

**MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD**  
**Wednesday, 20 May 2020**

**Venue: Room 103, Ko Awatea, Middlemore Hospital**

**Time: 9.00 – 10.30am**

*If you would like to attend this public meeting of the Board, please contact the Board Secretary ([dinah.nicholas@middlemore.co.nz](mailto:dinah.nicholas@middlemore.co.nz)) for the teleconference details for this meeting.*

<p><u>CMDHB BOARD MEMBERS</u>  Mark Gosche – Chairman  Tipa Mahuta – Deputy Chair  Apulu Reece Autagavaia  Catherine Abel-Pattinson  Colleen Brown  Dianne Glenn  Garry Boles  Katrina Bungard  Paul Young  Lana Perese  Pierre Tohe</p>	<p><u>CMDHB MANAGEMENT</u>  Margie Apa – Chief Executive Officer  Margaret White – Chief Financial Officer  Dr Peter Watson – Chief Medical Officer  Dr Jenny Parr – Chief Nurse &amp; Director of Patient &amp; Whaanau Experience  Dinah Nicholas – Board Secretary</p>
--	---

**PART 1 – Items to be considered in public meeting**

**AGENDA**

<b>BOARD ONLY SESSION (9.00 – 9.45am)</b>			
<b>1. GOVERNANCE</b>			
9.45am	1.1	Apologies	2
9.47am	1.2	Disclosures of Interest	3-4
9.50am	1.3	Specific Interests	5
<b>2. BOARD MINUTES</b>			
9.55am	2.1	Confirmation of Minutes of the Meeting of the Board – 1 April 2020/Action Item Register (Mark Gosche)	6-14
10.00am	2.2	Report on <i>Draft</i> Minutes Combined CPHAC, HAC & DiSAC Meeting 8 April 2020 (Colleen Brown)	15-20
<b>3. EXECUTIVE REPORTS</b>			
10.05am	3.1	Chief Executive’s Report (Margie Apa) 3.1.1 Provider Arm Performance 3.1.2 Patient Story (Jenny Parr)	21-52
10.20am	3.2	Health & Safety Performance Report (Elizabeth Jeffs)	53-99
<b>4. OTHER REPORTS (for information only, not discussion)</b>			
	4.1	2019 Triennial CMDHB Election Report	100-115
	4.2	Corporate Affairs & Communications Report	116-144
	4.3	Finance & Corporate Business Report	145-153
<b>5. RESOLUTION TO EXCLUDE THE PUBLIC</b>			154-155

## Board Member Attendance Schedule 2020

Name	Jan	19 Feb	Mar	1 Apr	20 May	24 Jun	July	5 Aug	23 Sept	28 Oct	Nov	9 Dec
Mark Gosche (Chair)**	No Meeting	✓	No Meeting	✓			No Meeting				No Meeting	
Colleen Brown*		✓		✓								
Dianne Glenn*		✓		✓								
Reece Autagavaia*		✓		✓								
Catherine Abel-Pattinson*		✓		✓								
Katrina Bungard*		✓		✓								
Garry Boles*		✓		X								
Paul Young*		✓		✓								
Tipa Mahuta (Deputy Chair)***		✓		✓								
Lana Perese***		✓		✓								
Pierre Toha***		X		✓								

\*re-elected 14.10.19, effective 9.12.2019 – 5.12.2022

\*\* re-appointed 6.12.19, effective 9.12.2019 – 5.12.2022

\*\*\*appointed 6.12.19, effective 9.12.2019 – 5.12.2022

**BOARD MEMBERS' - DISCLOSURE OF INTERESTS**  
**20 May 2020**

*New items in red italics*

Member	Disclosure of Interest
Mark Gosche, Chair	<ul style="list-style-type: none"> <li>• Trustee, Mt Wellington Licensing Trust</li> <li>• Director, Mt Wellington Trust Hotels Ltd.</li> <li>• Director, Keri Corporation Ltd</li> <li>• Trustee, Mt Wellington Charitable Trust</li> <li>• Chair, Kainga Ora Homes &amp; Communities</li> </ul>
Catherine Abel-Pattinson	<ul style="list-style-type: none"> <li>• Board Member, healthAlliance NZ Ltd.</li> <li>• Member, NZNO</li> <li>• Member, Directors Institute</li> <li>• Husband (John Abel-Pattinson):               <ul style="list-style-type: none"> <li>○ Director, Blackstone Group Ltd</li> <li>○ Director and Shareholder, Blackstone Partners Ltd</li> <li>○ Director and Shareholder, Blackstone Treasury Ltd</li> <li>○ Director and Shareholder, Bspoke Group Ltd</li> <li>○ Director, Barclay Management (2013) Ltd</li> <li>○ Director, AZNAC (JAP) Ltd</li> <li>○ Director and Shareholder, Chatham Management Ltd</li> <li>○ Director and Shareholder, GCA Trustee Ltd</li> <li>○ Director, MAFV Ltd</li> <li>○ Director and Shareholder, Manaia No. 4 Trustees Ltd</li> <li>○ Director and Shareholder, Wolfe No. 1 Ltd</li> <li>○ Director, Greenstone Motels Ltd</li> <li>○ Director and Shareholder, Silverstone Property Group Ltd</li> <li>○ Director, various single purpose property owning companies</li> <li>○ Director and Shareholder, Abel-Pattinson Trustee Ltd</li> </ul> </li> </ul>
Colleen Brown	<ul style="list-style-type: none"> <li>• Chair, Disability Connect (Auckland Metropolitan Area)</li> <li>• Member, Advisory Committee for Disability Programme Manukau Institute of Technology</li> <li>• Member, NZ Down Syndrome Association</li> <li>• Husband, Determination Referee for Department of Building and Housing</li> <li>• Director, Charlie Starling Production Ltd</li> <li>• District Representative, Neighbourhood Support NZ Board</li> <li>• Chair, Rawiri Residents Association</li> <li>• Director and Shareholder, Travers Brown Trustee Limited</li> </ul>

Dianne Glenn	<ul style="list-style-type: none"> <li>• Member, NZ Institute of Directors</li> <li>• Life Member, Business and Professional Women Franklin</li> <li>• Member, UN Women Aotearoa/NZ</li> <li>• Past President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust</li> <li>• Life Member, Ambury Park Centre for Riding Therapy Inc.</li> <li>• Member, National Council of Women of New Zealand</li> <li>• Justice of the Peace</li> <li>• Member, Pacific Women's Watch (NZ)</li> <li>• Member, Auckland Disabled Women's Group</li> <li>• Life Member of Business and Professional Women NZ</li> <li>• Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities.</li> </ul>
Garry Boles	<ul style="list-style-type: none"> <li>• Member, C and R</li> <li>• NZ Police Constable</li> </ul>
Katrina Bungard	<ul style="list-style-type: none"> <li>• Chairperson MECOSS – Manukau East Council of Social Services.</li> <li>• Deputy Chair Howick Local Board</li> <li>• Member of Amputee Society</li> <li>• Member of Parafed disability sports</li> <li>• Member of NZ National Party</li> </ul>
Lana Perese	<ul style="list-style-type: none"> <li>• Director &amp; Shareholder, Malatest International &amp; Consulting</li> <li>• Director, Emerge Aotearoa Limited Trust</li> <li>• Trustee, Emerge Aotearoa Housing Trust</li> <li>• Director, Vaka Tautua</li> <li>• Director, Malologa Trust</li> </ul>
Paul Young	<ul style="list-style-type: none"> <li>• Director, Paul Young International Ltd</li> <li>• Councillor, Auckland City Council</li> </ul>
Pierre Toha	<ul style="list-style-type: none"> <li>• Senior Executive, Tainui Group Holdings</li> <li>• Trustee, Taniwha Marae</li> </ul>
Reece Autagavaia	<ul style="list-style-type: none"> <li>• Member, Pacific Lawyers' Association</li> <li>• Member, Labour Party</li> <li>• Trustee, Epiphany Pacific Trust</li> <li>• Trustee, The Good The Bad Trust</li> <li>• Member, Otara-Papatoetoe Local Board</li> <li>• Member, District Licensing Committee of Auckland Council</li> <li>• Member, Pacific Advisory Group for Mapu Maia – Problem Gambling Foundation</li> <li>• Board of Trustees Member, Holy Cross School</li> <li>• <i>Member of the Cadastral Surveyors Board</i></li> <li>• <i>Assessor of the Creative Communities Scheme South &amp; East Auckland</i></li> </ul>
Tipa Mahuta	<ul style="list-style-type: none"> <li>• Deputy Chair, Te Whakakitenga o Waikato</li> <li>• Councillor, Waikato Regional Council</li> </ul>
Ken Whelan, Crown Monitor	<ul style="list-style-type: none"> <li>• Board Member, Royal District Nursing Service NZ</li> <li>• Contracts with Francis Health &amp; GE Healthcare (mainly Australia &amp; Asia)</li> <li>• Crown Monitor, Waikato District Health Board</li> </ul>

## BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 20 May 2020

Director having interest	Interest in	Particulars of interest	Disclosure date	Board Action

## **Minutes of the Meeting of the Counties Manukau District Health Board** **Wednesday 1 April 2020**

Held at Counties Manukau DHB, Room 107 via Zoom, Ko Awatea, Middlemore Hospital,  
Hospital Road, Otahuhu

### **PART I – Items considered in public meeting**

#### **BOARD MEMBERS PRESENT**

Mark Gosche (Board Chair)  
Apulu Reece Autagavaia  
Catherine Abel-Patterson  
Colleen Brown  
Dianne Glenn  
Katrina Bungard  
Dr Lana Perese  
Paul Young  
Pierre Tohe  
Tipa Mahuta

#### **ALSO PRESENT**

Margie Apa (Chief Executive)  
Margaret White (Chief Financial Officer)  
Dr Peter Watson (Chief Medical Officer)  
Jenny Parr (Chief Nurse and Director Patient & Whaanau Experience)  
Ken Whelan (Crown Monitor)  
Dinah Nicholas (Board Secretary)  
Kate Yang (Executive Advisor to CEO)

#### **APOLOGIES**

Apologies were received and accepted from Garry Boles.

#### **PUBLIC AND MEDIA REPRESENTATIVES PRESENT**

There were no public or media in attendance for the public section of this meeting.

#### **WELCOME**

The Chair opened the meeting by expressing his thanks and appreciation to everybody in the organisation for the outstanding response to COVID- 19.

#### **DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS**

The Disclosures of Interest were noted with the following amendments for Apulu Reece Autagavaia – *add* Member of the Cadastral Surveyors Board, and Assessor of the Creative Communities Scheme South & East Auckland.

There were no specific interests to note with regard to the agenda for this meeting.

#### **AGENDA ORDER AND TIMING**

Items were taken in the same order as listed on the Agenda.

## 2. BOARD MINUTES

### 2.1 Minutes of the Meeting of the Board 19 February 2020

The minutes were taken as read.

**Resolution** (Moved: Colleen Brown/Seconded: Catherine Abel-Pattinson)

**That the Minutes of the Board Meeting held on the 19 February 2020 be approved.**

#### Carried

### 2.1 Action Item Register

Noted.

### 2.2 Report on *Draft Minutes Hospital Advisory Committee Meeting 26 February 2020*

The minutes were taken as read and noted.

### 2.3 Report on *Draft Minutes Community & Public Health Advisory Committee Meeting 26 February 2020*

The minutes were taken as read and noted.

## 3 EXECUTIVE REPORTS

### 3.1 Chief Executive's Report (Margie Apa)

The report was taken as read.

Nationally, the Government has stepped up its response dramatically with the Alert level moving to 4. A National Hospital Framework has been issued by the Ministry of Health which supports a nationally consistent and managed approach to clinical service delivery in hospitals. This national status also identifies trigger points at which we will make decisions to change status. At the moment, Middlemore Hospital remains at Status 2 – Yellow – which means that we continue to operate within COVID19 management plans while preparing for escalation.

Regionally, Dr Dale Bramley (WDHB) is the Lead CEO for emergency responsiveness and over the last two weeks in particular the region has agreed some common approaches to guidance and alignment of planning for hospital capacity, primary and community responsiveness and other service changes as appropriate.

Locally, an Incident Management Team (IMT) has been stood up. While we continue to provide services as usual, some of the ways we are operating have changed. This includes new ways of working to keep our staff and community safe, a new visitor's policy aligned with the regional approach and bolstering our staffing now so that we are well prepared. Elective surgery is being prioritised to ensure we are providing interventions to those with the most clinical urgent treatment needs.

Work is underway on outreach support for Maaori & Pacific and how to support families with disabilities, alongside working with the ARHOP team in relation to caring for older people at home.

Construction work on the top three levels of the Scott Building will be completed soon which will create hospital capacity for 160 beds under negative pressure by modifying the ventilation system.

The hospital is well prepared and is managing well.

Ms Brown suggested that some mobile community clinics could be set up to provide flu vaccinations to the elderly and vulnerable.

The Chair advised that he will be sending out a message tomorrow to all staff expressing the Board's thanks and appreciation for the outstanding response to COVID19.

**Resolution** (Moved: Catherine Abel-Pattinson/Seconded: Reece Autagavaia)

**That the Board:**

**Receive the Chief Executive's Report for the period 20 February – 1 April 2020.**

**Carried**

### **3.2 Health & Safety Performance Report (Elizabeth Jeffs)**

The report was taken as read.

The Chair acknowledged the work of all the people behind the front line who are working very hard to get a workforce assembled for now and in the future as staff may become unwell and need to be stood down.

*COVID19* – a lot of inquiries are coming through to Occupational Health from our staff with the top three issues being PPE, accommodation and child care.

In terms of welfare and wellbeing, the OH&S service has been turned into a welfare centre for our staff. The team are making outbound calls to all our staff who have either been contract traced or in COVID isolation. There is a wealth of information available on Paanui, EAP is offering virtual clinics and a weekly local union engagement meeting has been set up.

Vulnerable workers (people over 70, pregnant or immune compromised in some way) - an online form is now available for completion. It is expected that approximately 30% of the workforce will complete this form. Whilst we are not at 30% yet, there are a significant number of forms being completed.

Staff morale – there is an anxiety amongst our workforce with concerns around their own safety, their families are worried what they might be bringing home etc. Many are being bombarded with images and information from overseas so we are trying to balance that with information from our own clinical leaders who they trust and know, rather than just providing information from the Government.

*Spinal Unit* - the Health & Safety team is reviewing the health & safety compliance at the Spinal Unit and will provide a full brief for the People & Culture Sub Committee in April.

*Flu Campaign* – the flu campaign started on 23 March and, to date, over 7,000 staff have been vaccinated.



**Resolution** (Moved: Mark Gosche/Seconded: Lana Perese)

**That the Board:**

**Receive the Health and Safety report for the period ending 1 October to 31 December 2019.**

**Carried**

**4 EXECUTIVE & OTHER REPORTS *(for information only)***

**4.1 Corporate Affairs & Communications Report**

The paper was taken as read.

**4.2 Finance & Corporate Business Report**

The report was taken as read.

**4.3. CM Health Research Strategy 2020-2022**

The report was taken as read.

**6. RESOLUTION TO EXCLUDE THE PUBLIC**

**Resolution** (Moved: Paul Young/Seconded: Reece Autagavaia)

**That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:**

**Mr Ken Whelan, Crown Monitor, is allowed to remain for the Public Excluded section of this meeting.**

**The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:**

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 19 February 2020 and Actions	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Confirmation of Minutes</b> As per the resolution from the public section of the minutes, as per the NZPH&D Act.

Public Excluded Minutes of 26 February Hospital Advisory Committee, Community & Public Health Advisory Committee and Executive Sub Committee	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Confirmation of Minutes</b> As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Bad Debt Write Offs	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Privacy</b> The disclosure of the information would not be in the public interest because of the need to protect the privacy of natural persons. [Official Information Act 1982 S9(2)(a)]
Sale & Lease Back Arrangement	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]
Audit Planning Documents	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]
Interventional Radiology Unit	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities and Negotiations</b> The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i) & (j)]

<p>Serious Fraud Office Investigation</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Privacy</b> The disclosure of the information would not be in the public interest because of the need to protect the privacy of natural persons.</p> <p>[Official Information Act 1982 S9(2)(a)]</p>
<p>Major Capital Advisory Group Revised Terms of Reference</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
<p>Ratification of Circular Resolution – First Draft 20/21 Annual Plan</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Public Interest</b> The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)(ii)]</p>
<p>Chief Executive’s Report</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Public Interest</b> The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)(ii)]</p>
<p>Improvement to Internal Controls</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>

Post Implementation Reviews	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Commercial Activities and Negotiations</b> The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i) &amp; (j)]</p>
Social Wellbeing Board Update	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Risk Management Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S32(a)]</p>	<p><b>Commercial Activities and Negotiations</b> The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations.</p> <p><b>Commercial Position</b> The disclosure of the information would be likely to prejudice the commercial position of the person who supplied or who is the subject of the information.</p> <p><b>Confidentiality of advice by officials</b> The disclosure of the information would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials.</p> <p>[Official Information Act 1982 S9(2)(i)&amp;(j); 9(2)(b)(ii) and 9(2)(f)(iv)]</p>

Final External Audit Management Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.  [Official Information Act 1982 S9(2)(i)]
Executive Sub Committee Meeting Papers 27 March 20	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Public Interest</b> The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.  [Official Information Act 1982 S9(2)(ba)(ii)]

**Carried**

The public meeting closed at 10.40am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 20 MAY 2020.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 1 APRIL 2020.

\_\_\_\_\_  
BOARD CHAIR

\_\_\_\_\_  
DATE

**Counties Manukau District Health Board  
Action Items Register (Public)**

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE
26 June 2019	<b>Smokefree Policy</b>	<u>Vaping/Changes to the Smokefree Policy</u> - when there has been enough shift in evidence and there is a clearer picture around regulation, update the Board on vaping, including the experiences from Mid Central DHB who has recently set up a vaping area on their campus.	20 May 2020	Gary Jackson/ Basil Fernandes	<i>This will be reported through the CPHAC &amp; HAC on 1 July.</i>	✓ ✓

**Minutes of Counties Manukau District Health Board  
Combined meeting of Hospital Advisory Committee (HAC),  
Community and Public Health Advisory Committee (CPHAC)  
and Disability Advisory Committee (DiSAC)**

Held on Wednesday, 8 April, 2020 at 10.00am – 1.00pm  
Ko Awatea, Room 107, Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland & Zoom

---

**PART I – Items considered in Public Meeting**

**BOARD MEMBERS PRESENT**

Vui Mark Gosche (Board Chair)  
Colleen Brown (Co-Chair CPHAC)  
Catherine Abel-Pattinson (Chair HAC)  
Pierre Tohe (Co-Chair CPHAC)  
Barry Bublitz  
Dianne Glenn  
Katrina Bungard  
Dr Lana Perese  
Paul Young  
Apulu Reece Autagavaia  
Robert Clark  
Tipa Mahuta

**ALSO PRESENT**

Fepulea'i Margie Apa, Chief Executive  
Aroha Haggie (Director, Funding & Health Equity)  
Dr Gary Jackson (Director, Population Health)  
Dr Jenny Parr (Chief Nurse and Director of Patient & Whaanau Experience)  
Dr Kate Yang (Executive Advisor to the CE)  
Mary Burr (General Manager, Woman's Health)  
Dr Peter Watson (Chief Medical Officer)  
Sanjoy Nand (Chief of Allied Health, Scientific & Technical Professions)  
Vicky Tafau (Secretariat)  
(Staff members who attended for a particular item are named at the start of the minute for that item)

**PUBLIC AND MEDIA REPRESENTATIVES PRESENT**

No public or media were present.

**WELCOME**

The meeting commenced at 9.00am with a mihi and karakia from Barry Bublitz and Robert Clark.

## **1. AGENDA ORDER AND TIMING**

Items were taken in the same order as listed on the agenda.

## **2. GOVERNANCE (Hospital Advisory Committee)**

### **2.1 Apologies**

Apologies were received and accepted from Garry Boles, Christina Mallon and Mary Seddon.

### **2.2 Register of Interests**

No amendments to the Disclosures of Interest were noted.  
No amendments to the Disclosure of Specific Interests were noted.

### **2.3 Confirmation of the Public Minutes of the Hospital Advisory Committee meeting held on 26 February 2020.**

Ms Glenn had two queries that were clarified and answered by Margie Apa.

**Resolution** (Moved: Dianne Glenn/Seconded: Paul Young)

**That the public minutes of the Hospital Advisory Committee meeting held on 26 February 2020 be approved.**

Carried

### **2.4 Action Items Register/Response to Action Items**

Deferring the Action Items was agreed due to the CM Health Covid-19 Response.

**Resolution** (Moved: Catherine Abel-Pattinson/Seconded: Paul Young)

Carried

## **3. GOVERNANCE (Community & Public Health Advisory Committee)**

### **3.1 Apologies**

Apologies were received and accepted from Campbell Brebner.

### **3.2 Register of Interests**

No amendments to the Disclosures of Interest were noted.  
No amendments to the Disclosure of Specific Interests were noted.

### **3.3 Confirmation of the Public Minutes of the Community and Public Health Advisory Committee meeting held on 26 February 2020.**

**Resolution** (Moved: Lana Perese/Seconded: Robert Clark)

**That the public minutes of the Community and Public Health Advisory Committee meeting held on 26 February 2020 be approved.**

Carried



### 3.4 Action Items Register/Response to Action Items

Deferring the Action Items was agreed due to the CM Health Covid-19 Response.

**Resolution** (Moved: Reece Autagavaia/Seconded: Paul Young)

**Carried**

## 4. BRIEFING

### 4.1 Staff Health & Safety, including PPE (Elizabeth Jeffs, Director Human Resources, Peter Watson, Chief Medical Officer)

CM Health has provided surgical masks into the community, including Front Line workers. The DHB has a secure supply and a close watch is being kept on its distribution. CM Health is confident that supply is available for people when they need it.

Training, virtual, online and face to face is being widely undertaken with staff across the board to ensure correct use of PPE gear.

Dr Jenny Parr confirmed that with the lower demand for services in the hospital, staff have been taking advantage of the down time to ensure training is undertaken.

Health & Safety Team: the flu campaign commenced early. No shortage of vaccinations are available for staff. A new database has been set up and the paperwork is currently being loaded. Data will be released when paper forms have been entered.

Vulnerable workers: for 70+, pregnant workers, respiratory compromised staff and automated form has been introduced. 500+ forms have been returned. Data is being entered. There may be a recommendation to expand to include Maaori/Pacific over 60 yrs. Staff will be triaged in terms of their health status.

Contact tracing for staff – completed 8 tracings for 100 staff. Continue to meet for security of staff and a psychological well-being group has been set up. 187 calls to staff have been made from the Welfare Centre. There are 450 staff in the 60+ Maaori & Pacific at CM Health. Advice expected in the next few days from the Ministry.

### 4.2 Patient Safety & Quality, variance reporting only (Mary Seddon, Director, Ko Awatea)

Information was taken as read.

Dr Perese had a query in terms of being able to provide information with an ethnicity breakdown.

Dr Parr advised the committee that the information provided is the national survey results, run every quarter and provided by the Health Quality Safety Commission (HQSC). A link to the site will be sent out so that Board members can delve into the data.

Ethnicity data can be provided in future. Maaori & Pacific don't answer surveys as much as other ethnic groups. We know from our Fundamentals of Care data that Maaori have a worse experience with in-patient care than other ethnicities. Work is being undertaken on this and a deep dive can come to a subsequent HAC meeting.

Physical and emotional needs are combined in one question and there are gaps for spiritual and cultural. This is one of the things that the HQSC are attempting to address with the new tool they are using. They are also working with their Maaori Advisory Group to ensure that these types of things are being addressed.

### 4.3 Sub-Committee Reporting on Performance Exceptions and Covid-19 Preparedness

#### 4.3.1 Community & Public Health (Aroha Haggie, Director Funding & Health Equity)

CM Health has stood up an incident management team (IMT) 'Ngaa Amokura Haumarū' to support Māori people living in CM Health rohe. This IMT will be liaising closely with the regional Māori Health IMT and mana whenua to ensure Māori have access to information and resources during the lockdown.

Ngaa Amokura Haumarū is supporting several initiatives, including the Whaanau Guide to Covid-19 (on Social Media and Māori TV) and Ngaa Kaimanaaki – a new community champion workforce for Covid-19 which will augment current health and social service workforces.

Bulk texting via Primary Care is currently in the planning stage.

There are six active Community-Based Assessment Clinics (CBACs) at Airport Oaks, Otara, Wiri, Takanini, Pukekohe and Botany). These clinics are running from 0800 to 1600, seven days per week.

Newspaper articles and videos are being loaded to Social Media, including webinars. Positive responses have been received.

Current testing criteria for hospitals are if you have any Covid symptoms you will be tested. At CBACs, most people will be tested. If completely well, no swab will be undertaken. CM Health is currently looking into how we might extend our reach into those homes where people may have symptoms but are not coming for a test.

**Resolution** (Moved: Colleen Brown/Seconded: Dianne Glenn)

**The joint Hospital Advisory Committee, Community & Public Health Advisory Committee and Disability Advisory Committee:**

**Received** this update on the District Health Board's community and public health response to the Covid-19 pandemic.

**Carried**

#### 4.3.2 Hospital Advisory Committee (Mary Burr, General Manager Woman's Health and Dr Peter Watson, Chief Medical Officer)

CM Health has established the Incident Management Team (IMT) running the response for the hospital and community. Middlemore Hospital currently has one Covid-19 case in the ward and one in ICU. The hospital is currently well prepared for all possible situations.

It was noted that colonoscopy and gastroscopy are achieving the appropriate standards.

Emergency Department and KidzFirst attendances are down.

There has been a very successful recruitment of new grad midwives and they will commence their employment soon.

The Mental Health Primary Care Wellness Team has achieved a national award for their work.

It was noted that finances have been impacted by the CM Health White Island response. All patients have now been discharged.

Bowel screening is a real success, diagnosing 89 cancers that might have otherwise been missed.

In the Birthing Unit, it is currently business as usual.

In terms of National Health Targets, by February we had still achieved good Measure 1 results but have serious levels of breaching in Measure 2 (FSAs) - elective assessment and treatment. This is mostly related to the White Island Response. We will be severely impacted by Covid-19 in this space.

It was advised that the report demonstrates a period of calm before Covid-19 hit. Middlemore Hospital is well prepared for whatever response may be required.

**Resolution** (Moved: Catherine Abel-Pattinson/Seconded: Dianne Glenn)

**The joint Hospital Advisory Committee, Community & Public Health Advisory Committee and Disability Advisory Committee:**

**Received** the Hospital Services Report covering activity in January/February 2020 and noted the shortened format due to Covid-19 activity.

**Carried**

#### **4.3.3 DiSAC (Sanjoy Nand, Chief of Allied Health, Scientific & Technical Professions)**

The paper was taken as read.

The committee was informed that CM Health has taken active steps to improve the ability to communicate important messages to the disability community. The CM Health external webpage includes sections for information that is readily accessible for Easy Read and Sign Language Videos. This is information created by MOH, and CM Health has included clear links to enable people with disabilities to access this easily. We also have been providing messages in simple language and in large font. Where CM Health has created videos to communicate messages, we are including subtitles in English and have been also exploring the translation of the messages in sign language.

In terms of ensuring Continuity of Services for People with Disabilities during the Pandemic, our planning includes business continuity for services that we currently provide to the disabled community including services that provide home-based supports. There is regional and national planning that is working to ensure the various providers of disability services have contingency plans for continued support to disabled people.

Ms Haggie has connected with Te Roopu Taurima and is comfortable with where they are at. PPE concerns have been resolved. Communications are available to clients and whanau and they are ensuring that there are comms for people with low levels of literacy or hearing/vision impaired. Clients are experiencing burden as is the organisation, due to being disconnected.

**Resolution** (Moved: Colleen Brown/Seconded: Dianne Glenn)

**The joint Hospital Advisory Committee, Community & Public Health Advisory Committee and Disability Advisory Committee:**

**Received** this progress report on the disability action plan and Covid-19 preparedness..

**Carried**

## 5. RESOLUTION TO EXCLUDE THE PUBLIC

**Resolution** (Moved: Katrina Bungard/Seconded: Catherine Abel-Pattinson)

**That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:**

**The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:**

<b>General Subject of items to be considered</b>	<b>Reason for passing this resolution in relation to each item</b>	<b>Ground(s) under Clause 32 for passing this resolution</b>
2.1 Confirmation of Public Excluded Minutes 26 February 2020 for both the Hospital Advisory Committee and the Community & Public Health Advisory Committee.	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Confirmation of Minutes</b> As per the resolution from the public section of the minutes, as per the NZPH&D Act.
4.1 to 4.7 Briefings on Covid-19 Preparedness	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

### Carried

This first part of the meeting concluded at 11.00am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE, THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY ADVISORY COMMITTEE PUBLIC MEETING OF 8 APRIL 2020.

---

Colleen Brown  
**CPHAC Committee Co-Chair**

# Information Paper

## Counties Manukau District Health Board

### Chief Executive's Report

---

#### Recommendation

It is recommended that the Board:

**Receive** the Chief Executive's Report for the period 2 April 2020 – 20 May 2020.

---

**Prepared and submitted by:** Fepulea'i Margie Apa, Chief Executive Officer

#### Introduction

This report covers the period from 2 April 2020 – 20 May 2020. This period has been marked by our response to the Covid-19 pandemic.

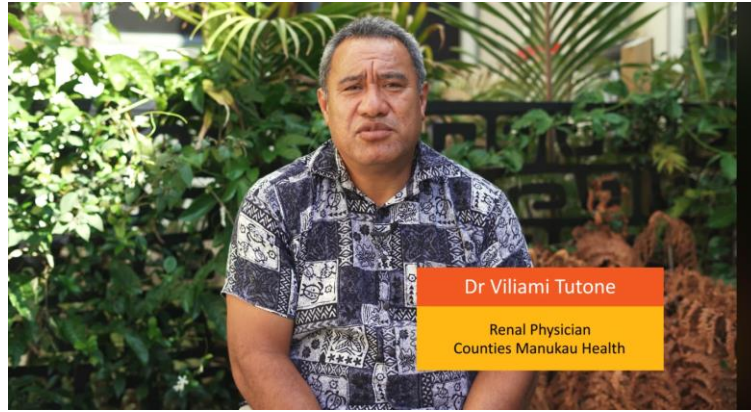
When I reflect on the past 6 weeks the significant shifts in our lives are far reaching. The pandemic has impacted every aspect of the way that Counties Manukau Health (CM Health) operates and the way we live our lives in our communities. I want to thank staff members who have worked around the clock to quickly change the way that we deliver services, to keep our communities and staff safe. I am proud of our achievements, including helping rapidly stand up four community based assessment centres (CBACs), moving to delivering over 65% of outpatient consultations over the phone or by videoconference, and setting up channels to relay key information to our vulnerable communities. I also want to acknowledge the regional efforts to have a functioning Incident Management Team and support for Auckland Regional Public Health Service (ARPHS) whom have been the frontline for most of this phase of response. Our regional efforts have required the best of all of our talent to ensure we rapidly respond.

I am cautiously taking heart from New Zealand's attenuated rise in cases, which has been following the 'elimination' scenario to date. I am aware, however, that we are in a marathon not a sprint. It is likely we will need to 'live with Covid-19' in our community. This means we need to keep up important strategies such as testing, contact tracing, managing clusters, requiring physical isolation and distancing to keep its presence in our community very low. This is until we build immunity and/or have a vaccine available for our population.



Above: Neonatal staff, who are in the same clinical bubble, share a message to keep calm and stay safe

## Reaching out to our communities in languages other than English



*Above: Dr Viliame Tutone explains why it is important not to hold kava gatherings after news reporting of them in South Auckland*

Our communications team have been working hard to ensure vulnerable communities are receiving key information. Our social media presence has taken off, with informative videos such as that of Dr Viliame Tutone in Tongan (pictured above) explaining why kava gatherings are not a good idea during the lockdown. I also appeared on 531AM Pacific radio to promote [preparepacific.nz](http://preparepacific.nz), a website for Pacific language users to get information on getting through the Covid-19 pandemic. Donna's report will provide more detail on the reach and engagement of the communications campaigns we have stood up regionally.

One of our key messages to our community is that it is important that people continue to seek healthcare they need during all National Alert levels. This includes getting flu vaccinations, which are free to those aged 65 years and older, pregnant women, children aged 4 years with certain respiratory conditions and adults with certain pre-existing conditions.



*Pictured above: Kaumatua Te Teira Rawiri and Kuia Hilda Thompson promote flu vaccinations*

## Keeping safe during outpatient appointments



*Pictured above: Ambulatory task force leader Dana Ralph-Smith; Regional Pacific Nurse Arieta Fa'apesolo Mu'aulama advising patients of the new outpatient appointment process in Samoan*

Instead of face-to-face appointments, most of our appointments during the lockdown have been carried out by telephone or videoconference. While face-to-face appointments will always be important for some services and for patients, digital or telehealth services have improved attendance and improved convenience for patients in services where it is appropriate to use these methods.

CM Health has been letting people know about changes to outpatient appointments through text messages, phone calls, emails and letters, as well as advertisements in newspapers, on the radio and through social media. These include what to expect if they are attending an appointment in person, in order to keep everybody safe.

## ANZAC Day



*Above: Staff commemorated ANZAC day through decorations throughout our facilities*

Staff throughout the organization commemorated ANZAC day by putting up decorations for other staff and patients. Since 1999, staff at the Department of General Surgery get together to listen to an ANZAC address. Each year, a different theme is chosen. This year's theme revolved around COVID-19. This year, Dr Andrew Connolly gave an ANZAC address to all staff through a webinar, emphasising the need to work to protect those who served, who are now vulnerable to the virus.

### **Ramadan mubarak to our Muslim staff and community**

Many staff members and patients at Counties Manukau Health observe Ramadan. In our staff survey, diversity and inclusiveness was an aspect that staff members enjoyed about working at Counties Manukau.

### **Happy International Day of the Midwife**

We celebrated the International Day of the Midwife on the 5<sup>th</sup> of May.

### **Happy International Day of the Nurse**

We celebrated the International Day of the Nurse on the 12<sup>th</sup> of May. Each day of the week followed a theme ranging from 'Safety' to 'Care'. This year is the International Year of the Nurse as it is the 200th birthday of Florence Nightingale.

### **Support from our community**



*Above: Staff were gifted with flowers from a local grocer to take home after their shift*

Blooming Hill Flowers donated more than 500 bunches of flowers to CM Health working during the Alert Level 4 lockdown. Due to the lockdown, these flowers would otherwise be wasted. Organisers took all the necessary precautions to ensure flowers were safely retrieved by staff going home after their shifts.

I am also aware of other local businesses and organizations showing their appreciation for healthcare workers through discounts and gifts. CM Health is part of the South Auckland community and part of the population we serve. I am heartened by the support of our community in times like this.



## Ramping up cleaning activities



*Above: Key touch points such as lift buttons receive extra cleaning attention*

CM Health cleaners have ramped up activity to ensure our facilities remain safe in the wake of Covid-19. I am proud of their record attendance over the recent weeks and the special attention the team has placed to cleaning key “touch points” such as door handles, ramp handles and lift buttons to keep our staff and patients safe.

The cleaning team are spending additional time cleaning nurses’ stations, the Emergency Department and the discharge lounge. Operating theatres are being treated with Bioquell, a hospital standard decontamination solution. Cleaners are using the standard gloves that they would normally wear. Those working in certain areas including isolation, the discharge lounge, as well as the Bioquell decontamination team, have personal protective equipment (PPE).

## Visitor Policy



Strict entry controls and procedures will remain in place at Middlemore Hospital’s Emergency Department in the Level 3 phase of the Coronavirus response. While the risk of widespread COVID-19 spread appears to have been significantly reduced, the triage process of facilitating visitors coming into the Emergency Department (ED) will continue.

## Therapy dogs help alleviate loneliness in older in-patients during the lockdown



Ward 35 (East Koropiko, Psychogeriatric Ward) had visits from two special essential workers - Molly and Bodhi. Taking care to ensure good hygiene measures, Molly and Bodhi had special baths prior to entering the ward. Patients also used hand sanitizer before and after their visits from these dogs. The Mental Health Service for Older People (MHSOP) team work hard to provide older patients with dementia, depression and other mental illness with a sense of companionship during their stay in hospital. This is especially important during the response to the Covid-19 pandemic. The team hopes to provide dog therapy twice a week.

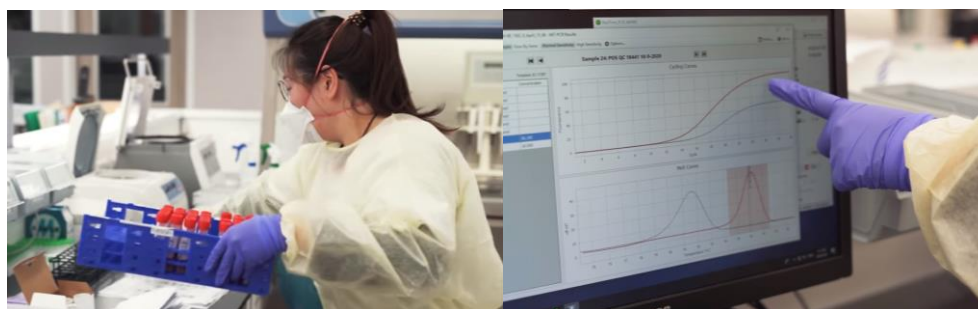
### **Disability Work Update**

CM Health is changing our recruitment processes to encourage and support the employment of disabled people. This includes how we advertise, information contained in the job descriptions, developing interview processes that support disabled people, and supporting managers through the recruitment process so that they are more confident interviewing and employing disabled people.

It is part of our commitment to recruiting, retaining and making CM Health facilities welcoming for people with disabilities. I am pleased that over 1,30 staff members have completed the Disability Responsiveness Training to date.

Work has started assessing a sample of Disability Support Service Provider Facilities in CM Health for Covid-19 Preparedness. As directed by the Disability Directorate at the Ministry of Health, we are conducting assessments on a sample of twenty-eight DSS facilities in their catchment area. The assessments are being conducted virtually using a Ministry of Health endorsed tool, which looks at infection control and prevention measures as well as other elements around staff management and training. It is a great opportunity to build relationships and offer support. I will update the Board when this has been completed.

## **CM Health Laboratory Workers provide testing for coronavirus**



Pictured above: Sora Lee demonstrates how coronavirus tests are conducted at Middlemore Hospital

The laboratory at CM Health started testing for coronavirus in early to mid-March. Initially starting from 88 tests per day, we increased our capacity as testing increased nationally. We are now able to conduct up to 500 tests per day. The lab tests specimens from Middlemore Hospital, Auckland International airport, Jet Park Hotel (where people are quarantined) and four of the Community based assessment centres (CBACs) in CM Health rohe. All other labs in the region are now performing testing for coronavirus and there is enough lab capacity in the region to support all symptomatic testing and the asymptomatic testing currently being conducted.

### **Fundamentals of Care (FOC)**

The March 2020 review of the forty-six wards and units commenced on 2 March and was successfully concluded on 26 March 2020. During this review 284 patient (Part A), 232 staff (Part B), and 44 Charge Nurse Managers and Charge Midwife manager (Part C) interviews were conducted. Of the 284 patient interviews 19 were incomplete and removed giving a total of 265. The full results of the March FOC review are expected mid-May 2020.

### **Our People**

Even during difficult and busy periods, it is important that we recognise the continued great work of our teams. I am pleased to share some highlights below.

#### **Smokefree team**

The CM Health Living smokefree team was recognised for their work, on TV3's The Hui. CM Health's Living Smokefree Service has a 79% success rate at 4 weeks, compared to the national average of 48%, which makes it the most successful team in Aotearoa. The Living Smokefree Service also has the lowest cost per quitter in the country.



Above: The Smokefree team featured on TV3's The Hui

CM Health's Living Smokefree service works in partnership with local providers, and Quitline, to ensure people are offered free, convenient, local and culturally appropriate support. During the Covid-19 National Alert Level 4 lockdown, the team did phone call consultations and drop offs of nicotine replacement therapy to ensure that people had support to becoming and staying smokefree.

### Local Heroes Award

I am pleased to launch the CM Health Local Heroes Awards, which is a celebration of our staff going above and beyond in living our values – particularly during challenging times. All staff can be nominated as a Counties Manukau Local Hero. This includes the clinical people providing direct care, staff working behind the scenes and our many volunteers. Patients, whaanau and visitors, or CM Health staff can all nominate their Local Hero using an online form.

Every month, we will look at all nominations received and from those we will select one to receive a special award. Those nominated and the winner will also feature in our staff magazine.

We had an overwhelming response to calls for nominations for our first Local Heroes Awards, and several nominees were nominated more than once. I'd like to acknowledge the nominees received for the first round of the Local Heroes Award here. Congratulations and thank you for your mahi.

- *Adrienne Adamas, Emergency Department*
- *Aliah Asarani, Night On-call House Surgeon in ward 8*
- *All non-clinical support workers and cleaners, Non-clinical support team*
- *Brian Yow, Information Services*
- *Caroline Pulis, Ward 32 Edmund Hilary*
- *Cecilia Lautua, Matariki*
- *Cleaning team, Central Clinical Services*
- *Colleen Ward, Radiology Department*
- *Whole Team of Covid-19 Ward*
- *Debbie Davies, Women's Health*
- *Denyse Lewis- Lavea, 35 North- Plastics*
- *Destinee Pare, MHSOP community*
- *Donna Sapeta, Tiaho Mai*

- *Dr Cath Francis, Anaesthesia and Pain Medicine*
- *Dr Steve McBride, Gen Med/ID*
- *Dr. David Holland, Infectious Diseases*
- *Dr. Kristina Foley, Tiitoki Team Medical Registrar*
- *Elsie Rawiri, KidzFirst Medical*
- *Helen Garrick, Manukau Surgery Centre Floor 1*
- *Jo Friend, MSC Surgery Centre Level 1*
- *Joanne Paton, AT&R Rehab assistant*
- *Jyothi Mallela, Ward 33NKaye Dennison, Locality Development Project Manager - Manukau Locality*
- *Kim Monteiro, 34 North*
- *Kirsty Stapylton, Kidz First Community Child Development*
- *Krishnee Naidoo, Module 6 Ophthalmology*
- *Krystal Chaffe, IV Access team*
- *Linda Wright (Nurse), TADU*
- *Louis Havinga, Clinical Engineering*
- *Lucy Ackroyd, Community Stroke Rehab TeamMartyn James - Reg Nurse, Infection Control*
- *Moe Terekainuku, Maternity Administration, Women's Health*
- *N95 mask fitting team, Anaesthesia and Pain Medicine / Perioperative Services / PLD/ Pharmacy*
- *Ngaa Raukohekohe Team, Ngaa Raukohekohe*
- *Pamela Culverall, ICU*
- *Patricia Lloyd, Ward 9*
- *Paula Cunningham, Auckland Spinal Rehabilitation Unit Outpatients*
- *People and Professional Development Team members, People and Professional Development Team*
- *Public Health Nurses, Admin and WSW, Kidz First*
- *Rachael Hart, Infection Prevention and Control*
- *Rafael Sardea, Charge Scientist Phlebotomy Services*
- *Rebecca Finday and Krista Steinbach, Infection Prevention & Control*
- *RN Nursing team running the Covid-19 testing centre in Takanini*
- *Sally Dennis, Healthy Together*
- *Sanjeshni Prasad, Ward 09 General Surgery*
- *Sarah Fisher, Clinical lead Occupational therapy*
- *Shretha Sudakar, Taunaki*
- *Similes Kumar CNM 34 N, 34 North*
- *Simon Kerr, Physiotherapy Professional leader and CDAH for Medicine/ Surgery*
- *Tania Cross, Howick Home Health Care*
- *Tanya DuPlessis, Infectious Diseases Specialist Pharmacist*
- *Teao Bain and the Cleaning team*
- *Tina Gilroy, Franklin Home Healthcare*
- *Trish Leathem, Plastics Department*
- *Victoria Crisp, People and Professional Development*

### **Patient Feedback**

- Every month, Feedback Central receives verbal and written feedback from throughout the organisation, from both staff, patients and visitors. The Feedback Central team works hard to co-ordinate fair, simple, speedy, efficient patient and whaanau centred resolution of all feedback – both good and bad – working in partnership with services across Counties Manukau Health.
- During Covid-19 Alert Levels 3 and 4, we had several items of feedback. The Executive Leadership Team undertook a thorough review of themes and issues raised. The number of feedback recieved reduced as the lockdown progressed. The review provided CM Health with an opportunity to understand some of

the issues and experiences for staff, patients and whaanau providing and receiving care throughout the lockdown period.

- The feedback themes were around visiting policy, screening, equipment / service, processes, communication and PPE.
- more education, provision of guidelines, awareness of evidence for best practice and information about the risks and safe practice was provided at many levels
- We continued seeking and receiving feedback during this time of Covid-19 response, and as a result, we made a number of changes to the way that we work. I want to share with you some messages received from patients this period.
- "The staff were wonderful and very friendly in this trying time and always fast to answer your bell if you needed anything."
- "Birthing unit was amazing. I was mainly looked after by midwife who was so incredible. She is a seriously good midwife, extremely friendly, supportive & did everything she could to make me feel informed & safe. I also had a great student doctor, and midwives who were also just fantastic".
- "I was very happy with the way I was treated. With respect, dignity, good communication and kindness.
- Thank you very much for this especially in this time that I was not able to have family with me because of the lockdown"
- "My elderly mum has dementia. Staff nurse is caring for mum during the Covid lockdown and has made an effort to contact family and update on mum's progress. Very detailed and professional in passing on information. Huge appreciation for this gesture during stressful times both for hospital staff and patient's family."
- "I wanted to say a big thank you to the lovely triage nurse who allowed me to accompany my friend who was going through a very traumatic time after an overdose. The nurse went out of her way to check with the charge nurse to see if I can accompany her. Myself and the patient really appreciated this."
- "Ward 31: My time here has been very good. I presented with a suspected stroke, which was obviously a very scary experience. The staff have been just incredible. All very polite and efficient. Mixing calm professionalism, with warmth and compassion. The flow of information has been excellent. I was always kept up to date with what was going on and I was made to feel that I was in the best possible care. On a normal day, I would be impressed, given that this is Easter weekend and during the Covid 19 situation, I did not feel that there was any drop in the level of care I could expect and I really respect the bravery and compassion our healthcare professionals display every day. Thank you from the bottom of my heart!"
- Ward 33 East "I cannot thank the staff doctors and nurses enough for the wonderful help they gave me. I found everything to my satisfaction."
- Ward 33 North "I found the staff very kind and pleasant. I was well looked after and found the food good. The ward was very clean. The lady that cleaned my room was very pleasant. Thank you for looking after me."
- Emergency Department "I would like to commend your staff after my mother was admitted to Accident and Emergency. She came in by ambulance with a leg injury. Every single staff member who dealt with her injury was kind, gentle, thoughtful and polite, to my mum and myself. We really could not have had a better experience under stressful circumstances. So congratulations to the staff of A and E and Adult Day Stay and thank you."

## **Appendix**

### 1. Provider Arm Performance

# CM Health performance

**5 May 2020**



# FCT – 6 month data @ end Q3

6 month average as of 31 March 2020

62-day target: passes and capacity breaches	62 day compliance %	62 day compliance Trend
Tumour Stream		
Breast	98.2%	
Gynaecological	31.6%	
Haematological	91.7%	
Head and Neck	75.0%	
Liver	100.0%	
Lower intestinal	81.8%	
Lung	89.3%	
Sarcoma_Soft_tissue	50.0%	
Skin	100.0%	
Upper gastrointestinal	85.7%	
Urological	78.9%	
Total	85.6%	
<b>Legend</b>		
Green	90+%	
Orange	70-89%	
Red	<70%	

31-day indicator : passes and capacity breaches	31 day compliance %
Tumour Stream	
Brain/Central Nervous System	100.0%
Breast	94.6%
Gynaecological	81.2%
Haematological	100.0%
Head and Neck	66.7%
Liver	96.6%
Lower intestinal	85.2%
Lung	93.5%
Other	100.0%
Sarcoma_Orthopaedics	100.0%
Sarcoma_Soft_tissue	100.0%
Skin	91.1%
Thyroid	71.4%
Upper gastrointestinal	100.0%
Urological	67.3%
Total	86.9%

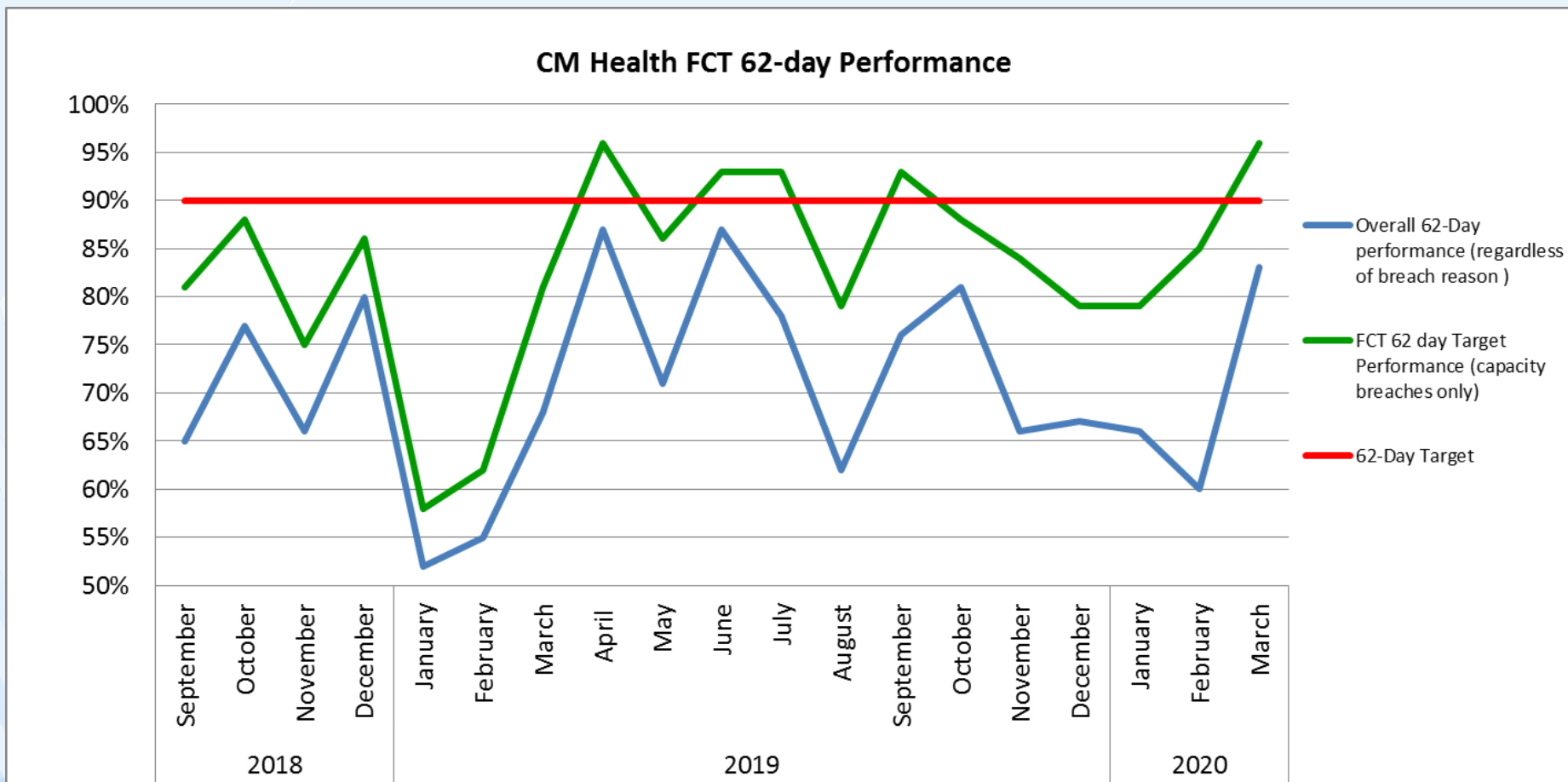
- + Overall FCT compliance for 62 days was 86% vs. 90% target, improvement from 82% last period
- + FCT compliance for 31 days 87% (MoH does not set a target for this)

# Reasons for 62-day target breaches

<b>Tumour type</b>	<b>Days delayed</b>	<b>Reason</b>
Breast	1	Grading error – referral not visible in system
Gynae / soft tissue sarcoma	14	Multiple delay reasons across various parts of the pathway
Haematology	1	Downgraded in urgency by SMO
Head & Neck (ORL)	3	MRT strike / delay to theatre / high volumes P1 patients
Lower GI	2	Referral for colonoscopy downgraded in error / MRT strike
Lung	3	Delay to radiation oncology / Delay to medical oncology / sonographer strike
Upper GI	1	Delay to oncology ADHB
Urology	4	Delay to grading / MRT strike / Delay to FSA / Delay to TRUS biopsy

# FCT – March 2020 results

+ March performance was 96% (vs. target of 90%) – not statistically significant. Results are reported averaged across 6 months (6 month average was 86% at end of March)



