

MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
Wednesday 10 November 2021

Venue: via Zoom

<p><u>CMDHB BOARD MEMBERS</u> Mark Gosche – Chairman Tipa Mahuta – Deputy Chair Apulu Reece Autagavaia Catherine Abel-Pattinson Colleen Brown Dianne Glenn Garry Boles Katrina Bungard Paul Young Lana Perese Pierre Tohe</p>	<p><u>CMDHB MANAGEMENT</u> Margie Apa – Chief Executive Officer Margaret White – Chief Financial Officer Dr Peter Watson – Chief Medical Officer Dr Jenny Parr – Chief Nurse & Director of Patient & Whaanau Experience Lana Roberts – Board Secretary</p> <p><u>OBSERVERS</u> Brittany Stanley-Wishart Tori Ngataki Barry Bublitz Robert Clarke</p>
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PART 1 – Items to be considered in public meeting

AGENDA

BOARD ONLY SESSION (9.00 – 10.00am)		
1. GOVERNANCE		
10.00am	1.1 Apologies	2
10.02am	1.2 Disclosures of Interest	3-5
10.05am	1.3 Specific Interests	6
10.07am	1.4 Gift & Hospitality Register	7
2. BOARD MINUTES		
10.10am	2.1 Confirmation of Minutes of the Meeting of the Board – 29 September 2021 (Mark Gosche)	8-18
10.15am		
10.20am	2.2 Action Item Register (Mark Gosche)	19
	2.3 Draft Minutes of the Hospital Advisory Committee Meeting – 6 October 2021 (Catherine Abel-Pattinson)	20-23
10.25am		
	2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings – 6 October 2021 (Pierre Tohe)	24-26
10.30am		
	2.5 Report from Mana Whenua i Tamaki Makaurau – verbal (Barry Bublitz/Robert Clarke)	
3. EXECUTIVE REPORTS		
10.40am	3.1 Chief Executive’s Report (Margie Apa)	27-35
	3.1.1 Patient Story + video [5:50 mins]	36
	3.1.2 Appendix 1 Public - CMH dashboard - Metrics that Matter - Sept 2021	37-44
	3.1.3 Appendix 2 Public - MTM reporting process map	45
10.55am	3.2 Corporate & Finance Business Report (Margaret White)	46-50
4. OTHER REPORTS (FOR INFORMATION ONLY)		
11.10am	4.1 Health & Safety Performance Report (Elizabeth Jeffs)	51-103
11.20am	4.2 MIQF Report (Elizabeth Jeffs)	104-108
	4.2.1 HSR Meetings presentation	109-113
11.30am	4.3 Corporate Affairs & Communications Report (Margie Apa)	114-127
5. RESOLUTION TO EXCLUDE THE PUBLIC		

CMDHB Board Member Attendance Schedule 2021

Name	Jan	3 Feb	3 Mar	14 Apr	26 May	June	7 Jul	18 Aug	29 Sept	Oct	10 Nov	15 Dec					
Mark Gosche (Chair)**	No Meeting																
Colleen Brown*	✓	✓	✓	✓	X	No Meeting											
Dianne Glenn*	✓	✓	✓	✓	✓	No Meeting											
Reece Autagaiaia*	X	✓	✓	✓	✓	No Meeting											
Catherine Abel-Pattinson*	✓	✓	✓	✓	✓	No Meeting											
Katrina Bungard*	X	✓	✓	✓	✓	No Meeting											
Garry Boles*	✓	✓	✓	✓	✓	No Meeting											
Paul Young*	✓	✓	✓	X	✓	No Meeting											
Tipa Mahuta (Deputy Chair)***	✓	✓	✓	✓	✓	No Meeting											
Lana Perese***	✓	✓	✓	✓	✓	No Meeting											
Pierre Tohe***	✓	✓	✓	✓	✓	No Meeting											
Brittany Stanley-Wishart****	✓	✓	✓	X	✓	No Meeting											
Tori Ngataki*****	X	✓	X	✓	✓	No Meeting											
Barry Bublitz#	No Meeting																
Robert Clarke#	No Meeting																

* 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; **** appointed Board Observers effective 5.8.2020 until 23.9.2021; #appointed Board Observers 26.5.21.

BOARD MEMBERS' - DISCLOSURE OF INTERESTS
10 November 2021

New items in red italics

Member	Disclosure of Interest
Mark Gosche, Chair	<ul style="list-style-type: none"> • 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, Housing NZ Build Ltd (subsidiary of KO Homes & Comms) • Director, Housing NZ Ltd (subsidiary of KO Homes & Comms) • Board Member, Health New Zealand
Catherine Abel-Pattinson	<ul style="list-style-type: none"> • Board Member, healthAlliance NZ Ltd. • Member, NZNO • Member, Nurses Society NZ • Member, Directors Institute • Husband (John Abel-Pattinson) Director & Shareholder (via Trustee entities): <ul style="list-style-type: none"> ○ Blackstone Group Ltd ○ Blackstone Partners Ltd ○ Blackstone Treasury Ltd ○ Bspoke Group Ltd ○ Bspoke Services Ltd ○ Barclay Management (2013) Ltd ○ Chatham Management Ltd ○ Wolfe No. 1 Ltd t/a Secret Garden Spa ○ 540 Great South Motels Ltd ○ Silverstone Property Group Ltd ○ Various single purpose property owning companies ○ Various Trustee Companies related to shareholding in the above
Colleen Brown	<ul style="list-style-type: none"> • 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 • Member, MoH Disabled People's Engagement Group
Garry Boles	<ul style="list-style-type: none"> • NZ Police Constable
Katrina Bungard	<ul style="list-style-type: none"> • Deputy Chairperson MECOSS – Manukau East Council of Social Services. • Elected Member, Howick Local Board • President, Amputee Society Auckland/Northland • Member of Parafed Disability Sports • Member of NZ National Party

Dianne Glenn	<ul style="list-style-type: none"> • Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • Life Member, 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Director, Paul Young International Ltd • Councillor, Auckland Council
Pierre Tohe	<ul style="list-style-type: none"> • Senior Executive, Tainui Group Holdings
Reece Autagavaia	<ul style="list-style-type: none"> • Member, Pacific Lawyers' Association • Member, Labour Party • Trustee, Epiphany Pacific Trust • Chair, Otara-Papatoetoe Local Board • Board of Trustees Member, Holy Cross School • Member of the Cadastral Surveyors Board • Assessor of the Creative Communities Scheme South & East Auckland
Tipa Mahuta	<ul style="list-style-type: none"> • Councillor, Waikato Regional Council • Chair of Waikato River Authority • Co-Chair, Maori Health Authority
Brittany Stanley-Wishart, Board Observer	<ul style="list-style-type: none"> • Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference)
Tori Ngataki, Board Observer	<ul style="list-style-type: none"> • Chair, Ngāti Tamaoho Trust • Trustee, Second Natures Trust • Trustee, Waikato Endowment College Trust • Member, Te Arataura (Executive Board of Te Whakakitenga o Waikato) • Co-Chair, Appointments Committee for Te Whakakitenga o Waikato • Director, Keep it Māori Ltd • Staff Member, Winstone Aggregates

Barry Bublitz, Board Observer	<ul style="list-style-type: none"> • Director, International Indigenous Council for Healing Our Spirits Worldwide • Patron – Management Team, Te Mauri Pimatisiwin (A Journal of Aboriginal and Indigenous Community Health) • Chair – Māori Research Review Committee • Chair, Wikitoria King Whānau Trust • Chair, Eva Newa Wallace Whānau Trust • Secretary, Mataitai Farm Trust • Turuki Health Care – Employee • Co – Chair Mana Whenua Kei Tamaki Makaurau Board • Co-Chair Kaitiaki Roopu: Whakangako te Mauri o te Tangata
Robert Clarke, Board Observer	<ul style="list-style-type: none"> • Chair Manawhenua I Tamaki Makaurau Health Board • Member of Te Whakakitenga (Waikato/Tainui Tribal Parliament) • Deputy Chair Waikato Tainui Appointments Committee • Deputy Chair Huakina Marae Forum • Ngati Tiipa Lands/ Te Kotahitanga Marae Trustee • Chair Counties Maori Rugby • Crown appointed Tangata Kaitiaki for Waikato Awa and West Coast Harbours • Cultural Advisor for Counties Manukau Police • Deputy Chair of Te Hiku O te Ika

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 10 November 2021

Director having interest	Interest in	Due To	Disclosure date	Board Action
Mr Tohe	Potential Disposal of CM Health Owned Properties and, Disposal of Area B	Senior Executive, Tainui Group Holdings	14 April 2021	Mr Tohe's specific interest was noted and he was able to remain in the room and participate in any discussion but would be excluded from any voting, if applicable.
Mr Gosche	Potential Disposal of CM Health Owned Properties and, Disposal of Area B	Chairman of Kainga Ora Homes & Communities	14 April 2021	Mr Gosche's specific interest was noted and he was able to remain in the room and participate in any discussion but would be excluded from any voting, if applicable.
Dr Perese	Mental Health Procurement	Director & Trustee of Emerge Aotearoa Limited Trust and Director Vaka Tautua	14 April 2021	Dr Perese's specific interest was noted and was she asked to leave the room whilst this item was discussed.
Apulu Reece Autagavaia	Mental Health Procurement	Member of Pacific Advisory Group for Mapu Maia	14 April 2021	Apulu Reece Autagavaia's specific interest was noted and he was asked to leave the room whilst this item was discussed.
Dr Perese	Mental Health Procurement	Director & Trustee of Emerge Aotearoa Limited Trust and Director Vaka Tautua	3 March 2021	Dr Perese's specific interest was noted and was she asked to leave the room whilst this item was discussed and voted on.
Apulu Reece Autagavaia	Mental Health Procurement	Member of Pacific Advisory Group for Mapu Maia	3 March 2021	Apulu Reece Autagavaia's specific interest was noted and he was asked to leave the room whilst this item was discussed and voted on.
Mr Gosche	Infrastructure Strategy – Middlemore Precinct Planning	Chairman of Kainga Ora Homes & Communities	3 March 2021	Mr Gosche's specific interest was noted and he was able to remain in the room and participate in any discussion but would be excluded from any voting, if applicable.
Mr Tohe	Infrastructure Strategy – Facilities Roadmap	Senior Executive, Tainui Group Holdings	3 March 2021	Mr Tohe's specific interest was noted and he was able to remain in the room and participate in any discussion but would be excluded from any voting, if applicable.

