DHB managed SVCs or training sessions at these sites where appropriate). Staffing requirements are detailed below.
- Establish booking systems for delivery of LVC services.
- Develop a local engagement strategy (and related collateral). The strategy and collateral should be aligned with national communications issued by the Government and regional communications issued by the NRHCC.
- Identifying and establishing communication pathways with key NRHCC staff.
- Complete a 'dry run' of the LVC service at the site prior to commencement of COVID-19 vaccination delivery to the public.

The Provider will commence delivery of COVID-19 vaccinations on a date agreed, in writing, with the DHB and NHRCC.

NRHCC may conduct assurance activities at any time to ensure that the Quality Requirements set out below and the requirements of the site specific SOP are met.

Staffing

The Provider will engage the following staff to deliver COVID-19 vaccination services.

		FTE Function
Kaumataua	■	<ul style="list-style-type: none">• Lead, represent and advise on those aspects of service provision which relate to Te Ao Maaori and Maaori culture
Clinical lead (senior nurse)	■	<ul style="list-style-type: none">• Manages clinical protocols & SOPs• Emergency and risk management• Receives MATOS monitoring alerts & coordinates immediate response• Overseas & supervises RNs allocation of roles• Overseas & supervises CHA & CIR Admin roles• Provides clinical support across vaccination process
Site lead	■	<ul style="list-style-type: none">• Responsible for Operations & people management• Coordination & facilitation of site and staff

Team leader	■	<ul style="list-style-type: none"> • Supports site leads with roster management
Flow coordinator	■	<ul style="list-style-type: none"> • Flow coordination
Registration and other admin	■	<ul style="list-style-type: none"> • Look up scheduling information for every person that presents • Generate NHIs as require • Enter persons details into CIR • Re-schedules second dose in 21 days if required
Pre assessors and consent	■	<ul style="list-style-type: none"> • Check consent and ask preliminary health questions
Authorised vaccinators	■	<ul style="list-style-type: none"> • Administers vaccine in accordance with approved clinical policies, guidelines and procedures
Cold chain and vaccine preparation	■	<ul style="list-style-type: none"> • Cold chain management • Vaccine preparation and delivery to vaccinators
Hauora Coordinator	■	<ul style="list-style-type: none"> • Non-clinical roles to support clients with navigation to and through the LVC, and also support with connecting whānau to other support and care within their community
Security/traffic control day shifts	■	<ul style="list-style-type: none"> • Maintain site security and assist LVC leads as directed.
Total	■	

Staffing types and levels will be actively reviewed during the term of the Agreement (having regard to, amongst other things, Service User demand at the facility and the Provider's ability to recruit the required staff) and the results of this review will be used to inform future, on-going LVC service delivery, including funding and contracts for future LVC service delivery.

Volumes

It is expected that the above staffing levels will enable the Provider to administer approximately ■ COVID-19 vaccinations per day.

Service User volumes will be actively reviewed during the term of the Agreement (both in terms of Service User demand for the Services and Provider capacity to meet Service User volumes) and the results of this review will be used to inform future, on-going LVC service delivery, including funding and contracts for future LVC service delivery.

Vaccination Stock

The Provider shall administer the COVID-19 Vaccine as approved by the Government. Vaccine stock shall be supplied by Auckland DHB (as the NRHCC's nominated COVID-19 Vaccination Lead).

9. Community Testing

It is essential that COVID-19 Community Testing Centre capacity is not diminished as a result of the Services. The Provider will notify the DHB if it proposes to utilise staffing across both Services. The Provider will also notify the DHB promptly if it anticipates any issues with delivery of the COVID-19 Community Testing Centre Services as a result of providing the Services described in this Agreement.

10. Roles and Responsibilities

Without limiting any other requirements under this Agreement, the following table provides a high level overview of the roles and responsibilities of the Provider, the DHB and other key individuals, groups and organisations involved in the COVID-19 vaccine rollout.

Should the Provider have any queries directly related to the tasks, activities or services to be provided by ADHB (as NRHCC's nominated COVID-19 Vaccination Lead), it should contact:

Sharon McCook
General Manager – Maaori Health
Counties Manukau District Health Board
Email: [REDACTED]

Should the Provider have any queries relating to the contract or payments, facility, or should it experience any difficulties in relation to activities provided by NRHCC, it should contact the DHB Contract Manager named in this Agreement (as may be replaced by the DHB from time to time).

Role/Responsibility	Provider	DHB	ADHB (as the NRHCC's nominated COVID-19 Vaccination Lead)	Other (e.g. Ministry of Health)
Contract Management and Administration	Appointment of a Contract Manager to manage this Agreement. Provision of office admin, systems and procedures to ensure accurate invoices are submitted to the DHB.	Appointment of a Contract Manager to manage this Agreement. Provision of back office admin, systems and procedures to process valid invoices received in connection with this Agreement.	Validation of invoices as required.	-
Clinical Governance, Policies, Procedures and Guidelines	Development of site specific policies, procedures and guidelines that align with regional requirements (as provided by the NRHCC) and national requirements (as provided by the Ministry of Health/Government). Establishment and maintenance of a Clinical Governance Group to oversee clinical service delivery.	Arrange access to shared repository where regional policies, procedures and guidelines are held.	Development of regional policies, procedures and guidelines. Audit and review of the Provider's site specific policies, procedures and guidelines to ensure alignment with regional requirements.	Development of national policies, procedures and guidelines.

