MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
Wednesday, 23 September 2020

Venue: Room 107, Ko Awatea, Middlemore Hospital *(by Zoom)*
Time: 9.00 am
If you would like to attend this public meeting of the Board, please contact the Board Secretary (dinah.nicholas@middlemore.co.nz) for the teleconference details for this meeting.

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

PART 1 – Items to be considered in public meeting

AGENDA

	BOARD ONLY SESSION (9.00 – 9.55am)		Page No.
	1.	**GOVERNANCE**	
10.00am	1.1	Apologies	2
	1.2	Disclosures of Interest	3-4
	1.3	Specific Interests	5
	2.	**BOARD MINUTES**	
10.05am 10.10am	2.1	Confirmation of Minutes of the Meeting of the Board – 5 August 2020 (Mark Gosche)	6-13
10.15am	2.2	Action Item Register (Mark Gosche)	14
10.20am	2.3	Report on the Hospital Advisory Committee Minutes –12 August 2020 (Catherine Abel-Pattinson)	15-23
10.25am	2.4	Report on the Community & Public Health Advisory Committee Minutes – 12 August 2020 (Pierre Tohe)	24-29
	2.5	Ratification of 2021 Board Meeting Dates (Mark Gosche)	30
	3.	**DECISION PAPERS**	
10.30am	3.1	Proposal to Re-Establish the Disability Support Advisory Committee (Sanjoy Nand)	31-33
10.45am	3.2	Treaty of Waitangi Audit (Aroha Haggie/Sharon McCook)	34-49
		Morning Tea Break (11.00 – 11.15am)	
	4.	**EXECUTIVE REPORTS**	
11.15am	4.1	Chief Executive's Report (Margie Apa)	50-64
		4.1.1 Patient Story (Jenny Parr)	-
11.30am	4.2	Health & Safety Performance Report (Elizabeth Jeffs)	65-93
		4.2.1 Stress: How the DHB is Supporting its Staff	94-105
		4.2.2 Asian Workforce Analysis	106-119
11.50am	4.3	Corporate Affairs & Communications Report (Donna Baker)	120-140
	5.	**RESOLUTION TO EXCLUDE THE PUBLIC**	141-143
		Lunch Break (12.00 – 12.45pm)	

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*		✓		✓	X	✓		x				
Catherine Abel-Pattinson*		✓		✓	✓	✓		✓				
Katrina Bungard*		✓		✓	✓	✓		x				
Garry Boles*		✓		X	✓	✓		✓				
Paul Young*		✓		✓	X	✓		✓				
Tipa Mahuta (Deputy Chair)***		✓		✓	✓	✓		✓				
Lana Perese***		✓		✓	✓	✓		✓				
Pierre Tohe***		X		✓	✓	X		✓				
Brittany Stanley-Wishart** (Board Observer)**	*n/a*							X				
Tori Ngataki** (Board Observer)**	*n/a*							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; ** seconded effective 5.8.2020 (Board Observer, Seat at the Table programme).*

BOARD MEMBERS' - DISCLOSURE OF INTERESTS

23 September 2020

New items in red italics

Member	Disclosure of Interest
Mark Gosche, Chair	• Trustee, Mt Wellington Licensing Trust • Director, Mt Wellington Trust Hotels Ltd. • Director, Keri Corporation Ltd • Trustee, Mt Wellington Charitable Trust • Chair, Kainga Ora Homes & Communities • *Director, Kainga Ora Build Ltd (subsidiary of KO Homes & Comms)* • *Director, Kainga Ora Ltd (subsidiary of KO Homes & Comms)* • *Member, Expert Advisory Group to the Retirement Commissioner working on retirement income.*
Catherine Abel-Pattinson	• Director, healthAlliance NZ Ltd. • Board Member, International Accreditation NZ (IANA) • Member, NZNO • Member, Directors Institute • Husband (John Abel-Pattinson): o Director, Blackstone Group Ltd o Director and Shareholder, Blackstone Partners Ltd o Director Blackstone Treasury Ltd o Director Bspoke Group Ltd o Director, Barclay Management (2013) Ltd o Director, AZNAC (JAP) Ltd o Director Chatham Management Ltd o Director, MAFV Ltd o Director Wolfe No. 1 Ltd o Director, 540 Great South Motels Ltd o Director Silverstone Property Group Ltd o Director, various single purpose property owning companies o Director and Shareholder, various Trustee Companies related to shareholding in the above
Colleen Brown	• Chair, Disability Connect (Auckland Metropolitan Area) • Member, Advisory Committee for Disability Programme Manukau Institute of Technology • Member, NZ Down Syndrome Association • Husband, Determination Referee for Department of Building and Housing • District Representative, Neighbourhood Support NZ Board • Chair, Rawiri Residents Association • Director and Shareholder, Travers Brown Trustee Limited • Board Member, NZ Neighbourhood Support
Garry Boles	• NZ Police Constable
Katrina Bungard	• Chairperson MECOSS – Manukau East Council of Social Services. • Elected Member, Howick Local Board • Deputy Chair, Amputee Society Auckland/Northland • Member of Parafed Disability Sports • Member of NZ National Party

Dianne Glenn	• Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • Past President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women's Watch (NZ) • Member, Auckland Disabled Women's Group • Life Member of Business and Professional Women NZ • Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities. • *Member, Lottery Individuals with Disabilities Committee*
Lana Perese	• Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust • *Director & Shareholder, Perese Wood Investments Limited*
Paul Young	• Director, Paul Young International Ltd • Councillor, Auckland Council
Pierre Tohe	• Senior Executive, Tainui Group Holdings • Trustee, Taniwha Marae
Reece Autagavaia	• Member, Pacific Lawyers' Association • Member, Labour Party • Trustee, Epiphany Pacific Trust • Trustee, The Good The Bad Trust • Member, Otara-Papatoetoe Local Board • ~~*Member, District Licensing Committee of Auckland Council*~~ • Member, Pacific Advisory Group for Mapu Maia – Problem Gambling Foundation • Board of Trustees Member, Holy Cross School • Member of the Cadastral Surveyors Board • Assessor of the Creative Communities Scheme South & East Auckland
Tipa Mahuta	• Deputy Chair, Te Whakakitenga o Waikato • Councillor, Waikato Regional Council
Ken Whelan, Crown Monitor	• Board Member, Royal District Nursing Service NZ • Contracts with Francis Health & GE Healthcare (mainly Australia & Asia) • Crown Monitor, Waikato District Health Board
Brittany Stanley-Wishart, Board Observer	• Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference)
Tori Ngataki, Board Observer	• Board member , Ngāti Tamaoho Trust 2016 to 2020 (restanding) • Board member , Second natures trust 2016 to 2021 • Marae Rep, Te Whakakitenga o Waikato Inc 2017 to 2021 *(restanding)* • Director, Keep it Māori Ltd (social enterprise) 2019

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 23 September 2020

Director having interest	Interest in	Particulars of interest	Disclosure date	Board Action
Catherine Abel-Pattinson	Sale of healthAlliance NZ Ltd Class C Shares	Board member, healthAlliance NZ Ltd	24/6/2020	Ms Abel-Pattinson's specific interest was noted and she was able to remain in the room and participate in any discussion but was excluded from voting.
Lana Perese	CEO Report Public Excluded – 12 month renewal of the MH&A contract for Emerge Aotearoa.	Board Member, Emerge Aotearoa Ltd	5/8/2020	Ms Perese's specific interest was noted and she was able to remain in the room and participate in any discussion but was excluded from voting.

Minutes of the Meeting of the Counties Manukau District Health Board

Wednesday 5 August 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)
Catherine Abel-Patterson
Colleen Brown *(by zoom)*
Dianne Glenn
Garry Boles
Dr Lana Perese
Paul Young
Pierre Tohe
Tipa Mahuta

ALSO PRESENT

Margie Apa (Chief Executive)
Margaret White (Chief Financial Officer)
Karyn Sangster (acting Deputy Director Patient Care-Nursing)
Ken Whelan (Crown Monitor) *(by zoom)*
Jessica Ibrahim (Executive Advisor, CEO Office)
Dinah Nicholas (Board Secretary)
Donna Baker, GM Communications

APOLOGIES

Apologies were received and accepted from Apulu Reece Autagavaia, Katrina Bungard, Peter Watson (CMO) and Jenny Parr (Chief Nurse).

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

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

WELCOME

Pierre Tohe opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

There were no Disclosures of Interest to note.

Lana Perese noted a Specific Interest in relation to Item 4.1 on the Public Excluded agenda of today's meeting.

DRAFT

SEAT AT THE TABLE BOARD RESOLUTION (Mark Gosche)
The paper was taken as read.

The Seat at the Table aims to increase the governance diversity on District Health Boards and on Boards of other significant health sector organisations, by providing opportunities to develop governance skills for Board Observers.

Resolution (Moved: Garry Boles/Seconded: Lana Perese)

That the Board:

Note that the Seat at the Table is a District Health Board governance programme aimed at developing governance skills of Board Observers.

Approve Counties Manukau District Health Board's participation in the Seat at the Table, a District Health Board governance programme on the terms set out in Section 3.

Approve the appointment of Brittany Stanley-Wishart and Tori Ngataki as Board Observers to Counties Manukau District Health Board.

Carried

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 24 June 2020
The minutes were taken as read.

Resolution (Moved: Dianne Glenn/Seconded: Lana Perese)

That the Minutes of the Board Meeting held on the 24 June 2020 be approved.

Carried

2.1 Action Item Register
Noted.

3 EXECUTIVE REPORTS

3.1 Chief Executive's Report (Margie Apa)
The report was taken as read.

Patient Story – the patient story today relates to the National Bowel Screening programme which commenced in CM Health in July 2018. To date, 1607 tests have come back positive which has led to 1195 colonoscopies and 109 cancers detected; of those 53.9% Maaori, 41.3% Pacific, 50% Asian and Others 60.4%.

DRAFT

Pregnancy Warning Labeling – CM Health was a signatory on the letter to the Ministers of the Australian and New Zealand Ministerial Forum for Food Regulation on the decision regarding the pregnancy label design for alcoholic beverages.

The Ministers voted in favour of the best practice warning label on Friday 17th July. To our knowledge, this pregnancy health warning label becomes the strongest in the world, by including both a pictogram and specific warning text and sets an amazing precedent for other countries to follow.

Car Parking – we have known for some time that we have challenges around our car parking capacity. This is something that is hard to address quickly without investing significant capital funding and working with our agent, ACC, who manages the car parking arrangements, including the sub-contract with Wilsons. We have however, looking at ways to improve the situation for staff and we have received a lot of great suggestions from staff members which are being looked into.

Health Targets – while the hospital is seeing an increase in ED presentations these are not at the same rate as last year. Occupancy is at normal winter levels. We have managed differently this year with additional beds on Ward 17 (a full new ward) and the use of Trendcare (which can tell, in real time, bed capacity across the hospital and service pressures) allows Middlemore Central to shift nursing resources around to address pressure areas.

Resolution (Moved: Mark Gosche/Seconded: Dianne Glenn)

That the Board:

Receive the Chief Executive's Report for the period 25 June – 5 August 2020.

<u>Carried</u>

3.2 Health & Safety Performance Report (Elizabeth Jeffs & Kathy Nancarrow)
The report was taken as read.

Trips Slips & Falls slips have increased from 8 to 20 between May and June. A lot of the incidents resulted from human factors (ie) wet floors, nothing unusual stood out.

Near Miss Incidents - the near miss results for April-June 2020 were noted at zero/zero/zero. Ms Nancarrow confirmed this is an area of growth for the OH&S team to expand on.

Staff Stress reports of staff stress increased in June (10) from May (3). EAP data for June 2020 includes no Maaori data – is this because Maaori staff are not using EAP and if not, do they go elsewhere. Ms Jeffs to provide a deep dive into staff stress and how the DHB is supporting its staff at the 23 September Board meeting.

Influenza – to date over 80% of staff have received an influenza vaccination this year, including larger numbers of Midwives than in previous years. 855 students and contractors have also been vaccinated through the DHB.

DRAFT

3.2.1 Workforce Ethnicity Report January-March 2020 (Elizabeth Jeffs)
The paper was taken as read.

Ms Jeffs to provide a report on what the Asian workforce looks like at a service level including regional figures if available, to the next Board meeting on 23 September.

Resolution (Moved: Pierre Tohe/Seconded: Paul Young)

That the Board:

Receive the Health and Safety report for the period ending 30 June 2020.

Receive the Maaori & Pacific Quarterly Workforce Reports for January – March 2020.

<u>**Carried**</u>

3.3 Corporate Affairs & Communications Report (Donna Baker)
The report was taken as read.

Tiaho Mai Stage 2 – the opening of Tiaho Mai is confirmed for 4 September at 12pm.

COVID –a communications programme is still ongoing throughout radio, local media, digital and social media channels alternating the messaging between CBACs and visiting. This will continue for at least another couple of months.

Election – the Electoral Commission may not be sending returning officers into hospitals to collect inpatient votes this election. Ms Baker will look into this to ascertain if it is correct.

Screeners at the Front Door – the DHB has employed a lot of Air New Zealand staff who were made redundant as screeners at the Front Door.

Resolution (Moved: Lana Perese/Seconded: Dianne Glenn)

That the Board:

Receive the Corporate Affairs & Communications Report for the period 17 July 2020.

<u>**Carried**</u>

3.4 Finance & Corporate Business Report (Margaret White)
The report was taken as read.

- Closed year end $400k favourable to budget at an underlying level.
- The $10m White Island rebate is expected this week.
- Continuing to incur costs associated with COVID for which we are not being funded. To date $11.3m (net) has been incurred plus additional capital. Mr Whelan confirmed that the Director-General has been clear that additional ‘direct’ costs of COVID will be refunded.

DRAFT

Resolution (Moved: Lana Perese/Seconded: Colleen Boles)

That the Board:

Receive the Finance & Corporate Business Report.

<u>Carried</u>

4. INFORMATION PAPERS

4.1 State Service Commission Letter – Board Members Standing for Parliament
The letter was taken as read.

4.2 Risk Management – Challenges & Opportunities in the Post COVID World
The report was taken as read.

5. RESOLUTION TO EXCLUDE THE PUBLIC

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

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 24 June 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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Public Excluded Minutes of Audit Risk & Finance Committee, Hospital Advisory Committee & Community & Public Health Advisory Committees	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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.

DRAFT

First Draft 20/21 Northern Region Service Plan	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)]	**Commercial Activities** 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)]
Kidz First Children's Hospital Isolation Rooms	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)]	**Commercial Activities** 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)]
COVID19 Capital Purchases	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)]	**Commercial Activities** 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)]
Development Agreement for Pedestrian Walkway	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)]	**Commercial Activities** 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)]
Two Degrees Deed of Telecommunications Site Lease	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)]	**Commercial Activities and Negotiations** 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)]

DRAFT

Lambie Drive Lease	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)]	**Commercial Activities and Negotiations** 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)
NZHP Statement of Performance Expectations 2020/21	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)]	**Commercial Activities** 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)]
Grow Manukau	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)]	**Commercial Activities and Negotiations** 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)
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)]	**Public Interest** 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)]
Health & Safety Worksafe Incident	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)]	**Privacy** The disclosure of 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)]

DRAFT

Security for Safety	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)]	**Commercial Activities and Negotiations** 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)

Carried

The public meeting closed at 12.00pm.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 23 SEPTEMBER 2020.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 5 AUGUST 2020.

BOARD CHAIR **DATE**

DRAFT

Counties Manukau District Health Board
Action Items Register (Public)

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
5 August 2020	**Health & Safety Performance Report**	Workforce- present a deep dive into staff stress and how the DHB is supporting its staff. Provide a report on what the Asian workforce looks like at a service level incluindg regional figures if available.	23 September 23 September	Elizabeth Jeffs Elizabeth Jeffs	*Refer Item 4.2.1 on today's agenda.* *Refer Item 4.2.2 on today's agenda.*	✓ ✓
5 August 2020	**First Draft Northern Region Service Plan**	Alcohol Related Harm **–** present the current work programme to the Board for update.	28 October	Gary Jackson		
20 May 2020	**CEO Report**	Patient Story on how Fathers are Treated on the Maternity Ward - invite the Chief Midwfie to attend October Board meeting to provide an update on the changes made in the maternity service as a result of this patient story.	28 October	Christina Mallon		

Minutes of Counties Manukau District Health Board
Hospital Advisory Committee

Held on 12 August 2020 at 1.00pm
Exec MR 1 Bray Building, Middlemore Hospital
100 Hospital Road, Otahuhu, Auckland
and via Zoom - https://cmhealth.zoom.us/j/94562862330

PART I – Items Considered in Public Meeting

BOARD MEMBERS PRESENT

Catherine Abel-Pattinson (Chair)
Dr Lana Perese (Deputy Chair)
Vui Mark Gosche (DHB Chair)
Colleen Brown
Dianne Glenn
Katrina Bungard
Paul Young
Apulu Reece Autagavaia
Tipa Mahuta
Robert Clark (joined 2.26 pm)
Tori Ngataki (Observer)

ALSO PRESENT

Avinesh Anand (Deputy CFO, Provider)
Jess Ibrahim (Executive Advisor, CEO's Office)
Karyn Sangster (Acting Chief Nurse)
Dr Kate Yang (Funder Manager)
Mary Burr (General Manager Women's Health via Zoom)
Dr Mary Seddon (Director Ko Awatea)
Sanjoy Nand (Chief of Allied Health, Scientific & Technical Professions)
Teresa Opai (Secretariat)
(Staff members who attended for a particular item are named at the start of their item)

PUBLIC PRESENT

No members of the public were present.

1. COMMITTEE ONLY SESSION

The Committee only session commenced at 1.00 pm. The DHB Management team joined the meeting at 1.34pm. Apulu Autagavaia opened the meeting with a prayer.

2. AGENDA ORDER AND TIMING

Agenda items were taken in the same order through to and including item 3.2.1, then moved to item 4.1, returned to item 3.2.2, moved to item 4.2, moved to item 5.2, returned to item 5.1, moved to item 5.4, item 5.5, returned to item 5.3 and followed the remainder of the agenda in order.

2.1 Apologies/Attendance Schedule

Committee: Barry Bublitz, Garry Boles, Brittany Stanley-Wishart
DHB: Chris Mallon, Dr Jenny Parr, Dr Peter Watson

2.2 Disclosed Interests

Apulu Autagavaia advised pre-meeting that he is no longer a member of the district licensing committee of Auckland Council.

***Action:* Secretariat to update Disclosed Interests register to reflect the change noted above.**

2.3 Special Interests

There were no Special Interests to note requiring update.

3. CONFIRMATION OF MINUTES

3.1 Minutes of the Hospital Advisory Committee Meeting – 1 July 2020

Ms Glenn advised that the link provided to access the virtual tour of MMC was not working.

Action: *Secretariat to check link and advise outcome.*
Note: post meeting the provided link was checked and is working correctly. Whilst the agenda item for this video was noted as being a virtual tour of MMC, it is in fact focussed on the Incident Management Team based at MMC.

Resolution (Moved: Ms Brown/Seconded: Ms Bungard)

That the Minutes of the Hospital Advisory Committee held on 1 July 2020 be approved.

Carried

3.2 Action Items Register – Public

Noted with additional comments below.

3.2.1 Learnings from Neonatal Audit (Mary Burr)

Ms Burr provided a verbal update to the meeting.

Key points:

- Births in April were at a similar level as the preceding months, gestational age was the same as in April and there were slightly fewer younger babies born (less than 36 weeks) but this did not account for the 30% fewer admissions. Work continues with colleagues nationally and regionally to identify the cause of the variance.

Ms Glenn requested a further update be provided when information becomes available.

Action: A further update is to be provided by Ms Burr when information becomes available.

3.2.2 Reported Mental Health Incidents Update (Elizabeth Jeffs, Tess Ahern, Anne Brebner)

The report was taken as read.

Ms Jeffs and Ms Ahern provided key points:

- Incidents decreased during Covid, potentially due to a reduction in admissions and a change in practice during this time. The 'open door' policy moved to a closed door policy with no visitors and a higher security presence which may have contributed to the calmness of patients.

Ms Abel-Pattinson asked if that experience was similar to other units nationally. Ms Ahern noted that other units had had a similar experience, but not all units operate with an open door policy. One DHB inpatient unit had people who were Covid-19 positive and had to shut down, which the CM Health team worked hard to avoid.

Ms Glenn asked if the drop in incidents was related to not having visitors and if it is the visitors that cause upset to patients. Ms Ahern advised that that could partly be the case, but that visitors are also an important part of treatment and rehabilitation.

4. PROVIDER ARM PERFORMANCE REPORT

4.1 Executive Summary (Mary Burr)

The report was taken as read.

Ms Burr provided key points:

- The report was written prior to the Covid-19 announcement on 11 August.
- Preparation around any resurgence of Covid-19 is well under way with robust contingency plans in place to meet the Ministry's expectations.
- Mental Health are still supporting the homeless in motels, linking disaffected peoples into primary care when needed.
- The visitor registration and screening process in place will allow quick contract tracing should that become necessary.
- Priority 1 national targets for colonoscopy and gastroscopy were achieved in June. Planned care delivery confirmed by the Ministry at 101.7% for May with indicative Planned Care result for June at 101%. Radiology had record volumes in June with additional work to reduce the backlog caused during lockdown.
- Bowel screening programme restarted on 8 June. 109 cancers have been diagnosed since the programme commenced in July 2018. Negotiations with the Ministry are ongoing in relation to indicative and future funding levels and programme design to enable equitable participation.
- The 'Immunisation on Time' target for 8-month olds result decreased a little in Q4 which may be attributable to Covid-19, but strong goals to support the programme including incentives are in place.
- Overdue appointments are a focus for Ophthalmology with additional clinics on weekends and evening continuing along with sustainable changes to the models of care.
- The retirement of Jeanette Smith, a psychiatric nurse with 52 years of service, was acknowledged.
- Improvement programmes in Women's Health include Diabetes in Pregnancy and SMO Rostering Project. A review of the primary birthing strategy and involvement in GROW Manukau Health Park and GROW Middlemore Hospital will take place in the second half of 2020.
- Maternity recorded 610 births in June, down 3% on the previous year but an increase on previous months.

  Ms Brown asked how many mothers are going to private birthing facilities. Ms Burr advised - approx. 100 low risk births last financial year, but does not have any statistics available.

- Recruitment of midwifery and senior doctors continues locally, nationally and internationally.
- Gynaecology acute and electives show a 7% increase with Saturday operating and clinic sessions completed to assist in reducing the Covid-19 backlog. The complexity and acuity continues to grow. Analysis around access to services for women with uro-gynaecological issues continues.

- Kidz First ED attendances are down 53% overall and data is being analysed to identify the cause (includes Covid-19 impact).
- Contingency planning continues in the Laboratory to further ramp up testing volumes.
- A successful and unannounced spot visit by the Ombudsman to Tiaho Mai took place in June.
- Faster Cancer Treatment achieved 93% against target in June with referral volumes beginning to return to normal.
- Surgical Services ran Saturday and Sunday clinics during June to reduce the backlog caused during lockdown. Engagement with the Maaori and Pacific teams ensured the community were aware of this and were supported to get to their appointments. As a result, the DNA rate reduced.
- Facilities and Engineering major projects are mostly on target, with one a little behind due to a slight delay in one of the phases.

Ms Glenn asked if the DHB has the ability to contract and get dispensation for midwives due to shortage in New Zealand. Ms Burr advised they are on the essential workers list and are linked in with appropriate immigration people.

4.2 Financial Results FY2019/20 – CMDHB Provider Arm (Avinesh Anand)

The report was taken as read.

Mr Anand provided key points:

- Pre February the DHB had over-delivered on its discharges and case rates. Volumes dropped in March, April and May 2020 before coming back strongly in June and over-delivering. Because the DHB had over-delivered in the first 7 months of the financial year, the Ministry did not claw back any funding.
- Received money from ACC for White Island, $10.17M.
- The full year to June 2020 result was -$10.93M with key contributors being White Island patients, the unbudgeted cost of Covid-19, Planned Care catch-up, annual leave accruals being higher, opening of ward 17, and additional ophthalmology volumes.

Resolution (Moved: Ms Brown/Seconded: Apulu Autagavaia)

That the Hospital Advisory Committee:

Note and receive the reports.

Carried

5. CORPORATE REPORTS

5.1 Fast Cancer Treatment Quarterly Update (Catherine Tracy, Dr Jon Mathy)

Ms Tracy and Dr Mathy provided a presentation.

Key points:

- Dr Mathy has assembled a working group of tumour stream leads and is beginning to put together information about what a one stop model of care might look like.
- The FCT programme aims to improve patient experience, care quality and timely access across 12 tumour streams, measured by the 62-day FCT target.
- Working to identify which tumour streams are problematic, variable month on month.
- Steadily improving toward 62-day target, sitting around 85/87% of target.

- Ethnicity performance for Asian, Maaori and Pacific Populations are monitored closely and motivates improvement strategies e.g. the lower performance tumour stream of Gynaecology has high volumes and a high representation of Pacific Island women - this is the focus of improvement work in the service.
- Increase in number of patients graded as high suspicion, which requires an increase in resource. One stop model helps managed patients through 62 day pathway.
- Challenges are maintaining FCT as a core priority on a day to day basis, cost and availability of patient travel to treatment, outpatient clinic demand exceeds capacity, timely access to diagnostics, theatre demand exceeds capacity and quality of referral information from primary care to aid clinicians in decision making.
- Actively focusing on the need to meet the FCT target, ensuring patients are micromanaged, predominantly by the Cancer Nurse Coordinator and the Cancer Tracking team, development of data dashboard to better inform tumour streams of hotspots and breaches, escalation of capacity and demand issues regionally for oncology and surgical and cancer control agency requirements and work plan with an equity focus.
- Current and future focus includes increasing traction and escalation, tumour stream presentation through Cancer Steering Group, optimisation of patient journey, patient transport, development of Qlik data dashboard, escalation of capacity/demand issues regionally and equity focus.

Ms Burr noted that in relation to the Gynaecology tumour stream, obesity is the variable that separates the DHB from ADHB and WDHB and is a major factor in the complexity of patients. Women's Health is working with Primary Care about earlier diagnosis and the development of a navigator role around Maaori and Pacific that can help with early contact with the service.

5.2 Hospital Services Project Portfolio Overview (Sanjoy Nand)
The report was taken as read.

Mr Nand provided key points:

- There are 71 projects embracing Acute Flow, Ambulatory Care Flow, Every Dollar Counts, Choosing Wisely, and Technology. Of those, 30 are in execution phase, some are progressing, and some have become business as usual.
- In May, delivery against the target of $30M was 67% with the full year report available at the next ARF meeting.

Ms Brown congratulated the team on handling the high volume of projects. Ms Apa noted that the current volume is probably at the top end of what the DHB would like to manage and are a mix of projects at different stages with a large proportion being Healthy Together Technology projects that are in rollout across the divisions.

Resolution (Moved: Ms Glenn/Seconded: Apulu Autagavaia)

That the Hospital Advisory Committee:

Note and receive the report.

<u>**Carried**</u>

5.3 Virtual Site Tour: Emergency Department (Melissa Brown)

A pre-recorded video presentation was played to the meeting.

Key points:

- Multiple activities are happening to reduce the length of stay in ED (6-hour turnaround target) including an operational improvement and performance plan with key actions and deliverables. Length of stay performance has improved from Q1 78% to Q4 93%.
- In Q3, ED has moved from 19th position nationally to 13th with Q4 results due on Friday.

Ms Mahuta asked if Mental Health triage takes away from the responsiveness. Ms Brown advised that she doesn't have specific numbers but there are a number of Mental Health patients who present every day, are often quite complex and may have other issues such as drug and alcohol concerns. There can sometimes be delays in a member of the Mental Health team reviewing the patient, so they need to remain in ED until they are sober and their blood results become available. The ED team is working with the Mental Health team and looking internationally at what is best practice, possibly a Behavioural Observation Unit, and what that would look like.

Dr Perese referenced a brief conversation held in CPHAC around Emergency Q for Maaori and Pacific presentations that opt to be referred to urgent care. Dr Perese asked what proportion of Maaori and Pacific who present at ED are opting in to Emergency Q. Ms Brown advised that currently they are seeking better understanding of who uses the vouchers. Primary care are completing data analysis around the types of patients sent, those that re-present and will have an equity cut to allow the DHB to better understand how Maaori and Pacific use the service, if the numbers are higher and what we can do to address.

Dr Seddon advised that Ko Awatea has undertaken an evaluation of Emergency Q. One of the issues is that sometimes patients are referred to Emergency Q before they are registered by ED so the ethnicity data or NHIs are not available for every person. Dr Seddon commented that the process of how people get vouchers needs to be reviewed as it would be best if they are all acknowledged in some way.

Mr Clark asked if the DHB has thought about receiving the Emergency Q voucher at the other end of the process, rather than giving it to the patient at ED. Dr Seddon advised that the voucher doesn't cost the DHB anything if it is not used. WDHB are looking at expanding the app so the patient can get the voucher from home, but it looks to be a more expensive option.

Ms Abel-Pattinson asked for the name of the company who developed the app. Dr Seddon advised she did not know the name of the company, other than it was a private company, and that the DHB was piggy-backing on WDHB's experience. The app allows ED to advise patients of the waiting time at each of the urgent care centres.

Ms Abel-Pattinson asked what the price would be to make the app the same for WDHB and CMDHB. Dr Seddon advised it would be in the region of several million dollars. Dr Yang asked if it would be appropriate to invite the GM of Primary Care to the next HAC meeting to present.

Ms Abel-Pattinson asked if the DHB were to make the investment, would it pay off in 2-3 years. Mr Nand advised that the number of patients per day that would choose to go to an urgent care centre from ED was quite low, 6-12 per day, increasing to 25-30 on weekends, so it is unlikely to have much of an impact on savings. Ms Abel-Pattinson noted that the Committee would leave it with ELT to discuss and resolve.

5.4 Strategic Deep Dive: Patient Flow - Presentation (Dr Vanessa Thornton)

Dr Thornton provided a presentation to the meeting.

Key points:

- Work commenced two years ago on vision to improve hospital flow (triage to registration to emergency medicine and transfer to speciality) and care of patients and staff.
- Three-pronged approach taken – appropriately redirects specific presentations from ED, increase ED efficiencies and improve and streamline the admission process.
- Daily presentations greater than 15-years+ have returned to normal levels, but children tracking at about 50% of previous levels over past 10 years.
- To reduce presentations, the team have worked with Comms about access to care, provided Emergency Q which redirects patients back to the community free of charge, is using St John transport to urgent care and GPs rather than ED and encouraging use of the Urgent Care Network through which the DHB subsidises after hours care.
- Emergency Q vouchers issued typically 2-300 per month and up to 500 in busier times.
- ED improved efficiencies through senior-led decision-making with a SMO or senior nurse ensuring patients are streamed through to services where appropriate or redirected to other services, changing the triage process, new A-D (Admission to Discharge) planner and increasing the number of providers, new senior nurse-led model and senior night cover.

5.5 Operational Deep Dive: Emergency Department - Presentation (Dr Vanessa Thornton, Melissa Brown)

Dr Thornton and Ms Brown provided a presentation to the meeting.

Key points:

- In 2019 116,700 presentations to ED.
- Conversion rate at 36% is similar to other emergency departments. However complexity compared to other DHBs and Australasian health services, particularly for general medicine patients, is higher than the average.
- Achieving 84% admitted patients out of ED over 6 hours with ED discharges at 90% in under 6 hours.
- Covid-19 Level 4 patient flow resulted in 30-40% reduction in workload and results improved during lockdown period.
- Projected growth in ED has been static in past 12 months, by 2026 projecting 128,000 patients through ED. On a daily basis 400 patients, with highs and lows getting higher.
- Improvements achieved in monitored corridor patients and Wait Room B.
- Increasing complexity and multi-morbidity of general medicine is similar to Whangarei.
- CMDHB has lower admission rates (0.79) compared to North Shore and Auckland.
- Senior led triage is first step toward other models of care to address projected growth.
- Additional efficiencies in ED include an increase to providers, ED nursing leadership, night SMO cover and realigning existing workforce to better meet patient needs and surges in demand.
- Current data for 6-hour length of stay near 92%. Significant improvement in performance achieved over last 7-8 months up from the 70%s in Q1. Overall compliance 90.7% in July.
- Future improvements – model for behaviourally disturbed patients, monitored and resus demand, design of facility, helicopter pad and radiology hub.

Ms Apa noted that the helicopter pad is at the back of hospital, 1km from the ED. Feasibility of installing pad on top of the Harley Grey Building to shorten the time of transfer has been scoped and is an area of interest raised by the National Trauma Network. This is being added to the capital plan and waiting prioritisation.

6. INFORMATION PAPERS

6.1 Inpatient Experience Snapshot Report

Noted.

6.2 Living in a World of Covid-19

Noted.

6.3 New Zealand's Place in the World; Implications of Covid-19

Noted.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Ms Brown/Seconded: Ms Glenn)

That the Hospital Advisory Committee 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:

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 July 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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Draft Work Plan 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)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Committee to carry out, without prejudice or disadvantage, commercial activities.

Carried

The Public Meeting closed at 3.08 pm.

The next meeting of the Hospital Advisory Committee will be held on Wednesday, 9 September 2020.

Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 12 August 2020.

Catherine Abel-Pattinson
Chair

9 September 2020

Minutes of Counties Manukau District Health Board Community and Public Health Advisory Committee

Held on Wednesday, 12 August, 2020 at 9.00am – 12.30pm
Ko Awatea, Room 101, Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland & Zoom

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PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Co-Chair)
Pierre Tohe (Co-Chair)
Brittany Stanley-Wishart (Seat at the Table)
Dianne Glenn
Katrina Bungard
Lana Perese
Mark Gosche (Board Chair)
Paul Young
Apulu Reece Autagavaia
Robert Clark (Mana Whenua)
Tipa Mahuta
Tori Ngataki (Seat at the Table)

ALSO PRESENT

Dr Gary Jackson (Director, Population Health)
Aroha Haggie (Director, Funding & Health Equity)
Dr Sue Tutty (GP Liaison, standing in for the seconded Dr Campbell Brebner)
Jessica Ibrahim (acting Executive Advisor to the CE)
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 media representatives were in attendance.

WELCOME

The meeting commenced at 9.00am with a mihi whakatau for our two new Seat at the Table members - Brittany Stanley-Wishart and Tori Ngataki – given by Matua Te Teira Rawiri. Both Brittany and Tori responded with gratitude for being given the opportunity. Vui Mark Gosche, who was in attendance, welcome both women and advised he was looking forward to their input.

Dr Sue Tutty was welcomed to the Committee. Dr Tutty will be standing in for Dr Campbell Brebner, who is currently seconded to the Covid MIF response until the end of 2020.

1. AGENDA ORDER AND TIMING

Items were not taken in the same order as listed on the agenda as some presenters were unavailable due to the current Covid response.

At this point the Committee moved into Public Excluded to discuss the Equity Plan Parameters.

RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Lana Perese/Seconded: Paul Young)

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:

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
4.1 Equity Plan Parameters	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)]	**Commercial Activities** 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)]

<u>**Carried**</u>

2. GOVERNANCE

2.1 Apologies

Apologies were received from Margie Apa and Barry Bublitz. Apologies were received from Robert Clark (moving in and out of the meeting as Covid Response Zooms allowed) and Tipa Mahuta for lateness.

2.2 Register of Interests

Amendments to the Disclosure of Interests – noted from Apulu Reece Autagavaia.
Amendments to the Disclosure of Specific Interests - Nil.

2.3 Confirmation of the Minutes of the joint Hospital Advisory Committee/Community and Public Health Advisory Committee/Disability Advisory Committee meeting held on 1 July 2020.

Resolution (Moved: Dianne Glenn/Seconded: Reece Autagavaia)

That the minutes of the Community and Public Health Advisory Committee meeting held on 1 July 2020 be approved.

<u>**Carried**</u>

2.4 Action Items Register/Response to Action Items

Response to Action Item requesting information regarding Start Well to be included in the papers for 9 September 2020.

2.5 CPHAC Work Plan 2020

Ms Haggie to discuss offline with Mr Tohe and Ms Brown the impact of Covid on this 2020 workplan. Ms Haggie will follow up with CPHAC in regard to the Papakura Marae visit and whether or not this will be able to take place in 2020.

2. UPDATES

2.1 **ARPHS 6-Monthly Update to CPHAC & ARPHS Covid-19 Response Review** (Jane McEntee, GM ARPHS)

This agenda item was postponed to a future CPHAC meeting, due to the Covid-19 Community Transmission response that was being undertaken at the time.

3.2 **20/21 Metro Auckland SLM Improvement Plan and 2019/20 Q4 - quarterly report** (Earnest Pidakala, Acting GM Primary Funding & Development, Primary Care and Robin Van Ausdall, Programme Manager, Primary Care)

The paper was taken as read.

Ms van Ausdall reminded CPHAC of the current SLMs.
1. Ambulatory Sensitive Hospitalisation (ASH) rates for 0 – 4 year olds
2. Acute hospital bed days per capita
3. Patient experience of care
4. Amenable mortality rates
5. Youth are healthy, safe and supported
6. Babies living in smokefree households at six weeks.

The 20/21 Improvement Plan includes a regional plan across all three DHBs. We have an SLM Steering Group made up of members from both Alliance Leadership Teams. Each measure has a PHO lead. An implementation group sitting underneath this, and close relationships with other groups across the region (e.g. Metro Auckland Clinical Governance Forum). Almost all of the activities are equity focused, and the plan reflects a strong commitment to the acceleration of Maaori and Pacific health gain and the elimination of inequity for Maaori and Pacific peoples.

The measures are aspirational with a focus on equity. In the development of the plan, there have been conversations to ensure that we have good measures. The plan was looked at for a three-year period and has been split into what we can accomplish this year, regionally and then how we'll build on that over the subsequent two years.

Ms Mahuta was interested to find out how they formed their equity approach. Ms Van Ausdall advised that there was engagement with Maaori and Pacific providers. Dashboards and reporting measures have been set up to measured against equity. Equity is a standing agenda item for all Steering Group meetings.

Ms Brown asked how the figure of 3% reductions was arrived at. The Steering Group wanted to be realistic around what we could achieve in a one-year time frame.

Mr Tohe wanted to clarify that the ASH rates are higher for Maaori and Pacific but the actual targets are the same across the board. He would have thought there would be a higher percentage for

Maaori and Pacific given the ASH rates were higher. Ms Van Ausdall will take this feedback on board and take it to the Steering Group for discussion.

If there are regional disparities, should we be advocating for different targets? If we are pushing our own equity approach, we'd want to see greater focus on those populations that we are concerned about.

In terms of smoking cessation for Maaori and Pacific, CPHAC assumed the activities are focussed toward Maaori and Pacific and Ms Van Ausdall confirmed that this is the case in Counties Manukau.

Vui Mark Gosche raised a point for next time. Looking at the interventions that we expect Primary Care to deliver on, we set targets and they then set targets for next year that they don't try to deliver on. The various graphs seem to show targets that regions are not striving to achieve. Mr Pidakala advised that an SLM reset is planned. Further thinking is required around what it is we are working to achieve. There will be a new iteration of SLM in a new form. Need to take lessons/learnings from this conversation when thinking about design.

Discussions happening at Regional Governance level, which are driven by the Simpson Review are to are to get Regional consistency, which is currently not shown with these measures is something to think about for next time. We could also be more demanding of the sector, in particular in areas where they have absolute control over whether they do tests, for example or they prescribe drugs for Maaori and Pacific they way they do for everyone else. There may well be more pressure next year to do better moving forward.

Resolution

The Community and Public Health Advisory Committee:
Received this information paper on Metro Auckland System Level Measures.
Noted that the Annual Plan (see Appendix 1) has been endorsed by the Joint Alliance Leadership Team (JALT) and approved by the Ministry of Health (MoH).

Moved: Dianne Glenn/Seconded: Colleen Brown
Carried

4. STRATEGIC DEEP DIVE

4.1 CM Health Covid-19 Localities Response Review (Penny Magud, GM Locality Services)

The paper was taken as read.

Ms Magud ran the committee through the presentation.

CPHAC were pleased to note the gains for the organisation. Ms Magud was asked how these gains will be maintained moving forward. Ms Magud advised that for the high risk patients that need face to face interaction, consideration will be given to face to face/tele health, etc. CM Health has stood up welfare checks as have Housing. Whilst there is a need to ensure multiple welfare checks are not occurring, it was noted that that welfare checks are crucial for high needs patients.

Huge amount of work with whanau were undertaken enabling Self Management to continue and in addition whaanau management education has continued.