COUNTIES MANUKAU DISTRICT HEALTH BOARD
GIFT AND HOSPITALITY REGISTER - 2021

** new items added noted in red italics*

Gift declared by	Description of gift, hospitality or benefit	Donor	Approx. Value	Accepted / Declined	What was done with the Gift	Date Declared

As per Board Governance Manual:

Gifts or donations to the CMDHB Board, accepted on the Board’s behalf by individual Board members, are the property of the CMDHB Board. The only exceptions are small gifts (e.g. a bottle of wine; a diary) worth less than \$50.

Minutes of the Meeting of the Counties Manukau District Health Board Wednesday 29 September 2021

Held at Counties Manukau DHB, Middlemore Hospital, Hospital Road, Otahuhu (via Zoom)

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT

Mark Gosche (Board Chair)
Tipa Mahuta (Deputy Chair)
Apulu Reece Autagavaia
Catherine Abel-Patterson
Colleen Brown
Dianne Glenn
Lana Perese
Garry Boles
Katrina Bungard
Pierre Tohe
Paul Young
Barry Bublitz (Mana Whenua)
Robert Clarke (Mana Whenua)
Dr Brittany Stanley-Wishart (Seat at the Table Observer)
Tori Ngataki (Seat at the Table Observer)

ALSO PRESENT

Margie Apa (Chief Executive)
Margaret White (Chief Financial Officer)
Peter Watson (Chief Medical Officer)
Jenny Parr (Chief Nurse)
Donna Baker (GM, Communications & Engagement)
Matt Clarke (Deputy Clinical Head, Emergency Department)
Lana Roberts (Board Secretary)

APOLOGIES

Apologies were received from Elizabeth Jeffs, Director Human Resources.

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

Rowan Quinn, Health Correspondent for RNZ News was present for the public section of this meeting.

WELCOME

Mr Robert Clarke opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

There were several Disclosure of Interests to note and these have been recorded on the Disclosure of Interests Register accordingly.

Mr Gosche thanked the Board for the well-wishes and acknowledgements received for their new appointments to the Health New Zealand and Maori Health Authority Boards.

GIFT & HOSPITALITY REGISTER

The register was noted with no additions.

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 18 August 2021

The minutes were taken as read, with the following notes/amendments made:

Page 8, Dr Perese added to attendees list

2.6: The Board raised the issue of signing off reports at the end of financial year. Ms Apa has written to the Transitional Unit to enquire the role of Board members post June 2022 - and how this will be established. Still to be addressed – will update at next Board meeting.

3.1 Page 10, paragraph 6 - Correction to Minister – should be Minister of Pacific People.

3.1 Page 11, paragraph 2 – Correction to CCTM – should be CCDM.

Resolution (Moved: Ms Glenn/Seconded: Mr Young)

That the Minutes of the Board Meeting held on the 18 August 2021 be approved.

Carried

2.2 Action Item Register

Noted.

2.3 Draft Minutes of the Hospital Advisory Committee Meeting 25 August 2021

The minutes were taken as read. Received.

2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings 25 August 2021

The minutes were taken as read.

Ms Brown raised the ongoing issue of home-based vaccinations – how it can be accessed and be available within the community. Mr Tohe confirmed that the vaccination reports received are useful, however, the Board is keen to know what is being done so vaccination access can be available within the homes.

Mr Gosche is keen to know how the Board is being prepared in terms of resilience planning going forward. Request was made to add this as an ongoing item at upcoming committee meetings.

Ms Glenn raised item 2.3 (page 26) re. update on funding request made to MoH for endometrial cancer staff and education..

Ms Burr confirmed this will be updated at the November meeting.

2.5 Draft 2022 Board Meeting Dates

Proposed dates for 2022 board meetings were tabled and approved, with the following changes:

- Add additional B2B dates with MWiTM
- Schedule one final Board meeting at end of June (to be held after committee meetings)

Action: Board Secretary to confirm 2022 dates with both Mana Whenua and Board Chair – finalize and send out calendar invites for 2022 meetings.

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

That the 2022 Board Meeting Dates be approved once above changes have been made.

Carried

3. EXECUTIVE REPORTS

3.1 Chief Executive's Report (Margie Apa)

The paper was taken as read.

Metrics that Matter

- Paediatric/dental surgery for children - acknowledged ADHB as working closely with CMDHB to create capacity and getting theatre access for children – still lots to do
- Seclusion events are coming down – acknowledged Mental Health and Addiction team service, staying well below target – lots of training, reskilling, models of practice, maintaining progress.
- Immunisations remain low – will be able to use some of the community resources, offer wider range of vaccinations including opportunities for whanau to catch up on childhood immunisations
- Admission rates in first year of life for Pacific remains above target rate
- Lone worker app – details were provided in the report as requested by the Board. Ms Glenn who queried was pleased with response
- Patient feedback – comments are balanced for both compliments and complaints – there is reassurance that all feedback for patients is investigated and responded to

Mr Tohe queried data for Maori missing from the B4Sc Check and Bowel screening metrics, whether this could be added to next report.

Mr Gosche raised the issues of having information available on workforce stress, sick leave rate and levels of overtime. Keen to have this added to future reports so the Board can access.

Ms Brown noted lack of vaccination areas for people with autism and the deaf community – there is no option in Auckland. Disability community aren't receiving proper communication so a lot are missing out. Happy to discuss offline with Ms Apa.

Action: Data for Maori to be added to Metrics that Matter B4Sc Check and Bowel screening. Also information on workforce stress, sick leave rate and levels of overtime.

COVID-19 Update

- Still a big focus for the team
- Director Population Health has done modelling scenario to share with the Board
- Seeing two different types of outbreaks – original one follows the epicurve as we expected

- Cases in the past two weeks are modelled separately due to having different demographics, ie. household structure of groups
- Later part of this second outbreak of households are converting into cases from contacts which has contributed to the high numbers received
- Acknowledged the team's resilience to keep going during this outbreak
- Still work to be done –looking across all of the hospitals, working with CMOs and Capital teams to create more isolation room capacity and support wards

Mr Matt Clarke, Deputy Clinical Head, Emergency Department joined the Board meeting as part of his leadership and training, to get exposure on how we work in Governance at senior management level.

- Rapid antigen testing is used in conjunction with the PCR testing – mainly useful for rapidly identifying patients who are highly infectious; works better for big surges of COVID in the community with tests results received within 15 mins (which normally took 2 hours)

Mr Gosche noted comments from Andrew Connelly made to Board Chairs, re. preparing for the next phase. As a Board, we need to think about how well our primary community sector is doing for next phase; staff are currently under pressure with countless vaccinations and testing; as well as covering business as usual. Request also made that a checklist be available to ensure all bases are covered, with reports going to committees such as CPHAC, HAC.

Ms Apa confirmed Mr Jackson is finalizing some modelling and scenarios on what we can expect to see in hospitals, ICUs, etc. More work needs to be done to reach Maori and Pacific Island communities.

Mr Clarke queried what support is provided for staff and whanau who are exposed to positive cases and need to isolate. Is there anything happening in this space around these situations? Mr Apa advised accommodation is provided if staff are affected, so their households and families aren't exposed. OC Health checks are also provided with staff, especially when there are contacts in the community. Wellbeing checks, EAP, regular checking in on staff who are isolated from work are also available.

It has also been difficult for patients with family not being able to visit. Ms Parr advised compassionate visiting was available and was happy to discuss the process offline with Mr Clarke.

Mr Gosche acknowledged (on behalf of the Board) the hard work from all staff and management involved, during this latest outbreak - especially dealing with the media and parliamentary issues. Special acknowledgement also went out to Ms Baker and the Communications team, for the level of service provided during an intense period with the hospital incidents.

Resolution (Moved: Mr Boles/Seconded: Ms Glenn)

That the Board:

Receive the Chief Executive's Report for the period 18 August – 28 September 2021

Carried

3.2 Finance & Corporate Business Report (Margaret White)

The report was taken as read and noted.

Annual Plan for 2021/22 (first tranche) has been sent to Ministers for sign-off, currently awaiting confirmation.

Ms Brown queried the underspend for aged residential care, whether this created different stresses on the system. Ms Apa confirmed a budgeting provision has been set; which is one area where demand isn't high, but a budget is set based on calculation where demand may be.

Resolution (Moved: Mr Boles/Seconded: Ms Glenn)

That the Board:

Receive the Corporate and Finance Report.

Note that the financial result was presented to the Audit Risk and Finance Committee meeting held on 8 September 2021.

Carried

4. OTHER REPORTS (FOR INFORMATION ONLY)

4.1 Occupational Health & Safety Performance Report

The report was taken as read.

Ms Apa confirmed a deeper dive to understand how our OC health model works, has been included in the report (as requested by the Board). Support for staff included mask fit testing, contact-tracing and other functions were also noted.

Mr Tohe raised the issue of the recent fire at MM and what the cause was. Ms Apa confirmed a fire was started in a cupboard and the teams involved, reacted quickly to get staff and service users out safely. A FENZ report and team's internal review of the incident is yet to come.

For the next H&S report, a request has been made to separate out the MIF health and safety report. A lot of the incident reporting in the MIF is done through the MP system. Elizabeth and Pauline's team are working out how we can extract the PCBU related information specific to us, and the health staff that we employ. A separate health & safety report will be produced from the main organization.