Role/Responsibility	Provider	DHB	ADHB (as the NRHCC's nominated COVID-19 Vaccination Lead)	Other (e.g. Ministry of Health)
Vaccination Stock	<p>Receipt, storage, management and administration of Government approved COVID-19 vaccine in accordance with clinical policies and procedures and guidelines applicable to this Agreement.</p> <p>Communicating stock requirements to NRHCC.</p>	-	Supply of Government approved Vaccination stock (includes delivery to the facility).	Procurement of COVID-19 Vaccination stock.
Communications	Development of a local engagement strategy (and related collateral).	Review local engagement strategy (and related collateral) for alignment with regional and national communications.	Regional communications relating to the Government's COVID-19 Vaccination Rollout Plan.	National communications relating to the Government's COVID-19 Vaccination Rollout Plan.
Service User bookings	<p>Establish and maintain booking system. If a local booking to ensure second dose. Integrated with regional systems.</p> <p>Work through own lists first (e.g. enrolled process)</p>	-	Provide regional booking system (subject to introduction of mandatory national booking system or adoption of local systems).	-
Demand Management	Implement local engagement strategy and booking system in a manner that aims to see 300 COVID-19 vaccinations completed per day.	-	Assist with Service User demand management (e.g. redirection of Service Users to different COVID-19 Vaccination centres as demand peaks or is reduced in different areas of the Auckland Metro DHB catchment area).	Government's COVID-19 Vaccination Rollout Plan.
Non-Clinical Workforce to deliver LVC Services (including security and traffic management)	<p>The Provider shall be responsible for all non-clinical staff engaged to deliver the Services (including recruitment of such staff) as outlined in 'Staffing' table above.</p> <p>The Provider shall direct and coordinate any clinical staff that may be</p>	The DHB will engage [REDACTED] to provide certain clinical and non-clinical staff to support delivery of the Services at the facility. A high level overview of the types of staff that the DHB	-	-

Role/Responsibility	Provider	DHB	ADHB (as the NRHCC's nominated COVID-19 Vaccination Lead)	Other (e.g. Ministry of Health)
	engaged separately by CMH to support delivery of the Services at the facility including (without limitation) clinical staff provided pursuant to arrangements between the DHB and [REDACTED]	will engage through this arrangement is set out in Appendix 1.		
Clinical Workforce to deliver LVC Services	<p>The Provider shall be responsible for all clinical staff engaged to deliver the Services (including recruitment of such staff) as outlined in 'Staffing' table above.</p> <p>The Provider shall direct and coordinate any clinical staff that may be engaged separately by CMH to support delivery of the Services at the facility including (without limitation) clinical staff provided pursuant to arrangements between the DHB and [REDACTED]</p>	<p>The DHB will engage [REDACTED] to provide certain clinical and non-clinical staff to support delivery of the Services at the facility. A high level overview of the types of staff that the DHB will engage through this arrangement is set out in Appendix 1.</p>	-	-
Facility Lease/Licence (including utilities)	The Provider will manage all aspects of the facility and ensure that it is fit for use for the Services at all times.	-	-	-
Facility fit out (including I.T infrastructure, equipment and software plus clinical and office equipment)	The Provider will work with ADHB to ensure that the facility fit out meets its service requirements.	-	Fit out of the facility (including IT infrastructure, equipment and NRHCC nominated software) plus clinical and office equipment.	-
Facility cleaning	The Provider is responsible ensuring that the facility is clean and tidy at all times. The Provider shall liaise with NRHCC to ensure that cleaning services are deployed appropriately to meet this requirement. Any issues regarding the cleaning services are to be promptly reported to	-	Engagement and funding of cleaning services.	-

Role/Responsibility	Provider	DHB	ADHB (as the NRHCC's nominated COVID-19 Vaccination Lead)	Other (e.g. Ministry of Health)
	NRHCC. Persistent issues shall be reported to the DHB.			
Waste Disposal (including medical waste disposal)	The Provider is responsible for waste disposal at the site. The Provider shall liaise with NRHCC to ensure that cleaning services are deployed appropriately to meet this requirement. Any issues regarding the cleaning services are to be promptly reported to NRHCC. Persistent issues shall be reported to the DHB.	-	Engagement and funding of waste disposal services.	-
Clinical supplies (including medical emergency supplies)	The Provider shall ensure that it communicates its requirements for clinical supplies (including medical emergency supplies) to the NRHCC promptly.	-	Procurement, supply and delivery of clinical supplies to the facility.	-
Office supplies	All office supplies are to be provided by the Provider.	-	-	-
Service User records	Ensure clinical records for each Service User interaction are maintained in accordance with all policies, procedures and guidelines applicable to this Agreement; clinically accepted standards; and requirements of the Privacy Act/Health Information Privacy Code 2020. Ensure that each COVID-19 vaccination administered is uploaded into the COVID-19 Vaccination Register (CIR).	-	Ensure regional availability of COVID-19 Vaccination Register (CIR)	Development of COVID-19 Vaccination Register (CIR)

All equipment and supplies supplied by the DHB in connection with this Agreement is owned by the DHB and shall be returned to the DHB on expiry or termination of this Agreement.