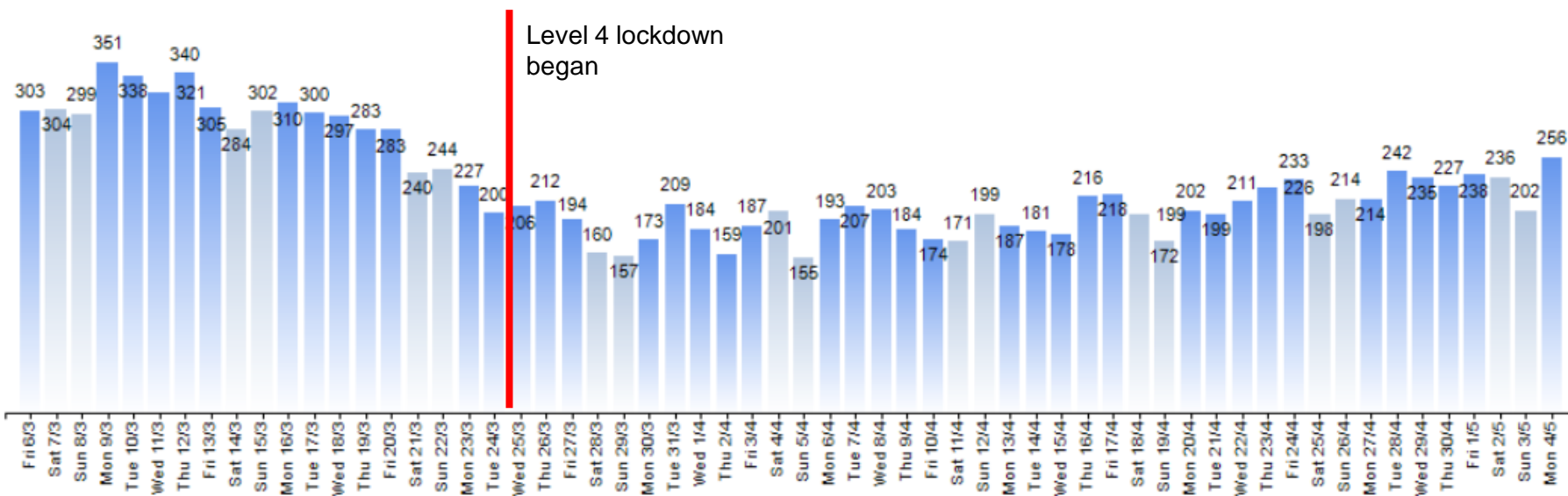
# ED arrivals

Data as of 5 May 2020

## ED Arrivals for ALL Age Group and ALL Prioritised Ethnicity Group

Report Run: 05 May 2020, 01:05 PM Data load at: 05 May 2020, 06:28 AM

Last 60 Days --- ED arrival for Yesterday (04-May-2020) is 256 patients



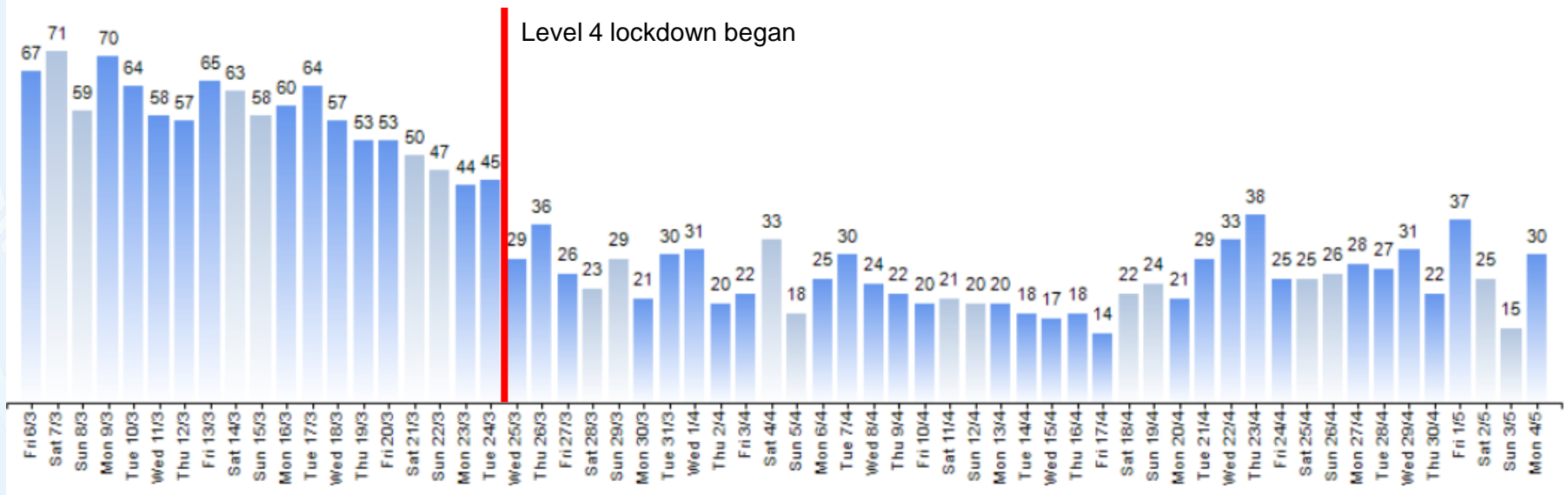
# ED arrivals - 14 years

Data as of 5 May 2020

## ED Arrivals for Child(0-14) Age Group and ALL Prioritised Ethnicity Group

Report Run: 05 May 2020, 01:24 PM Data load at: 05 May 2020, 06:28 AM

Last 60 Days --- ED arrival for Yesterday (04-May-2020) is 30 patients



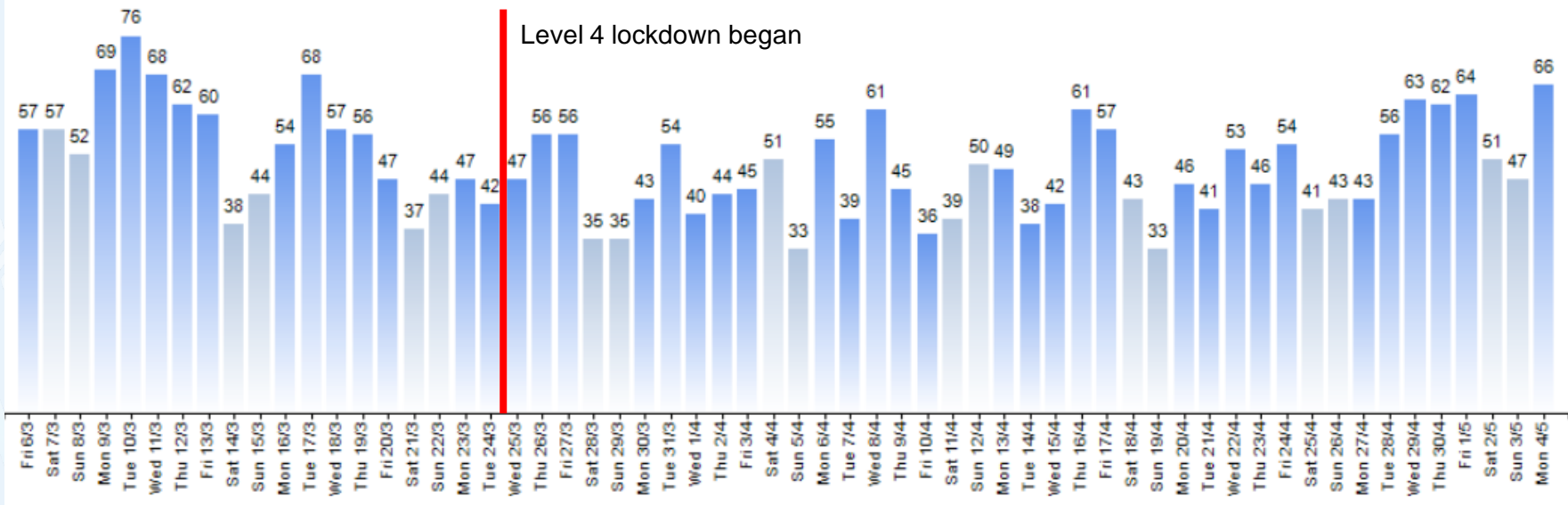
# ED arrivals - >65 years

Data as of 5 May 2020

## ED Arrivals for Older Adult(65+) Age Group and ALL Prioritised Ethnicity Group

Report Run: 05 May 2020, 01:30 PM Data load at: 05 May 2020, 06:28 AM

Last 60 Days — ED arrival for Yesterday (04-May-2020) is 66 patients



# % admitted from ED

Data as of 5 May 2020



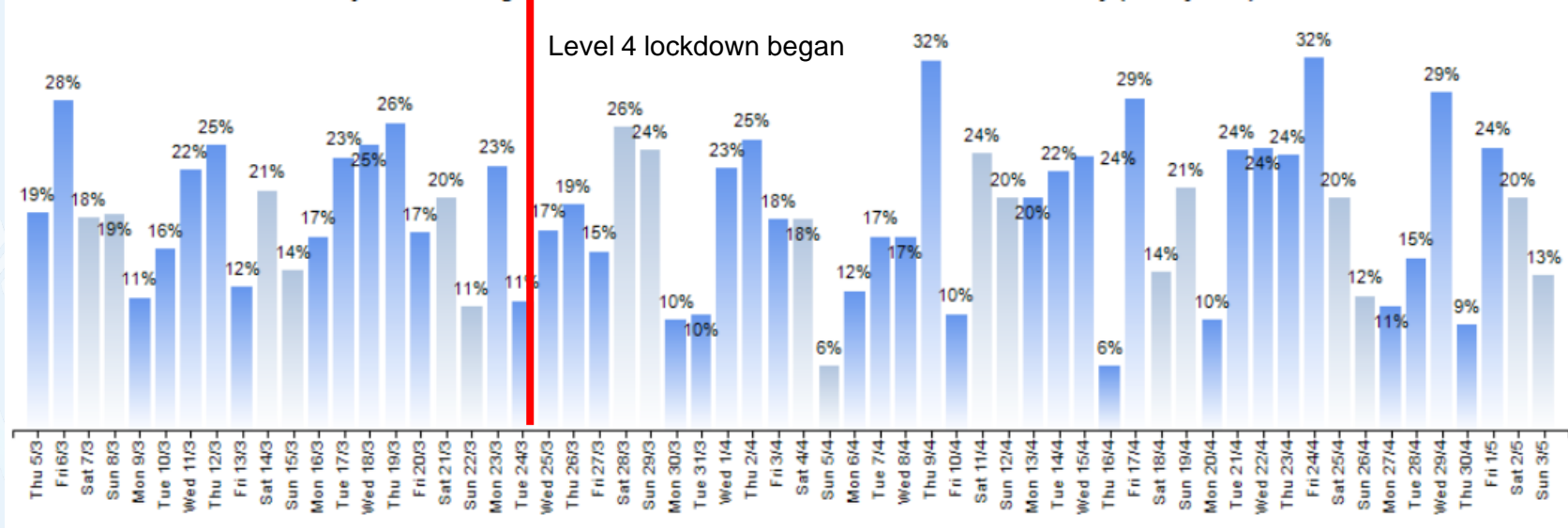
# % admitted from ED – 0-14y

Data as of 5 May 2020

## Percentage of admissions into IP wards from ED for Child(0-14) Age Group and ALL Prioritised Ethnicity Group.

Report Run: 05 May 2020, 03:18 PM Data load at: 05 May 2020, 06:28 AM

Last 60 Days -- Percentage of admissions into IP wards from ED before Yesterday (03-May-2020) is 20 %



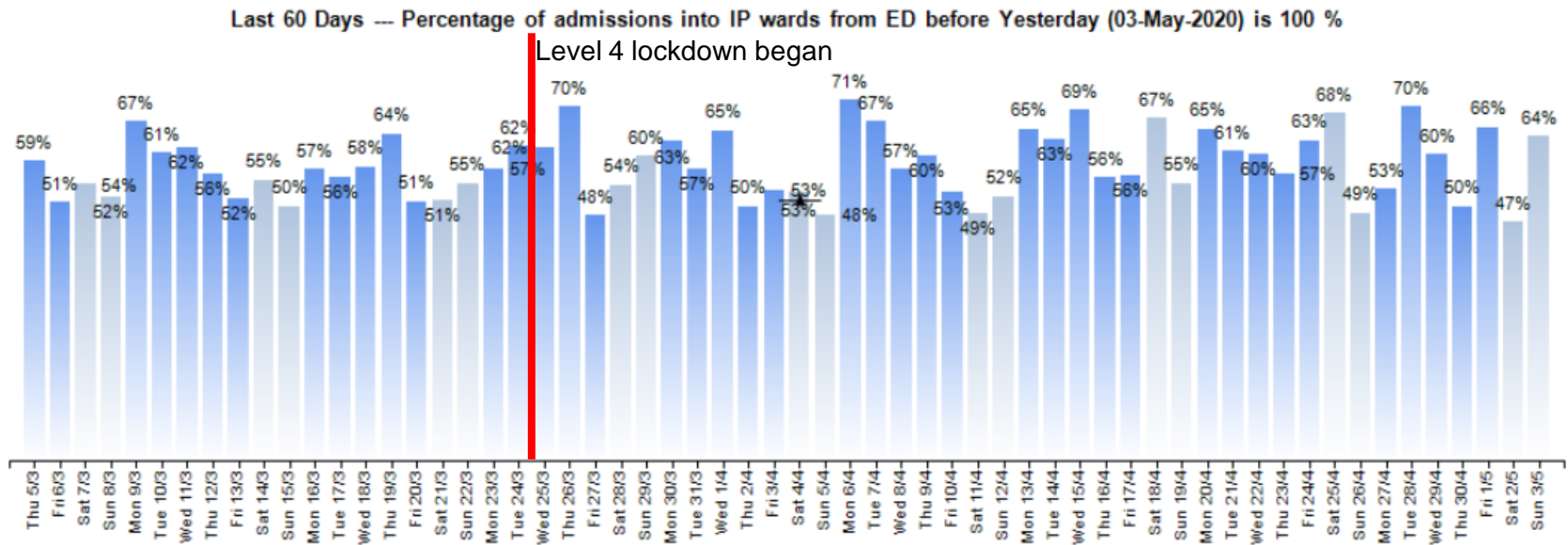


# % admitted from ED - >65 yrs

Data as of 5 May 2020

## Percentage of admissions into IP wards from ED for Older Adult(65+) Age Group and ALL Prioritised Ethnicity Group.

Report Run: 05 May 2020, 03:29 PM Data load at: 05 May 2020, 06:28 AM



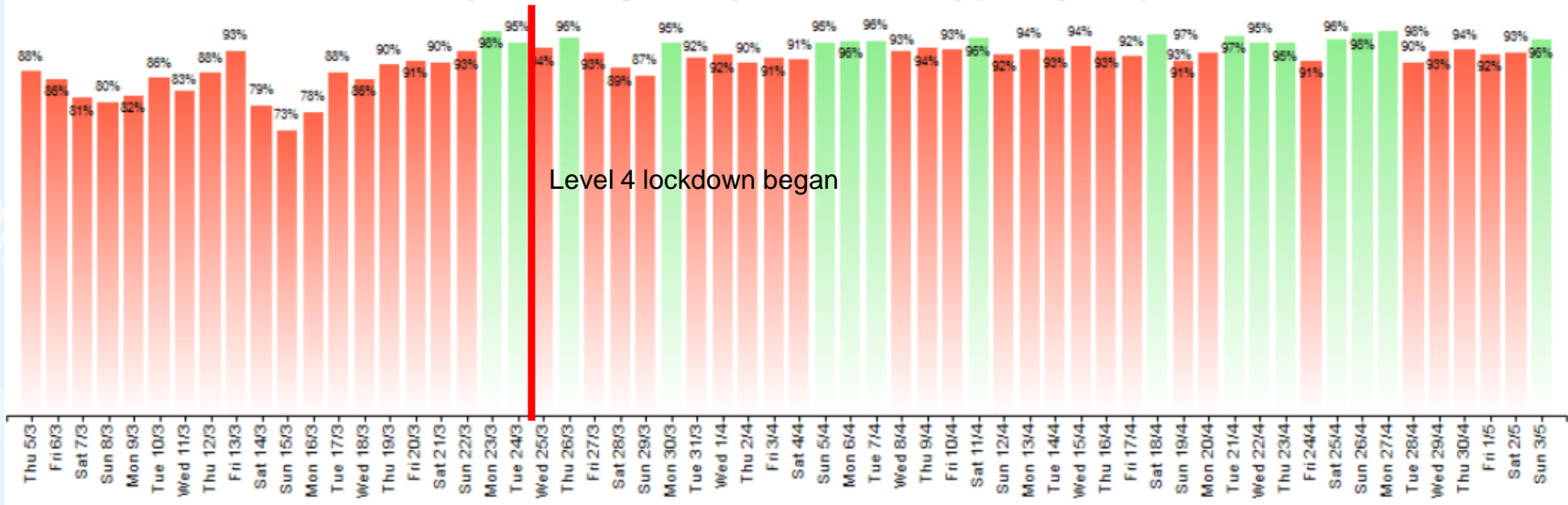
# ED 6 hour target

Data as of 5 May 2020

## 6 Hour Target and Trends for ALL Age Group and ALL Prioritised Ethnicity Group. Target: 95% within 6hrs

Report Run: 05 May 2020, 03:33 PM Data load at: 05 May 2020, 06:28 AM

Last 60 Days --- 6hr target % Day before Yesterday (03-May-2020) is 96%



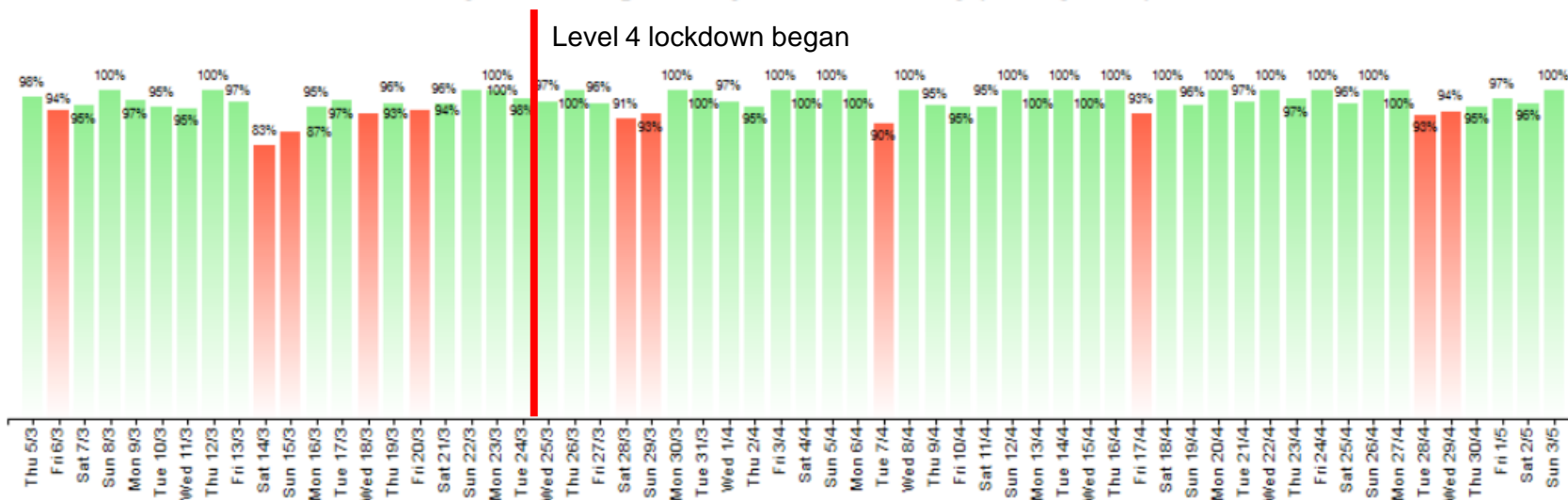
# ED 6 hour target – 0-14 yrs

Data as of 5 May 2020

## 6 Hour Target and Trends for Child(0-14) Age Group and ALL Prioritised Ethnicity Group. Target: 95% within 6hrs

Report Run: 05 May 2020, 03:41 PM Data load at: 05 May 2020, 06:28 AM

Last 60 Days --- 6hr target % Day before Yesterday (03-May-2020) is 100%



# ED 6 hour target – >65 yrs

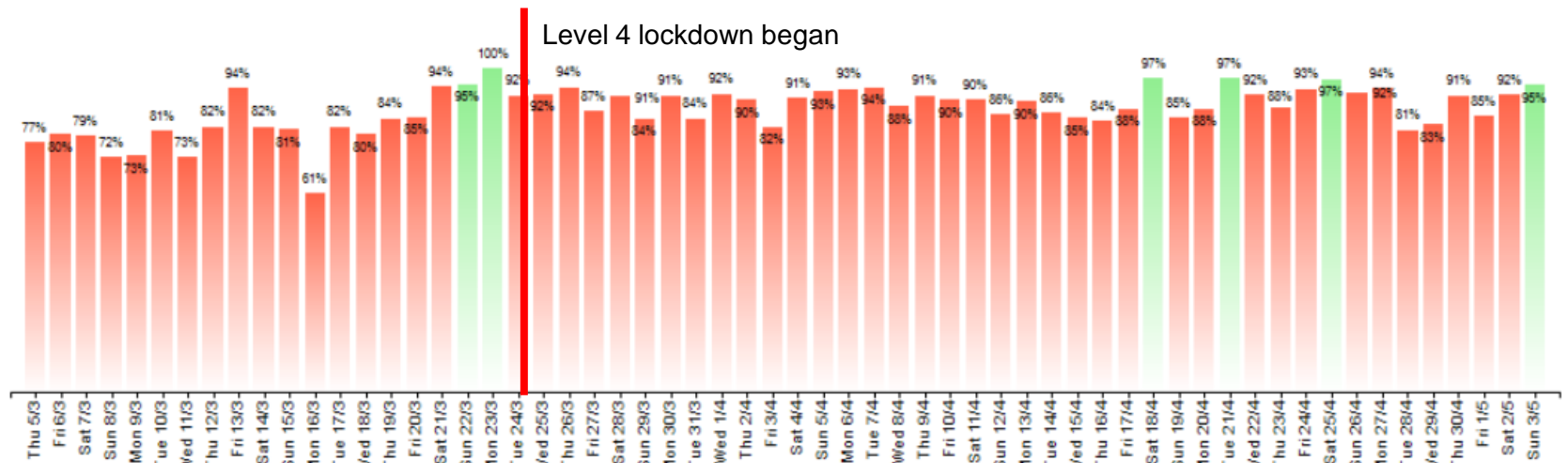
Data as of 5 May 2020

## 6 Hour Target and Trends for Older Adult(65+) Age Group and ALL Prioritised Ethnicity Group. Target: 95% within 6hrs

Report Run: 05 May 2020, 03:43 PM Data load at: 05 May 2020, 06:28 AM

Last 60 Days --- 6hr target % Day before Yesterday (03-May-2020) is 95%

Level 4 lockdown began



# ASH rates – 0-4 years

Data as of 5 May 2020



# Population Mortality rates

Requested by: Mary Burr  
Completed by: Garth MacLeod  
Data pulled: 13/04/2020  
Data source: Data warehouse

**Table 1 : Deaths and total discharges for all CMDHB facilities in 2019, pre lock down 2020 and since week lock down started**









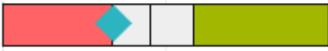



Date range	Deaths	Discharges	Deaths /day	Deaths/1000 Discharges
2019	1,147	123,601	3.1	9.3
2020 Pre-lockdown	225	27,097	2.7	8.3
Since lockdown	50	4,767	2.4	10.5

## Key Takeaways

- + Not statistically significant: from the week lockdown began, there have been less deaths per day in CM DHB facilities (2.4 per day) than earlier in 2020 ( 2.7/day ) and 2019 (3.1/day).
- + Not statistically significant: However the raw death rate per 1,000 discharges has increased since the week lock down began (10.4/1000 discharges) compared to earlier 2020 (8.3/1000 discharges) and 2019 (9.3 /1000 discharges)









# Health Round Table Data

## Quarter 2 data

Category	Indicator	Last Month	Last Full Quarter	Last Four Quarters	HRT Median	Performance vs. Peers	Quarterly Trend
Clinical Quality	28 day unplanned readmissions	6.07%	6.21%	6.24%	7.13%		
	28 day unplanned readmissions (excl short stay)	7.11%	7.80%	7.96%	7.30%		
Emergency Services	Percentage of ED departures within 4 hours	59.86%	56.96%	55.34%	68.11%		
	Percentage of ED departures within 6 hours	86.65%	84.53%	83.28%	84.39%		
Financial Opportunity	Notional revenue per public bed day (overnight)	1755.84	1739.65	1718.89	1922.48		
	Notional revenue per public episode	4887.98	5250.81	5381.69	4926.82		

# Health Round Table Data







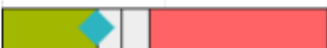
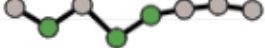



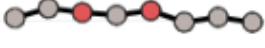
## Quarter 2 data

Category	Indicator	Last Month	Last Full Quarter	Last Four Quarters	HRT Median	Performance vs. Peers	Quarterly Trend
Operational Efficiency	Acute Relative Stay Index v2 (Acute RS1v2)	101.40	105.03	106.64	99.63		
	Average Length of Stay - Acute (Acute ALOS)	2.35	2.53	2.64	2.11		
	Average Length of Stay (ALOS)	2.72	2.84	2.89	2.19		
	Relative Stay Index - Acute (Acute RSI)	96.81	100.71	100.98	92.14		



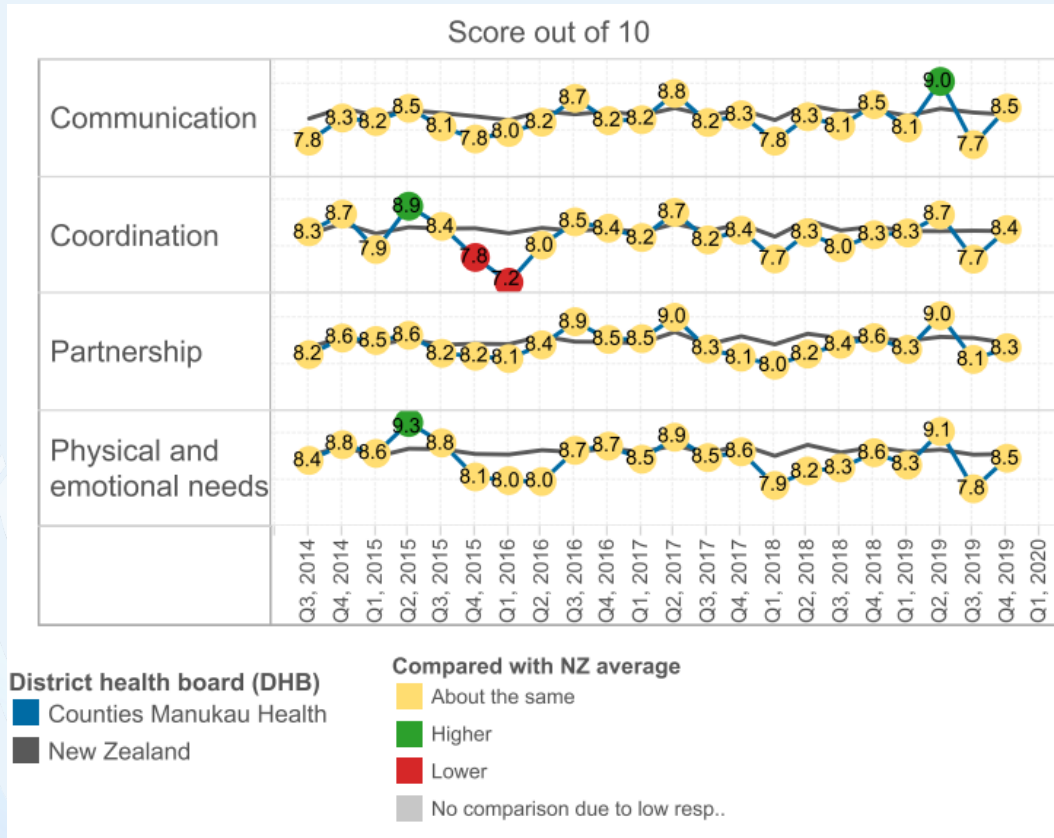
# Health Round Table Data

## Quarter 2 data

Category	Indicator	Last Month	Last Full Quarter	Last Four Quarters	HRT Median	Performance vs. Peers	Quarterly Trend
Patient Safety	Rate of major hospital-acquired complications	1.70%	1.93%	2.14%	1.63%		
	Rate of unspecified pressure injuries	50.00%	48.78%	37.71%	11.64%		
	Standardised rate of in-hospital falls	105%	151%	144%	148%		
	Standardised rate of pressure injuries	49%	60%	60%	64%		
	Standardised rate of stage 3 and 4 pressure injuries	0%	42%	47%	14%		
	Standardised rate of urinary tract infections	28%	46%	51%	39%		

# Inpatient Experience Survey

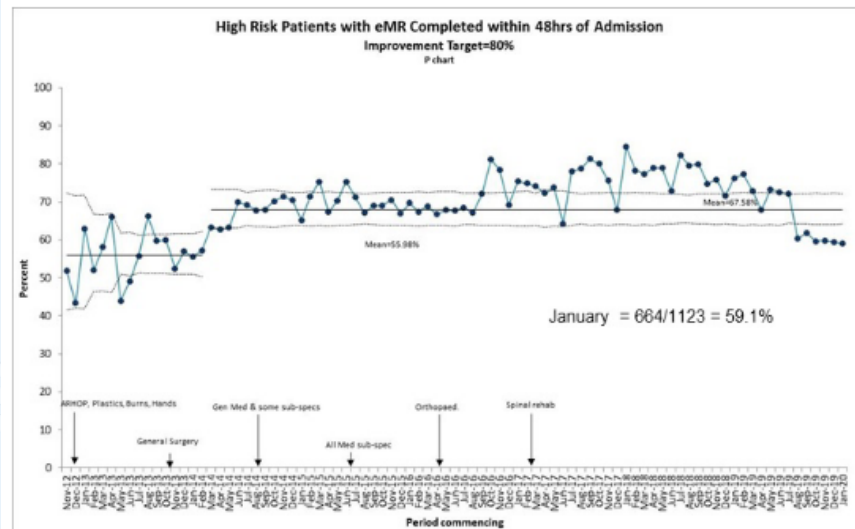
Quarter 4, 2019 data



# Patient Safety

January, 2020 data

## 3.3 Medication Safety



Target	Latest month
80%	59.1%

This chart shows the high risk patients with electronic medication reconciliation (eMR) completed within 48 hours of admission.

The reduction in completion rate relates to change in workflow and workload for pharmacy services since the implementation of MedChart and concerns about the reliability and validity of the risk tool.

**Action:** Re-develop the risk tool using Qlik and MedChart. Consideration of clinical pharmacy resources and prioritisation of effort given significant change in pharmacy workload and workflow since electronic prescribing has been implemented.

**Mark Greaves is Dad to Chloe Greaves who was born at Middlemore Hospital via emergency caesarean two years ago. His wife, Renee Greaves, experienced complications immediately after the birth, requiring several operations. Mark wants to see changes in the way dads are treated on the maternity ward. He shares his story:**

“Renee had a protracted and stressful labour with complications because of previous surgeries. We were told she’d need an emergency caesarean section. The operating room staff were great and explained clearly who they were, what function they performed what the process would involve. This was awesome and so comforting.

Once Chloe was born she was handed to me. After a while I was told something wasn’t quite right with Renee. The placenta was stuck; she had lost a lot of blood and needed a general anaesthetic. I was asked to take Chloe to the maternity ward. All the identification on Chloe identified her as the baby of Renee. There was nothing that identified me as the father and therefore able to make decisions about Chloe’s welfare. I think this is of great concern and upon reflection made me feel powerless.

When we got to the ward one of the first things that was I was told by a duty nurse was that men are not allowed on the maternity ward after 8pm. My wife was really sick and this just added stress to an already stressful situation. Eventually I was allowed on the Maternity Ward and we were able to remain there until we were told that Renee was too sick to come up to us. This was three hours after Chloe was born before we were reunited in the birthing suite.

When Renee was eventually able to be moved to the maternity ward the policy of ‘no men after hours’ made things very challenging for us. I had to arrange for female family members and close friends to support her because she couldn’t care for Chloe on her own.

During the next three weeks Renee had four additional surgeries due to an infection of the surgery site, and one of these proved particularly challenging for her. As an acutely unwell woman and breastfeeding mother she was unable to eat all day while waiting for her planned surgery but kept getting bumped down the surgery list, until late in the day a decision was made to let her eat and try for surgery again tomorrow. To us it seemed her operation was considered low priority and no account was taken of the fact that she was breastfeeding and therefore not eating was not good for her, Chloe, her recovery and her milk production.

Another stressor during this time was the way security was enforced around visiting times. One security guard tried to prevent me from going on to the ward to say goodbye because it had just turned 8pm – I had left the room earlier to allow relatives to visit. I think there needs to be more leeway for fathers, particularly when the mother needs a lot of help, as in the case of caesarean sections.

Two years on, I’m pleased to say Renee and Chloe are thriving. Chloe is a happy, healthy, adventurous little girl.

***Story captured by Ruth Larsen- Communications Team***

***Positive outcomes from Chris Mallon-Chief Midwife***

- Agreement to support the patient and whaanau’s concerns and make changes as necessary so this cannot happen again recognising the importance of whanau in healing and recovery for all our women and their babies.

# Information Paper

## Counties Manukau District Health Board

### Occupational Health and Safety Performance Report

#### Recommendation

It is recommended that the Board:

**Receive** the Health and Safety report for the period 1st February to 31 March 2020.

**Prepared and submitted by:** Kathy Nancarrow, Health and Safety Manager, and Elizabeth Jeffs, Director Human Resource.

#### Glossary for Monthly Performance Scorecard and Report

<b>Lost time incidents</b>	Any injury claim resulting in lost time.
<b>Lost time injury Frequency Rate</b>	Number of lost time Injuries per million hours worked. <b>LTIFR (Lost Time Injury Frequency Rate)</b> = (Number of Lost Time Injuries / Hours Worked) x 1,000,000.
<b>Injury Severity Rate</b>	Mathematical calculation that describes the number of lost hours experienced as compared to the number of hours worked. <b>LTISR (Lost Time Injury Severity Rate)</b> = (Number of Lost Hours / Hours Worked) x 1,000,000.
<b>Notifiable Injury/illness</b>	(a) Amputation of body part, serious head injury, serious eye injury, serious burn, separation of skin from underlying tissue, a spinal injury, loss of bodily function, serious lacerations. (b) any admission to hospital for immediate treatment (c) any injury /illness that requires medical treatment within 48 hours of exposure to a substance (d) any serious infection (including occupational zoonosis) to which carrying out of work is a significant factor, including any infection attributable to carrying out work with micro-organisms, that involves providing treatment or care to a person, that involves contact with human blood or bodily substances, involves contact with animals, that involves handling or contact with fish or marine mammals. (e) any other injury/illness declared by regulations to be notifiable.
<b>Notifiable Incident</b>	An unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure to an escape, spillage or leakage of a substance; an implosion explosion or fire; an escape of gas or steam; an escape of a pressurised substance; an electric shock; a fall or release from height of any plant or substance; collapse or partial collapse of a structure; interruption of the main system of ventilation in an underground excavation or tunnel; collision between two vessels or capsizes; or any other incident declared by regulations to be a notifiable incident.
<b>Notifiable Event</b>	Death of a person, notifiable injury or illness or a notifiable incident.
<b>Pre-Employment</b>	Health screening for new employees.
<b>Worker</b>	An individual who carries out work in any capacity for the PCBU e.g. employee, contractor or sub-contractor, employee of the sub-contractor, employee of labour hire company, outworker, apprentice or trainee, person gaining work experience, volunteer.
<b>Reasonably Practicable</b>	Means that which is or was at a particular time reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters.eg the likelihood of the hazard/risk occurring and the degree of harm resulting, what the person knows about hazard/risk and how to eliminate/ minimise the risk and the cost associated with elimination of the hazard/risk.

## Glossary

ACC	Accident Compensation Commission
ARF	Audit, Risk and Finance
ASRU	Auckland Spinal Rehabilitation Unit
BBFE	Blood and/or Body Fluid Exposure
CCS	Central Clinical Services
DHB	District Health Board
EAP	Employee Assistance Programme (Counselling)
ELT	Executive Leadership Team
F&E	Facilities and Engineering
HR	Human Resources
HSNO	Hazardous Substance New Organisms Act
HSR NZQA	Health and Safety Representative New Zealand Qualifications Authority
HSWA	Health and Safety at Work Act 2015
IMT	Incident Management Team
IRS	Incident Reporting System
JCC	Joint Consultative Committee
LTI	Lost Time Injury
MH&A	Mental Health and Addictions
MMC	Middlemore Central
OHN	Occupational Health Nurse
OHP	Occupational Health Physician
OHSS	Occupational Health and Safety Service
PHCS	Primary Health & Community Services
PEHS	Pre-Employment Health Screening
SPEC	Safe Practice and Effective Communication
WellNZ	Injury Management Third Party Administrator

## Purpose

The purpose of the Health and Safety report is to provide monthly reporting of health, safety and wellbeing performance including compliance, indicators, issues and risks to the Counties Manukau District Health Board. This report covers Health and Safety performance statistics from February and March 2020.

## Executive Summary

The Health and Safety team started 2020 off the back of an increased work load due to the measles work and the White Island incident. The team had honed their contact tracing capability during the measles work and the rapid delivery of support for staff during White Island. The focus in January was to embed the lessons learnt from the previous year, prepare for the flu campaign, continue the roll out of Safe365 and induct the new teams well and safely. By 24 January, CM Health had stood up an IMT to oversee the emergence of Covid and the H&S Manager was participating in regular meetings and providing advice.

Through February the work of the team continued as usual. The team set up the flu campaign project team, prepared a communications plan and ordered the vaccine. The vaccine was made available to staff on 12 March with queues lining the corridors and standing 1 metre apart being one of the first examples of social distancing at work.

By mid-March, with New Zealand having recorded its first case of Covid on 28 February 2020 the work related to Covid had intensified and the day to day work of the team was set aside. Much of the teams work for Covid occurred in April and will be summarised in future reports.

## Coronavirus 2019 (COVID-19):

From February to mid-March, the team provided advice to the CM Health Covid IMT which was set up on 24 January. From 15 March when the DHB stopped overseas travel through to the nationwide lockdown on 28 March, work intensified and caused the workplan to be put to one side.

The work of the OHSS team was markedly altered from when the first case of COVID-19 presented in New Zealand. From mid-March to lockdown on 28 March 2020, the team were assisting with preparedness and IMT advice.

OHSS workload has been significant over the late February and March period in relation to staff welfare and queries for COVID-19 matters. This has resulted in OHSS setting up additional staff and clinical support to assist in the assessments of vulnerable workers including those over 70 years of age and those who are pregnant. Additional workflow has been set up to manage contact tracing of staff. This work will continue as CM Health works through the various levels of COVID-19.

### **Influenza Campaign 2020**

The Counties Manukau Health Influenza Vaccination 2020 campaign was expedited due to vaccines becoming available earlier and the emerging COVID-19 situation at that time. OHSS commenced the influenza roll-out on 12<sup>th</sup> March 2020 and has had a notable immediate uptake from staff driven by the daily emergence of COVID-19 cases in New Zealand. OHSS is uploading data from staff consents to enable accurate influenza numbers. Nationwide lockdown on 28 March then all but halted the roll out. As of 8 May, CM Health has provided 5,899 vaccinations to staff, 828 to students and others (total 6,727).

### **Events Requiring Notification to WorkSafe**

There were no notifiable events in February 2020.

A notifiable incident occurred in March 2020 where a Hawkins Sub-contractor working on the Scott re-clad project stepped outside the scaffold area in between Ground Floor to First Floor whilst installing wooden nogs. He attempted to place a temporary platform made of ply wood on top of the joist which slipped and he fell to the ground. He was taken to A&E and sustained a fracture to his foot. WorkSafe were notified and no further action has been taken.

### **Incident Reporting in February and March**

Incident reporting is now utilising different data fields in RiskPro, which is the CM Health online reporting system, to report on incidents of violence and aggression towards staff and also incidents related to stress and fatigue.

### **Worker Participation**

Eight H&S Representatives have agreed to attend the Executive H&S Committee meetings on behalf of all CM Health H&S Representatives. The OHSS will work with these HSRs to build on worker engagement.

### **Safe365**

OHSS has identified areas of the organisation still to undertake initial assessment, and has initiated dialogue and provided guidance to arrange for assessments to be undertaken. One session was completed in March, but others have been deferred due to COVID-19.

Safe365 has provided a report (refer Appendix 2) that contains an aggregated dashboard for the whole organisation. OHSS has appointed a Health and Safety Advisor who will work with the operational services on areas of low compliance.

### **EAP**

During and after the White Island incident in 2019 OHSS arranged 24/7 support for staff. This support included an EAP councillor being present at dedicated areas throughout the hospital. During this 2 month period, EAP referrals totalled 81 when compared with 4 in the same months of the previous year. Feedback from staff suggested this support was appreciated and added value during a challenging time for staff. EAP

also attended hand-over meetings and offered debrief sessions where they focussed on resilience and fatigue management during this intense situation.

OHSS has been in close contact with EAP throughout the COVID-19 pandemic and set up counselling support as required. EAP has provided numerous welfare resources to CM Health which have been shared with staff.

#### **ASRU Services and Spinal A Ward Fire Safety**

OHSS have been part of a larger working party reviewing staff feedback about building fire safety and evacuation of all users of the buildings. As a result of this review, OHSS have commenced an assessment of fire safety compliance as part of the planning undertaken for the ACC audit in late 2020.



## Health and Safety Performance Scorecard

Lagging Indicators		Jan 2020	Feb 2020	Mar 2020	Target*
Reported Incidents	Counties Manukau Staff	188	189	188	~
	healthSource (hS staff working at CM Health sites)	1	~	2	~
	Contractors	3	2	1	~
	Visitors	3	6	0	~
Near Miss reported Incidents		4	3	0	~
<i>*Targets not specified will be based on a reduction in severity and year on year performance data</i>					
Injury Claims	New Claims Registered	40	34	53	~
	Open (active) Claims	94	88	92	~
	Lost Time Claims	17	4	3	<5
	Days lost per month (due to Lost Time Claims)	105	11	18	~
	Lost Time Frequency Rate (LTIFR)	12.09	12.12	11.25	<10
	Lost Time Severity Rate (LTISR)	937.87	98.32	141.77	<630
	Claims costs (to date)*	\$59,690	\$71,849.66	\$84,909.87	~
<i>* Claims costs are adjusted as additional treatment is required</i>					
Critical risk incidents	BBFE	25	26	19	~
	Aggression & Violence	78	75	63	~
	Moving & Handling	14	13	13	~
	Slips, Trips, Falls	14	5	12	~
	Stress & Fatigue	24	32	25	~
<b>Leading Indicators</b>					
Pre-employment	Health screening	100%	92%	97%	100%
Clinic appointments	Dr & Nurse clinics	333	412	705	~
Vaccinations	dTap, VZV, HepB and MMR	172	158	161	~
Safe365 implementation	Initial set up of Safe365	5	0	1	100%
Training sessions attended (OHSS team)	Engaging with Maaori	2	4	2	~
Risk Assessments completed	~	0	~	0	~
Workplace Inspections	OHSS advised HSRs to carry out their workplace inspections	~	Yes (5 <sup>th</sup> Feb)	0	Bi-monthly
HSW internal audits, self-assessments underway	Fire safety, Violence and aggression reporting	0	2	1	~

Key Indicators Commentary	
LTIFR	<p>12 month rolling average figure remains above the target (10) at 12.12 in February 2020 (4 lost time incidents) and 11.25 in March (3 lost time incidents). The March 2020 figure (11.25) decreased from the February 2020 (12.12), January (12.09) and December 2019 of 11.88 (previously reported figure 11.32) figure.</p> <p><i>The figures reported above have decreased from previously reported figures due a change in the reporting methodology to include all hours worked within the organisation to determine the LTIFR 12 month rolling average figure.</i></p>
LTISR	<p>February and March 2020 figures have decreased from the 201.58 reported in December 2019. Significant increase in the LTISR figure in January 2020 when compared to the 201.58 reported in December 2019. The increase in LTIs is a contributing factor.</p>
Claims costs	<p>Monthly claims costs increased in February and March due to increased medical fees and claims registered.</p>
Pre-employment Health Screening	<p>43 of the 47 PEHS received for new starters in February were cleared prior to them commencing employment, which equates to 92%. 73 of the 75 PEHS received for new starters in March were cleared prior to them commencing employment, which equates to 97%.</p>

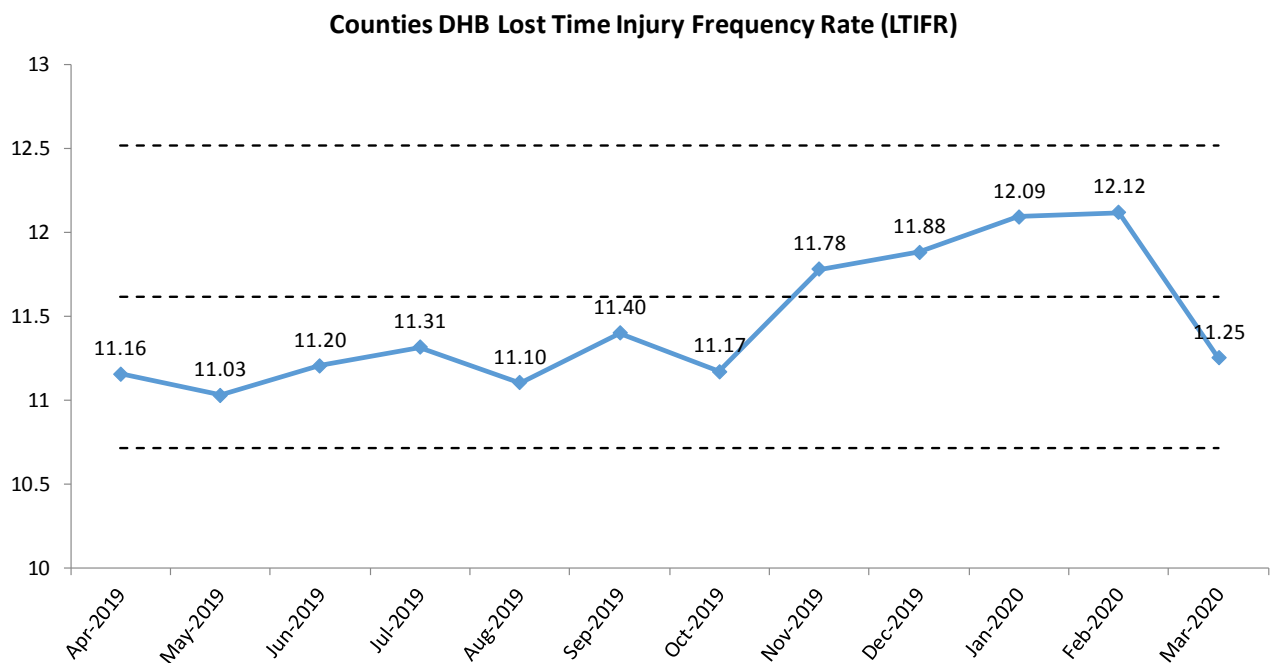
Dr & Nurse clinics	Significant increase in Occ Health clinic appointments in February (412) and March (705) when compared to January (333) figure. This is due to the COVID-19 contact tracing consultations.
Vaccinations	Decrease in vaccinations administered during the month of February (158) and March (161), when compared to January (172). Limited staff availability due to Covid-19 response and lockdown taking precedence is a contributing factor.

**LTIFR**

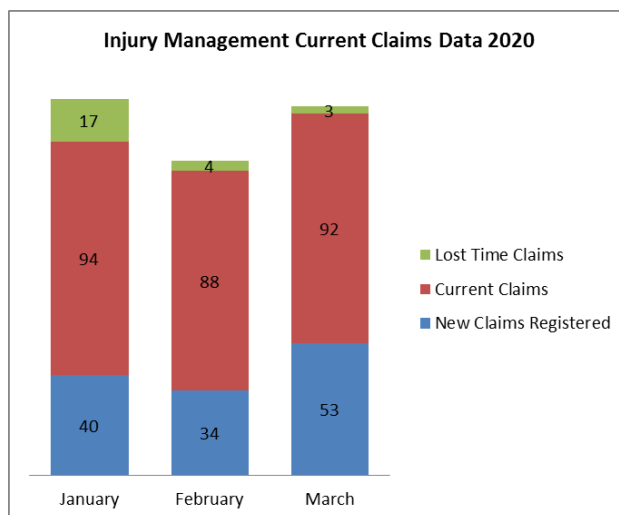
The LTIFR rolling average figure increased in to 12.12 in February and 11.25 in March 2020 remains reasonably constant with the December 2019 figure of 11.88 and January 2020 figure of 12.09.

There has been a change in the reporting methodology as of March 2019 to include all (both normal and overtime) working hours from the organisation to determine the LTIFR rolling average figure. The graph below will include the current month we are reporting going forward (where possible).

The historical LTIFR figures will continue to fluctuate due to possible changes in the overall hours worked (due to directorates getting in hours late to payroll) and an increase in accepted LTI claims (due to the timeframe set by ACC to accept/ decline a claim).



## Claims Data (by month)



- In January 2020, there were 40 new claims registered with 17 lost time claims. In February, 34 new claims registered with 4 lost time claims and in March, 53 new claims registered with 3 lost time claims.
- In January 2020 there were 94 current claims being managed by the Counties Manukau and WellNZ Case Managers, 88 being managed in February and 92 being managed in March.
- Open (active) claims being managed by the Case Managers range from the 2016 to 2020 period. One 2016 injury claim is due for hand-back to ACC in March 2020.
- Declined claims increased in March (19) and February (17) when compared to 10 in January 2020.

## Key Health and Safety Risks and Current Project Activity

CM Health Key H&S risks management update, including key initiatives to reduce/manage risk. Note some projects are planned for 2020, awaiting additional resource.

Key	
●	Risk is well managed –all significant actions complete
●	Risk is well managed - some minor actions to be completed
●	Risk is being managed and has some significant actions underway
●	Risk is being managed and has some significant actions yet to progress

Risk: Staff and others exposed to Aggression and Violence		
Previous Report Action	Current Action	
<ul style="list-style-type: none"> <li>• A project manager has been engaged to work through a project plan addressing aggression and violence as highlighted in the security report. OHSS are involved in this project</li> <li>• An analysis is being carried out by OHSS on aggression incident types across CM Health. This information will form the basis for the working group activities</li> </ul>	<p>A detailed review of all incidents at Auckland Spinal Rehabilitation Unit has been undertaken. As a result, an additional deep dive project has been undertaken to compare the following data organisation wide:</p> <ul style="list-style-type: none"> <li>• Employee reported incidents on violence and aggression.</li> <li>• Incidents recorded as clinical events that describe incidents when staff safety was compromised or had the potential to be.</li> <li>• Security service data on response to requests for assistance.</li> <li>• Code Orange events.</li> </ul>	●

<b>Risk: Inability to manage the risk of harm from the work being carried out by Contractors</b>		
<b>Previous Action Point</b>	<b>Current Action (FEAM's update)</b>	
<ul style="list-style-type: none"> <li>Health &amp; safety inductions have commenced for the main contractors engaged by Facilities, Engineering &amp; Asset Management.</li> <li>The contractor policy &amp; procedure is currently being drafted, with a view to sharing with key CM Health stakeholders by close of business, Thursday 5 March.</li> </ul>	<ul style="list-style-type: none"> <li>General COVID-19 guidance for central contractors has been produced and shared with main contractors</li> <li>PPE training has been provided for isolation and negative pressure wards</li> </ul>	●
<b>Risk: Musculoskeletal injuries sustained whilst moving patients and other manual handling</b>		
<b>Previous Action Point</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>The Safe Patient Moving training is due to again in February 2020.</li> </ul>	<ul style="list-style-type: none"> <li>Safe Patient Moving and Handling program has recommenced as an on-going offering.</li> </ul>	●
<b>Risk: Lone Workers unable to access immediate assistance during an emergency situation</b>		
<b>Previous Report Action</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>An organisational lone work policy and procedure have been written, and are due for consultation with HSRs.</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting consultation.</li> <li>HT2020 reviewing the Lone Worker System implemented at Auckland DHB.</li> </ul>	●
<b>Risk: Staff wellbeing adversely affected by aspects of work</b>		
<b>Previous Report Action</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>OHSS have meet with EAP to discuss strategy in 2020 including onsite clinics and debrief sessions post critical incidents.</li> </ul>	<ul style="list-style-type: none"> <li>EAP counsellor continues to be available at Middlemore, one day a week.</li> <li>Advertising of service availability continues including facilitated group sessions.</li> <li>SMO Wellbeing Advisor in place and Health Roundtable Wellbeing Index available for SMO's.</li> </ul>	●
<b>Risk: Staff experience stress/fatigue in the workplace</b>		
<b>Previous Report Action</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>EAP and incident management.</li> </ul>	<ul style="list-style-type: none"> <li>OHSS are now including the reporting of inadequate staffing in the board reports.</li> <li>Welfare initiatives are being reviewed and increased levels of support being offered in response to COVID-19</li> </ul>	●
<b>Risk: Staff are exposed to blood and body fluid (BBFE)</b>		
<b>Previous Report Action</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>An analysis of BBFE incidents has been completed to assist in the planning for the communication topic.</li> </ul>	<ul style="list-style-type: none"> <li>No further action this month.</li> </ul>	●
<b>Risk: Staff and others sustain slips, trips or falls in the workplace</b>		
<b>Previous Report Action</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>Incident management.</li> </ul>	<ul style="list-style-type: none"> <li>No further action this month.</li> </ul>	●

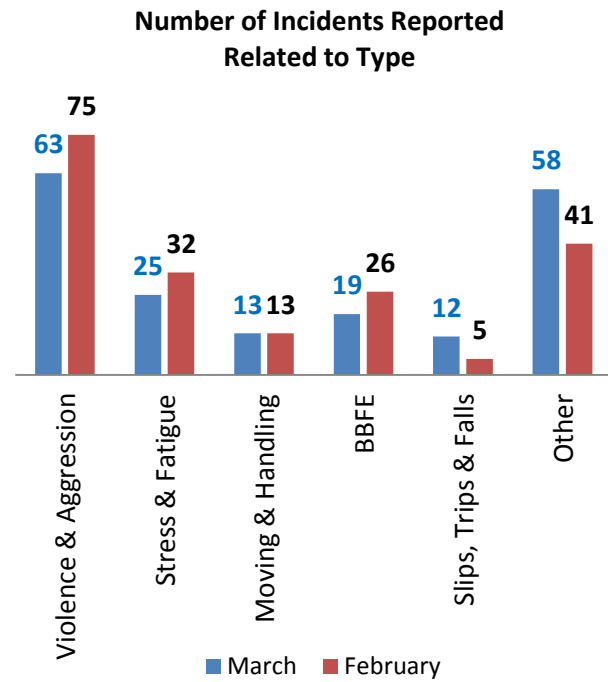
<b>Risk: Suboptimal evidence of adherence to H&amp;S legislative requirements</b>		
<b>Previous Action Point</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>• Work continues in the implementation of Safe365 across all CM Health services.</li> <li>• Safe365 organisers are preparing information that will be placed on Paanui for users to keep up to date with Safe365 activity and their next steps planning.</li> </ul>	<ul style="list-style-type: none"> <li>• 1 session has been held, but others deferred due to COVID-19</li> <li>• The new H&amp;S Advisor has been appointed and will manage Safe365 and support service users for OHSS</li> </ul>	●
<b>Risk: Failure to have adequate identifiable worker participation in HSW management system</b>		
<b>Previous Action Point</b>	<b>Current Action</b>	
<ul style="list-style-type: none"> <li>• HSRs who will represent all HSRs across CM Health at Executive H&amp;S Committee meetings have been established.</li> <li>• OHSS will work with these HSRs in preparation for their attendance at the next Executive H&amp;S Committee meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Eight H&amp;S Representatives have agreed to attend the Executive H&amp;S Committee meetings on behalf of all H&amp;S Representatives. There will be four H&amp;S Representative's attending meetings when these recommence.</li> </ul>	●

## Reported Incidents

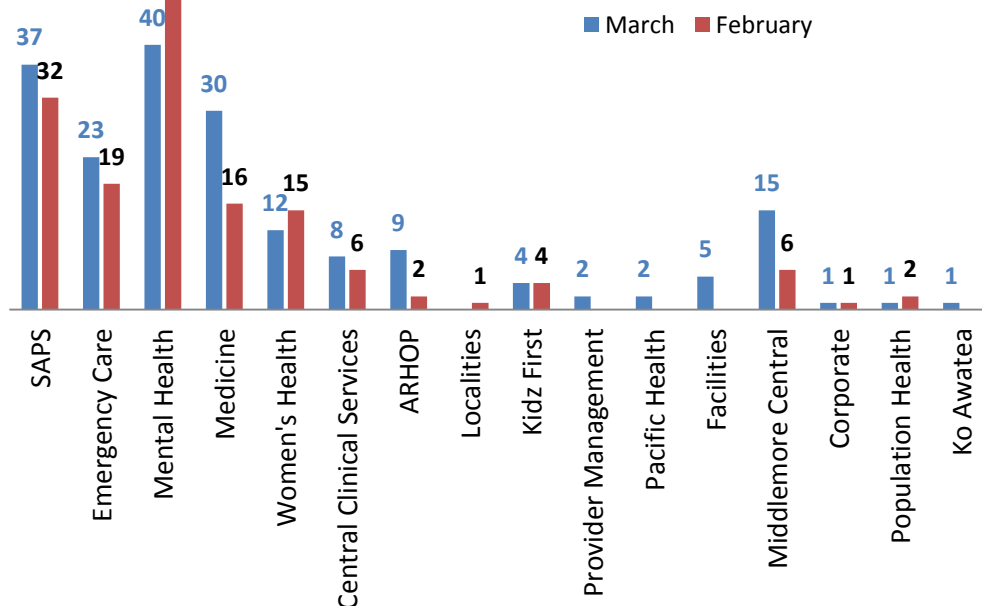
Monthly total of incidents reported in February (189) and March (190) remain static from January (188).

### Data on Incidents reported:

- Aggression and Violence:** Remains in the top three incident rates. (A reduction in numbers January (78), February (75) & March (63) are not thought to be indicative of a downwards trend. ED is continuing to capture incidents in Code Orange; which are not included in this figure.
- Stress and Fatigue:** February (32) & March (25) figures: static compared to January (24). Medicine has the highest number of reported incidents.
- BBFE (26 & 19):** Remains in top three incident rates. Slight increase from January figure of 25 in February and decrease in March. OHN continues to investigating causation through follow up with individuals.
- Moving and Handling:** February (13) and March (13) consistent with January figure of 14. SAPS had the highest number of incidents.
- Slip/Trip/Fall:** March (12), after a dip in reported incidents in February (5) the number reported has risen to compare with January (14).
- Others February (38)** and increase in numbers in March (58), due to COVID-19 concerns about exposure.