Mr Gosche expressed concern at the high number of stress levels as outlined in the chart: Number of Incidents Reported Related to Staffing Inadequate/Stress by Division (pg.86). This was especially high for the Medicine team. Although numbers are trending back down, Mr Gosche was keen to know what is being done to help in this area. Ms Apa noted that an update on medicine will be provided once the Aug-Sept period is finalized, with a report going to HAC committee.

Resolution (Moved: Dr Perese/Seconded: Mr Young)

That the Board

Receive the Health & Safety report for the month of July and August 2021.

Note this report was endorsed by the Executive Leadership Team on 14 September to go forward to the Board.

Carried

4.2 Corporate Affairs & Communications Report

The report was taken as read.

Donna Baker – GM Communications & Engagement gave the following updates:

- Daniel Mataafa was announced Young Nurse of the Year and interviewed by John Campbell on breakfast. Great shoutout to Middlemore Hospital
- PQs – 77 noted in the report but is now up to 123 and still coming in, this is on top of the OIAs coming in
- Vaccine rollout – looking at introducing a Youth Council with influences in pop culture to target rangatahi; also looking at opportunities for safe conversations to encourage youth to get vaccinated

Ms Ngataki and Ms Stanley-Wishart (Board Observers) asked to be included in the Youth Council plans for the vaccination roll-out.

Mr Autagavaia shared his support for the vaccination roll-out. In Otara the communities have put together regular Zoom meetings where youth can join in and ask questions on vaccination, and/or express their concerns around the system.

Ms Glenn shared that the Design & Build South East and Design & Build Franklin magazines will be out in October and are available for free. These magazines will have information on the latest plans and designs for the Manukau Health Park development.

Action: Ms Ngataki and Ms Stanley-Wishart to be added to the Youth Council plans for vaccination roll-out.

Resolution (Moved: Mr Autagavaia/Seconded: Mr Gosche)

That the Corporate Affairs & Communications Report be received and noted.

Carried

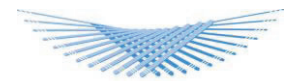
5. BOARD OBSERVER PROGRAMME

Brittany Stanley-Wishart/Tori Ngataki – video presentation

The Board agreed to move this item to a later date as they would like to meet in person with Tori Ngataki and Brittany Stanley-Wishart to have discussions and gather feedback.

The Board also agreed to extend the appointment of Tori Ngataki and Brittany Stanley-Wishart on the Board Observer programme to June 2022.

6. RESOLUTION TO EXCLUDE THE PUBLIC

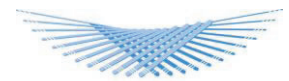


That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

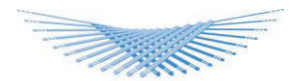
Ms Ngataki, Ms Brittany Stanley-Wishart, Mr Barry Bublitz and Mr Robert Clarke are allowed to remain for the Public Excluded section of this meeting.

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

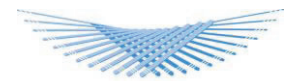
General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes 18 August 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely 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 the: <ul style="list-style-type: none"> • Hospital Advisory Committee 25 August 2021 • Community & Public Health Advisory Committee 25 August 2021 	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.
COVID19 Vaccination Programme Cost : re-endorsement	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 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)(j)]
Ratification of Circular Resolution – 2021-22 Final Annual Plan Update Sep21 for Board endorsement	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.	Confidentiality of Advice by Officials The disclosure of information is necessary to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by officials.



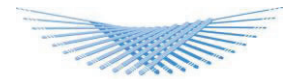
	[NZPH&D Act 2000 Schedule 3, S32(a)]	[Official Information Act 1982 S9(2)(f)(iv)]
Northern Managed Facilities Cost Budget 2021-22	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason 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)]
AOG Gas Reticulation Contract	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial 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)(j)]
Build Manukau Update	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 & Negotiations 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 and negotiations. [Official Information Act 1982 S9(2)(i)(j)]
Bad Debt Write-offs – Medical and Renal	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 the information would not be in the public interest because of the need to protect the privacy of natural persons. [Official Information Act 1982 S9(2)(a)]
First Draft Annual Report 2021/21	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result	Commercial Activities The disclosure of information would not be in the public interest



	<p>in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
95 Wiri Station Road, Manukau Lease Extension	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities & Negotiations</p> <p>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 and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p>
Cardiac Catheter Lab and Dialysis Expansion Project	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities & Negotiations</p> <p>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 and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p>
DFA Policy roll over	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>



Major Capital Works Advisory Group – Amended Terms of Reference	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities & Negotiations</p> <p>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 and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p>
Draft Northern Region Service Plan 2021/2022	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Middlemore Hospital Kitchen and Pot Wash Area Remediation	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities & Negotiations</p> <p>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 and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p>
Chief Executives' Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Public Interest</p> <p>The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)(ii)]</p>



Infrastructure 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)]	Commercial Activities & Negotiations 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 and negotiations. [Official Information Act 1982 S9(2)(i)(j)]
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Resolution (Moved: Mr Young/Seconded: Dr Perese)

That the Board:

Receive the resolution to exclude the public.

Carried

The public meeting closed at 11.15am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 10 NOVEMBER 2021.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 29 SEPTEMBER 2021.

BOARD CHAIR

DATE

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

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE
29 Sept 2021	Draft 2022 Board Meeting Dates	Board Secretary to confirm 2022 dates with both Mana Whenua and Board Chair – finalize and send out calendar invites for 2022 meetings.	10 Nov 2021	Lana Roberts	Completed. Calendar invites for 2022 dates have been sent.	✓
29 Sept 2021	CEO Report - Metrics that Matter	Data for Maori to be added to Metrics that Matter B4Sch check. Also for Bowel Screening. Add information on workforce stress, sick leave rate and levels of overtime to future reports.	10 Nov 2021	Margie Apa/ Jess Ibrahim	Refer item 3.1 on today's agenda	✓
29 Sept 2021	Corporate Affairs & Communications Report	Board Observers to be added to the Youth Council plans for vaccination programme.	10 Nov 2021	Donna Baker	This has been passed to Comms team.	✓

Minutes of Counties Manukau District Health Board Hospital Advisory Committee

Held on 06 October 2021 at 1.00pm

Via Zoom

Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland

PART I – Items Considered in Public Meeting

BOARD MEMBERS PRESENT

Catherine Abel-Pattinson – HAC Chair
Dr Lana Perese - HAC Deputy Chair
Dianne Glenn - CMDHB Board Member
Garry Boles - CMDHB Board Member
Katrina Bungard – CMDHB Board Member
Paul Young – CMDHB Board Member
Apulu Reece Autagavaia - CMDHB Board Member
Riki Minhinnick – Mana Whenua
Robert Clark – Mana Whenua

ALSO PRESENT

Gary Jackson – Director Population Health
Dr Jenny Parr - Chief Nurse and Director of Patient and Whaanau Experience
Jess Ibrahim – Executive Advisor, CEO's Office
Mary Burr – General Manager Women's Health
Peter Watson – Chief Medical Officer
Avinesh Anand – Deputy CFO Provider
Claire Watts - Communications
Lana Roberts – Board Secretary

1. COMMITTEE ONLY SESSION

The Committee only session commenced at 1.05pm with Ms Abel-Pattison chairing the meeting.

The DHB Management team joined the meeting at 1.15pm.

2. AGENDA ORDER AND TIMING

Agenda items were taken in the same order as listed on the agenda.

2.1 APOLOGIES/ATTENDANCE SCHEDULE

Apologies were received from Colleen Brown, Tipa Mahuta, Barry Bublitz, Mark Gosche, Margie Apa, Aroha Haggie and Sanjoy Nand.

Public and Media Representatives Present

Rowan Quinn from RNZ was present for some of the public part of the meeting.

2.2 Disclosure of Interests

There were no Disclosed Interests to note.

Disclosure of Special Interests

There were no Disclosed of Special Interests to note.

2.3 Work Plan 2021
Noted.

3. CONFIRMATION OF MINUTES

3.1 Minutes of the Hospital Advisory Committee Meeting – 25 August 2021

Resolution (Moved: Mr Young/Seconded: Dr Perese)

That the Minutes of the Hospital Advisory Committee held on 25 August 2021 be approved.

Carried

3.2 Action Items Register – Public
Noted.

4. PERFORMANCE REPORTS

4.1 Provider Arm Executive Summary (Mary Burr)

The report was taken as read.

Dr Perese queried the lower Pacific percentage rates for bowel screening coverage and whether any actions were taken to bring this back up. Ms Burr to provide update at next meeting.

Action: Ms Burr to provide update (at next meeting) on lower Pacific percentage rates for bowel screening coverage and whether any actions were being taken to improve this.

Resolution: (Moved: Mr Autagavaia/Seconded: Ms Bungard)

That the Hospital Advisory Committee:

Receive the Hospital Services Executive Summary related to August 2021 activity.

Carried

4.2 Finance Report – CMDHB Provider Arm (Avinesh Anand)
The report was taken as read.

Resolution: (Moved: Mr Autagavaia/Seconded: Bungard)

That the Hospital Advisory Committee:

Receive the Hospital Advisory Committee Financial report.

Carried

5. CORPORATE REPORTS

5.1 Metrics That Matter

The paper was taken as read.

Suggestion was made to add in the COVID vaccination rates to the report. Ms Burr to note this in future reports.

Action: Ms Burr to add in the COVID vaccination rates to the Metrics that Matter report.

That the Hospital Advisory Committee:

Receive this 'Metrics that Matter' August 2021 Dashboard and Highlights Lowlights commentary.

Note that measures have been updated to reflect performance as at 31 August 2021 (unless otherwise noted on the dashboard).

Note that, due to timing of meeting schedules, the August dashboard has been submitted to 6 October 2021 HAC meeting ahead of ELT review and endorsement.

Note the recently received Health System Indicators Framework review table attached in the Appendix.

5.2 Middlemore Security Unit - video

This video was played to the committee.

6. STRATEGIC DEEP DIVE

6.1 Planned Care (Pauline McGrath/Sue Shipperlee)

The paper was noted as read.