11. Coordination of staff provided by [REDACTED]

As set out in the roles and responsibilities table above, the DHB will be engaging [REDACTED] to provide staff to support delivery of the Services at the facility. This may include clinical and non-clinical staff. As the lead provider responsible for service delivery at the facility, the Provider will coordinate and direct activities of these staff (including rosters) and promptly report any issues or concerns to the DHB. The Provider is to develop and maintain a close working relationship with [REDACTED] for the duration of this Agreement.

12. Quality Requirements

The Provider shall deliver the Services in accordance with all COVID-19 Vaccine Policies, Procedures and Guidelines issued by the Ministry of Health and Northern Region Health Coordination Centre (NRHCC) (as updated or amended from time to time). This includes, but is not limited to:

- The Ministry of Health's Operating Guidelines for DHBs & Providers – COVID-19 Vaccine Immunisation Programme (v4.1 – Tier 1, dated 11 March 2021), as updated or amended by the Ministry of Health from time to time.
- The NRHCC COVID-19 Vaccination Programme Standard Operating Procedures (v4, dated 15 March 2021), as updated or amended by the DHB (through NRHCC) from time to time.
- The NRHCC Vaccination Programme Vaccination Centre – Generic Site Overview (draft v1, dated 9 March 2021), as updated or amended by the DHB (through NRHCC) from time to time.
- The NRHCC Vaccination Programme Process for Setting up Vaccination Sites (draft dated 5 March 2021).

The Provider will be given access to a central repository where all NRHCC Policies, Procedures and Guidelines are held. The Provider confirms that it has access to such central repository and will regularly check for updates to the Policies, Procedures and Guidelines.

13. Reporting Requirements

Vaccination Event Data

Complete and accurate COVID-19 vaccination event data is to be uploaded into COVID-19 Immunisations Register (CIR) for each Service User.

Additional Reporting

In addition to recording COVID-19 vaccination event data, the Provider will provide the following reports to the DHB.

Reporting Unit	Reporting Frequency
Daily verbal/email update highlighting: <ul style="list-style-type: none">• Volume of COVID-19 vaccinations completed• Highlights, issues, barriers, emerging risks/proposed mitigations.	Daily (by phone/in person or email) at the end of each day.
Narrative report summarising feedback received through Service Users satisfaction surveys.	Fortnightly (due by email on last day of each fortnight).

Please send written reports by email to:

Sharon McCook
General Manager – Maaori Health
Counties Manukau District Health Board
Email: [REDACTED]

14. Evaluation

The Provider will actively participate and cooperate in any evaluation/post implementation review of the Services that may be initiated by the DHB or NRHCC.

15. Future Service Provision

The Provider acknowledges that the Services provided during the term of this Agreement will be used to inform future, on-going LVC service delivery, including funding and contracts for future LVC service delivery. The DHB will be looking to ensure that the following criteria are met before any on-going LVC services are implemented.

1. Regular/predictable pattern of Service User demand is established.
2. Staffing requirements to meet Service User demand are established (staff type and volumes).
3. Clinical policies, procedures and guidelines are implemented in the manner required by NRHCC policies, procedures and guidelines.
4. Bookings systems and clinical records systems meet NRHCC's requirements (this includes ensuring that booking systems are sufficient to ensure that Service Users are recalled for their second vaccination within clinical guidelines, can accommodate bookings in advance as well as 'walk-ins').

The parties agree that no agreement relating to LVC service delivery beyond the Final Expiry Date of this Agreement will be final unless and until a formal written agreement has been signed by each of our authorised signatories.

Appendix 1: Overview of staff to be provided through arrangement between the DHB and

The table below provides a high level overview of the staff that the DHB will engage through an arrangement with [REDACTED] to support delivery of the Services at the site. For completeness, the table also shows staffing funded under this Agreement.

	[REDACTED]	[REDACTED]	[REDACTED]
Kaumatua	■	■	■
Clinical lead (senior nurse)	■	■	■
Site lead	■	■	■
Team leader	■	■	■
Flow coordinator	■	■	■
Registration and other admin	■	■	■
Pre assessors and consent	■	■	■
Authorised vaccinators	■	■	■
Cold chain and vaccine preparation	■	■	■
Post vaccination observer (RN)	■	■	■
Post vaccination observer (HCA)	■	■	■
Hauora Coordinator	■	■	■
Security/traffic control day shifts	■	■	■
Kaiako	■	■	■
Disability facilitator/advisor	■	■	■
Total	■	■	■

Please note the tier groupings below are an estimation based on the cohort information we have available. There are some people whose cohort is unknown so the tier/priority group totals do not add up to the vaccination/ethnicity totals

Please note the weeks below only include 1-30th June. May and July numbers are not included.