Staff well-being was asked about and Ms Magud advised that Senior Leaders were across the seven-day week supporting staff, celebrating successes and assessing how staff could work differently, in turn working better for whaanau.

Our Community Health Teams continued to deliver care to our patients and whaanau through a modified model of care during the first lockdown.

District nursing rolled out supported self-care amongst selected patients with phone reviews between District Nurses, patients and Aged Care facilities. Interactions were supported with patient photos, Telehealth and videos. Implementation of supplies distribution and clear escalation pathways were outlined to ensure end to end process was followed and clinical notes are updated.

Personal protective equipment and infection prevention education sessions for staff responding to unique community landscape was provided to staff.

Zoom and face to face huddles were held across the Division to ensure clear consistent messaging, identification of gaps, resource management and escalation of risks and issues for all staff including those working from home or self-isolating.

Community Health stood up contracts with retirement villages across the district to provide nursing interventions within resident's homes, decreasing the number of visitors to ARRC facilities. This resulted in increased ability of the village staff to have greater oversight of vulnerable/at risk adults particularly those who were at risk of significant social isolation.

Resolution

The Community & Public Health Advisory Committee:
Received this paper and accompanying powerpoint presentation on Localities Community Health Service COVID-19 Response Review which has been endorsed by ELT on 4th August 2020.

Moved: Paul Young/Seconded: Tipa Mahuta
Carried

4.2 CM Health Covid-19 Middlemore Response Review – Part I (John Cartwright, GM Emergency Department, Critical Care Complex & Middlemore Central)

John Cartwright is unavailable to attend CPHAC as he is in the midst of reinstating the CM Health Middlemore IMT in response to the Community Contagion cases of Covid-19.

6. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Lana Perese/Seconded: Paul Young)

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:

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
2.1 Confirmation of Public Excluded Minutes 1 July 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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.

3.1 CM Health Covid-19 Middlemore Response Review – Part II 3.2 Primary & Community Strategy Update 3.3 Community & Acute System Learnings from Covid-19	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)]	**Commercial Activities** 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 10.00am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 12 AUGUST 2020.

Pierre Tohe
Committee Co-Chair

Counties Manukau District Health Board
Board & Board Committee Meetings 2021 – DRAFT

Board	Audit Risk & Finance (ARF)	Hospital Advisory Committee (HAC)	Community & Public Health Advisory Committee (CPHAC)	Disability Advisory Committee (DiSAC)	Maaori Health Advisory Committee (MHAC)
Wednesday (6 weekly) 9.00 – 4.30pm Room 101 Ko Awatea	**Wednesday (6 weekly) 8.00 - 12.30pm Room 101 Ko Awatea**	**Wednesday (6 weekly) 1.30 – 5.00pm Room 101 Ko Awatea**	**Wednesday (6 weekly) 9.00 – 12.30pm Room 101 Ko Awatea**	**Thursday (12 weekly) TBC**	**Wednesday (12 weekly) TBC**
20 January	**No Meeting**	27 January	27 January		
No Meeting	10 February	**No Meeting**	**No Meeting**		
3 March	24 March	10 March	10 March		
14 April	**No Meeting**	21 April	21 April		
26 May	5 May	**No Meeting**	**No Meeting**		
No Meeting	16 June	2 June	2 June		
7 July	28 July	14 July	14 July		
18 August	**No Meeting**	25 August	25 August		
29 September	8 September	**No Meeting**	**No Meeting**		
No Meeting	20 October	6 October	6 October		
10 November	**No Meeting**	17 November	17 November		
15 December	1 December	**No Meeting**	**No Meeting**		

Deadlines
Papers are due 2x Friday's prior to the meeting date.

Decision Paper
Counties Manukau District Health Board
Proposal to Re-Establish the CMDHB Disability Support Advisory Sub-Committee

Recommendation

It is recommended that Board:

Receive the proposal for re-establishing the CMDHB Disability Support Advisory Sub-Committee.

Note this paper was endorsed by the Executive Leadership Team on 1 September 2020 to go forward to the Board.

Note that the Metro Auckland DHB Boards and board Chairs have resolved to disestablish the Regional Disability Support Advisory Committee and moving forward each DHB will establish their own DiSAC.

Note that at the time of disestablishment there were three board members who represented CMDHB on the Regional DiSAC.

Establish the membership of the new DiSAC which would require additional CMDHB Board members, including consideration of representation from Mana Whenua, Pacific people and the Disability community.

Approve the establishment of the new CMDHB Disability Support Advisory Sub-Committee and the proposal that it meets four times a year as outlined in this paper and note that the Terms of Reference will be developed by the new committee for the Board's consideration and approval.

Prepared and submitted by: Sanjoy Nand, Chief of Allied Health Scientific and Technical on behalf of Margie Apa, Chief Executive Officer

Glossary

DiSAC – Disability Support Advisory Sub-Committee
RDiSAC – Regional Disability Support Advisory Committee
CPHAC- Community and Public Health Advisory Committee
HAC – Hospital Advisory Committee

Purpose

The purpose of this paper is to put forward a proposal to the Board to discuss and approve the re-establishment of a local Disability Support Advisory subcommittee and to request the board to identify the membership of the committee.

Executive Summary

CMDHB needs to re-establish a Disability Support Advisory subcommittee. This board subcommittee provides advice to the Board on the disability support needs of our population and priorities for the use of the disability support funding that the DHB receives. The requirement to re-establish a local DiSAC follows from the recent decision by the Auckland Metro DHBs to disestablish the regional committee formed in late 2018, with each DHBs resorting to setting up their own individual DiSACs.

This proposal is to re-establish the CMDHB DiSAC and request the Board to establish the membership of the subcommittee. Four members of the current board were on the RiDSAC until November 2019 with three members continuing until the decision to discontinue the RiDSAC. Colleen Brown was co-chairing the

RDiSAC.

The proposal requests consideration for Mana Whenua, Pacific and Disability community representation on the new DiSAC. We recommend that the DiSAC meets four times a year with meeting dates to align with every second CPHAC meeting. We propose that the DiSAC meets for an hour at the end of the respective CPHAC meeting, in between CPHAC and HAC meetings. This would minimise the disruption to members' current diary commitments i.e. enable CPHAC members on DiSAC to continue while members who are also on HAC would be able to continue after to attend HAC. With a Disability Strategy Implementation Plan (regionally agreed) and CMDHB specific action plans already in place, we believe an hour would be sufficient to discuss the agenda items, make recommendations and provide governance on existing and planned work.

Background

The Regional DiSAC formed in late 2018 was recently disestablished by the Auckland Metro Boards, with the understanding that each Board would set its own Disability Support Advisory subcommittee. This followed a decision by member representatives from WDHB to withdraw from the regional committee. The regional committee met four times since it was formed, and CMDHB members had a workshop in 2019 in place of a regional meeting that was cancelled due to low availability of regional members. Coordination of the regional meeting dates was challenging. A work plan was put forward by CMDHB for the regional DiSAC which was agreed. The first regional meeting scheduled in 2020 was initially cancelled due to COVID-19, and CMDHB included the disability agenda on the combined subcommittee meetings. The second regional meeting in June 2020 was only attended by members of ADHB and CMDHB. At this meeting it was discussed that the Boards would need to consider the way forward and resolve to either continue with the regional arrangement or disband the regional committee. Decisions were subsequently made to disestablish the RDiSAC and boards would set up their own DiSAC.

A regional Disability Strategy Implementation Plan has been agreed upon covering the three metro Auckland DHBs, which remains relevant, in date and useful. Each DHB has local actions and projects in place to drive the focus areas of the implementation plan.

One of the positive impacts of the regional committee has been the collaboration between DHB staff around the work that each DHB has been doing, enabling learning from others and preventing re-invention of processes and systems. Staff continue to collaborate on work that has a common goal. CMDHB has a progressive action plan and has been making good progress against it and in particular has caught up with the regional counterparts around its achievements in the disability and accessibility space.

Prior to the regional arrangement, CMDHB had its own DiSAC which met every 12 weeks (4 times a year).

Proposal

This proposal is for the board to consider and approve the re-establishment of the local DiSAC and determine the membership of the subcommittee.

We recommend that the subcommittee meets four times a year as follows:

- On the same day as every second CPHAC meeting, straight after the CPHAC meeting.
- Meeting duration will be one hour

The impact will be that the time allocated for every second CPHAC meeting will shortened by an hour. The benefits for organising the meeting as above include, minimising the disruption to the members' current diary commitments and enabling all subcommittee meetings to occur on one day. We believe an hour for DiSAC would be sufficient to discuss the agenda, make recommendations, receive a progress updates and deliver the governance responsibilities. If additional time is required, such as for strategy reset or other forms on engagement then adhoc workshops could be convened.

Equity

Equity for disabled people is a key focus of the work that the organisation is undertaking, including in our strategy refresh and annual plans. New Zealand statistics indicate that people with disablity have poorer health outcomes than able bodied people. In addition, Maaori and Pacific people with disablities have yet even poorer health oucomes, suggesting double jeopardy for these groups.

It is important that Maaori and Pacific people and disabled communities are part of the advisory committee to provide input in decision making and helping design a system that better meets the needs of our disabled communities and achieve equity in health outcomes for disabled people.

Decision Paper
Counties Manukau District Health Board
Treaty of Waitangi Audit

Recommendation

It is recommended that Board:

Receive the Treaty of Waitangi Audit paper.

Note the Treaty of Waitangi Audit Tool is in Appendix One.

Note the approach outlined in this paper has been endorsed by Mana Whenua i Tamaki Makaurau and the Executive Leadership Team and recommended by the Community and Public Health Advisory Committee.

Note that the audit will be implemented in a phased approach, in accordance with the New Zealand Public Health and Disability Act 2000, with the first phase focusing on Mana Whenua i Tamaki Makaurau and key DHB board and committee members as well as Maaori managers/leaders (within Counties Manukau DHB and Maaori community providers). Subsequent phases are anticipated to extend the audit to incorporate whaanau/end-user feedback.

Note that the audit will be delivered by an external contractor (Kāhui Tautoko Consulting Ltd) who has been endorsed by Mana Whenua i Tamaki Makaurau.

Approve the implementation of the Treaty of Waitangi Audit including the scope, methodology and process for the audit.

Prepared and submitted by: Sharon McCook, General Manager Maaori Health Development on behalf of Aroha Haggie, Director of Funding and Health Equity.

Glossary

CMDHB – Counties Manukau District Health Board
DHBs – District Health Boards
GM – General Manager
MWiTM – Mana Whenua i Tamaki Makaurau
ToW – Treaty of Waitangi

Purpose

In 2019, the Counties Manukau District Health Board (CMDHB) Finance, Risk and Assurance Committee identified a risk (Strategic Risk ID 34) "Inability to meet our Treaty of Waitangi obligations". This paper puts forward an audit process to address this risk and determine whether CMDHB is meeting their statutory obligations under the New Zealand Public Health and Disability Act 2000.

Executive Summary

The importance of the Treaty of Waitangi (ToW/'the Treaty') to the New Zealand Health system and specifically District Health Boards is irrefutable, and this status is expressed in a number of ways e.g. governance arrangements, funding, plans, policy, service provision, clinical practice, training etc.

Fundamentally the ToW is a constitutional document that outlines the relationship between Tangata Whenua and the Crown and affords protection to rights, access, decision making and equity in health. This paper seeks to provide a tool to assess our ToW responsiveness as an organisation and then put in place a plan to ameliorate any risk identified by the audit.

It is noted that the approach outlined in this paper has been amended based on feedback from Mana Whenua i Tamaki Makaurau (MWiTM) and the Community and Public Health Advisory Committee (CPHAC). This includes adoption of a phased approach (a subsequent phase is to be developed but will broaden the feedback to specifically incorporate whaanau/end-user feedback) as well as engaging an external party (Kāhui Tautoko Consulting Ltd), endorsed by MWiTM, to undertake the audit.

Background

In today's context, the ToW is expressed throughout New Zealand's health sector in a myriad of ways. Several examples exist of overarching Treaty of Waitangi statements - acknowledging it as the founding document of New Zealand, Treaty training programmes providing an analysis of its impact on New Zealand society, and it is regularly used within a broader discussion regarding cultural responsiveness of health service provision and clinical practice.

These expressions often center on partnerships with Maaori (individuals, communities, and/or organisations), with the Treaty providing a basic framework for developing and upholding these relationships. The articles of the Treaty have historically been refined down to three principles - Partnership, Participation and Protection ('three P').

The Treaty principles are defined by the Ministry of Health[1] as:

- **Partnership** involves working together with iwi, hapuu, whaanau and Maaori communities to develop strategies for Maaori health gain and appropriate health and disability services;

- **Participation** required Maaori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services; and

- **Protection** involved the Government working to ensure Maaori have at least the same level of health as non-Maaori, and safeguarding Maaori cultural concepts, values and practices.

CMDHB also affirms our commitment to the Treaty of Waitangi in our annual plans. CMDHB have used the articles as opposed to the 'three P' principles of the Treaty of Waitangi as our framework for partnership with Maaori. These are outlined below:

[1] Ministry of Health - http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles

- **Article 1** – Kawanatanga (governance) is equated to health system performance. It covers establishing, monitoring, and where necessary changing, structures and systems to achieve Maaori health gain.

- **Article 2** – Tino Rangatiratanga (self-determination) is about providing Maaori with opportunities to lead activities to achieve Maaori aspirations.

- **Article 3** – Oritetanga (equity) is concerned with reaching health equity for Maaori.

- **Article 4** – Te Ritenga (Maaori culture) acknowledges the significance of Maaori values, customs and beliefs.

The four articles (note this includes the fourth, lesser known, article) of the Treaty to provide a framework for developing a high performing, efficient and responsive health system. This framework values the important role that Maaori play, or can play, to achieve equity. Therefore, this framework is integrated into the Audit Tool, as a way of highlighting how the DHB is truly delivering on our Treaty responsibilities clearly stated in our annual plan for the past four years.

New Zealand Public Health and Disability Act 2000

A Treaty based relationship is acknowledged within the *New Zealand Public Health and Disability Act 2000* (the Act). In particular, Part 3 of the Act provides specific actions and mechanisms for District Health Boards to ensure the principles – partnership, participation and protection, are realised.

The Act explicitly states (in Section 22(1)(e)) that an objective for district health boards is to eliminate health disparities between Maaori and non-Maaori. In subsequent sections, the Act emphasises the importance of involving Maaori in activity that has the potential to eliminate or exacerbate disparities.

More explicit mention is made of involving Maaori at key points, and in processes, where they can influence decisions and activity "for Maaori health improvement". Maaori representation on boards established by this Act ensures Maaori involvement in DHB decision-making. The Minister of Health is charged with ensuring that either Maaori representation on each district health board is proportional to its respective Maaori population, or that at least two members on the board are Maaori. While provisions are made in other areas of the Act for Maaori representation on advisory committees established under the Act.

Representation should be seen within a broader context of effective engagement with Maaori. The Act, although not overly prescriptive, provides for this. It stresses that developing the capability of Maaori to participate in these forums, by sharing relevant information and resources, as equally important as having a seat at the table. So while the onus is on District Health Boards and other key players in the health sector to provide opportunities for Maaori input, Maaori representatives (individual committee members and organisations) also have an obligation to provide informed input into discussions, and advocate on behalf of the communities they are representing. This maintains the integrity of the relationship with Maaori, and strengthens the partnership spirit within which the Treaty of Waitangi was signed.

He Korowai Oranga 2014

He Korowai Oranga (2014) is the Ministry of Health's refreshed Maaori health strategy. The overall aspiration of the strategy is to achieve Pae Ora, with three connected high level aims: Mauri Ora (healthy individuals), Whaanau Ora (healthy families) and Wai Ora (healthy environments).

It has implications for health status as well as the determinants of health. As a high level aim, Mauri Ora expects that individuals will have good health and that the health system will deliver high quality

services on prevention to treatment spectrum. The second high-level aim, Whaanau Ora, recognises the contribution the health sector can make to the health and wellbeing of whaanau and to the Whanau Ora policy. The third high level aim, Wai Ora, encompasses natural and built environments. It is closely linked to public health and has implications for addressing the determinants of health, including water purity, poverty, and urban safety.

The key threads, which are essential for realising both government and Maaori community aspirations within a Treaty based partnership arrangement, are:

- **Rangatiratanga** – provides for Maaori leadership and participation in all endeavors that have the potential to impact on Maaori. It recognises that Maaori participation in DHB governance is important, but should feature at other levels of the DHB decision-making structure. Criteria gathered from this key thread for the audit include Maaori involvement in procuring health services; Maaori community health needs assessments and integrating tikanga Maaori in planning health services and providing care.

- **Building on gains** – acknowledges the work that has occurred to date while also acknowledging that more work is required. This provides criteria for the audit to assess commitment to Maaori workforce development and increasing numbers of Maaori health professionals, continued effective partnerships with Maaori communities, and Maaori provider development that ensures clinical and cultural excellence, and their sustainability as a unique and important feature of our health sector.

- **Equity** – looks at how well relationships (funding, contracts and partnerships) with Maaori are currently working to achieve Maaori health equity targets. This thread provided criteria along the lines of capturing and disseminating Maaori health data, committing to and monitoring Maaori equity targets and criteria that looks at using Maaori health needs to better invest DHB resources.

The Treaty of Waitangi obligations under the New Zealand Public Health and Disability Act 2000 (the Act) require DHBs to develop and maintain effective engagement processes with Maaori. Specific requirements within the remit of Treaty obligations include Maaori membership on the Boards of DHBs and statutory advisory committees (this is for Ministry of Health), and direct Maaori input into decision-making and strategic processes, particularly where there is potential for Maaori health gain and development.

In some cases, wording from the Act can be transposed directly to the audit tool as criteria because the obligation is stated explicitly (for example, membership requirements on the boards and advisory committees). However, the Act contains several broad sweeping statements that show intent to partner and work closely with Maaori to eliminate health disparities, yet do not prescribe specific mechanisms by which the intent can be achieved. Where this is the case, further reading into health sector strategic documents has been undertaken to produce a further set of criteria for the audit tool.

For example, in Section 22(1)(e), DHBs have an objective "to reduce health disparities by improving health outcomes for Maaori and other population groups". The range of activity that can potentially fall under the remit of this objective is clearly immense. So too can the activity under Section 23(1)(d) and (e)where the DHBs are changed with establishing and maintaining "processes to enable Maaori to participate in, and contribute to, strategies for Maaori health improvement" and continuing "to foster the development of Maaori capacity for participating in the health and disability sector and for providing for the needs of Maaori". Clearly, these broad statements require a similarly broad suite of criteria to ensure all components are met by the DHBs.

Several strategic documents, notably the Ministry of Health's *He Korowai Oranga* (2014) and the DHBs' own Maaori health roadmap (2018/19 and 2019/20), put forward best practice mechanisms for achieving Maaori health gain, which are further translated into criteria for the audit tool. These best practice mechanisms also give us the ability to assess the quality of DHB activity aimed at reducing

health disparities for Maaori. This fundamentally shifts the audit from a tool of compliance, to an evaluation using best practice standards for Maaori health development.

Wai 2575 – Health Services and Outcomes Kaupapa Inquiry

Stage one of the inquiry focused on the legislative and policy frame work of the primary health care system. The Waitangi Tribunal recommended that the following Treaty principles be adopted:

1. The guarantee of tino rangatiratanga, which provides for Maaori self-determination and mana motuhake in the design, delivery and monitoring of primary health care;
2. The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Maaori;
3. The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Maaori. This includes ensuring that it, its agents and its Treaty partner are well informed on the extent, and nature of, both Maaori health outcomes and efforts to achieve Maaori health equity;
4. The principle of options, which requires the Crown to provide for and properly resource kaupapa Maaori primary health services. Furthermore, the Crown is obliged to ensure that all primary health care services are provided in a culturally appropriate way that recognises and supports the expression of hauora Maaori models of care;
5. The principle of partnership, which requires the Crown and Maaori to work in partnership on the governance, design, delivery and monitoring of primary health services. Maaori must be co-designers, with the Crown, of the primary health system for Maaori.

Stage two of the inquiry looks at mental health and addictions and disabilities and is currently underway.

Proposal

The audit will be delivered in a phased approach. We recommend a two-step process (within Phase One of the audit) to address the identified risk utilising both quantitative and qualitative data gathering methods.

Step one will focus on compliance with the Act and offer an immediate response to the risk raised by the CMDHB's risk register and monitored by the Finance, Risk and Assurance Committee. Step one will look at explicit statutory obligations – in relation to governance membership on statutory committees, where a review of sources can occur relatively quickly. In this step we will compile quantitative data (for example, number of members, training records, number of Maaori health development activities) in response to stipulations within the Act. Also, through interviews with informants, we will summarise the DHBs' Maaori health development activities targeted at eliminating local Maaori health inequities. A paper summarising findings and noting any unmet statutory obligations will be produced as an output of the first step.

Step two will evaluate the quality and impact of activities under Section 23(1)(d) and (e) of the Act. As mentioned earlier, this activity will be audited against best practice Maaori health development frameworks and drawn out further through rigorous interviews with key informants. The proposed methodology for the audit comprises a review of relevant documentation and interviews with experts/leaders (from within and without the DHBs and health sector), with a final critical analysis of all data gathered against the audit tool criteria. Step two will go further than compliance, by using interviews to evaluate how well the DHBs'. Maaori health development activity is working to achieve Maaori health gain. We have incorporated best practice frameworks into the audit tool, primarily Maaori health road map, prior Maaori health plans and He Korowai Oranga, to provide an objective assessment of whether this activity achieves best practice standards within these documents. Interviews with key informants, many of whom possess expertise in Maaori health and a stake in the

DHB – Maaori relationship, will be used in step two to further analyse these activities and understand their contribution towards Maaori health outcomes.

Following the second step of this audit, an outcome report containing recommendations will be produced as the concluding output of the audit. Both step one and step two output documents will provide the DHBs with a risk profile of their Treaty of Waitangi compliance. Moreover, it will provide a clear indication of where resources can be targeted to achieve Maaori health gain.

Subsequent ToW audit phases, to be developed after completion of the current phase, will focus on incorporation of whaanau/end-user feedback. Where possible, this phase will consider information/data collected via CMDHB equity (and related) work. For example, patient and whaanau experience information or data from other audits and evaluations.

Equity

It is acknowledged that the Treaty provides an imperative for CMDHB to protect and promote the health of Maaori, respond to Maaori health aspirations and meet Maaori health need. Whilst it is recognised that there is an interrelationship between the DHBs Treaty obligations and responsibility to achieve health equity for Maaori, it also acknowledged that these are also distinct obligations (and separate requirements in the NZ Public Health and Disability Act).

Maaori health equity is often seen as the area of commonality and overlap between these two priorities. In practice this means, that the information arising from this audit will facilitate any equity plans developed by the DHB and will ensure that specific right of Maaori to health equity is incorporated as well as clearly affirming efforts to advance Maaori health as per our other accountabilities under the Treaty.

It is widely recognised, that failure to meet the requirements of the Treaty have established and maintained health inequity for Maaori within the wider determinants of health and within the health system itself.

Discussion

Below is a list of key decisions required in order for this audit to commence. Each decision is an important step towards completing the audit and providing a comprehensive report of CMDHB's Treaty of Waitangi responsiveness.

Agree on the scope of the audit

The scope of the audit covers a wide range of DHB activities, partnerships and forums. A determination was made during the development of the audit tool to keep the activity within scope of Maaori health development – including Maaori health providers (as determined by Ministry of Health criteria), and relationships with iwi and mataawaka referred to as Maaori communities throughout the Audit Tool. The audit encompasses only Counties Manukau activity and direct relationships with providers.

The audit is designed to assess each DHBs compliancy with the Act in the first step, addressing the risk raised by the Finance, Risk and Assurance Committee. The audit, in step two, also provides the impetus for analysing the real impact of DHBs' activity for reducing health disparities amongst their respective Maaori populations. Therefore, the scope of the audit includes compliance with the Act, and quality as set by best practice models provided for in local and national health strategic documents.

Agree on the methodology of the audit

The methodology for this audit employs a phased approach. The first phase will comprise two key elements – a review of documents/platforms and facilities, and face-to-face interviews with informants.

This is owed largely to the fact that the Act itself features both clear expectations for DHBs (particularly in regards to Maaori representation) and broad statements to achieve Maaori health equity under which a range of activities are identified. Therefore, further qualitative data is required to deepen understanding of this activity, and understand how it fits within the Treaty article framework, and adheres to best practice expectations in He Korowai Oranga and Maaori health roadmap.

These two sources of data will provide a rich analysis of how the DHBs' are meeting their Treaty of Waitangi obligations. Further, a critical analysis will determine how well this activity meets Treaty expectations stated in key DHB and Ministry of Health documents.

Agree on the process of the audit

The first phase audit will employ a two-step process. Step one will focus on compliance with the Act. While step two will evaluate the quality and impact of activities under Part 3, Section 23, subsections 1d and 1e of the Act. This activity will be evaluated against best practice Maaori health development frameworks presented in national and local health strategic documents. An overview of discussions (external key informants) that will be held as part of step two is provided below.

Activity	Outcome
Interview: CMDHB Chair	Discuss the visibility of Maaori health issues at the Board level, and the appetite to better understand Maaori health issues at a local and regional level, in order to target DHB resources to areas of greatest need. Also discuss Maaori representation on the Board, and if there is value in increasing the number of Maaori who attend the Board particularly with iwi/mataawaka.
Interview: Chair(s) for CPHAC	Discuss the importance of collecting good data and monitoring/accountability of Maaori health targets. Determine if Maaori communities and their aspirations are well represented at a DHB governance level.
Interview: MWiTM	Determine the MoU partner views on DHB relationships and activity to address Maaori health disparities. Determine if these partnerships are effective, or how they can be made more effective.
Interview: Maaori provider leadership	Understand the current Maaori health sector, gains and losses that have been made, and how the DHB relationships have been vital in these. Look at how current relationships and engagement work to determine if there is a better way to get Maaori health providers better engaged.
Interview: Key informants from other sectors	Determine how the DHB has worked across sectors effectively for Maaori health gain.

Agree to the Audit Tool

The proposed Audit Framework of this paper puts forward an Audit Tool, its links to the Act, criteria for the audit and example sources/methods that will produce evidence for each criterion. The Tool also features the Treaty of Waitangi articles that are referenced within each DHB's annual plan. This will show quite clearly how each DHB is working to meet the intent of these articles.

Appendix

1. Proposed Audit Framework.

Appendix One - The proposed Audit Framework

Below is the proposed Audit Tool, containing sources for criteria and methods for capturing data through the audit process. In order to show the reader clearly what will occur in the first and second steps of the audit process, a colour system is used. A blue box indicates activity for step two.

Overall Framework

- **Kawanatanga - Governance**

This criterion is concerned with Maaori participation in decision-making on health and disability services (NZPH&D Act 2000, Part 1, Section 4).

- **Tino Rangatiratanga – Self-Determination**

Self-determination is concerned with providing opportunities for Maaori to lead and participate in activity to achieve Maaori aspirations (NZPH&D Act 2000, Section 23(1e)).

- **Oritetanga – Equity**

This area is concerned with reaching health equity for Maaori, in comparison to non-Maaori. (NZPH&D Act 2000, Section 22(1e).

- **Te Ritenga – Maaori culture**

This area acknowledges the important of Maaori culture to the health of Maaori whaanau and communities.

The New Zealand Public Health and Disability Act 2000	Proposed criteria	Evidence/sources for the audit and method
Kawanatanga – Governance		
Section 29(4)(a) and (b) - membership of boards	1. Maaori membership of the Counties Manukau Board is proportional to the number of Maaori in the DHB's resident population (as estimated by Statistics New Zealand) *or* 2. There are at least 2 Maaori members on the Board	Counties Manukau DHB Maaori population: # % Required members based on proportion: Counties Manukau DHB Board Maaori representatives:
Section 34 - Community and public health advisory committees	3. The community and public health advisory committee, must provide for Maaori representation on the committee	Counties Manukau Community and Public Health Advisory Committee Maaori representatives: Counties Manukau Disability Support Advisory Committee Maaori

Section 35 - Disability support advisory committees Section 36 - Hospital advisory committees	4. The disability support advisory committee, must provide for Maaori representation on the committee 5. The hospital advisory committee, must provide for Maaori representation on the committee	representatives: Counties Manukau DHB Hospital Advisory Committee Maaori representatives
Section 23 - Functions of DHBs. Subsection 1d	6. Maaori health representation is provided for on decision making groups at a local district health board and regional level	Review Terms of Reference for local and regional alliances, forums and committees who oversee activity that could impact on Maaori health and development: • CPHAC • HAC • DISAC • Social wellbeing board • Northern Region Integrated Cancer Board • Youth Health • Mental Health
Schedule 3, Clause 5 - Training relating to members' obligations and duties. Schedule 3, Clause 5 (1), (2) (c) – (e).	7. Elected or appointed members of the Board, not already familiar with Maaori health issues, Treaty of Waitangi issues, or Maaori groups or organisations in the DHBs district, undertake and complete training approved by the Minister relating to whichever of those areas they are not familiar with	Review orientation pack for this information, request information about members that have requested this training, what training is already in place – determine if training programmes are approved by the Minister of Health. Board training records, in relation to Maaori health, are up to date Interview: CMDHB Chair Determine Board member knowledge of Maaori health issues, key groups and organisations, and aspirations of iwi/mataawaka. Interview: Chairs of relevant committees to determine level of Maaori participation, and what more could be done in this area.
Section 23 - Functions of DHBs. Section 23(1)(d) – (f)	8. An independent and representative Maaori advisory board exists to provide advice to the Board on Maaori health development and gain a. Membership includes Maaori community and provider representatives	Analysis of founding documents for the Counties Manukau Maaori Health Advisory Committee. Also analyse regular reports to the Committee and membership Interview: Chair and determine how this committee fits within the governance structure, how information is received, reviewed and fed up to the Board, and impact of this committee on DHB decision-making, and advocating for Maaori community aspirations
	9. The Board is responsible for establishing and	Review reports to all advisory committees.

	monitoring the achievement of local Maaori health targets a. The DHBs have a Maaori health scorecard displaying Maaori health targets	Interview: Chair – view on monitoring Maaori health development activities
Tino Rangatiratanga – Self-determination		
Section 23 - Functions of DHBs. Section 23(1)(d) – (f)	10. The DHBs' planning and funding activities for Maaori health gain are driven by Maaori health outcomes a. The DHBs have an outcomes framework that funded services can be linked to b. Outcome reports are regularly presented to governance and community forums	Review: • Maaori health plans and development process • Maaori health outcome framework and its application to Maaori health contracts • Maaori health scorecard and accountability/monitoring practices
		Interview: MWiTM for their view of the DHBs' responsiveness to Maaori Determine they: • Are developed and established in partnership with local Maaori communities • Reflect local Maaori health priorities and reflect needs within those communities • Are monitored in partnership with local Maaori communities
	11. The DHBs have formal engagement processes in place with Maaori communities and Maaori health providers a. The DHBs support community forums	Review: • Community engagement plans for Maaori • Maaori engagement processes for planning, funding and managing health services • DHB participation in community forums
		Interview: MWiTM for their view of the DHBs' responsiveness to Maaori
	12. Partnerships are in place with Maaori communities, iwi/manawhenua and mataawaka	Review: • MWiTM MoUs • MoU contracts • Integrated contracts • Shared services
		Interview: MWiTM to determine how these are working from a provider perspective

Section 23 - Functions of DHBs. Section 23(1)(d)-(f)	13. Maaori (via GM Maaori Health Development) lead and participate in health service procurement processes that have the potential to address Maaori health issues and development	Review procurement processes and standards in relation to Maaori involvement. Review 4 years of procurement processes (when the MoU contracts commenced) to determine compliance.
		Review the MoUs with MWiTM to determine compliance with provisions in these documents about their participation in procurement processes. Interview: MWiTM representatives, DHB Manager, Funding & Relationships/GM Maaori Health
	14. Maaori (via GM Maaori Health Development) lead and participate in the DHBs planning processes that have the potential to achieve Maaori community aspirations a. Maaori health providers are consulted during the development of strategic plans b. There are clear links in activity between the DHBs' strategic plans and Maaori health providers' strategic plans. Consideration is given to other plans in the organisation such as clinical service plan.	Review Ministry of Health planning guidance for DHBs in relation to Maaori involvement and engagement and determine level of compliance. Review 4 years of planning cycles to determine compliance.
		Review the MoUs with MWiTM to determine compliance with provisions in these documents about their participation in procurement processes. Interview: MWiTM representatives, Manager, Funding & Relationships/GM Maaori Health.
Section 23 - Functions of DHBs. Section 23(1)(e) and (f).	15. The DHBs support Maaori health provider development a. The DHB offers Maaori provider development opportunities b. Investment into Maaori health providers has increased in the past 4 years	Look at: • Maaori provider development scheme • Joint training initiatives • Maaori provider forums
		Interview: Maaori health provider CEOs to ascertain the level of support and impact offered by the DHBs to build Maaori provider capability and capacity Review financial information for Maaori health provider investment in the past four years. Work with providers and other funders to determine investment from outside of the DHBs also. Maaori health providers have been successful in receiving funding from the DHBs in the past four years Maaori health providers have been successful in receiving funding

		from outside of the DHBs in the past four years
Oritetanga – Equity		
Section 22 - Objectives of DHBs. Section 22(1)(e)	16. Inequity in health outcomes and targets are monitored by the DHBs a. Equity targets across a range of priority areas are regularly reported to governance committees b. Reducing inequities guides, through a formalised process involving Maaori and other key stakeholders, DHB investment of resources into Maaori health priority areas	Review Maaori health scorecard, DHBs' annual plans, Service Level Measures, reports to boards and advisory committees and Maaori health plans
		Interview: GM Maaori Health to determine what resources is currently being allocated to addressing equity gaps, and how resource allocation was determined. Are there demonstrable examples of increased investment eliminating or reducing equity gaps for Maaori.
	17. The DHBs regularly monitor investment into Maaori health services a. The DHBs can demonstrate increased investment into Maaori health providers in the past 4 years b. Provisions are taken by the DHBs to ensure investment into Maaori providers and communities are at adequate levels and needs are being met. c. What steps are the DHB taking to ensure there contracting processes are equitable?	Review Maaori health contracts and funding with Maaori health providers
		Interview: GM Maaori Health about investment targets and frameworks for Maaori health. Determine the processes in place to ensure resources are allocated fairly amongst providers to ensure they are meeting the needs of the populations they serve.
	18. The DHBs support funding and implementation of Maaori health models of care a. The DHBs provide Maaori health services (utilising Maaori models of care) directly to clients b. A formal process exists to prioritise validated Maaori models of care in procurement processes where services are likely to be utilised by, and/or target, a large portion of Maaori	Review Maaori health contracts and health priority areas for Maaori to determine if Maaori models of health are utilised Review specific Maaori health services
		Interview: GM Maaori Health regarding Maaori health services delivered across the DHB

Section 23 - Functions of DHBs. Section 23(1)(e) and (f).	19. The DHBs are familiar with local level Maaori health needs across their catchment areas a. The DHBs complete regular health needs assessments for Maaori b. Local level health needs plans and business cases guide investment by the DHB c. Business cases need to demonstrate alignment with the Treaty of Waitangi.	Review health needs assessments and community data capturing practices completed by either DHB
		Interview: Manager, Funding & Relationships (Maaori Health) to determine if needs identified in the health needs assessments are used to direct DHB funding and planning activities
	20. Maaori health data collected by the DHBs are shared with Maaori communities and providers a. Maaori health data collected by the DHB is presented back to Maaori communities and Maaori providers to guide their own strategic development b. Maaori health data collected by the DHB is publicly available	Review Maaori data collected across Maaori health priority areas and determine how these are fed back to Maaori communities, to inform service planning/delivery and to Maaori representatives in forums where key decisions are made. Review Maaori health scorecard, and targets with the Maaori health plans, annual plans, Alliance Leadership Team and other relevant forums/documents
		Determine if Maaori health providers and communities have access to up to date information about the communities and populations they provide services to
	21. The DHBs are committed to increasing the number of Maaori working in health a. Maaori health workforce data is routinely collected and monitored by the DHBs b. Maaori health workforce development oversight is undertaken in partnership with Maaori communities and other relevant stakeholders c. The DHBs invest resource into actively increasing the number of Maaori working in health	#/% of Maaori employed by Counties Manukau DHB #/% of Maaori in senior management roles #/% of Maaori in corporate roles #/% of Maaori doctors #/% of Maaori nurses #/% of Maaori midwives #/% of Maaori in Allied workforce roles Use CM health HR workforce targets
		Review documents from Maaori workforce including reports and targets. Determine influence across the sector and if rresource has been allocated by both DHBs towards developing, implementing and monitoring activities to achieve workforce targets for Maaori
		Review workforce development programmes and uptake by Maaori. Determine what professional/career development programmes are available for Maaori clinical and non-clinical staff members employed by the DHBs

		Interview: GM Maaori Health
Section 23 - Functions of DHBs. Section 23(1)(e) and (f)	22. The DHBs work across sectors to achieve Maaori health gain a. The DHBs engage in cross-sector partnerships and forums with other funders for Maaori health initiatives b. The DHBs partner with organisations in other sectors on initiatives for Maaori health gain	Review partnerships for Maaori health development with other health funders and organisations in and outside of the health sector Interview: Informants from other organisations and sectors to determine what impact partnerships with the DHBs have had on Maaori
Te Ritenga – Maaori culture		
	23. Maaori philosophies, values and principles are reflected in the DHBs' own vision, values and mission statements	Review DHBs' Statement of Intent, vision, mission, and values.
	24. The DHBs value Tikanga Maaori and te reo Maaori in the operation and provision of health services a. Policies and procedures exist within the DHBs that protect Maaori cultural practices (tikanga) and language (te reo Maaori) and ensure cultural safety for Maaori staff and clients.	Review current spread of policies and procedures including the Tikanga Best Practice guidelines, and other tikanga based policies. Interview: Tumu Tikanga
	25. The DHBs ensure all staff members understand how tikanga Maaori and te reo Maaori relates to their role, or can access this advice when required a. New staff members to the DHBs, are given an introduction to Maaori health development within their respective areas b. Maaori cultural competency training, approved by iwi, is available to all staff members employed by the DHBs	Review orientation information for new staff members. Review current cultural competency training – including uptake from staff, feedback from trainees, and impact of training on staff practice. Interview/Survey: New staff about Maaori health information. Interview: Tumu Tikanga, GM Maaori Health and workforce development team manager (where applicable) to determine the effectiveness of current information and training packages, and where improvements can be made

	26. The DHBs' facilities and grounds incorporate Maaori culture where practicable a. New facility developments include engagement with iwi b. The DHB translates signs, brochures, information sheets and public facing platforms/services into Te Reo Maaori	Review current facilities – Marae and other cultural spaces. View most common DHB areas – hospitals – to determine how well links to Maaori are communicated. Review online information communicated to public about links to Maaori communities. Review current engagement processes with Maaori for new facility developments.
		Determine if DHB buildings, settings and other environments communicate/reflect the link between the DHB and local Maaori communities

Confidential – 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 6 August 2020 – 23 September 2020.

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

Introduction

This report covers the period 6 August to 23 September 2020. During this period we have seen a resurgence of COVID-19 in the community, which the DHB has been busy responding to alongside regional DHBs and other partner agencies. Whilst the resurgence in the community was disappointing news, we knew that it was a possibility and our preparation paid off – we were able to quickly ramp up testing, amend the way we see patients in line with the restrictions and re-deploy staff to where they were needed most. We have seen an amazing response from our staff in response to the latest developments and I want to acknowledge the hard work that everyone has been putting in across the organisation. We have also had a fantastic response from our community which has been borne out in the testing volumes – at the time of writing we are on 212,956 COVID-19 tests undertaken across the region since the change in alert levels on 12 August and these numbers continue to increase at pace.

News and events

Celebrating our administration professionals

In August we marked 'Administrative Professional Day 2020' celebrations. Our administrative roles are crucial to keeping our hospital and wider organisation running smoothly, and we dedicated the month of August to show our appreciation to our administration professionals. I enjoyed reading the personal stories of some of our administrative professionals throughout the month which showcased the important job that they do.

Minister visits Middlemore

On 3 September we hosted the Hon. Chris Hipkins, Minister of Health and Education, and Auckland Regional Public Health Service's Executive Director, Dr William Rainger, who were at Middlemore Hospital to deliver the 1pm live COVID-19 briefing, usually given in Wellington. It was Minister Hipkins' first visit to Auckland since the re-emergence of COVID-19.