7. OPERATIONAL DEEP DIVE

7.1 GROW Middlemore – update (Alan Greenslade/Nettie Knetsch)

Mr Greenslade gave a brief overview and presentation on the future of the Middlemore services and site.

8 RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Ms Glenn/Seconded: Dr Perese)

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 Riki Minhinick and Ms Nanaia Rawiri 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 25 August 2021	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	Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.

	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)]	
Healthy Together 2025 Clinical Services 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 Committee to carry out, without prejudice or disadvantage, commercial activities.
Assisted Dying/End of Life Policy	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 next meeting of the Hospital Advisory Committee will be held on Wednesday, 6 October 2021.

Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 06 October 2021.

Catherine Abel-Pattison
Chair

Dr Lana Perese
Deputy Chair

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

Held on Wednesday, 06 October 2021 at 9.45am

Via Zoom

Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland

PART II – Items considered with Public Excluded

BOARD MEMBERS PRESENT

Colleen Brown (Co-Chair)
Pierre Tohe (Co-Chair)
Dianne Glenn
Katrina Bungard
Lana Perese
Paul Young
Apulu Reece Autagavaia

ALSO PRESENT

Dr Gary Jackson (Director Population Health)
Dr Campbell Brebner (Chief Medical Advisor, Primary & Integrated Care)
Lana Roberts (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

1. AGENDA ORDER AND TIMING

Items were taken as per the agenda.

2. GOVERNANCE

2.1 Confirmation of Previous Minutes

Confirmation of the Public Excluded Minutes of the Community and Public Health Advisory Committee meeting held on 25 August 2021.

Resolution Moved: Ms Glenn/Seconded: Ms Brown

That the minutes of the Public Excluded Community and Public Health Advisory Committee meeting held on 25 August 2021 be approved.

Carried

3. PRESENTATIONS

3.1 Funding Arrangements to ensure Improved Health outcomes for Vulnerable Whaanau

Deferred to November meeting.

3.2 Weight/Obesity programme presentation

Presentation was tabled at the meeting by Dr Gary Jackson, Director Population Health (also available in Diligent).

The Committee thanked Dr Jackson for the great proposal, noting the extensive information included to support our business case.

Resolution Moved: Ms Glenn/Seconded: Ms Brown

It is recommended that the Community & Public Health Advisory Committee:

Note that Counties Manukau Health has the highest number of people of high BMI in New Zealand, and the highest number of people with diabetes. This disproportionately affects Pacific and Maaori people.

Note that CM Health has the highest number of people with poor control of diabetes in New Zealand, and this number is increasing year on year.

Note that the organisation has attempted various programmes over the years to reduce population weight gain and to improve diabetes care. The programmes have all been successful in what they tried to achieve, but none were of a scale or reach to change the pace of growth of diabetes in our communities.

Note that Counties Manukau Health has an estimated 11,000 people with diabetes in excess of the PBFF funding received, leading to an estimated shortfall in funding of \$39m per year, or around \$300m over the past 10 years.

Note that new evidence is available as to the effectiveness of sharp weight reductions in the reduction in risk of developing diabetes, and in reversing diabetes already present.

Note that the attached plan has been developed by a cross-organisation team to bring these new treatments to the population in need in CM Health, developing the requisite services across primary and secondary care. However, the budgeting for 2021/22 has not been able to allocate money for preventive programmes of this size. Application has been made to the Ministry of Health for added funds to enable this work.

Note the attached plan seeking five-year funding of \$138m to develop a weight management service for CM Health, increase capacity in the diabetes service, and provide a comprehensive offering in the primary care area.

Recommend this paper go forward to the 10 November 2021 Board meeting for approval to send the Business Case to the Ministry of Health.

Carried

4. COVID RESILIENCE PLANNING

4.1 Scenario Modelling (Dr Jackson)

Presentation was tabled giving an outline on plans for COVID resilience. A copy is also available in Diligent.

5. COVID OPERATIONS UPDATE

5.1 Update on COVID Operations across CMDHB (Ms McQuilkin)

A presentation was tabled giving data on the number of vaccinations given throughout South Auckland. A copy is also available in Diligent.

Meeting closed at 11:45am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 06 OCTOBER 2021.

Pierre Tohe
Committee Co-Chair

Colleen Brown
Committee Co-Chair

DRAFT

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 29 September 2021 – 9 November 2021.

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

Introduction

This report covers the period 29 September – 9 November 2021. COVID-19 vaccination has been a large focus for us over the last few weeks; at the time of writing we are at 89% first doses given, closing in on the 90% target. We are mindful that we want to ensure that this milestone is reached across our communities and we have been working closely with local Maaori and Pacific providers to ensure that vulnerable groups have the opportunity to access vaccination – there is still more to do in this space but the innovation shown by providers in working with communities has been excellent. Over the next few weeks we, and our partners in the community, will be continuing local events to carry on driving vaccination rates up across our rohe.

Performance

I attach for the Board's information the Metrics that Matter for September 2021 (appendix 1). The dashboard and associated reporting process continues to be a work in progress. Please note that the Health System Indicators (HSI) have been separated and placeholders provided on the final sheet. As part of Quarter 1 2021/22 reporting, the Ministry of Health (MoH) has requested that DHBs verify the data it holds for each HSI. This will begin formally in December 2021. Two HSI remain under development.

At the 29 September Board meeting it was requested that additional metrics relating to staff wellbeing be investigated for inclusion on the dashboard. This matter was raised at the 26 October ELT meeting, and our Planning Team intends to investigate best practice wellbeing indicators further with the Director of Human Resources.

At the time of submitting this paper the latest monthly data was unavailable for the following metrics:

- Primary care smoking cessation
- Percentage of four year olds receiving a B4 School Check (reported quarterly)
- Child oral health recall indicator
- RMO sick leave rate

This data will be added to the October dashboard when received. The seclusion events per 100,000 population metric has remained below the target since November 2020; this metric has subsequently been removed from the dashboard, but will continue to be monitored.

Highlights

- The Mental Health measure related to **non-urgent referrals seen within 3** weeks continues to show an improving trend.
- The number of patients waiting longer than 120 days for their FSA for pain management (**ESPI 2**) has trended downwards since February 2021 and dropped to zero in September.
- The **nursing sick leave rate** for September dropped below the 3% target – the first time since May 2020.

Lowlights

- The percentage of Pacific women aged 45-69 who have received a **breast screen** within the past 24 months has consistently trended downwards, and has dipped under the 70% target for the first time in two years.
- The performance against the 6 week waiting time for **MRI scans** continues to trend downwards.
- The **P2 colonoscopy within 42 days** metric for all ethnicities has been trending downwards for the last three months. The performance against the **P2 gastroscopy within 42 days** continues to trend downwards.
- While a trend has yet to be established, the Maaori and Pacific **admission rates in the first year of life** have spiked in September, and the Pacific rate has remained above target since June 2021.

Immunisation rates

At the 5 October 2021 ELT meeting, an action was requested to understand if the equity gap in immunisation rates for Maaori and Pacific children was an issue of timeliness (i.e. not meeting the KPI timeframes but being immunised after the target date) or an issue of non-immunisation. Accordingly, an analysis of children born each month between July 2019 and January 2021 was undertaken to show their vaccination status at 12 months of age. The results show the proportion of children that received their full *primary course of immunisation* (i.e. all scheduled six-week, three month, and five month vaccinations) by eight months (on time) or 12 months of age (delayed). The results are broken down by total, Maaori, and Pacific ethnicity and recorded in the Appendix.

On average, 5.8% of Maaori 1 year olds (125 children out of the sample population of 2,141) received their primary course of immunisations between 8 and 12 months of age (e.g. on a delayed timeframe). For Pacific and all (total) children the average is 3.9% (127 children out of the sample population of 3,221) and 3.0% (317 children out of the sample population of 10,654) respectively.

The ELT reviewed the immunisation analysis at its 26 October meeting and concluded that:

- actual immunisation rates are higher than shown by the current *8mth olds immunisation on time* MTM dashboard graph;
- immunisation rates have continued to fall; and
- there still remains an equity gap for Maaori and Pacific children.

Metrics that Matter Process Map

The Senior Planning Advisor has outlined a draft process (see the process map in the attached appendix 2) that would allow ELT to have effective oversight of any potential issues indicated by MTM reporting. The process outlined places the emphasis on the service(s) to provide an explanation for any concerning trend for a MTM performance measure; recognises the potential opportunity to seek brief comment from Divisional GMs on an identified lowlight in the first instance (narrative from divisional reports could be

utilised if available); and acknowledges the need to escalate issues to the Board if required. The process map was endorsed by ELT at the 26 October meeting.

News and Events

'Vaiaso o te Gano Tuvalu' - Tuvalu Language Week!

This year we celebrated Tuvalu Language week from 26 September – 2 October online. The theme was 'Fakaakoigina tou iloga kae tukeli ke magoi mote ataeao' which means, embracing our culture and a more secure, vibrant future. During the week, language tips and resources were shared through online channels.



Chinese Language Week

The same week marked Chinese Language Week. The week is an initiative that aims to raise the number of people learning the Chinese language in New Zealand. The Moon Festival (Mid-Autumn Festival) also fell during Chinese Language Week. This is a significant festival celebrated in many Asian countries. Family and friends gather together under the brightest and roundest moon, which symbolises reunion.

While many of us were unable to celebrate Moon Festival with family and friends outside our bubbles, our Asian Health team created a Moon Festival quiz for staff to take part in.

Mental Health Awareness week

Mental Health Awareness week ran from 27 September to 3 October. This year's theme was "Take time to kōrero/mā te kōrero, ka ora" - a little chat can go a long way. Throughout the week, our Organisational Development Team facilitated a variety of interactive Zoom Sessions including:

- Conversations that Matter - Having genuine and timely conversations strengthen working relationships, and with respect & trust, helps to generate positive outcomes;
- Always Blow on the Pie – A psychologist led session on how we can apply some simple strategies when we encounter anger;
- Enhancing Trust & Respect – a session exploring the benefits of investing in respectful, trustful and meaningful working relationships;
- Spring Clean your Wellbeing – what wellbeing means to you and using tools to understand your wellbeing needs;
- Workplace civility – understanding the negative impact of workplace incivility on colleagues and patients, and strategies for effective conversations and for dealing with workplace incivility; and
- R U OK? - a simple 4 step approach to empower people to meaningfully connect with and support colleagues, friends, and whaanau/family who might be struggling or going through a difficult patch.