4. Provide the number of vaccine doses delivered at every Covid-19 vaccination clinic in the Auckland Metro region in the past month, broken down by week, ethnicity and priority group (ie, level 1,2,3).

The ethnicity and priority group breakdown is provided in separate tables

Ethnicity

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Airport Oaks VC	1,377	2,403	2,367	2,539	943	9,629
Māori	58	75	65	97	28	323
Pacific Peoples	255	434	245	325	154	1,413
Asian	766	1,454	962	1,180	422	4,784
Other	284	423	1,077	920	335	3,039
Unknown	14	17	18	17	4	70
Albany Vaccination Clinic					393	393
Māori					5	5
Pacific Peoples					8	8
Asian					149	149
Other					229	229
Unknown					2	2
Aotea Health Ltd VC		42	510	15		567
Māori		8	67	3		78
Pacific Peoples			5			5
Asian		1	7			8
Other		32	423	10		465
Unknown		1	8	2		11
Auckland MMH Team B		49	641	386	70	1,146
Māori		2	18	5	3	28
Pacific Peoples		2	13	8	5	28
Asian		12	65	41	45	163
Other		33	540	331	17	921
Unknown			5	1		6
Auckland MMH Team C		125	158	234	260	777
Māori		2	4	8	6	20
Pacific Peoples		5	11	5	6	27
Asian		23	28	11	20	82
Other		95	115	207	226	643
Unknown				3	2	5
Avondale Family Health Centre (Inactive)			7	137		144
Māori			2	12		14
Pacific Peoples			1	33		34
Asian			1	58		59

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Other			3	34		37
Avondale Family Health Centre VC				30	96	126
Māori				4	13	17
Pacific Peoples				11	27	38
Asian				7	28	35
Other				8	27	35
Unknown					1	1
Baderdrive Health Care	394	617	738	852	350	2,951
Māori	10	17	29	24	8	88
Pacific Peoples	177	360	394	378	113	1,422
Asian	140	165	237	331	169	1,042
Other	65	71	73	114	58	381
Unknown	2	4	5	5	2	18
Bakerfield Medical & Urgent Care	272	364	428	501	209	1,774
Māori	50	20	49	54	15	188
Pacific Peoples	28	56	68	69	26	247
Asian	80	124	149	168	66	587
Other	113	159	162	206	100	740
Unknown	1	5		4	2	12
Bargain Chemist Manukau	2			438	225	665
Māori				22	13	35
Pacific Peoples	2			74	35	111
Asian				191	113	304
Other				149	61	210
Unknown				2	3	5
Birkenhead Vaccine Clinic	3,425	3,709	4,925	5,038	2,061	19,158
Māori	168	472	385	225	49	1,299
Pacific Peoples	89	234	210	107	43	683
Asian	668	673	926	870	345	3,482
Other	2,486	2,307	3,381	3,809	1,616	13,599
Unknown	14	23	23	27	8	95
Border & MIQ Household VC 1	5,816	5,043	5,002	5,331	1,744	22,936
Māori	340	241	194	161	52	988
Pacific Peoples	790	662	480	449	149	2,530
Asian	1,801	1,615	1,656	2,078	701	7,851
Other	2,839	2,492	2,631	2,599	827	11,388
Unknown	46	33	41	44	15	179
CBD Vaccination Centre	2,893	2,930	3,412	3,468	1,442	14,145
Māori	267	379	187	129	33	995
Pacific Peoples	204	369	166	112	31	882
Asian	607	625	759	663	243	2,897
Other	1,777	1,524	2,263	2,523	1,124	9,211
Unknown	38	33	37	41	11	160
Crawford Medical Centre VC		49	135	199	190	573
Māori		1	1	13	4	19
Pacific Peoples		1	2	5	11	19
Asian		4	13	27	35	79

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Other		43	119	152	140	454
Unknown				2		2
East Care Urgent Care	308	430	471	422	158	1,789
Māori	10	18	7	7	1	43
Pacific Peoples	5	9	3	1		18
Asian	53	51	72	88	32	296
Other	238	348	383	323	125	1,417
Unknown	2	4	6	3		15
Fellbrook Medical Centre			13	24	36	73
Māori			5	1	7	13
Pacific Peoples			3	13	13	29
Asian			2	3	11	16
Other			3	7	5	15
Gailbraith Building Theatres	307	182				489
Māori	26	18				44
Pacific Peoples	56	35				91
Asian	114	69				183
Other	109	58				167
Unknown	2	2				4
Health New Lynn	410	396	494	489	228	2,017
Māori	8	19	22	19	5	73
Pacific Peoples	17	15	14	28	5	79
Asian	20	54	75	67	8	224
Other	364	306	382	375	209	1,636
Unknown	1	2	1		1	5
Henderson Medical Centre		62	201	256	161	680
Māori		5	5	4	4	18
Pacific Peoples		7	11	12	8	38
Asian		9	15	51	31	106
Other		41	170	189	118	518
Highland Park Medical	280	294	385	385	245	1,589
Māori	3	11	2	9	9	34
Pacific Peoples		2	4		5	11
Asian	26	25	41	34	35	161
Other	251	255	335	339	193	1,373
Unknown		1	3	3	3	10
Howick Health & Medical Centre VC					7	7
Other					7	7
Lifeline Medical Centre Otahuhu VC		130	417	501	236	1,284
Māori		7	13	7	4	31
Pacific Peoples		33	85	92	37	247
Asian		82	288	368	177	915
Other		8	29	32	17	86
Unknown			2	2	1	5
Makaurau Marae VC			41			41
Māori			17			17
Pacific Peoples			10			10