Above: Vui Mark Gosche (Board Chair), Hon. Chris Hipkins, Mahaki Albert (Tumu Tikanga), Fepulea'i Margie Apa

Ward 17 Anniversary

In August, Ward 17 celebrated their one-year anniversary. Initially the ward was intended to be open four months as a winter ward, with a model of care that focused on our medicine longer stay patients. T ward is now permanent and from the beginning of 2020 has changed to an acute general medical model care which can accommodate up to 26 general medicine patients.

Above: Ward 17 team

Cook Islands Language Week

During August we celebrated Cook Islands Language Week. The theme this year was 'Kia pūāvai tō tātou Reo Māori Kūki 'Āirani i Aotearoa' which in English means 'That the Cook Islands Māori language may blossom throughout New Zealand'. The week involved a bunch of fun activities, including:

- Performances from Anuanua Performing Arts Troupe
- Ura fitness sessions
- A photo and video challenge to see how people celebrate the Cook Island culture and language

Congratulations to Nogi Eiao and staff from the Renal Services team at Western Campus for their winning video for Cook Islands Language Week.

Above: Renal Services Team

Tongan Language Week

Tongan language week followed closely behind in September - the theme for 2020 was 'Fakakoloa Aotearoa aki 'a e Lotu Mo'oni' – 'Enriching Aotearoa through Prayer and Faith.'

We celebrated Tongan language week with some socially distanced activities and another competitio I'm looking forward to seeing the winners.

Speech and Language Therapy Awareness Week

Speech and Language Therapists (or SLTs for short) work across lots of different departments and w different types of patients in the hospital and community, supporting patients with:

- Speech sounds
- Communication needs
- Voice
- Swallowing mechanism and feeding safely

In September we marked SLT Awareness week. These Therapists are another important part of the C Health team – thank you to all of the SLTs in our organisation for your hard work supporting c community.

Above: The Speech and Language Therapist Team

National Burns Centre thanks Whakataane Hospital

In August, National Burn Centre Clinical Leader and Plastic Surgeon Dr Richard Wong She visit Whakataane Hospital along with National Burn Service Coordinator Tracey Perrett, Burn Governance Grc Chair Dr Mark Moores, and a group of burns specialists who treated patients from the December 2C eruption.

During the visit, Dr Wong She told the staff at Whakataane Hospital "*Those patients you moved heaven a earth for, we too moved heaven and earth, and they did as well as they possibly could. The survivor treated in the National Burn Centre told me how grateful they were for the care they received. It w important for me to pass that onto the team here at Whakataane Hospital where their care in our hea system began.*"

Above: Dr Wong She, Dr Mark Moores and Tracey Perrett and other burns specialists with the Whakataane Hospital team

Tiaho Mai

We were really excited that our new Acute Mental Health Unit, the second part of our Tiaho Mai building, was opened in early September. The new building has been thoughtfully designed with input from clinicians and service users to ensure that it provides the best environment possible for those who are staying and receiving treatment. Unfortunately due to the level 2 restrictions that were still in place we were unable to have a large opening ceremony, however I was lucky enough to have a look around and the building is exceptional; I'm sure that staff and service users will benefit from the new environment.

Our People

Local Heroes

Every month I look forward to reviewing our Local Hero nominations – so many of our staff members go above and beyond for our patients and their whaanau every day. The winners for July are listed below, and you can read some more detail about their achievements in Appendix 1.

- Jackie Danes – People Development Advisor
- Hari Talreja – Renal Physician
- Ray Wells – Mortuary Manager/Team Leader Bereavement Care Services

Update from our Chief Nurse

Our Chief Nurse, Jenny Parr, has provided an update on some of the key activities in our nursing teams over the past few weeks:

Nightingale Challenge

This year marks Florence Nightingale's 200th birthday and is being celebrated with the international year of the nurse and midwife. The Nightingale Challenge is an international programme to encourage young nurses with leadership potential to take part in development opportunities during the year. Counties is proudly taking part in this programme and has 10 young nurses participating.
Our 10 Nightingale Nurses met with their sponsors (Clinical Nurse Directors), Karyn Sangster (Deputy Chief Nurse) and Jenny Parr to talk about their aspirations for their careers and what they would like to achieve during the programme. The Nightingale nurses are our emerging leaders and it was great to hear about the projects they want to work on during this time. Our nursing future leadership is in safe hands.

Nursing Research

With Nursing representing the largest group of health professionals at CM Health, building their capability and capacity as researchers will contribute significantly to the research profile of the organisation. This is important as there is increasing evidence that research active health care organisations provide better quality care and can offer more treatment options with improved clinical outcomes. At a recent Frontline Focus Friday session, Cath Aspinall (Nursing Research Project Lead), provided an update on the Curiosity Campaign (including an update on Nursing Research and Capability internationally and at CM Health).

Gen2040 Best Start Pregnancy Project

On 17 July the Chief Nurse attended the launch of the Gen 2040 Best Start Pregnancy project. At that launch, she was gifted a young Kowhai tree.
In August we held a tree planting ceremony attended by Bronnie Farnell and Penny Elliot from Gen2040, Heather Donaghy (Midwife), Mahaki Albert (Chief Advisor Tikanga), members of the Maaori Health team and Karyn Sangster (Acting Chief Nurse).
You can find information on the Gen2040 Best Start Pregnancy project here.

Above: Tree planting ceremony

Nurse Entry to Practice (NETP) Graduates

At the end of August, the September 2020 cohort of Nurse Entry to Practice (NETP) graduates completed their programme requirements for their first year of nursing practice. The year has been filled with unprecedented events, and we are very proud of how this group has handled the challenges they have faced. Unfortunately, restrictions around social gatherings meant we weren't able to celebrate their achievements at our usual Completion Ceremony. However, we really want to acknowledge and share their successful completion with the wider Counties whaanau. Congratulations to you all.

Patient Feedback

With the recent fluctuations in alert levels we have had to remain flexible in how we go about seeing patients and the measures we have in place for visitors to the hospital. It's really important that the patient experience remains at the centre of what we do and I am heartened to see that during August we continued to receive more compliments than complaints through our Feedback Central team. Below are some of the positive comments we've received recently:

Discharge Lounge/MMC

"Really liked the system for people who don't know much about health systems. The staff explained everything to me well. Really liked the service and care. Health Navigator system that Anita showed me I think it's perfect for kids and family health. We can see all and understand it and go to GP. I hope all people use as much as they can. Great staff really good helping and asking every time if everything was good."

Emergency Department

"My mother would like to pass on her sincere thanks to the ED for their friendly, high level of care - even when they were very busy. Particular mention to Indie who cared for her and Rheannon. Mum hates being in hospital and is very anxious about the complication she is experiencing. Having kind and compassionate nurses helped her stay calm and more positive. I'd also like to thank Caitlin, the HCA working on the screening team at the entrance. Knowing how difficult it is to gain access to places at the moment she took me all the way from the main entrance to Mum's room. Amazing, thank you!"

General

"Overall, I felt I've received very good quality of care throughout my stay. This is my first ever hospital stay and it's given me a deeper appreciation of the crucial role nurses play, not only in delivering quality care but the impact they can have on a patient's emotional outlook at a time they are feeling vulnerable and anxious. The nurses I had the first day/night were kind and reassuring. Helen has been the most amazing nurse - in my view she's an example of a kind, compassionate, effective, and efficient nurse. Helen's care and kindness helped me through a very low period of my stay when the pain was a rollercoaster."

Birthing Unit

"My experience [was] in the operating room where my daughter was having a C-Section after 48 hours in the labouring unit and or birthing unit.

I was amazed at the professionalism of all the staff that attended and helped with the birth of my granddaughter, absolutely amazed I was. They were so confident and competent of this team and how they worked together I was in awe. The C section was successful without complications. Though my daughter was numb from neck to toe, we were able to watch the staff work and we were explained why certain things were done. I am 100% in the knowledge my daughter was in the most capable and professional hands possible. Big THANKYOU to Dr. Chen and her team. Thank you"

Emergency Department Day Stay

"I want to sincerely thank all of the staff that took such amazing care of my dad when he was admitted to the Emergency Department earlier today. From the moment he entered the department he was treated with amazing care, and compassion. Every member of staff went above and beyond making sure we were well informed and dad was comfortable. I can only sum up the staff as a bunch of professionals who really make a difference in people's lives. Thanks again to the awesome bunch of nurses involved in dad's care namely - Odette, Erin, Stacey, Hasida, Greer, Cate (Charge Nurse) the ED Reg (sorry I can't recall her name), and Dr He from the medical team. "

Ward 6

"Thank you to all the amazing nurses who kept me comfortable. They went above and beyond caring for my needs including listening and offering support when I was struggling. They all made this as positive as possible to help me get through this part of my health journey. I could not ask for a better team of nurses, HCA's and lunch ladies who also knew everything I like to eat or drink. Thank you so much!"

Performance data

I have included below some data on our performance against our key performance measures for June and July. It's important to note that due to the reporting delay with these figures, they do not cover the recent Auckland move to alert level 3 and 2, or the effect this may have had on various services.

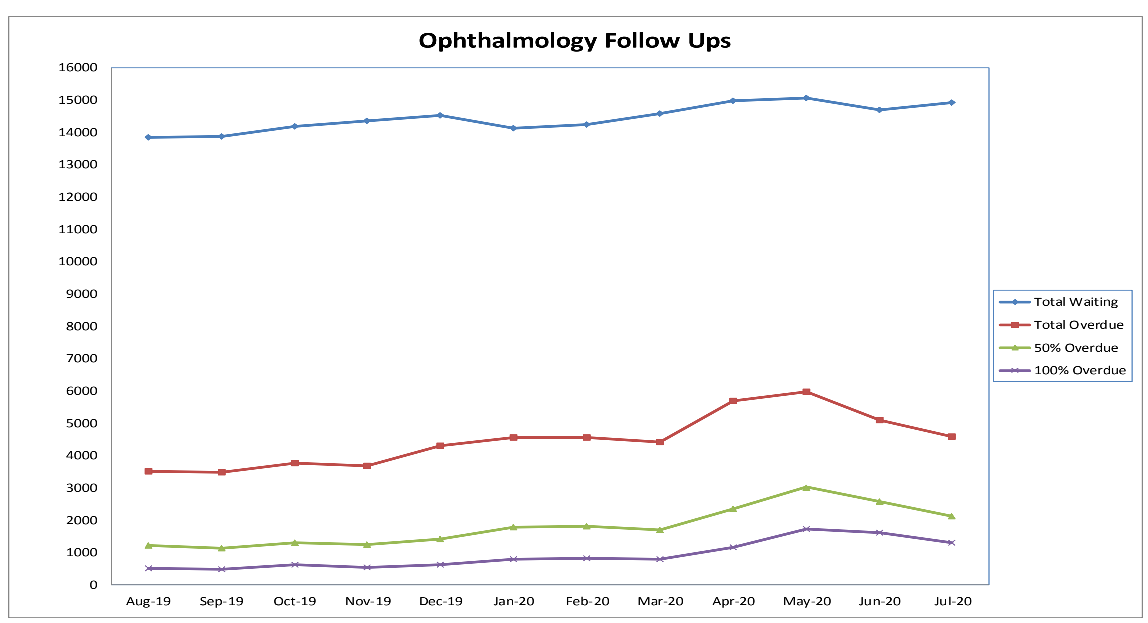
Planned Care Measures: Elective Access

Month	Result June 2020 Actual	Result July 2020 (indicative)
SS07 Measure 1 **Total Planned Care Interventions**	Achieved ✓ 104.2% Variance from Plan 1281	Achieved ✓ 100.0%
SS07 Measure 2 **Elective Service Patient Flow Indicators (ESPI)** ESPI 2 (FSA) and ESPI 5 (Treatment) wait time targets	FSA: 1307 breaches Treatment: 279 breaches	FSA: 938 breaches Treatment: 235 breaches
SS07 Measure 4 **Ophthalmology Follow-up Waiting Times**	Overdue: 5092 Overdue 50%: 2566 Overdue 100%: 1594	Overdue: 4579 Overdue 50%: 2107 Overdue 100%: 1279

Planned Care Measure 1: Total Planned Care Interventions

Total Planned Care Interventions for year end June 2020 remained very positive. Delivered were 31,862 interventions against a planned delivery of 30581 which equates to 104.2%.

Planned Care Measure 4: Ophthalmology Follow-up Waiting Times



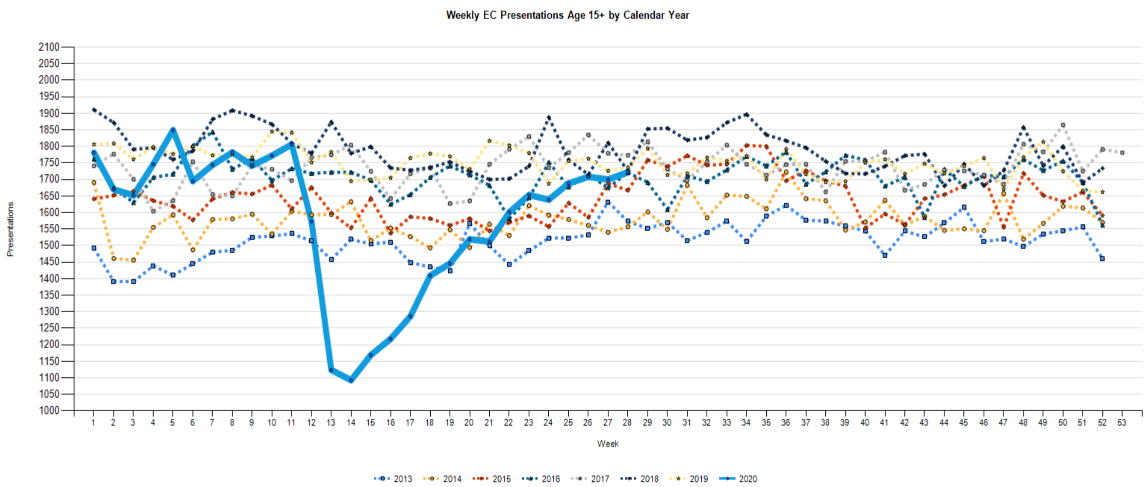
Measure	July 201	May 202	June 202	July 202
ESPI 2 – patients waiting longer than four months for their FSA	1061	794	623	279
ESPI 5 – patients given a commitment to treatment but not treatec within four months	0	190	108	48
Ophthalmology Follow up Waiting Times – Proportion of patients seen for ophthalmology follow-up within clinically intended timeframes	Not a measure	80%	83%	86%

ESPI 2: No patients will wait more than 120 days for their First Specialist Assessment (FSA)

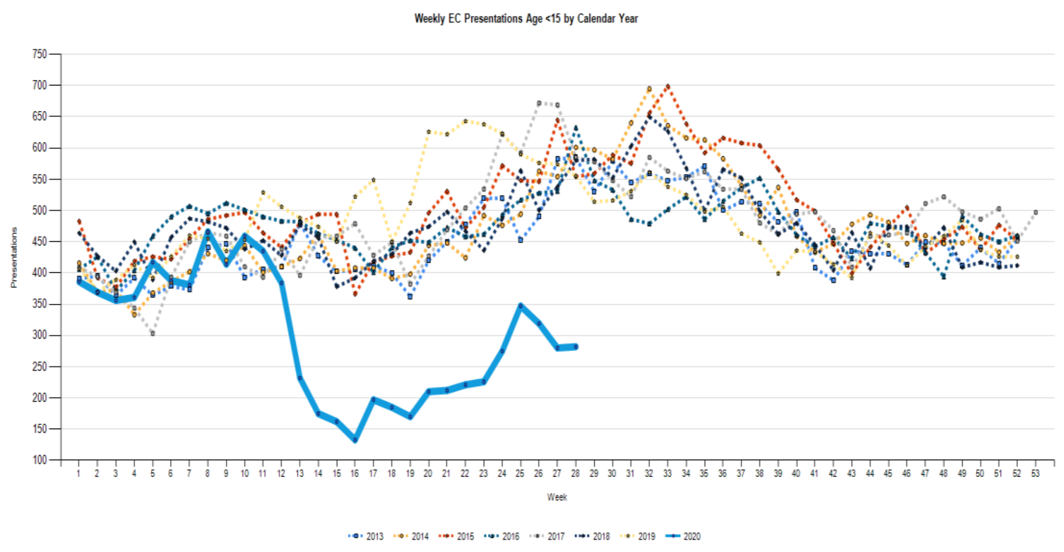
CM Health compliance with the 120-day MoH ESPI 2 target for June 2020 continues to show a high but significantly reduced level of breaches. There were significant volumes in General Surgery, Orthopaedics and Ophthalmology.

Emergency Department

National Health Target: Right Care Right Time

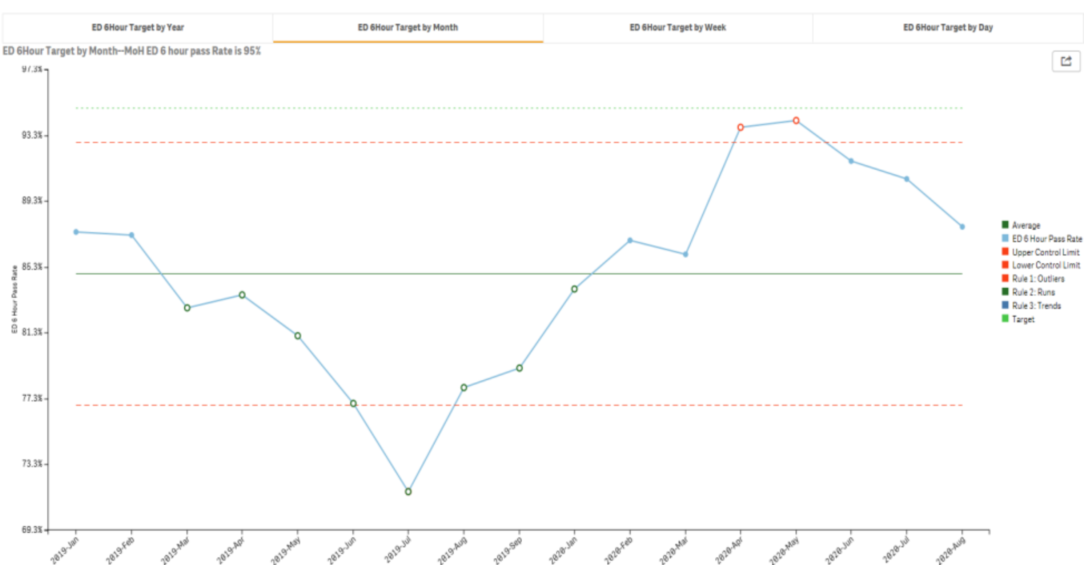


The number of ED presentations in July was approximately the same amount as in July 2019.



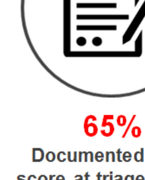
In contrast to adult presentations in ED it is notable that children younger than 15 years old presenting at ED continues to be dramatically less (over 50%) than in July 2019.

The 6 hour target was met seven times in July, with a 1.1% reduction in overall performance compared to June 2020. There was a 5% increase in ED presentations for July compared to June (424 more presentations). The chart below shows ED performance over the past 18 months, with significant improvement since quarter 1, trending upwards towards the target, and falling slightly in the Winter months, however, much improved on last Winter, maintaining at over 90%.



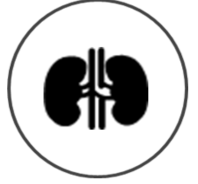
July 2020 Middlemore ED

8864
Presentations to Middlemore ED. Same time last year 10157



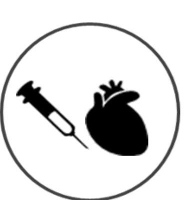
65%
Documented pain score at triage(in ED booklet). Last month 75%

2hr 27mins
Average time to antibiotics in Adult Assessment for septic patients with ICU R/V. Last month 1 hrs 44 mins



35%
Patients with renal colic who received analgesia within ½hr. Last month 13%

74% (MAU only)
Hand hygiene compliance. HH auditing suspended during Lockdown, resumed 1 June 2020. ED 65%



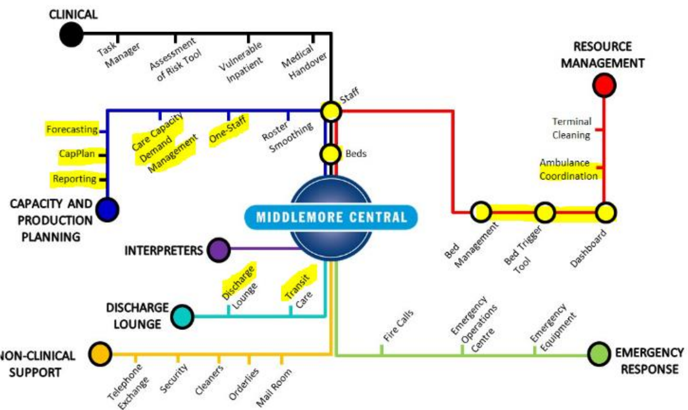
Data not available for July. PCI within 90 minutes. June 80%.

397
Patients in Monitored corridor and WRB. Same time last year 1255

91%
Discharged from ED within 6 hrs of arrival. Target is 94%.

Middlemore Central

Our Middlemore Central team are integral in managing and improving our patient flow through the hospital, which is important to ensuring a positive patient experience. The diagram below highlights at a glance how essential Middlemore Central is in ensuring the patients receive *the right bed, first time, every time*.



Radiology

We continue to report on what were the National Health Targets: Diagnostic Access Targets. The statistics for the month of July are shown below.

Month	May	June	July	Maaori	Pacific
% CT scans completed within 6 weeks from acceptance of referra (average weekly)	51%	66%	87%	87%	83%
% MRI scans completed within 6 weeks from acceptance of referra (average weekly)	41.5%	51.5%	61%	55%	60%

Laboratory

The below table displays our performance against what were the National Health Targets for Bowel Screening. The statistics for July (shown below) show reporting is well within the 5 day target.

2020 Bowel Screening Programme Monthly Turn Around Times(TAT)												
Targets: 80% within 5 days, 90% within 10 days, 98% within 15 days												
Month	No. of Request Arrived	No. of Request Processe	≤5 Working Days		≤10 Workin Days		≤15 Workin Days		> 15 Workin Days		No of Pots arrived	
			n	%	n	%	n	%	n	%		
May				9		10		10			262	
June				10		10		10			162	
July				9		10		10			171	

Cardiology Angiography

Description	May	June	July
95% elective angiograms within 90 days	85%	85%	100%

Colonoscopy

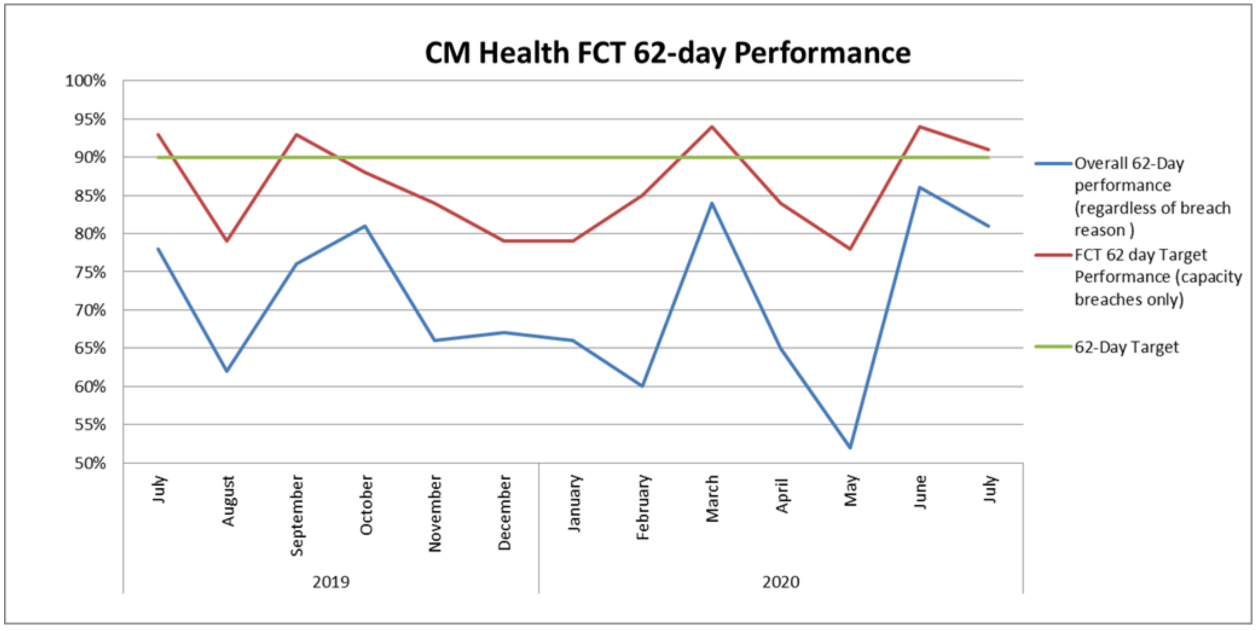
Description	May	June	July
90% urgent (P1) colonoscopies done within 14 days	100%	100%	98%
70% non-urgent (P2) colonoscopies done within 42 days	61%	86%	74%
70% of Surveillance colonoscopies done within 84 days	99%	100%	100%

Gastroscopy

Description	May	June	July
85% urgent (P1) gastroscopies done within 14 days	100%	100%	100%
70% non-urgent (P2) gastroscopies done within 42 days	34%	47%	54%
70% of Surveillance gastroscopies done within 84 days	100%	96%	100%

Faster Cancer Treatment

Description	May	June	July
90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.	88%	93%	91%



Appendix

1. Local Heroes

Appendix 1

Below is some information about our July local heroes and why they were nominated for the awards:

Jackie Danes - People Development Advisor

"I truly believe Jackie is a well deserving Local Hero for a number of reasons. She is one of the sweetest, kindest human beings and an amazing professional representing Counties. She works hard and goes beyond her scope of responsibilities motivating staff to meet their best potential. She is a great inspiration for us cleaners and orderlies. I am one of the greatest examples of Jackie's on-going support and encouragement to meet my career goal.

Just as I have got a new lease in my confidence and boost in my motivation to keep striving towards my goals, I would be grateful if Jackie Danes got acknowledged to have infused the values of Counties and being a gracious role model."

Hari Talreja - Renal Physician

“Dr Hari started this charity Food Bag program during COVID-19 period to help people with financial difficulties. He and his team have donated more than 50 food bags to needy renal patients. “

"Hari is such a compassionate doctor- he started the food bag (food parcel) support for patients who were financially struggling during the COVID-19 pandemic. He spent own money and tried to help his patients.”

Ray Wells - Mortuary Manager/Team Leader Bereavement Care Services

"Ray is outstanding in his field! He is exceptional when dealing with families of bereaved patients. He is well known and well-liked by all that know him at Middlemore. During COVID-19 levels, Ray offered to be the person to deal with any COVID-19 deaths if they happened at Middlemore. He was on 24 hour call 7 days a

week, and was often called back after a long day at work. He is our Bereavement Care Hero as he protected our whole team during this time. Ray is an amazing person and truly passionate about the role he plays at Middlemore. Our whole team support this application."

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 1 July 2020 - 31 July 2020.

Note this report was endorsed by the Executive Leadership Team on 1 September to go forward to the Board.

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

Glossary for Monthly Performance Scorecard and Report

Term	Definition
Lost time incidents	Any injury claim resulting in lost time.
Lost time injury Frequency Rate	Number of lost time Injuries per million hours worked. **LTIFR (Lost Time Injury Frequency Rate)** = (Number of Lost Time Injuries / Hours Worked) x 1,000,000.
Injury Severity Rate	Mathematical calculation that describes the number of lost hours experienced as compared to the number of hours worked. **LTISR (Lost Time Injury Severity Rate)** = (Number of Lost Hours / Hours Worked) x 1,000,000.
Notifiable Injury/illness	(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.
Notifiable Incident	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 capsize; or any other incident declared by regulations to be a notifiable incident.
Notifiable Event	Death of a person, notifiable injury or illness or a notifiable incident.
Pre-Employment	Health screening for new employees.
Worker	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.
Reasonably Practicable	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.

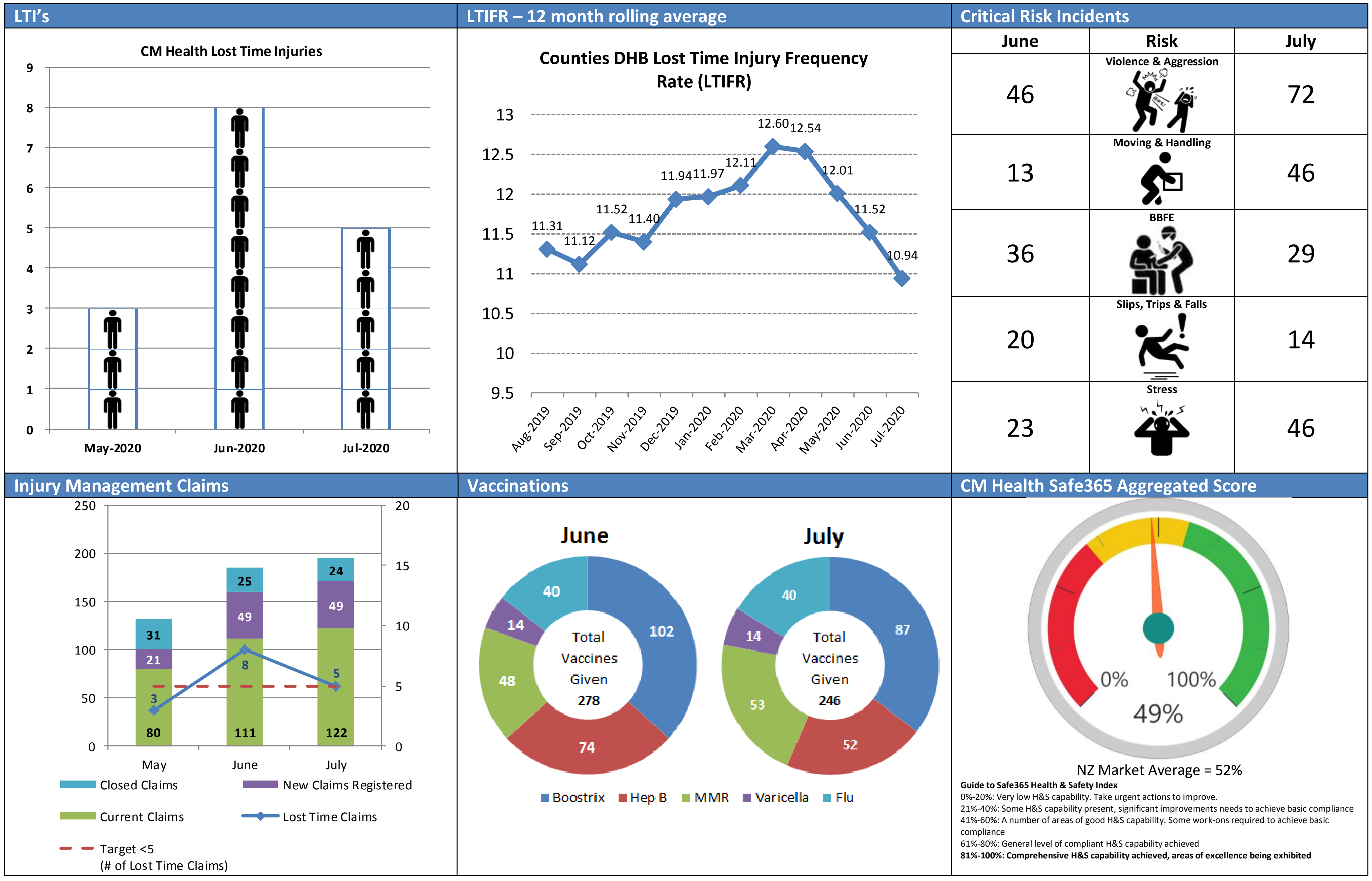
Glossary

ACC	Accident Compensation Commission
ARF	Audit, Risk and Finance
ASRU	Auckland Spinal Rehabilitation Unit
BBFE	Blood and/or Body Fluid Exposure
BAU	Business as Usual
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	Health and Safety Representative
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
PCBU	Person Conducting a Business or Undertaking
PHCS	Primary Health & Community Services
PEHS	Pre-Employment Health Screening
SPHM	Safe Patient Handling and Moving
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 for the month of July 2020.

CM Health H&S Dashboard – June/July 2020



June	Risk	July
46	Violence & Aggression	72
13	Moving & Handling	46
36	BBFE	29
20	Slips, Trips & Falls	14
23	Stress	46

Guide to Safe365 Health & Safety Index

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

Executive Summary

Throughout July and the earlier weeks in August, the OHSS team were able to direct their attention more to BAU activities and projects whist still managing COVID-19 related workflow and continuing the review of processes and systems.

Occupational Health

Onsite Clinics decreased slightly over July (311) from 338 in June, however this number of clinic services is consistent with pre-COVID-19 BAU clinic numbers. Onsite vaccination numbers showed a slight decrease in July (246) when compared with 278 in June. Overall, vaccinations offered in the OHSS clinics have increased significantly in volume from an average of 163 in the early months of 2020.

Contact Trace

Occupational Health and Safety has a well-established contact trace process. This process is being adapted to reflect the additional requirements by Auckland Regional Public Health for COVID-19. On Tuesday the 1st of September the Occupational Health (OH) team had their introduction to the National Contact Tracing System (NCTS) established by the Ministry of Health (MOH) for Covid-19 contact tracing. Additional sessions will be required and work will need to be done to imbed this into our existing process.

No contact traces for COVID-19 were required to be completed by OHSS during the month of July. 2 were completed in August. A number of CM Health staff have been involved in contact traces conducted by Auckland Regional Public Health Service (ARPHS) in the community.

OH has also conducted contact traces for meningitis, syphilis, TB and pertussis during July and August.

Influenza Campaign 2020

The Staff Influenza Vaccination Programme commenced in March 2020. Vaccinations have been administered by both Occupational Health Nurses and Peer Vaccinators. The Occupational Health nurses continue to offer influenza vaccination to CM staff, new employees and students. To date, 6357 staff have received an influenza vaccination. This equates to 82% uptake. 58 staff have received their vaccination from another healthcare provider. Over 7000 vaccinations have been administered of which 876 have been administered to students and contractors. 101 staff members have declined to receive an influenza vaccination in 2020. OHSS will continue to offer the vaccination for the next few months.

To date, 87% of doctors have received their influenza vaccination. Midwives continue to be the work force with the lowest vaccination coverage; however 69% is an 18% increase in the percentage of midwives who received the influenza vaccination in 2019 (51%).

	Non-vaccinated	**Vaccinated**
Allied staff	16%	84%
Doctors	13%	87%
Healthcare assistants	17%	83%
Midwives	31%	69%
Nurses	17%	83%
Other Employees	23%	77%
Grand Total	**18%**	**82%**

The Ministry of Health's goal is for at least 80% of healthcare workers to be vaccinated against influenza. This goal has been achieved by CM Health in 2020.

OHSS (all) Vaccinations Process Review

A review of the vaccination process has been undertaken by an Occupational Health Nurse as part of our continuous improvement program. Actions undertaken include;

- A vaccination education session conducted for the Occupational Health Nurse team by the senior Occupational Health Nurse Advisor with the support of the Occupational Health Physician
- A screening checklist for vaccinators prior to administering a vaccination is being completed
- Vaccine information sheets have been reviewed and are up-to-date according to Ministry of Health sources
- An updated version of the Medication Administration 5+3 Rights has been posted in the OHSS clinic

Hands (Dermatitis) Project

<u>Introduction</u>
Occupational hand dermatitis is a common issue for workers in healthcare. Currently workers who would like Occupational Health input into the management of their occupational hand dermatitis are asked to complete an incident form using the CMH online incident reporting tool; RiskMonitorPro.

In an effort to better manage this issue a review of the current process was undertaken as a project by one of the Occupational Health nurses. Results indicated the incident reporting mechanisms needed to better cater for dermatitis related incidents to achieve the following:

- Improve management of reported cases
- Improve awareness among staff of dermatitis management by OHSS

<u>Solution to manage workplace incidents</u>
An online self-referral form has been developed to assist in streamlining the reporting process. The referral form will be submitted directly to the OH nurse for review and management.
An internal process has been developed to ensure consistency of approach and manager involvement.
The Occupational Health Physicians (OHPs) are available to the Occupational Health nurses to review complex cases.

<u>Learning and Improvement</u>
Occupational Health aims to continually review processes with the intention of improving staff engagement and outcomes. This improved process will target occupational hand dermatitis early and treat it before it worsens. The aim of this project is to add benefit to the organization by reducing the incidence of occupational hand dermatitis, which will as an extended consequence; assist with staffing and associated costs improvements.

Occupational Physicians

The OHSS physicians have returned to full clinic appointments from the COVID-19 period over March to June 2020. During this time the OHSS physicians have been involved in regional and national work groups, these work relationship groups are important for CMH and will continue as we head through the on-going pathways of the pandemic. Into the first few weeks of August with the resurgence planning underway, OHSS Physicians continue to be involved and assist with support for our vulnerable workforce.

Vulnerable Workers Process

Work continued over July to review the Vulnerable Workers database which was utilised in the March 2020 outbreak. This database feeds into the Vulnerable Workers process document which was established as a guidance resource should any future outbreaks require OHSS to assess our vulnerable workforce. Occupational Health continues to review CM Health employees who have conditions which increase their potential for an adverse outcome if they were to contract COVID-19. Communications have been sent by the Occupational Health Physicians to managers and employees (Grade 2 – 4 VW) as Auckland moved back

to Level 2 (.5) on the 31st of August.

Occupational Health and Safety

The Health and Safety team continue to work with the service area leads to manage incidents that are reported to OHSS. This collaboration helps us to ensure continuous improvement occurs, specifically in the areas of risk management and injury management. The H&S Advisors are reaching out to managers and attending meetings where required to assist in their H&S management.

Respiratory Face Masks

The Global pandemic has revealed the need for CMH to have an effective and efficient Respiratory Protective Equipment (RPE) programme for Face Mask testing. A Respiratory Face Mask Testing paper was presented to CMH leaders for approval with the OHSS team offering to manage this program of works. The aim was to set up a long term and sustainable program that includes the legislative requirements for fit testing all workers who work in respiratory generating areas at CMH. The testing program has been designed to align with the current AS/NZS1716:2012 *Respiratory Protective Devices.* OHSS are working through the set up and implementation of this process following receiving the approval to proceed. The OHSS team have implemented an immediate fit testing solution with an external provider carrying out mask fit testing for staff by prioritising the areas with urgency whist the long term solution is being set up.

Violence and Aggression Project

OHSS are working through a review of the recently published WorkSafe Violence in the Health and Disability Sector Guide. An outline of the requirements in this document will be presented to ELT and Board of Director members. OHSS are now including Core Orange incidents reported in ED in the incident analysis section.

Lone Workers Project

A Policy and Procedure has been implemented for the Get Home Safe (GHS) lone work system. The project team are currently arranging a pilot program to test the lone working device and system across Mental Health Teams. This pilot will enable the OHSS and Security teams to set up response systems to assist in managing the risk of lone work.

Managed Isolation Facility – COVID-19 work

The CM Health OH&S team has commenced preparing the risk assessment for the Managed Isolation & Quarantine Facilities (MIQF) in conjunction with other DHBs. CM Health is the lead DHB and will be sharing overlapping duties to manage risks with NZDF and MBIE to meet the following core objectives and responsibilities at MIQF:

1. To prevent the spread of COVID-19 (and other infectious diseases) between residents at the facility, between residents and staff, and between residents and the wider public;
2. To ensure residents remain in the managed isolation facility for the entirety of their 14 day stay;
3. To ensure residents are tested for COVID-19 twice during their stay: once on or around day 3, and once on or around day 12;
4. To ensure that residents' health and wellbeing needs are met – including their mental and emotional wellbeing needs – for the duration of their stay.

This work is due to be finalised in August.

Injury Management

ACC claims have been consistent over July with 49 new claims being registered with Case Managers. Current open claims are 122 which is an increase from 111 in the June period. Lost work-days for July are 18 when compared to June 21.86. There were 5 Lost Time claims reported in July.

The ACC Case Manager has prepared a communication topic and training presentation which outlines the ACC Injury Management processes and which will be facilitated with Human Resources teams in August and offered to people managers in the future.

Incident Reporting

Incident reporting in July totalled 212 which is a significant increase from 155 in June.

Our top 5 reported incidents in July were Aggression & Violence 72 in July compared with 46 in June, which is consistent with reported incidents pre-COVID-19. Reported stress is 46, which is an increase from 23 incidents in June and is higher than reported incidents over the last 6 month period. An increase in Moving and Handling incidents was reported in July (46) from June (13). The majority of these incidents related to a specific patient, and the particular technique that was used.

There was a reduction in BBFE incidents in July (29) when compared with 36 in June.