We were delighted to have Dr Tony Fernando also talk to us on Reducing Suffering through Mindfulness and Compassion. Also, BNZ presented a range of Zoom Financial Wellbeing Seminars and Zoom 1:1 Financial Health Checks.

Some of these sessions were repeated on World Mental Health Day on 13 October, and we have also instigated 'Wellbeing Wednesday', where a wellbeing tip or resource is shared weekly.



Fijian Language Week

Fijian Language week was also marked online this year, running from 3 October – 9 October. This year's theme was Noqu Vosa, Ai Vakadei ni Noqu Tiko Vinaka, which means my language provides stability to my wellbeing. Common words and phrases in Fijian were shared for all to practice with their teams.

Fijian Language Week was also the perfect opportunity to celebrate members of our staff who selflessly give their time as volunteers to help make a difference to the people of Fiji. Friends of Fiji Health (FOFH) and Sathya Sai Organisation (NZ SAI) are charity organisations that send teams of medical specialists to Fiji.

Dr Dinesh Lal, Gastroenterologist, leads the Asia Pacific region's medical arm of NZ SAI, which provides healthcare and training to an average of 3,500 patients. "In Fiji's rural areas we set up schools and visit islands to offer health care services to those in need and our services are free. It is a spiritual mission and our motto is 'Services to man is service to God' and I feel it is important to help those in need – this is one way I can do that with my skills and expertise" says Dr Lal.

Dr Ajay Kumar, Geriatrician Consultant, leads the FOFH which regularly travels to Fiji to work, mainly in hospitals. Though lockdown has halted travel, FOFH still found ways to help and prior to lockdown fundraised \$215,000 for food parcels distributed in Fiji.

Dr Kumar, Dr Lal and Jannette Hennings, Senior Nurse, volunteer across both organisations, often working together to help make a difference to those in need in Fiji. They are regularly joined by other CM Health staff such as Kelera Batiwale, Varanisese Serevi (FOFH) and Raijie Naidu, Sreyon Murthi, Ruku Shatroha, Shaku Prasad, Ronika Kumar, and Anandita Devi (NZ SAI). Dr Kumar said the work done by CM Health staff was essential and thanked the nurses, doctors, the multi-disciplinary team and non-Fijian volunteers who helped carry out this work.

"We all firmly believe we are so privileged to be able to serve and work alongside our people and in that we all cannot thank Counties enough in supporting and helping us serve our people"

Our staff who volunteer their own time is a true reflection of our Counties Manukau Health values and it is great to see examples of these in action, both at work and outside of work. Thank you all.



International Allied Health Professions Day

On 14 October we marked International Allied Health Professions Day. Counties Manukau Health employs a large number of Allied Health Professionals in roles across many of our services to provide diagnostic, technical, therapeutic, rehabilitative and direct services to our large and diverse community.

"I want to thank all our Allied Health professionals for their mahi. Everyday our workforce delivers value to health care delivery" says Sanjoy Nand, Chief of Allied Health, Scientific & Technical Professions. "From specialist patient facing to highly skilled and technical clinical support we are vital to the functioning of the health system.

The opportunity for Allied Health teams to contribute to the development of sustainable, affordable and equitable health care is very real. The continued value our Allied Health workforce will provide in a new health system is well recognised as the health reforms progress. The future is bright as we contribute to the new system across secondary and specialist services and deliver to the reform goals."

Thank you to all our Allied Health professionals for your outstanding mahi.

World Occupational Therapist Day

On 27 October we also marked World Occupational Therapy Day 2021, recognising the extraordinary work our team of over 130 Occupational Therapists deliver every day. Their work is critical to help our patients regain lost abilities or develop new skills to adjust to the outcomes of illness or injury. Our occupational therapist teams touch the lives of adults with arthritis, multiple sclerosis, and those recovering from strokes, surgery and mental illness. They deliver therapy and enable equipment and support provision to adults and children with injuries, support children with developmental disorders, illnesses and injuries, and provide home assessments for those in our community impacted by disease or injury.

In July Counties Manukau Health hosted a Regional Mental Health Symposium for Occupational Therapists and will have three presenters at the Regional Physical Health Symposium at Waitemata DHB in October.

To all our Occupational Therapists, the work you do is such an important part of our Counties Manukau Health kaupapa. This year's theme is "Belong, Be you", which promotes the power of diversity and inclusion

as we work together to build community and resilience – a theme that is so relevant to the work we do for our diverse South Auckland communities. Thank you all for your outstanding mahi.

World Pharmacy Technicians Day

World Pharmacy Technician Day was marked on 19 October. The Inpatient Pharmacy (Kidz First Basement) celebrated with the awesome pharmacy technician team over morning tea and lunch.

Here at Counties, we have a total of 20 pharmacy technicians employed with a wide range of technical skills all of whom are contributing to the safe and effective use of medicines.

Pharmacy technician team at Counties work tirelessly to ensure adequate medicine stock levels in all clinical areas (onsite and offsite), maintaining 82 Pyxis machines and 125 fridges, fridge temperature excursion management, controlled drug management, and recently Pyxis machine builds for COVID-19 wards and handling of COVID-19 vaccines.

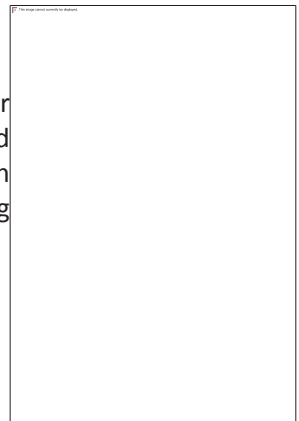


In addition, there are three pharmacy technicians are employed at Haumanu community pharmacy. To all of our pharmacy technicians - Thank you for the great work you all do caring for our patients and community.

International Cleaners Day

On 20 October we marked International Cleaners Day. Cleaners are vital in our organisation and this was an ideal opportunity to thank our cleaners for their hard work, especially during COVID-19. As we were unable to hold events, we again celebrated remotely and ran profiles of some of our cleaners online highlighting the great work that they do across our organisation.

A big thank you to our cleaners for your mahi!



Niue Language Week

Nieu Language week was marked 17 – 23 October; this year's theme was **Kia Tupuolaola e Moui he Tagata Niue**, which means May the Tagata Niue thrive. As with other language weeks marked during the lockdown period, we celebrated the week online with language resources and information shared throughout the week.

Global Clinical Engineering Day

21 October was Global Clinical Engineering Day. Clinical Engineers are vital in healthcare and the day is a worldwide celebration that recognises the important contributions of clinical engineers. We have a team of 29 clinical engineers along with the wider clinical engineering team, who work with clinical staff to help develop, modify and maintain medical equipment to meet hospital needs.

Tokelau Language Week

Tokelau Language week was celebrated online this year from 24 – 30 October. This year's theme for Tokelau Language Week is 'Tokelau! Tapui tau gagana ma tau aganuku, i te manaola ma te lautupuola', which means 'Tokelau! Preserve your language and culture, to enhance spiritual and physical wellbeing.'

Our People

Local Heroes

For August, we wanted to recognise the fact that all of our employees are local heroes, doing a fantastic job in what has recently been a challenging time for Auckland as we respond to the delta outbreak. We therefore decided to increase the Christmas meal allowance for all staff and we hope that by Christmas we are able to hold some celebratory gatherings in our teams to acknowledge the great work that has been done this year.

NZNO Young Nurse of the Year Award

The New Zealand Nurses Organisation (NZNO) has announced CM Health registered nurse Daniel Mataafa as Young Nurse of the Year. Daniel is part of the Regional Pacific Team within Pacific Health Development, a team that he joined at a time of unprecedented increase in demand for services as a direct result of Covid-19 and New Zealand closing its borders.

"Daniel has demonstrated courage and bravery to ensure every patient journey delivers a respectful, seamless and safe experience," says Chief Nurse and Director of Patient and Whaanau Experience Jenny Parr. "He provides patients with holistic care, and equity of access is evidenced in how he has managed his diverse caseload. Heartfelt congratulations to Daniel for an honour that is very well deserved."



Daniel has spoken of the adversity he has felt being a Samoan male nursing student and has chosen to channel his experience into guiding others, especially young males contemplating a career in nursing. Speaking at events at places like Tangaroa College to demystify nursing as a career choice is evidence of his commitment to the nursing profession.

Speaking to the NZNO, Daniel said he was lost for words and humbled when he learned he had received the award. "When I got the call from NZNO I was speechless. I had to take my break early to let it sink in. I feel really honoured, but deep down, I know any of the nominees deserve it too." Daniel says he is proud of being able to build resilience and adapt to carry on doing the work he does. He also highlights that he's grateful to work alongside such a good team of people. "Among them, I'm supported to keep developing myself so I, in turn, can offer the best support and care I can to my community here."

Patient Feedback

Below are some recent comments and feedback from our patients and visitors:

Ward 7

“The help from start to finish was very good. I think the staff at Ward 7 were very professional”.

MSC

“I don't think anyone would describe a stay in hospital as pleasurable, but that would be the word I choose. Everyone - the doctors, nursing staff, and physio at MSC all went out of their way to minimise the physical pain and mental reservations I had before, during, and after knee replacement. I don't think the service I received could be enhanced in any way.”

“I found all staff at MSC kind and efficient. They were also patient with an old man - I found the above particularly applied to the junior nurses.”

KidzFirst

“Everything the Kidz First Surgical team did was beyond amazing. They cared for my boy like their own. They were very welcoming and always made sure we were okay. Thank you very much. We will never forget the lovely ladies here. He definitely enjoyed the attention.”