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Asian			5			5
Other			9			9
Manurewa Medical Ltd		26	125	153	68	372
Māori			8	19	4	31
Pacific Peoples		4	12	13	5	34
Asian		1	17	20	18	56
Other		21	87	99	41	248
Unknown			1	2		3
Manurewa Vaccination Centre	1,715	1,628	2,196	2,489	1,399	9,427
Māori	264	211	247	310	176	1,208
Pacific Peoples	185	216	281	304	213	1,199
Asian	506	457	621	654	379	2,617
Other	750	731	1,024	1,196	621	4,322
Unknown	10	13	23	25	10	81
MMH Team A	607	500	398	722	437	2,664
Māori	5	28	9	10	7	59
Pacific Peoples	11	23	16	8	10	68
Asian	83	110	57	85	38	373
Other	506	334	313	612	381	2,146
Unknown	2	5	3	7	1	18
Mt Wellington Vaccination Centre	4,886	5,562	6,460	6,873	2,563	26,344
Māori	351	362	345	322	152	1,532
Pacific Peoples	588	587	598	528	250	2,551
Asian	1,477	1,676	2,113	2,194	741	8,201
Other	2,416	2,873	3,336	3,749	1,393	13,767
Unknown	54	64	68	80	27	293
Nga Whare Waatea (MUMA)			73			73
Māori			23			23
Pacific Peoples			12			12
Asian			27			27
Other			11			11
NRHCC Outreach 1 VC	349	391	446	531	154	1,871
Māori	15	29	29	14	13	100
Pacific Peoples	17	56	53	62	18	206
Asian	61	91	69	171	15	407
Other	254	213	289	283	105	1,144
Unknown	2	2	6	1	3	14
NRHCC Outreach 2 VC	303	255	493	320	217	1,588
Māori	9	12	20	11	8	60
Pacific Peoples	26	20	30	39	18	133
Asian	62	17	79	71	18	247
Other	204	206	362	197	173	1,142
Unknown	2		2	2		6
NRHCC Outreach 3 VC	278	243	291	399	125	1,336
Māori	20	23	23	14	23	103
Pacific Peoples	10	24	33	18	18	103
Asian	58	35	47	67	11	218

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Other	187	160	186	298	73	904
Unknown	3	1	2	2		8
NRHCC Outreach 4 VC	261	153	362	181		957
Māori	44	7	11	3		65
Pacific Peoples	59	12	14	17		102
Asian	61	52	64	25		202
Other	96	82	268	135		581
Unknown	1		5	1		7
Orewa Medical Centre			6	476	282	764
Māori				4	4	8
Pacific Peoples				2	3	5
Asian				8	11	19
Other			6	462	264	732
Ormiston Medical	199	266	360	357	217	1,399
Māori	1	4	5	13	2	25
Pacific Peoples	3	3	10	8	1	25
Asian	150	188	275	265	162	1,040
Other	45	68	66	68	52	299
Unknown		3	4	3		10
Otara Vaccination Centre	2,059	2,472	2,680	3,181	817	11,209
Māori	160	169	150	192	44	715
Pacific Peoples	977	1,038	1,184	1,337	339	4,875
Asian	505	668	770	933	229	3,105
Other	400	579	554	696	199	2,428
Unknown	17	18	22	23	6	86
PARS VC			59			59
Māori			20			20
Pacific Peoples			9			9
Asian			2			2
Other			28			28
Pukekohe Family Health Centre VC				18	60	78
Māori					3	3
Pacific Peoples					1	1
Asian				1	3	4
Other				16	50	66
Unknown				1	3	4
Pukekohe LVC			69	919	554	1,542
Māori			21	174	64	259
Pacific Peoples			7	47	17	71
Asian				72	62	134
Other			41	620	405	1,066
Unknown				6	6	12
Ranui Pacific Island Church		397	1,708	1,999	487	4,591
Māori		5	34	64	20	123
Pacific Peoples		57	85	114	38	294
Asian		215	1,237	1,005	182	2,639
Other		118	344	804	241	1,507