The increase in some incident types is mostly attributed to the back to normal BAU work types and increased workflow across the DHB since the COVID-19 lockdown period.

OHSS Communication Topics

The July H&S Communication topics were focused on one of our critical risk areas where we have high incident numbers and ACC claims; Safe Patient Moving and Manual Handling. Both types of incident have the potential to result in sprain and strain injuries. The instructions to HSRs from OHSS in regards to these regular communications are to share the key points with their colleagues at their team meetings and to place the communication on staff noticeboards for staff reference. Communications are also placed on Paanui.

Figure 1: OHSS Communication – 004a Safe Moving and Handling of Objects and 004b Safe Moving and Handling of Patients

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HEALTHY & SAFE

H&S Communication No. 004a: Safe Moving & Handling of Objects

Lifting, carrying, pushing or **pulling** are moving and handling activities which are undertaken in most workplaces and can occur almost anywhere in CM Health.
Heavy manual labour, awkward postures, repetitive movements of arms, legs and back can increase the risk of **injury** occurring.
Wherever possible **avoid** moving and / or handling a load using the hierarchy of control to either eliminate or minimise the risks.

Injuries sustained as a result of moving and handling activities can have a very debilitating effect on an individual's physical health and sense of well-being. Injuries commonly associated with moving & handling activities include:

Back pain	• Back pain does not always result in a chronic condition; but may reoccur. • Stay active, try simple pain relief and if you need it, seek advice
Upper limb disorders	• A range of disorders of the hands, wrists, elbows and shoulders. • Symptoms may include pain, swelling and difficulty moving.
Lower limb disorders	• A range of disorders of the hips, legs, knees, ankles and feet • Symptoms may include pain, swelling and difficulty moving

As it is not possible to remove all the risks factors causing injury when moving and handling, it is essential that the risks of moving and handling activities are assessed **before** beginning any moving and / or handling activity.
Workers should have the opportunity to provide input on identifying the risks and how to eliminate or minimise them. At CM Health the acronym **LITE** is used to aid assessment of risk **before** any moving and handling activity:

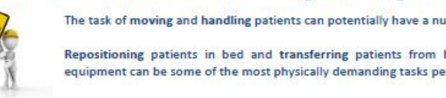
Load
- Characteristics of object being moved.
- Check if the object is heavy, bulky, unstable, sharp, or difficult to grasp.

Individual
- Individual capabilities of staff.
- Assess if the person is physically capable to move the object alone or if assistance is needed (mechanical or a second person).

Task
- Nature of the task.
- Check if the task is repetitive or is difficult to complete while maintainted good postures.

Environment
- Where the task is being undertaken.
- Assess the area for slip and trip hazards or other hazards that could affect the movement of the object.

H&S Communication No. 004b: Safe Moving & Handling of Patients

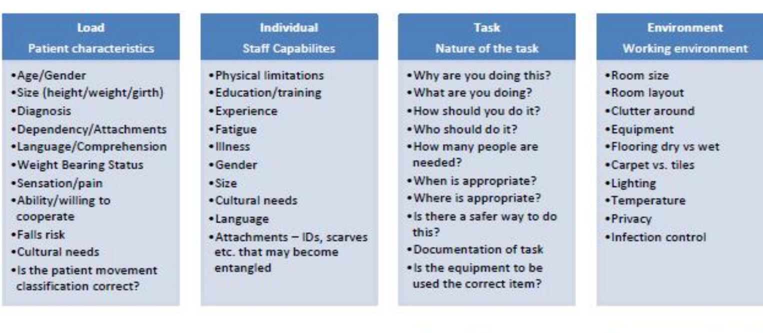


The task of **moving** and **handling** patients can potentially have a number of risks associated to it.

Repositioning patients in bed and **transferring** patients from beds to stretchers and other equipment can be some of the most physically demanding tasks performed.

As it is not possible to remove all the risks factors causing injury when moving and handling patients, it is essential that the risks of moving and handling activities are assessed **before** beginning any moving and / or handling activity.
At Counties Manukau Health (CM Health), the acronym **LITE** (Load, Individual, Task and Environment) is used to help assess the risks prior to carrying out any moving and handling activity.

The Table below outlines some of the LITE considerations that should be involved when assessing the risks prior to moving a patient.
It is important to include everyone taking part in the patient's moving and handling to provide a wide range of perspectives.
Each situation will be unique and therefore an assessment should be carried out each time a patient is moved.



Load Patient characteristics	Individual Staff Capabilites	Task Nature of the task	Environment Working environment
•Age/Gender •Size (height/weight/girth) •Diagnosis •Dependency/Attachments •Language/Comprehension •Weight Bearing Status •Sensation/pain •Ability/willing to cooperate •Falls risk •Cultural needs •Is the patient movement classification correct?	•Physical limitations •Education/training •Experience •Fatigue •Illness •Gender •Size •Cultural needs •Language •Attachments – IDs, scarves etc. that may become entangled	•Why are you doing this? •What are you doing? •How should you do it? •Who should do it? •How many people are needed? •When is appropriate? •Where is appropriate? •Is there a safer way to do this? •Documentation of task •Is the equipment to be used the correct item?	•Room size •Room layout •Clutter around •Equipment •Flooring dry vs wet •Carpet vs. tiles •Lighting •Temperature •Privacy •Infection control

If anyone is injured or almost injured while moving and handling, an incident report on RiskPro is necessary.
Reporting good and bad practices, incidents, near misses and equipment failures or shortages (risks) assists in the collection of information that can be used to celebrate or improve systems and practices throughout CM Health.

Worker Participation

OHSS continue to engage with workers and have recently sent the newly drafted Lone Worker policy and procedure to be reviewed by 3 HSRs on the 16/7/20 with feedback received. The updated draft Workplace Checklist was sent to 13 H&S Reps for feedback, two responded and their feedback was very constructive and helpful.

Feedback has also been received on the regular H&S communication topics:

I appreciate seeing a resurgence of Health & Safety information communications.

Thank you so much for the link for health and safety. I read and got more info and checked out most of all the things that need to be present on the notice board. So much information is available for staff and I made it more colourful. Totally grateful for your support.

I created a poster to communicate with the cleaners that we are seeking of recruiting more CLEANERS health and safety representatives. A few staff has volunteered to do the Health and safety course.

The third in our series of HSR training sessions concluded on the 9 & 10 of July in which 14 staff attended. This program of training has enabled HSRs to be set up in their role whist a regional approach is implemented for a sustainable HSR training program.

CM Health currently has 259 HSR's that come from a wide variety of roles whom champion and engage in health and safety matters in their respective work areas. A total of 27% of HSR's are NZQA qualified. 64% of

those qualified gained their qualification this year. A waiting list is being kept for those eager to attend future training sessions.

Safe365

The current score for CM Health is 49% which is the same as the last reporting period and slightly below the All Provider Index guide of 52%. OHSS has worked with Mental Health HSRs over July 2020 to review their inductions and Acute Services processes against the Safe365 template and suggested a recording system to determine benchmarking what is being done well and what improvements can be made against that template. The table below outlines the current and completed OHSS activity and implementation of Safe365.

Date	Division/Service	Type of Session
09/06/2020	Mental Health - Acute & Community	Initial Assessment
03/07/2020	ED MMC	Initial Assessment
21/07/2020	Pharmacy	Initial Assessment
30/07/2020	Surgical Manager H&S Briefing (SAP)	Safe365 Managers Presentation
05/08/2020	Radiology	Initial Assessment
11/08/2020	Mental Health - Community	Reassessed independent from MH - Acute

Work is continuing to refresh the Safe365 section of the Paanui pages, in conjunction with our preparation work for the up and coming ACC audit. OHSS are in the process of reviewing documentation and tools in the safety management system which will assist service areas to increase their scores.

Dashboard Report – Safe365 Status for Counties Manukau DHB

Provider	Completed	Original	Current
10 Breast Screening	12/2019	41%	41%
11 Respiratory	12/2019	31%	31%
12 SAPS (Managers)	12/2019	58%	58%
14 KF InPatient	12/2019	47%	47%
16 (Dialysis - Hospital Based)	12/2019	52%	62%
17 (Cardiac Investigation Unit)	12/2019	49%	48%
18 (Gastroentrology Dept)	12/2019	49%	49%
19 (Cardiac Cath Lab)	12/2019	40%	40%
2 FEAM	07/2019	58%	73%
20 (Diaylsis Home Therapy)	11/2019	32%	32%
21 (Manukau Super Clinic)	11/2019	48%	48%
22 (Rito and MSC Haemo Dialysis In-centre)	12/2019	67%	67%
23 KF First Community Health	12/2019	41%	41%
24 Orthopaedics (Middlemore & MSC)	12/2019	42%	42%
25 Mental Health & Addictions	06/2020	55%	54%
26 Laboratories	03/2020	56%	56%
3 Ko Awatea	08/2019	49%	78%
4 ARHOP	08/2019	41%	41%
5 Pacific Mental Health	12/2019	32%	32%
6 Ophthalmology	12/2019	56%	56%
7 Medicine Cardiac	12/2019	25%	25%
8 Renal Ward 1	11/2019	54%	54%
9 Women's Health	12/2019	46%	46%
Emergency Care 28	07/2020	60%	60%
Kidz First	06/2019	61%	61%
Pharmacy 29	07/2020	47%	47%

Guide to Safe365 Health & Safety Index

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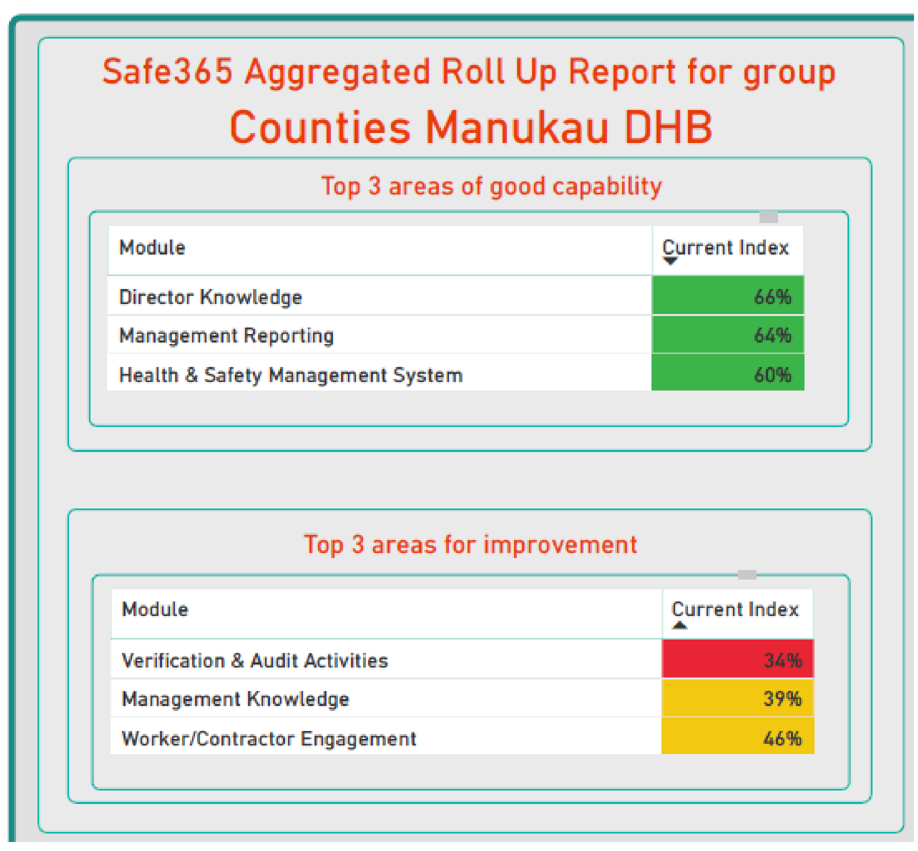

Safe365 Aggregated Roll Up Report for group
Counties Manukau DHB

Top 3 areas of good capability

Module	Current Index
Director Knowledge	66%
Management Reporting	64%
Health & Safety Management System	60%

Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	34%
Management Knowledge	39%
Worker/Contractor Engagement	46%

Work continues on the OHSS audit program with the first audits planned for September.

Health and Safety Performance Scorecard

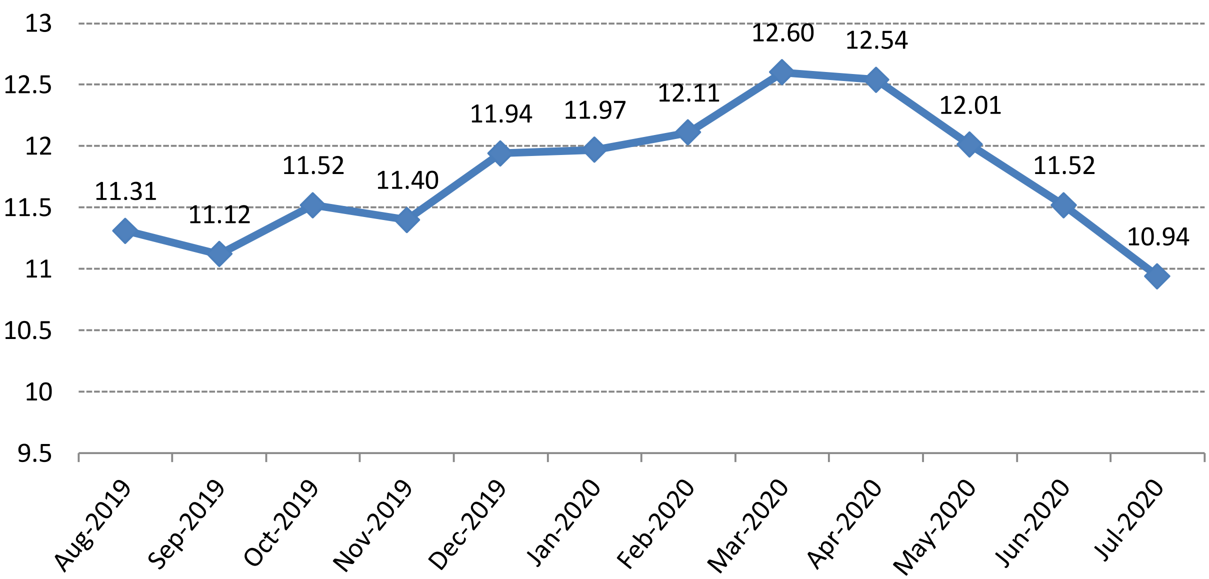
Lagging Indicators		May 2020	June 2020*	July 2020	Target
Reported Incidents	Counties Manukau Staff	126	155	212	~
	healthSource (hS staff working at CM Health sites)	0	0	0	~
	Contractors	0	0	3	~
	Visitors	0	0	0	~
Near Miss reported Incidents		0	0	3	~
Injury Claims	New Claims Registered	21	49	49	~
	Current Claims	80	111	122	~
	Declined Claims per month	12	10	7	~
	Lost Time Claims	3	8	5	<5
	Days lost per month (due to Lost Time Claims)	13	21.86	18	~
	Lost Time Frequency Rate (LTIFR)	12.01	11.52	10.94	<10
	Lost Time Severity Rate (LTISR)	102.77	173.5	137.3	<630
	Claims costs (to date)*	$85528.77	$66495.19	$72065.5	~
Critical risk incidents	BBFE	30	36	29	~
	Aggression & Violence	57	46	72	~
	Moving & Handling	13	13	46	~
	Slips, Trips, Falls	8	20	14	~
	Stress	7	23	46	~
Leading Indicators		**May 2020**	**June 2020**	**July 2020**	**Target**
Pre-employment	Health screening	93.5%	86.9	84.6	100%
Clinic appointments	Dr & Nurse clinics	699	338	311	~
Vaccinations	Flu, dTap, VZV, HepB and MMR	300	278	246	~
Safe365 activity and implementation	26 business units set up	1	1	3	100%
Training sessions attended (OHSS team)		7	2	1	~
OHSS Communications	Risk Management (001) Incident Management (002) Safe Moving & Handling (004a/b)	1	1	1	~
Risk Assessments completed	COVID-19 level 2 Respiratory Infection	1	0	1	~
Workplace Inspections		1	0	1	Bi-monthly
HSW internal audits, self-assessments underway	ACC self-assessments for critical elements in AEP	1	0	0	~

Key Indicators Commentary	
LTIFR	12 month rolling average figure is slightly above the target (10) at 10.94 in July 2020 (5 lost time incident claims). The July 2020 figure (10.94) decreased from the June 2020 figure (11.52).
LTISR	July figure (137.3) has decreased from the June figure (173.5).
Claims costs	Monthly claims costs have increased in July.
Pre-employment Health Screening	181 of the 214 PEHS received for new starters in July were cleared prior to them commencing employment, which equates to 84.6%.
Dr & Nurse clinics	Slight decrease in OCC Health clinic appointments in July (311) when compared to June (338) figure.
Vaccinations	Slight decrease of vaccinations administered in July (246) when compared to June (278).

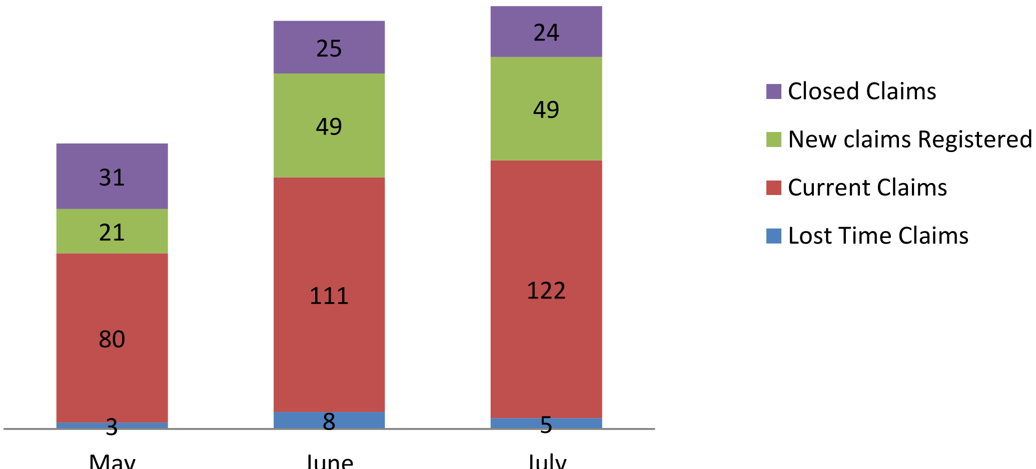
*June data which was unavailable in the previous report has now been included.

LTIFR

The LTIFR rolling average figure decreased in July to 10.94 from 11.52 in June 2020 (with 5 lost time claims in July and 8 in June). Note these figures change monthly due to late submissions to payroll, and late submissions of claims.



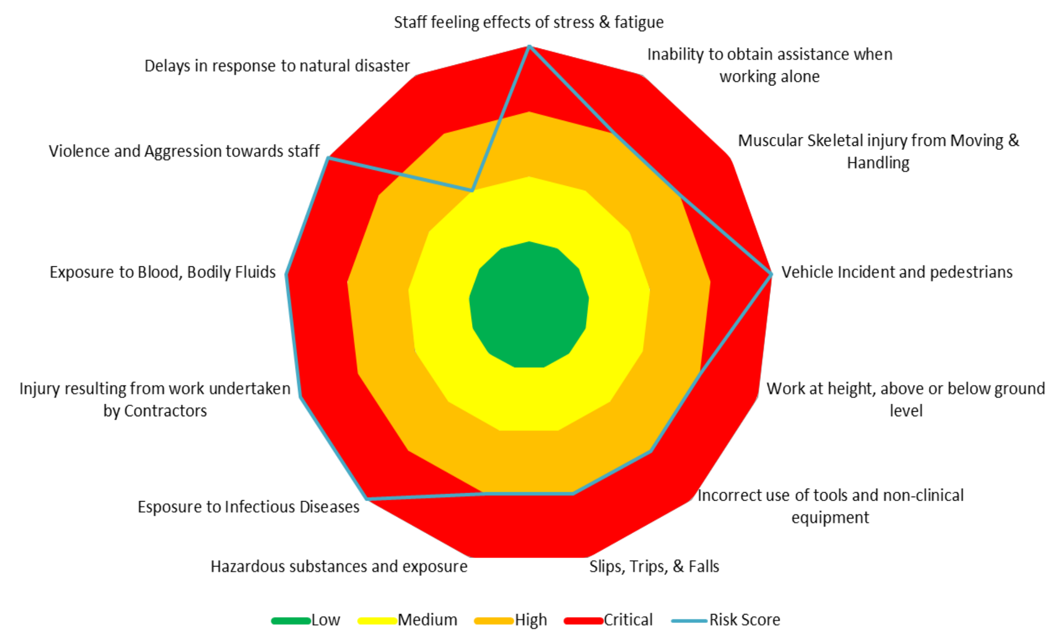
Claims Data (by month)



- In July, 49 new claims were registered with 5 lost time claims, compared with June where there were 49 new claims registered with 4 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers was 122 in July with 111 being managed in June.
- Declined claims decreased in July (7) from June (10).

Key Health and Safety Risks and Current Project Activity

CM Heath Key H&S risks management update, including OHSS critical risks and key initiatives to reduce/manage risk.



CM Health Risk Matrix; for reference (note a table explaining frequency and consequence is included in the appendices)

LIKELIHOOD	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	High	Critical	Critical	Critical
Likely	Medium	High	High	Critical	Critical
Possible	Low	Medium	High	High	Critical
Unlikely	Low	Medium	Medium	High	High
Rare	Low	Low	Low	Medium	Medium

A refreshed comprehensive Risk Profile outlining our key Occupational Health & Safety risks continues to be developed led by a project manager. The register will include the risks outlined below.

The following table contains the key OHSS risks and current activity.

Risk: Staff and others exposed to **Aggression and Violence** at the workplace

Risk Rating: Critical

	Current	Target
Frequency	Almost Certain	Likely
Consequence	Major	Major

Active Workflow

- OHSS are actively involved in the working group that has been established to work through the recommendations from the Security Review that was undertaken in late 2019. Several OHSS projects including violence and aggression and lone work have strong links to this security review
- OHSS review and follow up with reported incidents of violence and aggression
- Code Orange incident trends are provided to OHSS
- Changes are planned to RiskPro (Incident Reporting Database) which will ensure better incident analysis
- WorkSafe has produced a guidance document on Violence in the Health and Disability sector
- OHSS are preparing a presentation for ELT and Board Members outlining the information in the WorkSafe guidance

Risk: Inability to manage the risk of harm from the work being carried out by **Contractors**

Risk Rating: Critical

	Current	Target
Frequency	Possible	Unlikely
Consequence	Major	Major

Active Workflow:

- Contractors engaged by FEAM's are asked to provide a plan detailing the steps they will take to mitigate risks.
- FEAM have continued with improvement of contractor health & safety management for capital projects including a particular focus in the following areas; inductions, contractors Job Safety Analysis, supervision and bi-annual performance reviews.
- Further development of Confined Spaces policy & procedure, including permits to perform hazardous work.
- Emergency and fire compliance are under review, with trial evacuations currently being conducted.
- An engineering manual is in place (operating procedures).
- Regular communication to team encouraging contractors to report incidents.

Risk: Musculoskeletal injuries sustained whilst **moving patients and other manual handling tasks**

Risk Rating: High

	Current	Target
Frequency	Likely	Possible
Consequence	Moderate	Moderate

Active Workflow:

- 1250 staff trained from the onset of the Safe Patient Moving project.
- Training is currently running at an average of 1 session offered per week until October. Sessions are planned for ICU, Radiology and ED.
- eLearning as a pre-training resource due to be launched 1st of September 2020.
- Plans are underway to establish updated training from 30th of September 2020.
- Equipment procurement completed for Sara steady devices (sit to stand device).
- Equipment procurement continues including the HoverJack Floor retrieval kit, (delays due to international shipping secondary to Covid). Development of guidelines & supporting documents is in now complete.
- Specialised equipment has been proposed and requested by SPHM Sub Committee (Regional RFP for Bariatric rental equipment & implementation of Single Patient Use slings).
- Reported incidents continue to be reviewed and monitored
- Plans are underway to establish an audit tool with the Research & Evaluation Office
- The Safe Moving & Handling of Patients communication topic was rolled out in July 2020

Risk: **Lone Workers** unable to access immediate assistance during an emergency situation

Risk Rating: High

	Current	Target
Frequency	Possible	Unlikely
Consequence	Major	Major

Active Workflow:

- Consultation has concluded on the Group OHSS Lone Work Policy and Minimum Standard Procedures and these documents have been approved by ELT
- The project working group are planning the pilot session for Mental Health
- A demonstration has been conducted with managers to explain the functionality of the lone work system, where feedback was provided
- The monitoring systems and process flow chart is being set up for this workflow

Risk: **Wellbeing** of staff adversely affected by aspects of work

Risk Rating: High

	Current	Target
Frequency	Likely	Possible
Consequence	Moderate	Moderate

Active Workflow:

- EAP is well established with CM Health including onsite clinics and external counselling. OHSS have regular meetings with the EAP organisers to discuss trends and support activities
- CM Health has a wellbeing page, resources and tools on Paanui to support staff welfare
- EAP have set up an additional referral program for CM Health with highly experienced counsellors who are available to provide support for managers and leaders in regards to any managerial challenges they might experience in their role
- EAP have increased the facilitated and targeted sessions where required across CMH service areas. These sessions have been well received from staff

Risk: Staff experience **stress/fatigue** in the workplace			
Risk Rating: Critical		***Current***	Target
	Frequency	Almost Certain	Likely
	Consequence	Moderate	Moderate

Active Workflow:

- Workers are encouraged to report low staffing, stress and fatigue in RiskPro to enable managers to follow up.
- Tools such as Trendcare has made much more visible and transparent at what points in the day teams on the wards are feeling stressed or pressured and Middlemore Central is able to work with those wards to move staff around to relieve that pressure.
- CM Health have begun offering 'Team Wellbeing Check-ins' for teams. This is a facilitated discussion that a team attends and participates in together. The check-in is particularly helpful after a prolonged period of stress, such as experienced during COVID-19; and can also be part of our support to staff following a traumatic episode, such as the Whakaari eruption. We have partnered with EAPworks to deliver these sessions.
- CM Health has launched Leading Wellbeing at Work - Webinar which is a new programme, designed to equip managers and leaders to recognise and respond supportively to staff experiencing mental health challenges in the workplace. It is being run by Blueprint for Learning, who has previously delivered Mental Health 101 training to Counties staff.
- We are in the planning stages to launch Health Round Table for all nursing staff. It was launched to SMOs earlier this year.
- We commenced a new course on addiction: Addiction 101 is designed to increase awareness and reduce stigma associated with addiction – both at work and everyday life. Due to COVID-19 it is being run as a webinar and is being co-facilitated by someone who has lived experience of problematic substance use, and someone who has clinical experience working in addiction services.

Risk: Staff are exposed to **blood and body fluid (BBFE)**			
Risk Rating: Critical		***Current***	Target
	Frequency	Almost Certain	Likely
	Consequence	Moderate	Moderate

Active Workflow:

- Occupational Health Nurses with the support of the Physicians follow up with incidents of BBFE that are reported to ensure immediate actions are taken
- Trends in BBFE are sent on to clinical leaders for learning's
- An Occupational Health and Safety communication topic will be prepared for BBFE

Risk: Exposure to **Infectious Diseases**			
Risk Rating: Critical		***Current***	Target
	Frequency	Almost Certain	Likely
	Consequence	Moderate	Moderate

Active Workflow:

- A Risk Assessment has been completed by OHSS
- Work procedures are in place across the service lines to manage exposure to infectious diseases
- PPE is approved and provided, a mask fit testing program is underway
- COVID-19 related work has generated reviews of current Occupational Health processes including Vulnerable Workers, Contact Tracing and H&S Risk Assessments

Risk: Staff and others sustain **slips, trips or falls** in the workplace			
Risk Rating: High		***Current***	Target
	Frequency	Likely	Possible
	Consequence	Moderate	Moderate
Active Workflow:			

- Trends in slips, trips and falls (STF) from ground level incidents are monitored by OHSS.
- Specific actions are undertaken following STF incidents including reaching out to FEAMs and Cleaning managers to assess hazards as they arise

Risk: Suboptimal evidence of adherence to **H&S legislative requirements** (legal)			
Risk Rating: High		***Current***	Target
	Frequency	Unlikely	Rare
	Consequence	Major	Major
Active Workflow (Safe365)			

- Currently 26 Safe365 licences have been set up
- August planned activity is mentioned above
- OHSS has requested assistance to set up a Safe365 information page on Paanui which will provide HSRs with links to resources and tips for increasing their compliance scores
- The worker induction booklet has been updated and is due for consultation and rollout in July/August
- The OHSS team are carrying out the annual self-assessment of the safety and injury management elements of the ACC audit in preparation for the ACC AEP audit in late October 2020
- An internal OHSS audit program is being established for rollout in September

Risk: Failure to have adequate identifiable **worker participation** in HSW management system (legal)			
Risk Rating: High		***Current***	Target
	Frequency	Unlikely	Rare
	Consequence	Major	Major
Active Workflow:			

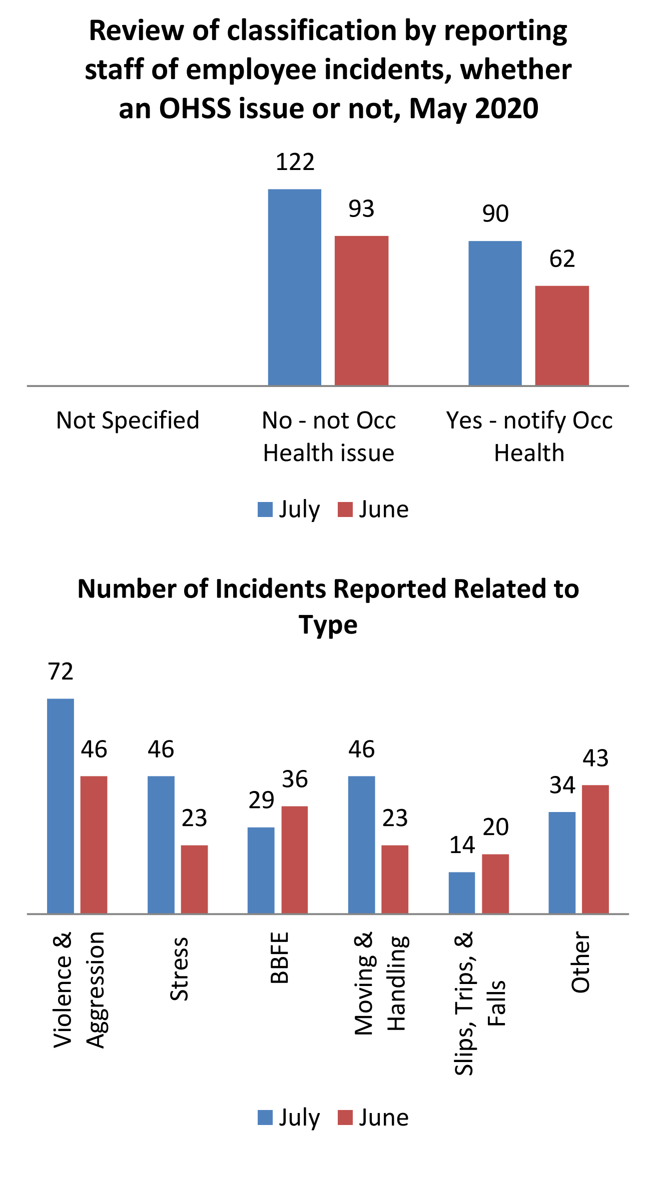
- Two HSR training sessions have been facilitated in June, and 1 in July
- Work is progressing on a regional approach to establish a shared HSR training provider
- OHSS send out regular communications to HSRs for sharing with their colleagues and reminders when inspections are due
- HSR’s are invited to comment on documents OHSS are preparing and incidents that OHSS are investigating

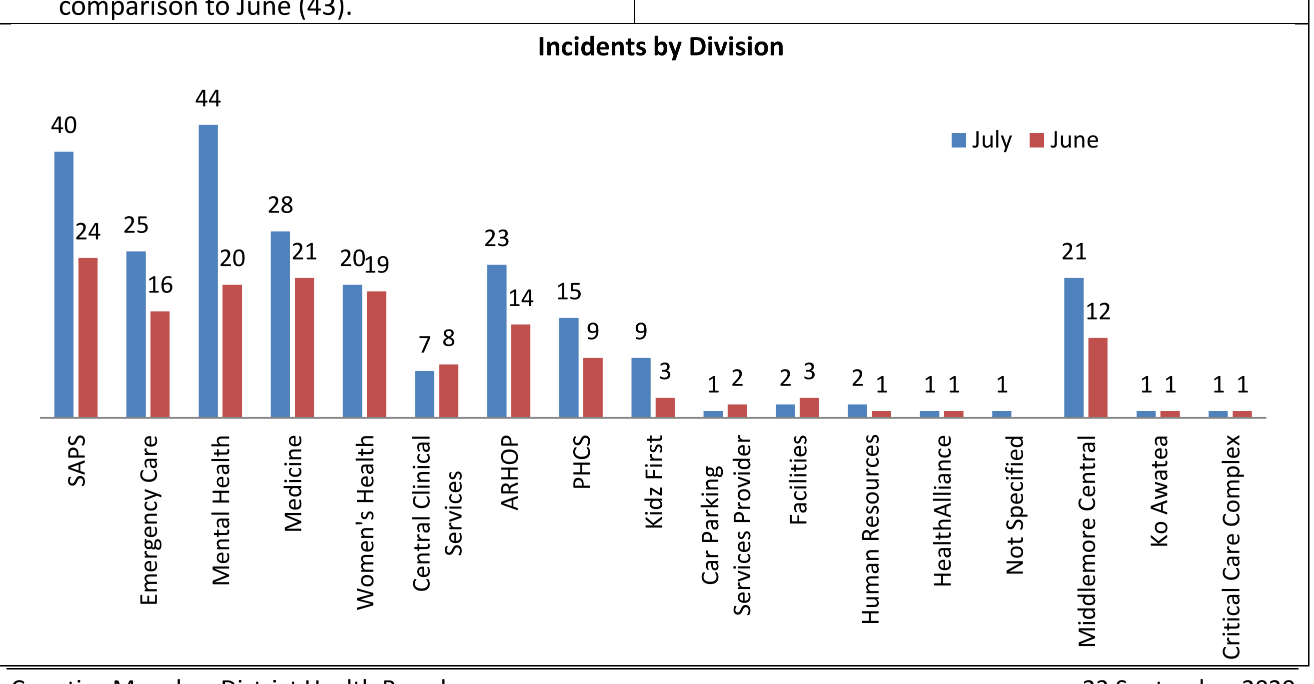
Reported Incidents

Monthly total of incidents reported in July (212) an increase in comparison to June (155).

Data on Incidents reported:

- **Aggression and Violence**: Remains in the top three incident rates. Increase in numbers reported for July (72) in comparison to June (46). Incidents over this time had declined from incident rates of between 60 and 70 in February and March. This July increase is mainly attributed to the area of Mental Health. The Mental Health team are conducting an analysis if their incidents. Using 'Code Orange,' ED reported 8 incidents (excluded from above).
- **Stress**: July (43) indicates significant increase on June (23), predominately reported as being in the area of short staffing.
- **BBFE (29):** Decrease from 36 in June to 29 in July - OHN continues to investigate causation of incidents as they occur through follow up with individuals.
- **Moving and Handling:** July (46) is an increase compared to June (23). With 25 reported as occurring during moving / handling patients. Several of these incidents are attributed to one patient.
- **Slip/Trip/Fall:** Figures for July (14) show decreased reporting in comparison to June (20).
- **Others:** July (34) indicates a slight decrease in comparison to June (43).

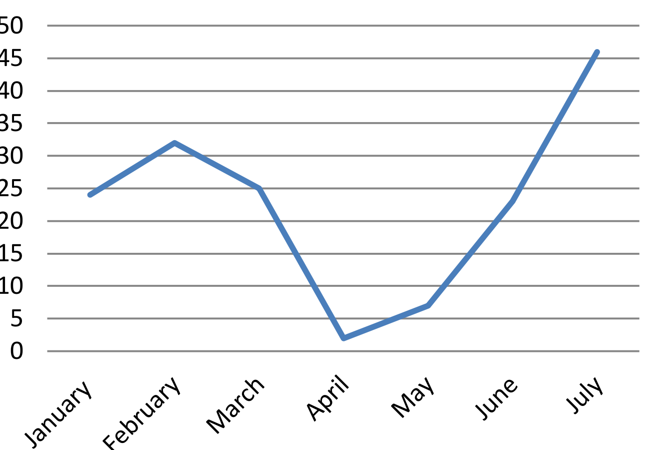


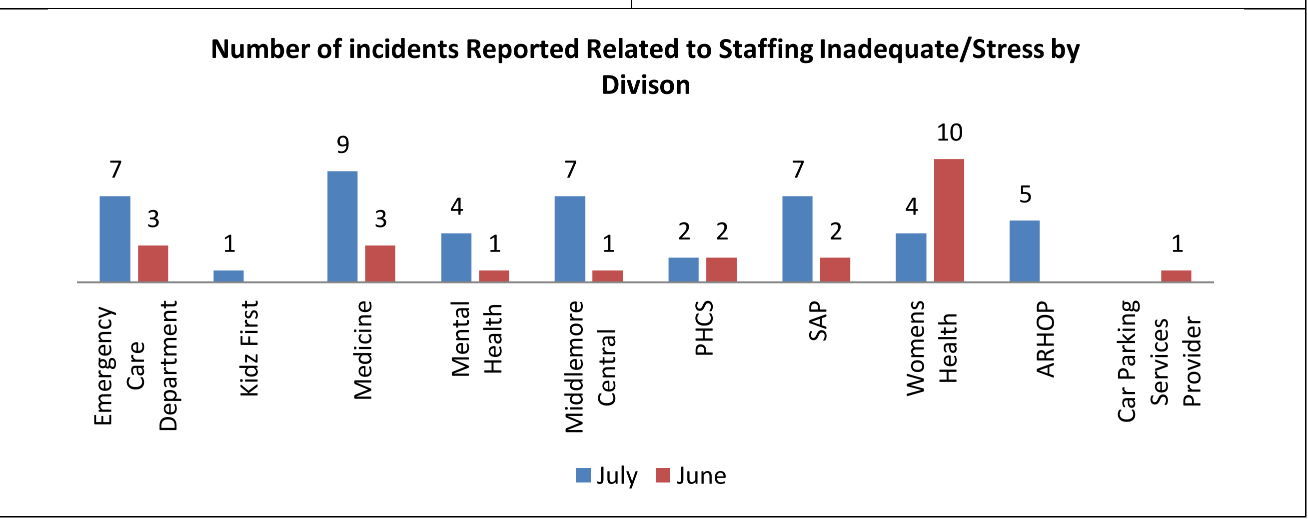


Staffing inadequate/unavailable, Stress

- Reports of stress in July (14) are an increase from June (10)
- Reports of staffing inadequate or unavailable has increased significantly from June (13) to July (31).
- Total numbers are double that of June with staffing levels being highlighted as being of concern.