Radiology

“I wish to commend the kind, helpful and cheerful Mae in the MRI, Radiology team. She made an uncomfortable procedure easier to cope with. Her pleasant manner deserves acknowledgment. It made such a difference for me which I am very grateful for.”

Ward 9

“My experience at ward 9 was superb and awesome. The doctors and nurses explained in detail the procedures of the surgery and what my options were. I really appreciated the information to make informed decisions. It was a very friendly atmosphere - especially when going into the surgical theatre. Thanks for the good experience.”

KidzFirst

A parent of a child hospitalised during level 3 lockdown raised concerns regarding the fact that the patient's father was unable to visit. This caused distress to the patient and their mother. They did not feel that the health system had considered families' needs when setting their visiting policies

The patient was also unable to leave their room and their mother reported that it felt like “my son has committed a crime and now he has been cut off from the outside world”. She was concerned about the impact this was having on his mental health; given his age, he did not understand why he was unable to see his father or go outside for fresh air.

This feedback was received via email whilst the patient was still in the hospital and the Charge Nurse Manager spoke directly with the patient's mother. The CNM explained the KidzFirst visitor policy to the mother and was in agreement that a visit from the patient's father would be beneficial for him, and was able to accommodate a visit in the KidzFirst Healing Garden. The mother was very appreciative of this.

The above was summarised from patient and staff feedback.

Appendices

1. Metrics that Matter dashboard September 2021
2. Metrics that Matter Process Map

Afa:

(Please note English is a second language for this patient and demonstrates the level of his literacy, this was also done with the support of the patient's sister who has a very strong command of the English language)

I came to New Zealand with my wife and oldest daughter to stay in my parent's house in 1998 after I fell off the breadfruit tree and become paralysed. My family in New Zealand wanted me to be close to them. Many things have changed since then. I am no longer with my wife and my 2 beautiful daughters 23 and 26 year now live in Australia. I am staying with my sister until I can find a house that can have my wheelchair. I have applied for Housing New Zealand (HSNZ). It has been a long time, many years. My sister is very kind but it is important we live our own life.

This wound started when I was returning from Samoa on the plane in 2017. I was being transferred from a small wheelchair to a high chair and I ended up getting scratched on my right bottom. It was a small one so I did not worry, but every time I transfer the wound get scratched and I can't feel it. I did my dressings for the wound for a long time. In 2018 it was the District Nurse (DN) who come to change my catheter, she looked at the wound and was very worried for me. So she send me to Middlemore hospital. I was there for 1 week and then she came to see me at home every 2 days.

The wound it was a little bit healed on the skin but not on the inside, so it keep growing inside. I was very sick. Again 2018, I go to the hospital. This time it is close to the bone and they are very worried for me. They use the vaccum to suck out the wound and put in a redivac. I am in hospital for 1 week and I can go home, the wound is only heal on the outside. Because I sit in my chair every time, they tell me to be careful for the wound inside... but I didn't be careful for the wound. I love going out and visiting with my family and friends, I am a very busy man.

It is 2020, 3 years I am sitting the whole time on the wound it is very deep, I am back to the hospital. This is when I meet (name supplied), she have a good talk with me and my daughter, she say to me if I want the wound to get better I will need to stay in the hospital a long time. She say I will be lying down every day and not to move for 6 weeks and everything will be done for me. She explain it to me and ask me if I want the wound to get better. I say YES to her and I finally want this. The smell for the wound is 3 years. My family was ok with the smell but it was very shameful for me so I was not happy for that time.

So she tell me go home and come back and she will organise everything for me. (Name supplied) was good, she did it fast and I was in Middlemore and then I go to (Private hospital named) for the wound to get better. After 6 weeks it is still not better and she tell me, another 6 weeks but I must keep doing what they say. It was hard, but what makes it easy for me to stay in the hospital was a lady speaks to me in my own language of Samoa and she was from the same village. This was very important for me as no one allowed to come during the level 4 Lockdown. When the level 4 lockdown finished only one can visit. As a family it was very sad, as they all worry for me, but they say to me the wound is most important and so I pray every time for the Lord to help me with my wound. I say the prayer in the morning, in the day and night and before I go to sleep. It was good after the lockdown go down. The Pastor was allowed to pray with me and my family could come visit with me.

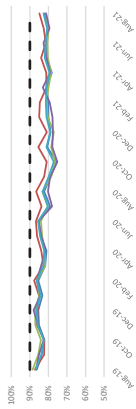
When I was in the Hospital and the Spinal unit, they have a good plan for me. They are very clear with me. I go to the gym. I listen them and I know what is needed for the wound to get better. After 11 weeks I am sitting in the commode for half an hour and can use the toilet and shower. They send me to the Spinal Unit for 6 weeks. Every day the Dr and Nurse check the wound and they still do everything for me. My wound is closed but is still deep inside. So two weeks I sit in the chair/1 hour, two weeks I sit in the chair/2 hours, two weeks sit in the wheelchair/2 hours and lie in the bed/2 hours. Then I am very happy I have 3 hours in the wheelchair. I can go and visit with my family and friends. This is good because when I was in the hospital, I lost a lot of weight. I didn't eat the food. I like my own food it was good when my family bring me the food. I am happy.

My English is not good but they explain it well for me to my sister's and brother who speaks English. My brother he learned the machine and helped me to go to the toilet, he does the things for a man that the woman does not do. I am very happy the wound is better. It has been a long time. I thank everyone who helps me, I am grateful for my family and I thank my Lord for looking after me. Today I am hoping for my own house, somewhere I can have everything to fit in the room. I need a house big enough for my step daughter who lives with me. I am caring for her. I like go to church, I want to play pool with my friends who are in the pool club.

(Afa points to all the photos on the wall) This is my daughters, my family and this is my best friend. He is the one in the wheelchair with all my pool club friends, we have been friends a long time. I want they can come visit with me in my house. I am so happy for this... I am blessed man.

Smoking Cessation

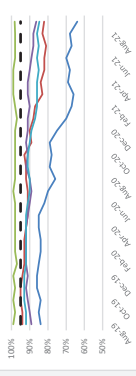
Primary care



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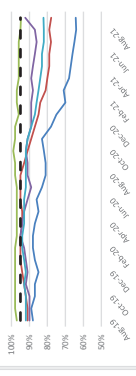
Q&S

8mth olds immunisation on time

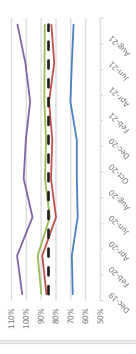


Immunisation

2 yr olds immunisation on time

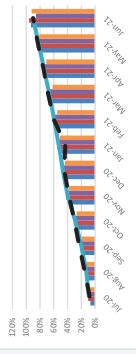


Newborn enrolment



B4Sc check

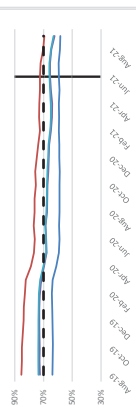
B4Sc Check FY 20 (cumulative)



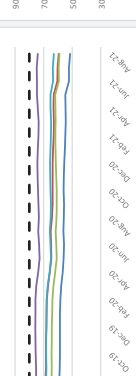
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Screening

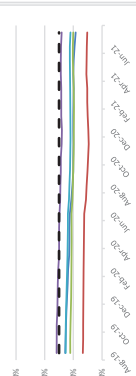
BreastScreening



Cervical Screening

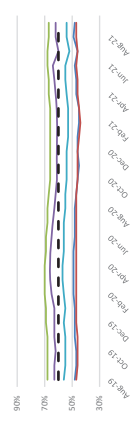


Bowel Screening



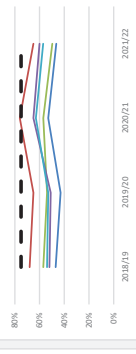
Diabetes

Diabetes Control



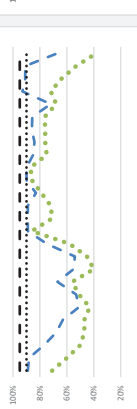
Influenza

Influenza vaccinations to >65 year olds



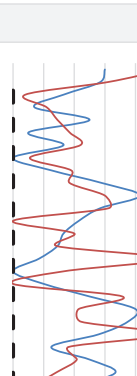
Radiology

CT & MRI scans within 6 weeks



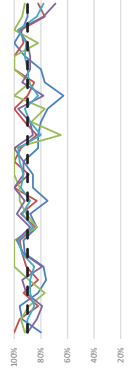
Respiratory

P1 bronchoscopy within 7 days

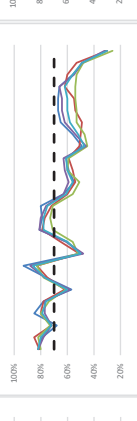


Gastroenterology

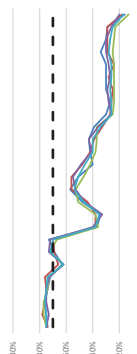
P1 colonoscopy within 14 days



P2 colonoscopy within 42 days

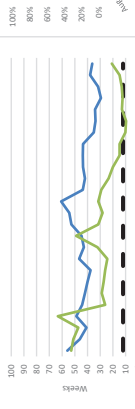


P2 gastroscopy within 42 days



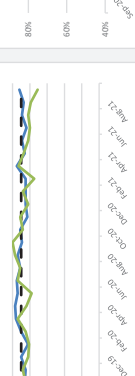
Cardiology

Echo & Holter wait times



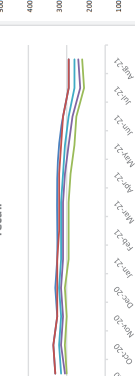
Oncology

Faster Cancer Treatment 31 & 62 day



Community Oral Health

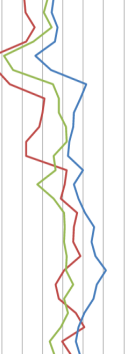
Pre-school and Primary school children overdue for recall