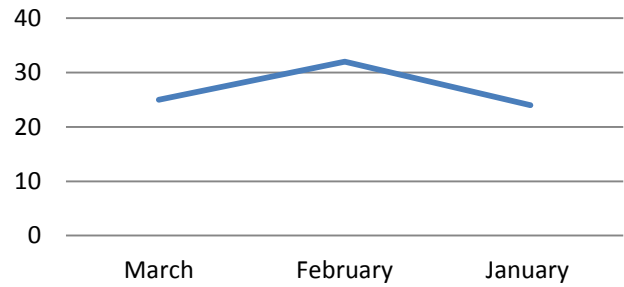
## Incidents by Division



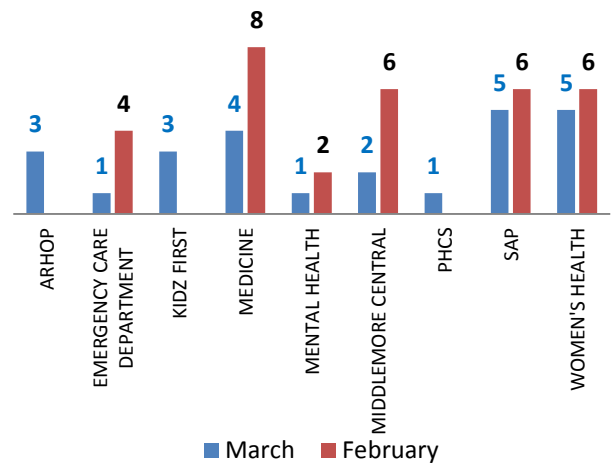
## Stress and Fatigue

- Reports of Stress and Fatigue figure in February (32) and March (25) are similar to January (24).
- Medicine has the highest number of reported incidents in February; no division was noticeably higher in March.
- Incident types in February:
  - Stress: 20
  - Staffing – inadequate/unavailable: 11
  - Staff not available: 1
- Incident types in March:
  - Staffing – inadequate/unavailable: 8
  - Stress: 17

**Number of Incidents Reported Related to Stress & Fatigue per month in 2020**



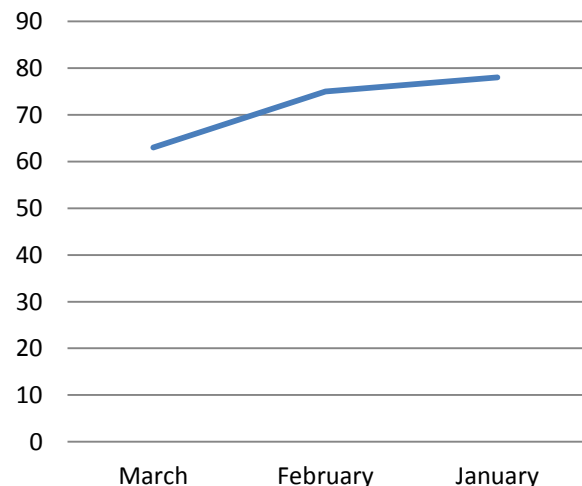
**Number of Incidents Reported Related to Stress & Fatigue**



## Aggression and Violence

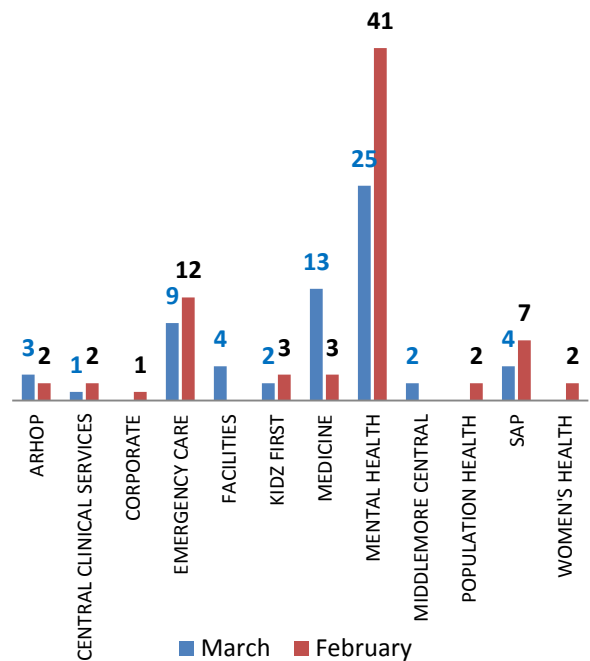
- A new data selection has been made to increase the accuracy of reporting, using online reporting of employee related incidents data.
- Aggression and Violence monthly figures for to January (78), February (75) and March (63) show a gradual decline but unlikely to be indicative of a trend.
- These numbers do not include ED 'Code Orange'.
- Mental Health and Addiction services continue to have the highest number of reported incidents.
- Incident types in February:
  - Assault – physical: 38
  - Assault – verbal/ gesture: 2
  - Behaviour – aggressive/ threatening: 16
  - Behaviour – harassment: 3
  - Behaviour – inappropriate: 10
  - Behaviour – violent: 3
  - Hit/bitten/scratched unintentionally: 3

**Number of Incidents Reported Related to Violence & Aggression per month in 2020**



- Incident types in March:
  - Access/exit unsecured: 5
  - Assault – physical: 16
  - Assault – verbal/ gesture: 2
  - Behaviour – aggressive/ threatening: 11
  - Behaviour – harassment: 2
  - Behaviour – inappropriate: 7
  - Behaviour – violent: 3
  - Property damage/vandalism: 2
  - Property lost – not found: 1
  - Theft actual: 2
  - Unauthorised access/trespass: 2
  - Unauthorised activity: 1
  - Unauthorised weapons: 2 (large rock and homemade wooden shank)

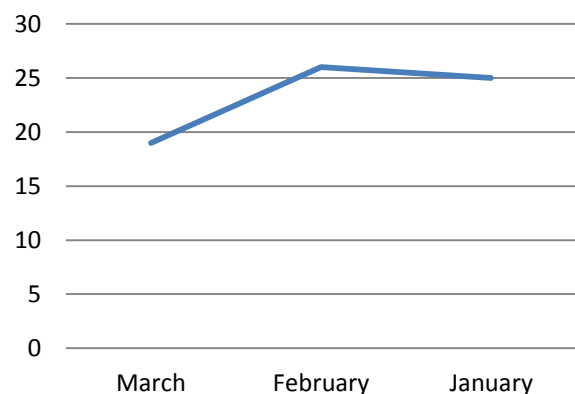
**Number of Incidents Reported Related to Violence & Aggression**



**BBFE (Blood or Body Fluid Exposure)**

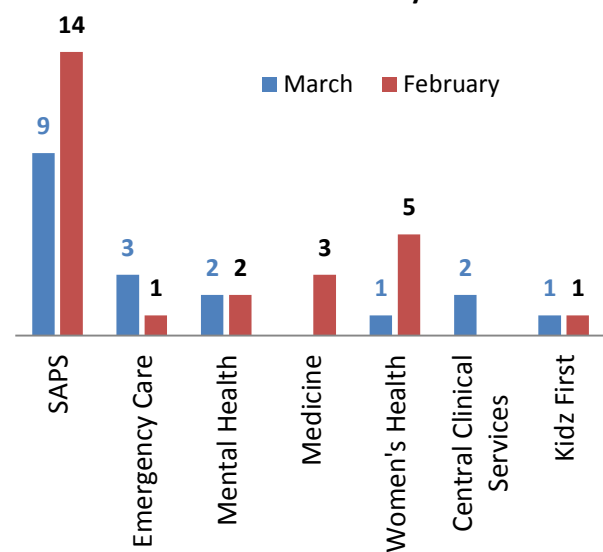
- BBFE monthly figure in February (26) and March (19) compared to January (25).
- Surgical and Ambulatory (SAP) service continues to have the highest number of incidents, with follow up discussions happening with the service.

**Number of BBFE Incidents Reported per month in 2020**



- Incident types in February:
  - Job factor: 6
  - Acts of others: 5
  - Inattention/ distraction: 3
  - Other: 3
  - Unnecessary haste: 2
  - Defective tools: 1
  - Improper Work Techniques: 1
  - Incorrect equipment: 1
  - Lighting: 1
  - Patient Condition: 1
  - PPE not used: 1
  - Restraint: 1

**Number of BBFE Incidents by Division**



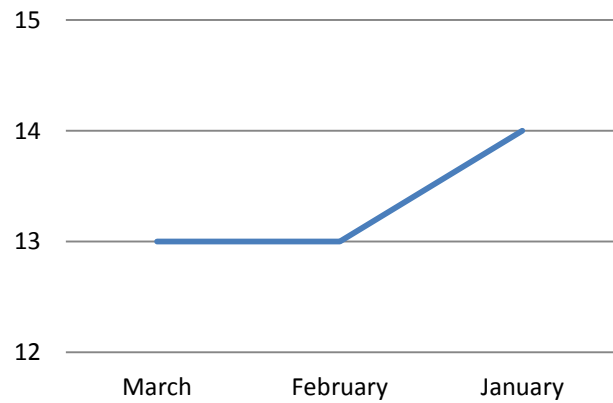
- Incident types in March:
  - Inattention/ distraction: 9
  - Acts of others: 4
  - Job factor: 2
  - By-passing safety devices: 2
  - Other: 1
  - PPE not used: 1



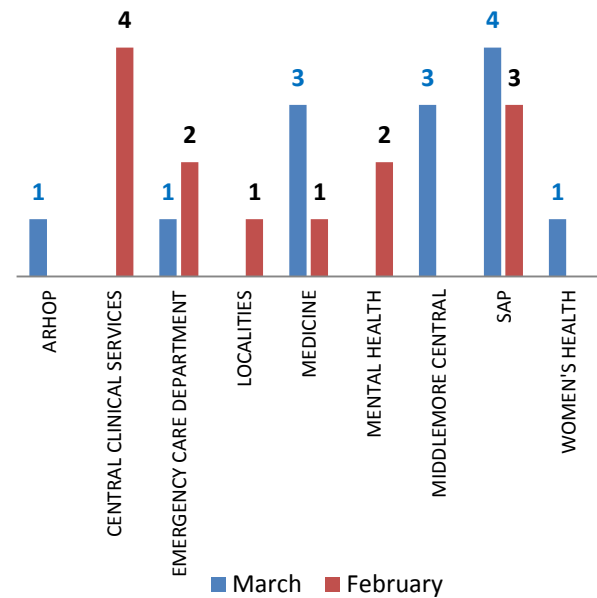
## Moving and Handling

- Moving and Handling monthly figure stable with in February (13) and March (13) compared to January (14).
- Incident types in February:
  - Awkward position/ posture while lifting/ handling/ carrying: 4
  - Action/behaviour of employee/patient/visitor: 3
  - Assistance unavailable: 2
  - Human factors: 2
  - Repetitive handling/ movement: 2
- Incident types in March:
  - Musculoskeletal: 13

**Number of Incidents Reported Related to Moving & Handling per month in 2020**



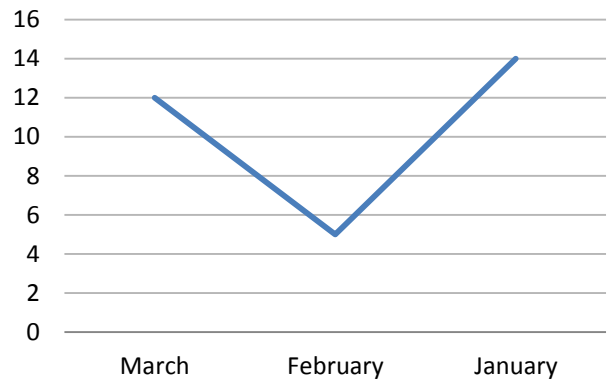
**Number of Incidents Reported Related to Moving & Handling by Division**



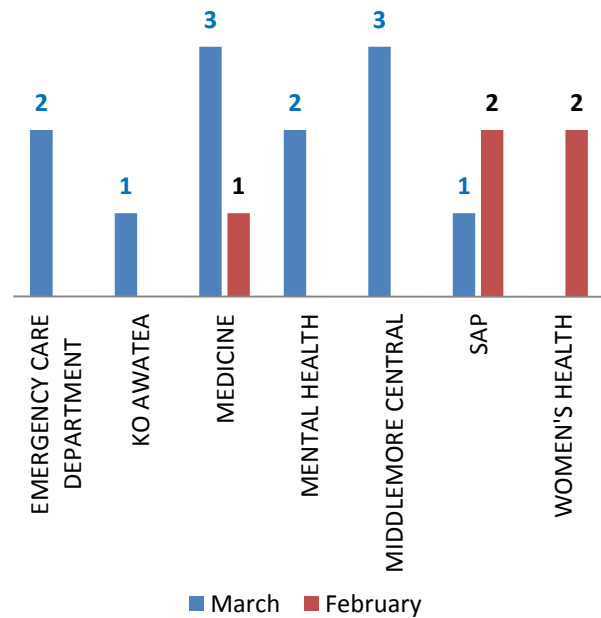
## Slips, Trips and Falls

- Slips, Trips and Falls monthly figures in March (12) compares to January (14), while in February (5) there was a drop
- Incident types in February:
  - Slipped/ tripped/ stumbled: 1
  - Surface – slippery/ wet: 4
- Incident types in March:
  - Fall: 11
  - Surface – slippery/ wet: 1

**Number of Incidents Reported Related to Slips, Trips and Falls per month in 2020**



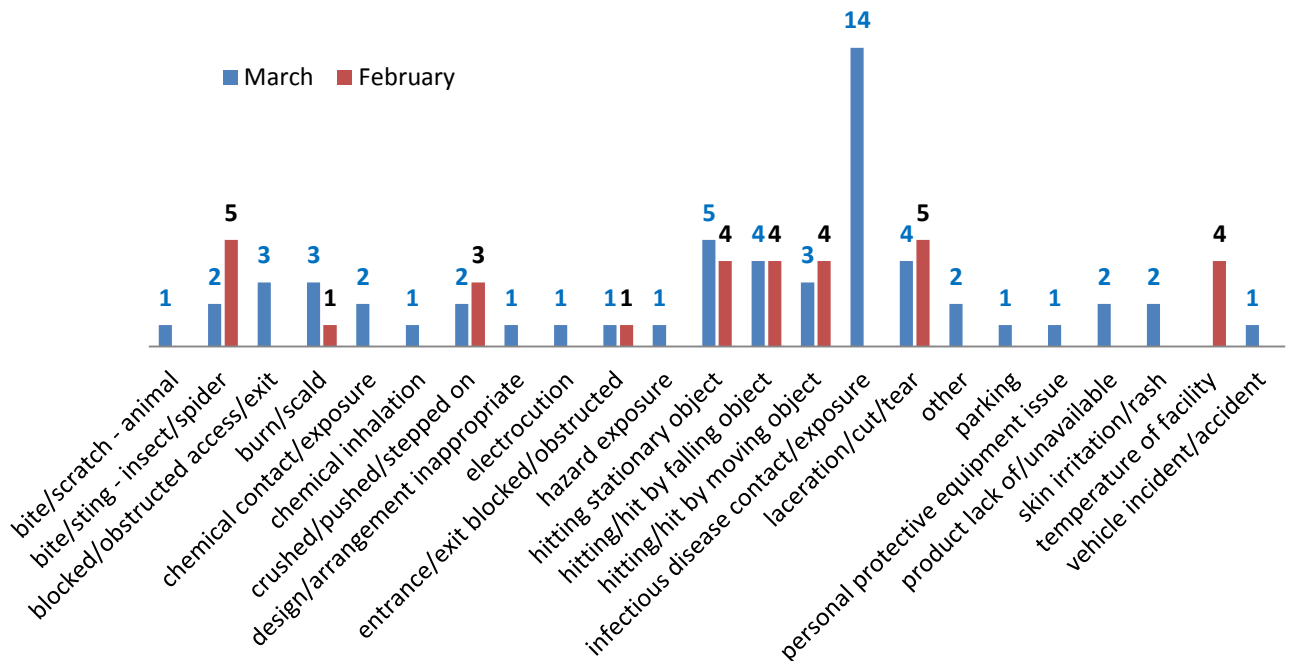
**Number of Incidents Reported Related to Slips, Trips & Falls by Division**



## Other incidents

- Infectious disease contact/exposure (14) is the highest other reported incident group and reflects COVID-19 related work. Contributing to the March (58) rise compared to February (38) and January (33).
- Incident types in February:
  - Bite/sting by insect/spider: 5 (fleas)
  - Burn/scald: 1
  - Crushed/pushed/stepped on: 3
  - Entrance/ exit blocked/ obstructed: 1
  - Hitting stationary/falling/ trapped by moving object: 12
  - Laceration/cut/tear: 5
  - Temperature of facility: 4
  - Theft actual/alleged: 7
- Incident types in March:
  - bite/scratch – animal: 1
  - bite/sting - insect/spider: 2
  - blocked/obstructed access/exit: 3
  - burn/scald: 3
  - chemical contact/exposure: 2
  - chemical inhalation:1
  - crushed/pushed/stepped on: 2
  - design/arrangement inappropriate: 1
  - electrocution: 1
  - entrance/exit blocked/obstructed: 1
  - hazard exposure:1
  - hitting stationary object: 5
  - hitting/hit by falling object: 4
  - hitting/hit by moving object: 3
  - infectious disease contact/exposure: 14
  - laceration/cut/tear: 4
  - other: 2
  - parking: 1
  - personal protective equipment issue: 1
  - product lack of/unavailable: 2
  - skin irritation/rash: 2
  - vehicle incident/accident: 1

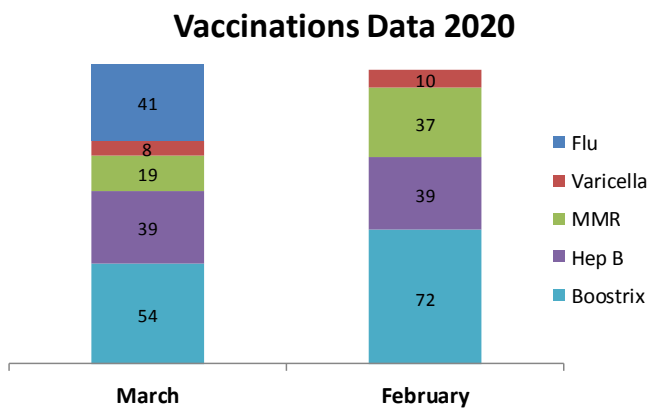
Number of Incidents Reported Other than Those in Five Identified High Risks



**Occupational Health Service Update**

**Vaccinations:**

Vaccinations administered as part of the pre-employment screening and other staff vaccinations has resulted in full utilization of OHN clinics in February and March.



**Clinic Appointments:**

OHP appointments are high with 93 consultations in February 2020 and 250 consultations in March. 319 OHN clinics in February 2020 and 455 in March.

Full clinics delivered services to:

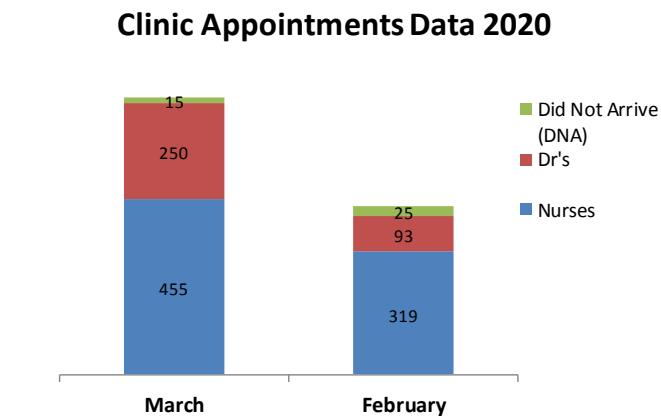
- Staff returning from injury (RTW/Fitness to work) together with ergonomic evaluations in service.
- Increase in referrals/complexity of cases resulting in longer close out periods.
- OHN clinics are full with PEHS vaccinations.

Staff non-attendance at clinic appointments has increased to 6.1% in February and decreased to 2.1% in March 2020 of total appointments.

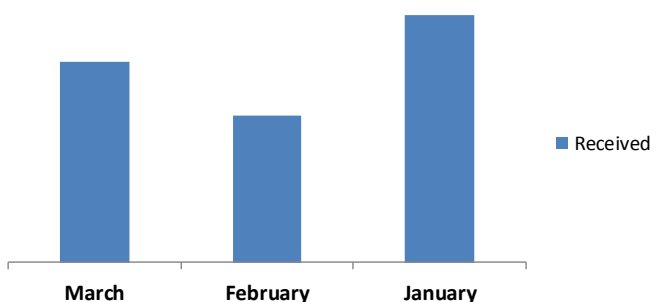
OHN follow up phone calls to identify key reasons for DNA with illness and workload being contributing factors.

Manager referrals for January (27), February (16) and March (22).

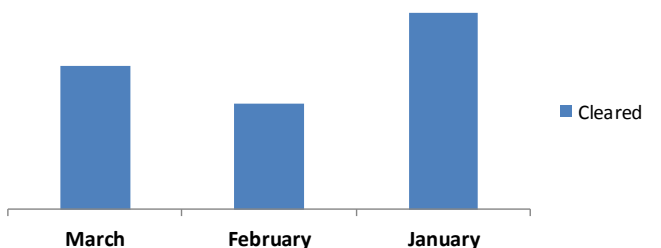
Pre-employment Health Screening for January (257), February (135) and March (187).



**Manager Referrals Received 2020**



**Pre-employment Health Screening 2020**

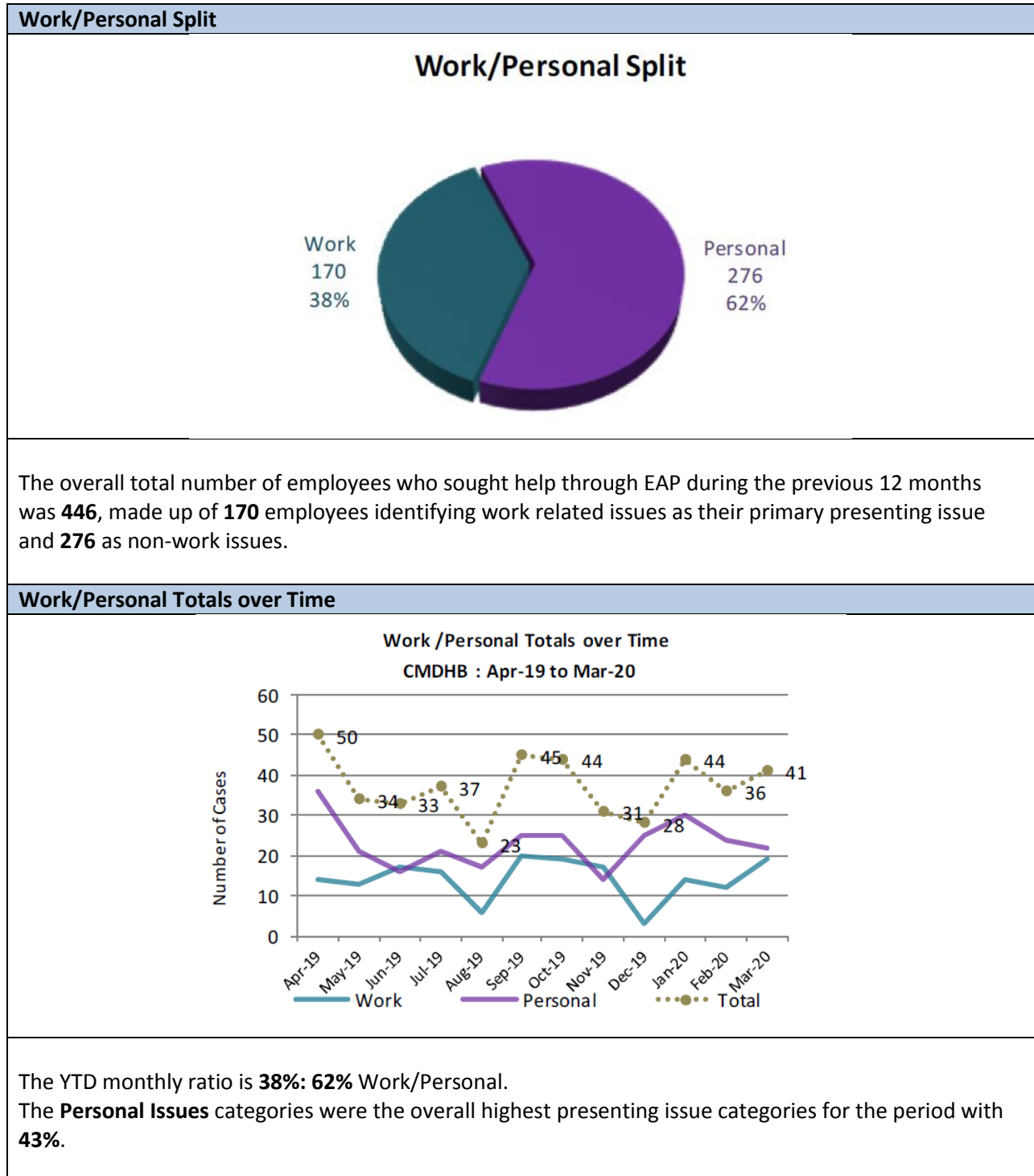


## Employee Assistance Programme (EAP) Update

Summary of Employee Assistance Programme Usage at Counties Manukau DHB – 1/04/2019 to 31/03/2020: Provided by EAPworks;

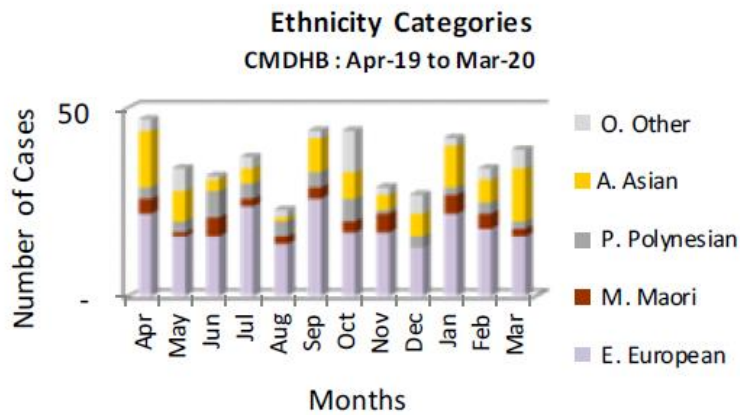
Consideration is advised of:

- Comparison of usage with other DHBs and other general users to see if our demographics are reflective of others.
- Review of communications about this service.



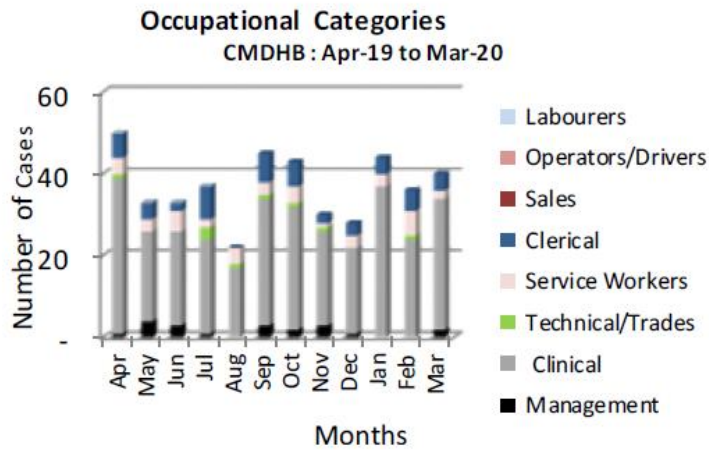
### Ethnicity Categories

In the year to date the most frequent users of the service within each demographic category has been identified as:



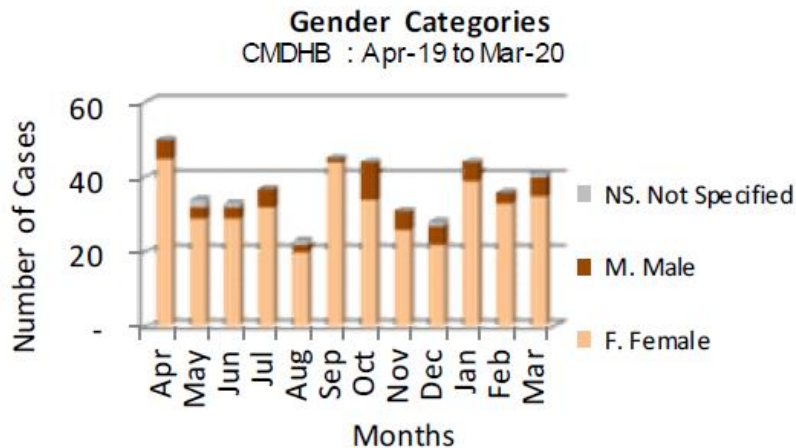
The Ethnicity category **European** representing **51%** of the total identified usage.

### Occupational Categories



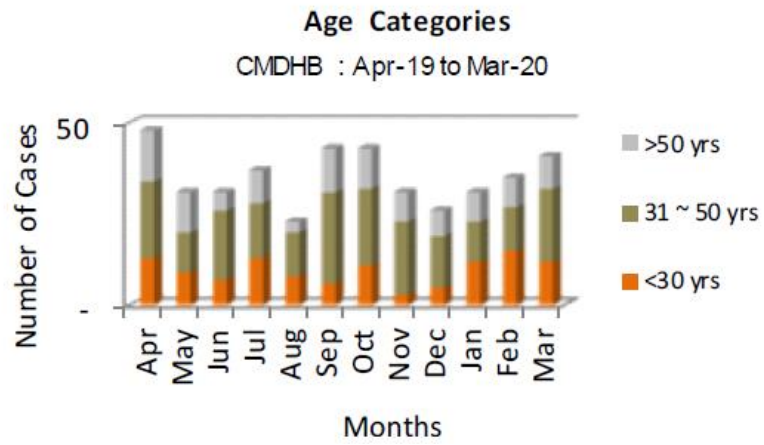
The occupational category **Clinical** representing **72%** of the total identified usage.

### Gender Categories



The gender category **Female** representing **87%** of the total identified.

## Age Categories



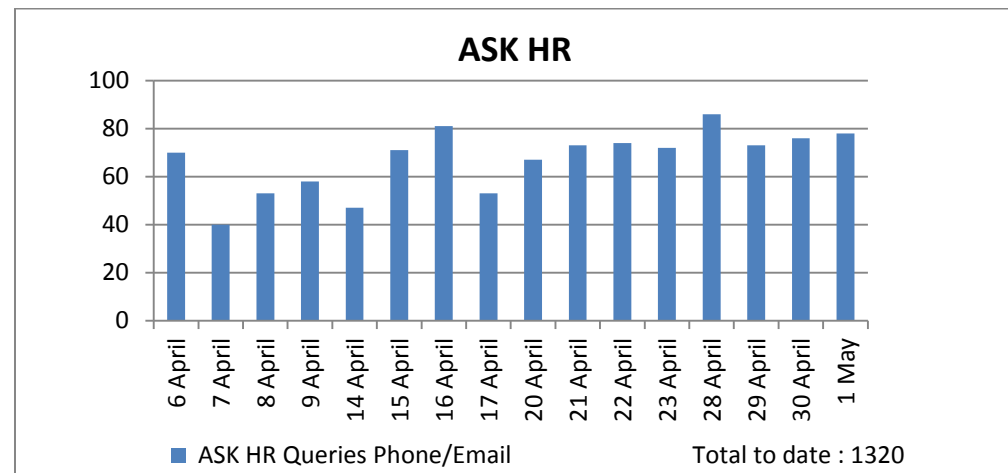
The Age category **31 ~ 50 yrs.** representing **48%** of the total identified usage.

## Appendices

1. HR Dashboard.
2. Safe365 March Report (*attached separately*).

**HR DIRECTOR FOCUS**

Workforce Planning- Recruitment process redesign to support alert level 2, Managers guide moving to alert level 2.  
 CM Health "squad" to support national vulnerable workers framework with union engagement group  
 Localities consultation feedback ready to release  
 Casual's spreadsheet to payroll for week ending 24.04.2020  
 ED nursing change consultation  
 SMO workbooks continuing and SMO MECA implementation underway  
 IEA IMT payments – more work required  
 Change to data report supporting Welfare Centre  
 HR reports – need to work with managers to use these  
 SMO-MECA implementation, PSA MRT CEA settled within parameters

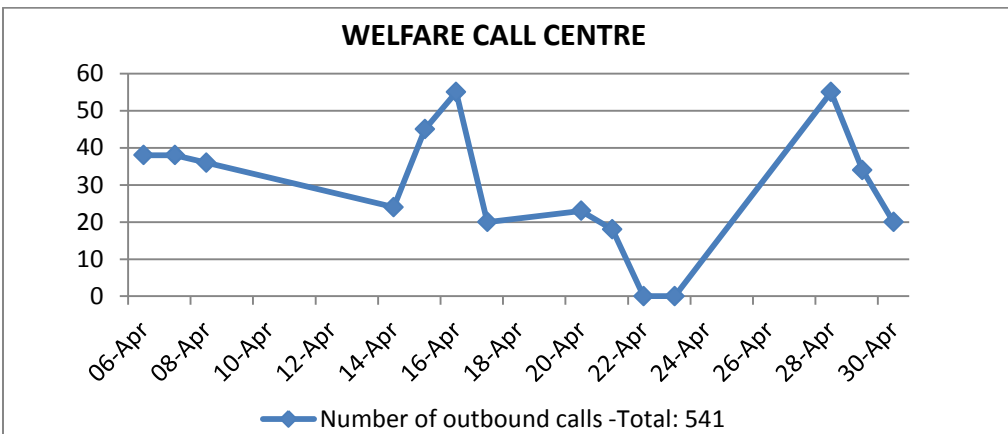


UNION ENGAGEMENT - KEY ISSUES
<b>LOCAL</b>
Vulnerable workers
Induction for Level 2, ways of working
Special leave
<b>NATIONAL</b>
Vulnerable workers

HR BUSINESS PARTNERSHIP
<b>BAU</b>
81 - Current open cases made up of various ER cases and HR matters/enquiries
8 - Cases opened since 28 April
17 - Cases closed since 28 April
3 - Cases taken out of being 'on hold' since 28 April

RECRUITMENT		
<b>Approved COVID ATR</b>	<b>FTE</b>	
Complete	10	09.04 Approval to Recruit: COVID-19: Midwifery Assistant
Complete	1	09.04 Approval to Recruit: COV-19 Senior Business Intelligence Analyst
Complete	0.5	07.04 Approval to Recruit: Covid-19 PCA
Complete	2	03.04 Approval to Recruit: COVID-19 Patient Care Assistant
Complete	1	03.04 Approval to Recruit: COVID-19: Senior Medical Officer
Complete	1	02.04 Approval to Recruit: COVID-19 Medicine SMO Scheduler
Complete	0	31.03 Approval to Recruit: COVID
Complete	0	31.03 Approval to Recruit: COVID-19 : Cleaners
<b>Pending Approval</b>		
Ready for Approval	7	07.04 Approval to Recruit: COVID HR Business Partner
Ready for Approval		06.04 Approval to Recruit: COVID-19 Contact Tracing

RECRUITMENT BAU
35 New Hires scheduled to start Next week



PROJECTS BAU
Security for Safety
Holidays Act Remediation

CM Health Exits as at 30 April 2020	Exiting Completely	Moving to Casual Role	Grand Total
December 2019	43	6	49
January 2020	49	6	55
February 2020	40	4	44
March 2020	47	4	51
April 2020	28	4	32
<b>Grand Total</b>	<b>207</b>	<b>24</b>	<b>231</b>



OCC HEALTH & SAFETY	
<b>Flu Vaccination Campaign</b>	as at 08.05.2020
Vaccines that have been distributed for OHSS campaign throughout the Counties Manukau:	7700
Vaccines on order from supplier:	0
Flu Vaccine consent forms uploaded online:	Employees: 5899 Non-Employees: 828 Total: <b>6727</b>
Total number of vaccine declines from uploaded forms	66
Vulnerable Worker	
Number of Vulnerable forms received online	Appx 740
Number of Vulnerable forms as an email attachment:	12
Number of staff reviewed + assessments completed by our doctors	733
Number of union submissions	31
Assessments in categories 1 -4	NA: 11 1: 175 2: 323 3: 137 4: 87
Contact Tracing - Staff	
Number of Occupational health and safety contact traced:	Confirmed 7, Probable 1, Suspected 8
Contact tracing standdowns by OHSS (total since day 1):	Appx 100

WELFARE TEAM
<b>Communications</b>
Printed information for employees without Paanui access, including Pacific employees went out last week.
Poster – 5 Big Things – went out last week.
Paanui page refreshed and updated: additional links to helplines; higher profile for “Information for Managers” section; added recent posters; phased out some repetitive or less relevant attachments.
<b>Level 3 Transition</b>
Level 2 Manager Guide review completed
<b>Pro Bono Offers</b>
Pending update from ICF regard number of pro bono coaches
<b>Pacific Employees</b>
Printed information for employees without Paanui access, including Pacific employees went out last week
<b>Psychological Wellbeing</b>
Considering longer term organisation planning, wellbeing, and ways of working.
<b>Wellbeing and Psychological Support - Planning</b>
A plan document has been circulated for feedback. It is currently live and will evolve as required.
<b>SMO Health Round Table</b>
155 SMOs assessed by Tuesday 28 April (c. 20%)
<b>Community/Localities</b>
New EAP based clinical support model initiated with GM and HR BP (it’s called ‘Clinical Team Assist’). Discussed with Psych Medicine whether they might, in future, be able to wrap community based employees into their support model
<b>Service Manager Development &amp; Organisation Resilience</b>
Preparing plan to support and develop Service Managers
<b>Local Heroes</b>
80 nominations for April 2020
<b>Leadership Livestream</b>
Parekawhia McLean interviewed CEO and CMO. The video has been well received
<b>Staff Survey</b>
Prepare for People & Culture subcommittee of CMDHB Follow up on Action Planning requirements and comms



## Safe365 Contractor Health & Safety Capability Insights

Prepared for:

**Counties Manukau DHB**

Prepared by:

**Safe365 Ltd**

Report Date:

**March 2020**



© Safe365 Limited. All Rights Reserved. This report has been powered by Safe365 – Intelligent health and safety software, for business.

Confidential – This report has been prepared by Safe365 Ltd.

## Dashboard Report – Safe365 Status for Counties Manukau DHB

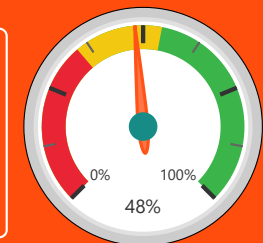
Provider	Completed	Original	Current	Assurance Level	Comments
Counties Manukau 10 Breast Screening	12/2019	41%	41%		
Counties Manukau 22 (Rito and MSC Haemo Dialysis In-centre)	12/2019	67%	67%		
Counties Manukau 5 Pacific Mental Health	12/2019	32%	32%		
Counties Manukau 6 Ophthalmology	12/2019	56%	56%		
Counties Manukau DHB - Kidz First	06/2019	61%	61%		
Counties Manukau DHB 11 Respiratory	12/2019	31%	31%		
Counties Manukau DHB 12 SAPS (Managers)	12/2019	58%	58%		
Counties Manukau DHB 14 KF InPatient	12/2019	47%	47%		
Counties Manukau DHB 16 (Dialysis - Hospital Based)	12/2019	52%	62%		
Counties Manukau DHB 17 (Cardiac Investigation Unit)	12/2019	49%	48%		
Counties Manukau DHB 18 (Gastroenterology Dept)	12/2019	49%	49%		
Counties Manukau DHB 19 (Cardiac Cath Lab)	12/2019	40%	40%		
Counties Manukau DHB 2 FEAM	07/2019	58%	64%		
Counties Manukau DHB 20 (Diaylsis Home Therapy)	11/2019	32%	32%		
Counties Manukau DHB 21 (Manukau Super Clinic)	11/2019	48%	48%		
Counties Manukau DHB 23 KF First Community Health	12/2019	41%	41%		
Counties Manukau DHB 24 Orthopaedics (Middlemore & MSC)	12/2019	42%	42%		
Counties Manukau DHB 26 Laboratories	03/2020	56%	56%		
Counties Manukau DHB 3 Ko Awatea	08/2019	49%	72%		
Counties Manukau DHB 4 ARHOP	08/2019	41%	41%		
Counties Manukau DHB 7 Medicine Cardiac	12/2019	25%	25%		
Counties Manukau DHB 8 Renal Ward 1	11/2019	54%	54%		
Counties Manukau DHB 9 Women's Health	12/2019	46%	46%		

### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

All Provider Index

48%



# Safe365 Aggregated Roll Up Report for group Counties Manukau DHB

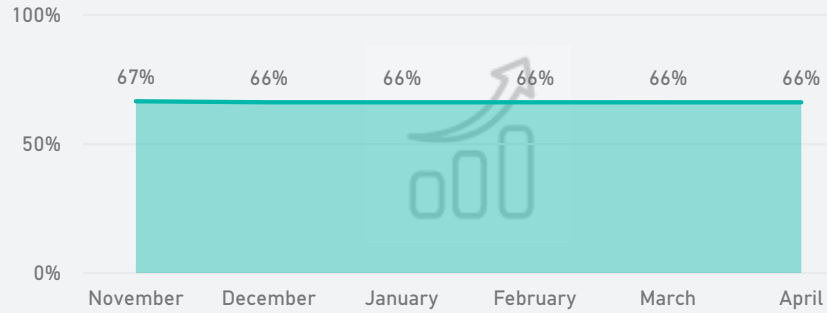
## Top 3 areas of good capability

Module	Current Index
Director Knowledge	66%
Health & Safety Management System	62%
Management Reporting	61%

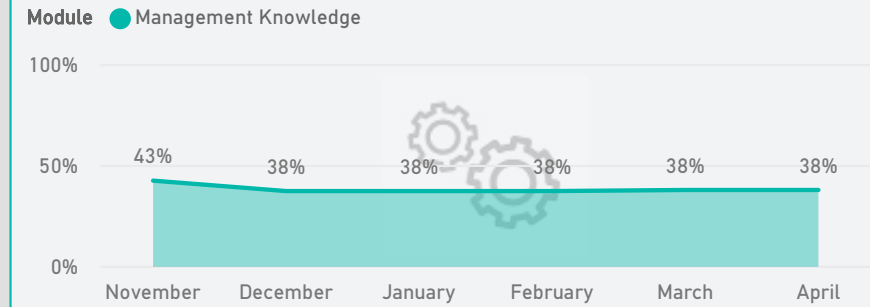
## Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	32%
Management Knowledge	38%
Worker/Contractor Engagement	44%

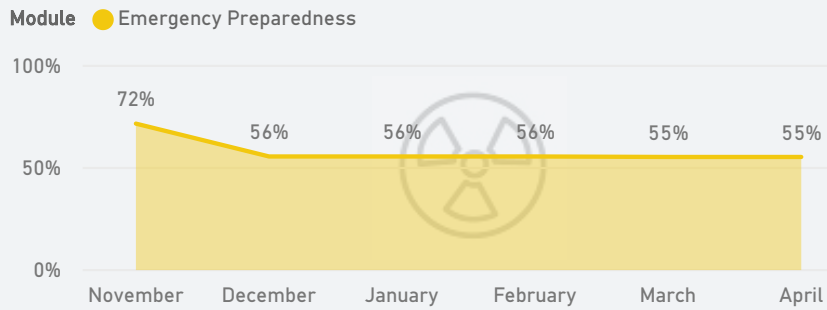
### Director Knowledge



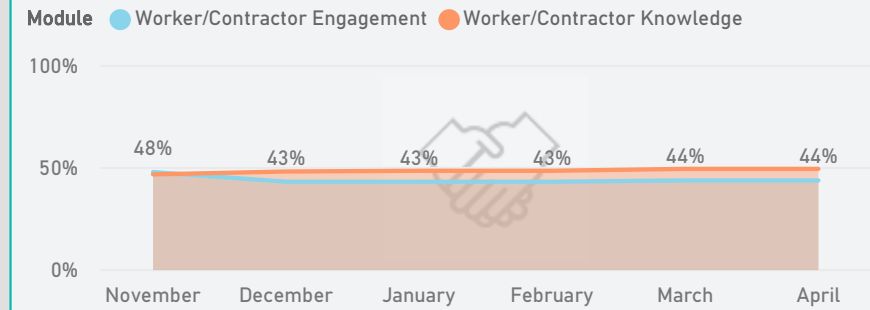
### Management



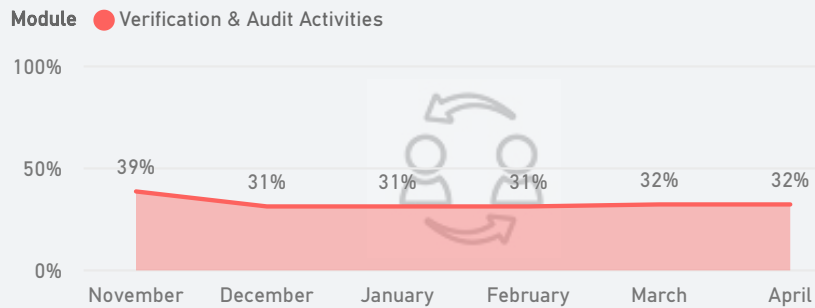
### Emergency Preparedness



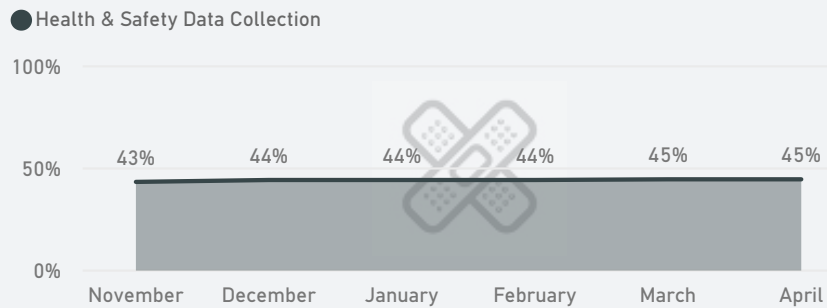
### Worker / Contractor



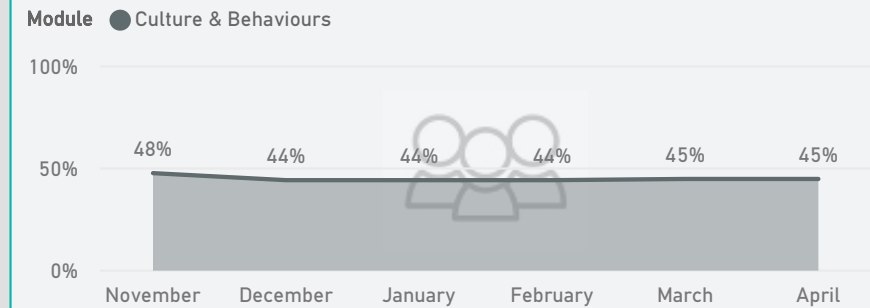
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

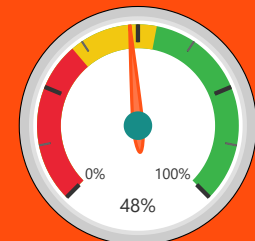


## Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

All Provider Index

48%



## Safe365 Module Report for Counties Manukau 10 Breast Scree...

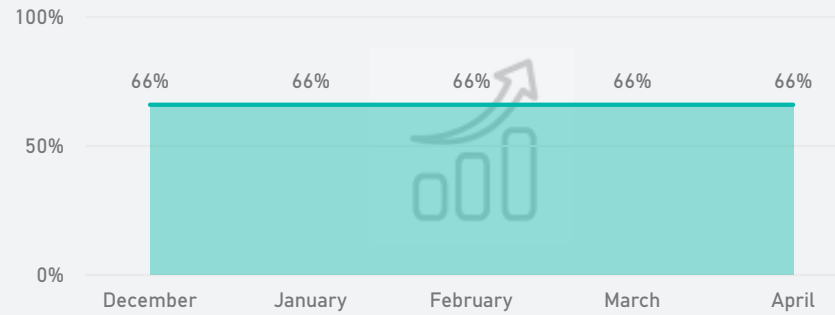
### Top 3 areas of good capability

Module	Current Index
Management Reporting	95%
Director Knowledge	66%
Worker/Contractor Engagement	56%

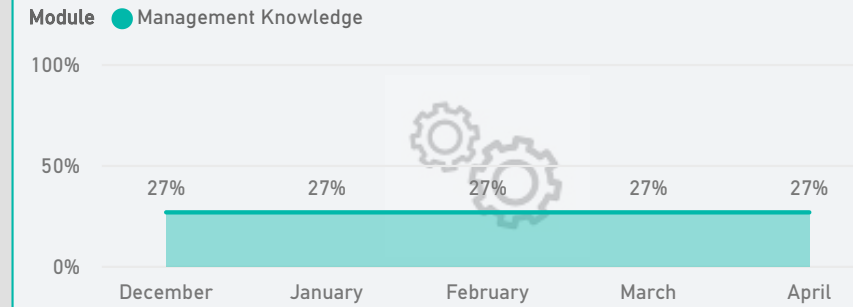
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	25%
Management Knowledge	27%
Health & Safety Management System	33%

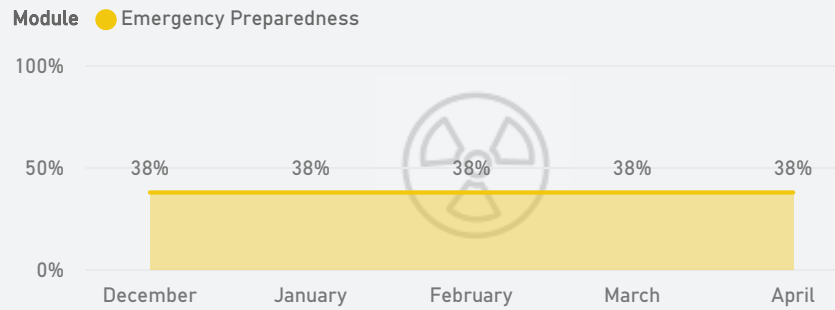
### Director Knowledge



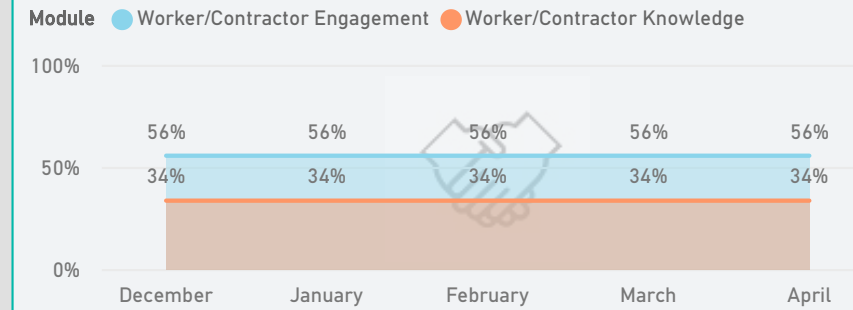
### Management



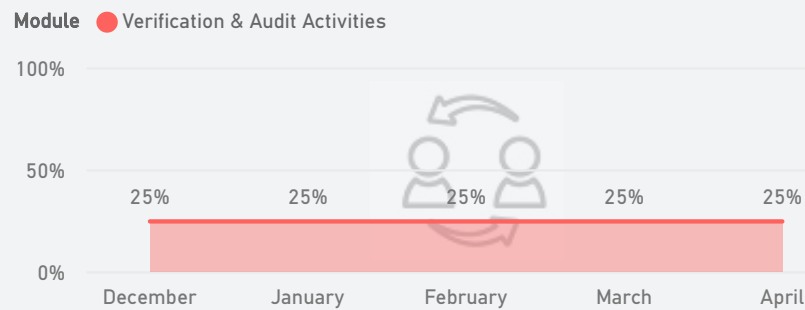
### Emergency Preparedness



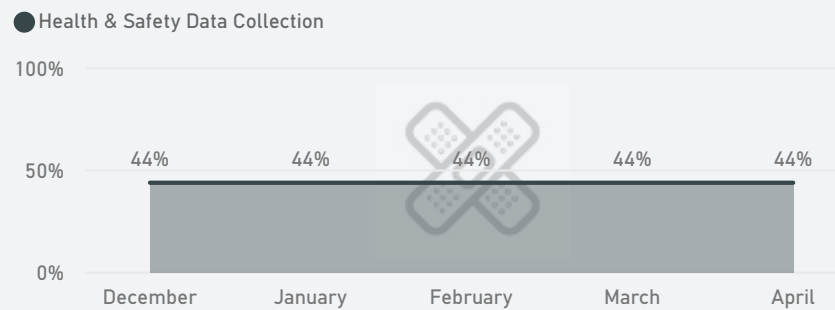
### Worker / Contractor



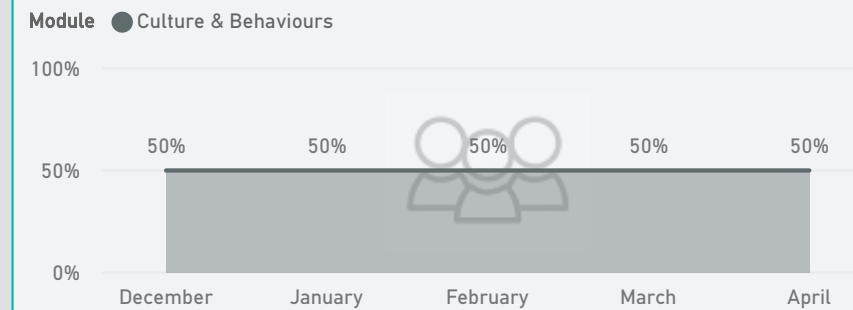
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

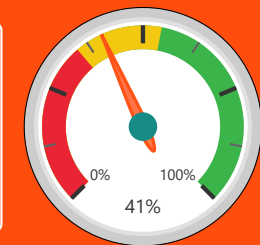


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

41%



52%

NZ MARKET AVERAGE

077

## Safe365 Module Report for Counties Manukau 22 (Rito and MS...)

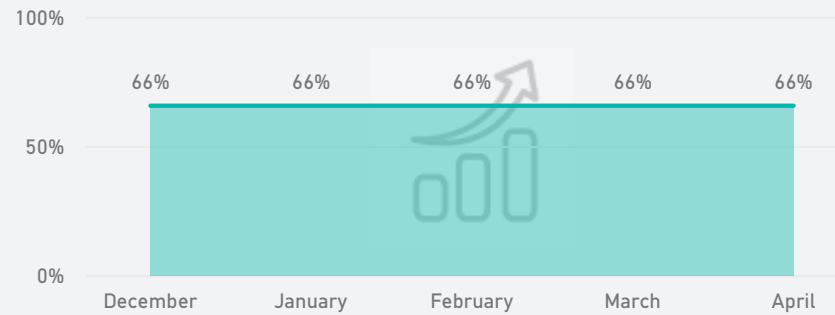
### Top 3 areas of good capability

Module	Current Index
Health & Safety Management System	97%
Emergency Preparedness	82%
Management Reporting	81%

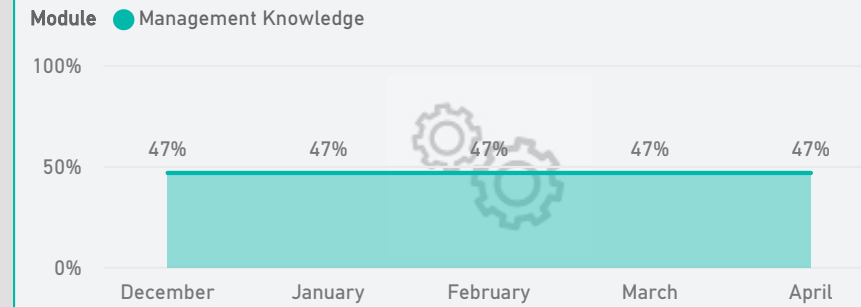
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	38%
Management Knowledge	47%
Health & Safety Data Collection	52%

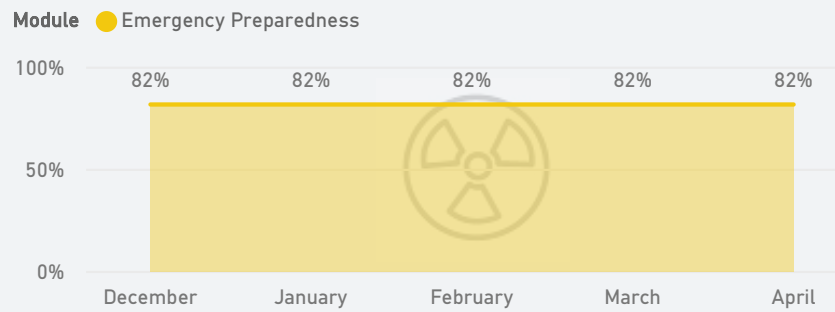
### Director Knowledge



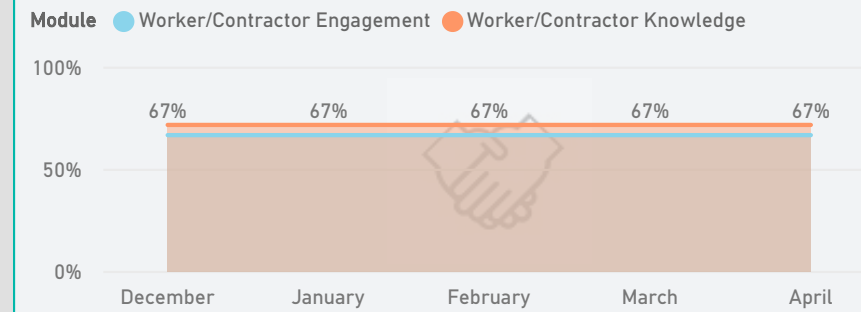
### Management



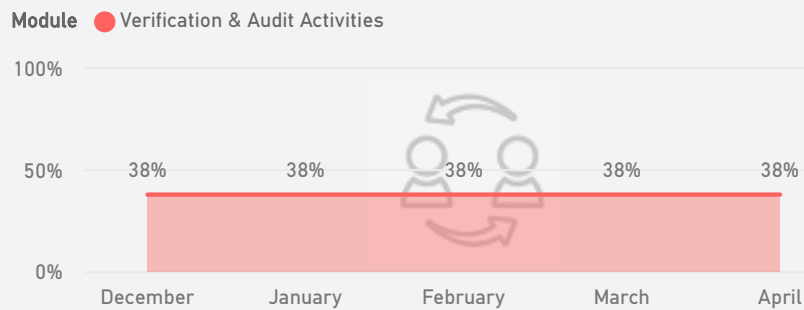
### Emergency Preparedness



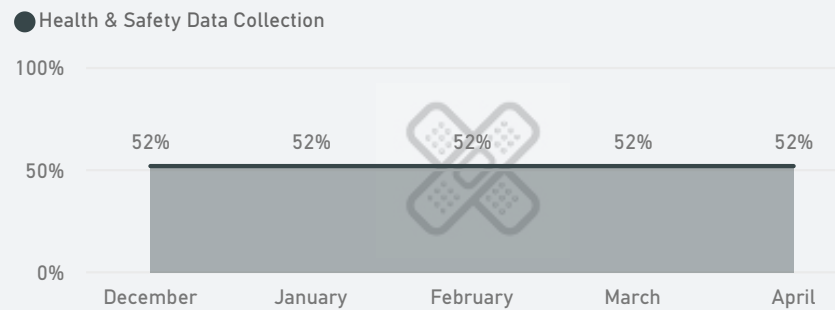
### Worker / Contractor



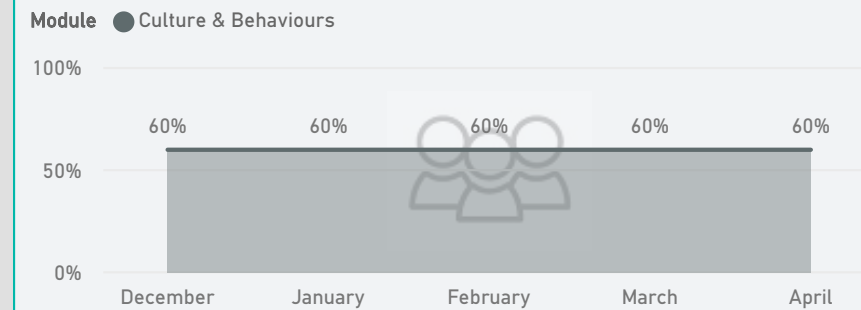
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