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Unknown		2	8	12	6	28
Snells Beach Medical Centre					35	35
Māori					1	1
Asian					1	1
Other					33	33
SVC Henderson	1,206	1,339	1,823	2,326	1,302	7,996
Māori	156	174	246	339	235	1,150
Pacific Peoples	154	218	423	468	239	1,502
Asian	297	290	371	470	267	1,695
Other	595	650	773	1,037	554	3,609
Unknown	4	7	10	12	7	40
Takanini COVID-19 VC			35	559	241	835
Māori			2	58	34	94
Pacific Peoples			8	79	42	129
Asian			16	178	58	252
Other			8	236	106	350
Unknown			1	8	1	10
Tamaki MVC				365	383	748
Māori				95	48	143
Pacific Peoples				21	28	49
Asian				95	63	158
Other				149	244	393
Unknown				5		5
Te Paea Marae				44		44
Māori				33		33
Pacific Peoples				3		3
Other				8		8
The Doctors Middlemore VC			1		1	2
Māori					1	1
Other			1			1
The Doctors Quaymed Britomart					33	33
Māori					3	3
Asian					11	11
Other					19	19
The Doctors Ti Rakau	222	244	300	322	196	1,284
Māori	9	16	7	11	10	53
Pacific Peoples	12	18	18	12	13	73
Asian	43	66	110	112	42	373
Other	157	141	163	185	129	775
Unknown	1	3	2	2	2	10
The Medication Management Hub VC	987	1,066	1,623	1,887	357	5,920
Māori	20	11	15	24	7	77
Pacific Peoples	42	9	36	71	6	164
Asian	267	132	149	339	28	915
Other	652	907	1,408	1,446	316	4,729
Unknown	6	7	15	7		35
Three Kings Accident and Medical VC	196	246	334	351	220	1,347

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Māori	6	2	11	7	10	36
Pacific Peoples	12	18	20	33	17	100
Asian	71	84	106	114	79	454
Other	105	142	196	196	112	751
Unknown	2		1	1	2	6
Tiakina Te Ora VC	161	188	289	298	194	1,130
Māori	14	8	25	16	15	78
Pacific Peoples	7	12	6	8	4	37
Asian	7	15	19	18	20	79
Other	130	149	234	253	152	918
Unknown	3	4	5	3	3	18
Tongan Health Society	212	287	404	440	217	1,560
Māori	4	2	8	15	4	33
Pacific Peoples	117	111	202	246	91	767
Asian	57	124	111	107	78	477
Other	34	46	80	67	44	271
Unknown		4	3	5		12
Turuki HealthCare	139	154	393	386	126	1,198
Māori	30	29	71	63	22	215
Pacific Peoples	54	50	99	84	29	316
Asian	26	56	161	179	47	469
Other	28	16	56	54	28	182
Unknown	1	3	6	6		16
Unichem Pakuranga Pharmacy		244	886	1,220	544	2,894
Māori		1	6	9	3	19
Pacific Peoples		2	7	10	10	29
Asian		203	559	899	336	1,997
Other		35	312	299	191	837
Unknown		3	2	3	4	12
VC Waipuna Hotel (Inactive)	1					1
Other	1					1
Waiheke Medical Centre	420	431	528	562	335	2,276
Māori	24	36	33	19	10	122
Pacific Peoples	5	15	9	6	5	40
Asian	6	8	14	7	8	43
Other	382	369	468	527	306	2,052
Unknown	3	3	4	3	6	19
Waiuku Health Centre VC	362	539	712	829	399	2,841
Māori	28	23	49	53	16	169
Pacific Peoples	2	5	9	13	3	32
Asian	4	15	26	29	12	86
Other	328	493	622	731	365	2,539
Unknown		3	6	3	3	15
Walls & Roche - Mobile Team A	453	614	817	472	366	2,722
Māori	19	13	15	9	17	73
Pacific Peoples	57	27	41	31	49	205
Asian	74	80	93	40	83	370

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Other	297	488	660	385	211	2,041
Unknown	6	6	8	7	6	33
Walls & Roche - Mobile Team B	432	597	678	133	367	2,207
Māori	13	23	8	3	16	63
Pacific Peoples	39	55	25	7	37	163
Asian	57	114	79	18	49	317
Other	314	402	560	104	260	1,640
Unknown	9	3	6	1	5	24
Warkworth Medical Centre				34	70	104
Māori					1	1
Other				34	69	103
Weiti Creek Medical Centre VC			14	224	168	406
Māori					3	3
Asian				1	1	2
Other			14	223	164	401
Wellsford Covid Vaccination Centre	586	815	1,138	1,190	824	4,553
Māori	18	39	59	42	21	179
Pacific Peoples	4	10	11	12	3	40
Asian	6	4	10	9	10	39
Other	557	762	1,053	1,120	789	4,281
Unknown	1		5	7	1	14
Westgate Vaccination Centre	2,371	3,257	3,531	3,076	1,111	13,346
Māori	116	299	287	157	48	907
Pacific Peoples	358	562	637	404	113	2,074
Asian	578	833	809	813	307	3,340
Other	1,300	1,531	1,774	1,684	638	6,927
Unknown	19	32	24	18	5	98
Weymouth Medical Centre VC			100	160	114	374
Māori			4	9	7	20
Pacific Peoples			21	55	22	98
Asian			56	65	67	188
Other			19	30	18	67
Unknown				1		1
Grand Total	33,889	38,739	49,677	54,741	24,037	201,083

