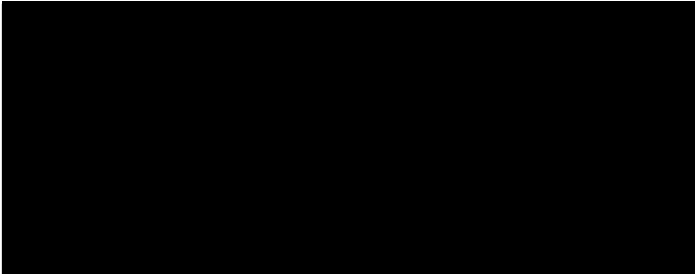


25 June 2020

Auckland DHB
Chief Executive's Office
Level 1
Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Ph: (09) 630-9943 ext: 22342
Email: ailsac@adhb.govt.nz



Re Official Information Request – Release of documents from Confidential Board Meetings

I refer to your official information request dated 28 May 2020 requesting the following information:

April 1 Board meeting – confidential section

Item 4 Request for endorsement of urgent procurement of PPE for COVID 19 by Auckland DHB on behalf of the Northern Region

This information is withheld under s9(2)(i) and (j) OIA – to allow an organisation to carry out, without prejudice or advantage, commercial activities and negotiations.

The expenditure and negotiations in relation to this approval are not concluded and therefore the matter remains confidential until such time they are completed.

The Chief Executive's confidential report was made verbally. As requested those parts that can be made public have been done so.

For context, please see below the media response that was provided to media earlier this month, including Radio NZ, regarding the maternal deaths that are mentioned in the report:

“Below is our statement for you.

I want to emphasise how seriously we are taking each of these cases, as well as the overall increase we have seen in maternal deaths this year, and that we deeply sympathise with the affected whānau. For context, approximately 6500 babies are born at Auckland City Hospital each year. In 2018 we had one maternal death and in 2017 and 2019 we had zero.

I would also like to mention that until we have the findings of the reviews, it is too early to understand if any of the DHB's systems or processes impacted on the outcomes for the mothers, or whether there was a link between the factors which led to the deaths. We would be very concerned that implying this in a story could impact on women accessing the care they need.

What we can say at this point is that our initial internal reviews of each case have initially indicated that staffing numbers were adequate on the maternity ward when the mothers who tragically passed away were in hospital, and each mother received one on one care.

The below can be attributed to Dr Rob Sherwin, Director of Womens' Health for Auckland DHB:

Firstly, I would like to express our deepest sympathy for the family of the mother and baby and offer our sincere condolences.

For ethical and privacy reasons we can't comment on the details of the care provided to an individual patient, except to say we understand how very hard it can be for families when there is a tragic outcome while a loved one is in our care.

The level 4 lockdown period was an unprecedented time and we acknowledge that this will have impacted on the experience for the husband as a support person for his wife. We are in touch with the husband directly and are offering support.

Since the start of alert level 3 on March 23, there have been three maternal deaths at Auckland City Hospital. There was also one maternal death earlier this year (before the Level 3 or Level 4 restrictions were in place) where the mother died at home after having been in our care.

This is a higher number of maternal deaths than in previous years and we are taking this very seriously.

As is usual process for any unexpected event for a mother or baby, these are all being investigated as adverse events. We are fully reviewing the care of the mothers with a panel that includes external reviewers.

The review process aims to place the patient and whānau members at the centre to help them and us understand what happened, and to ensure that as an organisation we have the correct systems and processes in place to support our skilled staff to do their best work for our patients and families.

We will be meeting with all the families to discuss the findings of the reviews once complete and answer any questions they may have.

Ends"

May 20 Board meeting – confidential section

6.1 Chief Executives Confidential Report

The Chief Executive's confidential report was made verbally. As requested those parts that can be made public have been done so.

The Chief Executive's Confidential report was made verbally; accordingly the information requested does not exist – s18(e) OIA. We have however provided part of the minutes of the meeting, that include notes relating to the verbal report

9.2 Facilities COVID-19 Building Works for Infection Control

This report is released in full.