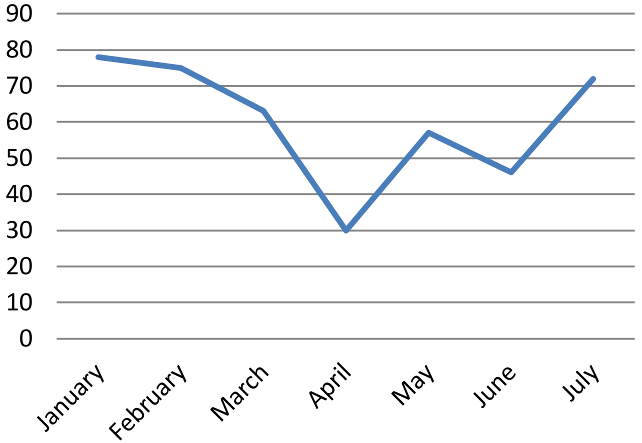
Incident Classification	July	June
Staffing – inadequate/unavailable	31	13
Staff not available	1	0
Stress	14	10



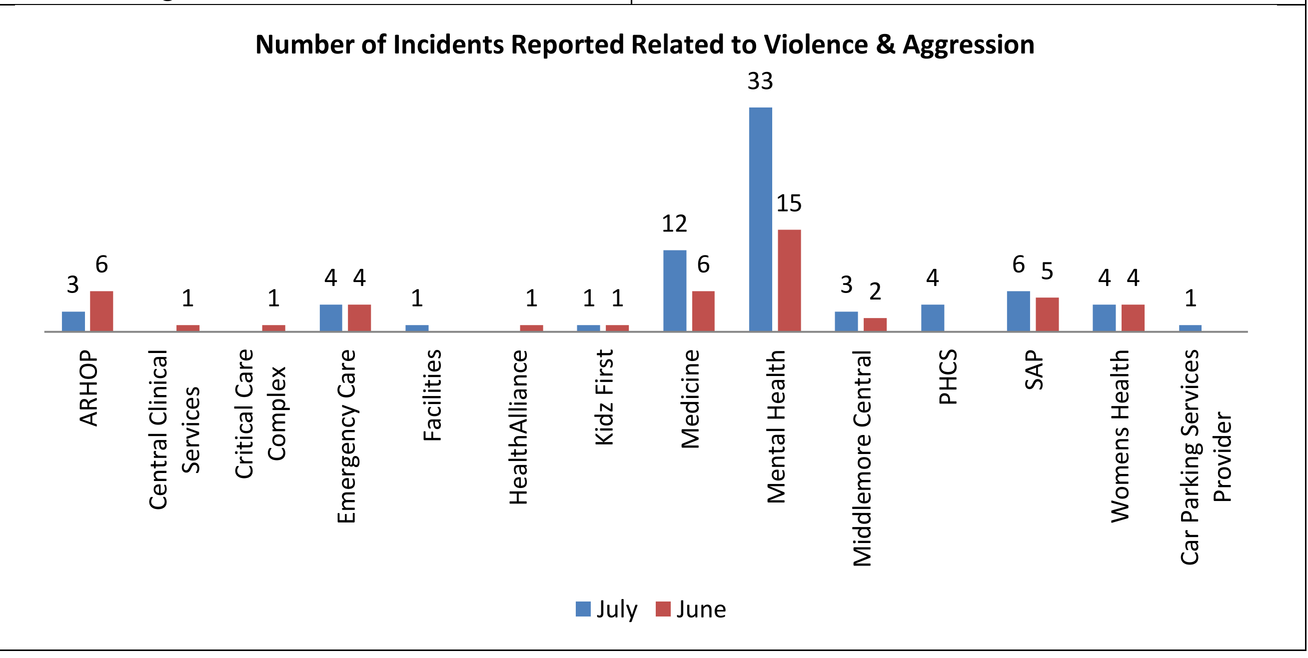


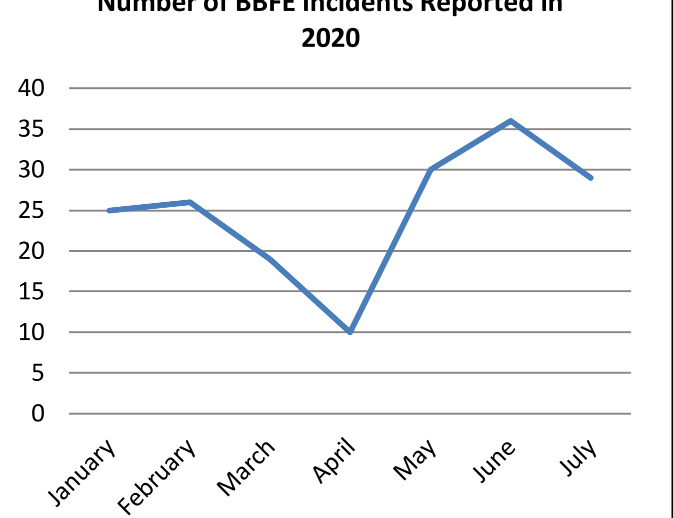
Aggression and Violence

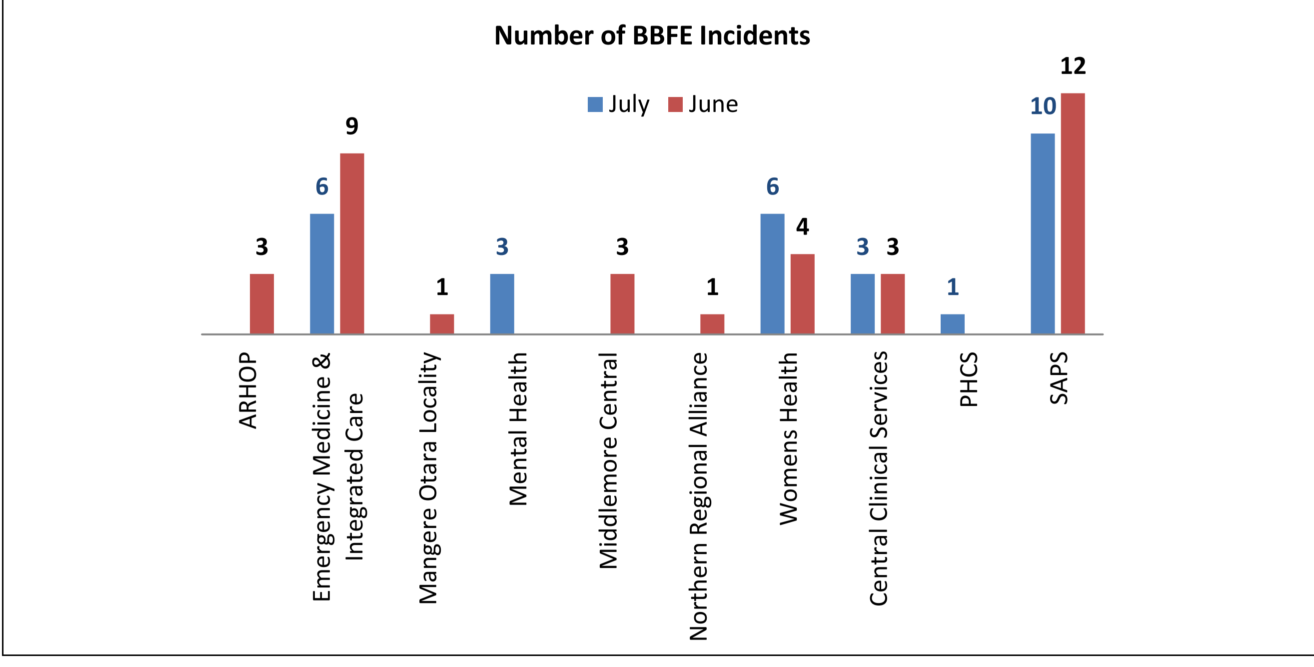
- Aggression and Violence monthly figures for July (72) have shown a significant increase from June (46).
- 33 events occurred in Mental Health with 29 occurring in MH Acute & Hospital.
- ED 'Code Orange' data **-** 8 incidents reported, 7 of verbally abusive behaviour and 1 of physical & verbally abusive behaviour. 2 reported as having alcohol as a potential causative factor, one reported drugs as a potential causative factor



Incident Classifications	July	June
Access/exit unsecured	2	0
Assault – physical	17	6
Assault - sexual	2	0
Assault – verbal/ gesture	6	6
Behaviour – aggressive/ threatening	26	12
Behaviour – harassment	1	2
Behaviour – inappropriate	9	7
Property damage/vandalism	1	1
hit/bitten/scratched by person unintentionally	1	0
Theft - actual	1	1
Theft - alleged	1	
Unauthorised access/trespass	0	5
Unauthorised use of alcohol/drugs	0	1



BBFE (Blood or Body Fluid Exposure)	
• BBFE monthly figure in July (29) compared to June (36) shows a decline. • Surgical, Anaesthesia, and Perioperative had the highest number of BBFE incidents for July (10).	

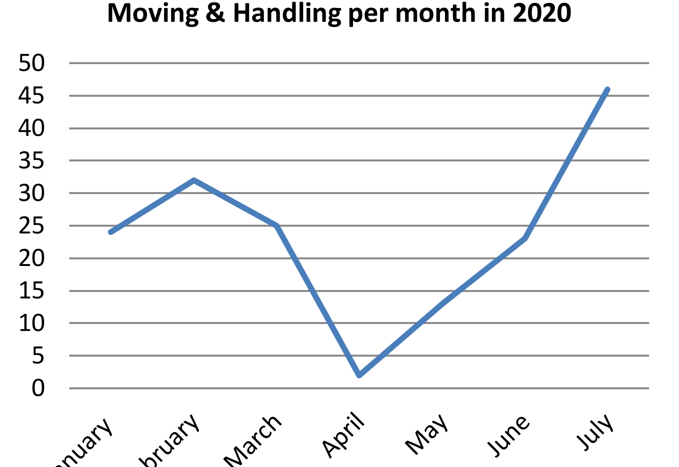


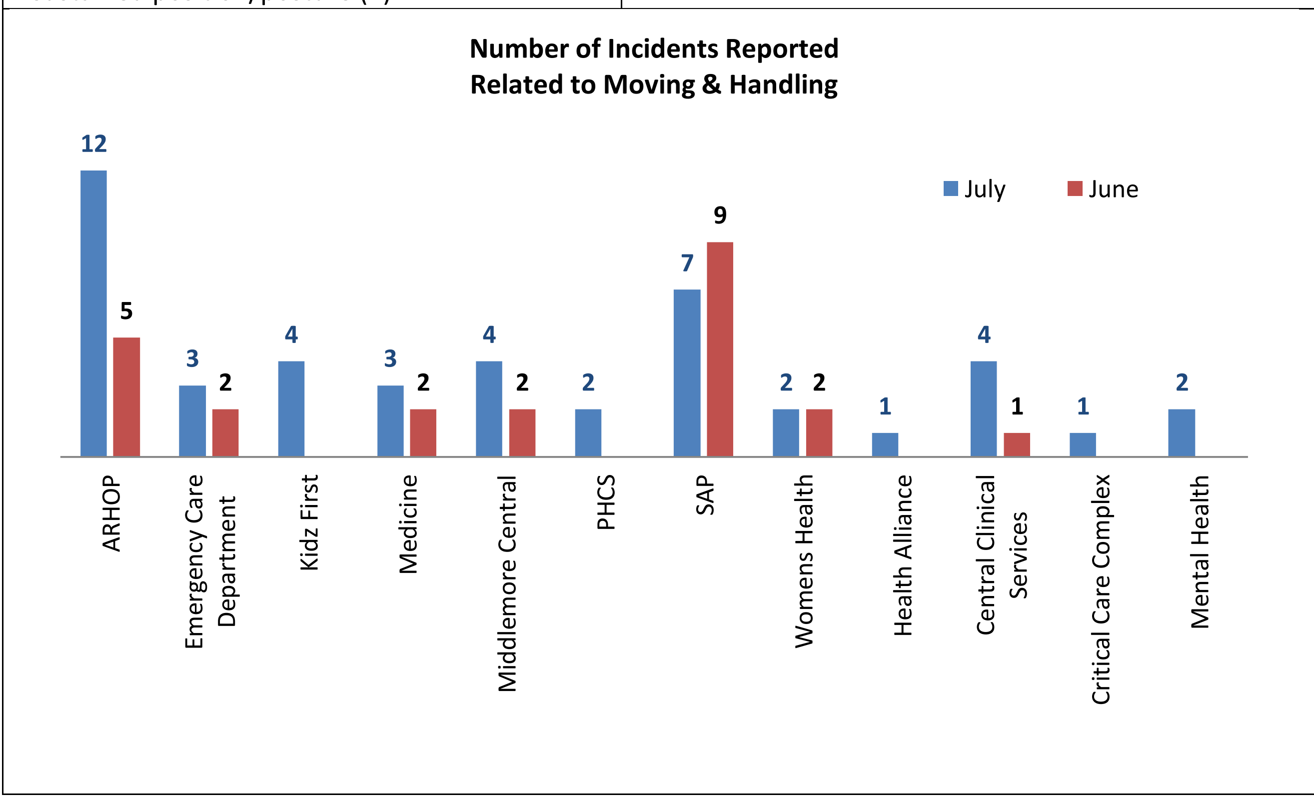
Moving and Handling

July (46) figures show a significant increase from June (23). The majority of these incidents related to a specific patient, and the particular technique that was used.
Staff have been reminded of and to follow best practice principles of Safe Patient Handling.

- 25 injuries are reported as occurring while moving / handling a patient.
- Contributing factors reported were:

action/behaviour of employee/affiliate (5)
action/behaviour of patient, awkward position/posture (9)
assistance unavailable (2)
awkward position/posture (16)
body weakness of patient, load -size/weight (1)
equipment malfunction/faulty, load - size/weight (1)
human factors (3)
job factors/work arrangement/organisation (1)
lifting/handling/carrying (3)
lifting/handling/carrying, load -size/weight (3)
repetitive handling/movement (1)
sustained position/posture (1)

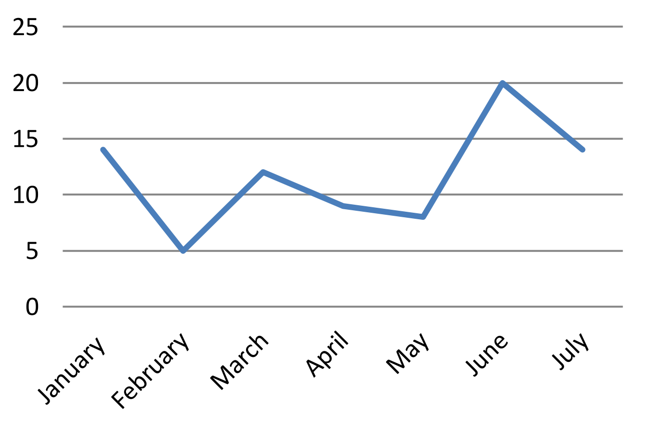


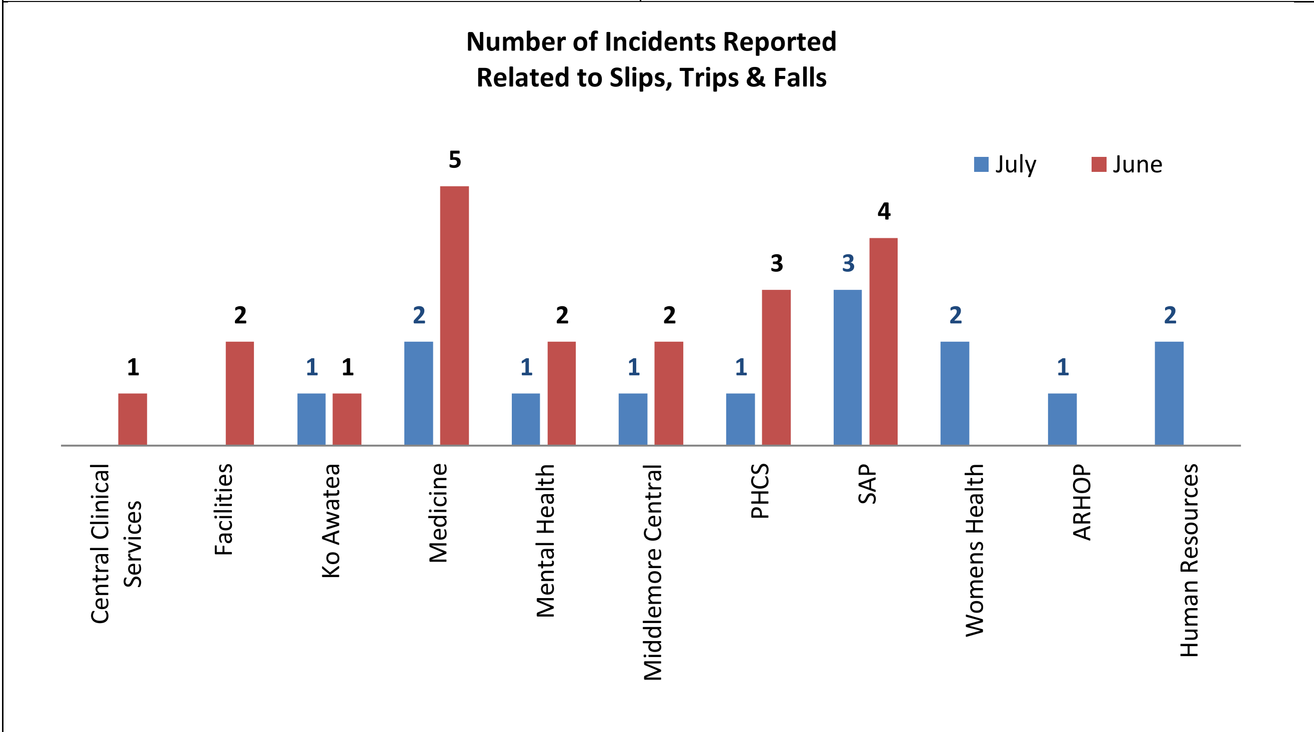


Slips, Trips and Falls

- Slips, Trips and Falls monthly figures in July (14 are a decline on June (20).
- No significant causative factors identified.

Incident Classification	July	June
Fall	1	20
Slipped/ tripped/ stumbled	4	0
equipment malfunction/faulty	4	0
Human factors	1	1
Surface – slippery/ wet	3	0

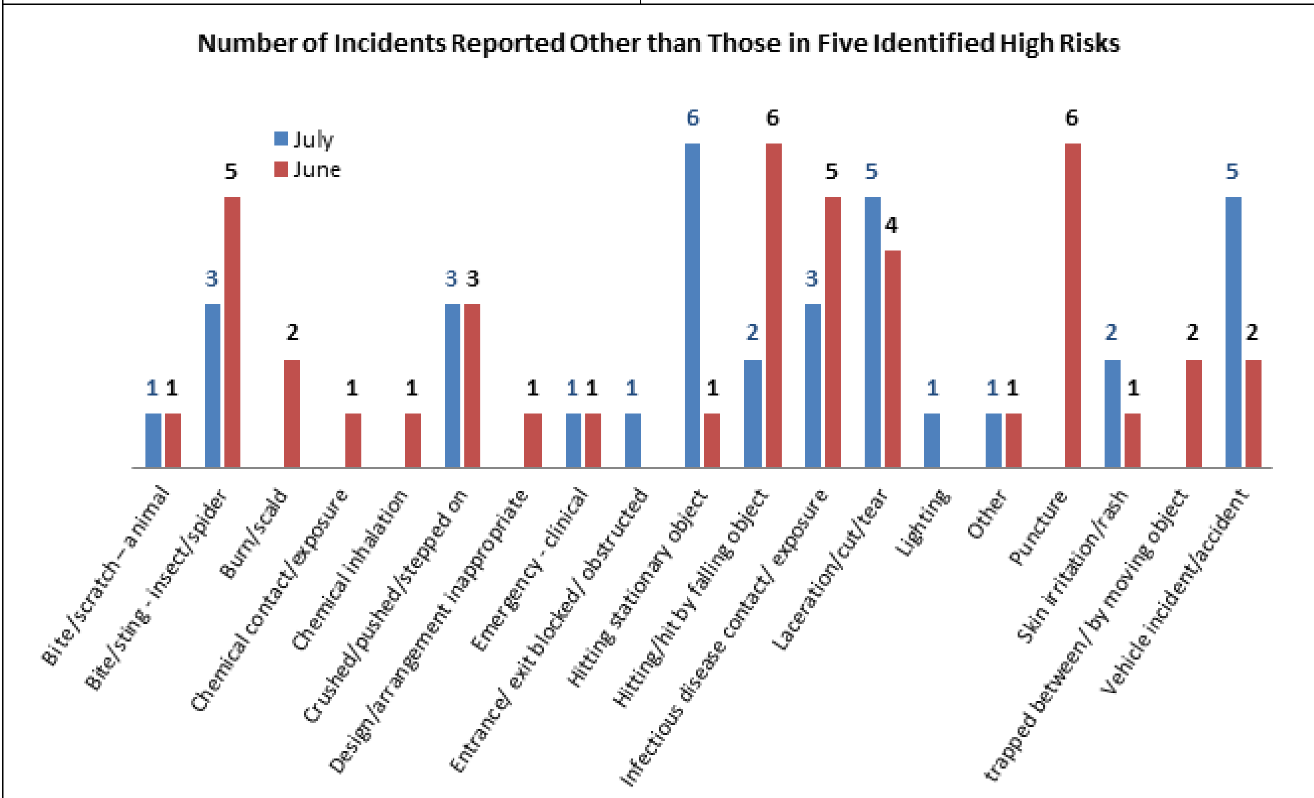




Other incidents

- Other incidents July (34) show a decrease from June (43).
- Increase in vehicle incident / accident from 2 to 5.
- No commonality in cause noted, but two perceived as driver error and two other driver area and one as ergonomic issue.

Incident Classification	July	June
Bite/scratch – animal	1	1
Bite/sting - insect/spider	3	5
Burn/scald	0	2
Chemical contact/exposure	0	1
Chemical inhalation	0	1
Crushed/pushed/stepped on	3	3
Design/arrangement inappropriate	0	1
Entrance/ exit blocked/ obstructed	1	1
Hitting stationary object	6	1
Hitting/hit by falling object	2	6
Infectious disease contact/exposure	3	5
Laceration/cut/tear	5	4
Other	1	1
Puncture	0	6
Skin irritation/rash	2	1
Vehicle incident/accident	5	2



Occupational Health Service Update

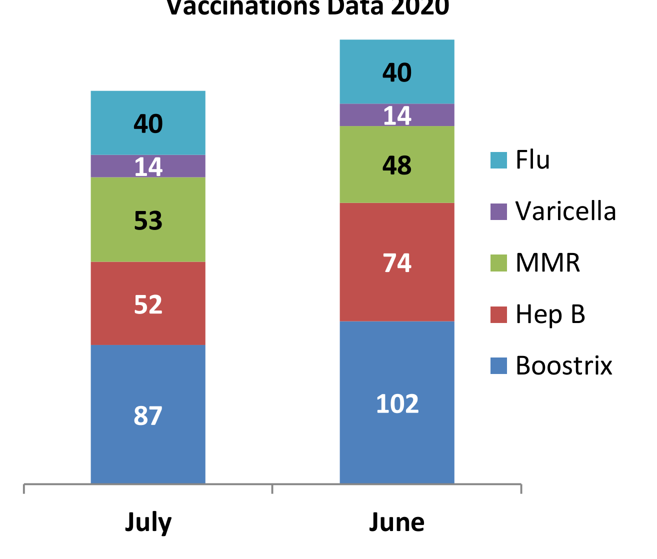
Vaccinations:

July has seen a slight decline in the number of vaccinations administered in Occupational Health and Safety.
Vaccinations continue to be administered as part of the pre-employment screening. Existing Staff are recalled to clinic to complete vaccination series and receive boosters. The influenza vaccination is offered to all new staff and students.

To date, 82% of CM Health staff have received an influenza vaccination in 2020. The vaccination was made available to staff from mid-March via Peer Vaccinators and OHSS run corridor clinics. The vaccination is continuing to be offered by Peer Vaccinators and by appointment through Occ Health.

867 students and contractors have also received a flu vaccination through CM Health.

The influenza data has been consolidated to provide accurate figures to the organisation.



Clinic Appointments:

The OHP's began returning to normal working hours during June and July and subsequently the clinic appointments have returned to normal levels. There were 212 OHN clinic appointments in June and 189 in July.

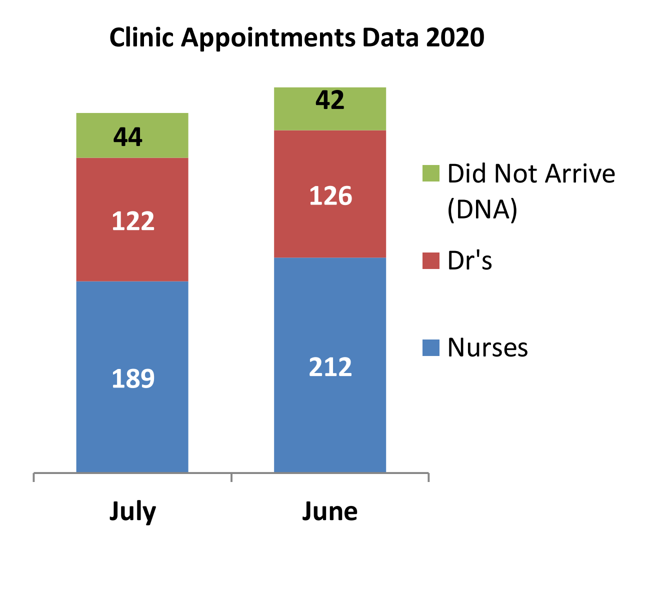
These figures include business as usual appointments along with the team's on-going COVID-19 response.

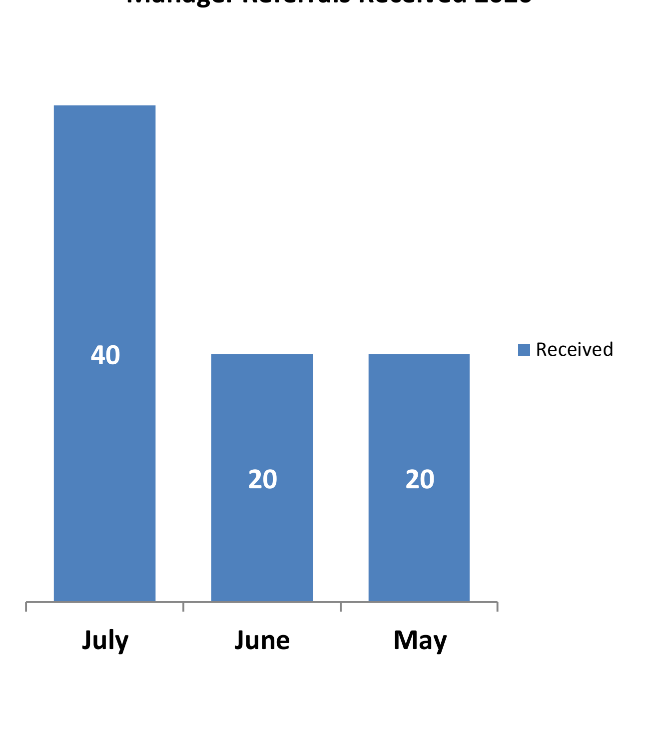
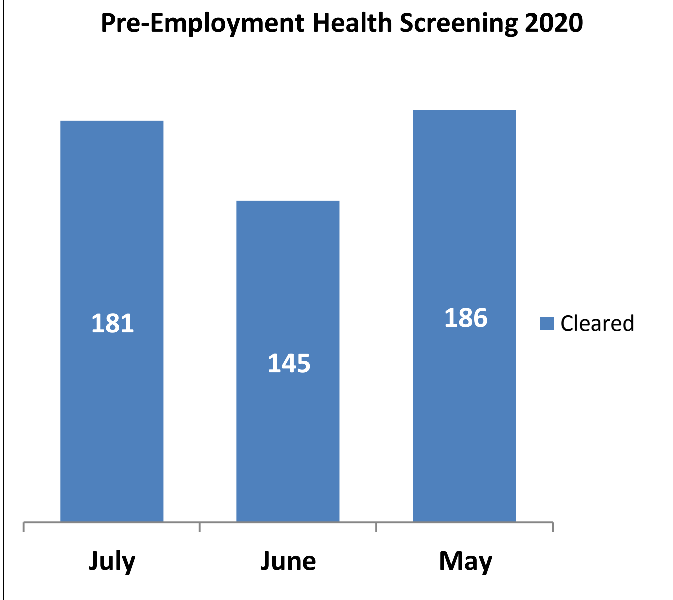
The Occ Health nurse team continue to receive a high number of calls relating to worker fitness to work with upper respiratory tract infections (URTI) and for advice regarding COVID-19 swabbing.

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 and influenza vaccinations.

There was 44 DNA's for July.



Manager Referrals: Manager referrals for July (40) is a significant increase since June and May (20), most likely attributed to worker numbers being lower prior to this timeframe. **Contact Tracing:** Contact tracing in June and July has been for infectious diseases other that COVID-19 The Occupational Health Nurse Advisor is currently liaising with WDHB, ADHB and ARPHS to utilise the MoH's National Contact Tracing System (NCTS). This is in an effort to establish a regional approach to supporting DHB's for CT work (COVID-19). The CM Health written process for CT is being updated to reflect the regional approach. The Occ Health team continues to provide feedback to ARPHS on the Standard Operating Procedure (SOP). The SOP dictated changes in the way Occ Health performed aspects of CT.	
Pre-employment Health Screening: Pre-employment Health Screening for July (181), has increased since June (145). This is as a result of New Graduate Nurses completing their Pre-employment for their September start date.	

Appendix

1. OH&S Risk Matrix

Appendix 1 - OHSS Risk Matrix

OHSS Consequence table (for reference)

Consequence	Safety / Health Staff, public
Insignificant	Work related injury requiring no intervention or treatment. No time off work required.
Minor	Minor work related injury or illness requiring minor intervention. May require time off work for <7 days.
Moderate	Moderate work related injury or illness requiring further intervention. Requiring time off work for >7 days.
Major	Death / Major work related injury or illness leading to long-term incapacity / disability. Admission to hospital for more than 24 hours
Fundamental/ Catastrophic	Incident leading to death of individual or several people with direct causation /negligence. Multiple permanent injuries or irreversible health effects. Potential for serious harm / death resulting from systemic issue.

OHSS Likelihood table (for reference)

Probability	Definition
Almost Certain	*(Certain – continuous) Will occur in most circumstances (Once a day or on the job all the time)*
Likely	*(Likely) Will occur in some circumstances (Once a week)*
Possible	*(Possible) Should occur at some time (Once a month < 6 Months)*
Unlikely	*(Unlikely) Could occur at some time (Once every 6 months < 2 Years)*
Rare	*(Rare – very rare) May occur in exceptional circumstances (2 years +)*

Information Paper
Counties Manukau District Health Board
Stress: How CM Health is Supporting Staff

Recommendation

It is recommended that Board:

Receive this deep dive information into staff stress and how the DHB is supporting its staff.

Prepared and submitted by: Jeremy Caird, Group Organisational Development Manager (Acting) and Beverley McClelland, Organisational Development Consultant on behalf of Elizabeth Jeffs, Director Human Resources

Glossary

ACC	Accident Compensation Commission
CCDM	Care Capacity Demand Management
DHB	District Health Board
DISAC	Disability Support Advisory Committee
EAP	Employee Assistance Programme (Counselling)
EC	Emergency Care
ELT	Executive Leadership Team
HR	Human Resources
HSR	Health and Safety Representative
HSWMS	Health and Safety and Wellbeing Management Systems
IMT	Incident Management Team
IRS	Incident Reporting System
KPI	Key Performance Indicator
MoH	Ministry of Health
NZEWS	New Zealand Early Warning Score
NZNC	New Zealand Nursing Council
OHP	Occupational Health Physician
OHSS	Occupational Health and Safety Service
OAVAAN	Older and Vulnerable Adults, Abuse and Neglect
PWCC	Patient and Whaanau Centred Care
SMO	Senior Medical Officer
SSHW	Safe Staffing Healthy Workplaces
SWOT	Strengths, Weaknesses, Opportunities, Threats
TB	Tuberculosis
VoE	Voice of Employee
WAAW	World Antibiotic Awareness Week
WBI	Well Being Index
WellNZ	Injury Management Third Party Administrator

Purpose

To provide the Counties Manukau District Health Board with a “deep dive” view of the wide range of activities, programmes, and initiatives implemented to reduce stress and improve the wellbeing of Counties Manukau Health Staff.

Executive Summary
'
Counties Manukau District Health Board, like all employers, finds itself with an unprecedented set of challenges when addressing employee stress and wellbeing. This paper is a deep dive view of our current context, initiatives and resources designed to support staff wellbeing. It highlights activities, programmes, training, and other work that aims to support and improve wellbeing of CM Health staff. It presents a SWOT analysis. And, lastly, it looks at the future direction of employee wellbeing at CM Health.

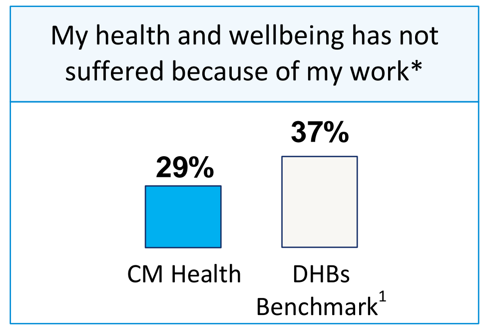
Employee Stress at CM Health – Context

Below we assess our current situation through the lens of two different surveys of staff, the support of senior management, and the onset of Covid 19.

1. **Staff Survey – Pre-Covid (November 2019)**
   In 2019, we conducted a Staff Survey to learn how our staff experience working at CM Health. One of the questions focused on wellbeing and the impact that work has on it. We asked our employees whether their health and wellbeing has suffered because of their work. 29% (1,219) of our employees indicated it had, 25% (1,043) were neutral, and 46% (1,944) said their health and wellbeing had not suffered because of their work.

   Compared to other DHBs[1] using the same survey, CM Health employees are much less negatively impacted (see table 1 below). In addition, we analysed the written feedback from employees. The most frequently sited areas of concern are inadequate staffing, acting by the values, and recognition and appreciation of staff.

   Table 1: Comparison of CM Health and Other DHB staff Perceptions of Impact of Work on Personal Health and Well Being



* 29% of CM Health employees disagree or strongly disagree

2. **Well Being Index for SMOs – Before and During Covid**
   The wellbeing of senior medical officers (SMOs) at CM Health was measured using the Well Being Index (WBI) in 2018 and again in 2020. The WBI is an app based tool offered through the Health Roundtable.

   In 2020, 29% of SMOs reported high levels of distress, compared to 55% of SMOs for the 2018 survey. In the Staff Survey, 41% of SMOs thought that their health and wellbeing suffered because of work. The improvement in SMO wellbeing seen in the 2020 WBI survey can be attributed to the way work was done differently during the lockdown period.

3. **COVID-19**

[1] Counties Manukau DHB, Auckland DHB, Hawkes Bay DHB, Mid Central DHB, Bay Of Plenty DHB, Hutt Valley DHB, Wairarapa DHB

The introduction of Covid 19 has increased stress for staff at CM Health. It has impacted peoples' mental wellbeing. People feel concerned about their families, their personal finances, their health, and their future. Some CM Health employees have faced tough circumstances such as family members losing their employment or becoming infected with Covid 19. The onset of Covid 19 has heightened the need for CM Health to support the wellbeing of employees.

4. Senior Management Commitment

There is appropriate senior level support for promoting and improving wellbeing at CM Health. The Director HR has prioritised wellbeing activities and initiatives. The CEO, in a recent email to all staff following the first Covid period, wrote: *"I like to think that this is also an opportunity to reflect back on what we should NOT accept as normal anymore … staff stress and burnout are among these things that we should reframe as unacceptable and work hard to reduce and prevent. This is something I want to address as part of our strategic planning towards 2025."*

Key Achievements Since March 2020

With the onset of Covid 19 in March we ramped up and/or introduced new initiatives to support our employees and mitigate against the additional stress that came with the pandemic.

- **Team Wellbeing Check-In**
  These were introduced after the first Covid 19 period. Any CM Health team can access a trained facilitator to undertake a debrief for their team. Before the unwelcome resurgence of Covid in August, we had completed 11 sessions with 12 more pending. This approach is also being used for Burns teams who supported patients from Whakaari; and for a group of employees whose colleague passed unexpectedly.
- **Team Based Psychological Support**
  This programme was initiated during the first round of Covid 19. A psychological liaison clinician was allocated to each CM Health department/directorate to help develop team based psychological support. This project was initiated and led by the Department of Psychological Medicine. Examples of programme activities:
  - Regular meetings with Palliative Care
  - ICU psychologists - ICU team wellbeing support
  - Burns psychologist - Team Wellbeing Check-ins and regular wellbeing information post Whakaari
  - One wellbeing team check-in was provided prior to the commencement of the EAP facilitated groups (OCC health funded)
  - Psychological Liaison Clinician continues to liaise and co-ordinate with OCC health, HR/OD and others, to explore ongoing wellbeing requirements
  - Stress First Aide - 4 clinicians from psychological medicine are looking at the resources at the moment
  - Discussion with interested doctors about supervision and models of peer support
  - Exploring the overlap between the Fundamentals of Care model and nursing staff wellbeing in the delivery of patient care
  - Links with leads of cleaning, orderlies, healthcare assistants, and security
  - EC have internal supports in place and if requested, further support will be available
  - Liaison with Mental Health information/librarian about the wellbeing resources
  - Contribution in form of Tips and Tricks presentations - MHAW 2020 – September topic will be: "*Gratitude – more than just a platitude… a simple way to wellbeing"*
  - Support for charge nurses around difficulty of applying visiting rules/encouraging connections
- **Schwartz Rounds**
  Commences Feb-Mar 2021. Designed to include clinicians across professions, as well as relevant non-clinical staff, Schwartz Rounds are a forum for a structured discussion about the social and emotional experiences of caregiving.

- **Pro bono coaching**
  Offered in partnership with the International Coaching Federation. This was offered in support of managers working on the front line during the first Covid period. There are 28 managers participating in this.
- **Wellbeing Steering Group**
  Immediately following the first Covid 19 period a steering group made up of senior clinical and support staff was formed. The purpose of this group is to provide thought leadership on wellbeing, and to ensure CM Health's wellbeing initiatives are 'joined up' and coordinated.
- **COVID-19 Wellbeing & Support for Employees and Managers – Paanui content**
  A dedicated COVID-19 Wellbeing & Support for Employees and Managers page has been created on Paanui for all staff to access. This page is designed to give employees information on both helping themselves and their whaanau, as well as provide Managers with resources to help support their teams.

COVID -19 Wellbeing & Support for Employees and Managers

This page is designed to give employees information on both helping yourself and your whaanau during these challenging times, as well as to provide Managers with resources to help you support your teams. The content and information will be regularly updated and added to. If you have any questions please click here.

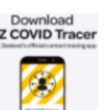
Click here for:

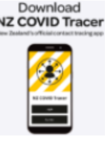
National Alert Level 2 Guidelines - *New*

CM Health Managers Guide - Alert Level 2 - *New*

CM Health Employee Guide - Alert Level 2 - *New*

(Updated Monday the 31st of August)

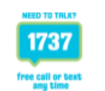




Help for Employees

If you want to access counselling, you can contact EAP directly. With new physical distancing requirements in place, EAP is offering whatever phone or Zoom appointments staff would like to arrange. You can call EAP on **0800 735 343 , or 0800 SELFHELP**, or book online at **www.eapworks.co.nz**.

You can also contact **Need to Talk - 1737** for counselling service. **1737** is run as part of the National Telehealth Service. They can help direct you to a relevant support service. Dial **1737** or click here for more information.



Wellbeing Support For Frontline Healthcare Workers

As COVID19 continues to pose uncertainty, support becomes more important to ensure that the wellbeing of our frontline staff is looked after. This initiative, is funded by the Ministry of Health and delivered by HealthCareNz as part of MoH response package, specifically to support frontline health workers impacted by COVID19. It is a supplement to EAP or other employee assistance programmes, where frontline health workers can access up to **5 sessions for free** via telehealth platforms (phone and videoconference). The clinicians delivering this service are from the Explore team, with skills and experience in brief therapy interventions. For more information see Wellbeing Support - Frontline Workers or call 0800 820 080 to book an appointment.

This service is included in the list of support services on the Ministry of Health - Mental Health & Wellbeing Resources.

Team Wellbeing Check-ins *Update*

The scheduled Team Wellbeing Check-ins are on hold due to **Alert Level 3**. We will reschedule them as soon as it is practicablel to do so.

You can find more information about the Team Wellbeing Check-ins **here**.

Employment Disability Support Services

CM Health's **Employment Disability Support Services (EDSS)** provides on-going support for our workforce in these areas:

- A safe place for employees to have confidential discussions relating to their disability.
- To provide employees and managers with accurate up-to-date information, resources and advice e.g. legislation, policy, practical ideas etc.
- Provide opportunities of support and wellbeing for employees with disabilities.
- Provides general advice and support to ensure the work environment is more accessible and a positive experience.

Contact Employment Disability Support Services (EDSS) with your request via email: edss@middlemore.co.nz

ask HR
Can't find what you need? Click here to contact askHR.
What other information or support would you like to see? Let us know here.

Wellbeing
Wellbeing Support for Frontline Healthcare Workers
COVID-19 Mental Health & Addiction Resources
Things you can do in 30 secs to feel calmer - Poster
The Big Five - Poster
Keeping safe at home and at work

Useful Information
COVID-19 Rules for Alert L2 - Poster *New*
Employee Guide - Alert Level 2 *New*
Guidance - COVID-19 Movement Between Workplaces
FAQ's Movement Between Workplaces - COVID-19
COVID-19 - Alert L2 Employee FAQ's 13th Aug 2020 *New*
Grocery Delivery - Student Volunteer Army
Employees - Self Identifying Underlying Health Issues
Advice for employees if unwell or returning from overseas
Ministry of Social Development - Information - various
Financial Support - COVID-19

Support
EAPworks or call (0800 735 343) anytime
Need to Talk - Counselling or call/text 1737 anytime
Food & Other Emergency Support Services *New*
Asian Counselling Service - Free
Chaplaincy Services
Healthline - useful link for health advice & information
Occupational Health - key contact numbers

- **COVID-19 - Mental Health & Addiction Resources – Paanui content**
  Resources included range from websites with general advice on maintaining wellbeing, to clinical resources which can be used with tangata whaiora and their whaanau. This site is run by CM Health's Mental Health department.