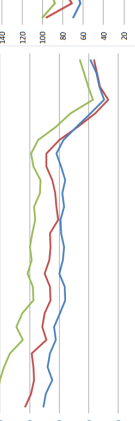
Paediatric Oral Health

FSA and Surgical Waitlist

OMOH Surgical waitlist by Ethnicity



OMOH FSA WL by Ethnicity



Data unavailable

Smoking Cessation	Immunisation	Q&S	B4Sc check
<p>Primary Care</p> <p>PH04: Percentage of PHO enrolled patients who smoke who have been offered help to quit smoking by a health care practitioner in the last 15 months</p>	<p>8mth old immunisation</p> <p>CW05: Percentage of eight months olds who have had their primary course of immunisation on time</p> <p>2yr old immunisation</p> <p>CW05: Percentage of two year olds who are fully immunised</p> <p>Influenza (Annual)</p> <p>Vaccinations given to over 65 year olds between 1 March and 30 September each year. Note: 21/22 data incomplete</p>		<p>B4Sc check</p> <p>CFA: Completed B4 School checks of 90% of eligible population (7810) Note: Plotted is the cumulative achievement per month against the eligible population</p> <p>Newborn enrolment</p> <p>Percentage of newborns who are enrolled in general practice by 3 months of age. Monthly data not yet available</p>
Screening			
<p>Breast screening</p> <p>Proportion of women aged 50 – 69 years who have had a breast screen in the last 24 months (from July 2021 the age range for this metric changed to 45-69 years in line with MoH's adjusted performance measure for 21/22.</p> <p>Bowel screening</p> <p>The proportion of invited people during a timeframe that were screened. The numerator is the number of eligible people who have returned a completed FIT kit during the reporting period.</p>	<p>Cervical screening</p> <p>Proportion of women aged 25 – 69 years who have had a cervical smear in the last three years Note: Data reported is one month in arrears</p>		
Diagnosics			
<p>Radiology</p> <p>CT&MRI scans within 6 weeks</p> <p>% of scans completed within 6 weeks of acceptance of referral</p> <p>Cardiology</p> <p>Echo & Holter wait times</p> <p>Maximum wait time for Echo & Holter (target weeks: 12 weeks)</p> <p>Histology</p> <p>Histology Turnaround Time</p> <p>Removed as target met for over 12mths (as of June 2021)</p>	<p>Respiratory</p> <p>P1 bronchoscopy within 7 days</p> <p>% of urgent bronchoscopies performed with 5 days of acceptance of referral</p> <p>Oncology</p> <p>FCT 31&62 days</p> <p>31 day: % of patients waiting less than 31 days from the decision-to-treat to receiving their first treatment (or other management) for cancer.</p> <p>62 day: % of patients who are treated within 62 days of referral with a high-suspicion of cancer</p>	<p>Q&S</p> <p>P1 colonoscopy within 14 days</p> <p>% of urgent colonoscopies performed with 14 days of acceptance of referral</p> <p>P1 gastroscopy within 14 days</p> <p>% of urgent gastroscopies performed with 14 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p>	<p>Gastroenterology*</p> <p>P2 colonoscopy with 42 days</p> <p>% of routine colonoscopies performed with 42 days of acceptance of referral</p> <p>P2 gastroscopy with 42 days</p> <p>% of routine colonoscopies performed with 42 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p> <p>Surveillance colonoscopy within 84 days</p> <p>% of surveillance colonoscopies performed with 84 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p> <p>Surveillance gastroscopy within 84 days</p> <p>% of surveillance gastroscopies performed with 84 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p>
Oral Health			
<p>Community Oral Health</p> <p>Children in arrears</p> <p>The percentage of pre-school and primary school children who have not been examined according to their planned recall period (i.e. by the planned recall date set at their previous examination) in DHB-funded dental services. Target of 0% has been set by the Child, Youth and Maternity team - no agreed target has been set regionally.</p>	<p>Paediatric Oral Health FSA waitlist</p> <p>The number of children referred by Community Oral Health Services who are awaiting their First Specialist Appointment. Currently no target for size of waitlist.</p> <p>Data source: ADHB</p>	<p>Surgery</p> <p>Paediatric surgery waitlist by DHB</p> <p>The number of children who are awaiting oral surgery after their FSA determines oral surgery is required.</p> <p>Data source: ADHB</p>	

*colonoscopy and gastroscopy results are different to what is reported to MOH. Results presented in this dashboard include patient deferred reasons for waitlist breaches - MOH reports exclude any patient deferred reasons.

Q&S

Acute

ED 6hr target

Patients discharged by ED Geriatricians to community

General Medicine time to first inpatient consult

Stroke patients to rehab unit within 7 days

Eligible stroke patients thrombolysed

Q&S

Readmissions

7 day readmission rate

Admission rate in first year of life

Q&S

Outpatients

Q&S

Planned Care

Planned Care Interventions

Surgery

Elective cancellations - day of surgery

Proportion of cancellations

Ophthalmology

Ophthalmology follow-up appointment breach

Q&S

Planned intervention

Q&S

Services not achieving waiting time targets

ESR 12 compliance	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Cardiology	0	0	0	0	8	35	21	66	35	56	135	197	
Dermatology	7	6	20	28	57	97	140	158	173	200	184	202	245
Gastroenterology	0	0	0	0	1	0	0	14	53	34	0	69	28
General Medicine	0	0	0	0	0	2	2	0	0	0	1	0	0
General Surgery	238	225	278	264	332	468	483	567	621	618	220	192	777
Gynaecology	0	0	0	0	0	0	0	13	15	8	8	36	144
Ophthalmology	146	88	65	85	118	103	110	124	93	58	61	115	215
ORL	1	1	3	44	6	59	50	4	0	0	0	0	40
Otorhinolaryngology	535	300	505	548	556	578	622	692	776	661	700	756	864
Paediatric Medicine	0	45	48	45	49	66	63	53	53	52	46	56	52
Pain	7	3	7	16	26	31	20	15	7	5	2	1	0
Plastics	1	1	2	1	1	1	1	0	1	82	68	57	60
Respiratory	0	1	1	0	2	10	16	0	14	1	16	14	16

ESR 15 compliance

Green 8 patients 1 Yellow 10 and 4 18 patients 1 Red 4 18 patients	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
General Surgery	45	28	30	32	61	91	63	104	136	123	143	107	120
Genecology	7	5	7	10	22	29	36	39	45	45	52	72	67
Ophthalmology	14	6	13	24	12	19	21	20	32	17	16	17	36
ORL	9	4	13	4	8	5	7	5	2	3	1	0	3
Otorhinolaryngology	10	7	6	8	9	20	28	40	44	52	62	59	79
Plastics	0	7	52	47	47	57	54	53	61	64	55	45	54
Urology	4	6	17	29	30	25	20	4	0	0	0	0	15