11.2 Northern Region Health Coordination Centre Regional COVID Response Update

This report is released in full.

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

MINUTE EXTRACT

6.1 Chief Executives Confidential Report

[REDACTED]

Women's Maternal Service

There have been some regrettable circumstances occur within the service. There have been four maternal and two neonatal deaths.

All four cases have been referred to the coroner and we have root cause analysis investigations being initiated. It is our intent to have external eyes on these cases. The antenatal pathways will be reviewed for these woman and the care that they received once they presented especially since a number of the woman had not felt able for some reason to access anti natal care. These external reviewers will come together to see if there are any systematic issues that need to be addressed.

When looked at individually it appears that there is no connection but a full investigation will be carried out. A maternal death is a "never" event. There is also a disproportionate number of Maori involved.

[REDACTED]

The Board Chair, Pat Snedden asked that the Board be kept fully informed of the investigations.

Resolution:

That the Chief Executive Confidential Report for April/May 2020 be received.

Carried

Confirmed as a correct Record

Corporate Business Manager



Board Meeting 20 May 2020

Facilities COVID-19 Building Works for Infection Control

<i>Reason</i>	<i>Explanation</i>
<i>Commercial Activities</i>	<i>Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.</i>

May not be released in public until: 30 June 2021

Recommendation

That the Board:

1. Approves funding of \$630,891 to initiate and complete a programme of works for the redesign, modification and refurbishment of clinical and non-clinical spaces across the Auckland City Hospital and Greenlane Clinical Centre campuses in response to the COVID-19 pandemic.
2. Notes that the \$630,891 includes capex costs of \$428,509 and opex costs of \$202,382.
3. Notes that there will be make-good expenditure that is not included in this case for the removal of temporary structures.
4. Notes that IMT Management has previously endorsed the individual projects included in the case.

Prepared by: Robert Trautz

Endorsed by: Allan Johns

Endorsed by: Rosalie Percival

Endorsed by Executive Leadership Team: Yes: Date: Tuesday, 12 May 2020

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	This programme will identify and implement projects that provide improvements to the physical infrastructure that reduces the risk of transmission of COVID-19 and other contagious infectious diseases in the provision of a safe, fit for purpose environment for patients families/whānau and staff
Emphasis/investment on both treatment and keeping people healthy	Provides an enhanced physical environment for the safety, health and wellbeing of patients, families/whānau and staff.
Service integration and/or consolidation	Addresses building services and infrastructure upgrade requirements
Evidence informed decision making and practice	Aligns with international best practice standards for infection control, diagnosis and treatment.
Operational and financial sustainability	Improves work flow and efficiencies for patients and their families/whānau and staff. Provides improvements to infectious disease infrastructure controls for all future contagious disease triage and treatment.

2. Executive Leadership Team Endorsement

The Executive Leadership Team (ELT) has considered the case and endorses the Facilities COVID-19 Building Works for Infection Control request and recommends that this be approved by the Board on the basis that IMT Management has previously endorsed the individual projects included in the case.

3. Executive Summary

This report provides information as to the Facilities and Development teams' COVID-19 response and actions relating to the modifications, refurbishments and improvements to the physical facilities/infrastructure. These works are classed as both minor and major in nature and consist of both Capex and Opex expenditure. All of these works/initiatives scope have been provided by differing methods, (i.e. email, phone call, IMT direction etc.) as processes have evolved over the course of our efforts.

We seek to attain formal approval for the various projects undertaken to advance the Auckland DHB's preparedness for the potential cases resulting from COVID-19. Summaries of the projects and related costs are provided in section 5 below.

It can be concluded that the collective response and associated works have placed the Auckland DHB in an improved position for dealing with infectious/communicable diseases now and into the future.

4. Introduction/Background

The advent and emergence of the COVID-19 Pandemic required healthcare DHB's in New Zealand and around the world to rapidly re-evaluate their mass casualty infectious/communicable disease protocols and the established capacities of the supporting infrastructure. This report provides information as to the modifications, refurbishments and improvements to the physical facilities/infrastructure in the preparation and response to the potential bow-wave of patients requiring treatment for COVID-19 related testing, symptoms and illnesses.