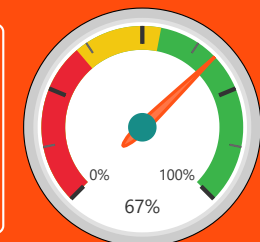


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

67%



52%

NZ MARKET AVERAGE

078

## Safe365 Module Report for Counties Manukau 5 Pacific Mental...

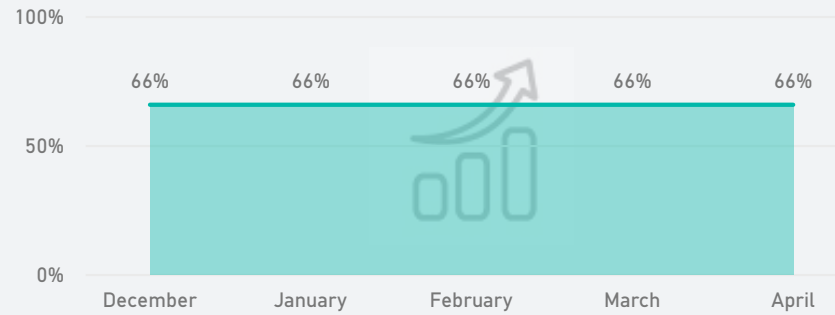
### Top 3 areas of good capability

Module	Current Index
Health & Safety Management System	70%
Director Knowledge	66%
Worker/Contractor Knowledge	64%

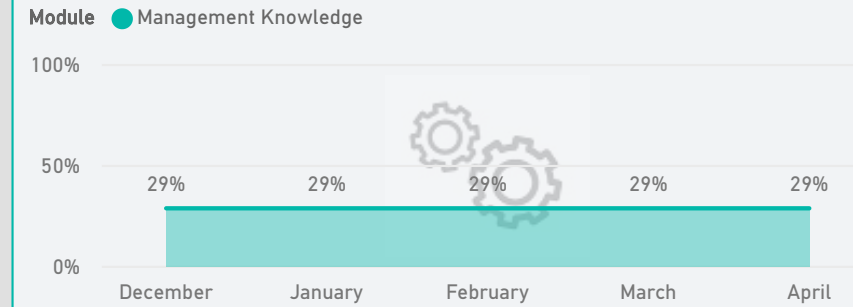
### Top 3 areas for improvement

Module	Current Index
Culture & Behaviours	0%
Health & Safety Data Collection	0%
Worker/Contractor Engagement	0%

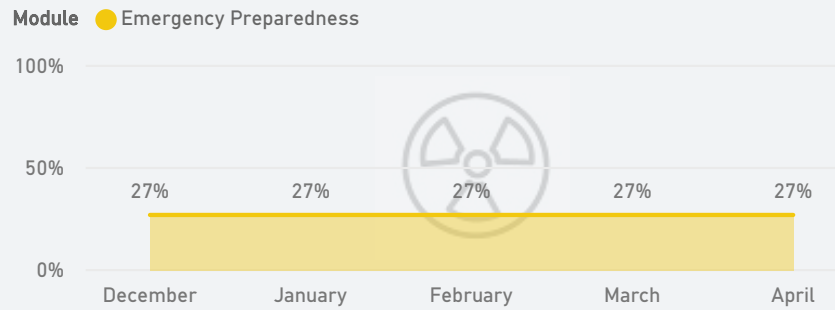
### Director Knowledge



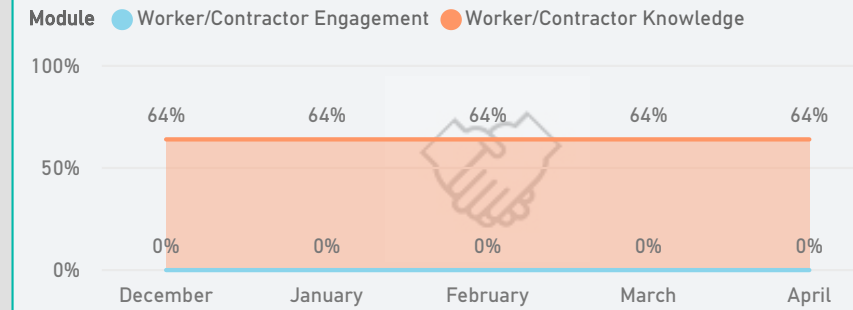
### Management



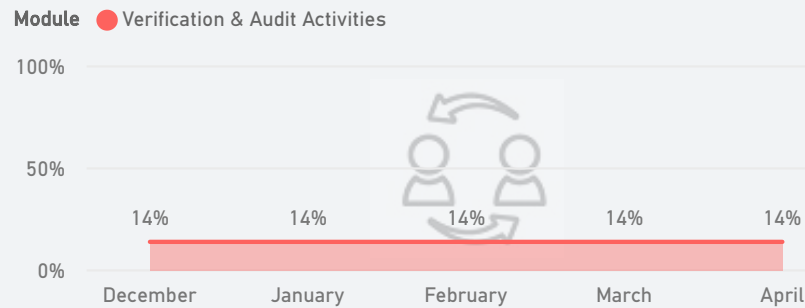
### Emergency Preparedness



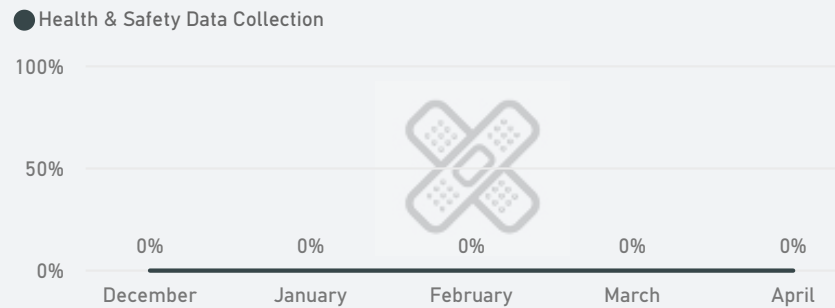
### Worker / Contractor



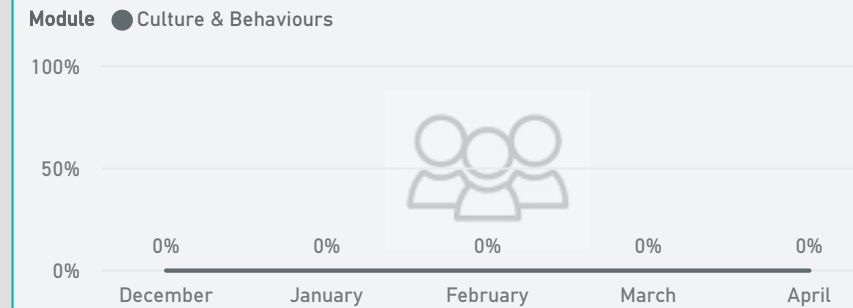
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

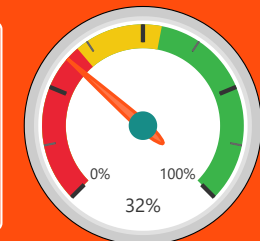


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

32%



52%

NZ MARKET AVERAGE

079

## Safe365 Module Report for Counties Manukau 6 Ophthalmology

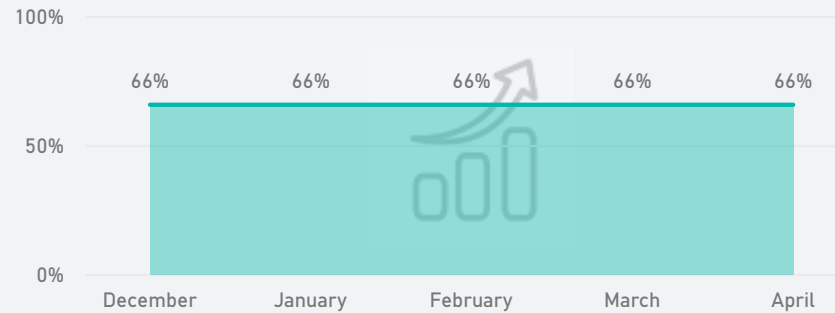
### Top 3 areas of good capability

Module	Current Index
Health & Safety Management System	78%
Management Reporting	67%
Director Knowledge	66%

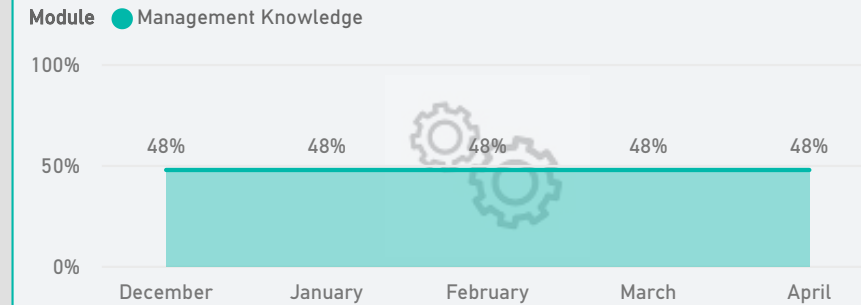
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	28%
Emergency Preparedness	46%
Management Knowledge	48%

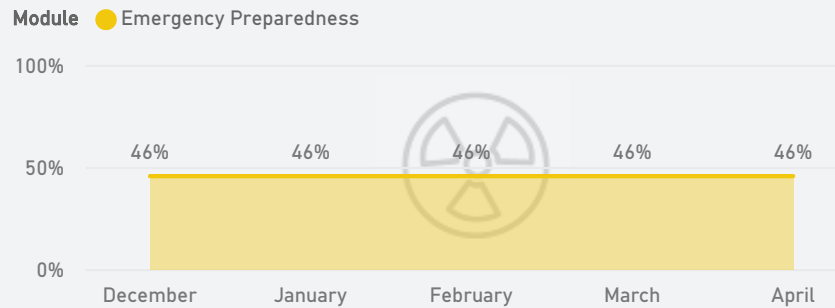
### Director Knowledge



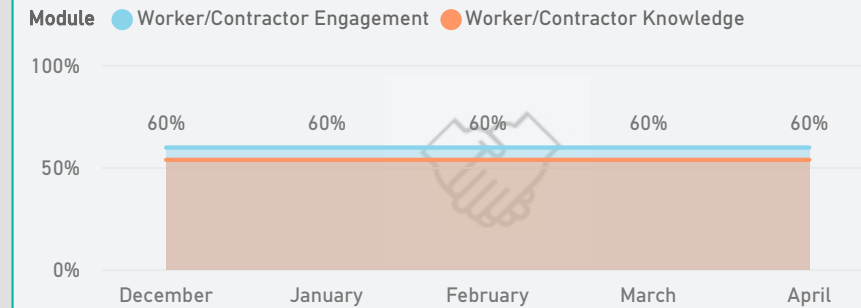
### Management



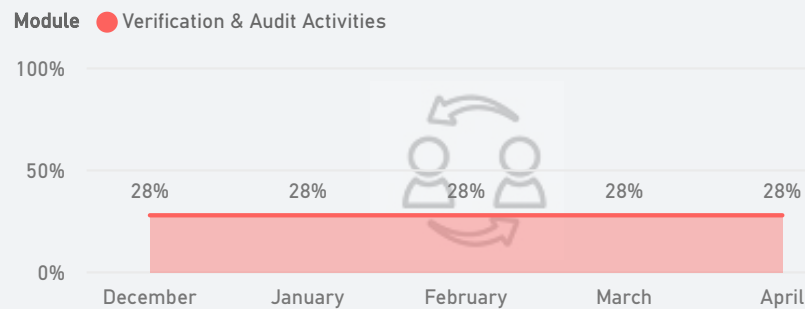
### Emergency Preparedness



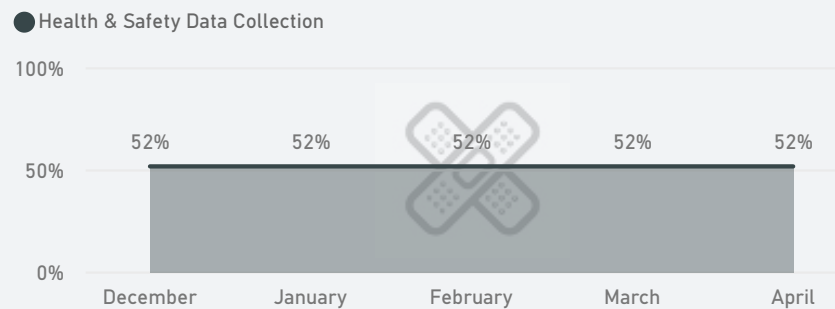
### Worker / Contractor



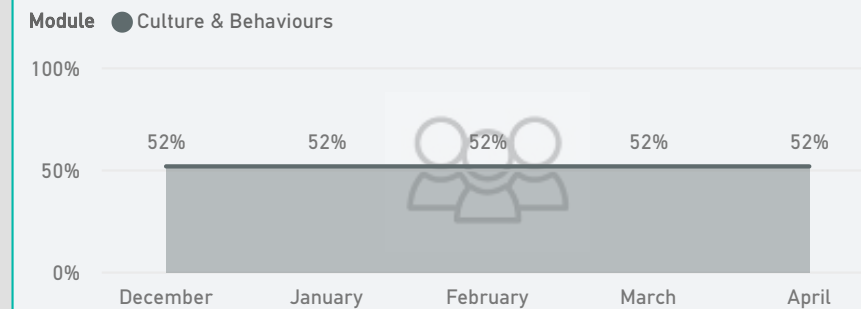
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

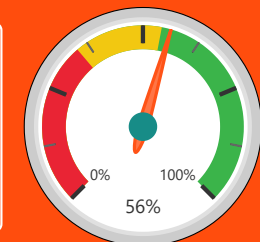


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

56%



52%

NZ MARKET AVERAGE

080



## Safe365 Module Report for Counties Manukau DHB - Kidz First

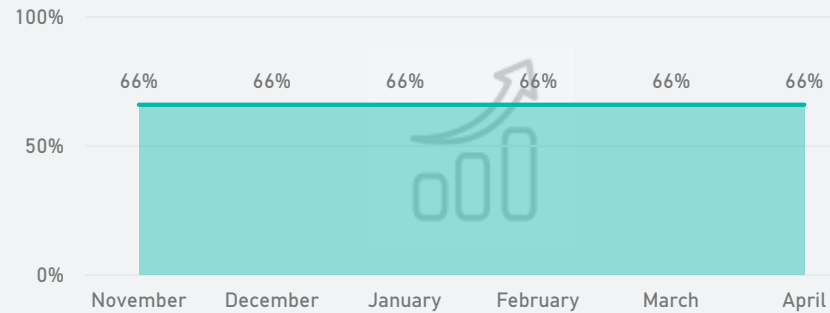
### Top 3 areas of good capability

Module	Current Index
Emergency Preparedness	100%
Management Reporting	94%
Health & Safety Management System	92%

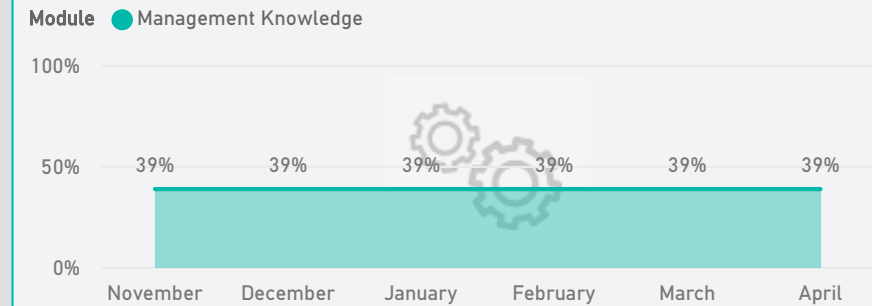
### Top 3 areas for improvement

Module	Current Index
Management Knowledge	39%
Health & Safety Data Collection	40%
Worker/Contractor Knowledge	42%

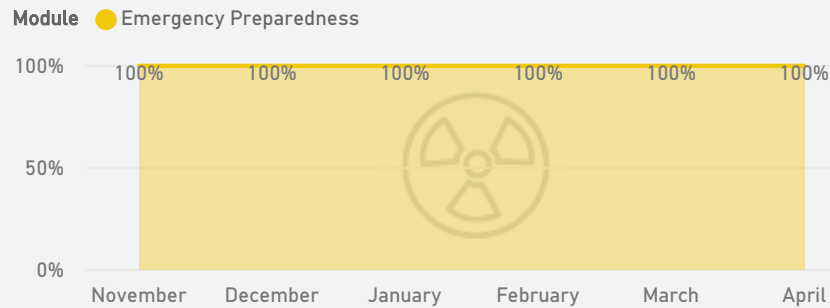
### Director Knowledge



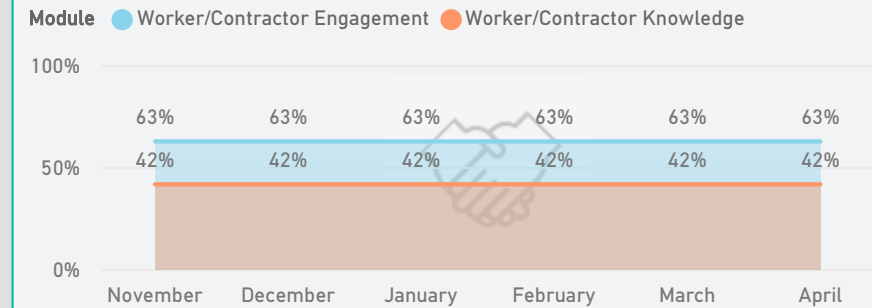
### Management



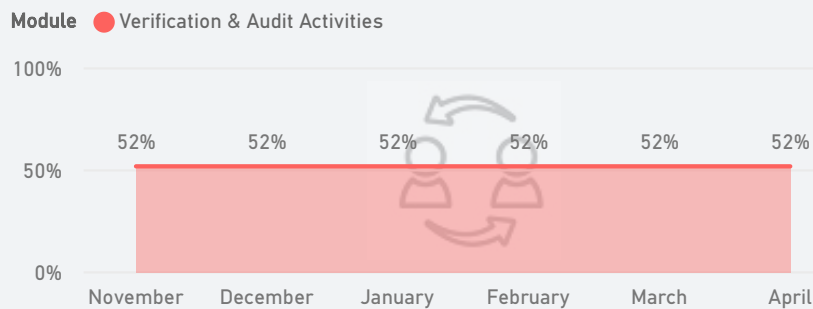
### Emergency Preparedness



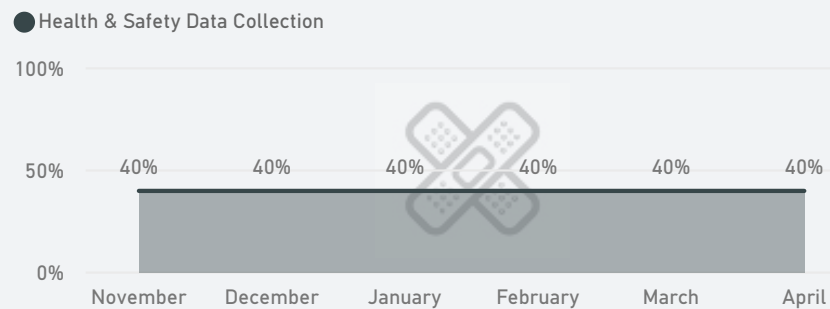
### Worker / Contractor



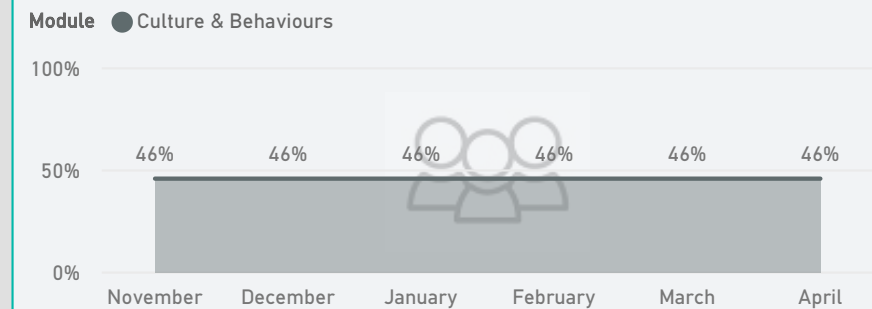
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours



### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

61%



52%

NZ MARKET AVERAGE

081

## Safe365 Module Report for Counties Manukau DHB 11 Respira...

### Top 3 areas of good capability

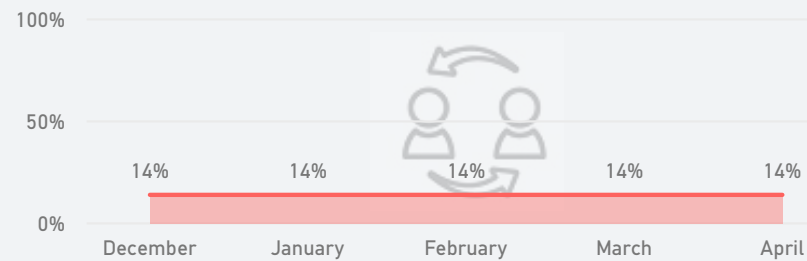
Module	Current Index
Director Knowledge	66%
Health & Safety Data Collection	52%
Management Knowledge	37%

### Top 3 areas for improvement

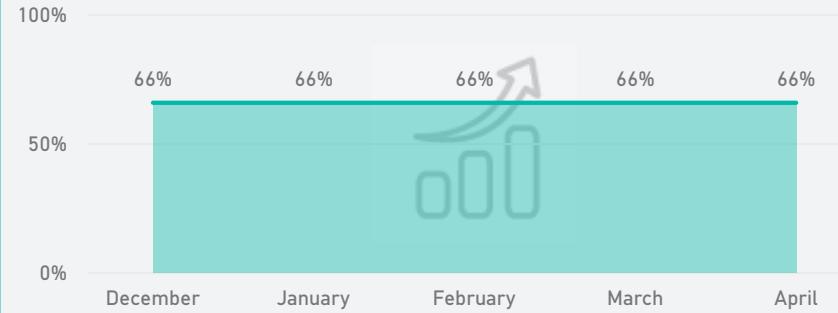
Module	Current Index
Verification & Audit Activities	14%
Management Reporting	22%
Worker/Contractor Engagement	22%

### Verification & Audit Activities

Module ● Verification & Audit Activities

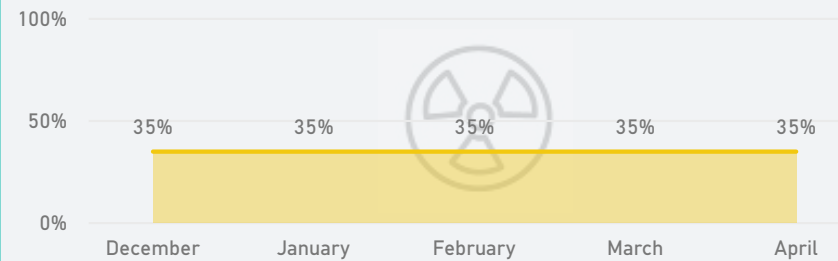


### Director Knowledge



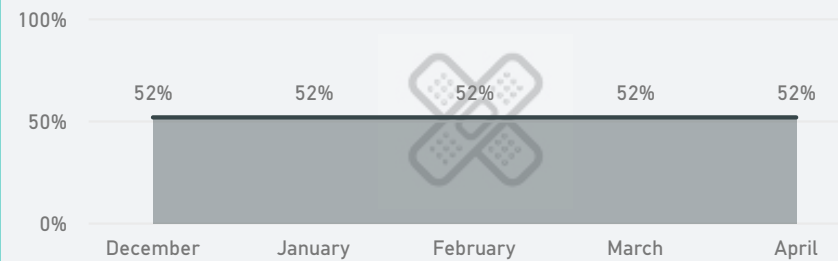
### Emergency Preparedness

Module ● Emergency Preparedness



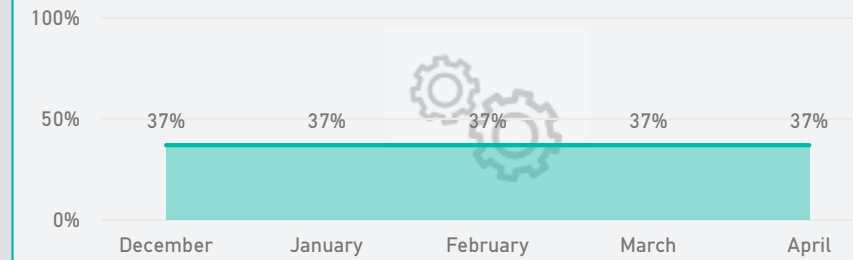
### Health & Safety

Module ● Health & Safety Data Collection



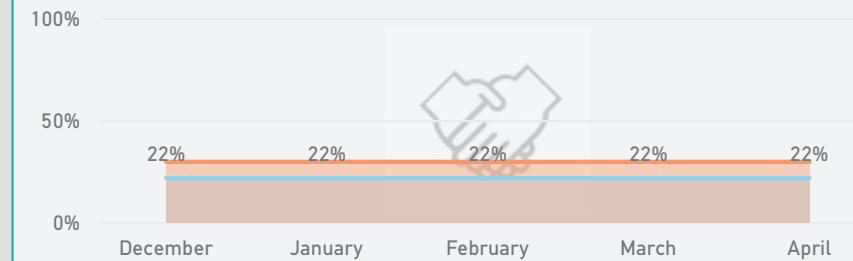
### Management

Module ● Management Knowledge



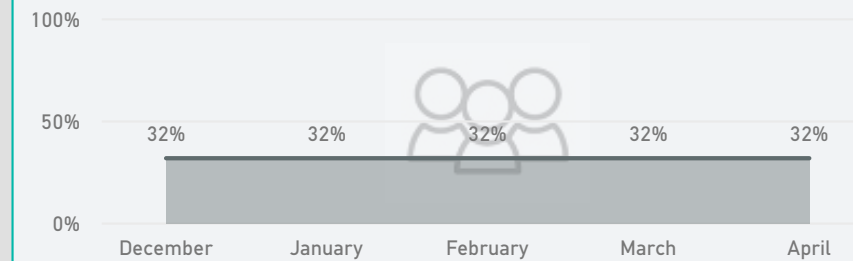
### Worker / Contractor

Module ● Worker/Contractor Engagement ● Worker/Contractor Knowledge



### Culture & Behaviours

Module ● Culture & Behaviours

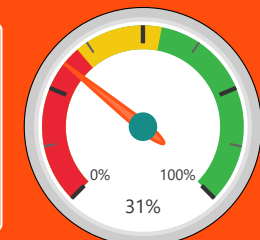


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

31%



52%

NZ MARKET AVERAGE

082

## Safe365 Module Report for Counties Manukau DHB 12 SAPS (...)

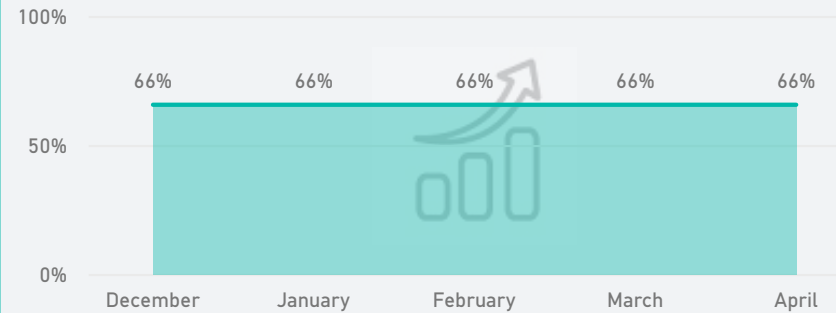
### Top 3 areas of good capability

Module	Current Index
Health & Safety Management System	90%
Emergency Preparedness	79%
Director Knowledge	66%

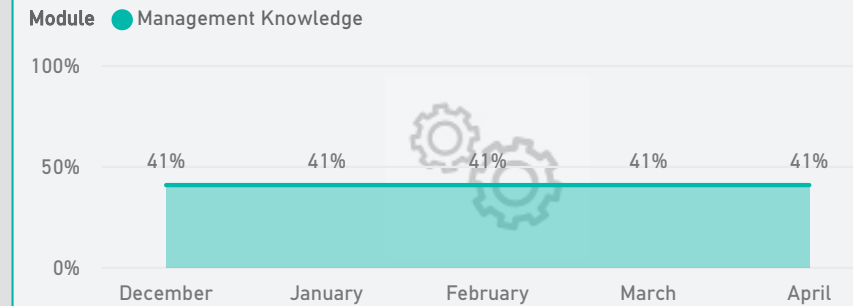
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	38%
Management Knowledge	41%
Management Reporting	47%

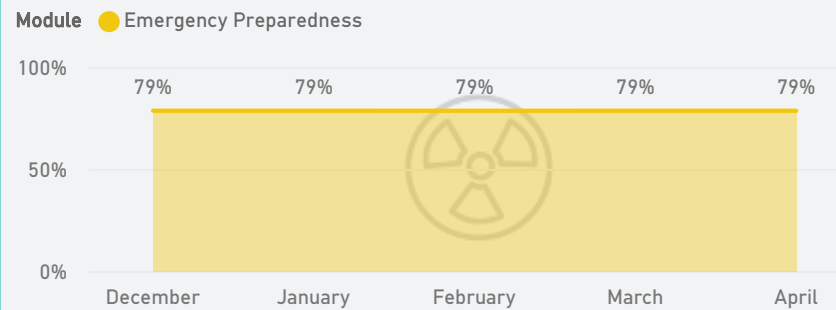
### Director Knowledge



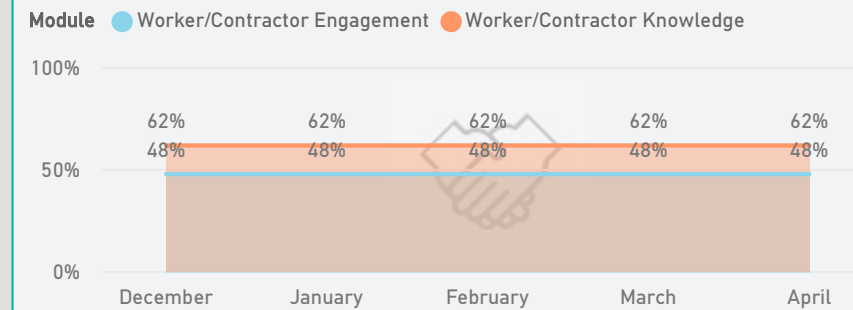
### Management



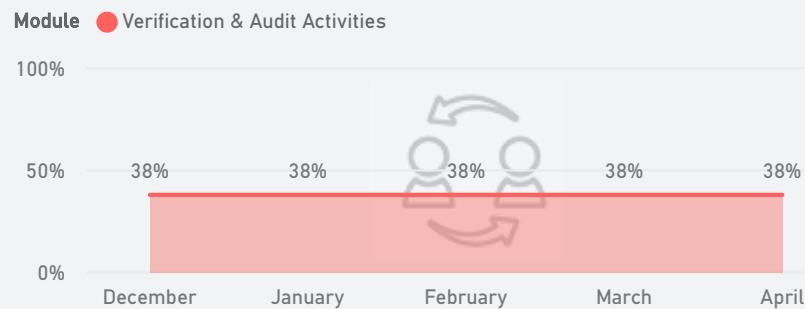
### Emergency Preparedness



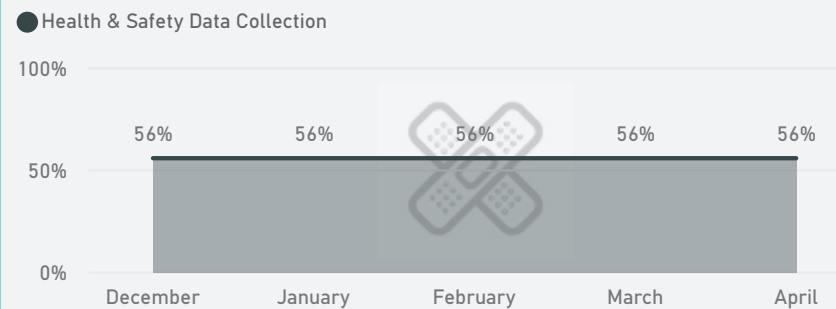
### Worker / Contractor



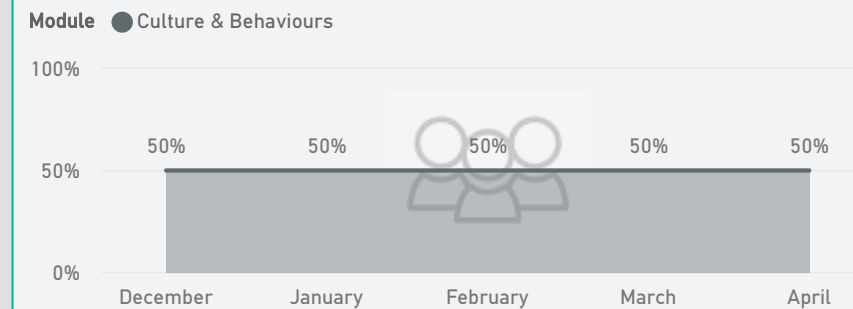
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

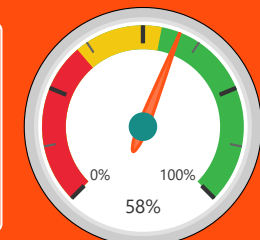


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

58%



52%

NZ MARKET AVERAGE

## Safe365 Module Report for Counties Manukau DHB 14 KF InPa...

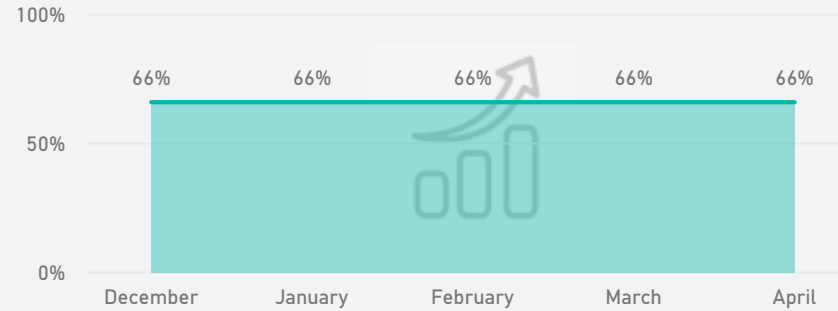
### Top 3 areas of good capability

Module	Current Index
Emergency Preparedness	70%
Director Knowledge	66%
Worker/Contractor Knowledge	62%

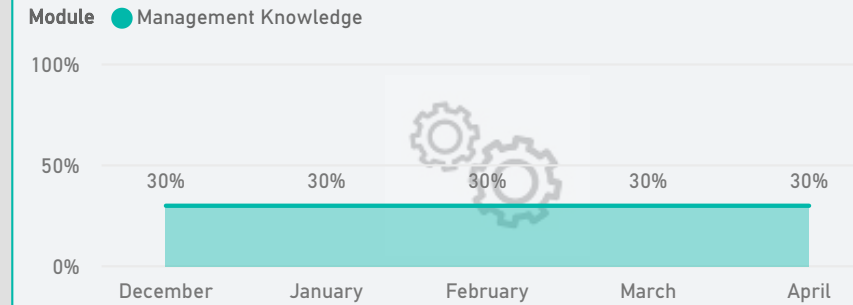
### Top 3 areas for improvement

Module	Current Index
Management Knowledge	30%
Verification & Audit Activities	30%
Worker/Contractor Engagement	41%

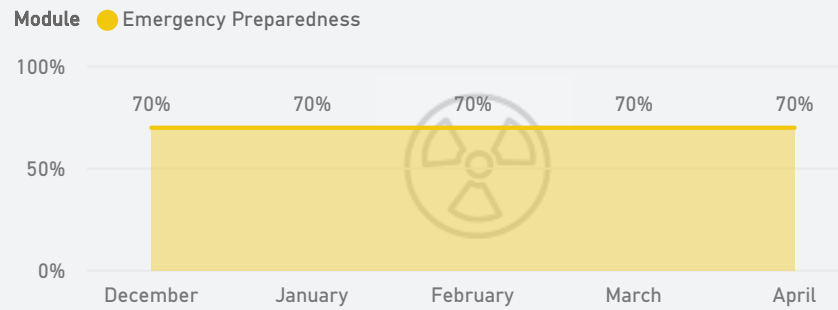
### Director Knowledge



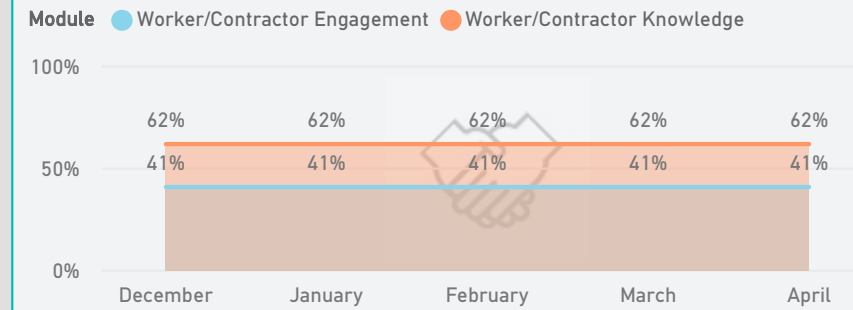
### Management



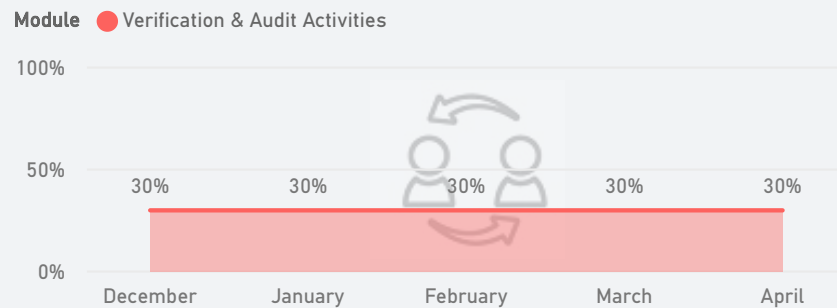
### Emergency Preparedness



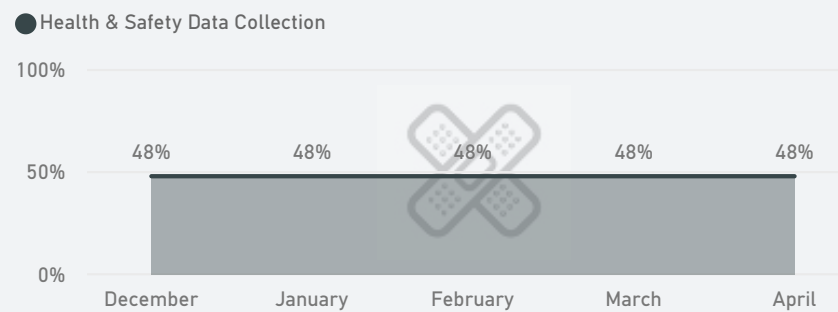
### Worker / Contractor



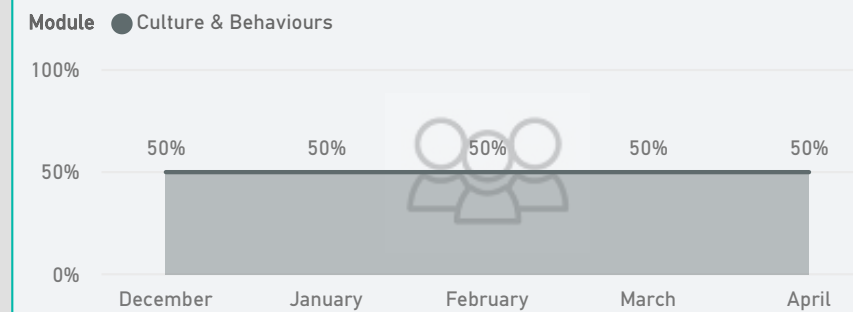
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours



### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

47%



52%

NZ MARKET AVERAGE

084

## Safe365 Module Report for Counties Manukau DHB 16 (Dialysi...

### Top 3 areas of good capability

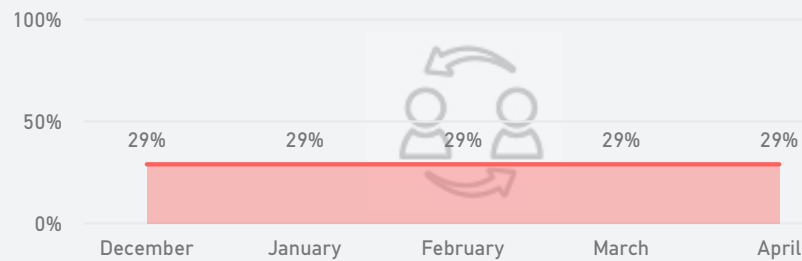
Module	Current Index
Health & Safety Management System	81%
Management Reporting	74%
Director Knowledge	66%

### Top 3 areas for improvement

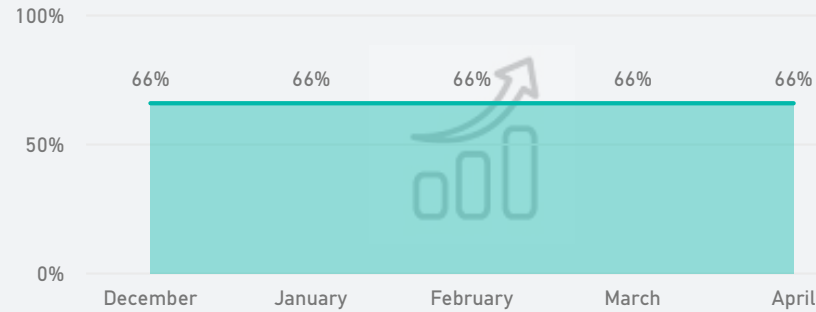
Module	Current Index
Verification & Audit Activities	29%
Management Knowledge	53%
Health & Safety Data Collection	60%

### Verification & Audit Activities

Module ● Verification & Audit Activities

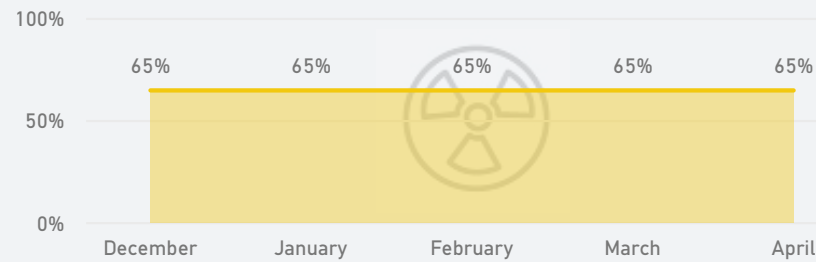


### Director Knowledge



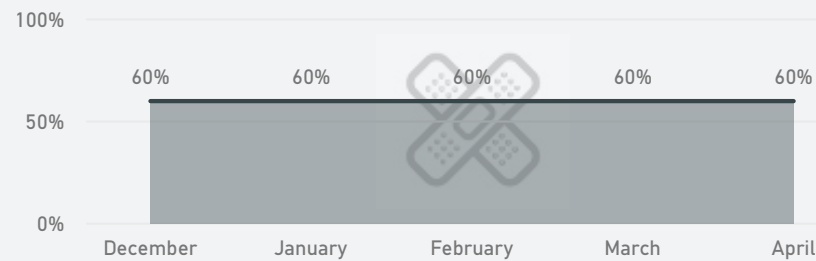
### Emergency Preparedness

Module ● Emergency Preparedness



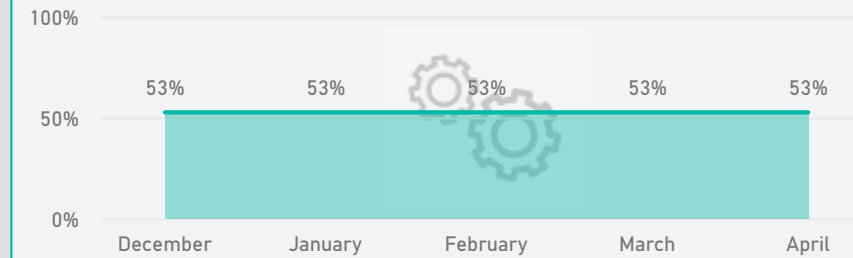
### Health & Safety

Module ● Health & Safety Data Collection



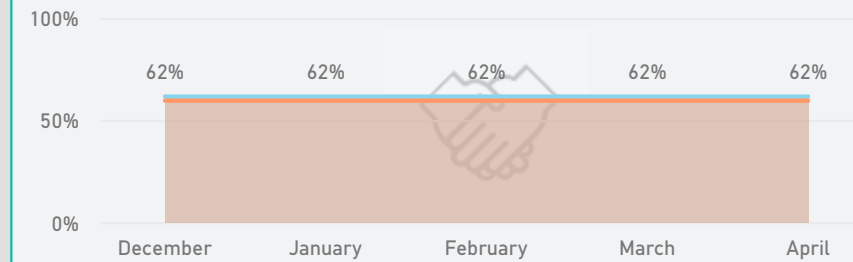
### Management

Module ● Management Knowledge



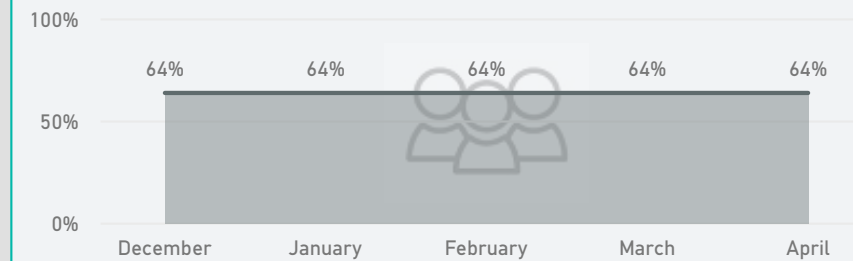
### Worker / Contractor

Module ● Worker/Contractor Engagement ● Worker/Contractor Knowledge



### Culture & Behaviours

Module ● Culture & Behaviours



### Guide to Safe365 Health & Safety Index

0% - 20%: Very low health & safety capability. Take urgent actions to improve.

21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance

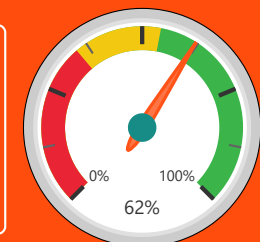
41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.

61%-80%: General level of compliant health and safety capability achieved.

81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

62%



52%

NZ MARKET AVERAGE

085

## Safe365 Module Report for Counties Manukau DHB 17 (Cardiac...)

### Top 3 areas of good capability

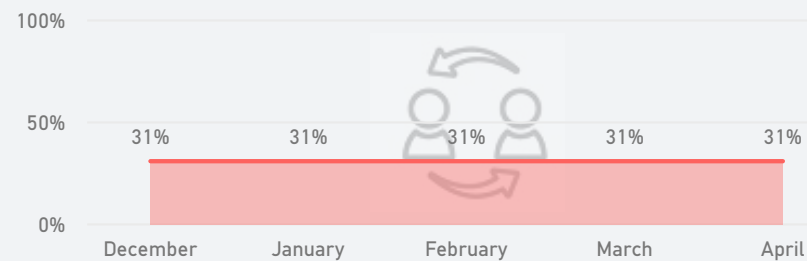
Module	Current Index
Management Reporting	83%
Health & Safety Management System	70%
Director Knowledge	66%

### Top 3 areas for improvement

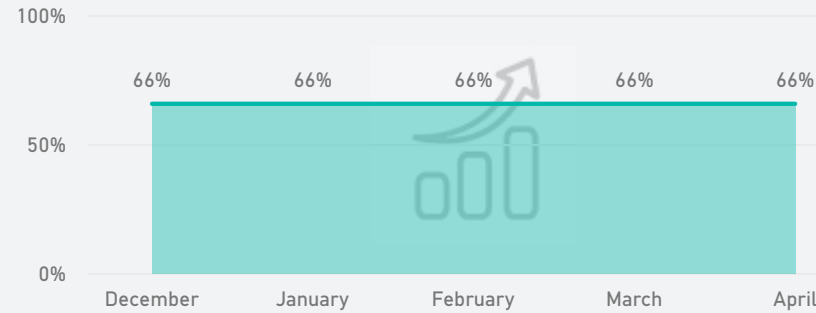
Module	Current Index
Verification & Audit Activities	31%
Emergency Preparedness	34%
Management Knowledge	38%
Worker / Contractor Engagement	38%

### Verification & Audit Activities

Module ● Verification & Audit Activities

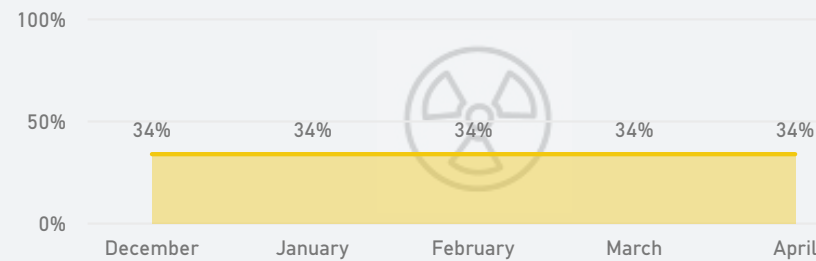


### Director Knowledge



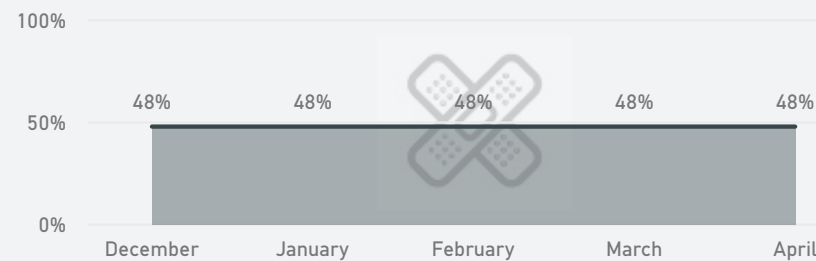
### Emergency Preparedness

Module ● Emergency Preparedness



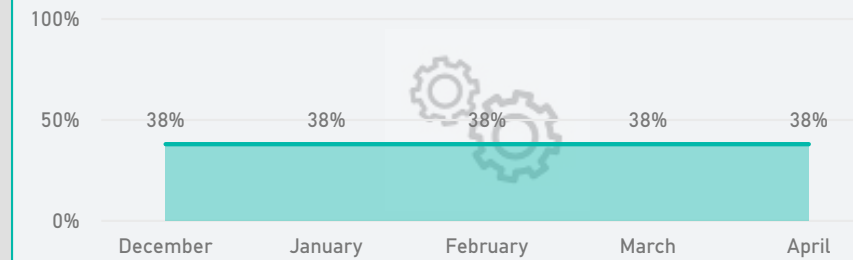
### Health & Safety

Module ● Health & Safety Data Collection



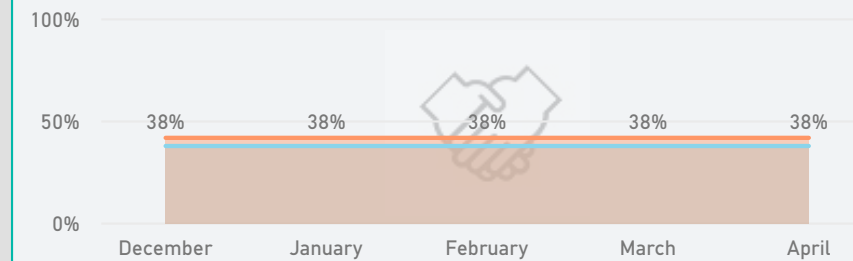
### Management

Module ● Management Knowledge



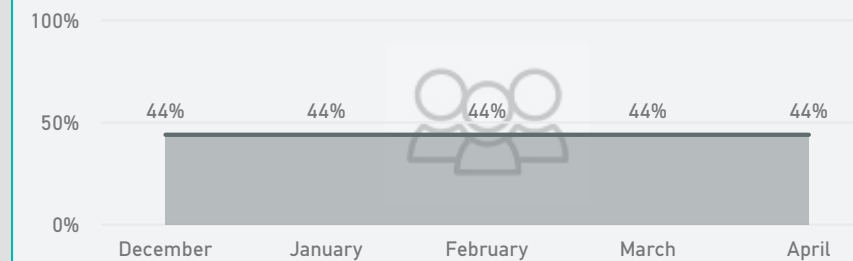
### Worker / Contractor

Module ● Worker/Contractor Engagement ● Worker/Contractor Knowledge



### Culture & Behaviours

Module ● Culture & Behaviours

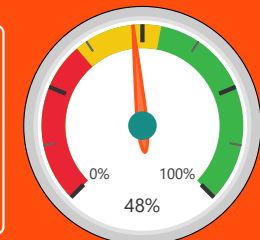


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

48%



## Safe365 Module Report for Counties Manukau DHB 18 (Gastro...)

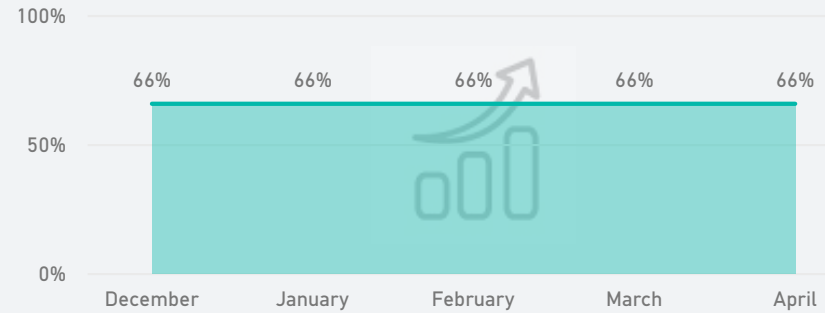
### Top 3 areas of good capability

Module	Current Index
Director Knowledge	66%
Management Reporting	65%
Health & Safety Management System	59%

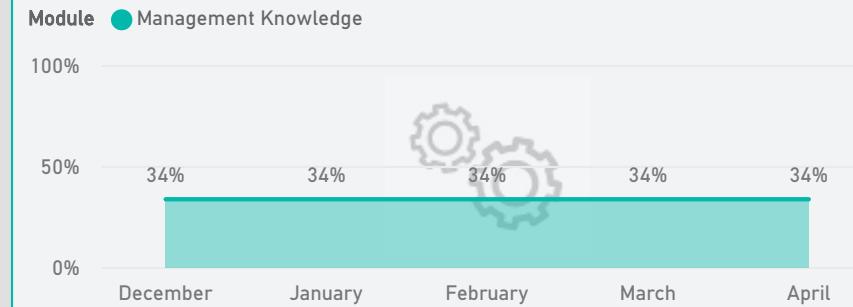
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	31%
Management Knowledge	34%
Culture & Behaviours	44%