Priority group

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Airport Oaks VC	1,375	1,573	1,419	1,351	392	6,110
Group 1	27	42	143	121	38	371
Group 2	1,348	1,531	1,242	822	305	5,248
Group 3			34	408	49	491
Albany Vaccination Clinic					123	123
Group 1					5	5
Group 2					11	11
Group 3					107	107
Aotea Health Ltd VC		42	242	5		289

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Group 1		1				1
Group 2		40	13			53
Group 3		1	229	5		235
Auckland MMH Team B		49	642	388	70	1,149
Group 2		49	642	388	70	1,149
Auckland MMH Team C		124	158	234	260	776
Group 2		124	158	234	260	776
Avondale Family Health Centre VC			6	119	70	195
Group 1				6	4	10
Group 2				2	2	4
Group 3			6	111	64	181
Baderdrive Health Care	393	436	343	350	138	1,660
Group 1	20	16	21	8	6	71
Group 2	373	420	308	313	124	1,538
Group 3			14	29	8	51
Bakerfield Medical & Urgent Care	272	295	191	268	116	1,142
Group 1	1	2	8	2	6	19
Group 2	271	293	181	250	101	1,096
Group 3			2	16	9	27
Bargain Chemist Manukau				139	64	203
Group 1				5	4	9
Group 2				102	48	150
Group 3				32	12	44
Birkenhead Vaccine Clinic	3,438	3,720	4,694	4,605	1,902	18,359
Group 1	1,304	1,359	1,116	909	319	5,007
Group 2	710	586	816	400	97	2,609
Group 3	1,424	1,775	2,762	3,296	1,486	10,743
Border & MIQ Household VC 1	5,823	4,910	4,579	4,105	1,248	20,665
Group 1	2,234	1,991	1,724	1,200	455	7,604
Group 2	3,589	2,919	2,636	2,138	654	11,936
Group 3			219	767	139	1,125
CBD Vaccination Centre	2,897	2,922	3,293	3,146	1,326	13,584
Group 1	1,850	1,368	889	1,104	425	5,636
Group 2	587	521	550	267	74	1,999
Group 3	460	1,033	1,854	1,775	827	5,949
Crawford Medical Centre VC		47	121	167	137	472
Group 1		2	3	4	10	19
Group 2		45	117	154	105	421
Group 3			1	9	22	32
East Care Urgent Care	308	401	392	353	119	1,573
Group 1	2	13	7	4	2	28
Group 2	306	388	378	335	111	1,518
Group 3			7	14	6	27
Fellbrook Medical Centre			10	21	29	60
Group 2			10	18	21	49
Group 3				3	8	11

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Gailbraith Building Theatres	331	194				525
Group 1	10	25				35
Group 2	321	169				490
Health New Lynn	410	352	369	366	201	1,698
Group 1	9	11	15	5	3	43
Group 2	394	212	5	3	2	616
Group 3	7	129	349	358	196	1,039
Henderson Medical Centre		60	185	218	97	560
Group 1		2	6	6	3	17
Group 2		28	1		1	30
Group 3		30	178	212	93	513
Highland Park Medical	279	287	336	340	154	1,396
Group 1	4	2	2	5	3	16
Group 2	275	285	325	322	128	1,335
Group 3			9	13	23	45
Howick Health & Medical Centre VC					5	5
Group 2					5	5
Lifeline Medical Centre Otahuhu VC		56	126	138	61	381
Group 1		3	10	9	4	26
Group 2		12	7	4	3	26
Group 3		41	109	125	54	329
Makaurau Marae VC			15			15
Group 2			14			14
Group 3			1			1
Manurewa Medical Ltd		21	80	93	26	220
Group 1				3		3
Group 2		21	80	86	23	210
Group 3				4	3	7
Manurewa Vaccination Centre	1,712	1,544	1,831	2,018	1,090	8,195
Group 1	398	464	473	409	172	1,916
Group 2	1,314	1,080	1,351	1,563	867	6,175
Group 3			7	46	51	104
MMH Team A	610	501	395	722	437	2,665
Group 2	610	501	395	722	437	2,665
Mt Wellington Vaccination Centre	4,900	5,542	5,998	5,700	2,194	24,334
Group 1	2,658	2,942	2,260	2,287	982	11,129
Group 2	563	541	766	457	123	2,450
Group 3	1,679	2,059	2,972	2,956	1,089	10,755
Nga Whare Waatea (MUMA)			15			15
Group 2			15			15
NRHCC Outreach 1 VC	350	401	448	531	155	1,885
Group 1		1				1
Group 2	350	400	448	531	155	1,884
NRHCC Outreach 2 VC	303	256	499	320	217	1,595
Group 2	303	256	499	320	217	1,595
NRHCC Outreach 3 VC	279	245	292	399	127	1,342