COVID-19 - Mental Health & Addiction Resources

Updated 27 Aug 2020

This website brings together resources identified by Mental Health and Addictions and Department of Psychological Medicine for supporting the mental health of tangata whaiora (people seeking wellness), their whaanau, staff and community members during COVI

We will continue to edit and add new resources as they become available. Please email any contributions, feedback or suggestions to Healthinfo@middlemore.co.nz.

Key Contacts	
Emergency Services - *If you feel you or someone else is at immediate risk of harm*	111
CM Health Mental Health Services - *Existing tangata whaiora who feel that they are in crisis, or their whaanau*	(09) 261 3700 / 0800 775 222 (after hours)
Mental Health Foundation - *Anyone in CM community concerned about their own or someone else's mental wellbeing*	In crisis?
Kidz First Child Protection - *Consultation, support, information and co-ordination to CMH staff who are concerned about children for whom abuse or care or protection is an issue*	021 569 546
Alcohol Drug Helpline - *Advice and guidance on managing drug use or on coping with the impact of other people's alcohol or drug use*	0800 787 797
Oranga Tamariki - *Call anytime for advice if you are concerned about specific risks.*	0508 FAMILY
Family Violence and Sexual Violence Prevention - *Advice and services available*	Unite against COVID-19
Food Parcels and Emergency Supplies - *Services operating under Level 3*	Food and Other Emergency Support Services

Mental Wellbeing - for All

Name	Author
Getting Through Together	All Right [Canterbury District Health Board] & Mental Health Foundation
Looking after mental health and wellbeing during COVID-19	Mental Health Foundation
COVID-19 - Taking care of your mental wellbeing	Ministry of Health
COVID-19 apps [Mental health and wellbeing apps supported by the Ministry of Health]	Health Navigator
Calm our community [South Auckland Facebook group]	Arizona Leger and others
The useful psychologist [Short video tips for maintaining wellbeing during COVID-19]	Dr Sarb Johal

Mental Wellbeing - for Children, Parents & Whaanau

Mental Wellbeing - through Clinical Practice

Mental Wellbeing - for our Workforce

Mental Wellbeing - for Specific Mental Health Concerns

Community Services

Staying Safe

How CM Health is Supporting Staff

Notwithstanding the wellbeing activity initiated since Covid hit in March, CM Health was already undertaking a wide range of activities and initiatives to reduce stress and improve wellbeing. Specifically, our initiatives aim to decrease feelings of stress and isolation, and promote more openness to giving and receiving support.

Below we identify these activities and initiatives under six different focus areas. These focus areas have previously been used by CM Health and other DHBs when categorising wellbeing related work.

1. Mental Health Wellbeing

- **Employee Assistance Programme**
  This service offers an independent confidential counseling service. Up to three free sessions are available for each staff member each year. Additional sessions can be arranged through the Group OHSS Manager if requested by the staff member or their manager. The counsellor is also onsite one day each week.
- **Mental Health 101**
  A full day face-to-face course and virtual webinar designed to give an overview of mental health issues that can impact staff at work and how to address them, co-facilitated by someone with relevant lived experience.

- **Addictions 101**
  A full day face-to-face course and virtual webinar designed to give an overview of addiction issues that can impact staff at work and how to address them, co-facilitated by someone with relevant lived experience.
- **Mental Health Awareness Week 2020 – Reimagine Wellbeing Together**
  Workshop initiatives, fun activities and information sharing to inform on wellbeing. Content being developed with input from Mental Health services, peer support teams, and the Department of Psychological Medicine.
- **Staff Survey**
  Our staff survey is our largest formalised channel for employee communication and feedback. It provides us with realistic, warts-and-all, feedback on how staff experience working at CM Health.
- **Action Planning**
  Action Planning is the process following the staff survey. It involves employees directly in identifying ideas and practical solutions to improve their experience of working at CM Health.
- **Need to Talk – 1737**
  A counselling service run as part of the National Telehealth Service.
- **Wellbeing service - For frontline healthcare professionals**
  A new counselling service funded by the Ministry of Health and delivered by HealthCareNZ, as part of MoH response package, specifically to support frontline health workers impacted by COVID19.
- **Chaplain Services**
  The Chaplains provide spiritual, emotional and social support
- **Code Orange (EC)**
  Response process for aggressive behavior towards staff in EC
- **R U OK**
  This short workshop is run on demand. It helps colleagues start a conversation with a workmate when they are concerned about their wellbeing.
- **Psychology Week**
  Workshops and information sharing to inform on wellbeing
- **Incident Reporting**
  Via the RiskPro reporting system

2. Health[2] and Exercise

- **Flu Campaign/Flu Vaccinations**
  Free staff influenza immunisations. The campaign is run from approximately March onwards each year.
- **Living Smoke Free Service**
  The Living Smoke-Free Service works in partnership with local providers and Quitline, to ensure free, locally relevant and culturally appropriate support is offered
- **Staff Wellbeing Hub**
  On Paanui (Internal Wellness Initiatives , External Wellbeing Initiatives)
- **Round The Bays**
  Staff are encouraged to Join the CM Health team and participate in a fun filled event held every year.
- **Shuttle Bus**
  Less driving, a more relaxing journey to work, cost saving for staff members.
- **Healthy Food options, Vending Machines**
  CM Health have brought in a wider range of healthy food options for staff and visitors

[2] This paper does not list all of the occupational health and safety related activities that CM Health is undertaking, and which contribute towards employee wellbeing.

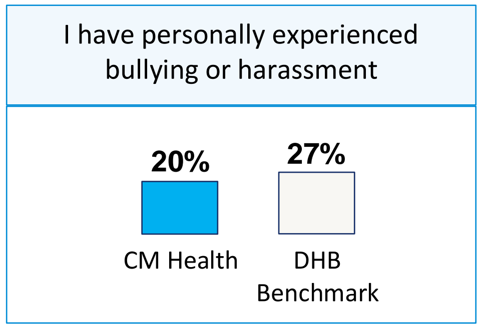
- **Workplace wellness for doctors**
  A new role, SMO Wellbeing Advisor, was established in early 2020, reporting to the Director of HR and the CMO. This senior staff member is responsible for running the Wellbeing Index survey, discussing results with SMOs, and advising strategies for managing burnout and stress.
- **Senior Medical Officers Wellbeing**
  A Senior Medical Officer's (SMO's) wellbeing portal has been established on Paanui providing access to useful resources for senior medical staff.
- **The Health Roundtable Wellbeing Index** – for physicians
  This was launched in early 2020. As well as surveying SMO levels of distress (through 9 questions), it also gathers feedback to improve their wellbeing and directs them to resources based on their responses to the index questions.
- **The Health Roundtable Wellbeing Index** – for nursing and HCA staff
  This will be launched during October for CMH's 4,000+ nursing and HCA staff.
- **Referrals and Clinics**
  OHSS referrals and onsite clinics with specialist Occupational Health Physicians and Nurses
- **Work Perks**
  Multiple gym and other assorted discounts:

Home About Contacts FAQs Categories

3. Safe[2] Workplace

- **Speak Up Programme**
  Speak up is a programme to help staff who experience or witness poor or inappropriate behaviour, to safely raise the issue. Such behaviour could include bullying, harassment, or discrimination. We are refreshing and expanding this programme in part due to the staff survey feedback around bullying and harassment (see Table 3 below). We will re-launch before Christmas 2020.

Table 3: Comparison of CM Health and Other DHB staff personal experience of bullying and harassment



* 20% of CM Health employees disagree or strongly disagree

- **Pink Shirt Day**
  Informative and fun activities to promote Pink Shirt Day which aims to create a workplace where all people feel safe, valued and respected.
- **CCDM / Safe Staffing Healthy Workforce Initiative**
  The Safe Staffing Healthy Workplaces Unit (SSHW) in partnership with DHBs and health unions, developed the Care Capacity Demand Management (CCDM) tool, to help match patients' need for care with the right staffing.
- **Health monitoring**
  Including audiology, asbestos, TB, and immunity.
- **Fatigue Presentation**
  Risk management plan and Fatigue advice available under Occupational Health on Paanui.
- **In-House Guidance**
  Support and guidance from the Occupational Health and Safety team and Injury Management team

4. Work/Life Benefits

- **Childcare facilities**
  Tree House crèche located onsite at MMH.
- **Workplace flexibility**
  CM Health regularly agrees to employees' requests for flexible work arrangements.
- **Disability Support for Staff**
  CM Health's Employment Disability Support Services provides on-going support for employees to have confidential discussions relating to their disability. It provides employees and managers with accurate up-to-date information, resources and a positive experience. And, it provides general advice and support to ensure the work environment is more accessible.

5. Leadership

- **Leadership Development - Coaching and Mentoring Programme**
  Individual and peer coaching and mentoring offered through different programmes.

- **Leadership Development Curriculum**
  We are refreshing CM Health's leadership development programme in support of the delivery of Counties Manukau Health's Healthy Together 2025 strategic refresh. It will explicitly include wellbeing.
- **Bite-sized Training**
  Implementation in September 2020. Short, 90 minute training modules on important relational and interpersonal skills, e.g. 'Conversations that Matter' and giving and receiving feedback.
- **Bite-sized Team Effectiveness Workshops**
  Implementation in October 2020. Short, 2 hour facilitated team workshops, e.g., Vision & Purpose, Ways of Working, Psychological Safety.
- **Raahiri**
  Welcome programme for new staff, which includes 'how we live our values'.
- **Local Hero Awards**
  Monthly and annual recognition of individuals and teams that go 'above and beyond' in their service to other staff members, our patients, and their whaanau; and, who have been exceptional in demonstrating our values of excellent, kind, together and valuing everyone.

6. Information & Communication

- **Wellbeing Guide**
  A collection of wellbeing cards which provide self-care tools, strategies, and resources.
- **COVID-19 Wellbeing & Support for Employees and Managers**
  A dedicated COVID-19 Wellbeing & Support for Employees and Managers page has been created on Paanui for all staff to access. This page is designed to give employees information on both helping themselves and their whaanau, as well as provide Managers with resources to help support their teams. https://cmhealth.hanz.health.nz/myHR/Pages/COVID-19%20Wellbeing%20and%20Support%20for%20Employees%20and%20Managers.aspx
- **COVID-19 - Mental Health & Addiction Resources**
  Resources available range from websites with general advice on maintaining wellbeing, to clinical resources which can be used with tangata whaiora and their whaanau. This site is run by CM Health's Mental Health department.
  https://cmhealth.hanz.health.nz/Mental%20Health/COVID-19/Pages/default.aspx
- **Communications Channels**
  Daily Dose, Connect, Paanui, CEO Staff Forum, CEO Emails, social media (Twitter, Instagram, Facebook)

SWOT Analysis

The SWOT analysis below helps summarise where we are now regarding staff wellbeing at CM Health (our current state), and where we might go in the future (our future state).

Strengths What do we do well? What unique resources can we draw on? What do others see as our strengths	**Weaknesses** What could we improve? What are others likely to see as our weakness?
• Qualified and capable internal staff and access to external resources as required. • We have numerous and relevant wellbeing initiatives. • A bias to action; e.g. as evidenced by our response to new wellbeing needs emerging during the first Covid outbreak. • Senior management commitment to wellbeing (CEO and DHR). • Collaborative working and relationships with other DHBs.	• Voice of employee (VoE) – we would benefit from hearing more from our employees about what would support their wellbeing. • Legacy of not always being joined-up and coordinated. • Some staff do not have access to Paanui which makes internal communications harder.
Opportunities What opportunities are open to us? What trends could we take advantage of? How can we turn our strengths into opportunities?	**Threats** What threats could harm us What trends could we take advantage of? How can we turn our threats into opportunities?
• Build on the positive aspects of our culture, i.e. values, teamwork, and professionalism – as evidenced by the staff survey. • Codesign solutions for problems identified by staff – via the staff survey Action Planning process. • Become more joined up in our wellbeing strategies and initiatives. • Increase support for employees with disabilities. • Initiate a Wellbeing Steering Group with representatives from different professions and departments. • Ramp up anti-bullying initiatives.	• The perception of ongoing resource constraints, along with actual resource constraints. • Impact of Covid 19 on workloads and mindsets. • Ongoing resurgence and clusters of Covid patients.

The Future

Considering the broad direction of our wellbeing based work at CM Health, and given our current context, initiatives, and opportunities, we see the future direction of wellbeing at CM Health as having the following features:

- Overall, an increased level of **management and executive attention** to employee wellbeing.
- Ongoing management and executive attention to **stress and burnout**.
- Consideration and implementation of **more wellbeing initiatives** – see details below
- Increased awareness of wellbeing through more **focused internal communications**.
- **Better coordination** of wellbeing initiatives (more joined up) via the Wellbeing Steering Group.

The Next 3-6 Months

Specifically, in the next few months we are focusing on the following activities or initiatives

- Wellbeing index implementation for nurses and HCAs.
- Wellbeing index implementation for ELT and SLT.
- Implementation of Schwartz Rounds in Q1 2021.
- Refresh and re-launch of the 'Speak Up' programme.
- Re-introduction of management development/training, with new wellbeing content for managers and leaders.

Information Paper
Counties Manukau District Health Board
Asian Workforce Analysis

Recommendation

It is recommended that the Board:

Receive the Asian workforce analysis as at 31 July 2020.

Note this paper was endorsed by the Executive Leadership Team on 8 September to go forward to the Board.

Prepared and submitted by: Elizabeth Jeffs, Director Human Resources

Purpose

The Board requested a review of the CM Health Asian workforce analysis.

This report gives a snapshot and provides information on the general make up and characteristics of the DHB workforce by Ethnicity.

The second part of the report provides a historic trend of characteristics of employees. The format of the report is to provide tables and graphs aligned to the seven occupational groupings. These groupings are:

- Senior Medical Officer (SMO)
- Resident Medical Officer (RMO)
- Nursing
- Midwifery
- Allied & scientific (the amalgamation of Allied Health and Technical and Scientific)
- Care and support
- Corporate and other

Further breakdown of the Asian workforce into seven ethnic groups was also included in this report to illustrate the distribution of Asian workforce across occupational groups, divisions and subdivisions. These ethnic groups are: Indian, Chinese, Filipino, Korean, Cambodian, Vietnamese and Others.

Further analysis can be undertaken on occupational groupings, population and patient demographics.

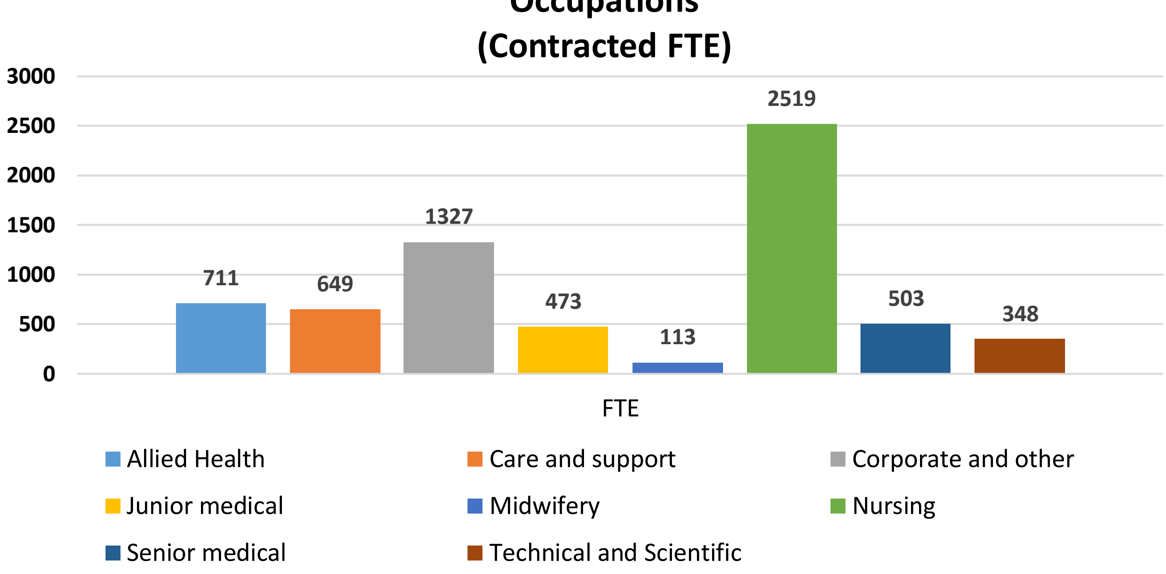
Data Extraction

Data used in this report is sourced from:
- CMDHB Payroll system
- CMDHB Finance system
- Health workforce information programme submissions

Headcount and FTE by Occupational Group

This chart shows the number of employees who are classed as either Employees (contracted hours zero and greater than zero) or 'Other' (all others including those on maternity / parental leave, and those who have not been reported with an employment status code). The table below the chart gives the actual Headcount of employees.

Graph 1: FTE by Occupational Group



Graph 2: Headcount by Occupational Group

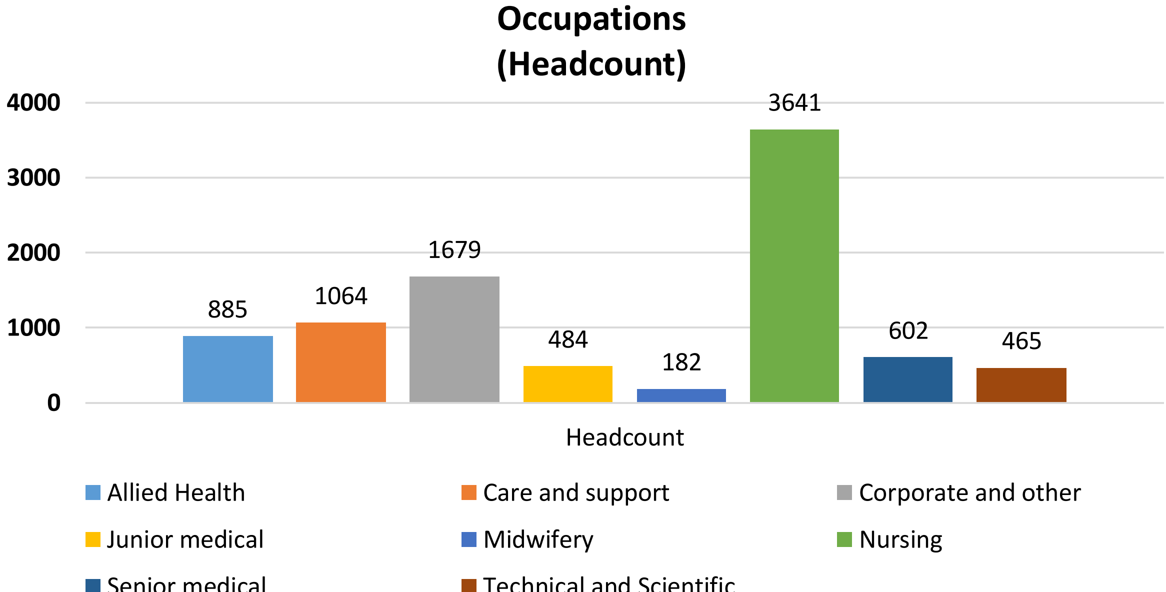
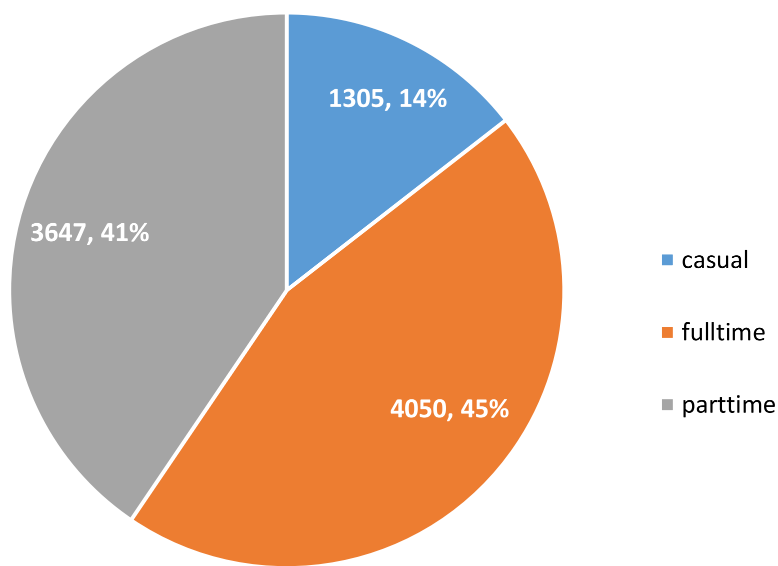


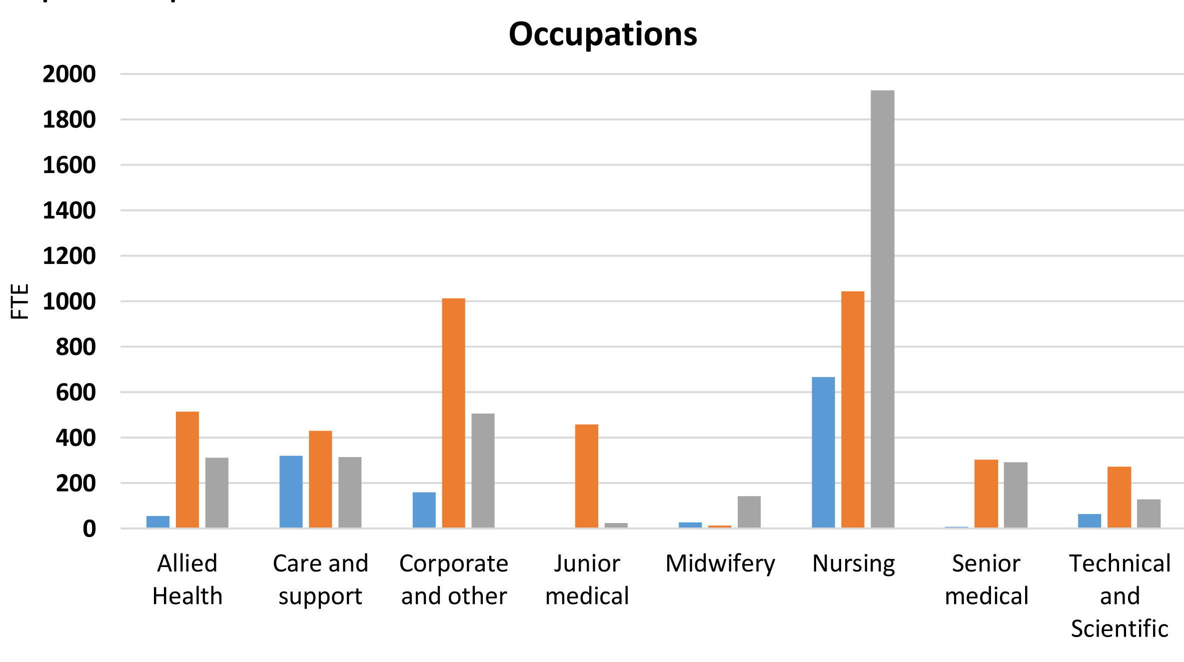
Table 1: Summary Data Headcount and FTE

	Headcount	FTE	Mean FTE
Allied Health	885	711	0.80
Care and support	1064	649	0.61
Corporate and other	1679	1327	0.79
Junior medical	484	473	0.98
Midwifery	182	113	0.62
Nursing	3641	2519	0.69
Senior medical	602	503	0.84
Technical and Scientific	465	348	0.75
Grand Total	**9002**	**6643**	**0.74**

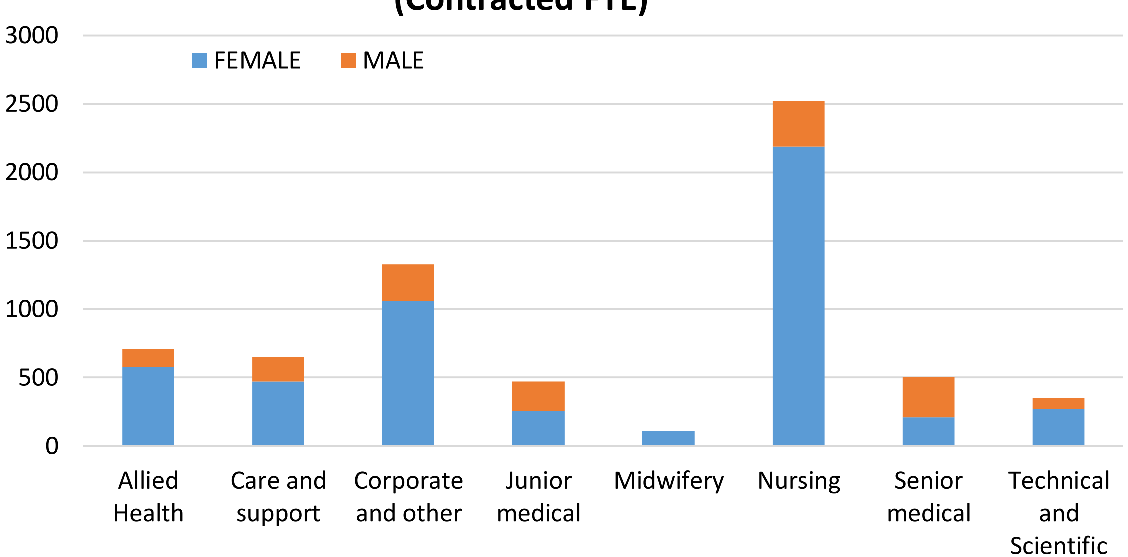
Graph 3: Fulltime, Part-time and Casual Workforce



Graph 4: Occupations



Graph 5: Gender Balance of Workforce



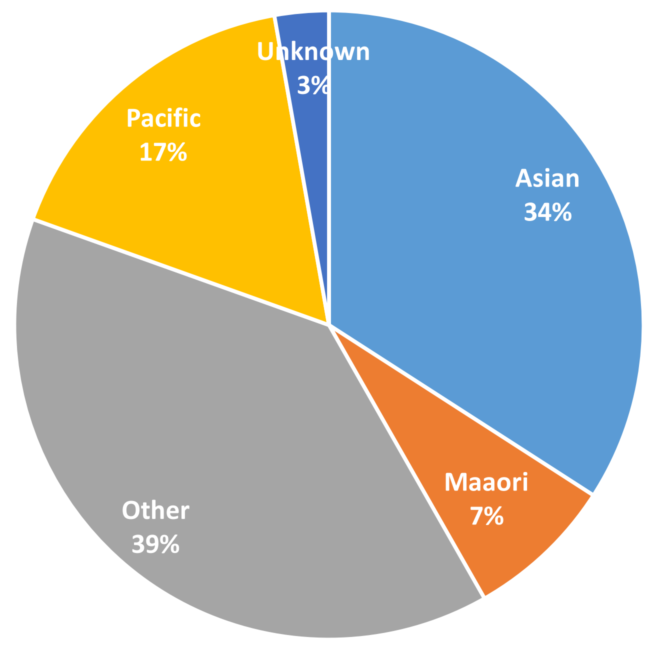
Distribution of Employees by Ethnicity

The following chart shows the proportion of ethnicities and their percentage in the total workforce. There are about 265 employee population 'unknown' ethnicity.

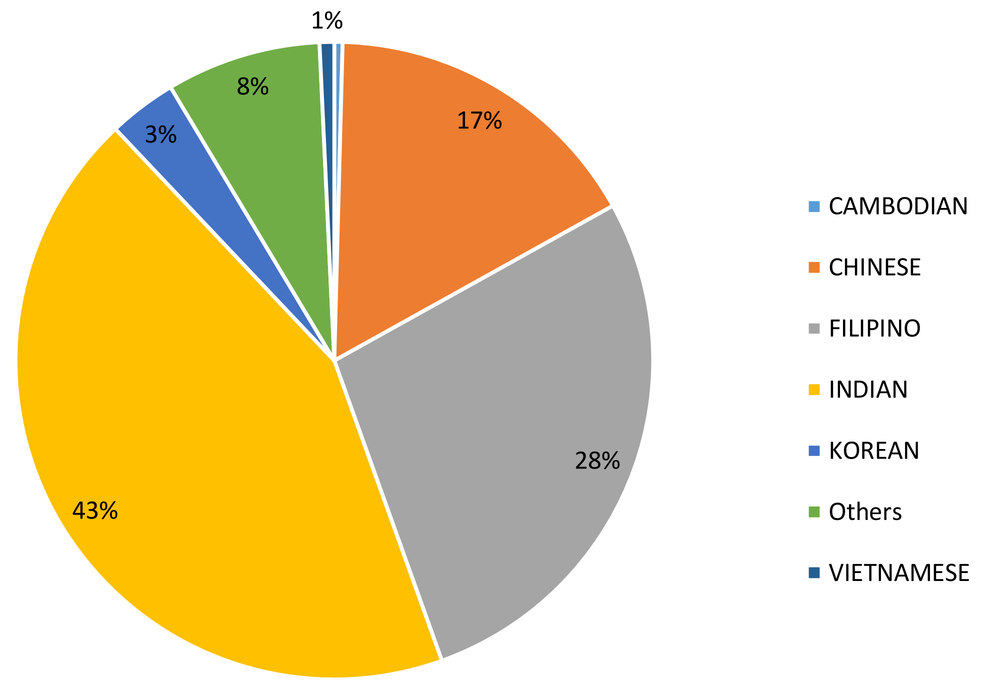
Actual number of people by each ethnicity and the percentage of workforce is detailed in the table further below.

Graph 6: Workforce Ethnicity

Workforce Ethnicity



Graph 7: Breakdown of 34% Asian Workforce Ethnicity



Graph 8: Ethnicity by Occupation (Headcount)

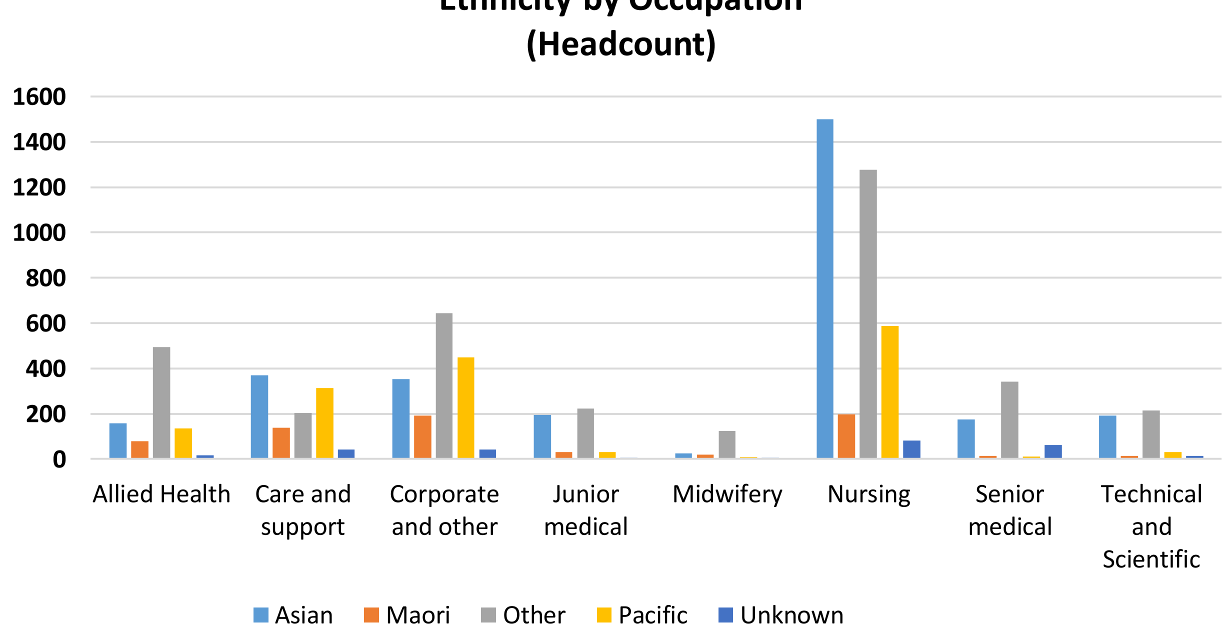


Table 2: Workforce FTE by Occupational Group and Ethnicity

	Asian	Maori	Other	Pacific	Unknown	Grand Total
Allied Health	133.6	72.0	373.2	118.9	13.7	711.5
Care and support	239.5	90.8	104.4	194.5	20.2	649.3
Corporate and other	268.2	155.9	534.6	338.7	29.9	1327.2
Junior medical	190.8	29.0	216.4	31.5	5.0	472.6
Midwifery	18.8	12.4	72.8	5.4	3.2	112.6
Nursing	1115.5	126.2	835.8	387.2	54.1	2518.8
Senior medical	148.8	13.8	282.1	10.0	48.7	503.4
Technical and Scientific	150.6	9.0	151.6	26.6	10.1	347.9
Grand Total	**2265.7**	**509.1**	**2570.8**	**1112.8**	**184.8**	**6643.2**
% of total Workforce	34%	8%	39%	17%	3%	

While there were only 5% differences between Other and Asian overall workforce; there were significant differences within individual occupation group.

E.g. Allied Health - the FTE of Asian staff (133.6FTE) is less than half of Other staff (373.2FTE).
E.g. Midwifery - the FTE of Asian staff (18.8FTE) is only about 1/4 of Other staff (72.8FTE).

Table 3: Asian Workforce FTE by Occupational Group

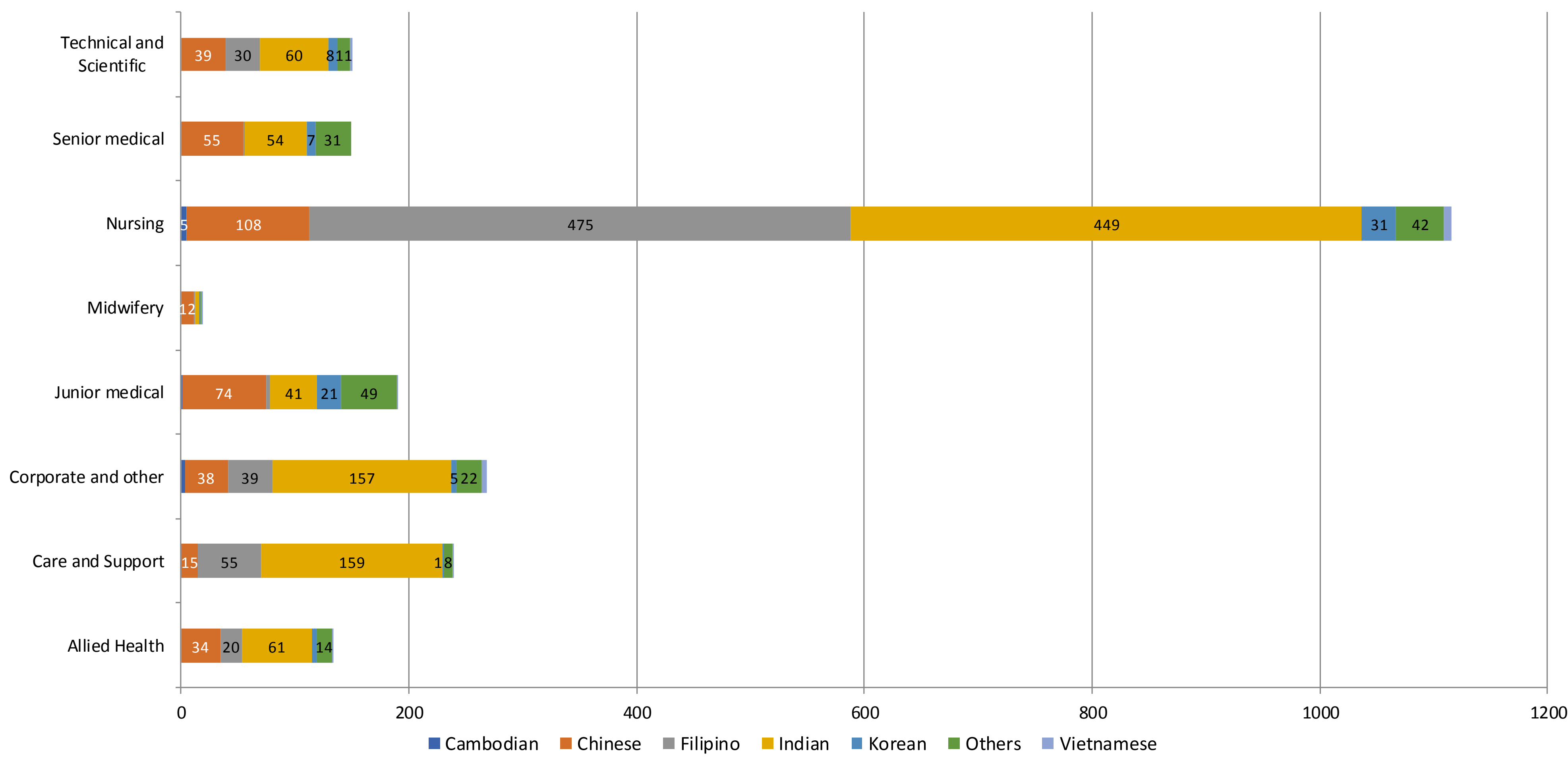
	Allied Health	Care and Support	Corporate and other	Junior medical	Midwifery	Nursing	Senior medical	Technical and Scientific	Grand Total
Cambodian	0	1	3	1		5			9
Chinese	34	15	38	74	12	108	55	39	374
Filipino	20	55	39	4	1	475	1	30	625
Indian	61	159	157	41	4	449	54	60	984
Korean	4	1	5	21	1	31	7	8	78
Others	14	8	22	49	1	42	31	11	178
Vietnamese	1	2	4	1	1	7		2	17
Grand Total	**134**	**239**	**268**	**191**	**19**	**1116**	**149**	**151**	**2266**

Further breakdown of the Asian workforce, illustrated there were differences across Asian subgroup distributions within individual occupation group.

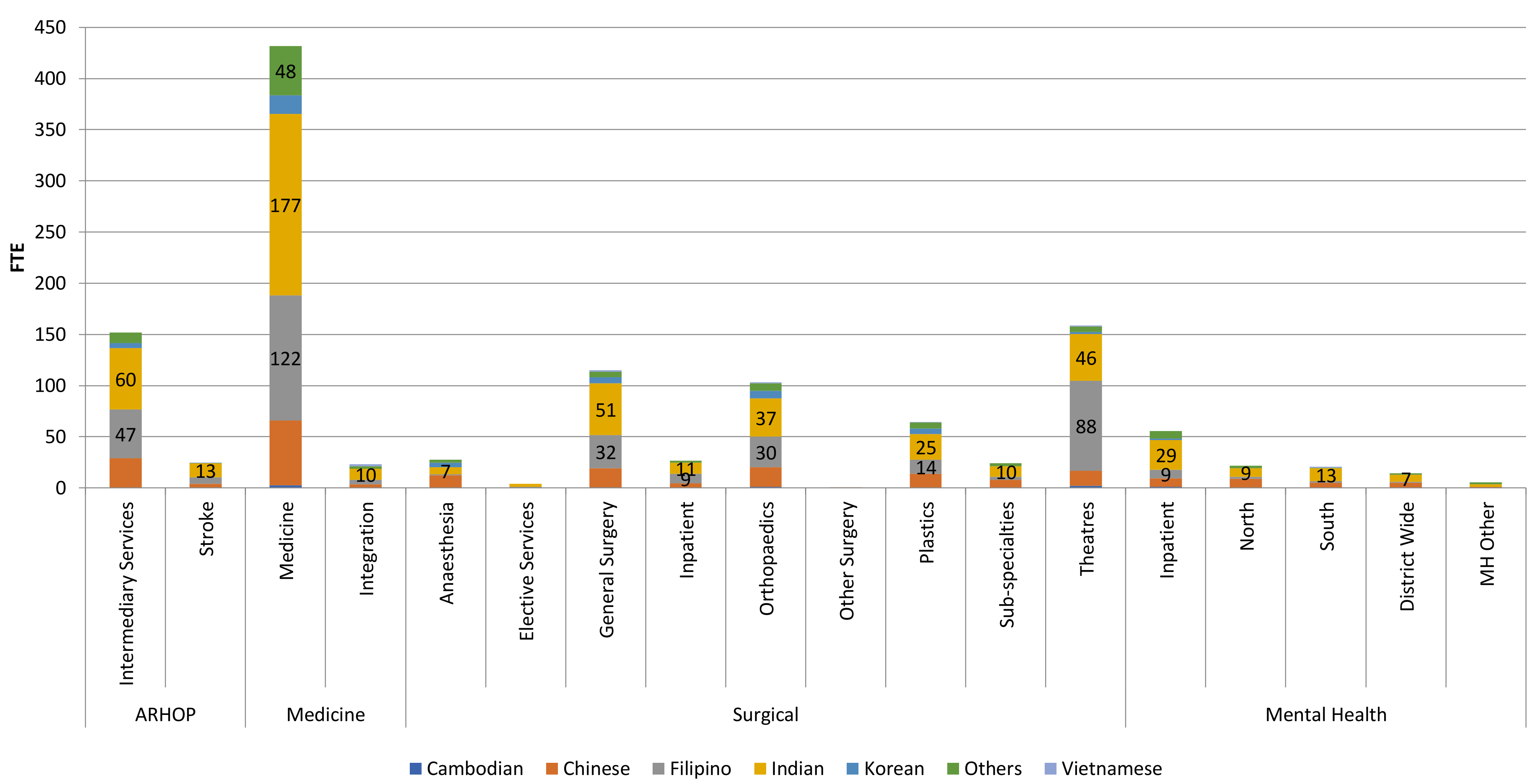
E.g. Allied Health – About ½ of the Indian FTE staff is Chinese (34), 1/3 of the Indian staff is Filipino (20) and 1/15 of the Indian staff is Korean (4).