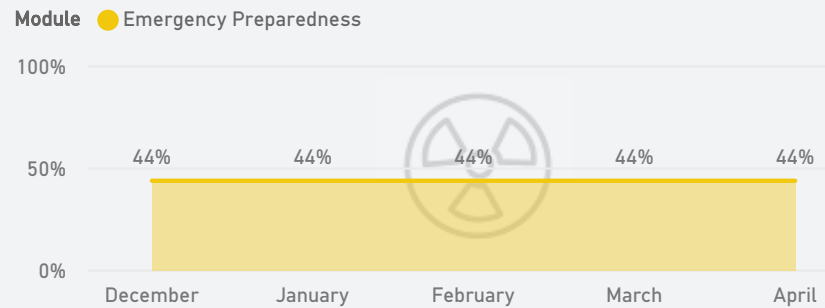
### Director Knowledge



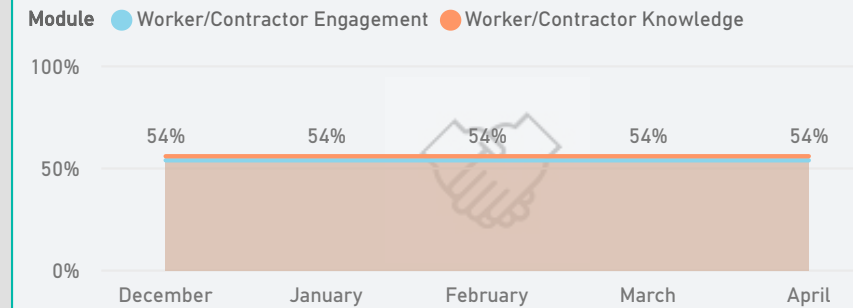
### Management



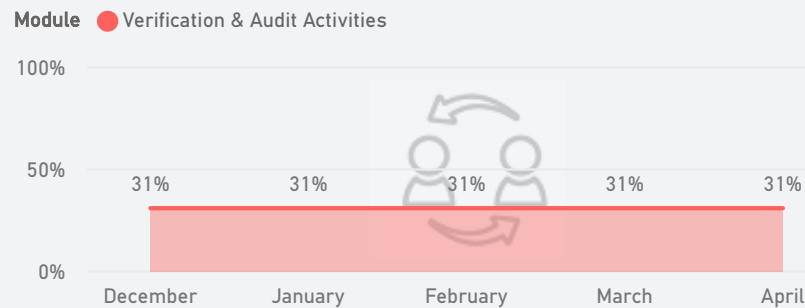
### Emergency Preparedness



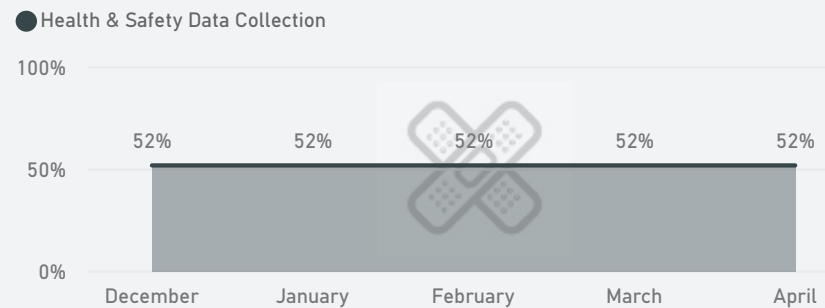
### Worker / Contractor



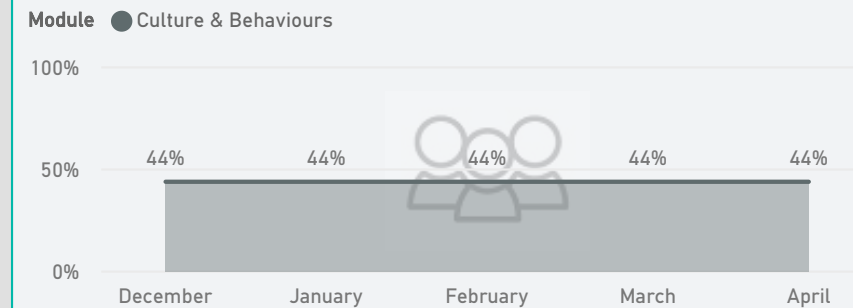
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

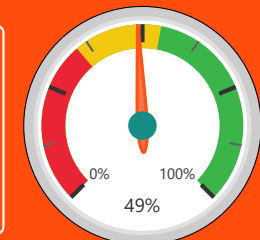


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

49%



52%

NZ MARKET AVERAGE

087

## Safe365 Module Report for Counties Manukau DHB 19 (Cardiac...)

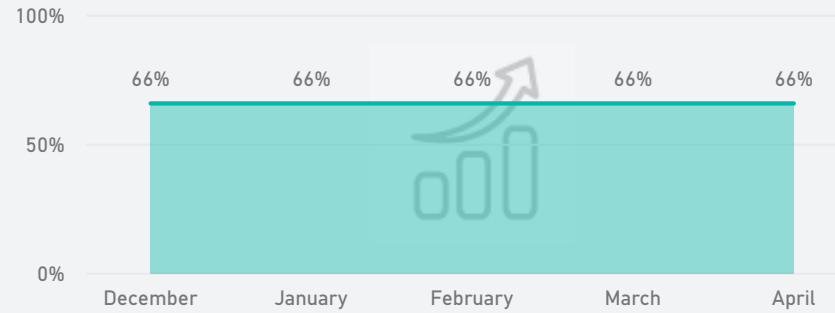
### Top 3 areas of good capability

Module	Current Index
Management Reporting	81%
Director Knowledge	66%
Worker/Contractor Knowledge	48%

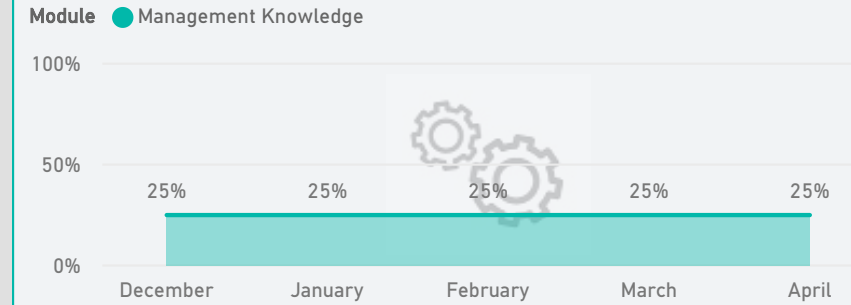
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	22%
Management Knowledge	25%
Culture & Behaviours	36%

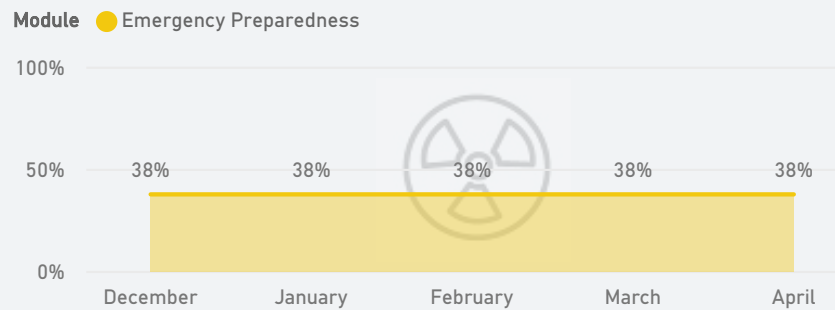
### Director Knowledge



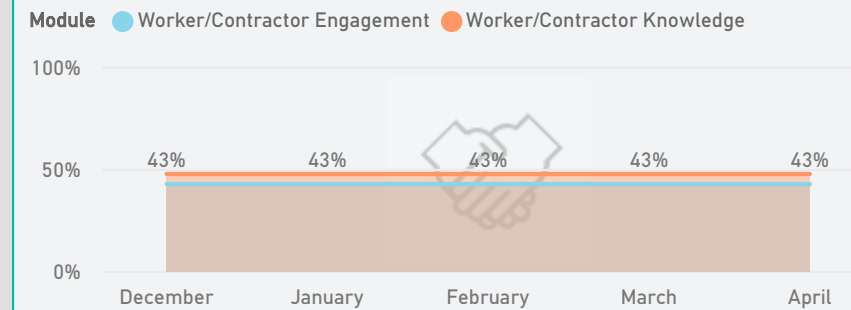
### Management



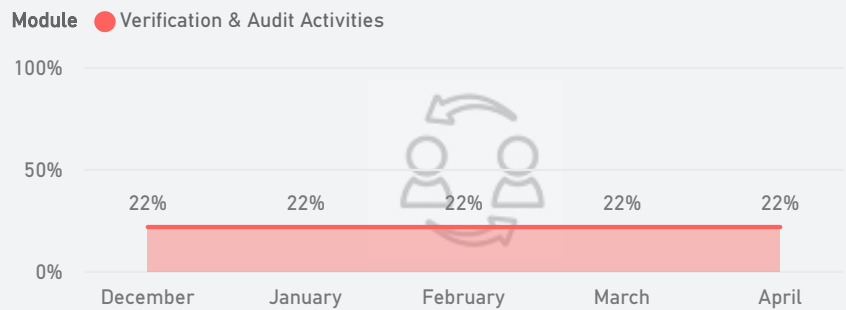
### Emergency Preparedness



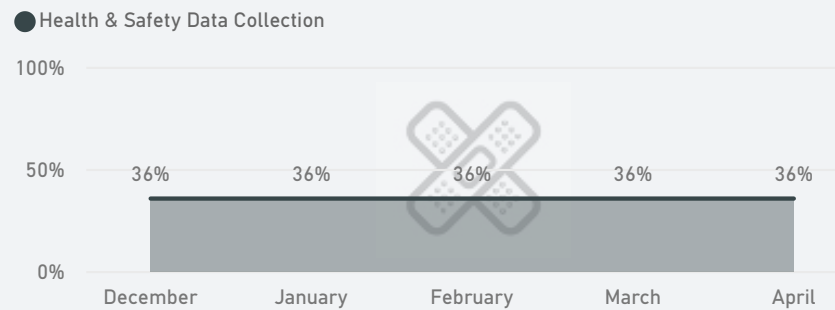
### Worker / Contractor



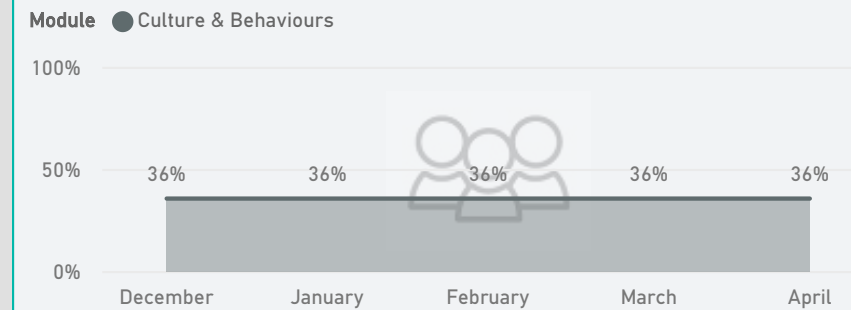
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

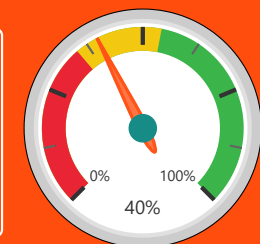


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

40%



52%

NZ MARKET AVERAGE



## Safe365 Module Report for Counties Manukau DHB 2 FEAM

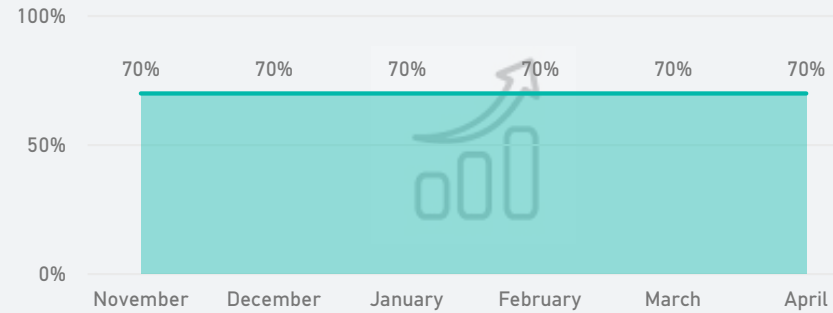
### Top 3 areas of good capability

Module	Current Index
Management Reporting	100%
Emergency Preparedness	91%
Health & Safety Management System	82%

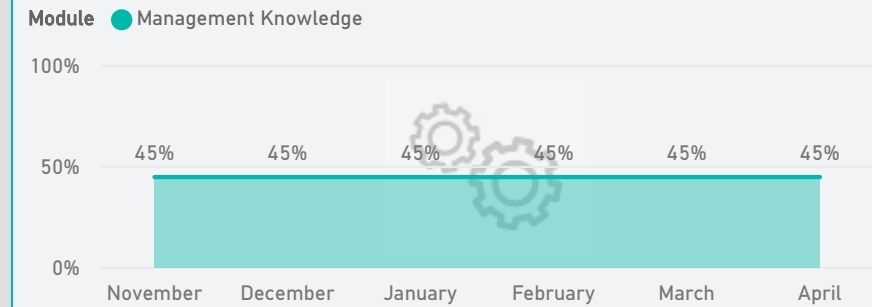
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	43%
Management Knowledge	45%
Health & Safety Data Collection	48%

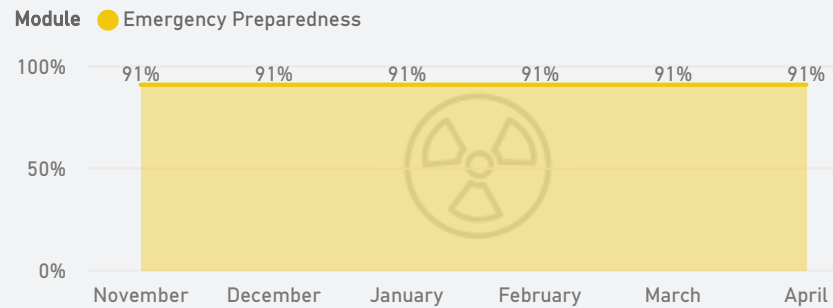
### Director Knowledge



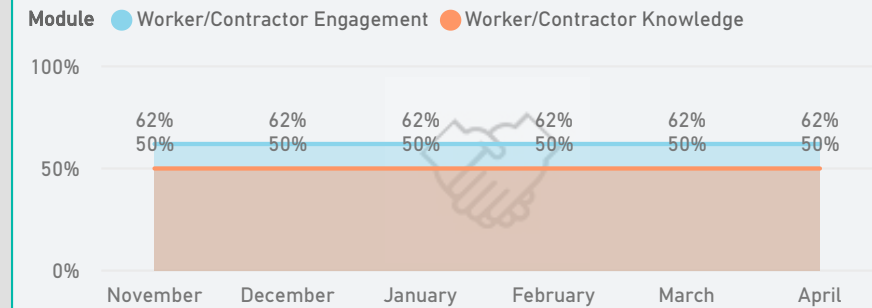
### Management



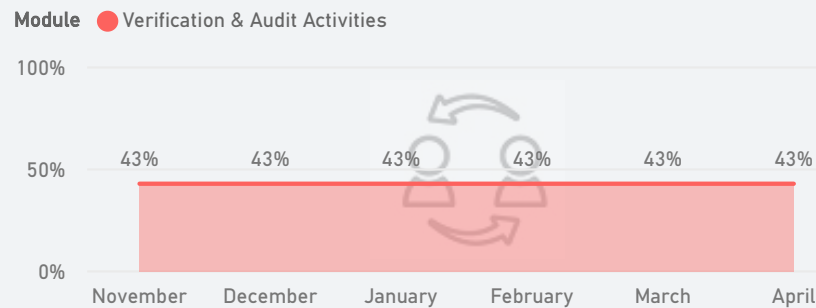
### Emergency Preparedness



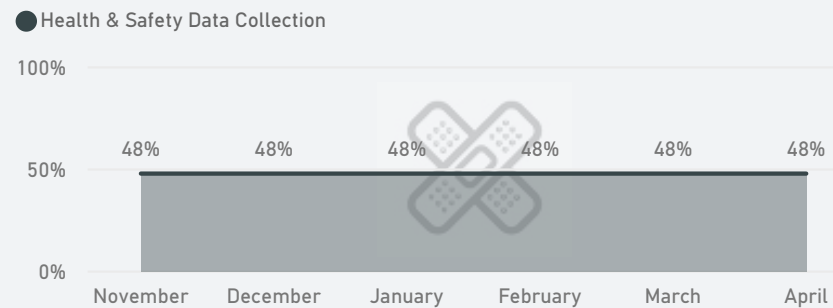
### Worker / Contractor



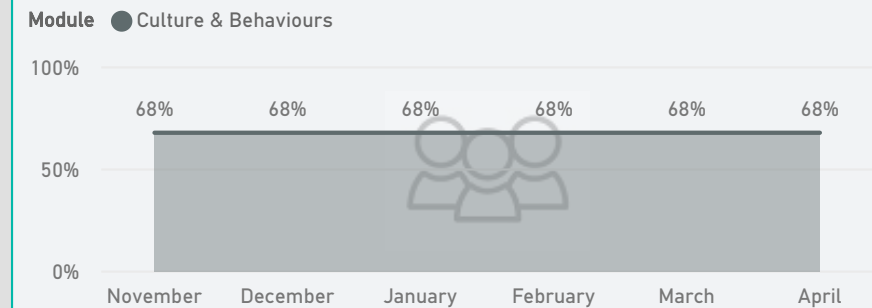
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

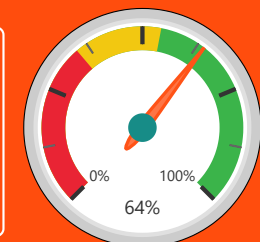


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

64%



## Safe365 Module Report for Counties Manukau DHB 20 (Diaylsi...

### Top 3 areas of good capability

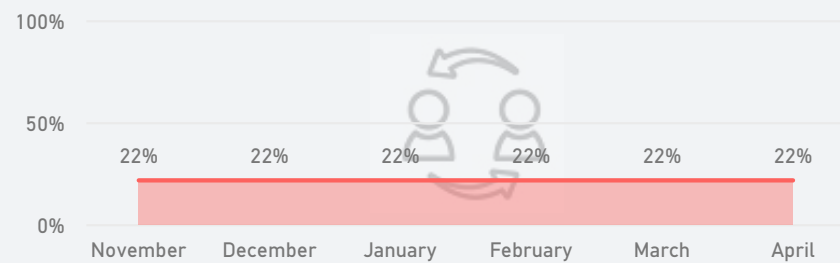
Module	Current Index
Director Knowledge	66%
Emergency Preparedness	55%
Health & Safety Management System	46%

### Top 3 areas for improvement

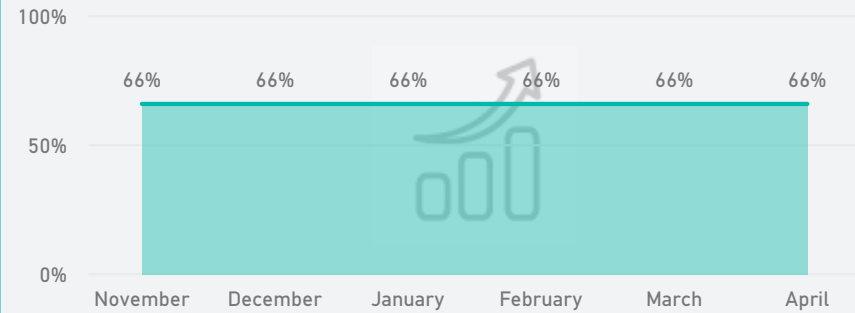
Module	Current Index
Worker/Contractor Engagement	16%
Health & Safety Data Collection	20%
Management Reporting	22%

### Verification & Audit Activities

Module ● Verification & Audit Activities

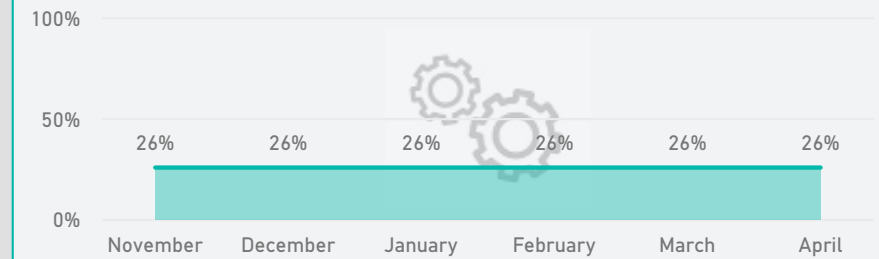


### Director Knowledge



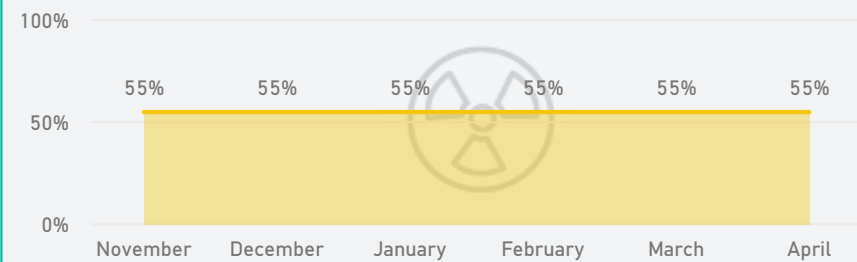
### Management

Module ● Management Knowledge



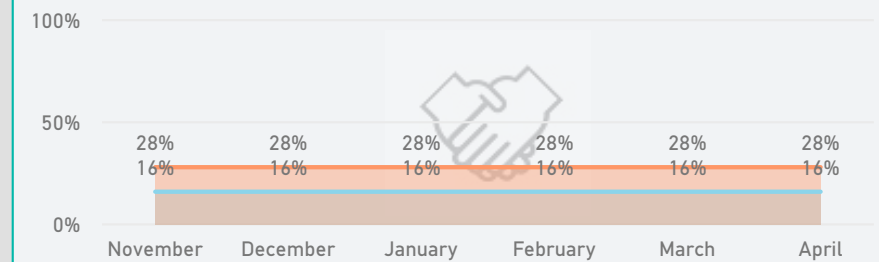
### Emergency Preparedness

Module ● Emergency Preparedness



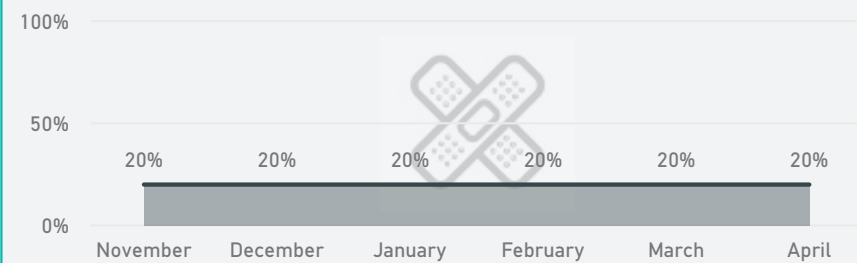
### Worker / Contractor

Module ● Worker/Contractor Engagement ● Worker/Contractor Knowledge



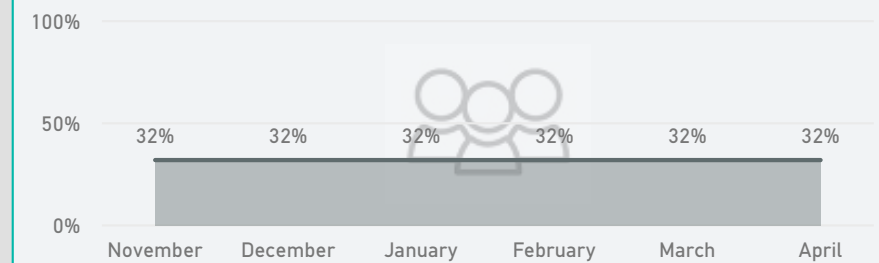
### Health & Safety

Module ● Health & Safety Data Collection



### Culture & Behaviours

Module ● Culture & Behaviours

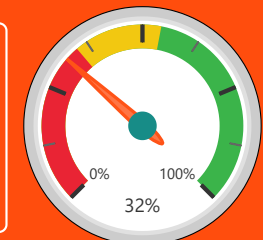


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

32%



52%

NZ MARKET AVERAGE

090

## Safe365 Module Report for Counties Manukau DHB 21 (Manukau)

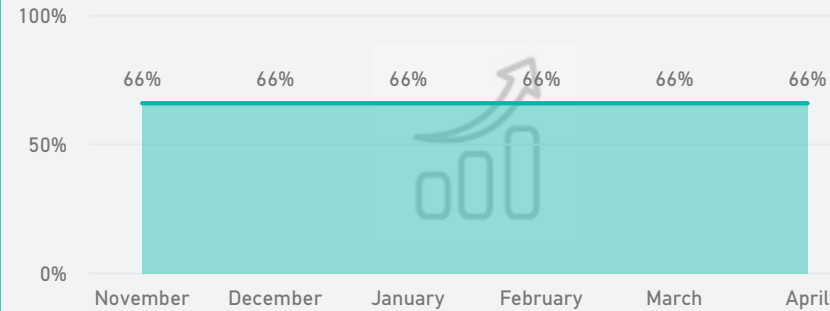
### Top 3 areas of good capability

Module	Current Index
Emergency Preparedness	67%
Director Knowledge	66%
Worker/Contractor Knowledge	58%

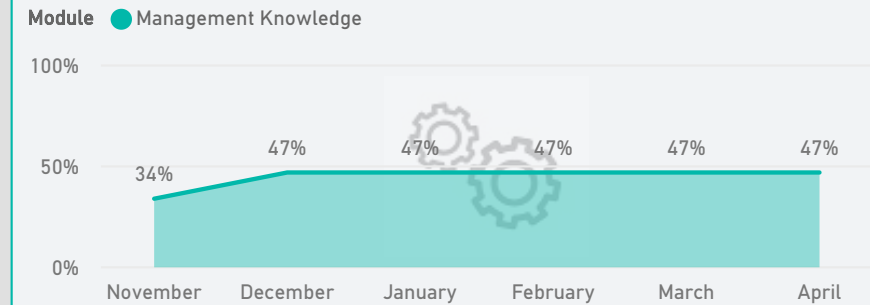
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	32%
Management Reporting	37%
Health & Safety Data Collection	40%

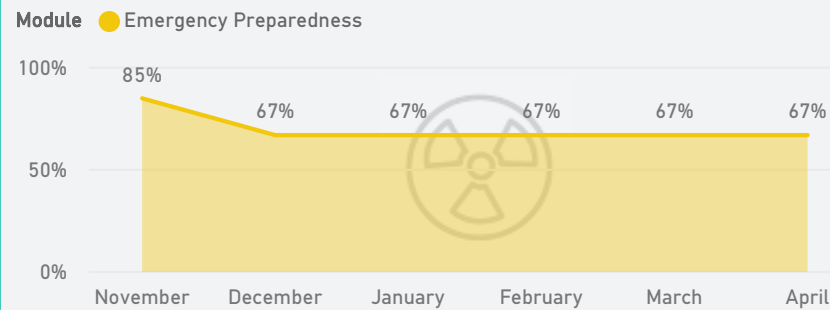
### Director Knowledge



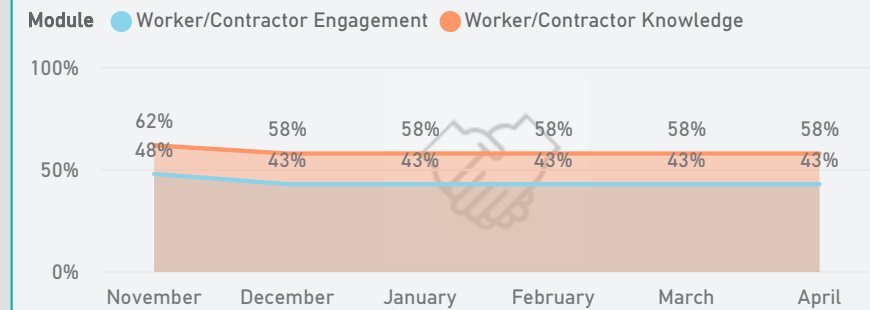
### Management



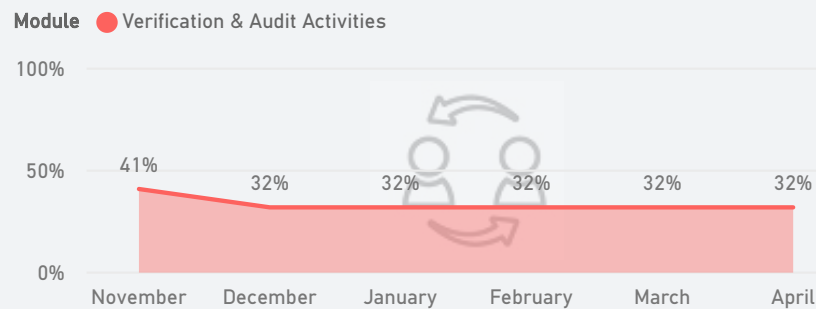
### Emergency Preparedness



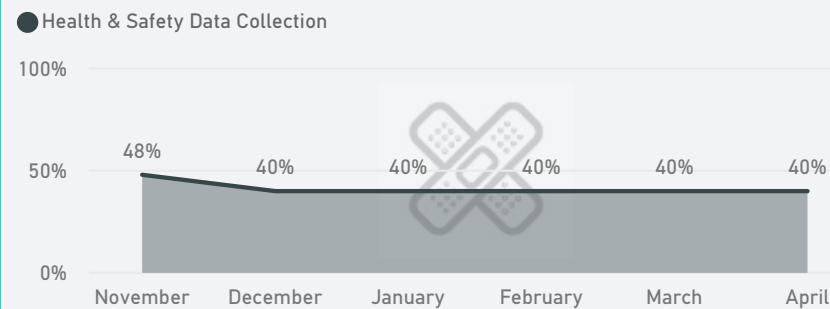
### Worker / Contractor



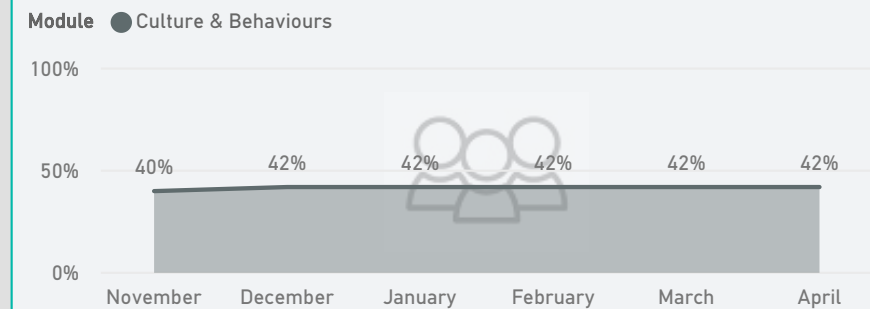
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours



### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

45%



52%

NZ MARKET AVERAGE

## Safe365 Module Report for Counties Manukau DHB 23 KF First...

### Top 3 areas of good capability

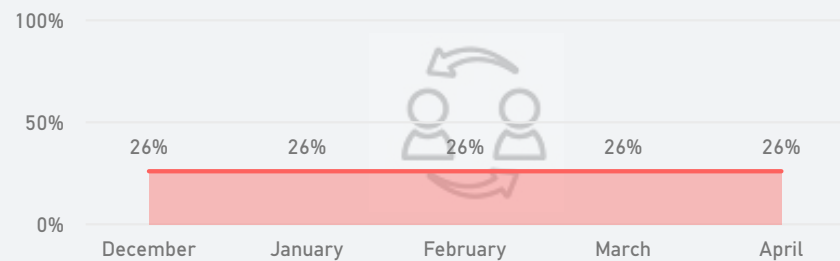
Module	Current Index
Director Knowledge	66%
Management Reporting	62%
Health & Safety Management System	49%

### Top 3 areas for improvement

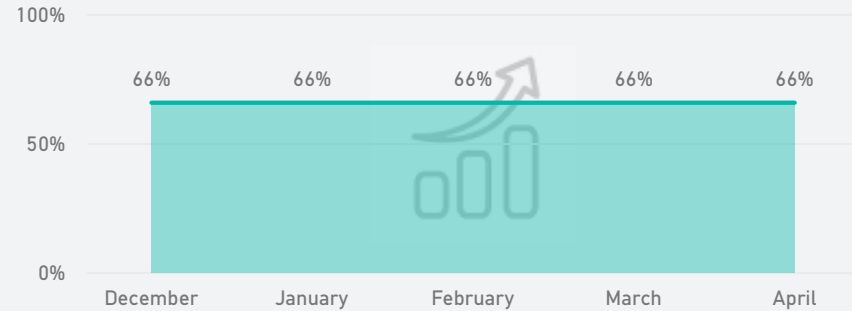
Module	Current Index
Verification & Audit Activities	26%
Management Knowledge	32%
Worker/Contractor Engagement	34%

### Verification & Audit Activities

Module ● Verification & Audit Activities

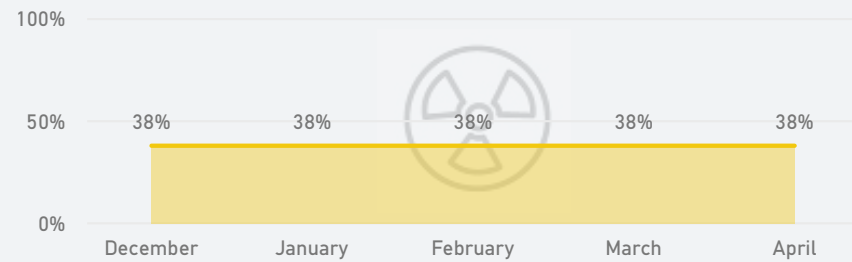


### Director Knowledge



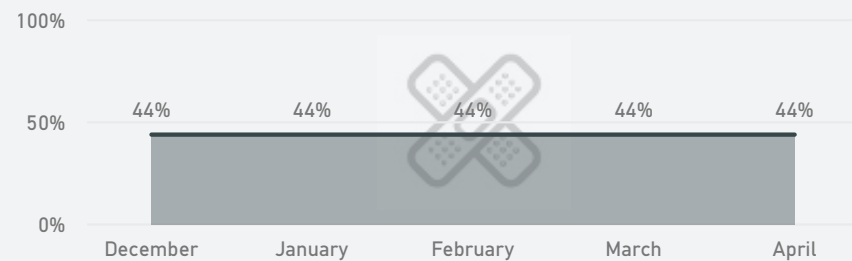
### Emergency Preparedness

Module ● Emergency Preparedness



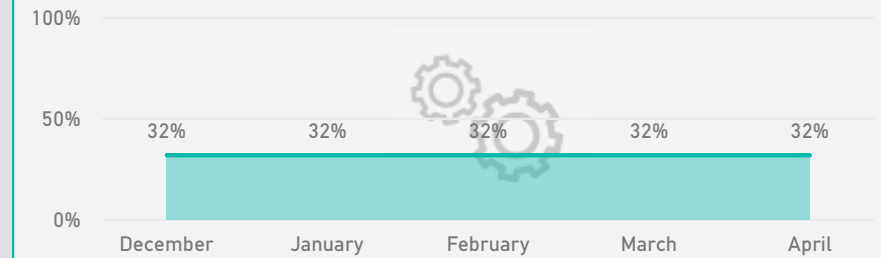
### Health & Safety

Module ● Health & Safety Data Collection



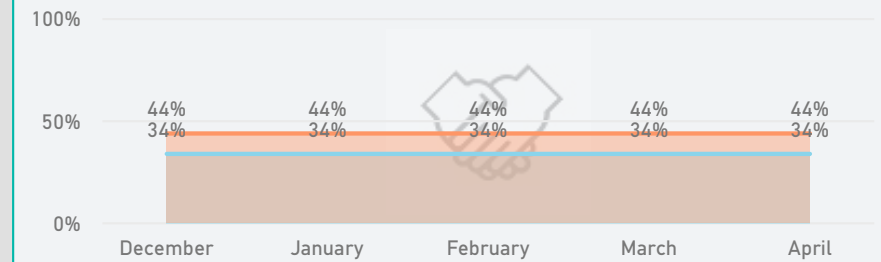
### Management

Module ● Management Knowledge



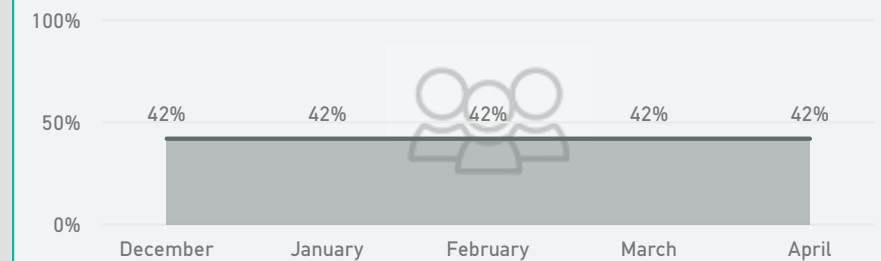
### Worker / Contractor

Module ● Worker/Contractor Engagement ● Worker/Contractor Knowledge



### Culture & Behaviours

Module ● Culture & Behaviours

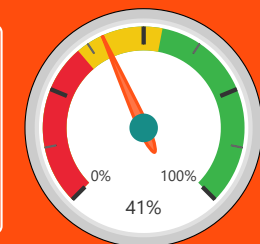


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

41%



52%

NZ MARKET AVERAGE

## Safe365 Module Report for Counties Manukau DHB 24 Orthopa...

### Top 3 areas of good capability

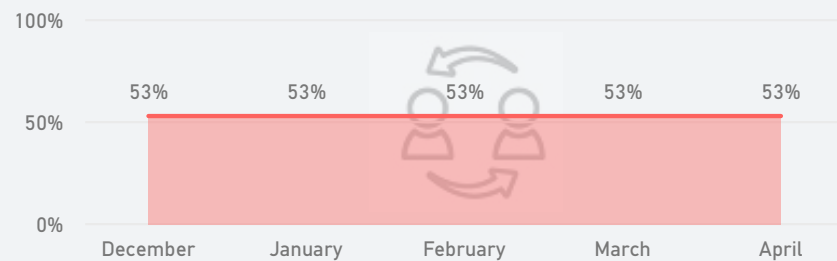
Module	Current Index
Director Knowledge	66%
Health & Safety Management System	57%
Verification & Audit Activities	53%

### Top 3 areas for improvement

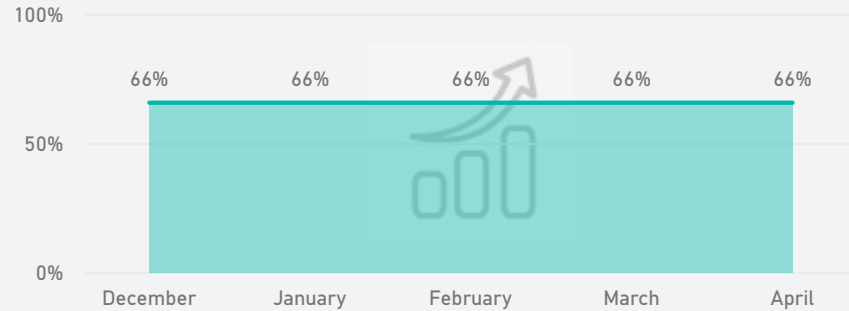
Module	Current Index
Management Knowledge	26%
Emergency Preparedness	35%
Culture & Behaviours	36%
Health & Safety Data Collection	36%

### Verification & Audit Activities

Module ● Verification & Audit Activities

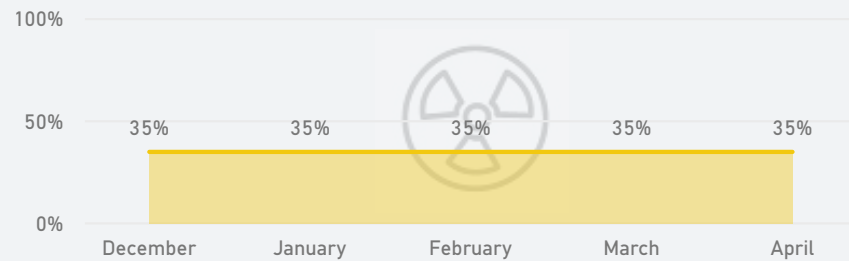


### Director Knowledge



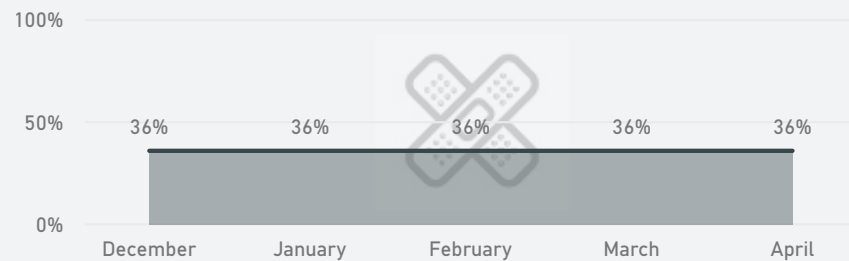
### Emergency Preparedness

Module ● Emergency Preparedness



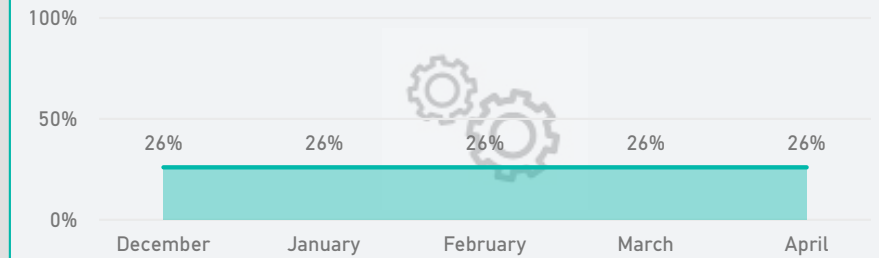
### Health & Safety

Module ● Health & Safety Data Collection



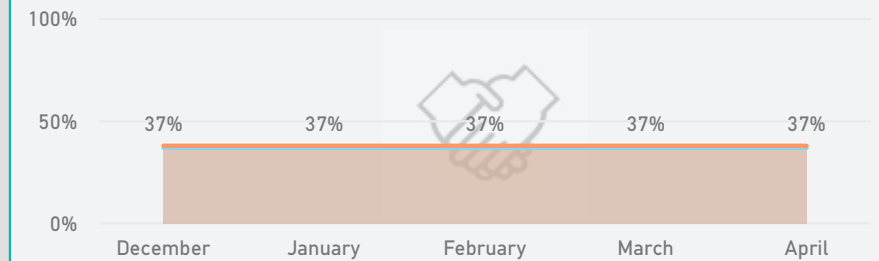
### Management

Module ● Management Knowledge



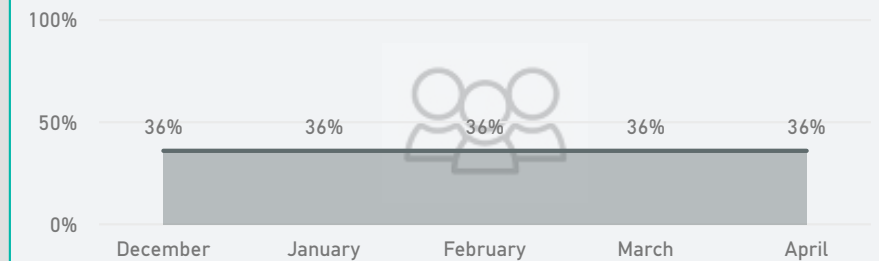
### Worker / Contractor

Module ● Worker/Contractor Engagement ● Worker/Contractor Knowledge



### Culture & Behaviours

Module ● Culture & Behaviours



### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

42%



52%

NZ MARKET AVERAGE

093

## Safe365 Module Report for Counties Manukau DHB 26 Laborat...

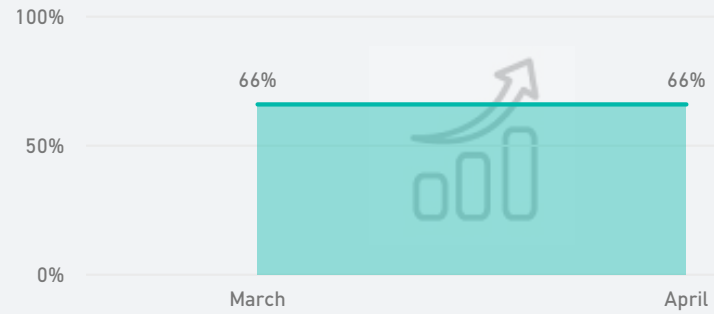
### Top 3 areas of good capability

Module	Current Index
Worker/Contractor Knowledge	68%
Director Knowledge	66%
Management Reporting	64%

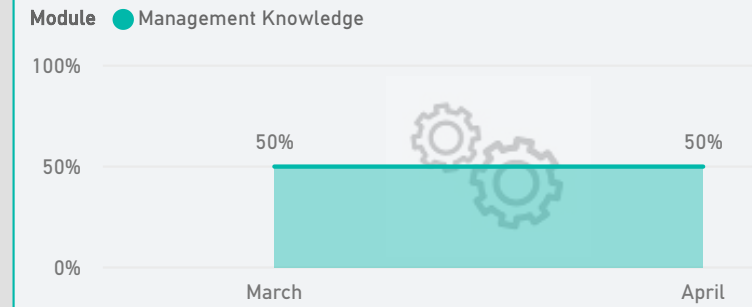
### Top 3 areas for improvement

Module	Current Index
Emergency Preparedness	50%
Management Knowledge	50%
Health & Safety Data Collection	52%

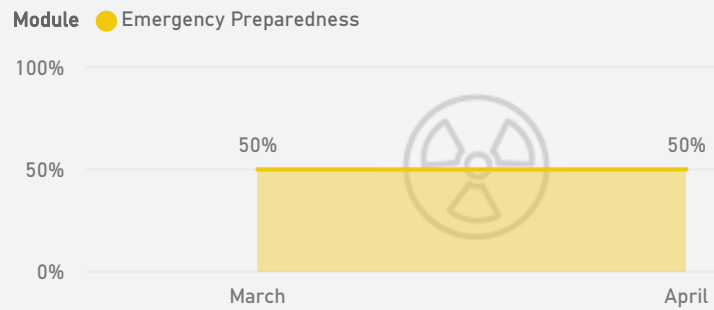
### Director Knowledge



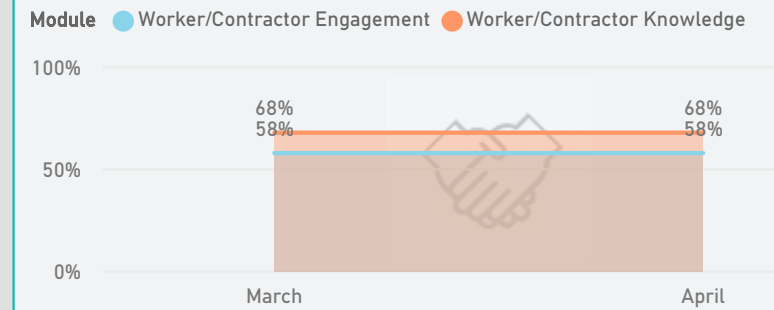
### Management



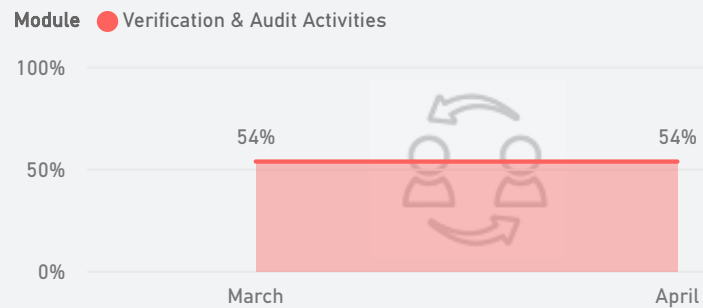
### Emergency Preparedness



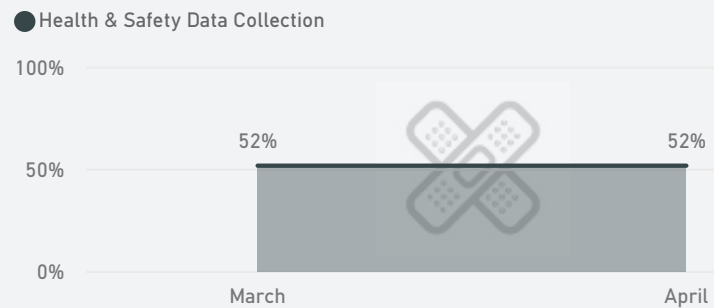
### Worker / Contractor



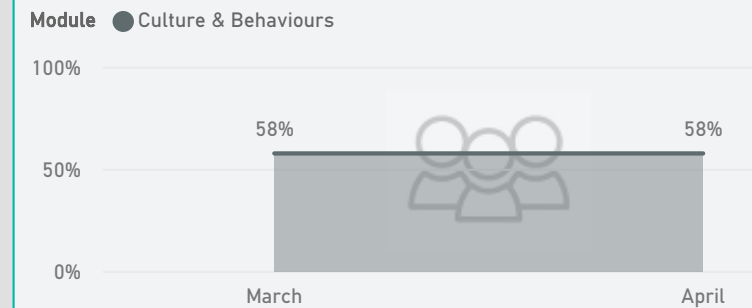
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

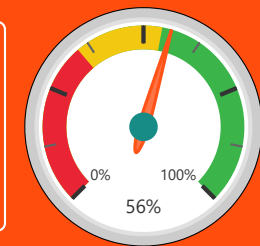


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

56%



52%

NZ MARKET AVERAGE

094

## Safe365 Module Report for Counties Manukau DHB 3 Ko Awatea

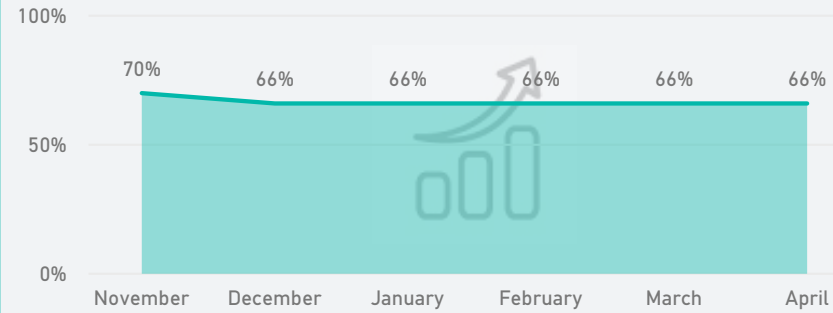
### Top 3 areas of good capability

Module	Current Index
Health & Safety Management System	97%
Management Reporting	80%
Emergency Preparedness	79%

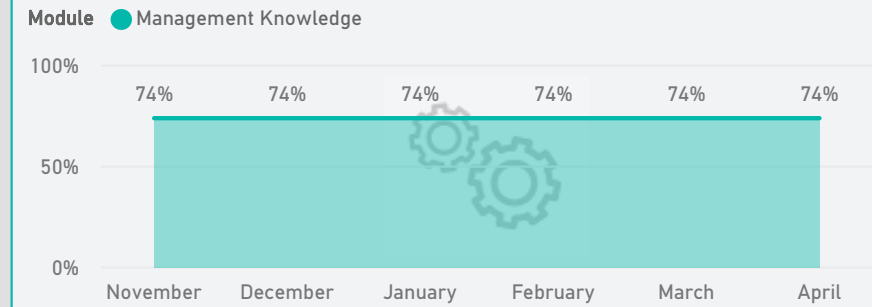
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	49%
Culture & Behaviours	62%
Worker/Contractor Engagement	64%

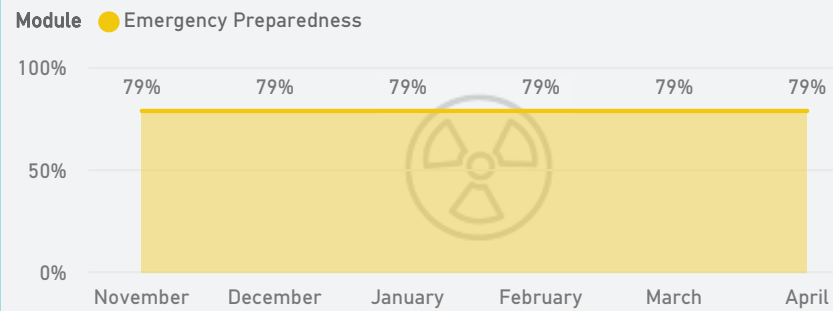
### Director Knowledge



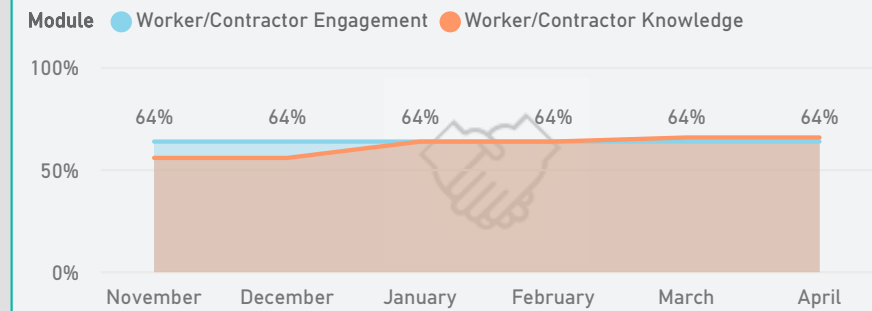
### Management



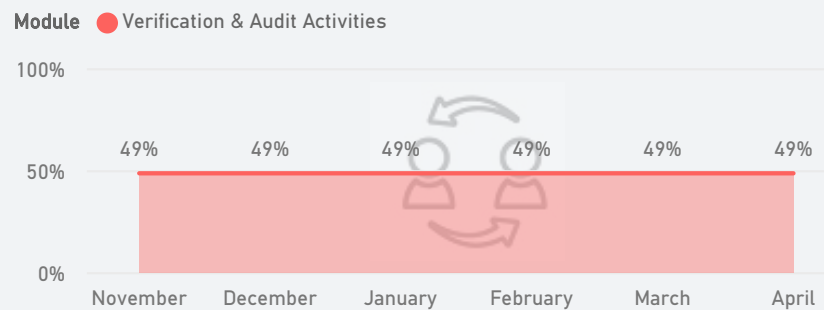
### Emergency Preparedness



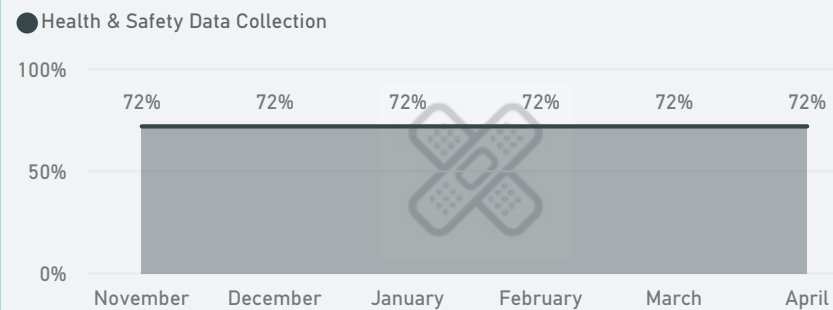
### Worker / Contractor



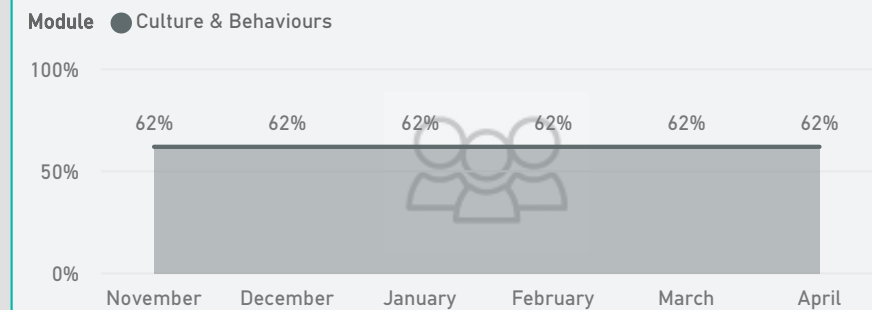
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

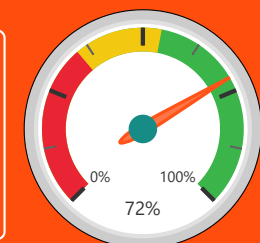


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

72%



## Safe365 Module Report for Counties Manukau DHB 4 ARHOP

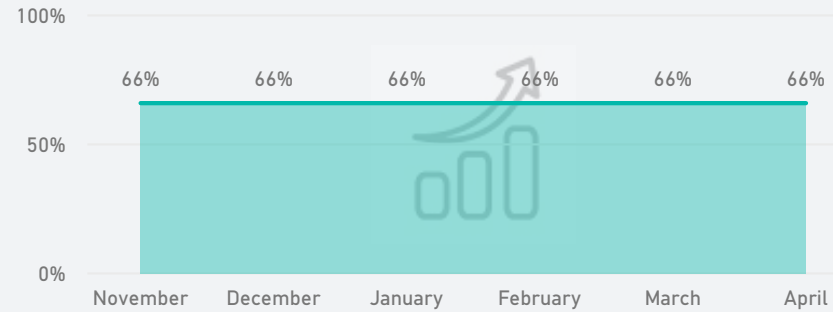
### Top 3 areas of good capability

Module	Current Index
Director Knowledge	66%
Health & Safety Management System	59%
Emergency Preparedness	52%

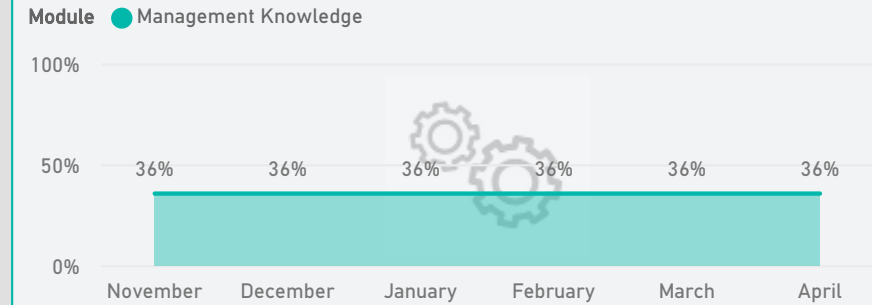
### Top 3 areas for improvement

Module	Current Index
Health & Safety Data Collection	24%
Worker/Contractor Engagement	27%
Worker/Contractor Knowledge	32%