Facilities worked in conjunction with the various services to provide quick and fit for purpose solutions to the physical premises and related infrastructure services. The programme of works focussed on establishing added resilience and capacity to facilitate increased segregation/isolation:

1. for the potential patients in an effort to minimise the risk of transmission of COVID-19 during triage and treatment
2. providing increased safety of staff to function in a contagious environment

5. Costs/Resources/Funding

The attached schedule represents the current state of the committed and spent value of the COVID-19 facility projects. The facility costs of \$630,891 includes

- Capex costs of \$428,509
- And opex costs of \$202,382.

Note that there will be make-good expenditure that is not included herewith for the removal of temporary structures (i.e. AED triage, Cancer and Blood entry, Employee testing tent, etc).

Also note that the \$630,891 represented in this report does not include expenditure of \$138,000 for the provision of staff operational facilities at G15 to the Auckland Regional Public Health Service (ARPHS) for contact tracing; a case will be submitted by ARPHS for this project.

Description	Project			Total
AED Resus Spaces	Constructing additional resuscitation space to enable separate areas for COVID-19 & non-COVID-19 patients.			
CVICU HDU "ante" room slider doors	Adjustment to HDU area in Ward 48 to enable neutral/negative pressurisation. Works included; construction of ante room and HVAC works to include HEPA filtration.			
CVICU Patients Area	Adjustment to Ward 48 to enable neutral/negative pressurisation. Works included; construction of ante room, signage and HVAC works.			
DCCM Fit doors to room entrances.	Adjustment to Ward 82 to suit COVID-19 patients including; physical separations and signage.			
Motutapu / BMT	Adjustments to existing positive isolation rooms to enable cascading isolation of immuno-compromised COVID-19 patients.			
Ward Preparation Works 66 & 68	Adjustment to Ward to suit COVID-19 patients including; physical separations and signage.			
Capex Costs				
Description	Project Description			
AED Pre-Triage Tent	Temporary tent to triage COVID-19 patients presenting at AED.			
BMS Modifications	Adjustments to ADHB F&D equipment alarms to ensure COVID-19 associated plant receives the appropriate response times and actions.			
C&B Entry Triage	Triage area to separate COVID-19 & non-COVID-19 Oncology patients.			
Cancer & Blood Furniture Decant	Remove furniture to allow social distancing.			
Clinical Trials Unit Decant Ward 62	Remove furniture to allow social distancing.			
Coffee Cart Power	Power supply for coffee cart.			
Covid patient spaces radiology	Adjustment to Ward to suit COVID-19 patients including; physical separations and signage.			
Decanting Furniture	Remove furniture to allow social distancing.			
Dialysis Partition/Door	Physical separation to provide a barrier between COVID-19 & non-COVID-19 patients.			
Floor Decals / Wall & Door Signage	Signage to encourage social distancing, hand washing and raise COVID-19 awareness. GCC			
Floor Decals/ Wall & Door Signage	Signage to encourage social distancing, hand washing and raise COVID-19 awareness. ACH			
Hand gel	Installation of hand gel dispensers around ACH & GCC.			
Line markings and barriers	Way finding markings to direct Oncology patients to appropriate area.			
Medical Gas Resilience in Supply	Investigation into Medical Oxygen infrastructure and its ability to cope with increased demand from COVID-19 patients.			
Oncology Triage	Adjustments of ward & consultation rooms into day-stay type units for COVID-19 patients.			
Perspex shields	Installation of perspex shields to provide physical barrier between public & staff.			
PROJECT SET-UP/GENERAL ADMIN	COVID-19 F&D Task Force			
Social Distance Marking A01 / A02 / A32	Signage to encourage social distancing.			
Staff Testing Station	COVID-19 testing station for ADHB staff.			
Ward Preparation Works 66 & 68	Adjustment to Ward to suit COVID-19 patients including; physical separations and signage.			
Opex Costs				
Total Costs				

6. Risks/Issues

The major risks should there not be endorsement and approval of this request include:

1. The potential for increased COVID-19 incidence which negatively impacts the health, safety and well-being of patients, whanau and staff.
2. The potential degradation of Auckland DHB's reputation. The actions taken and on-going have been assessed based on clinical advice provided with regards to a range of rapid implementation facility refurbishments/enhancements options. These options are presented as the most appropriate measures to minimise the transmission of COVID-19 and other infectious/communicable diseases.