E.g. Care & Support – 66.5% of the care & support staff were identified themselves as Indian; while 23% were Filipino and only 6.3% were Chinese.
E.g. Midwifery – 63.2% of the midwifery staff were identified themselves as Chinese; while 21.1% were Indian and 5% for each other ethnicity.
E.g. Nursing – 42.6% of the nursing staff were identified themselves as Filipino; followed by 40% Indian and 9.7% Chinese.

Graph 9: Asian Workforce FTE by Occupational Group

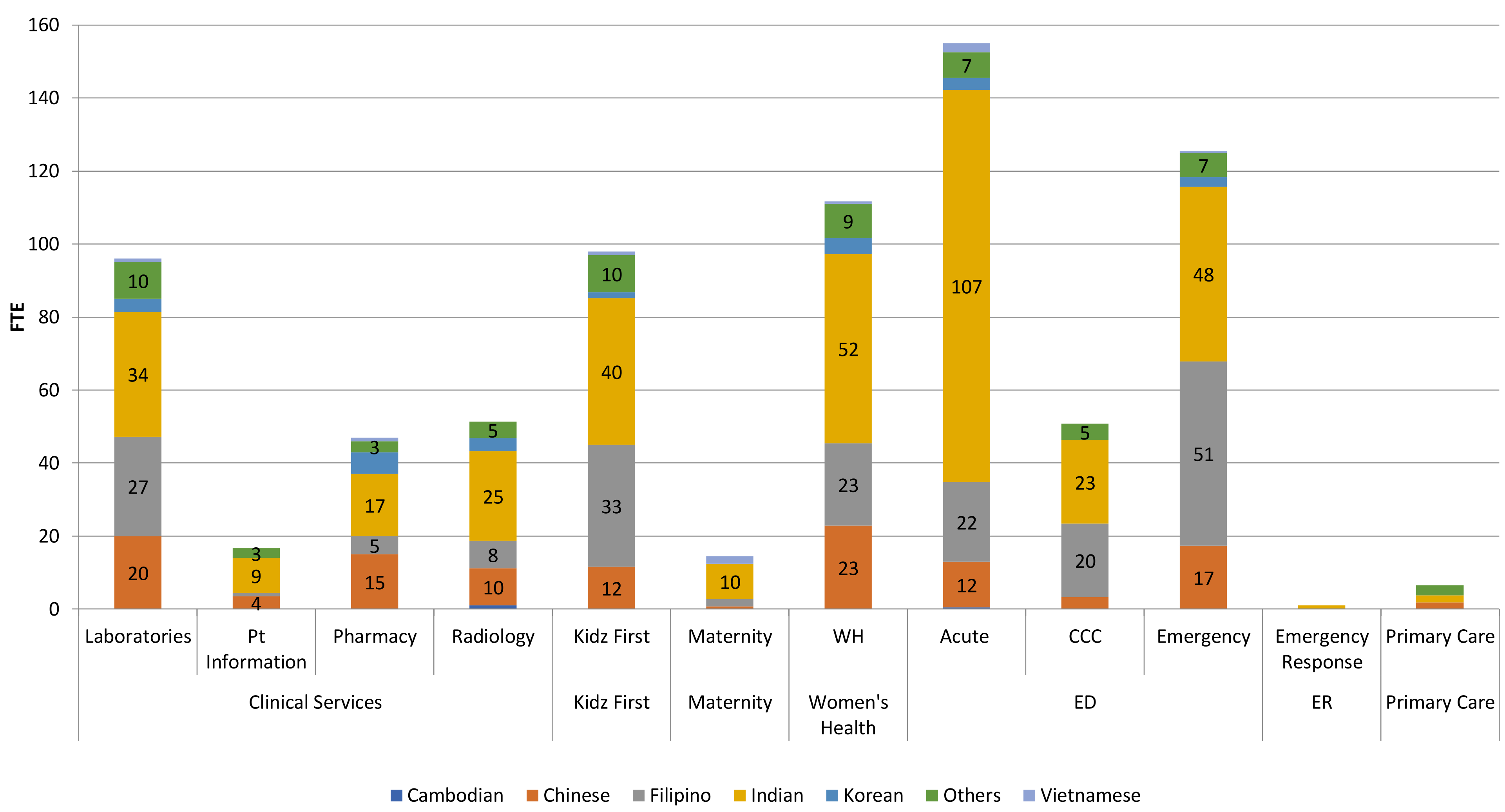


Graph 10a: Asian Ethnicity by Division and Subdivision



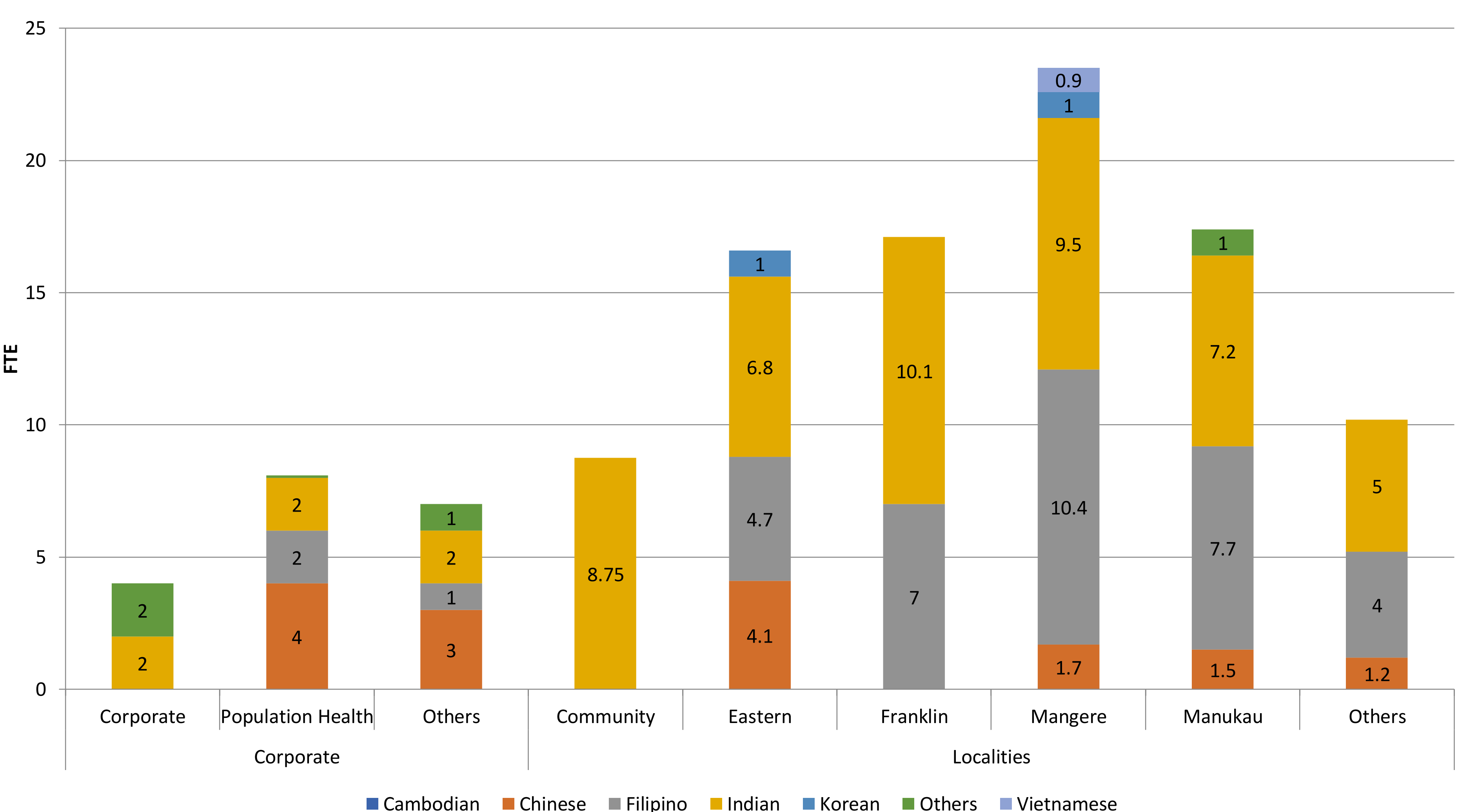
Differences across Asian subgroup distributions also occur in divisions and subdivisions. e.g. Significantly more Filipino staff work in ARHOP, Medicine and Surgical than in Mental Health.

Graph 10b: Asian Ethnicity by Division and Subdivision



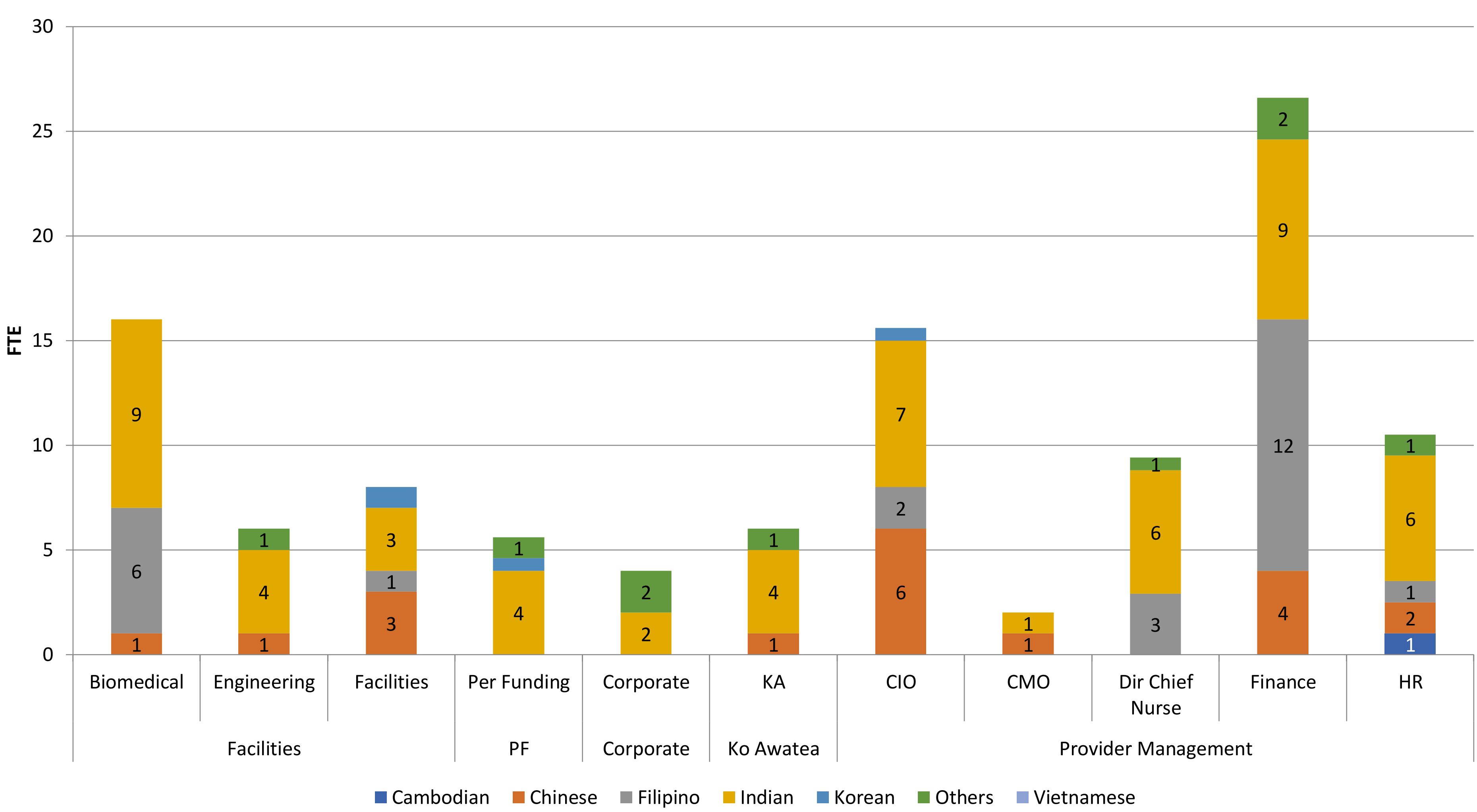
Graph 10b shows Radiology and Acute Service were the only two subdivisions that have Cambodian staff. A small number of Vietnamese staff also work in Laboratories, Pharmacy, Kidz First, Maternity, Women's Health and Acute Service.

Graph 10c: Asian Ethnicity by Division and Subdivision



Graph 10c shows significantly less Asian staff working in the Corporate division; while the majority of Asian staff working in Localities are Indian and Filipino.

Graph 10d: Asian Ethnicity by Division and Subdivision



Graph 10d shows less Asian staff working in the non-clinical divisions. Majority of the subdivisions have Chinese and Filipino staff, except Per Funding and Corporate subdivisions.

Graph 11: Fulltime, Part-time and Casual Asian Workforce

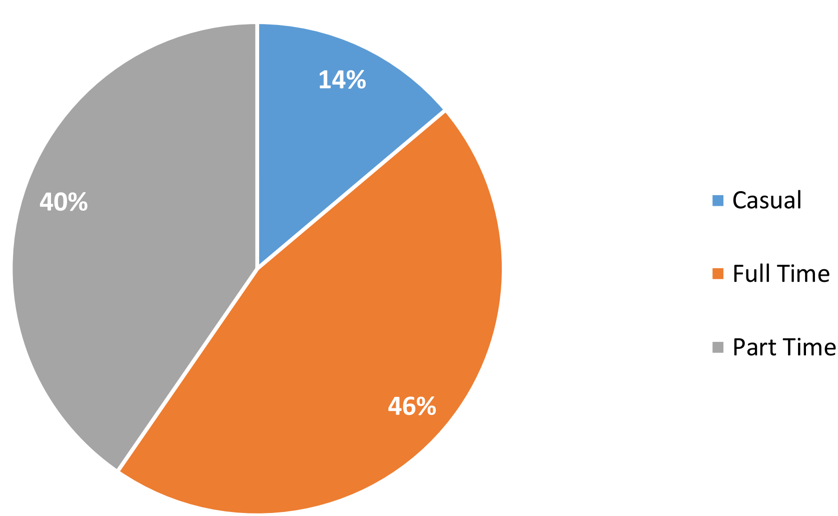
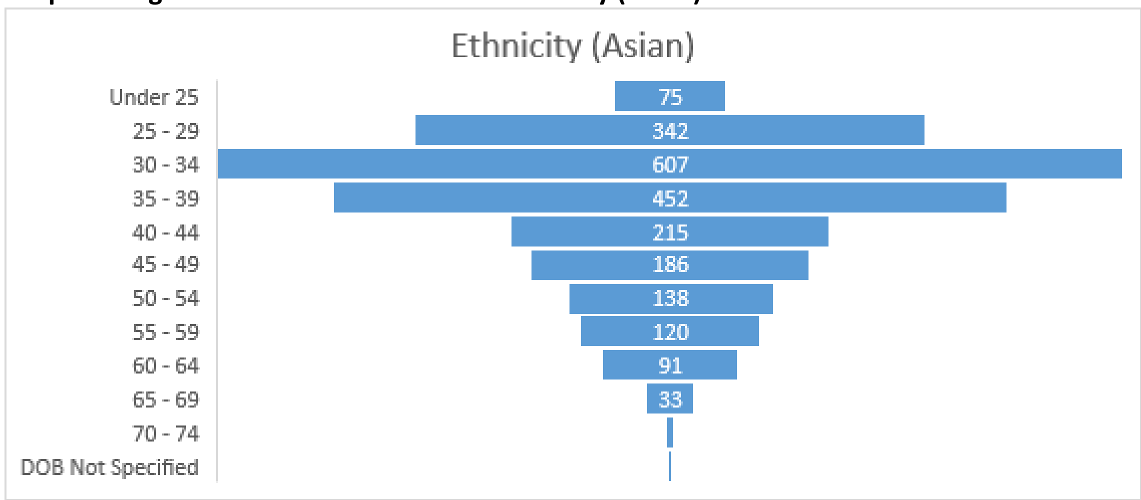


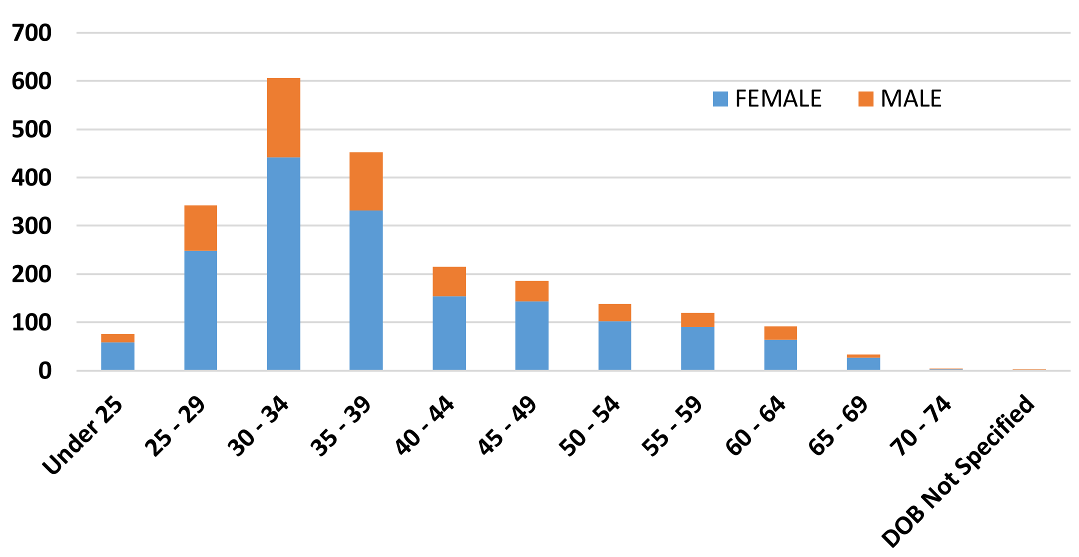
Table 4: Asian Workforce Employment Status

Asian Workforce Ethnicity	Casual	Full Time	Part Time	Grand Total
Cambodian	6	6	6	18
Chinese	59	242	185	486
Filipino	66	325	370	761
Indian	233	586	536	1355
Korean	7	53	34	94
Others	39	135	58	232
Vietnamese	1	10	9	20
Grand Total	**411**	**1357**	**1198**	**2966**

Graph 12: Age Distribution of Workforce Ethnicity (Asian)

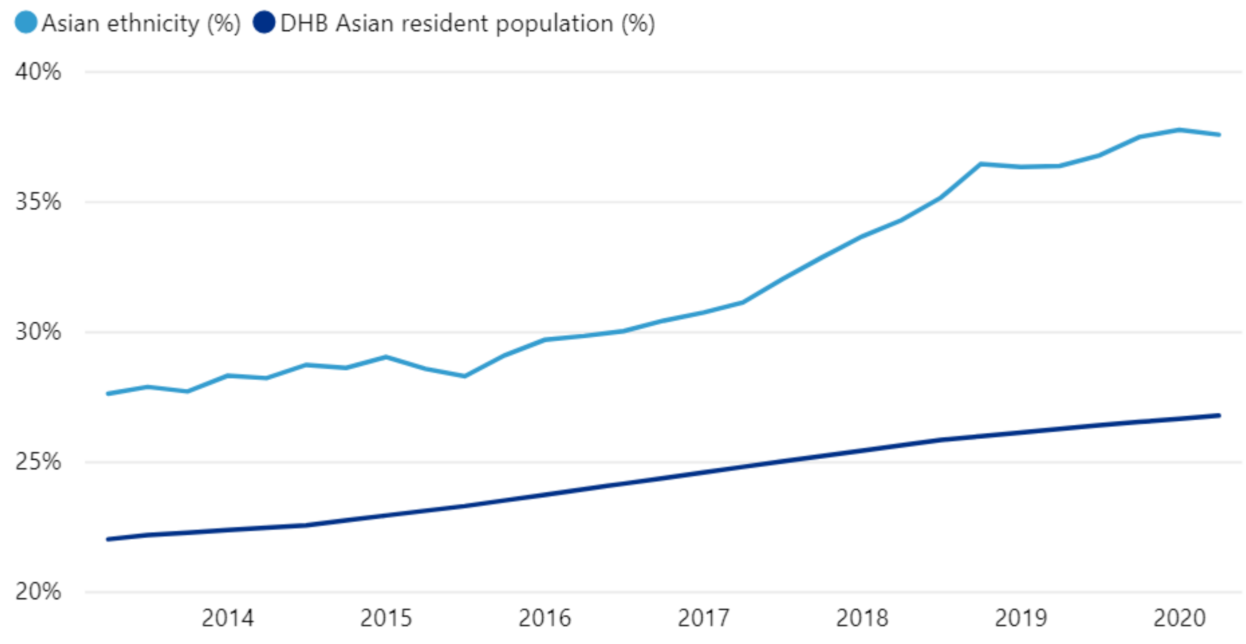


Graph 13: Age and Gender Distribution of Workforce Ethnicity (Asian)

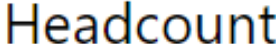


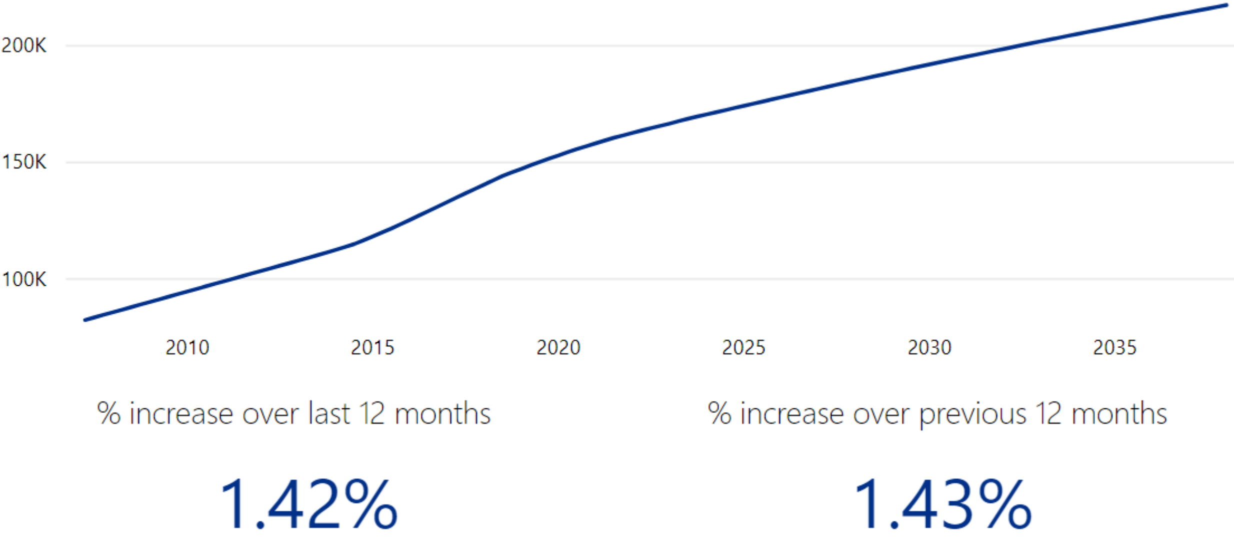
DHB Population and Workforce

Graph 14: DHB Asian Workforce Ethnicity and Population



Graph 15: Asian Population projection by Headcount (Stats NZ)





% increase over last 12 months

1.42%

% increase over previous 12 months

1.43%

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 17 July – 31 August 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 17 July – 31 August 2020.

COVID-19 Response Resurgence Level 3

COVID response

IMT

The General Manager Communications and Engagement continued to provide Public Information Management (PIM) support to the the CM Health Incident Management Team (IMT). The hopsital remained at Yellow alert through this period which meant visiting restrictions and screening remained in place.

Key messages to our staff throught Incident Controller Updates and Paanui were focused around vigilence around physicial distancing, wearing the correct PPE, and strong recommendations to wear masks when in public places, including within the hospital. Our CON+VID pages of Paanui were refreshed and policy, processes and procedures changed according to alert levels and hosptial status.

CM Health media releases for COVID-19 supported the regional approach (NRHCC) and focused on the promotion of Community Testing Facilities locations and times, while our CM Health general messaging mainly through paid advertising and social media was also around COVID-19 testing, visiting restrictions and telehealth.

Multiple requests for interviews with our CEO and members of our ELT and SLT were managed. The interest was the CM Health and regional response to COVID-19 community transmission outbreak with the focus being on our Pacific, Maaori and Asian communities.

COVID-19 Media Releases

- **New COVID-19 Community Testing Centres open in metropolitan Auckland this weekend:** 31 July 2020 - From this weekend there will be a new model for delivering community testing for COVID-19 in Auckland.
- **New Community Testing Centres (CTCs) opening in metro Auckland:** 31 July 2020 | Our new community testing centres (CTCs) will replace the community based assessment centres (CBACs).
- **COVID-19 surveillance testing in Manurewa – Saturday 8 August:** 7 August 2020 | South Auckland residents are encouraged to get out and get tested for COVID-19, with a pop-up surveillance testing site in Manurewa.
- **COVID-19 Community Case - Auckland Health Sector Update:** 11 August 2020|Health authorities in Auckland are asking residents to be calm, vigilant and follow public health advice
- **Seven new pop-up COVID-19 Testing Centres open in Auckland:** 12 August |Seven pop-up Community Testing Centres (CTCs) opened in metropolitan Auckland this afternoon as health officials continue to boost testing capacity.
- **Fifteen COVID-19 Auckland Community Testing Centres open on Thursday 13 August:** 12 August 2020|Two additional pop-up Community Testing Centres (CTCs) will open in Henderson and Airport Oaks on Thursday 13 August, bringing the total number of pop-up and permanent CTCs in Auckland to 15.
- **Record testing numbers in Auckland, Central City CTC to move to Eden Park:** 13 August 2020|Wednesday 12 August was a record day for testing in Auckland with more than 7,800 tests now registered by the city's laboratories.
- **COVID-19: CM Health offering more telehealth appointments:** 14 August 2020|CM Health will again be offering more telephone and video outpatient clinic appointments as the region responds to an outbreak of COVID-19 in the community.
- **List of designated practices for COVID-19 testing released, new Rosedale pop-up:** 14 August 2020|Auckland health authorities have released a list of designated general practices, further increasing public options for COVID-19 testing for patients who are not enrolled.
- **Auckland health authorities thank community for record testing numbers; encourage people with COVID-19 symptoms to get tested:** 16 August 2020|More than 45,000 tests were completed in metropolitan Auckland between Wednesday 12 August and 4pm on Sunday 16 August.

Asian Health

Ads have continued to be placed through a mix of ethnic media outlets such as Chinese NZ Herald, Mandarin Pages, Punjabi Herald, Indian Weekender, Filipino News, VietCommunity, Korea Post, AM 936 Radio and others about the new Community Testing Centres (CTCs).

The ads were translated to simplified Chinese, Korean, Hindi, Punjabi, Tagalog, Vietnamese and Khmer. We are also contacting key social media influencer organisations within these communities to further spread the message on WeChat, Facebook, Kakaotalk and other channels.

Social Media

All our social media platforms shared content from NRHCC alongside our own content, explaining our visitors policy, testing, wearing a mask and showing manaakitanga to one another. There has been ongoing collaboration with NRHCC, promoting new pop-up testing sites across the region, with success in getting over 50 schools, local organisations, libraries, local boards and Maaori and Pacific providers to share information widely via their social media channels and community networks.

Maaori & Pasifika Health

The 'Whaanau Guide for COVID-19' has been hosted through our Facebook page twice a week during the August Level 3 lockdown. We have also posted videos with messages from our Maaori & Pasifika Healthcare staff in an effort to dispel some of the negative commentary being circulated on social media targeting these communities in regards to the COVID-19 cluster. In collaboration with the NRHCC we promoted the new pop-up testing sites across the region.

COVID-19 Community Testing Centres Media Campaign Aug-Sep

CATALYST MEDIA SOLUTIONS	No of weeks	AUG					SEP		
		2	9	16	23	30	6	13	20
RADIO									
531PI	5								
Adlibs translated seven language programmes	1								
Breakfast Brian Sagala Interview	1								
Niu FM	5								
Radio Samoa	5								

Radio Tonga	5
Radio Waatea	5
Breakfast Dale Husband Interview	1
Mai FM	5
Flava	5
RADIO PRODUCTION	
English	2
Samoa RS	2
Tongan RT	2
Samoan/Tongan PMN	2
PRINT	
Manukau Courier	3
Papakura Courier	3
Franklin County News	3
Eastern Courier	3
Howick & Pakuranga/Botany & Ormiston Times	3
East & Bays Courier	3
Central Leader	3
Rodney Times	3
North Harbour News	3
North Shore Times	3
Norwest News	3
Western Leader	3
DIGITAL	
Neighbourly - Auckland Region	1
NZ Herald ROS online (desktop and mobile)	1
Stuff ROS online (desktop and mobile)	1
531PI Website	7
Niu Website	7
Samoa Times Website	3
FACEBOOK	
531PI Facebook	2
Niu Facebook	2
Radio Samoa Facebook	2
Radio Waatea Facebook	2

External Comms

Proactive Media

A number of positive stories were promoted through the CM Health website including **Maaori Midwifery Symposium.** Communications facilitated media at the symposium held at Ko Awatea. Several outlets attended and a number of interviews were carried out.

Other stories included CM Health's successful sustainability efforts, Asian flu vaccination programme, research to address inequity, the Cook Islands language week, and COVID-19 visitors screener.

Bariatric surgery

Communications facilitated another filming episode as part of an ongoing documentary into the experience of a CM Health patient who has undergone bariatric surgery. The film crew interviewed surgeon Richard Babor about the patient's progress and the issue of obesity in general. Filming was also carried out in Rehabilitation Ward 23 and the Rehabilitation Gymnasium. Further filming is scheduled.

Associate Health Minister's Visit

Communications facilitated a visit by the Associate Minister of Health Julianne Genter to Mangere College to announce a $40 million, year-long catch up campaign for vaccination and $23 million to fully fund and develop the National Immunisation Solution. Several media outlets were present.

Ethnic variability in breast reconstruction after mastectomy

Following the publication of research by CM Health surgeon Dr Michelle Locke and colleagues, which identified inequities in post mastectomy reconstruction for Maaori and Pacific women, the New Zealand Herald interviewed Dr Locke. As a follow-up to the interview, a statement contextualising the issue and focusing on CM Health efforts to redress the disparities was made. Maaori TV also requested an interview with Dr Locke.

Board and HAC Report

There has been a high level of interest in Board and HAC reports, and Communications has facilitated responses to a number of requests including telehealth technology through Level 4 lockdown, the number of operations and consultations affected at Level 3, the opening of Tiaho Mai and staff recruitment in the CM Health Mental Health and Addiction division.

Influenza

Lucy Warhust, health reporter for Newshub, interviewed Dr Gary Jackson (Director Population Health) on the significantly low numbers of influenza admissions to CM Health; Newshub and TVNZ ran stories on the low numbers. https://www.newshub.co.nz/home/new-zealand/2020/09/covid-19-lockdowns-and-vaccinations-driving-flu-deaths-down.html

Website Media Releases and Proactive Stories

For full stories please go to https://www.countiesmanukau.health.nz/news/

- Consumer Council member recognised for service: 22 July 2020
- CM Health to host Inaugural Midwifery Symposium: 23 July 2020
- Community encouraged to get free vaccination: 24 July 2020
- Eradicating hep C one patient at a time: 29 July 2020
- 350,000 more measles vaccines for massive immunisation campaign: 31 July 2020
- Cook Islands Language Week - Mayor Pokino shares love for her culture and language: 4 August 2020
- COVID-19 screeners make a positive difference at CM Health: 3 August 2020
- CM Health research will help to address inequity: 13 August 2020
- Waitematā, Auckland, and Counties Manukau DHBs delay outpatient appointments and planned care, move to virtual where possible: 16 August 2020|
- Asian flu vaccination programme reaching more people in our community: 21 August 2020
- CM Health among the top in NZ for sustainability efforts: 24 August 2020

Official Information Act (1982)

Agencies have 20 working days to advise a decision on release of information requested under the Official Information Act (OIA). This means that there is a rolling response from receipt in one month to response in next month. Requests will vary in their complexity, scope and considerations.

Over the month of July 2020 we received eight OIA requests from media outlets; a further portion of our July OIA requests (seven) were received from Unions. There were four OIA transfers in July, two were related to COVID and were transferred to the Northern Region Health Coordination Centre and Waitemata District Health Board. One OIA relating to kidney transplant data and information was transferred to Auckland District Health Board and one OIA relating to Government financial support for Critical Pharmacy Services was transferred to Technical Advisory Services (TAS).

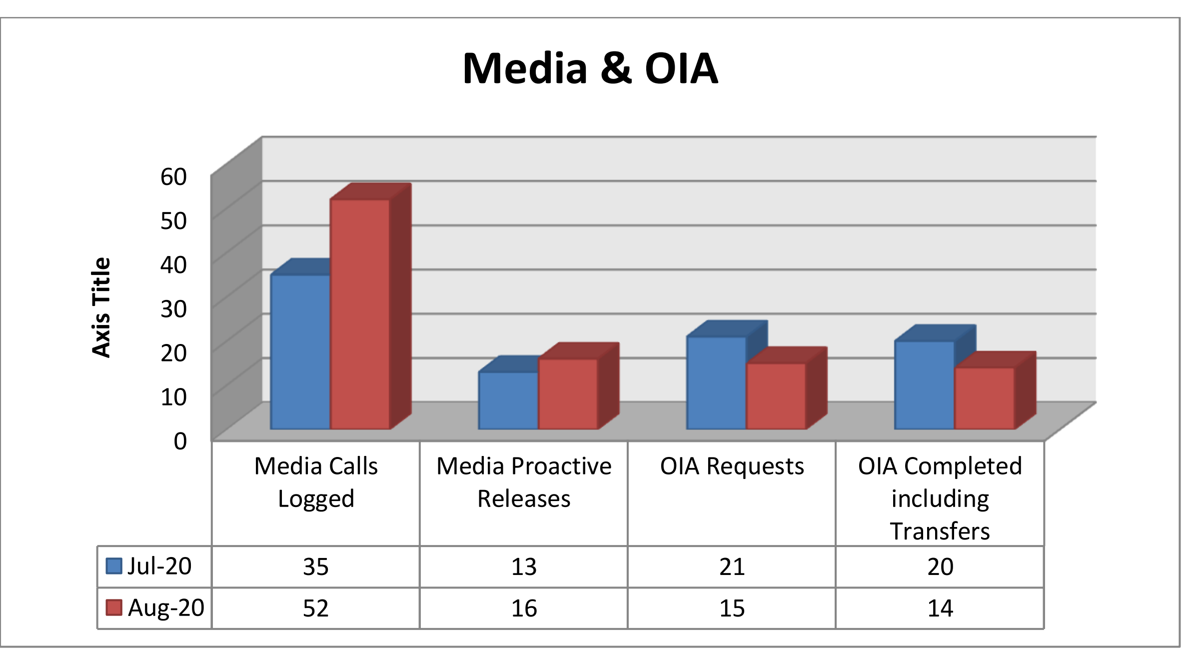
One written parliamentary question was received in July 2020, relating to Cancer procedures during the national level 3 lockdown and was responded to Regionally.

Over the month of August we received seven OIA requests from media outlets. There were two OIA related to COVID which were transferred to the Northern Region Health Coordination Centre for response.

- One OIA request was withdrawn.

- One written parliamentary question was received in August 2020, relating to nursing staff working in COVID Managed Isolation Facilities while working in the DHB.

Request Received OIA & Parliamentary Questions (PQ) from July 2020			August 2020	
Division	**OIA**	**Parliamentary Question**	**OIA**	**Parliamentary Question**
Human Resources	7		1	
Finance & Funding	2		1	
Surgical	2		3	
Mental Health	2		3	
Medicine		1		
Central Clinical Services – Pharmacy	1			
Facilities & Engineering	1		1	
Population Health Strategy & Investments	1		1	
CMO Office	1			
COVID				1
Kidz First			1	
CIO Office			1	
Transfers	4		2	
Wirthdrawn			1	



More information on the OIA process and a form to submit requests is available:
- https://countiesmanukau.health.nz/about-us/official-information-act-requests/

Copies of recent OIA releases on common topics are also now on the website.
- https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/

Celebrating Language Weeks

Kiribati Language Week: This years theme *'Ribanan te Taetae ni Kiribati e Kateimatoa ara Katei ao Kinakira;'* translated into English means 'Nurturing Kiribati language promotes our Cultural Identity and Heritage'. We had a Kiribati group perform in the main reception area, showcasing their culture and heritage in celebration of Kiribati. We videoed CM Health staff Bana Redfern, Merinte Aukitino, and Karubea Kivori, teaching us their Kiribati language. Photos and videos are all shared on our social media platforms.

Cook Islands Language Week: The theme this year was 'Kia pūāvai tō tātou Reo Māori Kūki 'Āirani i Aotearoa' translated in English means 'That the Cook Islands Māori language may blossom throughout New Zealand.' Performance by Anuanua Performing Arts Troupe started the celebrations for the week. More events included an Ura fitness class in Ko Awatea. Ura fitness is a fun form of exercise incorporating Cook Islands dance techniques. All events are shared on our social media platforms

Internal Comms

Connect+

Due for release in September, this edition includes stories about the Disability Strategy, Mental Health, Neonatal Transitional Unit, and also updates on various campaigns. One of the highlights is our interview with Kaumaatua Hilda Thompson (Aunty Taui). Aunty Taui has been a significant part of the cultural support for the DHBs for over 38 years; her passion is echoed by her colleagues who together provide cultural nourishment to Counties Manukau Health.

Paanui

In collaboration with our Channels Team, a webpage with helpful tips has been compiled to assist staff to easily search Paanui. Part of the refresh of Paanui is a newly created section 'Our People', which has been added to feature special interest stories about our staff and to celebrate their achievements.

For full story please use link: https://cmhealth.hanz.health.nz/News/Lists/Posts/Post.aspx?ID=679

- **Barry Bracefield – 41 years of Service**: After 41 years and 6 months service as Leading Hand Groundsman, Barry is looking forward to retirement.
- **Bobby Nepia**: Our social worker inspired into the role after caring for her mother with dementia.
- **Geraldine Noa-Phillips**: Celebrating administration professionals.

Internal Comms Support for Campaigns & Project ***Collateral Suites*Profiling Teams*Communications Plans*Promoting Events*Workshops*Creating Surveys***			
Security for Safety	Healthy Together Technology	Coffee with a Cop	#Hello my Name is Day
Organisational Development	CM Health Disability Strategy	Local Heroes Awards	Administration Professional Days
Auckland Transport Sustainability	Clinical Engineering Team	Raahui Welcome Days	Language Weeks

Stakeholders and Community

International Breastfeeding Week (1 – 7 August): Supporting the Lactation Service and the Te Rito Ora team with a full collateral suite and social media posts across our platforms. Re-designing the graphics to fit our people in Counties Manukau.

Te Aronga a Hine Maaori Midwifery Symposium

The symposium on 28 July was supported by the Comms team with a media release and collateral for advertising, invitation and celebration dinner. Both Māori Television and Te Karere attended.