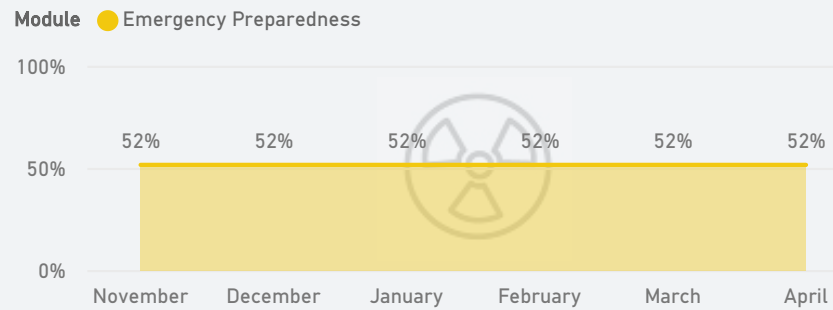
### Director Knowledge



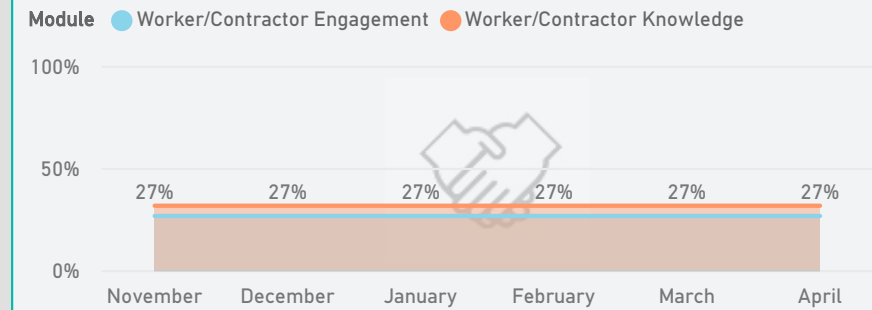
### Management



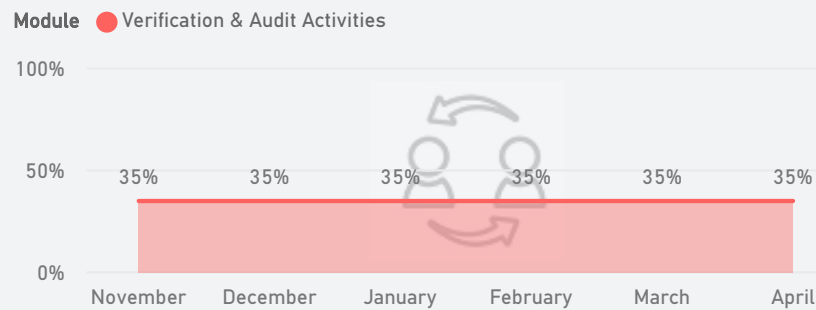
### Emergency Preparedness



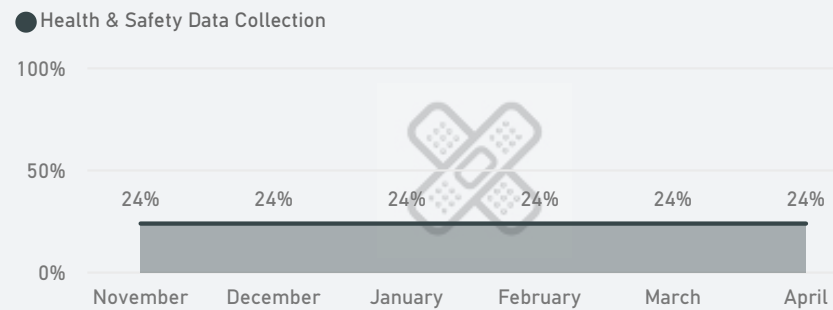
### Worker / Contractor



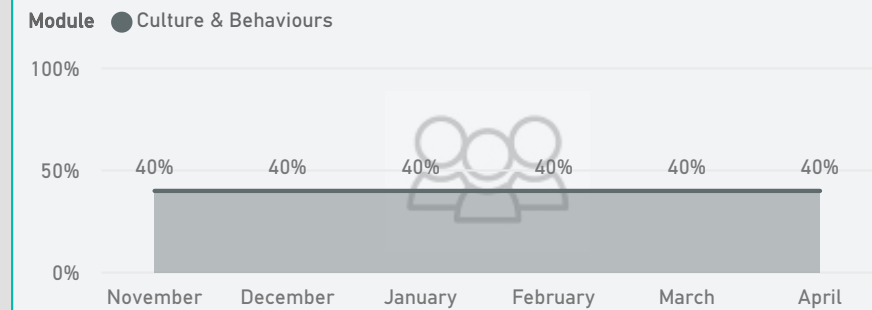
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours



### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

41%





## Safe365 Module Report for Counties Manukau DHB 7 Medicine...

### Top 3 areas of good capability

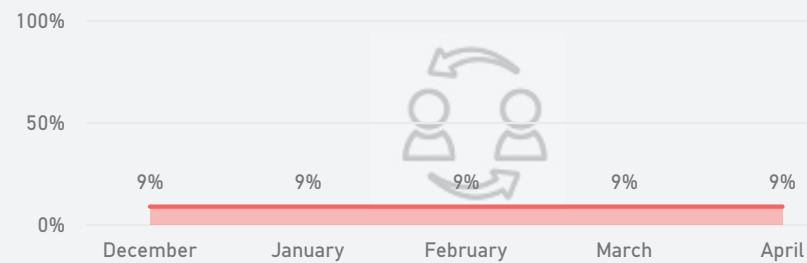
Module	Current Index
Director Knowledge	66%
Management Reporting	63%
Health & Safety Data Collection	48%

### Top 3 areas for improvement

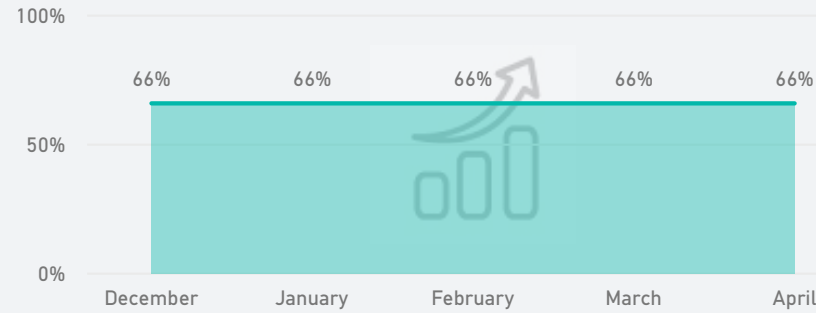
Module	Current Index
Management Knowledge	2%
Verification & Audit Activities	9%
Worker/Contractor Engagement	14%

### Verification & Audit Activities

Module ● Verification & Audit Activities

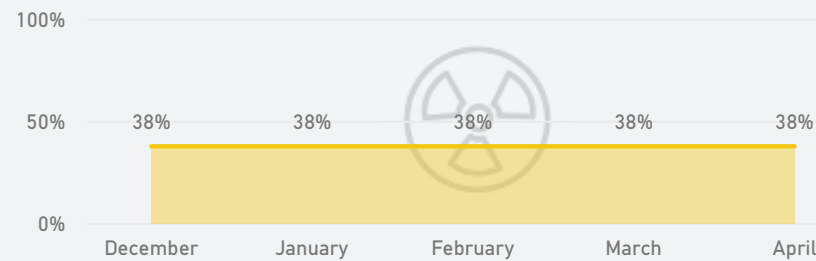


### Director Knowledge



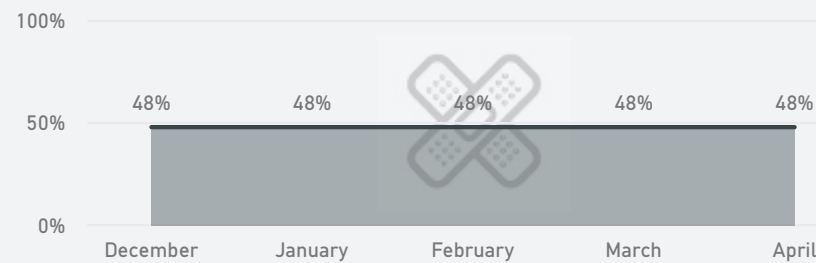
### Emergency Preparedness

Module ● Emergency Preparedness



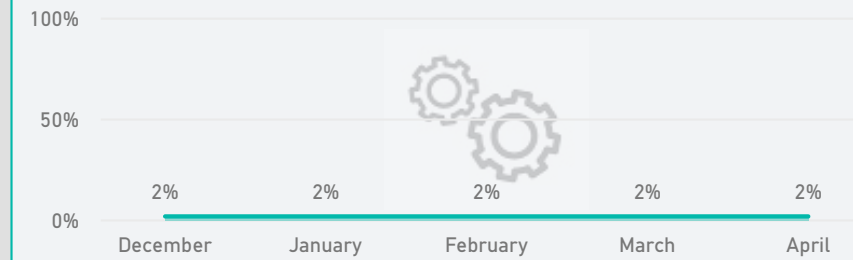
### Health & Safety

Module ● Health & Safety Data Collection



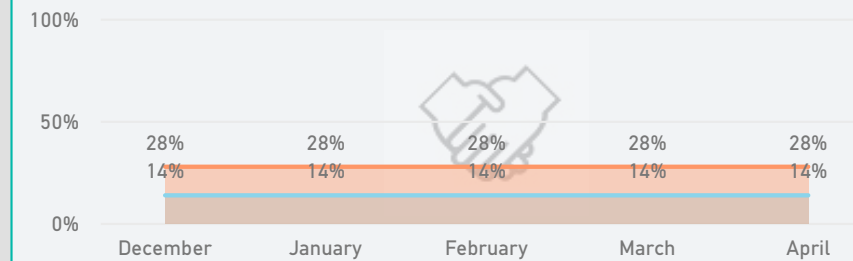
### Management

Module ● Management Knowledge



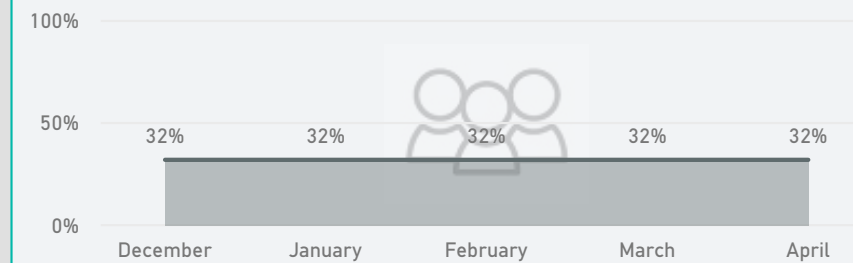
### Worker / Contractor

Module ● Worker/Contractor Engagement ● Worker/Contractor Knowledge



### Culture & Behaviours

Module ● Culture & Behaviours

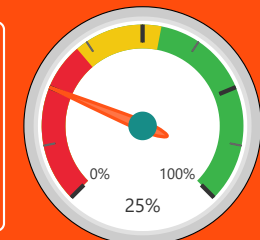


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

25%



52%

NZ MARKET AVERAGE

097

## Safe365 Module Report for Counties Manukau DHB 8 Renal Wa...

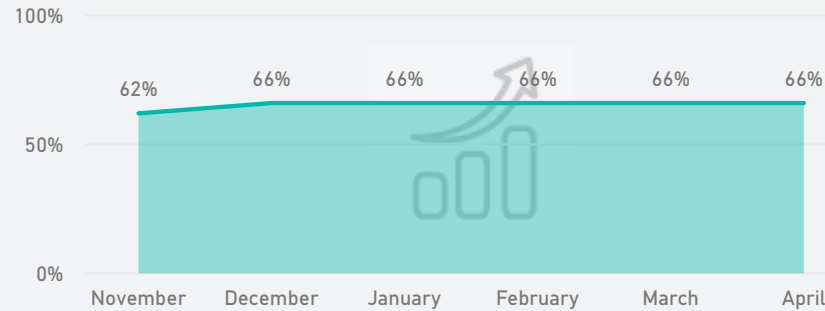
### Top 3 areas of good capability

Module	Current Index
Health & Safety Management System	77%
Management Reporting	67%
Director Knowledge	66%

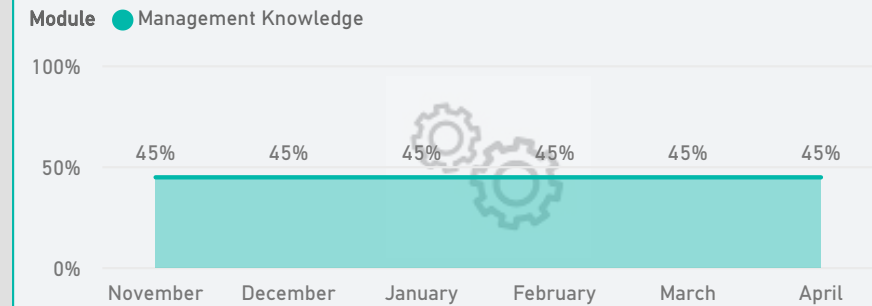
### Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	29%
Emergency Preparedness	40%
Management Knowledge	45%

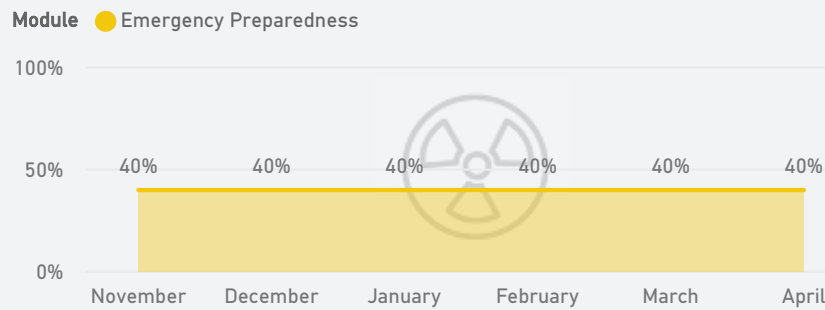
### Director Knowledge



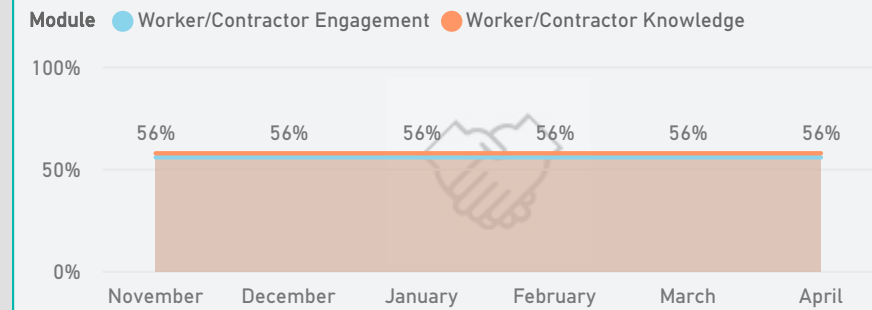
### Management



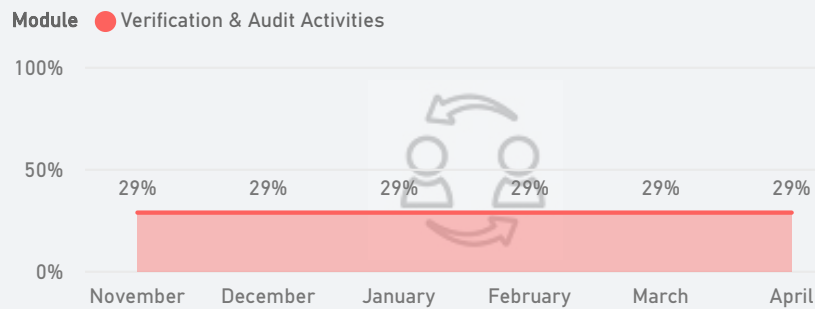
### Emergency Preparedness



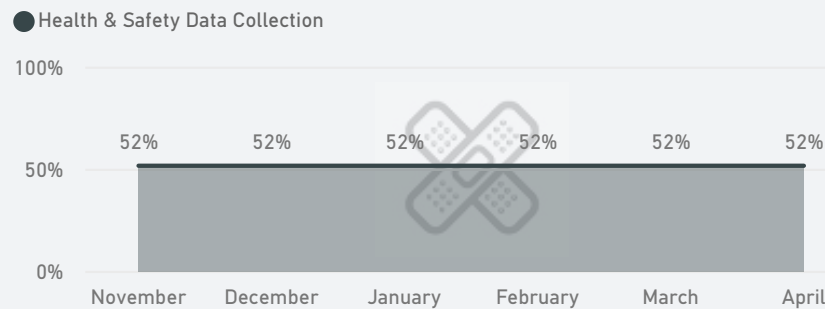
### Worker / Contractor



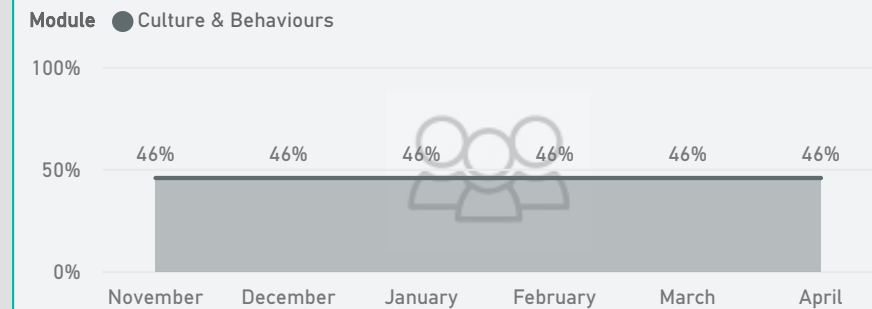
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

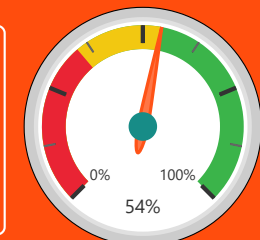


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

54%



52%

NZ MARKET AVERAGE

098

## Safe365 Module Report for Counties Manukau DHB 9 Women's...

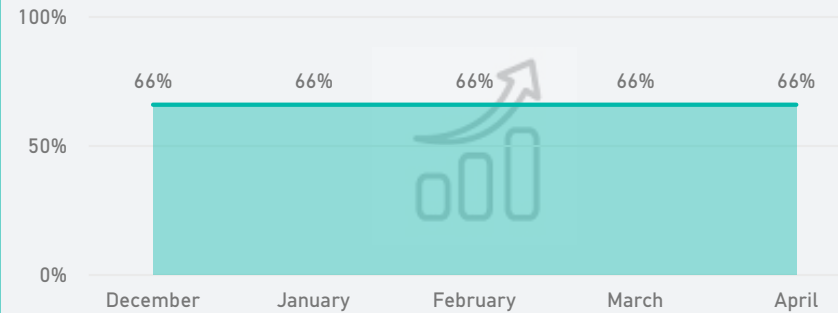
### Top 3 areas of good capability

Module	Current Index
Emergency Preparedness	71%
Director Knowledge	66%
Health & Safety Data Collection	52%

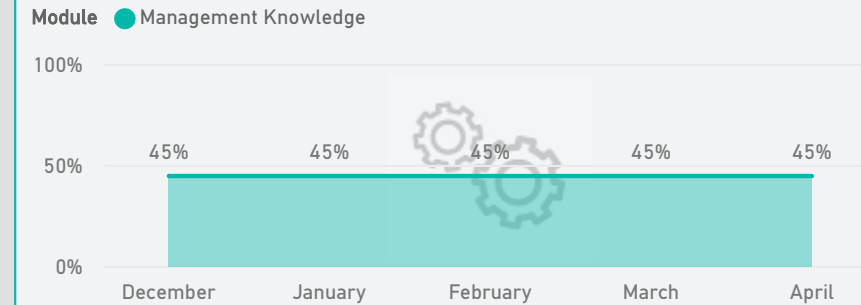
### Top 3 areas for improvement

Module	Current Index
Management Reporting	35%
Verification & Audit Activities	40%
Health & Safety Management System	44%

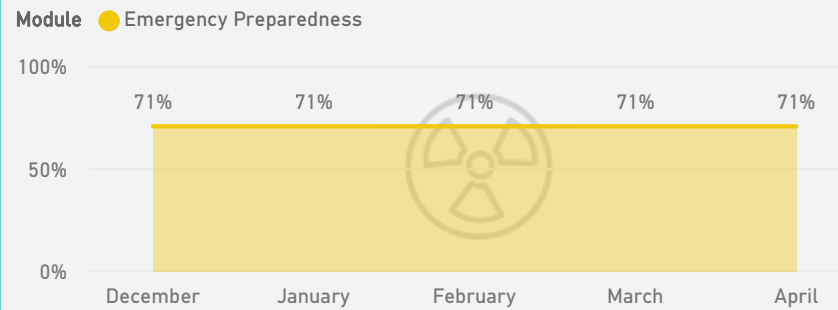
### Director Knowledge



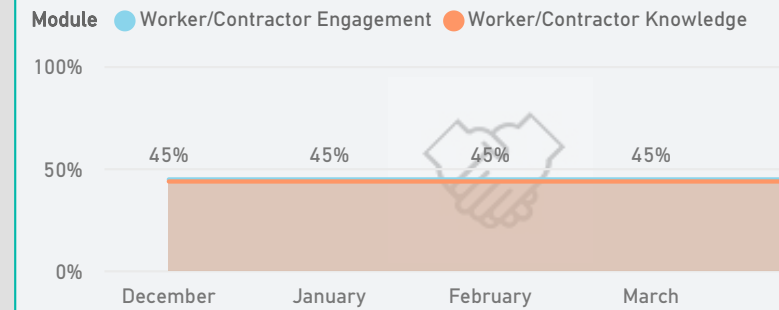
### Management



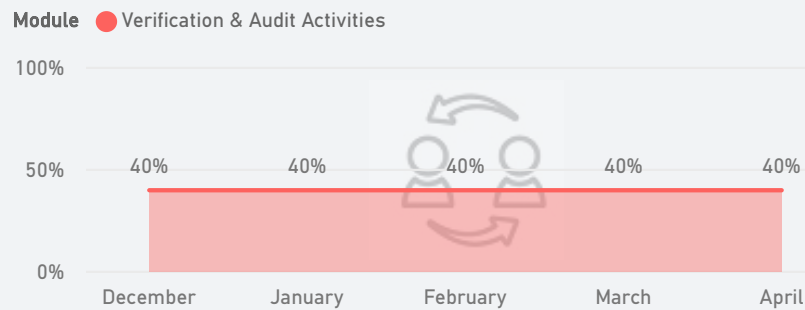
### Emergency Preparedness



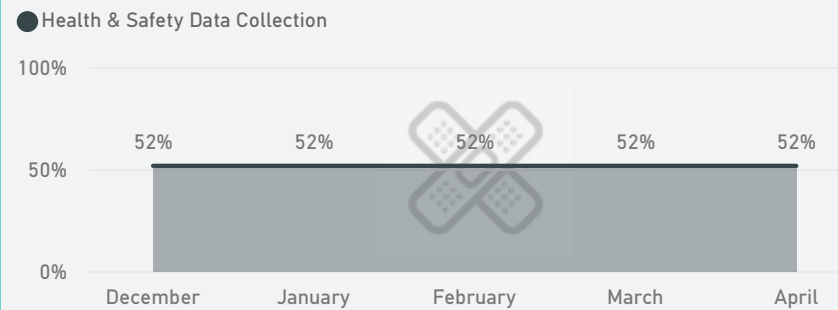
### Worker / Contractor



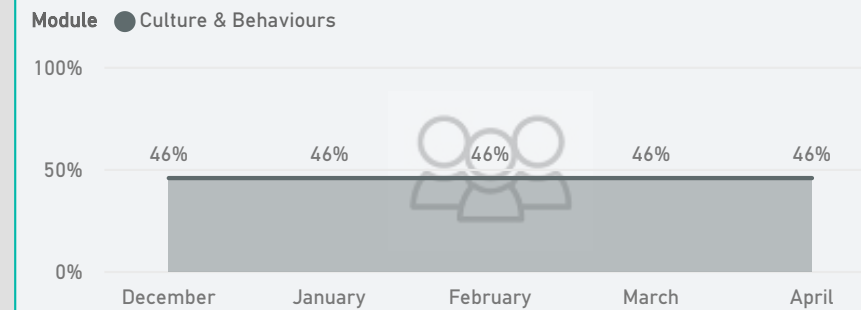
### Verification & Audit Activities



### Health & Safety



### Culture & Behaviours

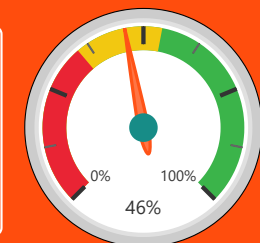


### Guide to Safe365 Health & Safety Index

- 0% - 20%: Very low health & safety capability. Take urgent actions to improve.
- 21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
- 41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
- 61%-80%: General level of compliant health and safety capability achieved.
- 81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

Safe365 Index

46%



52%

NZ MARKET AVERAGE

# Information Paper

## Counties Manukau District Health Board

### 2019 CMDHB Triennial Elections – Final Report

---

#### Recommendation

It is recommended that the Board:

**Receive** this report regarding the 2019 CMDHB Triennial Elections.

**Note** this report was endorsed by the Audit Risk & Finance Committee on 30 April to go forward to the Board.

---

**Prepared and submitted by:** Dinah Nicholas, Board Secretary.

#### Purpose

The 2019 local government triennial elections occurred on Saturday 12 October 2019.

The election for the Counties Manukau District Health Board was conducted by Auckland Council, Waikato District Council and Hauraki District Council on the Board's behalf.

The attached reports provide a summary of the election process as conducted and sets out the final costs associated with conducting the elections.

This report summaries the electoral process.

#### Appendices

1. CMDHB Triennial Election – Final Election Summary Report
2. CMDHB Triennial Election – Final Election Costs Summary

**Election Services**

Level 2, 198 Federal Street, Counties Manukau  
PO Box 5135, Wellesley Street  
Counties Manukau 1141  
Phone: 64 9 973 5212  
Email: [info@electionservices.co.nz](mailto:info@electionservices.co.nz)

Report to the  
Counties Manukau District Health Board  
regarding the

## 2019 Triennial Election

From the  
Electoral Officer

27 February 2020



## Table of Contents

Outline .....	2
Background.....	2
Narrative.....	2
Upcoming Issues.....	6
Summary and Conclusions .....	7
APPENDIX 1.....	8
APPENDIX 2.....	10
APPENDIX 3.....	11

## Outline

The 2019 local government triennial elections occurred on Saturday 12 October 2019. The election for the Counties Manukau District Health Board was conducted by Auckland Council, Waikato District Council and Hauraki District Council on the Board's behalf and was undertaken satisfactorily and on time and met all legislative and practical requirements.

This report summaries the electoral process.

## Background

Local government elections are required to be conducted every three years, with the 2019 election occurring on Saturday 12 October 2019. The conduct of these elections is prescribed by legislation and regulation to ensure public confidence and electoral integrity are maintained.

The following preliminary actions/decisions were made:

- (i) two electoral systems (first past the post and single transferable voting) were again used together for most local authorities in New Zealand. All district health board elections are required to use the single transferable voting system (a requirement under the New Zealand Public Health & Disability Act 2000) and the first past the post electoral system was again used by Auckland Council, Waikato District Council and Hauraki District Council;
- (ii) postal voting was used (by default);
- (iii) the alphabetical order of candidate names was used for the Counties Manukau District Health Board, Auckland Council, Waikato District Council and Hauraki District Council elections.

The electoral officer appointed for the Counties Manukau District Health Board is Dale Ofoske of Election Services, who is also the electoral officer appointed for Auckland Council, Waikato District Council and Hauraki District Council.

With the 2019 elections now complete, this report details the various electoral processes undertaken, together with election statistics for the information of the Board.

## Narrative

### **Elections Required**

Elections were required for seven members of the Counties Manukau District Health Board, elected at large from the southern and eastern parts of the Auckland Council area, the northern part of the Waikato District Council area and the northern part of the Hauraki District Council area.

### **Memoranda of Understanding**

Memoranda of Understanding between the Counties Manukau District Health Board and the respective constituent territorial authorities of Auckland Council, Waikato District Council and Hauraki District Council were exchanged on 31 May 2019. The Memoranda of Understanding were personalized from a standard document used for all district health boards in New

Zealand and approved by the SOLGM Electoral Sub-Committee. The documents establish an agreement between the parties on how the election is to be conducted and includes a cost sharing allocator for apportioning election costs.

#### **Election Timetable**

Key election functions and dates were:

##### **Nomination period**

19 July – 16 August 2019

##### **Inspection of Preliminary Electoral Roll**

19 July – 16 August 2019

##### **Delivery of voting mailers**

20-26 September 2019

##### **Special voting/early processing**

20 September – 12 October 2019

##### **Election day**

12 October 2019

##### **Preliminary count**

13 October 2019

##### **Official count**

14-18 October 2019

##### **Return of Electoral Donations & Expenses Form**

by 13 December 2019

#### **Electoral Roll**

Only resident electors are eligible to vote for members of a district health board.

Resident electors are parliamentary electors, whose details are maintained and supplied by the Electoral Commission.

#### **Preliminary and Final Electoral Rolls**

The Preliminary and Final Electoral Rolls used for the Counties Manukau District Health Board election were compiled by the respective constituent territorial authorities.

Those electors eligible to vote for the Counties Manukau District Health Board election were resident electors on:

- (i) Auckland Council's Franklin, Howick, Mangere-Otahuhu, Manurewa, Otara-Papatoetoe and Papakura Local Board Electoral Rolls (339,427 electors);
- (ii) part Hauraki District Council's Plains Ward Electoral Roll (682 electors);
- (iii) part Waikato District Council's Awaroa ki Tuakau Ward Electoral Roll (12,351 electors).

The total number of resident electors within the Counties Manukau District Health Board area was 352,460.



The Preliminary Electoral Rolls were available for public inspection at all the respective constituent territorial authorities' offices and libraries between 19 July 2019 and 16 August 2019.

## **Nominations**

The nomination period was 19 July to noon 16 August 2019.

Nomination material was available during this time by:

- (i) phoning the electoral office to have the material posted out;
- (ii) visiting a respective constituent territorial authority office to uplift the material;
- (iii) downloading the material from one of the constituent territorial authority websites.

Detailed candidate information handbooks were prepared by each constituent territorial authority and made available to all candidates, any interested party (e.g. media) and available online. The handbooks contained relevant information about the electoral process to potential candidates and included information specific to district health board candidates.

A total of 33 nominations were received for the seven vacancies. This compares to 28 nominations received at the 2016 election.

For a list of candidates, refer Notice of Day of Election (**Appendix 2**).

## **Voting Mailers**

Voting mailers consisting of an outward envelope, return prepaid envelope, voting document and a candidate profile booklet (which included instructions in English, Māori [and ten other languages for the Auckland Council booklet]) were dispatched to electors from Friday 20 September 2019.

The voting mailers were produced by the NZ Post Group and were consistent in design layout to all other local authorities in the country.

## **Special Voting**

Special votes were available from 20 September 2019 to noon 12 October 2019 by:

- (i) phoning the electoral office;
- (ii) visiting one of the constituent territorial authority designated locations.

A total of 1,506 special votes were received from electors eligible to vote for the Counties Manukau District Health Board with 1,091 (72.44%) being valid.

## **Voter Participation**

Auckland Council undertook an extensive programme to encourage voter participation, particularly over the voting

period. The programme included a comprehensive advertising/promotion of the electoral process, a highly successful 'voteauckland' website, assisted voting for those needing physical assistance, 'Vote Friday' with over 60 local businesses participating and a number of 'One Stop Shop' events across the city, where electors could enroll and vote.

### **Elector Turnout**

Of the 352,460 resident electors of the Counties Manukau District Health Board, 111,858 electors returned their voting document. This represents a 31.74% return and compares to a 28% return in 2016. Of interest, voter turnout in the Auckland Council area was 35.3%, down from 38.5% in 2016.

Of note, the 2019 average nationwide elector turnout is 41.7% compared to 42% for the 2016 election, 41.3% for the 2013 election and 49% for the 2010 election.

A schedule of the number of daily returned voting documents over the voting period for Auckland Council is attached (**Appendix 1**).

### **Results**

The preliminary results were released on Sunday, 13 October 2019 following the receipt and processing of a significant number of votes received by hand at the constituent territorial authorities' libraries and offices on election day morning (just over 40,000 in the Auckland Council area alone).

The final results (Declaration of Results of Election – see **Appendix 3**) were made on Friday 18 October 2019 and appeared in the NZ Herald on Monday 21 October 2019.

Under the STV electoral system, no progress results were released – the preliminary results are made available only when all votes/preferences have been included, excluding special votes requiring Electoral Commission validation.

For the Counties Manukau District Health Board election, there were 12,577 (or 11.24%) voting documents returned 'blank' (compared to 13,173 (or 13.45%) in 2016) and 6,921 (or 6.2%) 'informal' voting documents (compared to 5,793 (or 5.9%) in 2016).

'Blank' votes are when there are no marks/votes/preferences for the election. 'Informal' votes are (i) when the voter has marked the voting document incorrectly (e.g. ticked - as for first past the post – rather than a number ranking) or (ii) a '1' preference is not marked, or (iii) the voter's intention is not clear.

## Election Cost

The 2019 estimated election cost advised in March 2019 was \$516,773 + GST.

The 2019 final election cost has now been determined at \$546,146 + GST, and \$29,373 + GST over the estimated cost. This is largely due to:

- a higher number of candidates (33)
- significant postage price rises since 2016 (outgoing +43%, return +59.5%)
- no Waikato District Health Board election in the Waikato District Council area (which increased the cost share for the other organisations, including Counties Manukau District Health Board).

For 352,460 electors, this equates to \$1.55 + GST per elector.

## Upcoming Issues

### Inquiry into the 2016 elections

Parliament's Justice Committee released its report 'Inquiry into the 2017 General Election and 2016 Local Elections' in December 2019.

Recommendations in the report relating to local government elections include:

- centralizing the running of local elections
- aligning DHB boundaries to TAs
- one voting method
- aligning advertising and campaigning rules with general elections
- shifting election day to avoid school holidays
- requiring candidates to provide evidence of citizenship
- requiring candidates to provide evidence of the existence of a political party/affiliation

The report can be viewed at:

[https://www.parliament.nz/en/pb/sc/reports/document/SCR\\_93429/inquiry-into-the-2017-general-election-and-2016-local-elections](https://www.parliament.nz/en/pb/sc/reports/document/SCR_93429/inquiry-into-the-2017-general-election-and-2016-local-elections)

### Inquiry into the 2019 elections

Parliament's Justice Committee is to undertake its normal inquiry into the conduct of the 2019 local government elections. Submissions have been called for and close on Saturday 29 February 2020. The Terms of Reference include:

- examine the law and administrative procedures for the conduct of the 2019 local elections with particular reference to:

- low voter turnout
- licensing trusts
- role of council staff during election periods around decisions on information release and public statements
- disclosure of candidate criminal convictions
- any irregularities that may have compromised the fairness of the elections
- consult stakeholders and the wider public regarding the Justice Committee’s recommendations from the 2016 local elections, particularly:
  - giving responsibility of running all aspects of local government elections to the Electoral Commission
  - encouraging or requiring the same voting system to be used in all local elections
  - foreign interference
- examine the law and administrative procedures for the conduct of energy trust elections held since 2016.

## Summary and Conclusions

The Counties Manukau District Health Board’s 2019 triennial election was conducted successfully and met all legislative and practical requirements. No issues or concerns of significance arose from these elections and all tasks were completed satisfactorily and on time.




**Dale Ofsoske**  
**Electoral Officer // Counties Manukau District Health Board**  
**Election Services**



VOTING DOCUMENT RETURNS - 2019 ELECTIONS

MAYOR

	23 September	24 September	25 September	26 September	27 September	30 September	1 October	3 October	4 October	7 October	8 October	9 October	10 October	11 October	15 October
<b>LOCAL BOARD - ELECTORS</b>															
<b>ALBERT-EDEN (MAUNGAWHAU) - 35713</b>	0	0	750	425	525	1700	2175	475	650	900	1975	1800	1200	925	1464
	0	0	750	1175	1700	475	1180	3625	5425	6925	8000	9600	10800	11725	13189
				3.9%	4.8%	6.1%	11.2%	16.9%	15.2%	15.2%	26.9%	26.9%	30.2%	32.8%	37.4%
<b>ALBERT-EDEN (OWAIRAKA) - 33736</b>	0	0	675	375	575	1250	1250	1250	725	750	1900	1475	1100	675	1649
	0	0	675	1050	1625	2000	3625	4550	5275	6025	7925	9400	10500	11175	12624
				3.1%	4.9%	5.9%	11.6%	13.9%	15.6%	17.9%	23.5%	27.9%	31.1%	33.1%	38.0%
<b>AOTEA / GREAT BARRIER - 770</b>	0	0	0	25	50	75	100	100	150	200	200	250	325	400	509
	0	0	0	25	50	75	100	100	150	200	200	250	325	400	509
				3.2%	6.5%	9.7%	13.0%	13.0%	19.2%	26.0%	26.0%	32.5%	48.7%	51.9%	65.1%
<b>DEVONPORT-TAKAPUNA - 42426</b>	0	0	950	500	700	2700	2700	1625	1125	900	3325	1675	900	900	1885
	0	0	950	1400	2100	4325	6100	6850	6975	7875	11200	12875	14550	15450	17336
				3.4%	5.1%	6.4%	12.0%	13.8%	16.4%	18.6%	26.4%	30.3%	34.3%	36.4%	40.9%
<b>FRANKLIN (PUKEKOHE) - 24020</b>	0	0	375	375	225	875	700	675	925	1500	600	1450	600	800	804
	0	0	375	750	975	1650	2350	3025	3175	4100	4500	6550	7150	7950	8754
				3.1%	4.1%	6.9%	9.8%	12.6%	17.1%	18.7%	21.2%	27.3%	29.8%	33.1%	36.4%
<b>FRANKLIN (WAIROA) - 17088</b>	0	0	400	325	275	300	500	425	375	325	1000	1100	550	250	527
	0	0	400	725	1000	1300	1800	2225	2600	2975	3300	4300	5400	5950	6727
				4.2%	5.9%	7.6%	10.5%	13.0%	17.4%	18.3%	25.2%	31.6%	34.8%	36.3%	39.4%
<b>FRANKLIN (WAIUKU) - 10419</b>	0	0	200	200	25	350	150	150	450	175	150	700	350	300	395
	0	0	200	400	425	775	925	1475	1525	2300	2300	3000	3350	3650	4045
				3.8%	4.1%	7.4%	8.8%	14.2%	19.0%	20.6%	22.1%	28.8%	32.2%	35.0%	38.8%
<b>HENDERSON-MASSEY - 76400</b>	0	0	1250	600	1200	925	2050	1050	1825	1250	4125	2950	1950	1050	2735
	0	0	1250	1850	3050	3975	6025	7375	8425	10250	11500	18525	20525	21575	24510
				4.0%	4.0%	5.2%	7.9%	11.0%	13.4%	15.1%	20.5%	24.3%	26.9%	28.2%	31.8%
<b>HIBISCUS &amp; BAYS (EAST COAST BAYS) - 34567</b>	0	0	600	425	400	350	1300	700	600	675	775	2350	1350	450	1635
	0	0	600	1025	1425	1775	3075	3775	4375	5050	5825	8175	9925	11250	13333
				3.0%	4.1%	5.1%	8.9%	10.9%	14.6%	16.9%	23.6%	27.6%	32.5%	33.8%	38.9%
<b>HIBISCUS &amp; BAYS (HIBISCUS COAST) - 40209</b>	0	0	1000	775	900	700	1500	950	1275	900	1625	1925	1100	675	1722
	0	0	1000	1775	2975	3275	4775	6425	7700	8600	11350	13175	14275	14950	16672
				4.4%	5.1%	5.1%	11.9%	16.5%	19.1%	21.4%	25.2%	27.6%	32.5%	37.2%	41.5%
<b>HOWICK (BOTANY) - 39474</b>	0	0	775	150	625	700	650	650	975	1150	1125	650	975	975	1095
	0	0	775	150	1050	1350	1650	1650	1650	1650	1650	1650	1650	1650	1650
				2.0%	3.1%	6.8%	10.3%	12.8%	14.8%	18.4%	23.7%	27.0%	30.7%	32.1%	34.9%
<b>HOWICK (HOWICK) - 31044</b>	0	0	750	475	450	575	1150	1025	570	775	2925	1225	1125	625	1024
	0	0	750	1225	1675	2250	3400	4425	5700	6475	9000	10225	11350	11975	12969
				3.9%	5.4%	7.2%	11.0%	14.3%	15.9%	20.9%	29.0%	32.9%	36.6%	38.6%	41.9%
<b>HOWICK (PAKURANGA) - 29416</b>	0	0	675	350	425	1125	850	825	875	375	2200	1250	825	600	1144
	0	0	675	1025	1450	1875	3000	3850	4275	5150	5525	7225	8975	9800	11544
				3.5%	4.9%	6.4%	10.2%	13.1%	17.5%	18.8%	26.3%	30.5%	33.3%	35.4%	39.2%
<b>KAIAPĀTIKI - 61251</b>	0	0	1075	450	800	625	1950	1075	825	900	3850	2250	1000	2250	2581
	0	0	1075	1625	2325	2950	4900	6975	6800	9100	12750	15000	17375	18375	20956
				2.5%	3.8%	4.8%	8.0%	9.8%	11.1%	13.4%	14.9%	20.8%	24.5%	26.4%	34.2%
<b>MANGERE-ŌTĀHURU - 50283</b>	0	0	800	600	425	550	1150	675	675	675	1725	1175	1000	725	1340
	0	0	800	1400	1825	2375	3625	4200	4875	5650	8250	9425	10425	11150	12490
				2.9%	3.6%	4.7%	7.0%	8.4%	11.6%	13.0%	16.4%	18.7%	20.7%	22.2%	24.8%
<b>MANUREWA - 67265</b>	0	0	1050	600	775	775	1000	650	775	800	1050	1475	1225	775	1595
	0	0	1050	1650	2425	3200	4800	6650	6325	8175	10750	12225	13450	14225	16510
				2.9%	4.2%	5.6%	8.4%	9.9%	12.5%	14.3%	18.9%	21.3%	23.5%	24.9%	27.9%
<b>MAUNGAKIEKIE-TĀMAKI (MAUNGAKIEKIE) - 20478</b>	0	0	475	300	300	275	775	375	425	325	1500	975	450	300	747
	0	0	475	825	1125	1400	2175	2550	2850	3600	4850	5825	6675	6975	7322
				4.0%	5.0%	6.0%	12.5%	12.5%	16.0%	23.7%	28.4%	30.0%	32.1%	32.1%	35.9%
<b>MAUNGAKIEKIE-TĀMAKI (TĀMAKI) - 29534</b>	0	0	500	450	425	600	625	625	625	450	1450	1000	650	350	697
	0	0	500	950	1325	1925	2550	3275	3475	4000	6000	7150	7550	8000	897
				3.2%	4.7%	6.3%	9.1%	11.0%	12.8%	14.1%	20.8%	24.2%	26.2%	27.4%	30.1%
<b>ŌRĀKEI - 63633</b>	0	0	1500	1125	1150	1050	2500	1450	1650	1450	4725	3575	1000	1025	2534
	0	0	1500	2625	3775	4825	7325	11825	10025	13125	17425	21425	23975	24300	26344
				2.4%	5.9%	7.6%	11.5%	13.8%	15.8%	20.8%	28.1%	33.7%	36.6%	38.2%	42.2%
<b>ŌTĀRA-PAPATOETOE (ŌTĀRA) - 22274</b>	0	0	325	300	250	225	525	225	200	325	550	450	400	425	488
	0	0	325	625	875	1100	1625	1850	2050	2925	3475	3925	4325	4650	5048
				2.8%	3.9%	4.9%	7.3%	8.3%	9.2%	13.1%	15.6%	17.6%	19.4%	20.4%	22.8%
<b>ŌTĀRA-PAPATOETOE (PAPATOETOE) - 30907</b>	0	0	550	375	275	325	825	475	575	425	1125	900	625	275	768
	0	0	550	925	1200	1625	2350	2625	3200	3775	4200	5325	6850	7125	7883
				3.0%	3.9%	4.9%	7.6%	9.1%	10.4%	12.2%	13.9%	17.2%	20.1%	23.1%	25.5%



## APPENDIX 2

### Notice of day of election for the 2019 elections of the three District Health Boards in the Auckland region

Notice is given under section 65 of the Local Electoral Act 2001 that the following persons have been duly nominated as candidates for:



#### Auckland District Health Board (seven vacancies)

AGNEW, Jo (*City Vision Health*)  
 AMOS, Adam (*Independent*)  
 ARMSTRONG, Douglas (*WorldClass Health Auckland*)  
 ATKINSON, Michelle (*City Vision Health*)  
 BOSWELL, Ross  
 BROWNLEE, Zoe (*Independent*)  
 BURROWS, Debbie (*C&R - Communities and Residents*)  
 CHUTIPONGPISIT, Kullasit (*Independent*)  
 CUMMUSKEY, Patrick (*City Vision Health*)  
 DAVIS, Peter (*City Vision Health*)  
 DAVIS, William Tamakehu (*Independent*)  
 ELLIOTT, Troy (*C&R - Communities and Residents*)  
 FLEMING, Susan (*Independent*)  
 GAETA, Helen (*City Vision Health*)  
 HUGHES, Adam (*C&R - Communities and Residents*)  
 KEYS, Jude (*Independent*)  
 LAI, Fiona (*C&R - Communities and Residents*)  
 LEONI, Kerrin (*City Vision Health*)  
 MACDONALD, Kyle (*City Vision Health*)  
 PARKINSON, Kit (*C&R - Communities and Residents*)  
 POIRIER, Monique (*C&R - Communities and Residents*)  
 RICHARDS, Glyn (*Independent*)  
 SCARBOROUGH, Te Karere  
 STOPFORD, Tadhg Tim (*The Hemp Foundation*)  
 SUNDBORN, Gerhard (*Independent*)  
 WARD, Ian (*C&R - Communities and Residents*)  
 WILLIAMS, Pete (*Independent*)



#### Counties Manukau District Health Board (seven vacancies)

ABEL-PATTINSON, Catherine (*Team Health*)  
 AUTAGAVAIA, Apulu Reece (*Labour Party*)  
 AUTAGAVAIA, Autagavaia Vaaiga (*Labour Party*)  
 BENSON-COOPER, Mary-Anne  
 BHANA, Raewyn (*Manukau Alive & Well*)  
 BHATNAGAR, Parag (*Independent*)  
 BOLDY, Te Rata Rangī Pihoihoi (*Labour Party*)  
 BOLES, Garry (*C&R - Communities and Residents*)  
 BROWN, Colleen (*Team Health*)  
 BUNGARD, Katrina (*C&R - Communities and Residents*)  
 CHOUDHARY, Ashraf (*Labour Party*)  
 COLLINGS, David (*C&R - Communities and Residents*)  
 DEWES, Ofa (*Labour Party*)  
 DYALL, Lorna (*Manukau Alive & Well*)  
 FOLAU, Topou  
 GEORGE, Ngatai (*Manukau Alive & Well*)  
 GLENN, Dianne (*Independent*)  
 HICKEY, Huhana  
 KEESTRA, Anita (*Labour Party*)  
 LIM, Albert (*Independent*)  
 MAXWELL, Kathy (*Team Health*)  
 MURPHY, Lyn (*C&R - Communities and Residents*)  
 NORMAN, Elizabeth (*Independent*)  
 PEREIRA, Bernadette (*Independent*)  
 PITCH, Ray (*C&R - Communities and Residents*)  
 PRIDAY, Adrienne (*Independent*)  
 RIVERS, Watchman (*Manukau Alive & Well*)  
 ROBSON, Ezekiel (*Labour Party*)  
 SHARMA VJ, Nivedita (*C&R - Communities and Residents*)

SMITH, Geoff (*Team Health*)  
 TURINSKY, Jewel (*Practical not Political*)  
 WONG, Sally (*C&R - Communities and Residents*)  
 YOUNG, Paul (*Independent*)



#### Waitematā District Health Board (seven vacancies)

ABBOTT, Max (*Health Board Action*)  
 BALOUCH, Uzra Casuri  
 BENSON-COOPER, Edward (*Independent*)  
 BILLING, Nathan  
 BOTTOMLEY, John  
 BUCKLEY, Claire (*Independent*)  
 CARTER, Chris (*Independent*)  
 CHAMPION, Zahra  
 CHEEL, Tricia (*STOP Trashing our Planet*)  
 COLEMAN, Lynne (*Independent*)  
 CONEY, Sandra (*Independent*)  
 FLAUNTY, Warren William (*Health Board Action*)  
 GIRDWOOD, Richard  
 HERNANDEZ, Monina (*Labour Party*)  
 HOOGERBRUG, Jono  
 JONES, Mark (*Labour Party*)  
 LAMBERTON, Jim (*Independent*)  
 LE FEVRE, Mark  
 NEESON, Brian (*Independent*)  
 ROE, Allison (*Independent*)  
 TASHKOFF, Pete  
 WAUGH, Lindsay (*Labour Party*)  
 WHITTAKER, Wendy (*Independent*)

As there are (for each district health board) more candidates than there are vacancies to be filled, elections will be held between the listed candidates on Saturday, 12 October 2019, under the single transferable voting electoral system by postal vote.

#### Issuing of voting documents

Voting documents will be posted to electors from Friday, 20 September 2019.

#### Return of voting documents

Voting documents must be returned not later

than noon, Saturday, 12 October 2019 to the electoral officer.

Voting documents can be returned by post or hand delivered to the following Auckland Council offices and libraries between Friday, 20 September 2019 and Friday, 11 October 2019 during normal office hours, and Saturday, 12 October 2019 between 9am – noon:

- Electoral office, Independent Election Services, Level 2, 198 Federal Street, Auckland Central
- Bledisloe House Service Centre, 24 Wellesley Street West, Auckland Central
- Great Barrier Island Service Centre, Hector Sanderson Road, Claris
- Henderson Service Centre, 6 Henderson Valley Road, Henderson
- Manukau Service Centre, 4 Osterley Way, Manukau
- Orewa Service Centre, 50 Centreway Road, Orewa
- Papakura Service Centre, 35 Coles Crescent, Papakura
- Pukekohe Service Centre, 82 Manukau Road, Pukekohe
- Takapuna Service Centre, 1 The Strand, Takapuna
- Waiheke Service Centre, 10 Belgium Street, Ostend
- all council libraries in the Auckland region

#### Special voting

Special voting in terms of the Local Electoral Act 2001 and the Local Electoral Regulations 2001 may be exercised at the above times and Auckland Council offices, in addition to the following Auckland Council libraries:

- Birkenhead Library, Nell Fisher Reserve, Hinemoa Street, Birkenhead
- Glen Eden Library, 32 Glendale Road, Glen Eden
- Howick Library, 25 Uxbridge Road, Howick
- Kumeu Library, 296 Main Road, Huapai

A person can apply to enrol as either a residential elector or ratepayer elector right up to and including 11 October 2019 – the day before the close of voting.

Dated at Auckland, 21 August 2019

Dale Ofosoke, Electoral Officer  
 Phone 09 973 5212 or 0800 922 822  
 Level 2, 198 Federal Street, Auckland Central

## Declaration of Results of Election for the 2019 elections for the three district health boards in the Auckland region

I hereby declare the results of the elections held on 12 October 2019 for the following district health boards:



### Auckland District Health Board (seven vacancies)

AGNEW, Jo (*City Vision Health*)  
 DAVIS, Peter (*City Vision Health*)  
 ATKINSON, Michelle (*City Vision Health*)  
 BROWNLIJE, Zoe (*Independent*)  
 ARMSTRONG, Douglas (*World Class Health Auckland*)  
 LAI, Fiona (*C&R - Communities and Residents*)  
 WARD, Ian (*C&R - Communities and Residents*)  
 ELLIOTT, Troy (*C&R - Communities and Residents*)  
 BOSWELL, Ross  
 LEONI, Kerrin (*City Vision Health*)  
 WILLIAMS, Pete (*Independent*)  
 BURROWS, Debbie (*C&R - Communities and Residents*)  
 MACDONALD, Kyle (*City Vision Health*)  
 FLEMING, Susan (*Independent*)  
 POIRIER, Monique (*C&R - Communities and Residents*)  
 HUGHES, Adam (*C&R - Communities and Residents*)  
 CUMMUSKEY, Patrick (*City Vision Health*)  
 PARKINSON, Kit (*C&R - Communities and Residents*)  
 SUNDBORN, Gerhard (*Independent*)  
 DAVIS, William Tamakehu (*Independent*)  
 GAETA, Helen (*City Vision Health*)  
 STOPFORD, Tadhg Tim (*The Hemp Foundation*)  
 RICHARDS, Glyn (*Independent*)  
 SCARBOROUGH, Te Karere  
 KEYS, Jude (*Independent*)  
 AMOS, Adam (*Independent*)  
 CHUTIPONGPISIT, Kullasit (*Independent*)

Informal votes received: 8430

Blank votes received: 16452

I therefore declare Jo AGNEW, Douglas ARMSTRONG, Michelle ATKINSON, Zoe BROWNLIJE, Peter DAVIS, Fiona LAI and Ian WARD to be elected. The final quota as determined at the last iteration was 10672.643476184.



### Counties Manukau District Health Board (seven vacancies)

ABEL-PATTINSON, Catherine (*Team Health*)  
 YOUNG, Paul (*Independent*)  
 BROWN, Colleen (*Team Health*)  
 AUTAGAVALA, Apulu Reece (*Labour Party*)  
 GLENN, Dianne (*Independent*)  
 BUNGARD, Katrina (*C&R - Communities and Residents*)  
 BOLES, Garry (*C&R - Communities and Residents*)  
 CHOUDHARY, Ashraf (*Labour Party*)  
 AUTAGAVALA, Autagavaia Vaaiga (*Labour Party*)  
 COLLINGS, David (*C&R - Communities and Residents*)  
 MAXWELL, Kathy (*Team Health*)  
 MURPHY, Lyn (*C&R - Communities and Residents*)  
 BENSON-COOPER, Mary-Anne  
 GEORGE, Ngatai (*Manukau Alive & Well*)  
 SMITH, Geoff (*Team Health*)  
 DEWES, Ofa (*Labour Party*)  
 TURINSKY, Jewel (*Practical Not Political*)

LIM, Albert (*Independent*) Excluded  
 PRIDAY, Adrienne (*Independent*) Excluded  
 SHARMA VIJ, Nivedita (*C&R - Communities and Residents*) Excluded  
 BHANA, Raewyn (*Manukau Alive & Well*) Excluded  
 WONG, Sally (*C&R - Communities and Residents*) Excluded  
 BOLDY, TeRata Rangj Pihoihoi (*Labour Party*) Excluded  
 NORMAN, Elizabeth (*Independent*) Excluded  
 ROBSON, Ezekiel (*Labour Party*) Excluded  
 KEESTRA, Anita (*Labour Party*) Excluded  
 PEREIRA, Bernadette (*Independent*) Excluded  
 HICKEY, Huhana Excluded  
 PITCH, Ray (*C&R - Communities and Residents*) Excluded  
 BHATNAGAR, Parag (*Independent*) Excluded  
 RIVERS, Watchman (*Manukau Alive & Well*) Excluded  
 FOLAU, Topou Excluded  
 DYALL, Lorna (*Manukau Alive & Well*) Excluded

Informal votes received: 6921

Blank votes received: 12577

I therefore declare Catherine ABEL-PATTINSON, Apulu Reece AUTAGAVALA, Garry BOLES, Colleen BROWN, Katrina BUNGARD, Dianne GLENN and Paul YOUNG to be elected. The final quota as determined at the last iteration was 10164.886454926.



### Waitemata District Health Board (seven vacancies)

ABBOTT, Max (*Health Board Action*) Elected  
 BOTTOMLEY, John Elected  
 CONEY, Sandra (*Independent*) Elected  
 ROE, Allison (*Independent*) Elected  
 FLAUNTY, Warren William (*Health Board Action*) Elected  
 CARTER, Chris (*Independent*) Elected  
 BENSON-COOPER, Edward (*Independent*) Elected  
 HERNANDEZ, Monina (*Labour Party*) Excluded  
 HOOGERBRUG, Jono Excluded  
 BALOUCH, Uzra Casuri Excluded  
 NEESON, Brian (*Independent*) Excluded  
 COLEMAN, Lynne (*Independent*) Excluded  
 BILLING, Nathan Excluded  
 WAUGH, Lindsay (*Labour Party*) Excluded  
 CHEEL, Tricia (*STOP Trashing our Planet*) Excluded  
 WHITTAKER, Wendy (*Independent*) Excluded  
 JONES, Mark (*Labour Party*) Excluded  
 BUCKLEY, Claire (*Independent*) Excluded  
 CHAMPION, Zahra Excluded  
 LE FEVRE, Mark Excluded  
 TASHKOFF, Pete Excluded  
 LAMBERTON, Jim (*Independent*) Excluded  
 GIRDWOOD, Richard (*Independent*) Excluded

Informal votes received: 10231

Blank votes received: 18978

I therefore declare Max ABBOTT, Edward BENSON-COOPER, John BOTTOMLEY, Chris CARTER, Sandra CONEY, Warren William FLAUNTY and Allison ROE to be elected. The final quota as determined at the last iteration was 13849.540343861.