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Group 2	279	245	292	399	127	1,342
NRHCC Outreach 4 VC	264	153	367	182		966
Group 2	264	153	367	182		966
Orewa Medical Centre			4	423	239	666
Group 1				6	8	14
Group 2				8	3	11
Group 3			4	409	228	641
Ormiston Medical	199	259	297	268	152	1,175
Group 1	5	2	3	4	4	18
Group 2	194	257	277	213	124	1,065
Group 3			17	51	24	92
Otara Vaccination Centre	2,067	2,363	2,161	2,342	624	9,557
Group 1	563	840	625	632	188	2,848
Group 2	1,504	1,523	1,507	1,492	374	6,400
Group 3			29	218	62	309
PARS VC			6			6
Group 2			6			6
Pukekohe Family Health Centre VC				16	56	72
Group 1				1		1
Group 2				15	53	68
Group 3					3	3
Pukekohe LVC			55	724	416	1,195
Group 1			1	15	12	28
Group 2			49	527	275	851
Group 3			5	182	129	316
Ranui Pacific Island Church		130	376	955	296	1,757
Group 1		8	25	77	33	143
Group 2		17	18	71	22	128
Group 3		105	333	807	241	1,486
Snells Beach Medical Centre					31	31
Group 2					1	1
Group 3					30	30
SVC Henderson	1,221	1,355	1,780	2,069	1,082	7,507
Group 1	725	740	588	425	145	2,623
Group 2	323	295	322	270	158	1,368
Group 3	173	320	870	1,374	779	3,516
Takanini COVID-19 VC			9	300	138	447
Group 1			1	12	7	20
Group 2			7	203	105	315
Group 3			1	85	26	112
Tamaki MVC				116	160	276
Group 1				15	15	30
Group 2				11	6	17
Group 3				90	139	229
Te Paea Marae				22		22
Group 2				22		22

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
The Doctors Quaymed Britomart					10	10
Group 1					1	1
Group 3					9	9
The Doctors Ti Rakau	222	219	189	216	128	974
Group 1		11	19	10	2	42
Group 2	222	208	166	195	119	910
Group 3			4	11	7	22
The Medication Management Hub VC	993	1,068	1,624	1,894	357	5,936
Group 2	993	1,068	1,624	1,894	357	5,936
Three Kings Accident and Medical VC	196	224	241	260	147	1,068
Group 1	3	2	6	9		20
Group 2	183	143	5	6	6	343
Group 3	10	79	230	245	141	705
Tiakina Te Ora VC	162	180	168	193	123	826
Group 1	2	4	4	3	1	14
Group 2	160	176	163	177	114	790
Group 3			1	13	8	22
Tongan Health Society	212	231	251	275	135	1,104
Group 1	1	6	10	7	3	27
Group 2	164	141	9	4	7	325
Group 3	47	84	232	264	125	752
Turuki HealthCare	130	83	104	97	43	457
Group 1	3	2	9	5		19
Group 2	127	81	93	85	38	424
Group 3			2	7	5	14
Unichem Pakuranga Pharmacy		119	579	630	200	1,528
Group 1		4	21	21	15	61
Group 2		115	534	526	152	1,327
Group 3			24	83	33	140
VC Waipuna Hotel	1					1
Group 1	1					1
Waiheke Medical Centre	420	400	392	348	221	1,781
Group 1	7	7	2	7	1	24
Group 2	397	284	6	6	1	694
Group 3	16	109	384	335	219	1,063
Waiuku Health Centre VC	365	518	581	693	352	2,509
Group 1		7	7	6	3	23
Group 2	365	511	553	626	320	2,375
Group 3			21	61	29	111
Walls & Roche - Mobile Team A	453	614	818	473	368	2,726
Group 2	453	614	818	473	368	2,726
Walls & Roche - Mobile Team B	434	598	684	133	367	2,216
Group 2	434	598	684	133	367	2,216
Warkworth Medical Centre				33	68	101
Group 1					2	2
Group 2				9	3	12

Week starting	31-May	07-Jun	14-Jun	21-Jun	28-Jun	Grand Total
Group 3				24	63	87
Weiti Creek Medical Centre VC			12	208	155	375
Group 1				3	5	8
Group 2			1	3		4
Group 3			11	202	150	363
Wellsford Covid Vaccination Centre	588	803	1,006	1,078	681	4,156
Group 1	1	8	10	10	2	31
Group 2	581	555	24	20	10	1,190
Group 3	6	240	972	1,048	669	2,935
Westgate Vaccination Centre	2,374	3,093	3,074	2,369	880	11,790
Group 1	1,441	1,900	1,407	902	353	6,003
Group 2	635	406	164	158	69	1,432
Group 3	298	787	1,503	1,309	458	4,355
Weymouth Medical Centre VC			34	51	32	117
Group 1			2	3	4	9
Group 2			27	43	26	96
Group 3			5	5	2	12
Windsor Medical Centre					4	4
Group 3					4	4
Grand Total	33,981	36,388	41,491	42,464	18,223	172,547