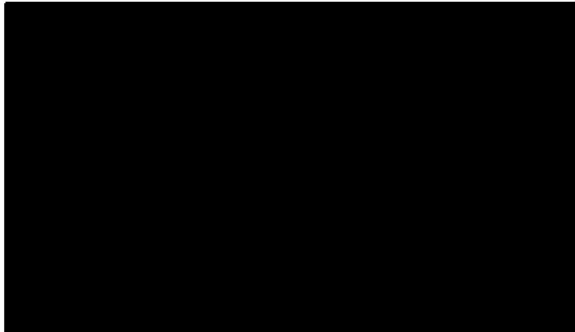


24 May 2021



**Re: Official Information Act request – Reports from 21 April 2021 Hospital Advisory Committee meeting**

I refer to your Official Information Act request dated 27 April 2021 requesting the following information:

**I'm wondering if two reports in the confidential section of your Hospital Advisory Committee meeting on April 21 are now able to be made public and, if so, could I please have them?**

- **Firstly, item 5.1 Vulnerable Services Update.**
- **Secondly item 6.2 Planned Care, Programme Update Presentation.**

**Regarding item 5.1, can you please clarify why publication of the report would prejudice the health and safety of members of the public?**

**1. 5.1 Vulnerable Services Update**

Please find **attached** the paper which was tabled at the Hospital Advisory Committee meeting on April 21 in relation to item 5.1, Vulnerable Services Update. This matter was discussed in confidential session to enable an update to be given at that particular time and allow a free and wide ranging discussion to take place. This paper can now be released into the public domain.

**2. 6.2 Planned Care, Programme Update Presentation**

This report remains in confidential for the reasons stated in the agenda, [repeated below]. There are at this time commercial contracts under negotiation.

6.2 Planned Care –	<b>Commercial Activities</b> Information contained in this report is related to commercial activities	That the public conduct of the whole or the relevant part of the
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<p>Programme Update - Presentation</p>	<p>and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p><b>Prevent Improper Gain</b></p> <p>Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]</p>	<p>meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000]</p>
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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](http://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)**




## Vulnerable Services Update (Verbal)

Prepared by: Kim Arcus (NRA)

Speaker: Michael Shepherd (Interim Director Provider Services)




### Vulnerable Services and Regional Planned Care Recovery and Sustainability Projects




The table below provides a quick snapshot of progress for both the six Vulnerable Services and the Regional bids under the Planned Care Recovery and Sustainability Funds. Using a different format now that most projects are now moving into implementation. Welcome feedback and can evolve over time.

Service	Implementation Progress	On Track?	Next Steps
<b>Vulnerable Services</b>			
<b>Ophthalmology</b> Exec Lead – Mike Shepherd (in Jo Gibb’s absence) Clinical Lead – Sarah Welch	Regional Ophthalmology Oversight group with Interim ToR established and met in January and March. Planned Care Recovery Funding approved by MoH to support implementation. Interim Project Manager appointed and recruitment for substantive PM in process. Actively working on the two planned care recovery capital bids - the Community Eye Service Initiative (Māngere and Northland mobile initially) and e-referral/outcome tracking tool to help track quality and inequities. Also proactively working to support Northland. CMDHB decreased their CPAC threshold for cataracts from 55 to 50 helping support regional alignment.		Continuing to progress the 9 recommendations with the next Oversight meeting in April.
<b>Vascular</b> Exec Leads – Mike Shepherd and Peter Watson	<ul style="list-style-type: none"> <li>Clinical Lead start date confirmed 12 April 2021; announcement to be released next week</li> <li>Executive Leads confirmed</li> <li>Oversight Group TOR endorsed by REF 4 March 2021</li> <li>Onboarding of Oversight Group members in progress including approach to Māori rōpū and Pacific CTAG for members</li> </ul>		Next Māori and Pacific rōpū, 8 April Stakeholder meetings planned w/s 12 April
<b>Paeds ORL</b> Exec Lead –	Stakeholder engagement and pathway development has commenced to establish current state. Collation of data and pathway mapping currently underway, alongside options analysis		Continuing to progress, workshop

Te Toka Tumai

Confidential Hospital Advisory Committee – Provider Equity Committee Meeting 21 April 2021