Te Ranga Ora

Content has been developed for the Te Ranga Ora webpage for the launch of CM Health's new long-term conditions programme in August.

Pacific Heath

FOU Launch/Health Science Academies Celebrations (21 August): Supporting the Pacific Health workforce team with their programme launch and Health Science Academies (HSA) celebrations. The team finalised details with the Maaori Health workforce team who were also be a part of the event as it's also promoting their workforce programmes.

Campaigns & Projects Collateral Suites

Business Group	Scope	Pull Up Banners	Posters	Brochure	Cards	PAANUI Screensaver	PAANUI Sliders	Webpage Refresh	Social Media Webinar CM Website	Photo /Video
Administration Professionals Day	Campaign Promotion					🖳			🖳	
Kiribati Language Week	Campaign Promotion						🖳		🖳	🖳
Patient Experience	#Hello My Name Is Day	☑				🖳			🖳	🖳
SafetyFirst	Campaign Promotion					🖳				
Research Week	Campaign Promotion					🖳	🖳			
Maaori Midwifery	Te Aronga a Hine Maaori Midwifery Symposium		☑				🖳		🖳	🖳
International Breastfeeding Week	Campaign Promotion		☑			🖳	🖳		🖳	🖳

Webinars

The webinars have moved to a weekly pre-recorded format weekly.

Date	Presenter	Topic
16 July	Dr Pete Watson (host), with Gary Jackson and Andrew Connoly	DNA rates: new insights using Qlik
21 July	Stuart Bloomfield (host), with Rosie Whittington and Nuve Nai	Health Intelligence during COVID and data protection
23 July	Sanjoy Nand	AHST workforce and broad goals for 2020-21
28 July	Sanjoy Nand (host), with Te Teira Rawiri and Cathy Qin	CM Health Disability Strategy
30 July	Dr Pete Watson (host), with Abi Stewart, Mahaki Albert, and Jenny Parr	Hello my name is…. Campaign
4 August	Elianna Pickering (host), with Florence Iosefa and Aleshia Dearlove	International Breastfeeding week and the Te Rito Ora service
11 August	Margie Apa (host), with Sanjoy Nand and Cathy Qin	CEO Statement on accessibility, health passport and e-learning module on disability & proposed manager training
12 August	Dr Pete Watson (host), with Dr Vanessa Thornton	COVID
19 August	Dr Pete Watson (host), with Dr Vanessa Thornton and Gary Jackson	COVID
21 August	Dr Pete Watson (host), with Drs David Holland and Vanessa Thornton	COVID

Video Register

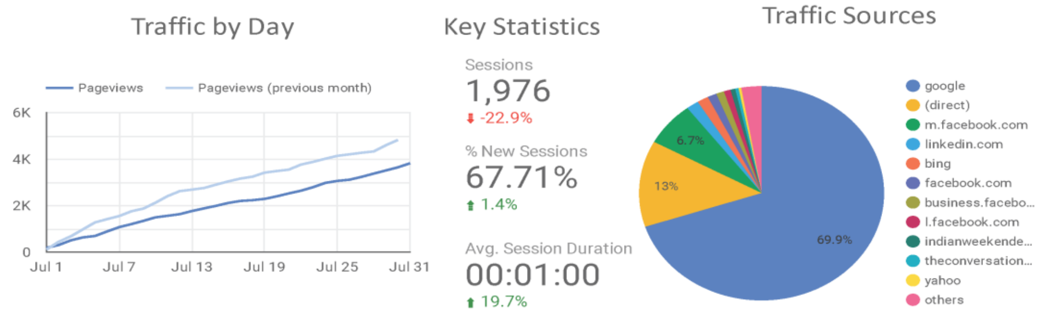
Below are the most viewed videos for 17 July – 31 August 2020:

Date	Project	Video	Impressions	Views	Avg Watched	Released
29 July	Our Visitor Guide	Visitor Guidance - Hindi	794	47	8%	Yes
31 July	Our Visitor Guide	Visitor Guide - Samoan	643	19	5%	Yes
31 July	HAC Service Walkthroughs	ED Walkthrough	--	--	--	Yes
7 Aug	Cook Island Week	Cook Island Week	--	64	--	Yes
12 Aug	Our Visitor Guide	Counties Manukau Visitor Policy - updated 12.08.20	--	858	--	Yes
31 Aug	COVID-19 Messages	Know the Facts	939	27	3%	Yes

Digital Channels – July 2020

Website (www.countiesmanukau.health.nz)
Fairly steady performance for the month of July, quite consistent with the previous period and the time of year.

News / Media Release Readership



Popular Articles

	Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1.	COVID-19 Testing - Important information for our community | Counties Ma...	342	80.7%	00:00:51
2.	Deputy Chief Midwife role created at CM Health | Counties Manukau Health	233	95.71%	00:00:17
3.	Students' work inform new locations of retinal screening clinics | Counties M...	124	96.77%	00:00:23
4.	COVID catch up - CM Health Saturday clinics address backlog | Counties Ma...	115	85.22%	00:00:40
5.	Metropolitan Auckland district health boards increase COVID-19 testing cap...	94	89.36%	00:01:24
6.	Visitor car park rates increase at Middlemore Hospital | Counties Manukau ...	84	82.14%	00:01:44
7.	CM Health to host Inaugural Midwifery Symposium | Counties Manukau He...	81	86.42%	00:00:33
8.	New Dental facility for Counties Manukau | Counties Manukau Health	79	87.34%	00:01:07
9.	COVID-19 sentinel community testing undertaken in Auckland | Counties Ma...	78	93.59%	00:00:23
10.	Community encouraged to get free vaccination | Counties Manukau Health	66	86.36%	00:00:20
11.	Eradicating hep C one patient at a time | Counties Manukau Health	65	72.31%	00:00:42
12.	Don't ignore lifesaving bowel screening test that comes in the mail says Ma...	60	93.33%	00:01:42
13.	Passion for whaanau key to Social Worker's mahi | Counties Manukau Health	59	93.22%	00:00:57
14.	Middlemore reclad on time and budget | Counties Manukau Health	52	84.62%	00:01:55
15.	Consumer Council member recognised for service | Counties Manukau Health	50	92%	00:00:05
16.	Free Mental Health First Aid for Counties Manukau | Counties Manukau Hea...	46	86.96%	00:01:44
17.	New Mental Health Team for Pukekohe | Counties Manukau Health	43	86.05%	00:01:11
18.	DHB Leaders release first joint long term vision for healthcare in Northland a...	37	75.68%	00:01:35
19.	Health Science Academies pay off for local Pasifika students | Counties Ma...	33	81.82%	00:00:28
20.	Page not found | Counties Manukau Health	30	80%	00:01:22

Social Media - total weekly awareness and engagement metrics

Channel	Followers	Follower + / -	Posts	Reach	Avg Reach per Post	Engagement	Avg Engagement per Post	Clicks
Facebook	19,933	0.62%	44	155,740	3,539.55	10,871	247.07	15,075
LinkedIn	9,604	1.7%	22	46,074	2,094.27	4,376	198.91	2,306
Instagra...	1,098	6.65%	29	14,730	507.93	1,935	66.72	604

Figure 1Web Site Data Metrics from Google Analytics

Social Media

A small dip in performance across the board on our social channels in the month of July

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	19,933	0.62%	40	84,874	2,122	8,699	217.48	46,976
CM Health Instagram	1,110	6.58%	31	15,710	507	1,978	63.81	604
CM Health LinkedIn	9,612	1.70%	22	46,074	2,094	4,376	198.91	2,306

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

Audience Growth

	Totals	Change (vs. last growth)
Total Fans	33,530	
New Facebook Fans	122	-43.87%
New LinkedIn Followers	161	-189.11%
New Instagram Fans	73	-132.63%
Total Fans Gained	356	-41.35%

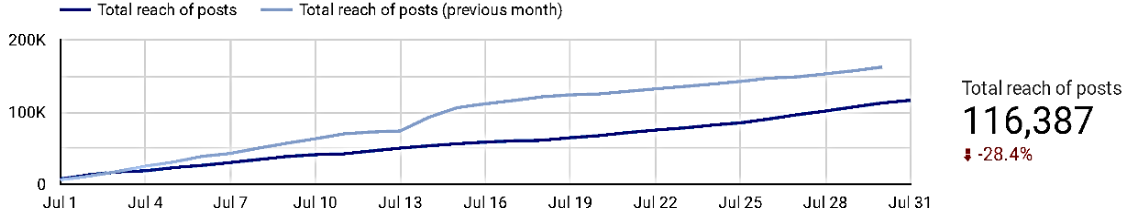
Figure 3: Audience Growth Overview by social media channel CM Health Facebook

CM Health Facebook

A fairly steady month in July after a strong June period. Kiribati Language week was popular with 18 shares.

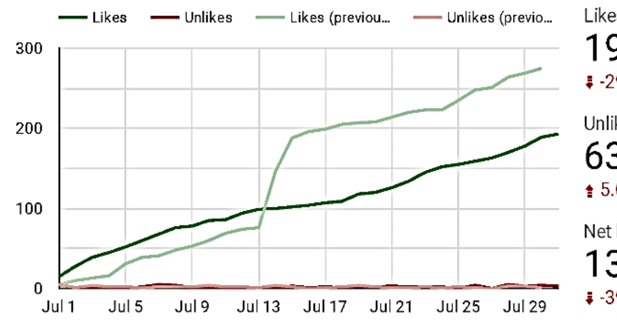
CM Health Facebook Metrics

Post Reach



Total reach of posts
116,387
-28.4%

Follower Growth

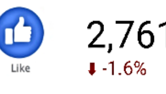


Likes
193
-29.8%

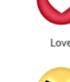
Unlikes
63
5.0%

Net likes
130
-39.5%

Reactions Breakdown



Like
2,761
-1.6%



Love
809
13.1%

Wow
14
7.7%

Haha
1
N/A

Sad
0
-100.0%

Angry
0
-100.0%

Posts by Engagement Rate

Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Jul 13	Kiribati Language Week runs from 12-18 July 2020. The theme is 'Nurturing Kiribati language promotes our Cultural Identity and Heritage'. In Kiribati language, the 'ti' is pronounced as 's' so 'Kiribati' is said as'Kiribas'. A few of our CM Health staff, Bana Redfern, Merinte Aukitino, and Karubea Kivori got together to share the Kiribati language and culture with you.		6,251	261	31	18	17.25%
Jul 28	Our Gastro Service is recognising and celebrating World Hepatitis Day today. Did you know that a free and easier treatment for all types of hepatitis C is now available and can be prescribed by a family doctor? This treatment can cure the disease. Find out if you should get tested: https://bit.ly/2D7qUmS #worldhepatitisday2020 #healthytogether		1,709	77	9	4	16.97%
Jul 8	Congrats to the May 2020 cohort of Nurse Entry to Practice (NETP) graduates who completed the programme requirements at the end of their first year of nursing practice on Friday 19 June.		5,658	323	52	3	14.76%
Jul 1	Congratulations to our Local Hero winners from May. Our winners were presented with their certificates by either their managers or CEO Margie Apa, during a surprise visit to their work area. Local Heroes is an initiative designed to recognise and reward staff members who others feel have gone above and beyond. See our May winners here.https://www.countiesmanukau.health.nz/contact-us/counties-manukau-local-hero/		10,753	861	205	17	13.34%
Jul 6	Our Renal Service team has come together to raise funds for 42 food parcels that will be distributed to renal patients who need this most. "During COVID-19 we've been seeing some patients who have lost their income and we wanted to do something to help," says consultant Renal Physician Dr Hari Talreja. Ka pai to the team!		5,802	283	31	3	12.17%

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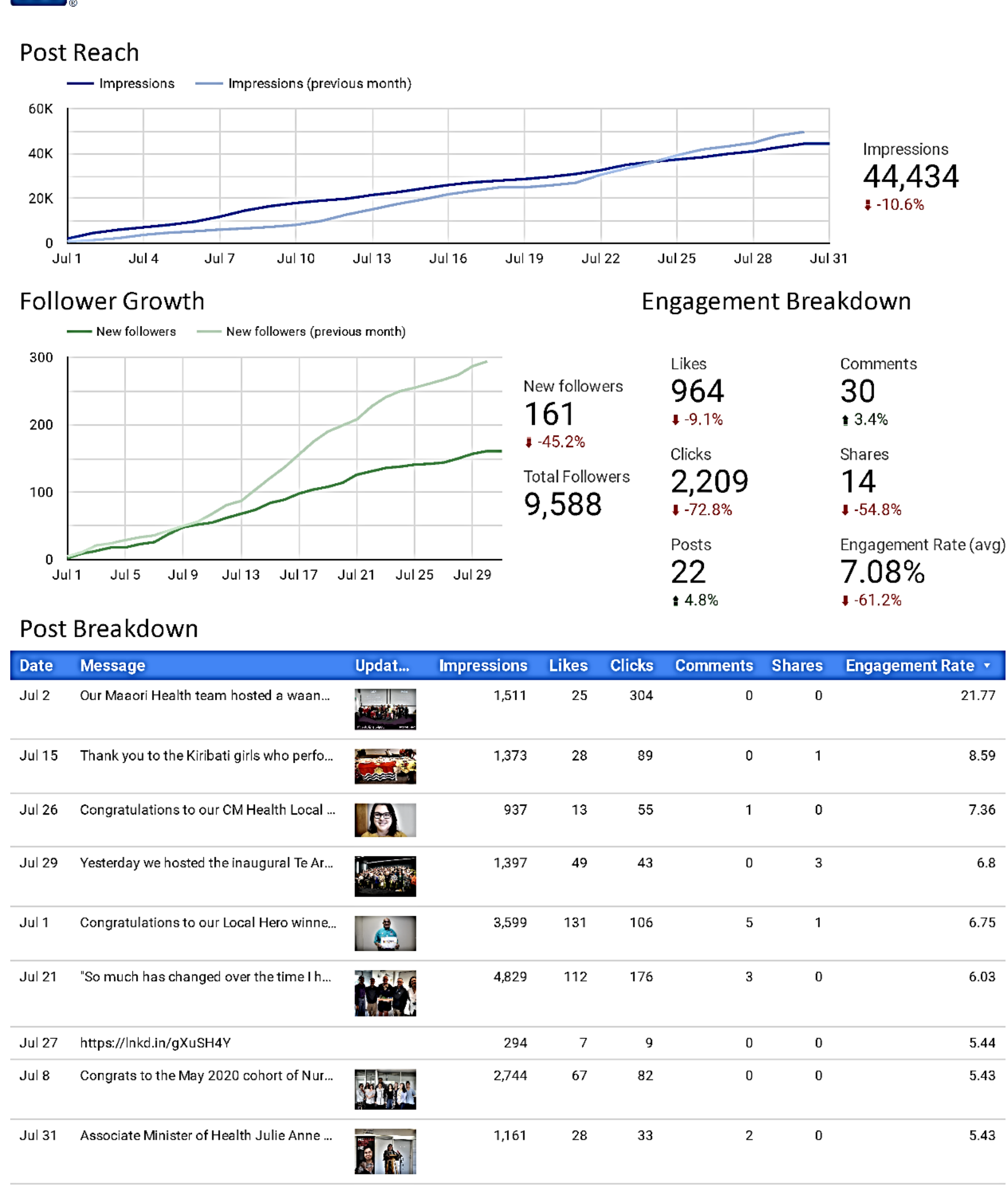
CM Health LinkedIn

A slow month for our LinkedIn channel in July with a notable dip in all metrics. A pleasing engagement rate on our Maaori health symposium, which far outperformed our other posts.



Date	Message	Updat...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate
Jul 2	Our Maaori Health team hosted a waan...		1,511	25	304	0	0	21.77
Jul 15	Thank you to the Kiribati girls who perfo...		1,373	28	89	0	1	8.59
Jul 26	Congratulations to our CM Health Local ...		937	13	55	1	0	7.36
Jul 29	Yesterday we hosted the inaugural Te Ar...		1,397	49	43	0	3	6.8
Jul 1	Congratulations to our Local Hero winne...		3,599	131	106	5	1	6.75
Jul 21	"So much has changed over the time I h...		4,829	112	176	3	0	6.03
Jul 27	https://lnkd.in/gXuSH4Y		294	7	9	0	0	5.44
Jul 8	Congrats to the May 2020 cohort of Nur...		2,744	67	82	0	0	5.43
Jul 31	Associate Minister of Health Julie Anne ...		1,161	28	33	2	0	5.43
Jul 30	World Hepatitis Day is celebrated this w...		1,177	35	24	3	1	5.35

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Figure: 5 CM Health Linkedin Metrics and Posts

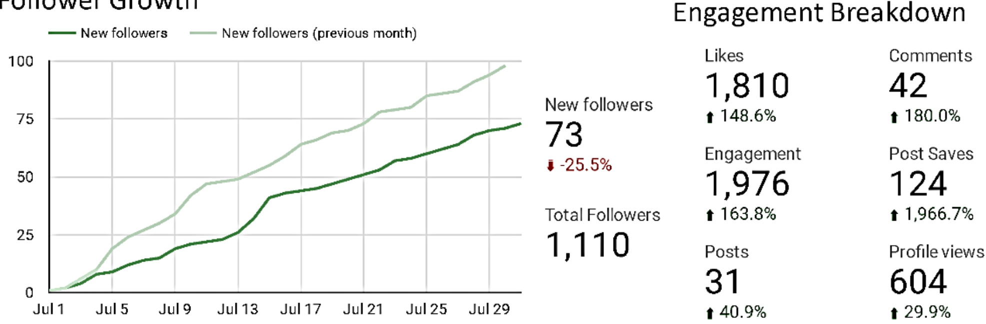
CM Health Instagram

Good to see Instagram pick back up after a quiet month in June. We see our Kiribati Language Week performance from the Kiribati Youth Group lead the way with a very high engagement rate of 37% and 110 saves.

Post Reach

Media reach — Media reach (previous month)

Media reach
15,679
⬆ 74.2%



Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Jul 15	It's the first ever Kiribati Language Week! To celebrate we've got the Kiribati Auckland Youth Group at Middlemore today to perform for patients and staff.		2,511	813	18	110	37.48%
Jul 10	What an awesome day to finish off our Matariki celebrations! A big thank you to Hamiora Tuari, kahapaka roopu from Te Wharekura o Rakaumangamanga, Troy Kingi and Stan Walker for your amazing performances, and Manurewa Kohanga Reo for cooking the beautiful kai. Well done to our Maaori Health team for putting on a great concert! Ngaa mihi to our Smokefree team and SUDI team who also took part. #Matariki2020 #teamcounties		599	71	2	2	12.52%
Jul 16	We had so much fun last week at our Matariki concert. Thanks to @troykingi and @stanwalker for taking part. Our CE Fepulea'i Margie Apa joined some of our staff and whaanau in a Tik Tok dance. #matariki2020		674	75	8	1	12.46%
Jul 22	"So much has changed over the time I have been here. When I started there was no Western Campus, it was just a big grass area. By the car park extension used to be coal. It would get delivered to go in the two large bunkers which heated the hospital. " Last week our Leading Hand Groundsman Barry Bracefield retired after 41 years of service. Barry has seen many changes over his time working at Middlemore. Our CEO Fepulea'i Margie Apa, Parekawhia McLean, the Engineering team, and other colleagues Barry had worked with held a celebration morning tea. All the best Barry!		429	50	1	1	12.12%
Jul 8	Congrats to the May 2020 cohort of Nurse Entry to Practice (NETP) graduates who completed the programme requirements at the end of their first year of nursing practice on Friday 19 June.		573	64	0	1	11.34%
Jul 6	Our Renal Service team has come together to raise funds for 42 food parcels that will be distributed to renal patients who need this most. "During COVID-19 we've been seeing		481	52	1	0	11.02%

1 - 20 / 31

Figure 4 CM Health Instagram metrics and posts

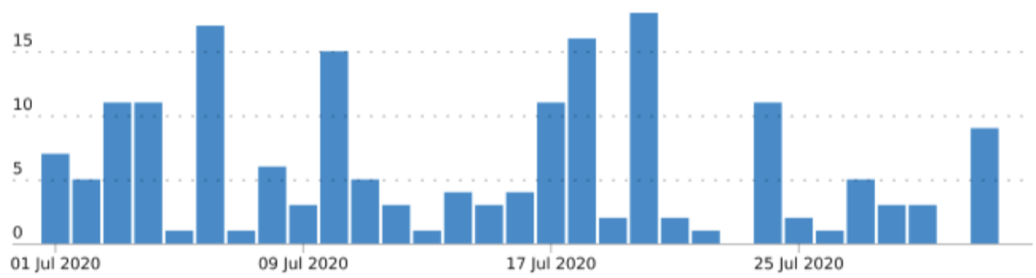
News/Media Listening

Peaks:

- 7 July: Soldier has shrapnel in his arm after being shot at SAS training facility – in MMH
- 10 July: Doctor outraged that rescue helicopter trusts given details of COVID-19 patients staying near MMH
- 18 July: ACC agrees to reimburse CMDHB (and four other DHBs) for Whakaari victims' bill
- 20 July: Man with COVID-19 taken to MMH

Contains 181 items within the date range 01/07/2020 - 31/07/2020.

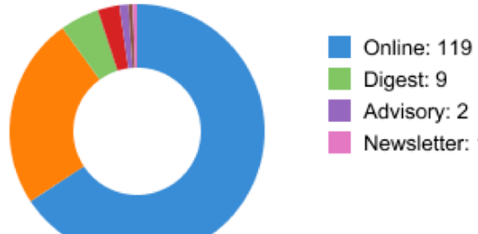
Volume



Sources

New Zealand Herald: 23	Stuff.co.nz: 23	NZ Doctor: 11
Radio New Zealand : 11	Maori Television: 6	Otago Daily Times: 6
MSN: 5	Voxy: 5	Newstalk ZB: 5
TVNZ: 5	The Press: 4	Newshub: 4
Radio New Zealand Audio: 4	Bay of Plenty Times: 4	Rotorua Daily Post: 4
The Spinoff: 4	Whanganui Chronicle: 4	Dominion Post: 3
Waikato Times: 3	Marlborough Express: 2	Northern Advocate: 2
SunLive: 2	Nelson Mail: 2	Timaru Herald: 2
Pacific Media Network: 2	Hawke's Bay Today: 2	Manawatu Standard: 2
Taranaki Daily News: 2	Magic Talk: 2	Times Online: 2
NZ City: 2	Police Alerts: 2	Eastern Courier: 2
Southland Times: 2	Rotorua Now: 2	Manukau Courier: 1
Blair Cunningham: 1	Aimee Gulliver: 1	Science Media Centre: 1
NZ Fabian Society: 1	Clare-Louise Chapman: 1	New Zealand Parliament: 1
Pundit: 1	National Business Review: 1	Pharmacy Today: 1
Waatea News: 1	Vision New Zealand: 1	LawTalk: 1
Newsroom: 1	Papakura Courier: 1	

Content Types



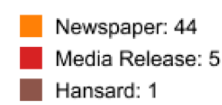
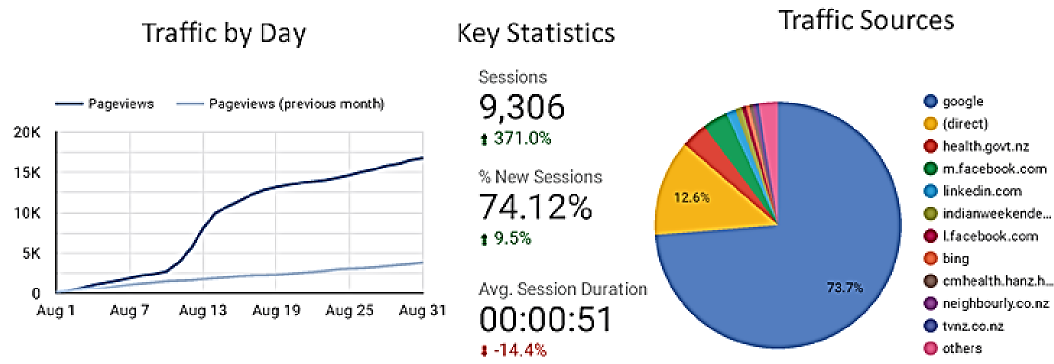


Figure 5 news volume, sources and content type

Digital Channels August 2020

Website (www.countiesmanukau.health.nz)
The re-emergence of COVID-19 saw a large spike in traffic to our website as our community sought information, with a large portion of traffic coming from Google or directly to CM Health's website.

News/Media Release Readership



Media/Proactive Articles

	Page Title	Pageviews	%Unique Pageviews	Avg Session Duration
1	Seven new pop-up COVID-19 Testing Centres open in Auckland/CM	4,579	90.50%	00.00.49
2	New Community Testing Centres (CTCs) opening in metro Auckland	1,672	89.65%	00.00.21
3	Fifteen COVID-19 Auckland Community Testing Centres open	1,209	84.86%	00.00.56
4	List of designated practices for COVID-19 testing released	991	87.49	00.00.44
5	New COVID-19 Community Testing Centres open in metro Auckland	831	92.54%	00.00.37
6	COVID-19 surveillance testing in Manurewa – Saturday 8 August	658	84.65%	00.00.53
7	COVID-19 Community Case – Auckland Health Sector update	465	87.31%	00.00.15
8	COVID-19 screeners make a positive difference at CM Health	380	92.37%	00.00.32
9	I want youth voices to be heard	266	85.71%	00.00.51
10	Waitematā, Auckland, and CM DHBs delay outpatient appointments	163	85.28%	00.00.54
11	Fisher and Paykel Healthcare announce clinical research partnership	149	86.58%	00.00.45
12	Further cases of synthetic cannabis impact in South Auckland	149	97.32%	00.00.06
13	Waitematā, Auckland and CM DHBs continue COVID-19 outpatients	142	83.80%	00.03.39
14	COVID-19 Testing – Important information for our community	121	85.95%	00.01.18
15	News – By Communications Team	120	81.67%	00.00.08
16	Record testing numbers in Auckland, Central City CTC to move to Eden Park	110	83.64%	00.03.29
17	CM Health research will help to address inequity	100	89.00%	00.00.55
18	COVID-19: Advice to our pregnant women	98	89.8%	00.01.31
19	COVID-19 sentinel community testing undertaken in Auckland	89	88.76%	00.00.25
20	COVID-19 update: Transport in Auckland under Level	88	95.45%	00.00.41

Figure.1:Web Site Data Metrics from Google Analytics

Social Media

There was a strong performance on LinkedIn and Facebook for August and our second COVID-19 lockdown, however Instagram metrics recorded a dip which was in line with COVID-19 content not resonating with typical Instagram users.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	20,241	1.55%	47	482,919	10,275	9,330	198.51	78,683
CM Health Instagram	1,181	7.96%	28	12,324	440	1,004	35.86	597
CM Health LinkedIn	9,792	1.99%	19	56,779	2,988	4,340	228.42	1,348

Figure 2: Summary of Reach and Engagement Metrics for Each Social Media Channel

Audience Growth

	Totals	Change (vs. last growth)
Total Fans	34,086	
New Facebook Fans	309	153.82%
New LinkedIn Followers	191	-120.82%
New Instagram Fans	94	-212.77%
Total Fans Gained	594	60.54%

Figure 3: Audience Growth Overview by Social Media Channel CM health Facebook

Top Facebook Post for August 2020:

Former Air New Zealand flight attendant Julie Bishop has embraced her new role at Counties Manukau Health. In fact, Julie, who is now a COVID-19 visitor screening coordinator at Middlemore Hospital, says despite the obvious differences in altitude, there are a number of similarities between her current and former role. Read more: https://bit.ly/3i7pLen

CM Health Facebook

A big jump in metrics for August, partially due to boosted content, saw our reach increase almost 400% on July. Positive stories and staff celebrations were the favorites this month.

CM Health Facebook Metrics

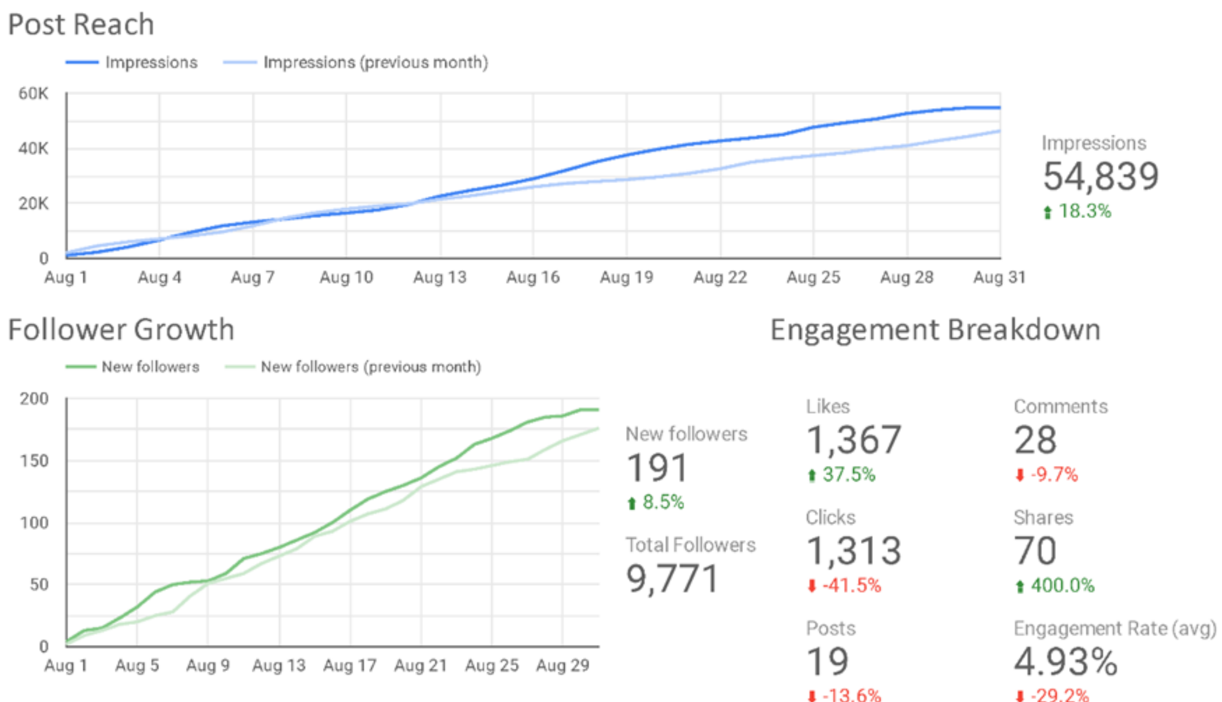
Post Reach

Posts by Engagement Rate						
Date	**Post Message**	**Reach**	**Likes**	**Comments**	**Shares**	**Engagement Rates**
4 Aug	Former Air New Zealand flight attendant Julie Bishop has embraced her new role at Counties Manukau Health. In fact, Julie, who is now a COVID-19 visitor screening coordinator at Middlemore Hospital, says despite the obvious difference in altitude, there are a number of similarities between her current and former role.	8,328	578	48	11	15.15%
5 Aug	Our Cook Island Language Week celebrations continue! Members from the Anuanua Performing Arts Troupe performing for us at Middlemore today for patients, whaanau and staff.	6,752	321	28	12	13.80%
25 Aug	Congratulations to our Local Hero winners for July – Jackie Danes, Hari Talreja and Ray Wells.	4,664	225	32	2	12.95%
28 Aug	Are you a fast thinker, calm under pressure, and prepared for anything? We have a new and rewarding role at Counties, leading Security and Organisational Resilience (Emergency Response).	5,468	139	10	8	9.13%
3 Aug	For the safety of our patients, their whaanau and our staff, we have flexible visiting in place.	7,420	368	40	33	9.00%

CM Health LinkedIn

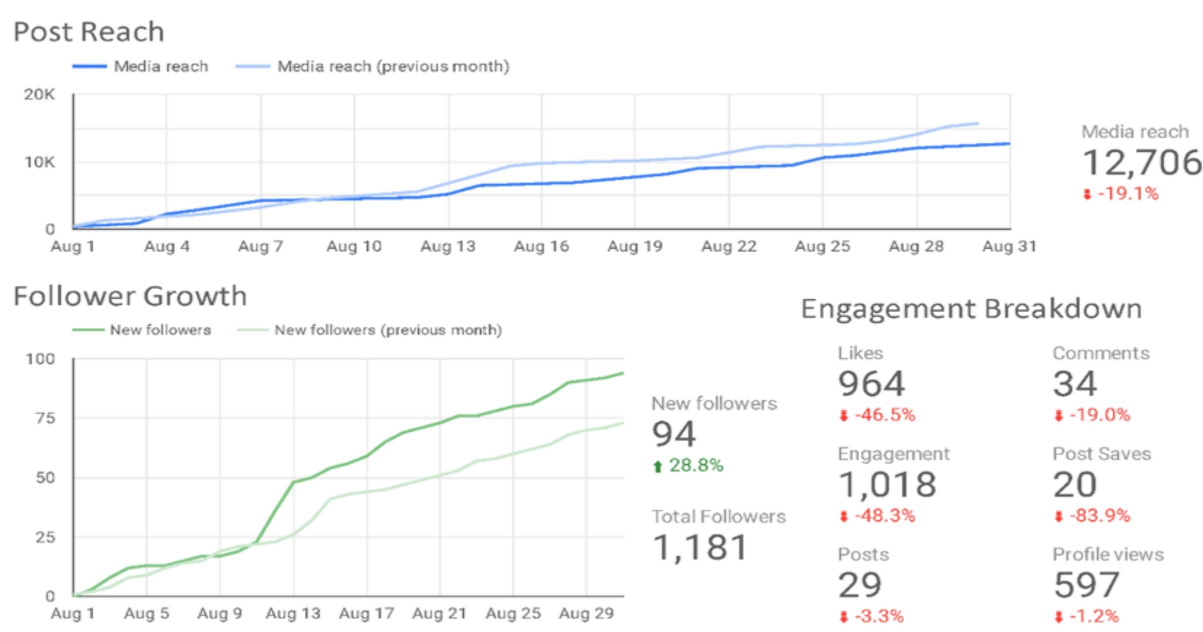
Steady metrics were recorded for the month of August. We see our usual content performing well on this channel and, as with Facebook, Julie's story was our highest performing post of the period.

CM Health LinkedIn Metrics



CM Health Instagram

Although our reach and follower growth was steady through July, a significant drop in metrics through the August period was seen as a result of posting predominantly COVID-19 messaging.



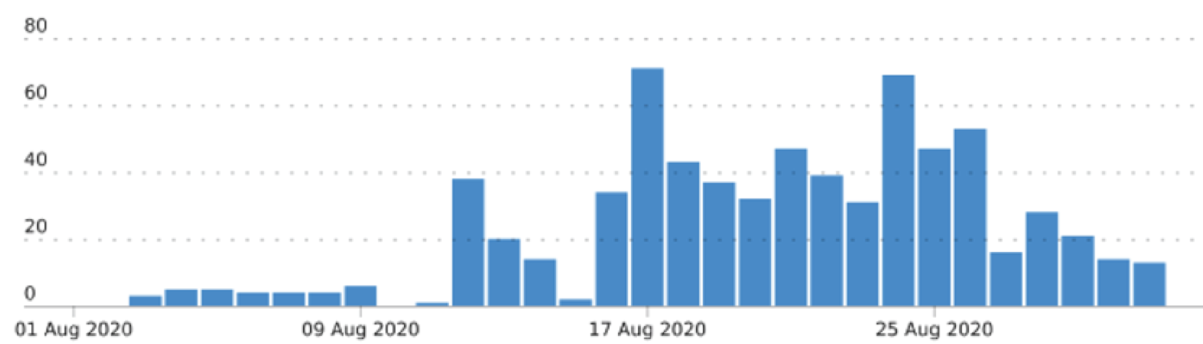
Date	Media Caption	Reach	Likes	Comments	Saves	Engagement Rate
5 Aug	**Our Cook Island Language Week celebrations continue!**	**617**	**96**	**1**	**4**	**16.38%**
4 Aug	**Former Air New Zealand flight attendant...**	**958**	**149**	**5**	**1**	**16.18%**
7 Aug	**Ura fitness session is on here at Middlemore!**	**687**	**76**	**11**	**1**	**12.81%**
13 Aug	**Stay informed and know the facts about COVID-19 for you and your whaanau...**	**507**	**56**	**0**	**2**	**11.44%**
14 Aug	**Every time you wear a mask when you're travelling on the bus or train...**	**443**	**44**	**0**	**2**	**10.38%**

Figure 6 CM Health Instagram metrics and posts

News/Media Listening

Contains 701 items within the date range 01/08/2020 – 31/08/2020.

Volume



Sources

New Zealand Herald: 114
Radio New Zealand : 45
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Hawke's Bay Today: 19
Rotorua Now: 15
The Press: 9
Pacific Media Network: 9
Northern Region Health Coordination Centre: 7
Timaru Herald: 6
Rotorua Daily Post: 6
Marlborough Express: 4
Nelson Mail: 4
The Spinoff: 4
Indian News Link: 3
Herald on Sunday: 2
Sunday Star-Times: 2
Ian Powell: 1
Tagata Pasifika: 1
Greater Auckland: 1
Eastern Courier: 1
Yvonne Gill: 1

Otago Daily Times: 49
TVNZ: 32
Newstalk ZB: 23
Whanganui Chronicle: 20
Bay of Plenty Times: 18
Interest.co.nz: 11
Aimee Gulliver: 9
Indian Weekender: 8
Southland Times: 7
Manawatu Standard: 6
Taranaki Daily News: 5
Asia Pacific Report: 4
Andrea Birtwistle: 4
Manukau Courier: 3
Magic Talk: 3
Peter Abernethy : 2
Papakura Courier: 2
Charlotte Gendall: 1
Julie Jacobson: 1
Kiwiblog: 1
Sunday News: 1
NZ Government: 1

Stuff.co.nz: 46
NZ Doctor: 27
SunLive: 21
Newshub: 19
Voxy: 18
Waatea News: 10
Northern Advocate: 9
Dominion Post: 7
Radio New Zealand Audio: 6
Waikato Times: 6
NZ City: 5
Crux: 4
Times Online: 4
Governmentnews.co.nz: 3
Newsroom: 3
Hapai Te Hauora: 2
Point of Order: 1
iStart: 1
New Zealand Parliament: 1
National Business Review: 1
BusinessDesk: 1
Auckland DHB: -2

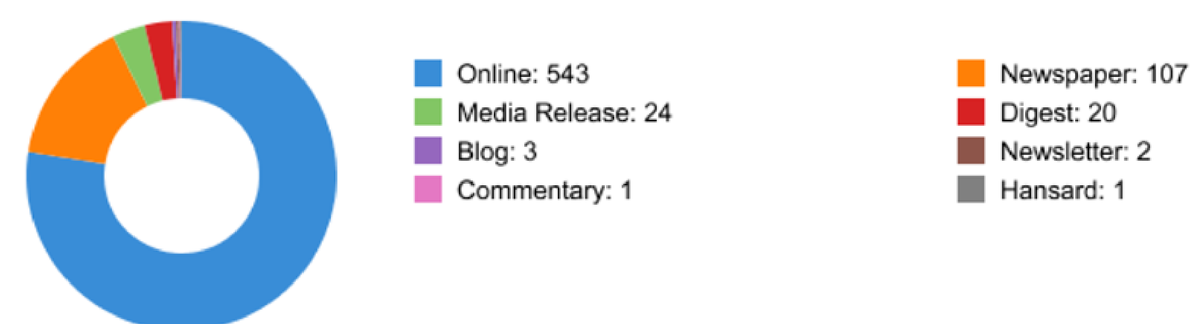

Figure 7 news volume, sources and content type

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, Ms Brittany Stanley-Wishart and Ms Tori Ngataki are 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 5 August 2020, 29 July 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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Public Excluded Minutes of Audit Risk & Finance Committee, Hospital Advisory Committee & Community & Public Health Advisory Committees	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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Bad Debt Write Off	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)]	**Privacy** The disclosure of 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)]
Interim Management Report YE 30.6.2020	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)]	**Commercial Activities** 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)]

Post Implementation Reviews	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)]	**Commercial Activities and Negotiations** 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)
ANSOS Onestaff Replacement Business Case	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)]	**Commercial Activities and Negotiations** 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)
Building Remediation Business Case	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)]	**Commercial Activities** 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)]
First Draft 2019/20 Annual Report & Development Approach	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)]	**Confidentiality of advice by officials** 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. [Official Information Act 1982 S9(2)(f)(iv)
Grow Manukau Detailed Business Case	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)]	**Commercial Activities** 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)]

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)]	**Public Interest** 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)]
Risk 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)]	**Confidentiality of advice by officials** 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. [Official Information Act 1982 S9(2)(f)(iv)