7. Conclusion

It is recommended that the Auckland DHB Board approves the facility related costs of \$630,891 related to the programme of works for the redesign, modifications and refurbishment of clinical and non-clinical spaces across the ACH and GCC campuses in response to the COVID-19 pandemic.

Northern Region Health Coordination Centre Regional COVID Response Update

<i>Reason</i>	<i>Explanation</i>
Commercial Activities	<i>Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.</i>
Prevent Improper Gain	<i>Information contained in this report could be used for improper gain or advantage if it is made public at this time.</i>

May not be released in public until: **2027**

Recommendation

That the Board:

- 1. Receives the Northern Region Health Coordination Centre Regional COVID Response Update report**
- 2. Notes the current context and transition planning assumptions as outlined**

Prepared by: Justin Rawiri, Director – Risk and Emergency Management

Endorsed by: Margaret Dotchin, Chief Nursing Officer

Ailsa Claire, Chief Executive

1. Background

Since late January the NRHCC has been activated to coordinate the regional response to COVID-19. It has been resourced as an extended Coordinated Incident Management System structure with staff from across the metro Auckland DHBs primarily located at ACH but with links to staff at the four northern region DHBs and ARPHS

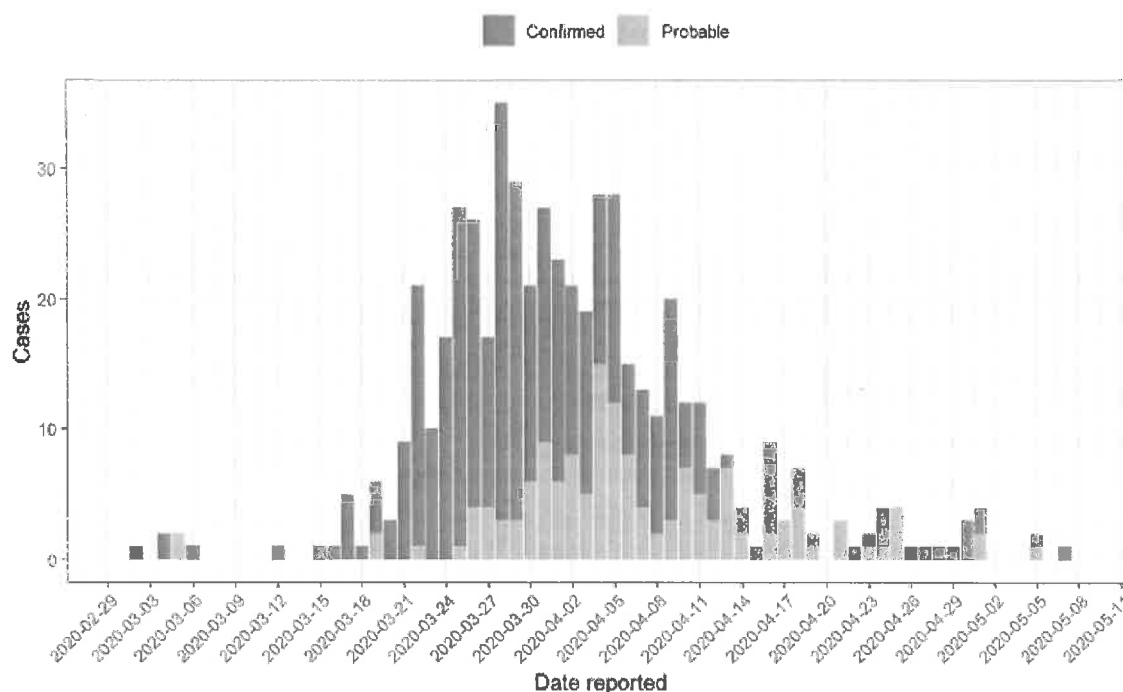
Key areas of focus included:

- Supporting the ARPHS-led public health response
- Working with Auckland International Airport agencies to provide health information, screening and testing at the border
- Ensuring operational preparedness for the expected management of cases in our facilities
- Gathering and reporting intelligence, and analysis
- Supporting clinical best practice through a multidisciplinary clinical technical advisory group
- Communicating with health and community care providers and our communities
- Securing and distributing supply of key consumable items such as PPE, swabs, and reagent
- Establishing designated general practices, urgent care clinics, Community Based Assessment Centres, and mobile testing units to provide safe and convenient access to swabbing
- Increasing lab testing capacity across the Northern Region
- Establishing a Māori team and a Pacific team to ensure the full response addresses the needs of our Māori and Pacific populations
- Working with external partners to ensure welfare needs of our communities are met

2. Current focus

New Zealand successfully pursued an elimination strategy characterised by near-total border closure and strict physical distancing (level 4 “lockdown”). This has contained the epidemic curve and avoided overwhelming the health sector as has been seen in parts of the US and Europe. If the strategy remains successful, we will likely see sporadic cases continue but are not likely to see an exponential increase as we saw in March.

Figure 1. Confirmed and probable COVID-19 cases in the Auckland Region



With this in mind NRHCC function leads have adapted their focus based on the following assumptions:

- The Government’s current strategy to eliminate COVID-19 will continue but we will see a reduction in the national alert level
- Nationally directed work will continue with a focus on case and contact tracing
- There will be an on-going need for intelligence, reporting and analysis
- The requirement for testing will continue at similar levels for the immediate future
- There will continue to be sporadic cases, but without exponential increase
- There will be on-going outbreaks including in high risk facilities such as healthcare and residential care settings
- Supply chain of key consumables such as PPE and swabs will remain uncertain
- There will be an on-going/increased demand for psychosocial welfare support
- There will be an increasing requirement to support media, OIA, WPQ and audit requests
- Increased Influenza like illness and winter volumes will complicate matters

In addition to the key areas of focus mentioned earlier, current areas of focus include:

- Developing a regional framework to address inequities for Maori and Pacific as we resume services that were paused during the lockdown period, with an initial focus on planned care waiting lists.

- Conducting targeted asymptomatic testing in selected workplaces and other settings as part of the Ministry of Health's ongoing surveillance against COVID-19.
- Implementing the Primary Care shared patient record project 'Your Health Summary'. Good progress is being made on this secure shared clinical portal for primary care. The first phase, which includes Māori and Pacific providers, is estimated to involve 1.3 million patients.
- Cementing gains made in virtual, mobile and telehealth options in primary care. Providers in the region have significantly improved options for care including telephone and video appointments.
- Implementing an iwi-led outreach programme of care and support for Māori whānau and communities across the region. This is the second stage in the Ngā Kaimanaaki programme, following the Māori health provider-led employment of 60 full-time equivalent kaimanaaki (to support whānau wellbeing).
- Implementing Pacific outreach in the community via two specific Pacific CBACS and three mobile units. Building ARPHS Pacific capability to deliver contact tracing and review model of response for Pacific families including social support. Strengthen the reach of Pacific communication and use of insight using digital platforms.

3. Next steps

The NRHCC response to COVID-19 has required a structure where fast decisions have been made informed by the best information at hand at that time and decisions rapidly disseminated to those who need to know.

As we begin the transition to a more sustainable model, further thinking is taking place to inform how we work regionally in the future to support both COVID-19 and non- COVID-19 work streams. The challenge is how we harness the sense of urgency brought about by having a unifying common purpose such as a pandemic response maintaining a higher tempo of decision making whilst ensuring we take our clinical partners, and other key stakeholders, on the journey.