Full details of the official results for each election are available on request from the Electoral Officer.

Dated at Auckland, 18 October 2019

Dale Ofoske, Electoral Officer

Phone 09 973 5212 or 0800 922 822

Level 2, 198 Federal Street, Auckland Central





T +64 9 973 5212  
E info@electionservices.co.nz  
W electionservices.co.nz

PO Box 5135, Wellesley Street, Auckland 1141, New Zealand  
Level 2, 198 Federal Street, Auckland

// bringing change

24 February 2020

Counties Manukau District Health Board  
Private Bag 94052  
Manukau 2241

(Attention: Karli Menary)

Dear Karli

Re: 2019 Counties Manukau District Health Board Triennial Election: Final Costs

We refer to the 2019 Counties Manukau District Health Board (CMDHB) triennial election, and advise as follows:

1. The election of seven members to the CMDHB was successfully completed on Saturday 12 October 2019. The CMDHB area covers part of the Auckland Council (AC), Waikato District Council (WDC) and Hauraki District Council (HDC) areas.
2. Our estimated cost of the CMDHB election, as confirmed on 2 July 2019, was \$516,773 + GST. The cost estimate was based on:

	Estimate
AC	\$460,000
WDC	\$30,000
HDC	\$5,000
EO Fixed Fee	\$8,773
EO Variable Fee	\$13,000
TOTAL	\$516,773

All figures exclude GST.

A sum of \$516,773 + GST was recommended to be budgeted.

3. Section 13, Schedule 2 of the NZ Public Health & Disability Act 2000 states:

‘Cost to be borne by DHB

‘The costs incurred by every territorial authority in conducting an election of a DHB must be borne and paid for by the DHB’.

4. To facilitate an equitable cost share with the constituent territorial authority, a MOU was exchanged with AC, WDC and HDC the MOU being based on the 2016 DHB MOU and approved by the SOLGM Electoral Sub-committee.
5. In 2016, the total election cost was \$458,651 + GST, with a cost share of:

AC	\$411,978
WDC	\$23,376
HDC	\$4,278
EO Fixed Fee	\$8,484
EO Variable Fee	\$10,530
TOTAL	\$458,641

6. Actual 2019 election costs, together with ancillary costs, are now known and the cost sharing calculator attached to the MOU has been populated as follows:

	Estimate	Actual	Difference
AC	\$460,000	\$483,137	+\$23,137
WDC	\$30,000	\$39,312	+\$9,312
HDC	\$5,000	\$4,396	-\$604
EO Fixed Fee	\$8,773	\$8,773	\$0
EO Variable Fee	\$13,000	\$10,528	-\$2,472
TOTAL	\$516,773	\$546,146	+\$29,373

7. The cost of the election is therefore \$546,146 + GST and is \$29,373 + GST over the 2019 estimated cost of \$516,773 + GST.
8. There are several reasons for the cost increase – (i) the number of candidates was 33 (up from 28 in 2016); (ii) substantial NZ Post postal price increases from 2016 (outgoing postage +43% and return postage +59.5%); no election held for the Waikato DHB in the Waikato District Council area which increased the CMDHB share (from an estimated 8% to an actual 13.58%).
9. For 352,460 electors, the election cost of \$546,146 + GST equates to \$1.55 + GST per elector (compared to \$1.31 + GST per elector in 2016 or +18.32%).

10. We understand one progress payment (of \$230,000 + GST) has been paid earlier to AC. Accordingly, AC will shortly be invoicing CMDHB for the balance of \$253,137 + GST.
11. In addition, WDC will shortly invoice CMDHB for \$39,312 + GST and HDC shortly invoice CMDHB for \$4,396 + GST.
12. It is noted the two EO payments (fixed and variable) have been received by IESL.

The above information relates to actual election costs incurred in the conduct of the 2019 triennial Counties Manukau District Health Board election. Should you require any clarification regarding this advice, please do not hesitate to contact the writer.

Yours sincerely



Dale Ofoske

***Electoral Officer***

Independent Election Services Ltd

for Counties Manukau District Health Board

CMDHB-actualcosts-ltr-24Feb20.doc

# Information Paper

## Counties Manukau District Health Board

### Corporate Affairs and Communications Report

---

## Recommendation

It is recommended that the Board:

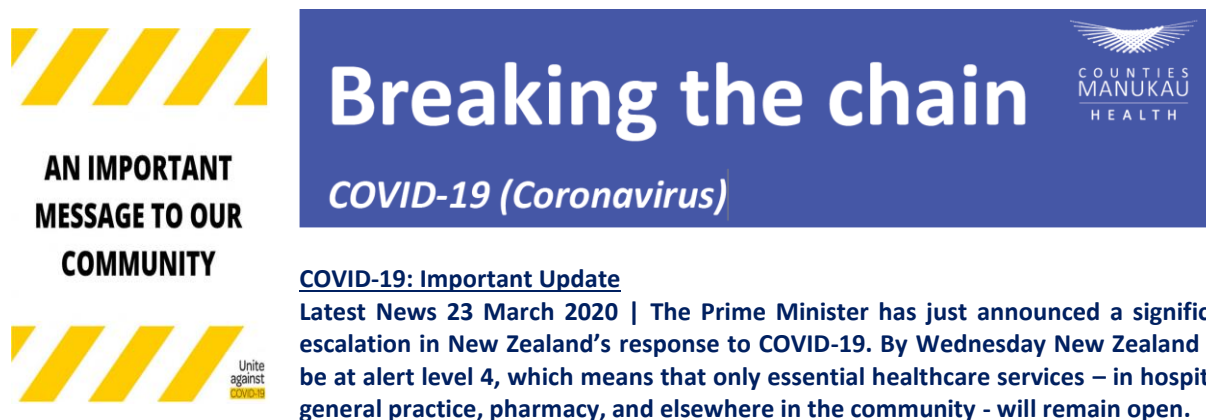
**Receive** the Corporate Affairs and Communications Report for the period 29th February – 30th April 2020.

---

**Prepared and submitted** by Donna Baker, General Manager Communications and Engagement and Parekawhia Mclean, Director Strategy and Infrastructure.

## Purpose

This paper provides an update on Corporate Affairs and Communications activity for the period 29th February – 30th April 2020.



**AN IMPORTANT MESSAGE TO OUR COMMUNITY**

**Breaking the chain**  
*COVID-19 (Coronavirus)*

COUNTIES MANUKAU HEALTH

**COVID-19: Important Update**  
**Latest News 23 March 2020 | The Prime Minister has just announced a significant escalation in New Zealand's response to COVID-19. By Wednesday New Zealand will be at alert level 4, which means that only essential healthcare services – in hospitals, general practice, pharmacy, and elsewhere in the community - will remain open.**

## IMT (Incident Management Team)

The Communications team is supporting the CM Health Incident Management Team (IMT) with regards to COVID-19, with the GM Communications and Engagement acting as the Public Information Manager.

The decision by the government to rapidly implement and then progress through the National Alert Levels (up to Alert Level 4) on 25 March 2020 required a significant and sustained communications response by CM Health. This included supporting extensive communications activities, internally and externally, regarding a large number of changes both within our hospital and community facilities, and across a variety of channels and topics.

The wider health system response involved a mix of direct and public communication that was local, regional and nationally co-ordinated. The team work with, and contributed to communications, activity by the Northern Region Health Coordination Centre, our regional DHB partners, and the Ministry of Health/ Minister's Offices. There has been significant media interest in the South Auckland response, including early identification of the wider impact of the Level 4 restrictions for many in our community.

Internally, communications support focused on rapid distribution of employment-related information, welfare resources, COVID response clinical guidelines and changes in practice, Incident Control Manager Updates,

messages from clinical leads and education/ instructional material for staff including on information technology, working from home, and use/access to PPE and diagnostic testing.

A dedicated COVID-19 page was quickly established on Paanui with staff advised that this would be the 'one source of truth' for information within the organisation. The landing page was reviewed and restructured several times as the focus of interest changed; and additional pages for hot topics such as PPE were created and populated with resources and education/ instructional material, including videos.

## Internal Comms

Paanui / Coronavirus

# Covid-19 (Coronavirus)

Search this site

**Incident Management Team (IMT) Roster:** Please note there may be changes to this roster each week. Click [here](#) for the latest.

**National Hospital Response Framework**

Covid-19 Hospital Initial Impact

**YELLOW ALERT**

Alert level 2

1 3 4

New Zealand COVID-19

## Alert Levels

**Level 3 - Restrict**

Heightened risk that disease is not contained

Unite against COVID-19

**Pandemic Level**

## WE ARE HERE

KEEP IT OUT  
STAMP IT OUT

<p><b>Clinical Guidelines</b></p> <p>Updated guideline for suspected Covid-19 (Coronavirus)   28 April</p> <p>Paediatric Guideline   21 April</p> <p>Adult Patient Flow / Model of Care on Wards   30 April</p> <p>Medicine Model of Care   April 9</p> <p>Case Management Decision Tools - Level 3   28 April</p> <p>CM Health at Level 3 (.mov)   28 April</p> <p>CM Health at Level 3 (.pptx)   28 April</p> <p>COVID Treatment Decision Form   2 April</p> <p>Safe use of Respiratory Aerosol Generating Procedures (AGPs)   24 April</p>	<p><b>Personal Protective Equipment (PPE)</b></p> <p>When to use PPE?</p> <p>How to get PPE?</p> <p>Droplet and Contact Precautions   13 March</p> <p><b>Operations Plan</b></p> <p>National Hospital Response Framework   21 April</p> <p>IMT Roster   4 April to 1 May</p> <p>Community Based COVID-19 Testing Centres</p> <p>Covid-19 Management Plan</p> <p>NZ Covid-19 Alert Levels</p>	<p><b>Daily Incident Controller Updates</b></p> <p>30 April   <a href="#">Previous Updates</a></p> <p><b>CEO Updates</b></p> <p><a href="#">CEO Updates - Covid-19 Response</a></p> <p><b>COVID-19 Live Stream (Webinar) Tues &amp; Thurs</b></p> <p>Parekawhia McLean hosts Margie Apa and Dr Peter Watson (28 April)</p> <p><a href="#">Previous videos</a> (Password COVID19)</p> <p><b>Staff Guidance</b></p> <p>What is the chance my patient has COVID-19?</p> <p><a href="#">Frequently Asked Questions</a></p> <p>Healthcare workers working between</p>
---	--	--

**All of Government Welfare Number**  
(welfare information and support for individuals in self-isolation) Ph: 0800 779 997

**myHR**

For all MyHR queries, please [email us](#) or visit the [myHR site](#).

[HR Information for Employees and Managers](#)

[IT Information for Employees and Managers](#)

**Public Information**

[Guide for patient with COVID-19](#)

[ARPHS](#) (Auckland Regional Public Health)

[Ministry of Health](#)

- COVID-19 landing page was a critical communications channel. Updates included revised Clinical Guidance such as Case Management tools, Personal Protective Equipment resources, FAQ section, collateral, videos, links to MoH, Civil Defence Emergency Response and Incident Control documents.
- The internal communications response included use of all the usual communication tools (Paanui, all-staff emails, targeted written resources, screen savers, posters, pull up banners, videos etc), and also

introduced new opportunities including a daily webinar live-stream with the Chief Medical Officer, and key clinical leads.

- An update from the Incident Management Controller was sent (initially daily) via all-staff email and also made available on PAANUI.
- Updates from the Chief Executive were sent regularly via email and posted on Paanui
- Communications supported the local DHB working group implementing the national policy and guidance. This included internal communication to clinical staff on the changes, design/ signage collateral, information resources and key messages for family/ whaanau and patients directly affected, social media updates, and news release information available on the DHB website, and call centre staff.

### Staff Welfare

- In conjunction with the Organisational Development team, information for staff and managers on working from home was developed and modified in preparation for the change of levels over the coming months.
- Collateral and branding for organisational resources on wellbeing, resilience and employee supports (such as childcare) were designed and released.
- PAANUI included links to the Human Resources page for our staff, information for employment, welfare, Employee Assistance Programme, working from Home resources, and advice/information for managers.

### COVID-19 Daily Livestream Webinar

Date	Daily Livestream Webinar
2020/04/02	Dr Peter Watson hosting Dr David Holland & Dr Gary Jackson
2020/04/03	Dr Peter Watson hosting Dr Vanessa Thornton and Mahaki Albert
2020/04/06	Dr Mary Seddon hosting Dr David Holland & Dr Gary Jackson
2020/04/07	Dr Peter Watson hosting Dr Jenny Parr & Mahaki Albert
2020/04/08	Dr Peter Watson hosting Sarah Tout & Christina Mallon
2020/04/09	Dr Peter Watson hosting Penny Magud & Sanjoy Nand
2020/04/14	Dr Peter Watson hosting Dr Gary Jackson and Dr David Holland
2020/04/15	Dr Peter Watson hosting Dr Richard Matsas and Dr Vanessa Thornton
2020/04/16	Dr Peter Watson hosting Marie Young and Jeremy Caird
2020/04/17	Dr Peter Watson hosting Dr Ian Soosay and Anne Brebner
2020/04/20	Dr Peter Watson hosting Dr Gary Jackson and Dr David Holland
2020/04/21	Dr Peter Watson hosting Margie Apa & Dr Mary Seddon
2020/04/22	Dr Peter Watson hosting Ian Dodson & Vicki Wright
2020/04/23	Dr Peter Watson hosting Dr Nic Randall & Dr Stuart Jones
2020/04/24	ANZAC Address
2020/04/28	Dr Peter Watson hosting Dr Gary Jackson and Dr David Holland
2020/04/30	Parekawhia McLean hosting Margie Apa & Dr Pete Watson

### COVID-19 Collateral Suite

Pull Up Banners	Posters	Pamphlets	Screen Savers	Email Banners	Paanui Landing Page	Social Media	Videos
-----------------	---------	-----------	---------------	---------------	---------------------	--------------	--------

						Media Advertising	
--	--	--	--	--	--	-------------------	--

### COVID-19 Specific collateral design

- Hospital entry and public banners - initially on screening of patients/ visitors, with more specific versions for Maternity and Mental Health services.
- Middlemore Entry Billboards
- Hospital Access and visiting restrictions – Large signage, patient information flyers and social media messages to support hospital security and greeters managing the limitations to visiting and national/regional policy.
- Infection Control Requirements/ access to COVID designated clinical areas for Emergency Department assessment areas, Emergency Department, Wards 6 and 7.
- Resources for correct use of Personal Protective Equipment (including donning/ doffing)
- Health Information Centre (Emergency department porta-com) facility signs, directional teardrop banners.

### Community Engagement/ Public Messages

A significant engagement programme was undertaken by the Communications team to provide advice and support to our diverse audiences, and in particular our vulnerable communities. Many of the messages and collateral were used regionally as well as locally.

### External Communications

Prior to level four announcement, local newspaper adverts and releases signalled the need to restrict visiting, aligned to the message “Haumara te taonga - Keeping our treasures safe”. Alternatives including virtual visiting were encouraged and proactive messages from clinical leaders explained the importance of this measure, which we acknowledged could be distressing for many impacted patients and families.

With the transition to Level 3, our messages supported the Government’s call to “Stay at Home” and keeping workplaces safe, along with national visiting guidance from the Ministry of Health. Messages frequently changed in response to Government direction and/or the needs of our communities.

We supported key messages by clinical leaders to encourage /reassure our community that Emergency Care services remained open in response to a very significant reduction in presentations. This included media releases, website resources, proactive Television and Radio interviews, videos and social media posts, scripts for call centre and media use, and flyers/ posters for direct mailbox and community delivery. Message were often translated into Te Reo, and key Pasifika and Asian languages and promoted through ethnic networks.

Examples of key messages included:

- Emergency Care is Open
- Changes to outpatient appointments methods (remote contact - telephone/ virtual)
- Electives and Outpatient changes - some postponed/ some continue
- Home visiting – safety for patients and staff, including risk assessment and screening
- Visiting Policy (restrictions/ exceptions in level four - for “Stay at Home” and state of emergency)
- CBAC locations and access, and Access to community primary health care service

### Media Releases & Proactive Stories

COVID-19 Media <a href="https://www.countiesmanukau.health.nz/news/cm-health">https://www.countiesmanukau.health.nz/news/cm-health</a>	
20 March	Visitor restrictions for hospitals and facilities due to COVID-19
24 March	COVID-19: Elective Surgeries
25 March	COVID-19: Important Update on Visitor Restrictions
26 March	CM Health establishes COVID-19 information station outside Middlemore Hospital
27 March	Our Emergency Department is open

30 March	Northland and Auckland District Health Boards launch daily COVID-19 Q&A on Māori Television
30 March	COVID-19 community testing network expands in Auckland, with five additional centres
31 March	COVID-19: CM Health to move to telephone appointments
01 April	COVID-19: Patient safety the priority in home visits
03 April	COVID-19: Advice to our pregnant women
03 April	Free flowers to say thanks a bunch
07 April	Māori and Pacific COVID-19 testing boosted with new centres
09 April	New Website for Pacific Communities to Fight COVID-19
09 April	Hospital EDs are open for business despite COVID-19
15 April	Cleaners busy keeping Middlemore Hospital safe
16 April	120 Māori community health workers to be deployed to assist with COVID-19 response
18 April	COVID-19 sentinel community testing undertaken in Auckland
20 April	No COVID-19 positive results from Auckland sentinel community testing
23 April	Virtual appointments ensure continuity of care during COVID-19 pandemic
24 April	Northern Region DHBs test over 40,000 people for COVID-19
27 April	COVID-19 update: Transport in Auckland under Alert Level 3
28 April	COVID-19 Controls remain at Middlemore ED entry

## Videography

From 19 March - 29 April, 41 videos were produced and used to convey a number of key messages from our Tumu Tikanga (Mahaki Albert), including 'no handshake/ no hongī', aroha to everyone, a whakatauki, and thanks to our staff. Pete Watson (Chief Medical Officer) used video messages to update our health system and community on the impact for services in responding to COVID, and further messages to respond to reduced presentations at Emergency Care and for safety of patients needing home visits/ community care.

Our CM Health Professional and Services Leaders, also utilised our videography department, Dr Gary Jackson on case modelling, Dr Jenny Parr on compassionate visiting arrangements, Dana Ralph-Smith on telephone based and community services, Dr Vanessa Thornton and Dr Campbell Brebner on access to emergency and primary care services. These videos were shared across internal and public facing channels.

## Media Campaign

We engaged Catalyst Media Solutions to maximise the power of our COVID-19 advertising. Our campaign, which also supported regional messaging as appropriate, targeted audiences at peak listening times, engaged on social media, and included radio interviews with CM Health professionals.

As a result of local media not being able to publish during this period, we also undertook a letterbox drop to 99,750 homes, particularly targeted to our lower decile communities.

531 PI Radio Interviews	Date & Time	Views
Margie Apa	9 April @7.35am	5,900
Dr Viliam Tutone	14 April @7.38am	7,900
Doana Fatulea'i	29 April @9.06am	2,400

Counties Manukau Activity Performance		
Radio	One Week	Seven Weeks
Net Reach	34%	61%
Average Frequency	303	12.9
No. People	120,578	213,928
Potential	353,600	353,600



Digital	Impressions	Clicks
Neighbourly 69,000 Members	24,495	34
NZ Herald Website	356,168	279
Stuff Website (Desktop)	183,752	144
Stuff Website (Mobile)	183,760	205
FACEBOOK		
Channel	Audience	Impressions
531PI	24,861	581
Nui	116,045	447
Radio Waatea	34,461	1,832
Radio Samoa	73,974	-

## Maaori Health

CM Health lead the development of a Maaori communications campaign, on behalf of the region. The campaign included daily regional livestream on Facebook, and linked to national Maaori media.

The Whaanau Guide for COVID-19

The creation of a live Q&A interactive audience was designed to assist Maaori whaanau deal with the day to day effects of the COVID-19 lockdown. We recognised that the need for information was high as was the 'need' to interact and not feel helpless.

The show, hosted by Te Arahi Maipi and managed by Maaori production company Mahi Tahī; went to air on Sunday 29 March and continued to air for the duration of Alert level 4 and into level 3. It began as a daily broadcast but was reduced after several weeks.

- Simulcast across multiple digital platforms – Maaori Television, Iwi Radio Network and cross-posting on Northern regional DHBs FB pages
- On air at 4pm following the government briefing
- Duration 20-25 minutes
- Host plus three professionals with health as its anchor

The guest list has been extensive and covered the medical and community providers of CM Health.

Response

- First broadcast on Sunday 29 March viewers at 10K
- Weekly average 3.5K – 6K

Other initiatives supported our rural and 'non-online' communities, campaigning our key messages through rural support trusts, community volunteers, community providers, food banks and local Maarae's as well as through Civil Defence Emergency Management. Posters were developed and installed in supermarkets in some areas.

Counties Manukau, Waitemata and Auckland DHBs also joined together to enable a targeted letterbox drop to our Maaori population, regarding COVID-19 and CBAC testing. In our areas 49,921 pamphlets were delivered.

Key communications material, including videos, were translated and made available in Te Reo.

## Pacific Communications

CM Health key messages, including videos, were translated in Samoan, Tongan, Nuian, and shared through our channels and via Pacific media networks working with Catalyst. Media interview slots and adverts were used, as well as reactive social media messages about kava gathering, access to maternity services. Collateral resources

were distributed to church leaders and groups in regards to managing level-4 restrictions on large gatherings and also for funerals and community events, including the cancelled PolyFest event in March.

Along with Auckland and Waitemata DHB's we co-promoted PreparePacific.com – website and facebook; an initiative led by CauseCollective to provide a Pacific focus for COVID-19 key messages and resources. Our collaboration with CauseCollective is on-going, sharing our collateral, and providing access to our health professional talent pool.

The Ministry of Pacific Peoples also initiated a weekly programme for Pacific communities/ languages on social media and television in nine pacific languages, which we also promoted through our external website.

### **Social Media Influencers**

In order to inform our Maaori and Pacific community on key COVID-19 messages, in particular rangatahi/young adults (15-35 years), we contracted seven social media influencers to deliver these messages on a regular basis over a two-week period (13 – 26 April) during Alert Level 4 lockdown. Key messages needed to be delivered in a manner that spoke to these communities; utilising channels that they use. The influencers chosen had a large following and/or specific engagement with this audience.

Key messages were shared by social media influencers over the two-week period. The influencers had creative license in how they conveyed these messages according to what was appropriate for their audience.

### **Key Messages**

- All Auckland Emergency Departments are open 24/7 for emergency care. Your local Emergency Department is open throughout the COVID-19 lockdown period. For minor illness or injury, continue to call Healthline 0800 611 116 or your family doctor for advice.
- Please don't feel whakamaa/shy to go see your family doctor if you're feeling sick. Just remember to give them a call first and they'll advise you on what to do
- There are COVID-19 testing sites in your community if you and your whaanau need to be tested. If you have at least one of the following symptoms: cough, sore throat, runny nose, shortness of breath, loss of smell or fever you can go and get tested. A list of testing sites in Auckland are on the @countiesmanukauhealth website. Please don't hesitate fam to get tested!
- Keep connected - Facebook messenger, Zoom or Skype – there's many virtual ways we can gather with family and friends to keep connected. It's not about keeping our social distance; it's about keeping our physical distance to protect our loved ones.

Social Media Influencers	Forecasted Facebook Reach	Forecasted Instagram Reach	Total Reach
K'Lee McNabb	5,700	8,960	14,660
Katelyn Vaha'akolo		61,300	61,300
Arizona Leger (Personal)	621	3,217	3,838
Arizona Leger (Grp FB)	1,010		1,010
Sean Wainui		35,500	35,500
Sela Alo		8,020	8,020
Ben Falealili		8,300	8,300
Yvonne Falealili		17,700	17,700
Total Potential Reach	7,331	142,997	150,328

Analytics show that the average engagement rate of our messaging using these all of these influencers (apart from one), well exceeded the industry average. For example for the top influencer, we achieved an engagement that is 11.4% above the industry average; the second was 9.39% above the industry average and the third top three influencers was 8.88% above the industry average. These analytics will help us plan future campaigns.

## Asian Health

Our Asian community is diverse and this is the first time CM Health has actively engaged with this audience in a targeted manner. Our target audience included:

- Chinese, including backgrounds of Mainland China, Malaysia, Singapore with Simplified Chinese and Taiwan, Hong Kong with Traditional Chinese.
- Indian, Hindu and Panjabi.
- Korean
- Filipino
- Japanese
- Vietnamese and Cambodian

Key messages were translated and resources made accessible via a designated page on the CM Health external website. <https://www.countiesmanukau.health.nz/covid-19/translations/>

We partnered with several groups/assns including the Korea NZ Cultural Assn, Asia Works, Shanti Niwas Charitable Trust, Sth East Chinese Health Network, NZ Chinese Cultural Salon, Federation of NZ Shenzhen Society. They were encouraged to use our messages in ways that were appropriate to their audiences.

One event which was particularly successful and entertaining was the competition to create a fun hand-washing video through Facebook. More than 4400 entries were received.

## Platforms

Social Media					
Media	Account	Language	Media	Account	Language
WeChat	Federation of NZ Shenzhen Society Ass	Chinese	WeChat	NZ Chinese Cultural Salon	Chinese
WeChat	NZ Chinese Cultural Salon	Chinese	WeChat	Free CM Health Asian Health & Well-being Community Network	Chinese
WeChat	South East Chinese Health Network	Chinese	Line Kakaotalk	Korea-NZ Cultural Cultural Ass.	Korean
WhatsApp	Shanti Niwas Charitable Trust	Hindi	Messenger	Asiaworks	Chinese Korean Hindi
WhatsApp	Asiaworks	Chinese/Hindi			
Homemade Hand Wash Short Video Competition					
	Korea-NZ Cultural Ass.	Korean		Asiaworks	Chinese Indian

Collaboration with Niche Media using their media platforms and networks to reach our Asian community.

Asian Community COVID-19 Key Messages					
<b>Community:</b> Chinese, Indian, Filipino, and Korea					
<b>Duration:</b> April-May 2020					
			* Listenership (per day)	Time Band	On-Stand Days
Chinese	Chinese Voice (AM936, LoveFM) (FM99.4/FM104.2)	Mandarin	100,000+	Prime time	Mon - Sun
Indian	Radio Tarana (1386 AM)	Hindi/English	150,000+	Prime time	Mon - Sun
Indian	Humm FM (106.2 FM)	Hindi/English	150,000+	Prime Non prime time	Mon - Sun
Indian	Radio Apna (990 AM)	Hindi/English	100,000+	Prime Non prime time	Mon - Sun
Filipino	Planet FM 104.6 FM	Tagalog	Not Defined	12.25pm 9.45pm; 4pm	Sat and Sun
Korean	Planet FM 104.6 FM	Korean	Not Defined	9.40am (110 mins)	Mon - Fri
			* Viewership (per day)	Time Band	On-Stand Days
Chinese	TV 28	Mandarin	120,000	Prime time	Mon-Sun
Indian	Apna TV	English	120,000	Prime/Non prime time	Mon - Sun
			Audience Overview	Frequency	On-Stand Days
Chinese	skykiwi.com	Simplified Chinese	6,000 (impression per day)	7 days	Mon-Sun
Chinese	chineseherald.co.nz	Simplified Chinese	40,000 (weekly page view)	7 days	Mon-Sun
Indian	indianweekender.co.nz	English	85,000 page views/month	7 days	Mon-Sun
Korean	nzkoreapost.com	Korean	12,000 (home page)/day	7 days	Mon-Sun

## NON COVID-19

### Flu Campaign 2020

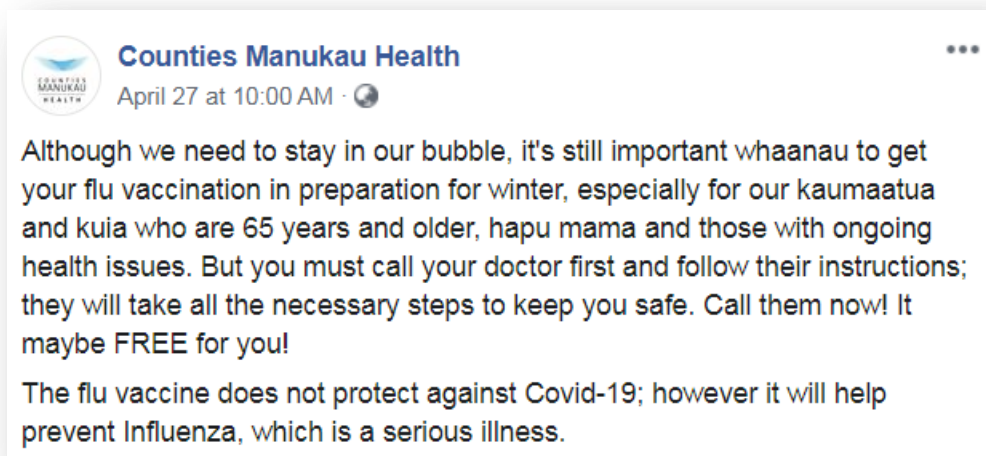
#### Internal

The annual flu landing page is on Paanui for the duration of the Flu Campaign providing updated information for staff including FAQs and links to Ministry of Health for the National Campaign. Peer vaccinators are/were available throughout our wards and our other services throughout CM Health. Flu pop-up clinics started mid-March and ending April. The flu vaccine is still available for staff at Middlemore Central, and this has been communicated to staff through our normal internal channels.

The Mobile Inpatient Vaccination Campaign was launched on 6 April. The mobile immunisation team travel around the wards and service areas of the hospital and SuperClinic offering the flu vaccinations to our patients. The mobile immunisation team utilises the Pharmacy interns to conduct this exercise.

#### External

For our community, vaccination activity is through primary care and pharmacies. Advertising on social media accounts continue, encouraging our whaanau to 'get your flu vaccination' even in the current climate of social distancing and maintaining our self-isolation bubbles.



Our Asian Community Flu Fighters programme is using a different format this flu season, due to COVID-19. Unichem pharmacist Vicki Chan has been vaccinating community groups onsite at the Unichem Pharmacy at Pakuranga. Safety measures are in place - social distancing, hand sanitised/hand sanitizers available for participants, and masks for pharmacists). Vicki has also visited two retirement homes as part of the flu vaccination campaign.

These community groups are part of the networking initiated by CM Health Asian Health Gain advisor Kitty Ko. Current data below for the Asian Community Flu Fighters:

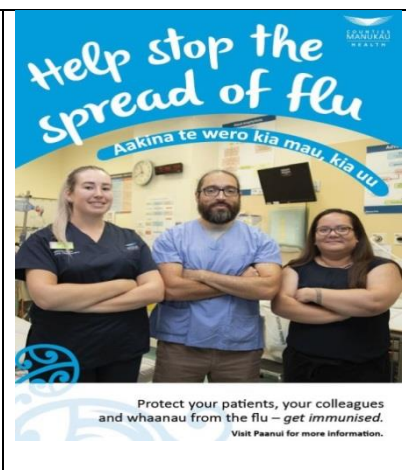
#### Participating Groups

- Chinese (5 community groups)
- European (2 community groups)
- Korean (1 community group)
- Pakuranga Park Retirement Village
- Residential Village/Accommodation
- 635 individuals of the participating groups above have received the flu vaccine.

MEDIA ADVERTISING				
Media	Campaign Dates	Quantity	Advertising	Language
Radio Waatea	11 <sup>th</sup> May-31 <sup>st</sup> July	72	Waatea News Advertising	Maaori

Radio Waatea	11 <sup>th</sup> May-31 <sup>st</sup> July	1	Website Banner Advertising	Digital
531 PI & Nui FM	13 <sup>th</sup> May-31 <sup>st</sup> July	50	Allocated spots throughout the campaign	English
531 PI & Nui FM	13 <sup>th</sup> May-31 <sup>st</sup> July	10	Allocated spots throughout the campaign	Tongan
531 PI & Nui FM	13 <sup>th</sup> May-31 <sup>st</sup> July	10	Allocated spots per month spread across 531	Samoan
531 PI	13 <sup>th</sup> May-31 <sup>st</sup> July	1	Ad on rolling banner of the 531 PI Website for duration of campaign	Digital
Mai FM	11 <sup>th</sup> May-8 <sup>th</sup> July	26	Allocated spots per month spread across 531	English
Radio Tarana	11 <sup>th</sup> May-31 <sup>st</sup> July	190	Allocated spots per month spread across 531	Hindi English

Flu Campaign Collateral							
Translations for Posters & A5 Pamphlets (Chinese, Cook Island Maaori, Hindi ,Maaori, Samoan and Tongan)							
Pull Up Banners	A5 Pamphlets	Posters	Pamphlets	Screen Savers	Email Banners	Paanui Landing Page	Social Media Tiles



## External Comms

OOVID has dominated this space however stories on the website include the discharge of the last patients from Whaakari White Island incident, former orderly now a detective, stroke in younger people, and retiring Midwife Lesley Hinson reflects on a career that spans 29 years with CM Health.

## Proactive Media

- **Last Whakaari patients discharged from National Burn Centre**  
Latest News 6 April 2020 | The last patients involved in the Whakaari/White Island tragedy have now been discharged from the National Burn Centre
- **Midwife reflects on 29 years caring for mums and bubs**  
Latest News 18 March 2020 | Lesley Hinson estimates she saw up to 60 women a year during her 29 years as a community midwife. It was a privilege to work with every one of them, she says. "You knew the family, you knew the circumstances.
- **Orderly role great training for Counties Manukau Detective**  
Latest news Thursday 12 March | Detective Jamie Tovi paid his dues as a police officer on the beat in Mangere but says his training really began as an orderly at Middlemore Hospital.
- **Stroke in younger people on the rise - knowing the signs might save your life**  
Latest news Friday 6 March | Until early 2019, 41 year-old Jane Foster had been living a busy life. Originally from the Cook Islands, she was living in Papatoetoe with her husband Phil, juggling work, drumming and other social activities and family life.

## Official Information Act (1982)

Guidance received from the Ministry of Health and the Ombudsman regards options for DHBs to manage OIA requests during, and related to the COVID-19 Response.

We continue to consider the requests on a case-by-case basis, but advise all requesters that currently response capacity is limited, and most will be deferred until after the Alert level 4 ends. Where practical, requests related specifically to COVID-19 are redirected to publicly available information on Ministry of Health website, however 2 were declined due to the extent of collation sought, and the impact that would have had on operational priorities and response preparations.

There were only two OIA requests from media outlets in April. There are currently six requests that have been advised of a deferred response and extension required, due to COVID priorities. We anticipate completing these in May 2020.

## Internal Comms

### Staff Survey 'Get it off your chest'

We continue to work closely with HR, developing presentation materials, graphics for manager's reports and other collateral as required. Presentations, updates on the Staff Survey will be available when the Staff Forums re-start.

## Local Heroes Award



CM Health Local Heroes Award has finally gone live on the 14<sup>th</sup> April. Nominations are now open for staff, patients, and whaanau to nominate their CM Health Local Hero, to date many nominations have been received. Our first Local Hero will be announced in May. Our CEO Margie Apa will present our Local Hero with their award pin and a \$100 Prezzy Gift Card.

## Stakeholders & Community

### Polyfest

- The event was cancelled as we progressed through to Level 3 then Level 4 for COVID-19; Collateral produced for the event are generic and can be used for future events, and for Polyfest 2021. We will utilise and build on the Comms Plans and productions plans for Polyfest 2021.

### Non COVID-19 Comms Team Collateral Suites

Campaign	Daily Dose	Paanui	Patient Brochure	Social Media	Website Digital	Webinar	Cards	Posters	Newsletter
Reablement			*						
Ramadan	*	*		*					
Women's Health (Contraception)							*	*	
Women's Health Koorero									*
International Nurses Day (12 May) Jenny Parr						*			
International Day of the Midwife (5 <sup>th</sup> May)	*	*		*					
CM Health Local Hero Awards	*	*		*	*			*	*
World Hygiene Day (5 <sup>th</sup> May)	*	*		*					
Profile of Chief of Allied Health, Scientific & Technical Professions									*

### Digital Channels April 2020

#### Website ([www.countiesmanukau.health.nz](http://www.countiesmanukau.health.nz))

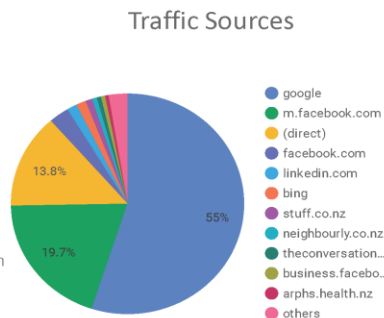
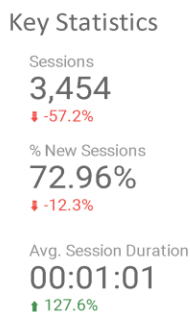
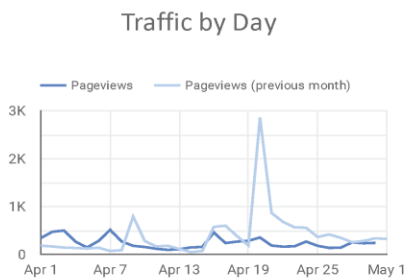
We return to some fairly steady numbers in the month of April after a large spike, shown below, in March. As is appropriate for the time, almost all of our most-viewed articles are related to COVID-19.



## News / Media Release Readership



## CM Health News / Media Releases



### Popular Articles

Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1. COVID-19 sentinel community testing undertaken in Auckland   Counties Ma...	665	89.62%	00:00:50
2. COVID-19: Advice to our pregnant women   Counties Manukau Health	522	86.02%	00:00:48
3. Last Whakaari patients discharged from National Burn Centre   Counties Ma...	459	94.99%	00:00:10
4. COVID-19: Patient safety the priority in home visits   Counties Manukau Heal...	448	89.73%	00:00:22
5. Cleaners busy keeping Middlemore Hospital safe   Counties Manukau Health	402	76.12%	00:00:34
6. COVID-19 update: Transport in Auckland under Alert Level 3   Counties Man...	216	93.98%	00:01:01
7. COVID-19: CM Health to move to telephone appointments   Counties Manuk...	187	87.7%	00:01:25
8. Hospital EDs are open for business despite COVID-19   Counties Manukau H...	132	84.85%	00:00:16
9. Maaori and Pacific COVID-19 testing boosted with new centres   Counties M...	132	91.67%	00:00:09
10. News - By Communications Team   Counties Manukau Health	132	68.18%	00:02:06
11. COVID-19 community testing network expands in Auckland, with five additio...	118	84.75%	00:00:29
12. CM Health establishes COVID-19 information station outside Middlemore H...	109	90.83%	00:01:13
13. New Website for Pacific Communities to Fight COVID-19   Counties Manuka...	106	85.85%	00:02:04
14. Covid controls remain at Middlemore ED entry   Counties Manukau Health	95	87.37%	00:01:23
15. Free flowers to say thanks a bunch   Counties Manukau Health	89	84.27%	00:02:02
16. COVID-19: Elective Surgeries   Counties Manukau Health	85	91.76%	00:00:11
17. Visitor restrictions for hospitals and facilities due to COVID-19   Counties Ma...	69	89.86%	00:01:40
18. A touch of Ivy League at CM Health   Counties Manukau Health	57	92.98%	00:00:07
19. Covid-19: Important Update on Visitor Restrictions   Counties Manukau Heal...	55	92.73%	00:01:22
20. Northern Region DHBs test over 40,000 people for COVID-19   Counties Man...	53	88.68%	00:01:56

### Social Media - total weekly awareness and engagement metrics

Channel	Followers	Follower +/-	Posts	Reach	Avg Reach per Post	Engagement	Avg Engagement per Post	Clicks
Facebook	19,356	4.7%	50	244,519	4,890.38	21,221	424.42	91,679
LinkedIn	8,959	2.75%	6	41,012	6,835.33	3,933	655.5	1,231
Instagra...	916	10.15%	30	12,178	405.93	1,077	35.9	1,172

Figure 1 Web Site Data Metrics from Google Analytics

## Social Media

Very strong performance on Facebook this period as we made the decision to boost some key messages. It's fair to say that Instagram and LinkedIn performed well given that most effort was focused on Facebook during the month of April. (End Feb numbers included for comparison to show growth)

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	19,356 17,917	4.70% 0.18%	51 36	251,336 113,321	4,928 3,148	22,454 6,117	440.27 169.92	92,387 8,897
CM Health Instagram	916 751	1.04% 3.86%	30 18	12,178 6,371	406 354	1,077 428	35.90 23.78	1,172 166
CM Health LinkedIn	8,959 8,350	2.75% 2.19%	6 11	41,012 28,020	6,835 2,547	3,933 2,179	655.50 198.09	1,231 1,393

Figure 2 Summary of Reach and Engagement Metrics for each social media channel

Audience Growth	Totals	Change (vs. last growth)
Total Fans	40,145 29,810	
New Facebook Fans	869 32	72.65% -68.50%
New Instagram Fans	93 29	362.50% 103.68%
New LinkedIn Followers	240 179	-69.35% -126.39%
Total Fans Gained	1,202 240	57.33% 25.47%

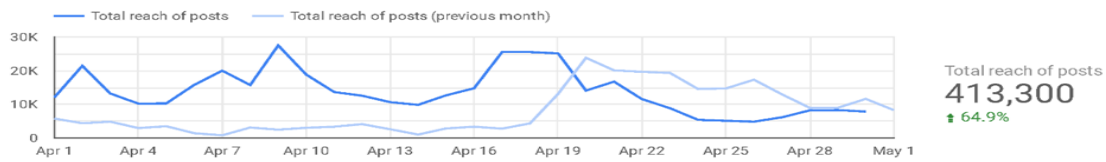
Figure 3 Audience Growth Overview by social media channel CM Health Facebook

## CM Health Facebook

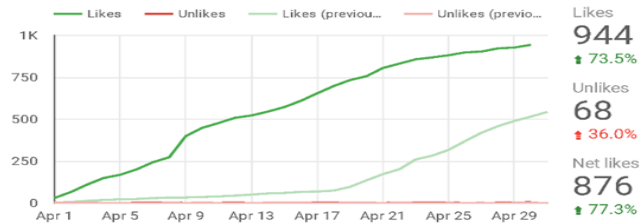
Bolstered by some promoted COVID-19 messaging and by daily live videos, we reach more than 400k people in April on Facebook. With the majority of our messages being focused on COVID-19 and the wellbeing of our population we see messages about kava gatherings lead the way. Alongside the other Northern Region DHBS we launch The Whaanau Guide to COVID-19 for our Maaori population and are pleased to see these videos performing well – an average engagement rate of ~20%.

# CM Health Facebook Metrics

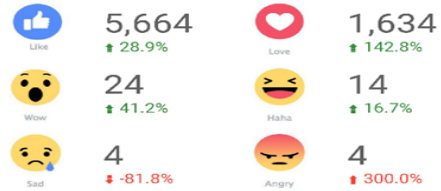
## Post Reach



## Follower Growth



## Reactions Breakdown



## Posts by Engagement Rate

Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Apr 11			3,510	51	6	5	27.32%
Apr 5			5,153	79	10	12	26.66%
Apr 9			2,993	35	2	2	23.52%
Apr 15			3,264	34	2	5	19.09%
Apr 23	Molly the Therapy Dog was a big hit at Ward 35 East Koropiko, Psychogeriatric Ward today. Patients were also treated to an earlier visit this week from Bodi, a Golden Retriever owned by staff member Dr. Olivia Stubbersfield. The visits, organised by Mental Health Service Older People (MHSOP) Community team are to help provide our patients with dementia, depression and other mental illness with a sense of companionship. The team hope to provide dog therapy twice weekly.		7,643	531	62	21	18.06%
Apr 2	Free flowers (that would've otherwise gone to waste) were gifted to staff who were on their way home this afternoon. This beautiful gesture came from a local grower to say a big thank you to those working on the frontline. Ka mau te wehi! How awesome 🌻🌻		24,477	2,005	120	65	17.27%
Apr 18			2,521	31	13	0	17.22%
Apr 8	For our Tondan whaanau - we've heard some concernin...		60,310	2,265	222	574	16.81%

Figure 4 CM Health Facebook metrics and posts

## CM Health LinkedIn

Our efforts focused on reaching our community, we posted 6 times to LinkedIn through the April period. A positive post showcasing the free flowers given to staff working through the COVID-19 lockdown performed so well that, despite fewer posts, we still had an increase in reach and engagement.

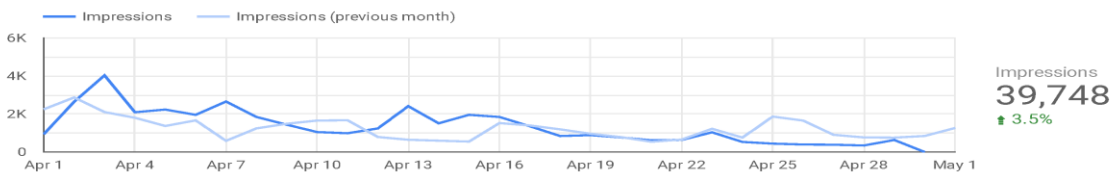
Update engagement © | Time range: Mar 31, 2020 - Apr 29, 2020 ▼

Update title	Created	Impressions	Video views	Clicks	CTR	Reactions	Comments	Shares
One woman's journey from smoker to smoke-free champion All followers	4/29/2020	695	-	11	1.58%	27	0	0
Staff at Counties Manukau Health decorated their wards and areas to... All followers	4/23/2020	1,601	-	99	6.18%	94	2	1
Cleaners busy keeping Middlemore Hospital safe All followers	4/15/2020	4,817	-	122	2.53%	285	18	5
"People and lives matter at Counties " All followers	4/7/2020	1,410	-	91	6.45%	27	2	4
Last Whakaari patients discharged from National Burn Centre All followers	4/6/2020	5,758	-	120	2.08%	308	4	3
Free flowers (that would've otherwise gone to waste) were gifted to staff who were o... All followers	4/2/2020	18,588	-	482	2.59%	848	27	11

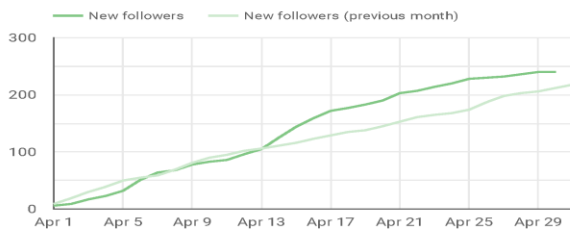
Figure 5 CM Health LinkedIn metrics and posts

## in CM Health LinkedIn Metrics

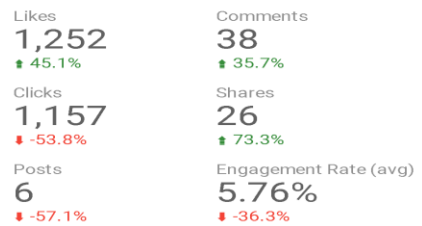
### Post Reach



### Follower Growth



### Engagement Breakdown



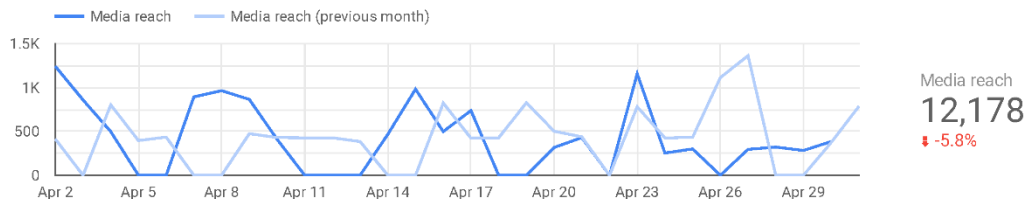
### Post Breakdown

## CM Health Instagram

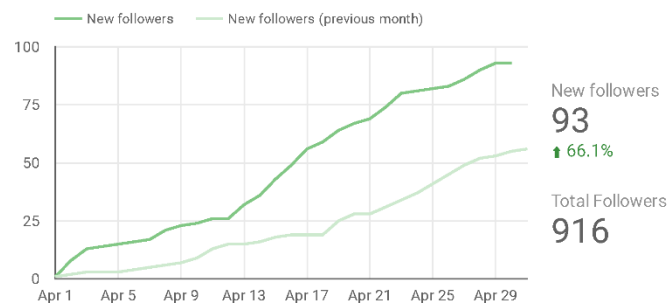
Fairly typical numbers on Instagram this period, however it's worth noting that most of our COVID-19 messaging was performing poorly on this channel as – for the most part - it is not positive content. At the beginning of May we made the decision to stop posting COVID-19 (with the exception of important key messages) to this channel.

### CM Health Instagram Metrics

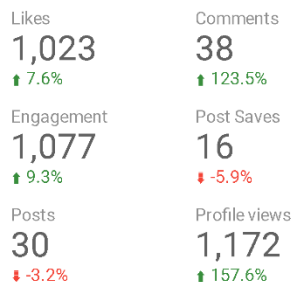
#### Post Reach








#### Follower Growth



#### Engagement Breakdown



#### Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Apr 23	Molly the Therapy Dog was a big hit at Ward 35 East Koropiko, Psychogeriatric Ward today. Patients were also treated to an earlier visit this week from Bodi, a Golden Retriever owned by staff member Dr. Olivia Stubbersfield. The visits, organised by Mental Health Service Older People (MHSOP) Community team are to help provide our patients with dementia, depression and other mental illness with a sense of companionship. The team hope to provide dog therapy twice weekly.		555	123	16	1	25.23%
Apr 2	Free flowers (that would've otherwise gone to waste) were gifted to staff who were on their way home this afternoon. This beautiful gesture came from a local grower to say a big thank you to those working on the frontline. Ka mau te wehi! How awesome 🥰🥰 #frontlineworkers #kapai #sharingiscaring #peoplehelpingpeople #thanksabunch #TeamCounties		518	118	6	0	23.94%
Apr 21	Shout out to the wonderful team at Ward 32! To brighten the staff and patients day, the team decorated the ward with ANZAC poppies and The Ode of Remembrance.		430	74	2	0	17.67%
Apr 7	The last patients involved in the Whakaari/White Island tragedy have now been discharged from the National Burn Centre. "Amazing people did amazing work. People really stepped up and now we have discharged the last of our White Island patients back to their region. It is a good time to say a huge thank you to everyone who was involved" - Dr Peter Watson, Chief Medical Officer, CM Health. Read more here: <a href="https://bit.ly/2UMFRWR">https://bit.ly/2UMFRWR</a>		466	69	1	0	15.02%
Apr 8	An important message from our Kidz First NICU team. Remember whaanau - social distancing is key. Play your part in helping to keep your family safe during this time. 🍌 #keepsafe #TeamCounties #peoplehelpingpeople		521	74	1	1	14.59%

1 - 20 / 30 < >

Figure 6 CM Health Instagram metrics and posts

## News/Media Listening

Peaks: All peaks in April were related to COVID-19. Although there are mentions of Counties Manukau, and CMDHB, not all articles focus on CMDHB. Mentions are made to compare/contrast CMDHB with other DHBs and regions.