Service	Implementation Progress	On Track?	Next Steps
Richard Sullivan	and recommendation development. Anticipated this will be ready for Steering Group in April.		16 April on options.
<b>Adult ORL</b> Exec Lead – Richard Sullivan	Further work needs to be undertaken on regional thresholds for ORL. The development of the Acute on Call Out of Hours Roster SLA has been agreed as the main achievable priority for this group.		Escalate SLA development Reconvene working group.
<b>Sarcoma</b> Exec Lead – John Kenealy	A programme update has been circulated to the sarcoma expert group outlining the progress and next steps (appendix 1). The first draft of the service specification and provider response form have been sent to the project leads for feedback in advance of circulation to the expert group for feedback. Off the back of the programme update to the expert group, the next immediate step is to engage DHB analysts and sarcoma clinicians to gather outstanding data to accompany service specification. A meeting for the expert group is scheduled for 20 <sup>th</sup> April 2021 as part of feedback process on the service specification, to give the opportunity for discussion and verbal feedback as well as written feedback.		Gather outstanding data; circulate service spec to expert group for feedback; meeting on 20 <sup>th</sup> April as part of feedback process.
<b>Other Regional PC/Sustainability Projects</b>			
<b>Oral Paediatric Regional</b> Leads - Exec Peter Watson, Equity	Initial Oral oversight Group established and met for first time in March. MoH sustainability funding secured. Project Manager appointed. Progress slower than desired due to competing priorities, particularly for Māori and Pacific stakeholders where most involved in COVID vaccine planning. Following Vulnerable Services 6 step methodology. Initial workshops planned for April.		Finalise Oversight ToR with PC Steering Group and REF and prepare for initial workshops.

Service	Implementation Progress	On Track?	Next Steps
Aroha Haggie	<p><b>Auckland Regional Hospital Specialist Dentistry (ADHB)</b></p> <ul style="list-style-type: none"> <li>Project Manager appointed, Dental FTE appointed – SDO, HDO, Active recruitment for FTE vacancy – SDO, DA, Paed NTR, Dental rosters developed with FTE capacity for uptake of wet lease agreements, discussion with range of providers.</li> <li>Mobile Bus arranged from mid-May to deliver approx. 300 procedures for CMDHB paed patients.</li> <li>Additional weekend capacity continuing to the end of June with uplifted FTE to help reduce outpatient waiting lists.</li> </ul>		<p><b>OR Capacity;</b> Immediate use of wet lease capacity, Longer term wet lease capacity, establish capacity at CMDHB</p>
<b>Oral Community (WDHB)</b>	<p><b>Sponsor/Lead - Stephanie Doe</b></p> <ol style="list-style-type: none"> <li>Operating model – seven sub-work streams have been developed. Draft standard operating procedures have been developed to support centralised booking and a new discharge management process is currently out for consultation. Work has also commenced on the alignment of recall dates with clinical need.</li> <li>Workforce development – working group has been identified and meetings commenced. Initial discussions have been undertaken to identify needs and proposed methodology.</li> <li>Facility design – work has begun on scoping service needs. Work is also underway on identifying and visiting a range of mobile facilities currently in operation across metro Auckland, as well as identifying strengths and challenges associated with each.</li> <li>Clinical services plan – project lead has just commenced so no progress to date.</li> </ol>		<p>Completed work stream plans with timeframes Complete education sessions to all teams Future leadership workshop to be held</p>
<b>Transforming Diagnostic Imaging</b>	<p>Following the confirmation of funding from the ministry, RGG in February endorsed the programme taking a transformational approach to a more consumer-centred model of care with online booking and choice for patients, underpinned by regional capacity and agreed</p>		<p>Confirmation of lead appointment Feedback on Vision</p>

Service	Implementation Progress	On Track?	Next Steps
Sponsor/Lead – Pete Watson	<p>protocols and pathways.</p> <ul style="list-style-type: none"> <li>Fortnightly sponsors group established with representation from all DHB departments as well as funder to provide interim governance until terms of reference signed off</li> <li>Interviews held to appoint a regional project director for the work following expressions of interest across the DHBs; preferred candidate to start 3<sup>rd</sup> April</li> <li>Communications about the programme and mandate have been held with the radiology network and individual departmental leads</li> <li>Draft terms of reference are being finalised for sign off, and included the proposal to report this work through the planned care steering group and draw from the expertise of Te Kāhui Aratiki hui and Pacific CTAG to ensure an equity first approach</li> <li>Considerations about dependencies with the ISSP and the wider roadmap for radiology systems set out by the Royal Colleges of Australian and New Zealand Radiology</li> <li>Work is underway with the interim programme manager to scope out the work breakdown structure of the key elements of the programme</li> </ul>		<p>and approach from Pacific CTAG and Māori Clinical Governance Rōpū</p> <p>Start of Clinical leads to progress protocols and primary care links</p> <p>Recruitment to business analyst role to plan and undertake booking and scheduling process redesign</p>