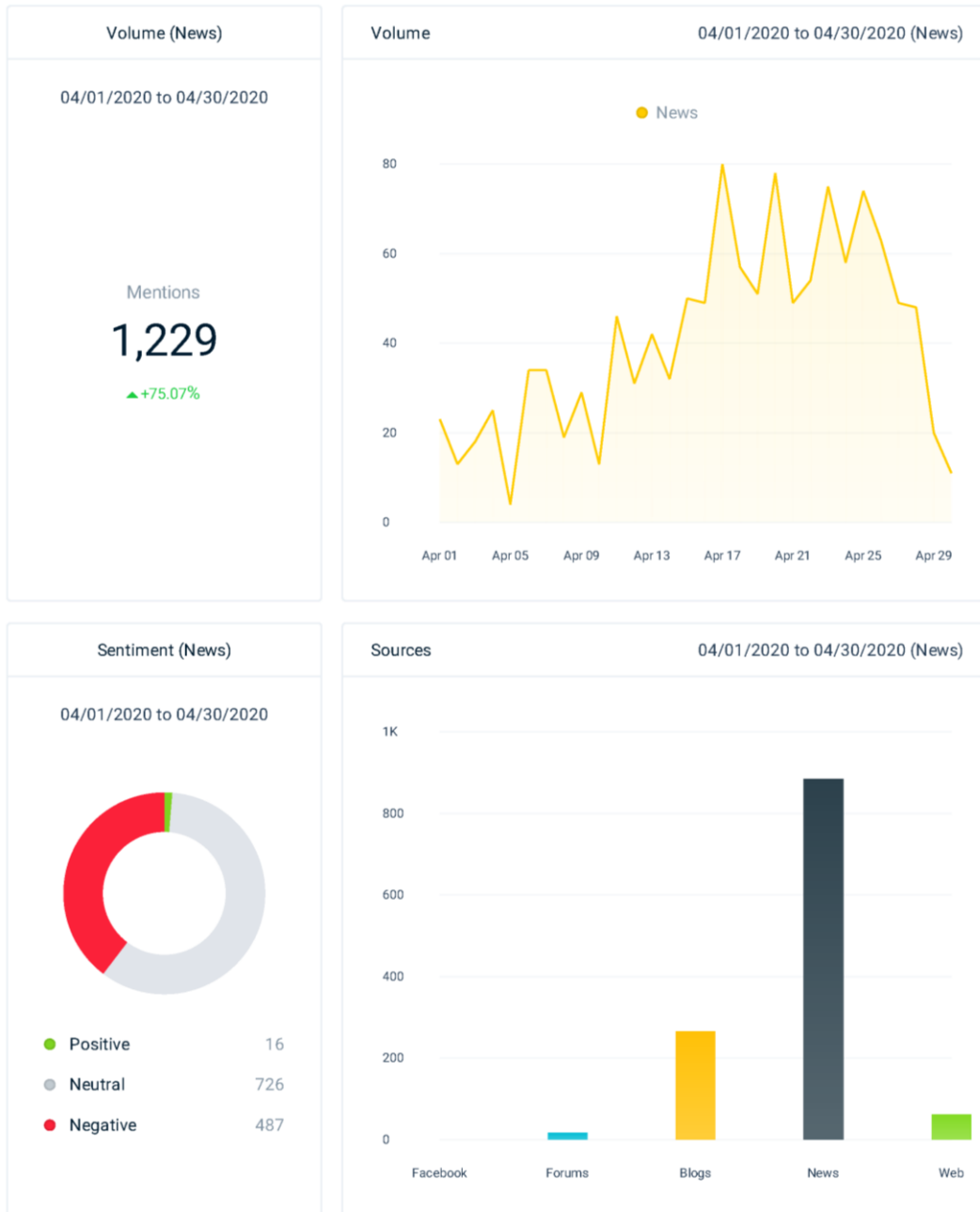
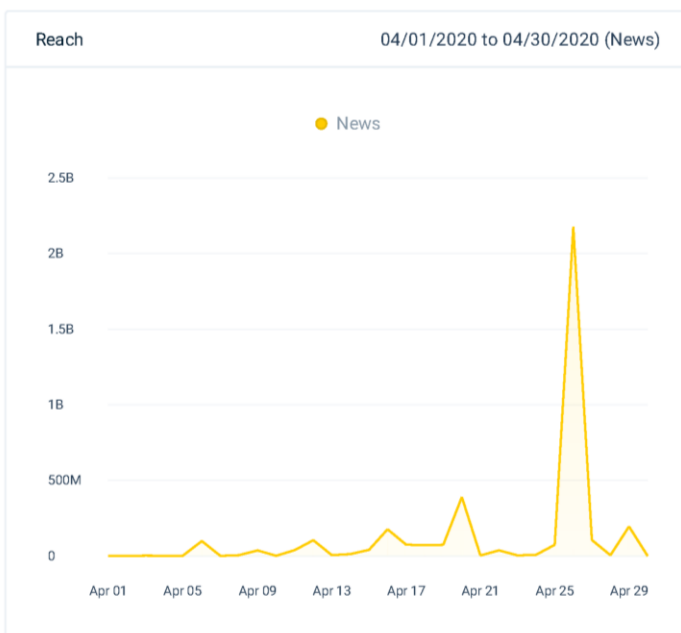
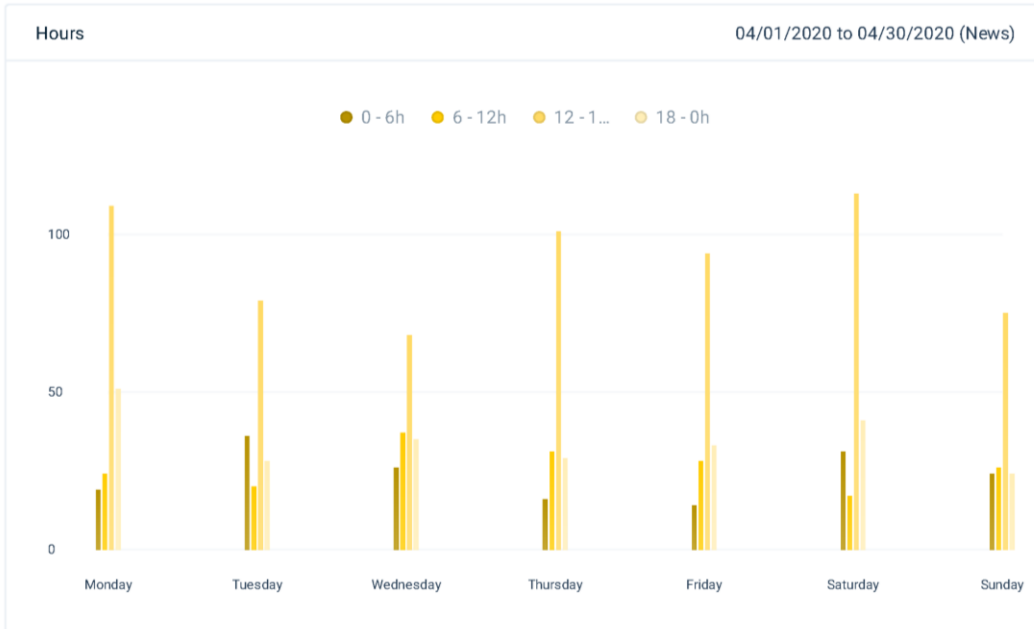


Figure 7 news volume, sentiment and sources



### Reach (News)

04/01/2020 to 04/30/2020

	<b>google.com</b> 10:05 Welcome, intro ductions and meetin...	2B
	<b>wikipedia.org</b> January 2008 at 3.3 ^ Gender Reassignm...	192.9M
	<b>Yahoo Canada</b> ... and was impacted in the first half by th...	175.6M
	<b>Yahoo UK - Currency</b> ... and was impacted in the first half by th...	175.6M
	<b>HunterL22</b> 1142(+24) people ha ve recovered. 7(+0) p...	105.7M

Figure 8 hours and reach

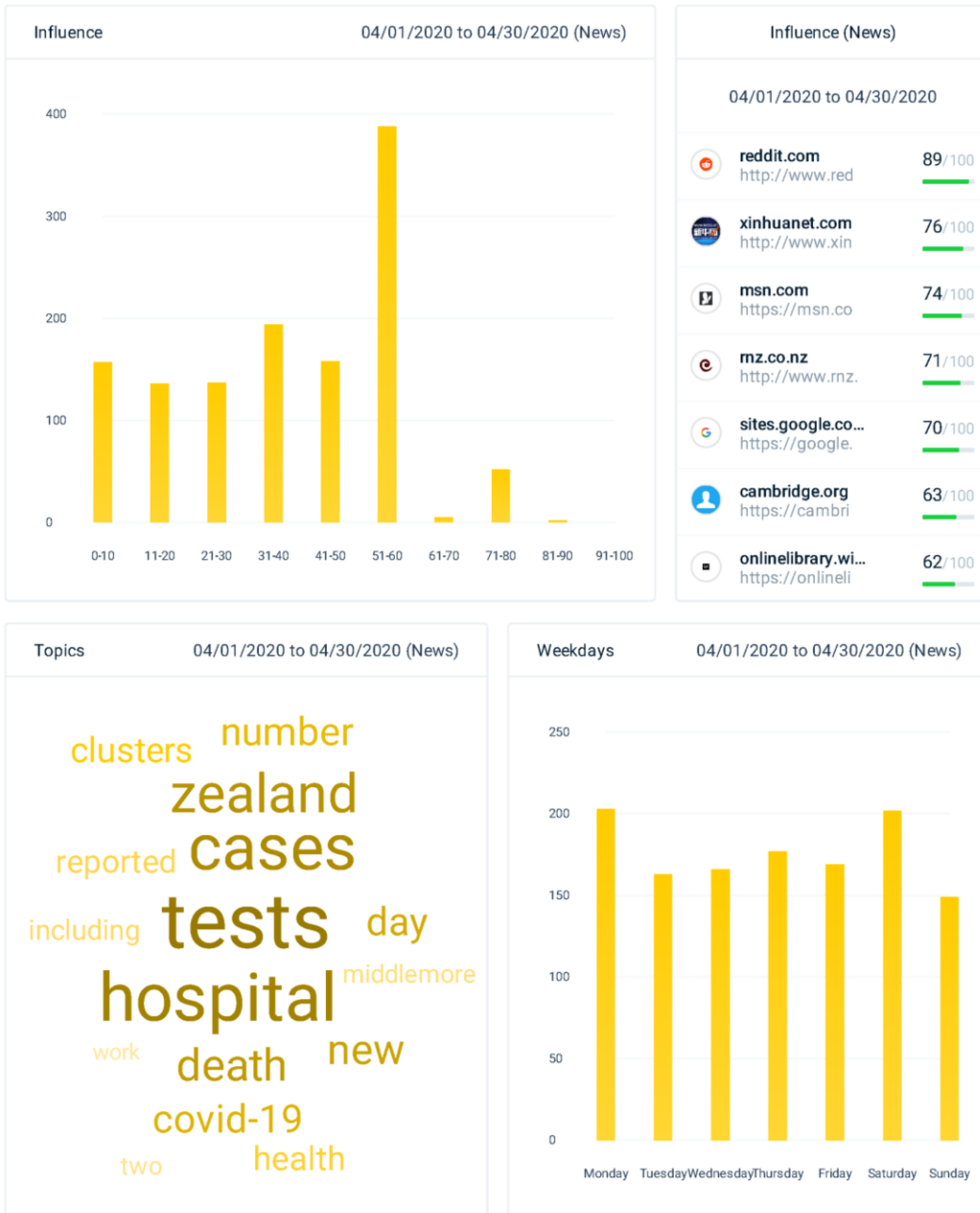


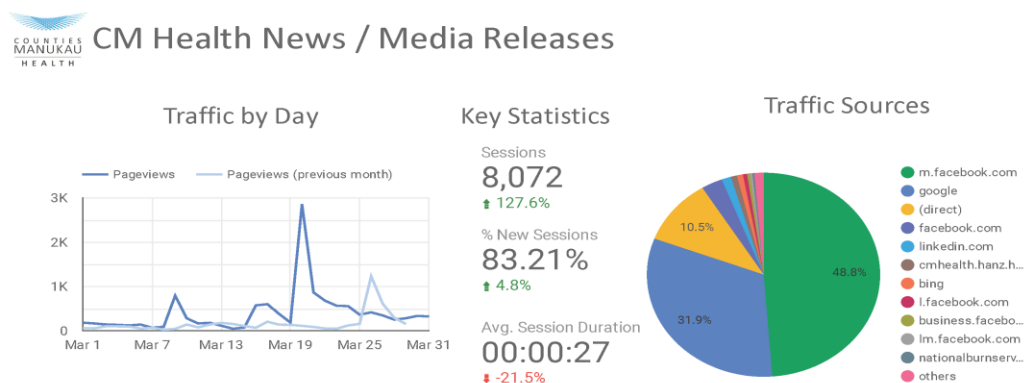
Figure 9 influence, topics, and weekdays



**Website** ([www.countiesmanukau.health.nz](http://www.countiesmanukau.health.nz))

An unusual period for us across all channels as we tackle the Covid-19 crisis. Many of our messages focus on the crisis and changes to visiting rules. We see covid-19 messaging feature prominently in our most-popular posts lists this period.

### News / Media Release Readership



### Popular Articles

Page Title	Pageviews	% Unique Pageviews	Avg. Session Duration
1. Visitor restrictions for hospitals and facilities due to COVID-19   Counties Ma...	4,619	91.84%	00:00:12
2. Orderly role great training for Counties Manukau Detective   Counties Manuk...	1,318	92.41%	00:00:16
3. Stroke in younger people on the rise - knowing the signs might save your life ...	1,176	92.77%	00:00:18
4. Covid-19: Important Update on Visitor Restrictions   Counties Manukau Heal...	597	79.23%	00:01:02
5. Former Orderly enjoying journey to being a Doctor   Counties Manukau Health	455	93.85%	00:00:24
6. Midwife reflects on 29 years caring for mums and bubs   Counties Manukau ...	286	94.41%	00:00:10
7. COVID-19: Elective Surgeries   Counties Manukau Health	257	87.16%	00:00:56
8. General public health advice available on novel coronavirus   Counties Manu...	146	85.62%	00:01:05
9. CM Health establishes COVID-19 information station outside Middlemore H...	126	89.68%	00:01:09
10. News - By Communications Team   Counties Manukau Health	121	71.9%	00:05:00
11. Covid-19 - Important Update   Counties Manukau Health	116	86.21%	00:00:11
12. COVID-19: Important Update   Counties Manukau Health	105	82.86%	00:01:17
13. Visitor car park rates increase at Middlemore Hospital   Counties Manukau ...	87	78.16%	00:01:32
14. Our Emergency Department is open   Counties Manukau Health	81	79.01%	00:00:52
15. Page not found   Counties Manukau Health	79	79.75%	00:01:29
16. Successful first year for new primary care mental health model   Counties M...	68	100%	00:00:21
17. New CMO reflects on remarkable first few weeks   Counties Manukau Health	58	94.83%	00:00:04
18. COVID-19: CM Health to move to telephone consultations   Counties Manuk...	56	69.64%	00:02:31
19. Latest status updates   Counties Manukau Health	48	95.83%	00:00:51
20. New Dental facility for Counties Manukau   Counties Manukau Health	40	87.5%	00:01:33

### Social Media - total weekly awareness and engagement metrics

Channel	Followers	Follower +/-	Posts	Reach	Avg Reach per Post	Engagement	Avg Engagement per Post	Clicks
Facebook	18,481	2.69%	45	252,693	5,615.4	17,422	387.16	30,571
Instagra...	8,699	0.64%	31	12,384	399.48	970	31.29	450
LinkedIn	8,699	2.5%	14	27,861	1,990.07	3,187	227.64	1,855

Figure 10 Web Site Data Metrics from Google Analytics

## Social Media

For the most part March was a steady month for our social channels. We see sharp increases near the end of the month as we start to push our key Covid-19 messages – in particular changes to visiting hours, which received a positive response overall from our audience.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	18,481	2.69%	45	252,693	5,615	17,422	387.16	30,571
CM Health Instagram	8,699	0.64%	31	12,384	399	970	31.29	450
CM Health LinkedIn	8,699	2.50%	14	27,861	1,990	3,187	227.64	1,855

Figure 11 Summary of Reach and Engagement Metrics for each social media channel

Audience Growth	Totals	Change (vs. last growth)
Total Fans	38,710	
New Facebook Fans	484	502.31%
New LinkedIn Followers	212	404.07%
New Instagram Fans	56	2.38%
Total Fans Gained	752	156.66%

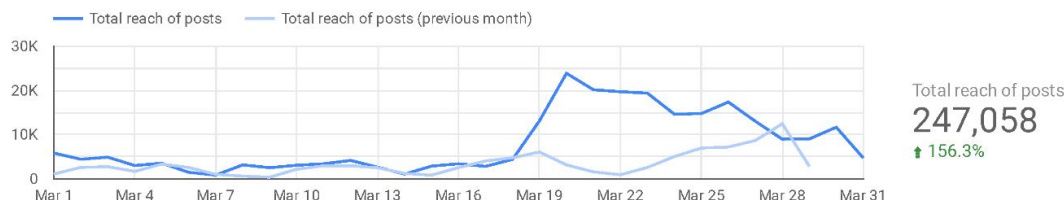
Figure 12 Audience Growth Overview by social media channel CM Health Facebook

## CM Health Facebook

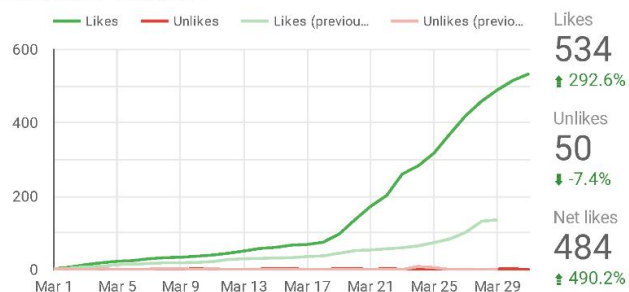
You can see below the sharp uptick in reach and follower metrics in the second half of the month as Covid-19 messaging becomes important. Other popular content this period was Detective Jami Tovi

### CM Health Facebook Metrics

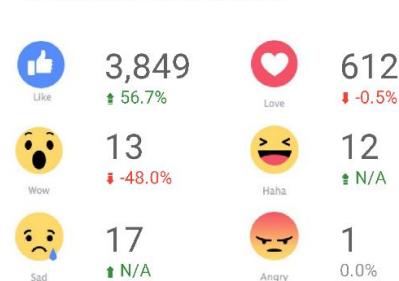
#### Post Reach



#### Follower Growth



#### Reactions Breakdown



#### Posts by Engagement Rate

Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Mar 20	Important update whaanau. As part of our response to COVID-19, we are limiting the number of visitors for patients at all our hospitals and outpatient facilities, to two people. If you're unwell whaanau, please stay home. You will be screened before entering the hospital and will be turned away if you're unwell or have travelled. Tamariki under 15 will not be able to visit at this time. #UniteagainstCOVID19 #helpusprotectourcommunity Find out more here:		28,508	1,238	208	378	22.29%
Mar 16	Detective Jamie Tovi paid his dues as a police officer on the beat in Mangere, but says his training really began as an orderly at Middlemore Hospital.  Working with colleagues of varying ages and serving a vulnerable community through life changing moments prepared him for a career in policing, Jamie says.  Read more of Jamie's story below.		4,090	511	59	20	16.43%
Mar 11	We had an excellent Auckland Round the Bays experience last Sunday! This year #TeamCounties had 118 staff and family registered (including some from HealthSource and healthAlliance) - our biggest yet! 🎉🏆 Congratulations to all who participated. Special acknowledgement to our fast finishers Cael (Avinesh's son - we will claim him as Finance), Yang, RMO Emergency Department, and Vinesh from Finance, who finished in under 40 minutes! Ka pai and thank you to Christine, Sharon and Neil for their considerable coordination and effort to pull off another successful event!		2,765	53	0	1	14.79%
Mar...	Until early 2019, 41 year-old Jane Foster had been living a busy life. Originally from the Cook Islands, she was living in Papatotoe with her husband Phil, juggling work, drumming and other social activities and family life.  It all suddenly changed for her when she was hospitalised in February, had major heart surgery in March, followed by a stroke in August. Mrs Foster never thought she could have a		3,355	351	56	42	14.4%

Figure 13 CM Health Facebook metrics and posts

talki  
ng  
abo  
ut  
his  
jour  
ney  
from  
Ord  
erly  
to  
Polic  
e  
Offic  
er  
and  
our  
#Tea  
mCo  
unti  
es  
Rou  
nd  
the  
Bays  
tea  
m.

## CM Health LinkedIn

LinkedIn was the only network on which we saw a drop in metrics this period. Despite maintaining our post count we see fewer impressions and engagements. As we know that our LinkedIn channel has our largest international audience (percentage vs. other networks), it's reasonable to assume that people have disengaged from this channel with an almost-global lockdown in place.

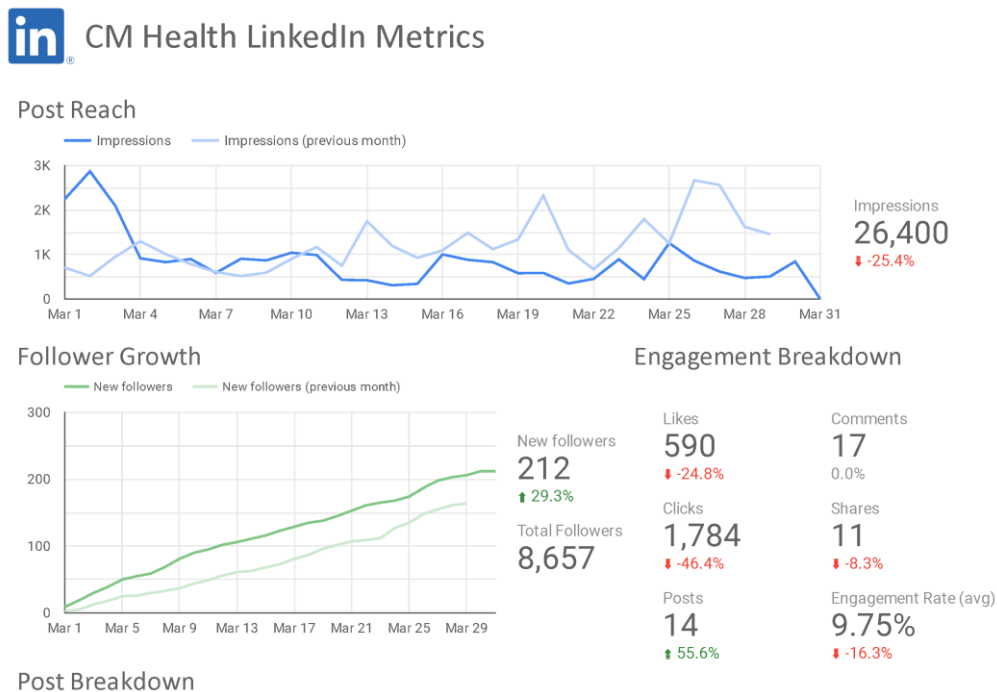


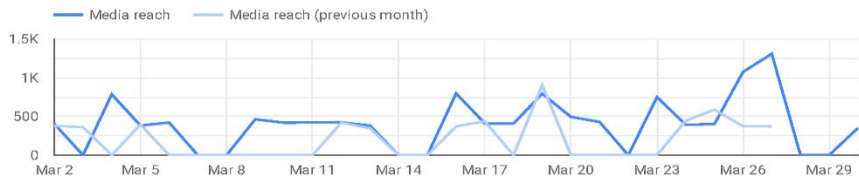
Figure 14 CM Health LinkedIn metrics and posts

## CM Health Instagram

A strong period for our Instagram channel in March was helped by Margie Apa sharing her flu vaccination shot after receiving her jab from our peer vaccinators. We're pleased to see our top 3 posts achieve an engagement rate over 10%, and 50+ likes each as this is well above the industry average for this channel.

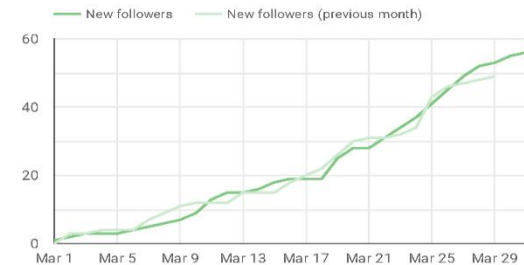
# CM Health Instagram Metrics

## Post Reach



Media reach  
**11,730**  
↑ 117.2%

## Follower Growth



New followers  
**56**  
↑ 14.3%

Total Followers  
**839**

## Engagement Breakdown

Likes	<b>889</b>	↑ 98.4%	Comments	<b>17</b>	↑ 6.3%
Engagement	<b>922</b>	↑ 97.0%	Post Saves	<b>15</b>	↑ 275.0%
Posts	<b>29</b>	↑ 123.1%	Profile views	<b>450</b>	↑ 66.1%

## Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Mar 25	CEO Margie Apa had her flu vaccine today from our wonderful peer vaccinators. Thanks to all the vaccinating teams at CMDHB - we have more than 4,500 of our 7,500 staff who have received the flu vaccine within a week! Thank you! 🙌🏻 #TeamCounties #peoplehelpingpeople #beaflighter		402	60	0	0	14.93%
Mar 10	Hand Hygiene is one of the most effective ways to prevent the spread of germs. Our front line emergency services are taking the extra step to improve their hand hygiene 🧼. Last week ED Doctor, Jeremy and Nurse Manager, Fraser became the newest members of our hand hygiene auditor team for Emergency Care. Our auditors provide feedback and education to all staff ensuring hand hygiene best practice.  Find out more about effective hand washing 🧼 <a href="https://www.health.govt.nz/your-health/healthy-living/good-hygiene/hand-washing">https://www.health.govt.nz/your-health/healthy-living/good-hygiene/hand-washing</a> #cleanhandssavelives #TeamCounties		420	53	0	1	12.86%
Mar 20	Important update whaanau. As part of our response to COVID-19, we are limiting the number of visitors for patients at all our hospitals and outpatient facilities, to two people. If you're unwell whaanau, please stay home. You will be screened before entering the hospital and will be turned away if you're unwell or have travelled. Tamariki under 15 will not be able to visit at this time. Find out more here: <a href="https://www.countiesmanukau.health.nz/news/new-visitor-restrictions-for-hospitals/">https://www.countiesmanukau.health.nz/news/new-visitor-restrictions-for-hospitals/</a>		495	55	3	0	11.72%
Mar 11	We had an excellent Auckland Round the Bays experience last Sunday! This year #TeamCounties had 118 staff and family registered (including some from HealthSource and healthAlliance) - our biggest yet! 🏃🏻🏆 Congratulations to all who participated. Special acknowledgement to our fast finishers Cael (Avinesh's son - we will claim him as Finance), Yang, RMO Emergency Department, and Vinesh from Finance, who finished in under 40 minutes!		422	47	1	1	11.61%

1 - 20 / 29 < >

Figure 15 CM Health Instagram metrics and posts

## News/Media Listening

Peaks

- 12<sup>th</sup> March: Hero pilot Tom Storey ‘hassling’ police to meet survivors, some of which are still in hospital

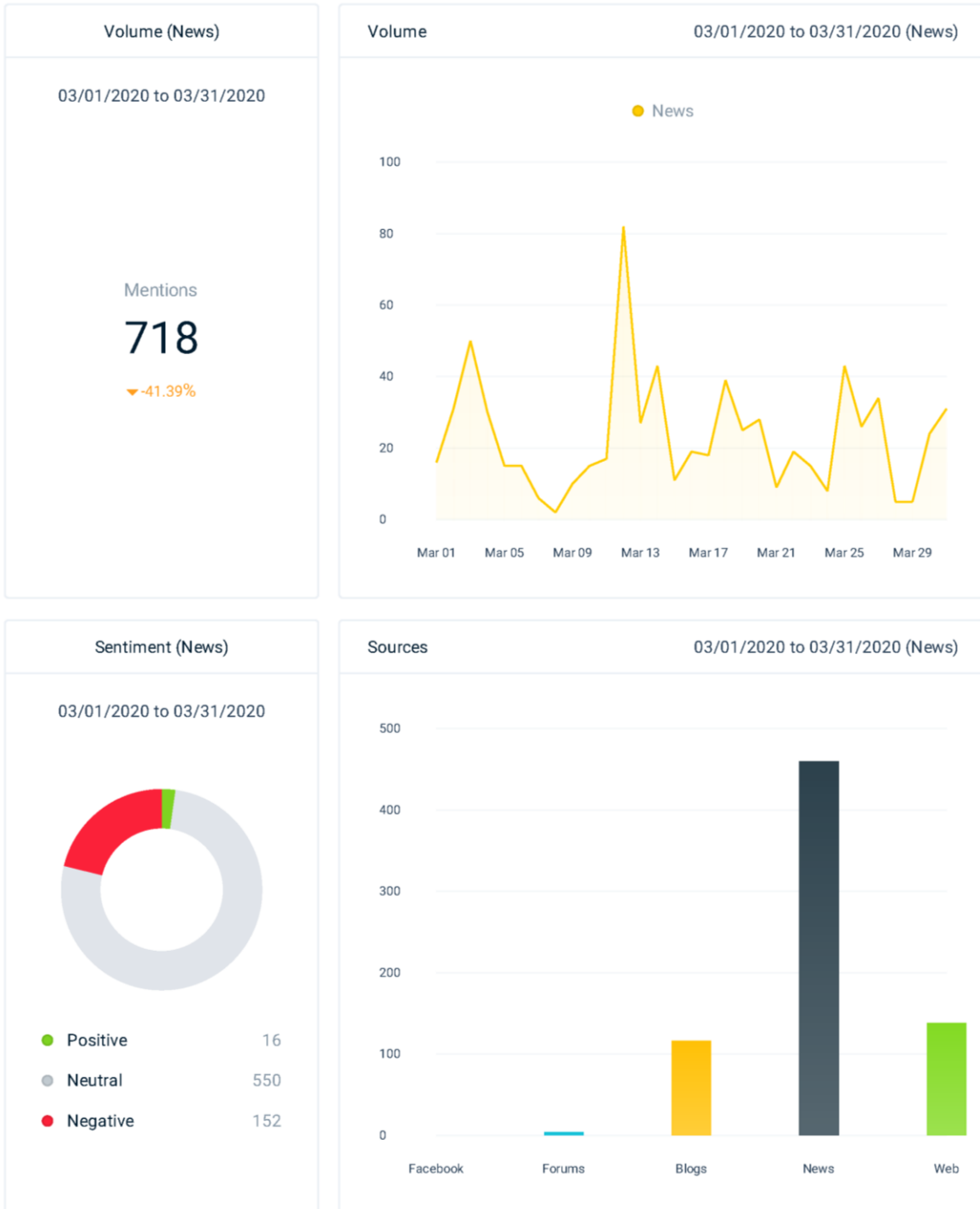
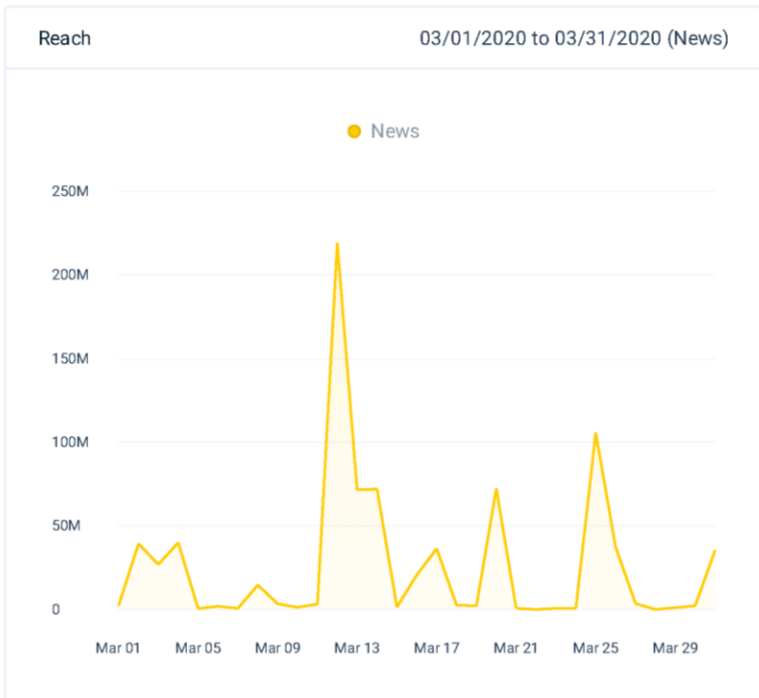
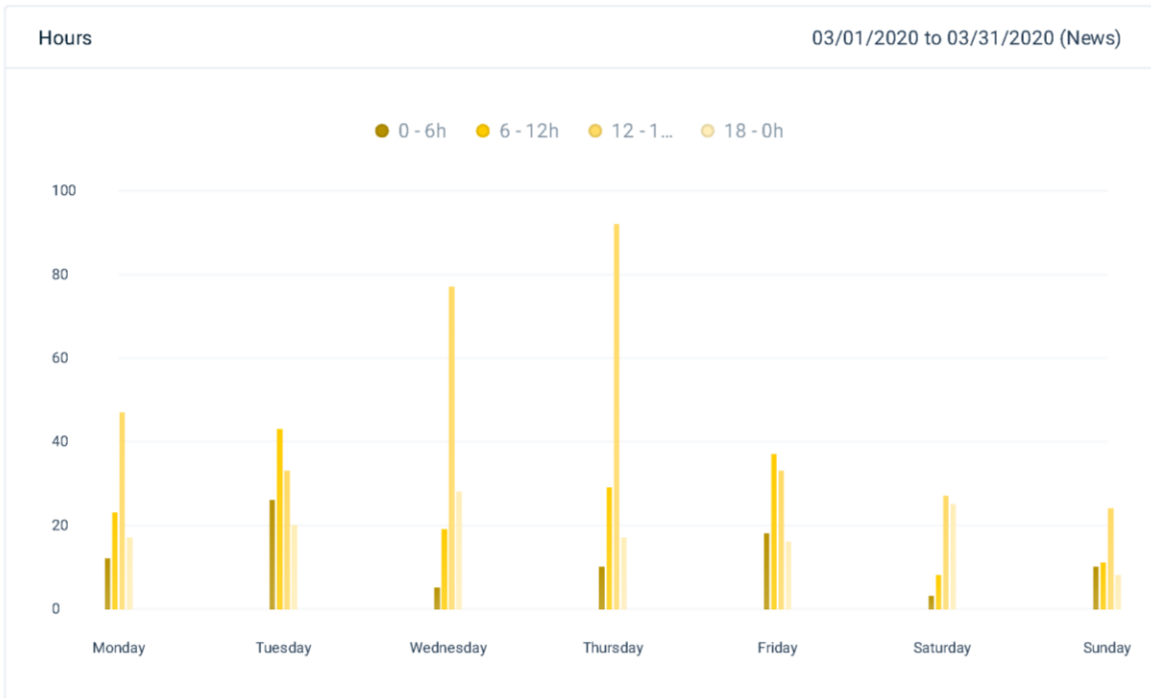


Figure 16 news volume, sentiment and sources



### Reach (News)

03/01/2020 to 03/31/2020

	<b>Yahoo New Zealand</b> ... many more.The 19-year-old on Wednes...	175.6M
	<b>Kaymish_</b> Middlemore hospital down here in Auckla...	105.7M
	<b>Rnz Richard Tindiller</b> ... police arrived they found a car on fire o...	34.4M
	<b>MSN New Zealand</b> The Ministry of Health said all three were...	34.4M
	<b>Jamie Ensor, Phil</b> During the confrontation, he suffered a st...	34.4M

Figure 17 hours and reach

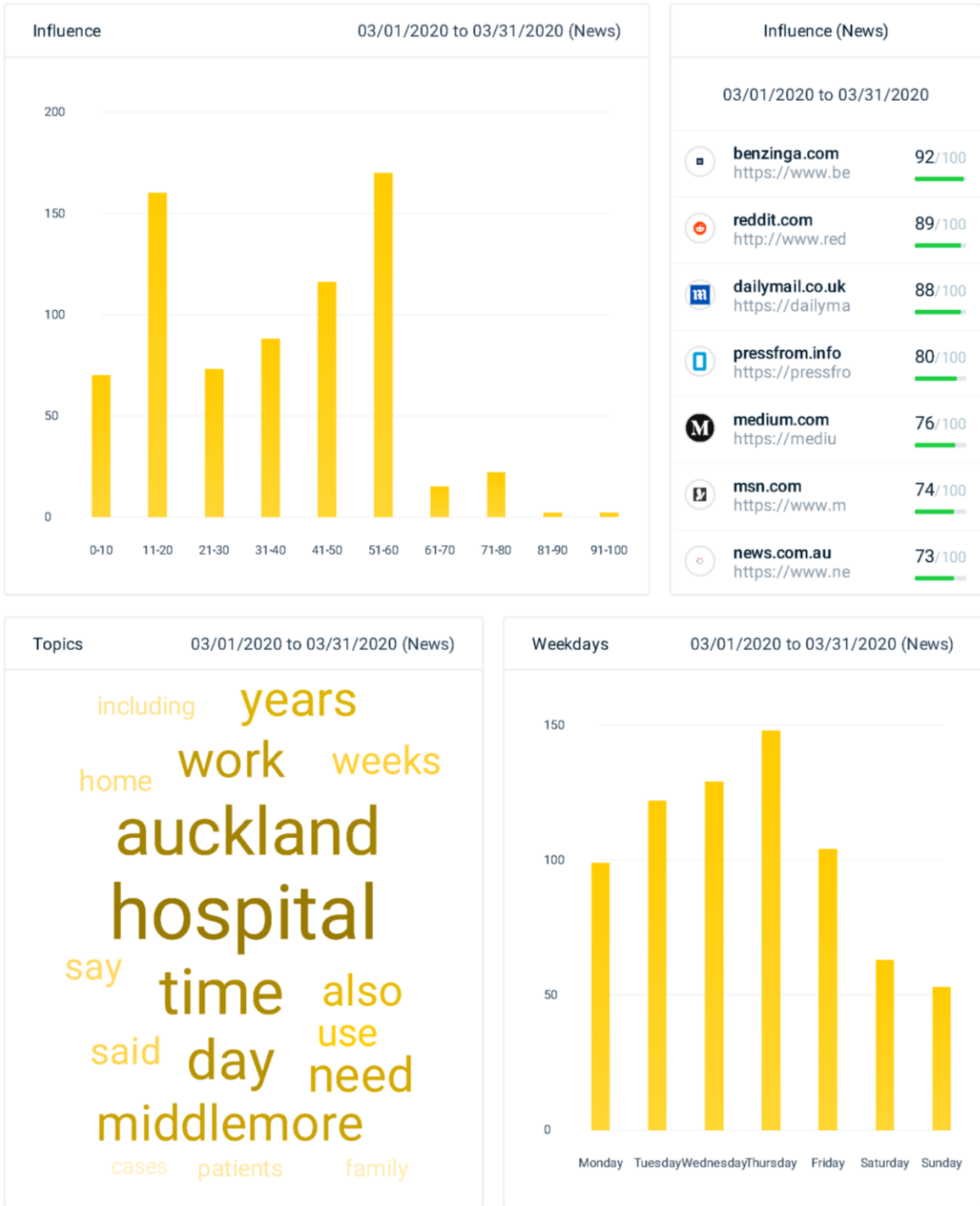


Figure 18 influence, topics, and weekdays



# For Information Only

## Counties Manukau District Health Board

### Finance and Corporate Business Report

---

#### Recommendation:

It is recommended that the Board.

**Receive** that this paper noting that it presents an overview of the financial position presented to the Audit Risk and Finance Committee at their meeting on 30 April 2020.

---

**Submitted by:** Margaret White – Chief Financial Officer

#### Glossary

ACC	Accident Compensation Corporation	NRA	Northern Regional Alliance
FPIM	Finance Procurement & Information Mgmt	PHO	Primary Health Organisation
HR	Human Resource	TAS	Technical Advisory Services Limited
IDF	Inter District Flows	WIES	Weighted Inlier Equivalent Separations
MOH	Ministry of Health	WIP	Work in Progress
MOU	Memorandum of Understanding	YTD	Year to date
NGO	Non-Government Organisation		

#### Purpose

The purpose of this paper is to provide the Board with overview of the financial position presented to the Audit Risk and Finance Committee.

#### 1. Key Messages

**Context** - March 2020 was an unusual month. The month was anticipated to be the first month of full production for the DHB in many months having seen the measles work in October and November, Whakaari White Island from 9 December 2019 and the summer / Christmas break which runs into February with the last of the public holidays and schools returning.

The month started with the DHB being geared towards full staff, full production and significant volume. In addition there were strikes in place in Sonography and Laboratory Services resulting in costs through the catch up of work at higher rates.

At the start of the month COVID was an emerging situation and by the end of month the Country was in lockdown with only essential services operating. The first COVID case in NZ was reported on 20 February 2020. CM Health stood up an incident management team on 24 January. On 14 March the National GMs HR recommended to CEs that all travel be stopped and the health workforce remain in NZ pending a greater understanding of the impacts of COVID. New Zealand closed its borders on 19 March and entered Alter Level 4 lockdown on 25 March.

These events drove activity and operational and capital costs while by the end of the month expected production volumes had dropped to 50% of the same month in the previous year. Costs

from the expected production had been incurred with full staff rosters, minimal leave approved and supplies in place.

By mid to late month the DHB had utterly turned its focus to prepare for a COVID crisis similar to the US or Europe. This saw a full staff attendance to prepare for a possible COVID crisis. Some areas had to train their staff and practice scenarios. Other areas had significant work due to responding to the change operating context such as Occupational Health, Facilities, Cleaning services and booking and scheduling services.

In addition, costs were incurred to support the Regional IMT response. Funding is yet to be confirmed by Ministry of Health. CEOs agreed to release resources to ensure a timely response in the event of a red alert level ahead of Ministry of Health confirming available funding and the nature of how that funding would be disbursed.

Costs were incurred due to the stopping of travel and the cancelation of overseas conferences. This in turn resulted in more staff being at work as study or conference leave was cancelled. The DHB incurred unavoidable costs due to this. The significantly lower than usual annual leave and minimal sick leave is a factor in the wage cost for the month.

- **Financial Result** - The underlying financial result (ex-COVID-19 / Whakaari White Island) is \$404k unfavourable (YTD \$61k unfavourable). The underlying April result is slightly unfavourable to budget.
- **Provider Activity** - The COVID-19 pandemic has had a profound impact on the volumes and across all service delivery, particularly over the last week of March with the move to Level 4 lockdown on the 25th March.
- **Enabling Services** - All enabling "corporate support" services - Finance, Ko Awatea, Population Health, Human Resources, Healthy Together Technology, Strategy & Infrastructure provided essential support to teams responsible for urgently standing up capacity and resources to support COVID-19. This work has and continues to enable expansion of services across our entire system:
  - Contract roll-overs for the majority of our Primary Care providers have provided important assurance regarding financial sustainability, Contracts and facilities for CBAC testing centres, Maaori and PI ensures the provision of essential testing and support services within our communities.
  - Provider services and facilities have been enabled in record time, with processes established for major and ongoing decision making (e.g. FTE and capital).
  - Re-assignment staff to support regional and local IMT; provide back up support for services and enable evaluation, modelling of epidemic to inform operational planning;
  - Rapid rollout and deployment of additional devices, licenses for business support to enable working from home and physical distancing (Microsoft Teams, 2000 Zoom licenses, Citrix, 30 Winscribe Mobile licenses for transcribing to occur from home), devices ( 300 smart phones, 97 laptops, 100 iPads), expanding network access (SIM cards); rapid deployment of technology to enable telehealth and mobilising 150 Maaori community health workers;
  - Stand up of inbound call centre for staff (askHR 721 calls to date); an additional recruitment of est 80 COVID19 related FTEs (cleaners, orderlies, nurses, SMOs); welfare call centre (391 calls since establishment 27 March); 5,296 flu vaccinations

recorded of more than 7,700 vaccines distributed; more than 539 vulnerable worker assessments and establishment of internal contact tracing staff; and

- Completion of capital works converting Scott Building to a negative pressure enabled building (180 beds); rapid deployment and ordering of clinical equipment (ventilators, monitors, bioquells).
- **Cost of COVID-19** - Tracking and reporting of COVID costs and commitments is a challenging exercise as we look to triangulate CM Health IMT, Regional IMT and other decisions with costs coming through the ledger. Processes have been necessarily urgent. Teams have worked with patience and perseverance to ensure integrity of process, transparency, compliance with financial standards and appropriate due diligence.

As at Sunday 12 April the organisation has incurred or committed >\$15.5m in incremental cost (including Funder costs of \$8.3m and capital of \$3.5m), this will continue to climb as we progress. While the government has provisioned significant funding for COVID, we are waiting to confirm MOH funding. The coordinated weekly submission to the MOH of COVID cost commitments ensures visibility and context to these discussions. Updates will be provided in due course.

- **Challenge to embed transformational changes implemented during COVID response** – The Finance team have been challenged to work with services to consider how some of the measures we have deployed for COVID could be deliberately carried into BAU, non-contact clinics being a good example. KoAatea and other enabling functions will also have a key role in this area. Many of our staff are fast adapting to the functionality of new technology enabling social distancing, such as zoom. There are opportunities here to reduce reducing strain on commute and parking, paperless workflow, and greater virtual face to face engagement with colleagues (incl regional).
- **Whakaari/White Island Eruption** - The last Whakaari patients were discharged in the first week of April 2020. Services are working to close out financial reporting and cost recovery with ACC and the MOH. Updates will be provided in due course.

## 2. Financial Results and Key Financial Updates

### 2.1 Summary Result and Financial Commentary for the period ended 31 March 2020

The consolidated result for the month ended 31 March 2020 was \$641k unfavourable to budget (YTD \$4.2m unfavourable). This result includes the impact of the COVID-19 response \$690k (Mth & YTD) as well as Whakaari White Island response with an estimated net cost YTD of \$3.4m plus outsourcing.

**The underlying result (ex-COVID-19 / Whakaari White Island) is thus \$404k unfavourable (YTD \$61k unfavourable).**

Additional YTD revenue is largely offset by additional related expenditure, with a small upside in depreciation and financing costs YTD. Under delivery on the target savings programme has been absorbed YTD.

**Table 1: Consolidated Net Result (Cumulative YTD)**

Net Result	March 2020		Full Year
	Month	Year to Date	

	Act \$000	Bud \$000	Var \$000	Act \$000	Bud \$000	Var \$000	Bud \$000	Fcast \$000
<b>Revenue</b>								
Crown	152,224	149,356	2,868	1,365,275	1,344,201	21,074	1,792,291	1,822,058
Other Revenue	3,459	3,356	103	32,618	30,551	2,068	40,471	44,911
<b>Total Revenue</b>	<b>155,683</b>	<b>152,712</b>	<b>2,971</b>	<b>1,397,893</b>	<b>1,374,752</b>	<b>23,141</b>	<b>1,832,763</b>	<b>1,866,969</b>
<b>Expenses</b>								
Personnel	62,021	61,593	(429)	534,626	539,835	5,208	724,892	714,013
Outsourced Personnel	1,723	857	(866)	16,062	7,683	(8,380)	10,246	21,973
Outsourced Services	7,835	7,034	(802)	65,322	63,028	(2,294)	84,058	84,151
Funder Provider Payments	64,783	63,893	(890)	593,952	578,273	(15,679)	768,641	792,920
Clinical Supplies	10,947	10,606	(341)	101,120	92,327	(8,793)	123,725	133,486
Infrastructure	7,201	7,220	21	63,106	65,023	1,918	86,687	86,058
<b>Operating Expenditure</b>	<b>154,510</b>	<b>151,203</b>	<b>(3,307)</b>	<b>1,374,188</b>	<b>1,346,169</b>	<b>(28,020)</b>	<b>1,798,250</b>	<b>1,832,601</b>
<b>Operating surplus</b>	<b>1,173</b>	<b>1,509</b>	<b>(336)</b>	<b>23,705</b>	<b>28,583</b>	<b>(4,879)</b>	<b>34,513</b>	<b>34,368</b>
Depreciation	3,595	3,267	(328)	28,919	29,402	483	39,203	39,148
Interest	-	-	-	-	-	-	-	-
Capital Charge	2,802	2,825	23	25,219	25,429	210	33,905	33,812
<b>Net Surplus/(Deficit)</b>	<b>(5,224)</b>	<b>(4,583)</b>	<b>(641)</b>	<b>(30,433)</b>	<b>(26,248)</b>	<b>(4,185)</b>	<b>(38,595)</b>	<b>(38,592)</b>

**Table 2: Summary month and YTD result by division for the period ended 31 March 2020**

Net Result	March 2020						Full Year	
	Month			Year to Date				
	Act \$000	Bud \$000	Var \$000	Act \$000	Bud \$000	Var \$000	Bud \$000	Fcast \$000
<i>Provider</i>	(10,202)	(7,916)	(2,286)	(58,565)	(53,139)	(5,425)	(76,877)	(77,263)
<i>Funder</i>	5,347	3,558	1,789	29,471	28,785	686	40,769	40,769
<i>Governance</i>	(369)	(225)	(144)	(1,340)	(1,894)	554	(2,487)	(2,099)
<b>Surplus/(Deficit)</b>	<b>(5,224)</b>	<b>(4,583)</b>	<b>(641)</b>	<b>(30,433)</b>	<b>(26,248)</b>	<b>(4,185)</b>	<b>(38,595)</b>	<b>(38,592)</b>

### Commentary on DHB Consolidated Financial Performance

**Provider Services** - The Provider Arm produced a \$2.3m unfavourable result against budget for March 2020 (YTD \$5.4m unfavourable) to budget.

The March result was driven by major variances as follows:

- Whakaari/White Island incident of the 9th December. The direct cost for the month was \$453k favorable reflecting \$534k skin transferred back to the Burns Unit for future use.
- CM Health response to COVID-19 Pandemic, \$(690k).
- Unbudgeted additional capacity in Ward 17, Ward 34, Ophthalmology, \$(413k), YTD \$(1.77m)
- Additional outsourcing to meet planned care volumes, \$(661k), YTD \$(1.85m)

- Unrealised target savings, \$(1.7m), YTD \$(15.7m)
- Vacancies, \$377k month, YTD \$12.7m

Additional pressure on services due to the Whakaari incident and now COVID-19, has severely impacted our ability to carry out our planned elective surgery programme, delivering 22.4% below contract for the month. Most elective procedures (apart from P1 and some P2 priority) have now been deferred and clinical staff were redeployed. Medical staff were running virtual clinics instead of face to face clinics.

The COVID-19 Pandemic Level-4 Lockdown (as at 25 March) has had a significant impact on March volumes. Overall WIES Volumes were down 15.4% on contract, occupancy rates saw a marked decline mainly in Surgical Services (~50%) and Medicine (~30%).

ED presentations for the month of March were 18.9% down on contract and 16.2% below last year's volume. There was a marked decline in ED presentations during the COVID-19 lockdown, in the 3 weeks pre lockdown, there were 6,028 presentations and only 3,868 presentations post lockdown

There were 66 theatre sessions lost from 16-March-20 to 31-March-20. The costs of recovery is being quantified and will be updated in due course.

Lower activity in the hospital did not reflect cost reduction as hospital services remained on high alert where staff were deployed to other areas of clinical or in simulation training in preparation for the anticipated impact of the COVID-19 pandemic.

This YTD result has reflects the following factors:

- Vacancies across the system in difficult to recruit to positions
- High net Annual Leave accrual especially in Mar-20 where 4,583 hours of leave was accrued over the same period last year
- Cover provided by locums, bureau, overtime and casual staff
- Additional outsourced clinical services to meet Planned Care contract that were cancelled earlier in the year due to Whakaari/White Island
- The measles epidemic that occurred in the first quarter
- Whakaari/White Island incident of the 9<sup>th</sup> December
- Apex Strikes that have impacted delivery of planned care volumes
- COVID-19 Pandemic

**Funder** - Funder Arm's Primary & Community costs are \$1.8m favourable, YTD \$686k favourable. The favourable change in the month comes from;

- A new pharmaceutical rebate forecast from Pharmac improves the YTD rebate forecast by \$2.9m after de-risking for volatility. But overall pharms still remains overspent YTD by \$1.2m reflecting higher community demand (refer section 4).
- Close out of 17/18 General Medical Subsidy fee for service provisions \$400k.

These favourable variances more than offset the continued underlying unfavourable trends in;

- Tier 1 & 2 savings programme shortfall. \$515k in the month, \$1.4m YTD
- PHO IDF volume and price gap, \$529k in the month, \$1.4m YTD
- Long Term Care (LTC) – Chronic Health Conditions (CHC) volume growth \$113k in the month \$570k YTD
- Pharmaceutical volumes

**Governance** - \$144k unfavourable (YTD \$554k favourable). Month is unfavourable due to a large number of cumulative small unbudgeted costs, and YTD favourable is driven primarily by vacancies in the Governance & Funding division.

### 3. Statement of Financial Position as at 31 March 2020

**Table 3: Statement of Financial Position as at 31 March 2020**

	Act	Budget	Var	Feb-20	Movement
	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000
<b>Current Assets</b>					
Petty Cash	8	8	-	8	-
Bank	47,882	(5,611)	53,493	24,180	23,702
Trust	837	843	(5)	837	-
Prepayments	2,429	742	1,687	2,866	(437)
Debtors	45,349	52,933	(7,584)	51,653	(6,304)
Inventory	9,329	8,868	461	9,322	7
Assets Held for Sale	5,320	5,320	-	5,320	-
<b>Total current Assets</b>	<b>111,154</b>	<b>63,103</b>	<b>48,052</b>	<b>94,186</b>	<b>16,968</b>
<b>Fixed Assets</b>					
Land	193,430	193,430	-	193,430	-
Buildings, Plant & Equip	666,128	688,810	(22,682)	664,268	1,860
Information Technology	2,360	2,189	171	2,299	61
Information Software	2,406	1,724	682	2,213	193
Motor Vehicles	1,472	2,122	(650)	1,472	-
<b>Total Cost</b>	<b>865,796</b>	<b>888,275</b>	<b>(22,479)</b>	<b>863,682</b>	<b>2,114</b>
Accum. Depreciation	(82,707)	(99,806)	17,099	(79,110)	(3,597)
<b>Net Cost</b>	<b>783,089</b>	<b>788,469</b>	<b>(5,380)</b>	<b>784,572</b>	<b>(1,483)</b>
Work In-progress	55,141	55,904	(763)	51,033	4,108
<b>Total Fixed Assets</b>	<b>838,230</b>	<b>844,373</b>	<b>(6,143)</b>	<b>835,605</b>	<b>2,625</b>
Reversionary car park interest	1,934	1,934	-	1,934	-
<b>Investments in Assoc</b>	<b>57,714</b>	<b>63,466</b>	<b>(5,752)</b>	<b>57,480</b>	<b>234</b>
<b>Total Assets</b>	<b>1,009,032</b>	<b>972,876</b>	<b>36,157</b>	<b>989,205</b>	<b>19,827</b>
<b>Current Liabilities</b>					
Creditors	114,519	97,766	16,751	105,023	9,496
Income in Advance	19,925	9,480	10,445	13,762	6,163

GST and PAYE	20,471	16,853	3,618	14,487	5,984
Payroll Accrual & Clearing	33,393	27,681	5,712	31,049	2,344
Employee Provisions	221,988	218,474	3,514	220,924	1,064
<b>Total Current Liabilities</b>	<b>410,296</b>	<b>370,254</b>	<b>40,040</b>	<b>385,245</b>	<b>25,051</b>
<b>Working Capital</b>	(299,142)	(307,151)	8,012	(291,059)	(8,083)
<b>Net Funds Employed</b>	<b>598,736</b>	<b>602,622</b>	<b>(3,883)</b>	<b>603,960</b>	<b>(5,224)</b>
<b>Non-Current Liabilities</b>					
Employee Provisions	35,353	35,353	-	35,353	-
Trust and Special Funds	835	836	(1)	835	-
Insurance Liability	1,035	1,035	-	1,035	-
<b>Total Non-Current Liabilities</b>	<b>37,223</b>	<b>37,224</b>	<b>(1)</b>	<b>37,223</b>	<b>-</b>
<b>Crown Equity</b>					
Crown Equity	435,192	434,885	307	435,193	(1)
Revaluation Reserve	393,379	393,379	-	393,379	-
Retained Earnings	(267,058)	(262,866)	(4,189)	(261,835)	(5,223)
<b>Total Crown Equity</b>	<b>561,513</b>	<b>565,398</b>	<b>(3,882)</b>	<b>566,737</b>	<b>(5,224)</b>
<b>Net Funds Employed</b>	<b>598,736</b>	<b>602,622</b>	<b>(3,883)</b>	<b>603,960</b>	<b>(5,224)</b>

#### Commentary on Major Variances:

- Closing bank was \$53m favourable to budget in February 2020, including cash inflows from MOH late March in relation to COVID-19 that was not budgeted for. Net cash flows from operations (revenue, expenses and payroll) was \$28.6m favourable to budget for the month (refer cash flow variance explanation for further details).
- Prepayments were \$1.75m higher than Budget due to timing of invoices, in particular insurance pre-paid for the year plus Whakaari White Island/COVID-19 response urgent capital expenditure unbudgeted (\$1.011m -this capital spend will moved to fixed assets when capitalised).
- Debtors were \$7.6m lower than budget as a result of improved collections and the quarterly elective washup.
- Net fixed assets are less than Budget by \$6.1m due to the timing of capital spend. Building, Plant and Equipment and Accumulated depreciation have both had assets with a \$0 net book value amounting to \$14.9m removed, resulting in the significant variance.
- Creditors are \$16.7m above Budget due to timing of invoices and accruals.
- Income In Advance was higher than Budget by \$10.4m largely due to COVID-19 funding advances and timing of revenue recognised in the month.
- The favourable working capital variance to Budget in February 2020 of \$8m is mostly attributable to the timing matters detailed above.

#### 4. Statement of Cash Flows as at 31 March 2020

Table 4: Statement of Cash flow for the period ended 31 March 2020

	Month			YTD		
	Act	Budget	Var	Act	Budget	Var
	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000
<b>Cash flows from Operating activities</b>						
Cash was provided from:						
Crown Revenue	153,369	137,884	15,485	1,271,587	1,240,944	30,643
Other	14,699	14,753	(54)	143,444	132,763	10,681
Cash was applied to:						
Suppliers	(79,381)	(89,605)	10,224	(820,347)	(806,331)	(14,016)
Employees	(58,613)	(61,591)	2,978	(525,393)	(539,831)	14,438
Interest paid	-	-	-	-	-	-
Capital charge	-	-	-	(16,813)	(16,953)	140
<b>Net cash from Operations</b>	<b>30,074</b>	<b>1,441</b>	<b>28,633</b>	<b>52,478</b>	<b>10,592</b>	<b>41,886</b>
<b>Cash flows from Investing activities</b>						
Cash was applied to:						
Fixed assets	(6,220)	(6,111)	(109)	(44,361)	(54,995)	10,634
Investments	(234)	-	(234)	(2,249)	(3,000)	751
Interest received	82	75	7	895	1,050	(155)
Restricted & Trust Funds	-	-	-	-	-	-
<b>Net cash from Investing</b>	<b>(6,372)</b>	<b>(6,036)</b>	<b>(336)</b>	<b>(45,715)</b>	<b>(56,945)</b>	<b>11,230</b>
<b>Cash flows from Financing activities</b>						
Cash was provided from:						
Sale of Asset	-	-	-	62	-	62
Equity injection	-	-	-	26,622	26,313	309
<b>Net cash from Financing</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>26,684</b>	<b>26,313</b>	<b>371</b>
<b>Net increase / (decrease)</b>	<b>23,702</b>	<b>(4,595)</b>	<b>28,297</b>	<b>33,447</b>	<b>(20,040)</b>	<b>53,487</b>
Opening cash	25,025	(1,008)	26,033	15,280	14,437	843
<b>Closing cash</b>	<b>48,727</b>	<b>(5,603)</b>	<b>54,330</b>	<b>48,727</b>	<b>(5,603)</b>	<b>54,330</b>

#### Reconciliation Summary



<b>Net Surplus/(Deficit)</b>	<b>(5,224)</b>	<b>(4,577)</b>	<b>(647)</b>	<b>(30,433)</b>	<b>(26,238)</b>	<b>(4,195)</b>
<b>Add/(Less) non-cash items</b>						
Impairment of Intangibles	-	-	-	-	-	-
Depn and Amortisation of assets	3,595	3,268	327	28,919	29,403	(484)
	(1,629)	(1,309)	(320)	(1,514)	3,165	(4,679)
<b>Add/(Less) items Classified as Investing or Financing activities</b>						
Interest received	(82)	(75)	(7)	(896)	(1,050)	154
Gain on Disposal	-	-	-	72	-	72
<b>Add/(Less) Movements in Financial Position items</b>						
Debtors and Other Receivables	(6,741)	-	(6,741)	(5,901)	-	(5,901)
Inventories	7	-	7	461	-	461
Creditors	49,153	2,825	46,328	79,143	8,477	70,666
Employee Entitlements	(10,634)	-	(10,634)	(18,887)	-	(18,887)
	31,785	2,825	28,960	54,816	8,477	46,339
<b>Net Cash flow from Operations</b>	<b>30,074</b>	<b>1,441</b>	<b>28,633</b>	<b>52,478</b>	<b>10,592</b>	<b>41,886</b>

#### Commentary on Major Variances for the year:

- Revenue from the Crown and other revenue were \$41.3m favourable to budget YTD mainly due PHO practice revenue variances (offset by additional expenditure).
- Payments to suppliers for YTD February were \$14m higher than budget mainly as a result of variations to the planned timing of supplier payments and accruals in the budget.
- Payments to employees for YTD February were \$14.4m lower than budget mainly as a result of planned timing of payments and accruals in the budget.
- Fixed Assets \$10.6m YTD favourable to budget representing the delayed timing of capital spend for major capital projects.
- The movement in Investments of \$751k reflects payments to NZHPL for FPIM capex billing.

## Counties Manukau District Health Board Meeting Resolution to Exclude the Public

### Resolution

That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

Mr Ken Whelan, Crown Monitor is allowed to remain for the Public Excluded section of this meeting.

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 1 April 2020, Special Board Meeting 19 March 2020 and Actions	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Confirmation of Minutes</b> As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Public Excluded Minutes of 8 April Joint Hospital Advisory Committee, Community & Public Health Advisory Committee & DiSAC Meeting, Executive Sub Committee, Audit Risk & Finance Committee	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Confirmation of Minutes</b> As per the resolution from the public section of the minutes, as per the NZPH&D Act.
IAAS/RISSP Presentation	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	
Rehabilitation Equipment Rental Services Contract	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

Ratification of Circular Resolutions – Manukau Health Park DBC Funding Endorsement, Cath Lab & Renal Extension and Contractor Health & Safety Operating Controls	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  [NZPH&D Act 2000 Schedule 3, S32(a)]	
Chief Executive's Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Public Interest</b> The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.  [Official Information Act 1982 S9(2)(ba)(ii)]
20/21 Budget Presentation	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.  [Official Information Act 1982 S9(2)(i)]
Quarterly CEO DFA Declaration	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Commercial Activities</b> The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.  [Official Information Act 1982 S9(2)(i)]
Executive Sub Committee Meeting Papers 30 April 2020	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  [NZPH&D Act 2000 Schedule 3, S32(a)]	<b>Public Interest</b> The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.  [Official Information Act 1982 S9(2)(ba)(ii)]