Q&S

Outpatients

DNA rate from all elective work

% Non Face to Face appointments

FSA Non Face to Face appointments

Follow up Non Face to Face appointments

Q&S

Mental Health

0-24yr olds non-urgent referral seen within 3 weeks

0-19yr olds non-urgent referral seen within 8 weeks

Alcohol status

Q&S

Planned Care

Q&S

Average Length of Stay

ALOS - services expected above 5 days

ALOS - services expected under 5 days

Q&S

Planned Care

Q&S

Acute

Alcohol status assessment

Q&S

Planned Care

Q&S

Acute

Alcohol status assessment

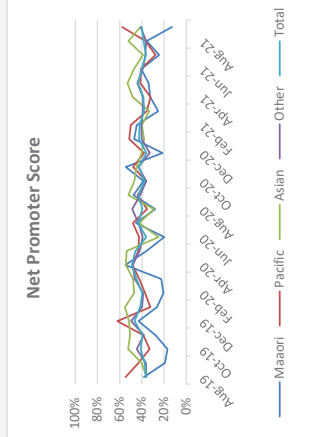
Q&S

Planned Care

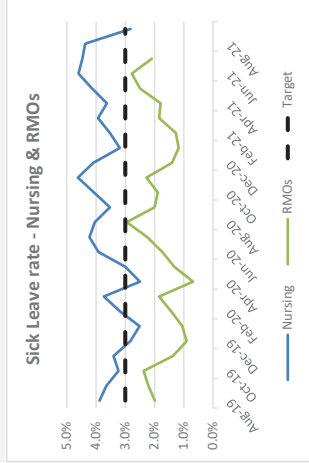
Q&S	Acute	Q&S	Q&S
<p>ED 6 hr target</p> <p>% of patient presentations to the ED with an ED length of stay of less than six hours from the time of presentation to the time of admission, transfer and discharge.</p>	<p>Time to first inpatient consult</p> <p>1st Time a Triage 1, 2 or a Triage 3-5 patient attending ED with General Medicine recorded as the first speciality is seen by a physician upon referral (median time in minutes)</p>	<p>Stroke patients to rehab unit</p> <p>Number of patients with an admission for a subsequent rehabilitation inpatient event within 7 days of the acute event's admission date. Note: Data reported one month in arrears</p>	<p>Eligible stroke patients thrombolysed</p> <p>% of patients admitted (by admit date) with: admission type of acute; admission method of home/routine; and principal diagnosis of ischemic or non-specified stroke. Note: Data reported one month in arrears</p>
<p>Average Length of Stay</p> <p>Time from admission to discharge (includes any person who is admitted and stays longer than 3hrs)</p>	<p>7 day readmission rate</p> <p>The number and % of patients who are discharged and readmitted within 7 days</p>	<p>Readmissions</p> <p>% of births from MMH readmitted within the first year of life.</p>	<p>Admission rate 1st yr of life</p>
<p>Q&S</p> <p>ESPI 2 compliance</p> <p>Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment</p> <p>ESPI 5 compliance</p> <p>Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days for treatment – elective First Specialist Assessment</p> <p>Services not achieving waiting time targets</p> <p>Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment</p> <p>Note: Services not shown after 2 months of compliance</p>	<p>Mental Health</p> <p>0-24yr olds referral seen within 3 weeks</p> <p>% of persons not seen for 12mths or ever, who are referred and have face to face contact with a mental health or addiction professional within 3 weeks Note: 3mths in arrears, 12mths rolling.</p> <p>0-19yr olds referral seen within 8 weeks</p> <p>% of persons not seen for 12mths or ever, who are referred and have face to face contact with a mental health or addiction professional within 8 weeks Note: 3mths in arrears, 12mths rolling</p> <p>0-24yr olds referral seen within 3 weeks</p> <p>% of persons not seen for 12mths or ever, who are referred and have face to face contact with a mental health or addiction professional within 3 weeks Note: 3mths in arrears, 12mths rolling.</p> <p>From July 2021 the age range for this metric changed from 0-19 to 0-24 years in line with the new Health System Indicator - this change is denoted by the vertical line on the graph.</p> <p><i>Numerator: IA</i> <i>Denominator: 2018 Census TARGET MET - removed from dashboard</i></p>	<p>Alcohol Harm (Annual)</p> <p>Percentage of enrolled patients who have had their alcohol status Asked/Assessed in last three years. Note: Data is for last quarter of each year</p>	<p>Planned Care</p> <p>Planned Care interventions</p> <p>Number of planned care interventions against agreed service delivery Note: 1mth in arrears</p> <p>Planned intervention</p> <p>Ophthalmology</p> <p>Ophthalmology wait times</p> <p>% of patients who wait longer than 50% and 100% of the intended time for their follow up appointment</p>
<p>ESPI 2 compliance</p> <p>Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment</p> <p>ESPI 5 compliance</p> <p>Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days for treatment – elective First Specialist Assessment</p> <p>Services not achieving waiting time targets</p> <p>Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment</p> <p>Note: Services not shown after 2 months of compliance</p>	<p>Surgery</p> <p>Elective cancellations - day of surgery</p> <p>% of patients who did not attend their First Specialist Assessment (FSA) or who did not attend their second or more assessment for the same referral (excludes ED and inpatient)</p>	<p>Outpatients</p> <p>FSA Non Face to Face appointments</p> <p>Volume of First Specialist Assessments which have occurred without the patient being physically present (recorded as Telephone, Video Conference, Non Patient Contact in IMHA)</p>	<p>Follow Up Non Face to Face appointments</p> <p>Volume of Follow up assessments which have occurred without the patient being physically present (recorded as Telephone, Video Conference, Non Patient Contact in IMHA)</p>

Non-clinical performance

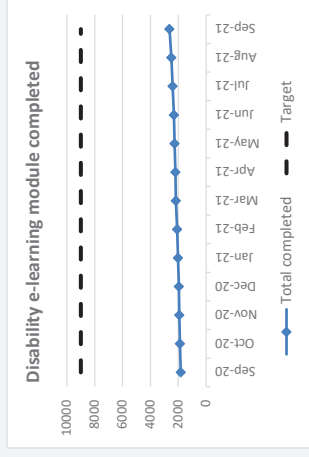
Patient Satisfaction



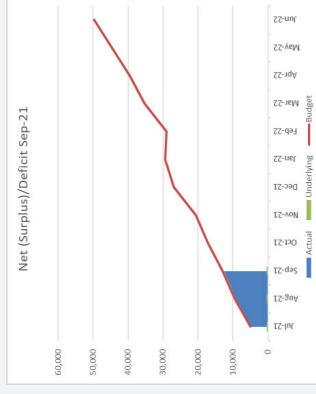
Workforce



Disability

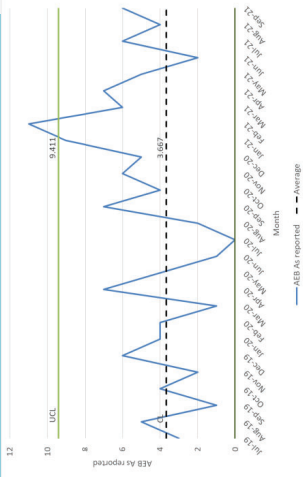


Month end financial result



Additional Quality and Safety Measures

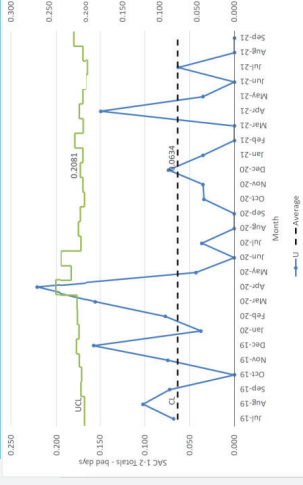
Reported Serious Adverse Events



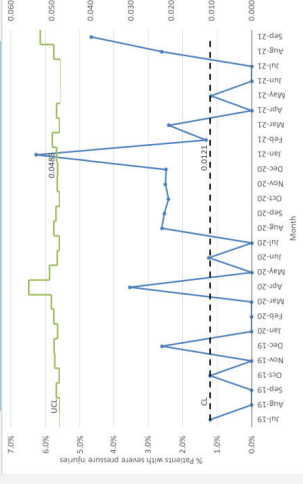
Hospital acquired complications



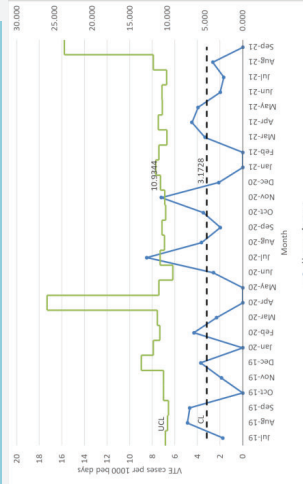
Falls per 1,000 bed days



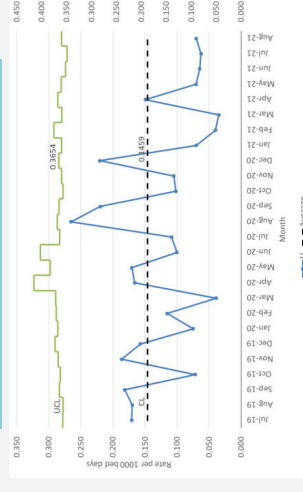
Severe pressure injuries



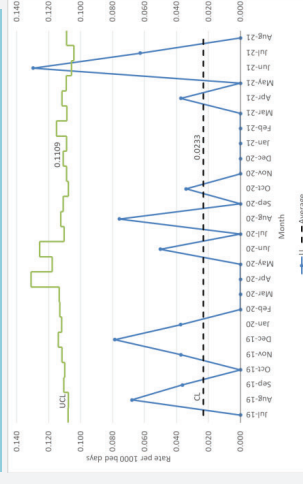
Provoked VTE cases per 1,000 bed days



S. aureus bacteraemia per 1,000 bed days



Inpatient CLAB per 1,000 bed days



Overall care rated very good or excellent



New HAC data unavailable

Non-clinical performance

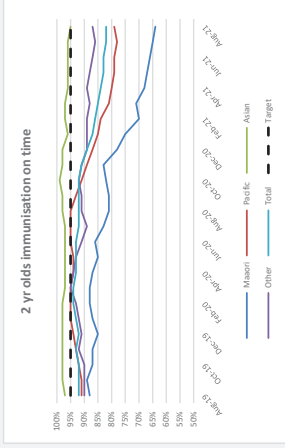
Disability	Month end financial result
<p>Disability e-learning module % of staff who have completed the disability e-learning module. Note: Denominator is all staff as this is part of mandatory training.</p>	<p>Net result Actual operating expenditure against budget across CM Health. Note: Actual excludes COVID and Holidays Act</p>

Quality and Safety Measures - 1 month lag

Workforce	Disability	Month end financial result
<p>Sick Leave rate - Nursing & RMOs Sick leave hours in the month divided by total hours in the month expressed as a %. Note: Nursing chosen as staff group with most robust data available. Nursing is an important workforce that impacts on hospital flow and is therefore used as a proxy to reflect the wider health workforce.</p>	<p>Disability e-learning module % of staff who have completed the disability e-learning module. Note: Denominator is all staff as this is part of mandatory training.</p>	<p>Net result Actual operating expenditure against budget across CM Health. Note: Actual excludes COVID and Holidays Act</p>
<p>Reported Serious Adverse Events AEB As Reported Number of Adverse event brief part A (AEB As) reported to the Health Quality and Safety Commission each month</p>	<p>Falls with major harm Rate of incidents of falls with major harm per 1000 bed days (Source: Incident Management System)</p>	<p>Severe pressure injuries Severe pressure injuries Severe pressure injuries % of patients with severe pressure injuries (Stage 3, 4, or unstageable) (Source: Safety First - includes hospital and non-hospital acquired pressure injuries)</p>
<p>Provoked VTE cases per 1,000 bed days Provoked Venous thromboembolism Number of provoked VTE cases (Elective Orthopaedics) per 1000 bed days</p>	<p>S. aureus bacteraemia per 1,000 bed days Inpatient SAB Inpatient rate of Staphylococcus aureus bacteraemia (SAB) per 1000 bed days (Source: surveillance data from IP&C)</p>	<p>Overall care rated very good or excellent Patient care rating % of patients that rate overall care as very good or excellent (Source: Complicity Inpatient Survey)</p>

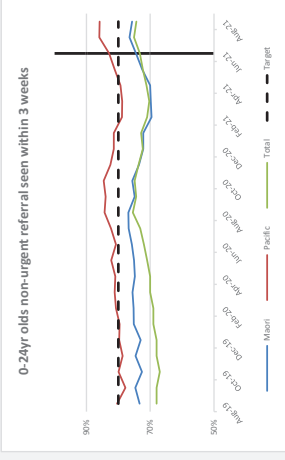
Health System Indicators - Govt. Priorities

Improving child wellbeing



0-4 ASH rate data TBC

Improving mental wellbeing



Access to primary health care data TBC

Improving wellbeing through prevention

45-64 ASH rate data TBC

participation in bowel screening programme TBC

Strong and equitable public health system

Acute hospital bed day rate TBC

Access to planned care data TBC

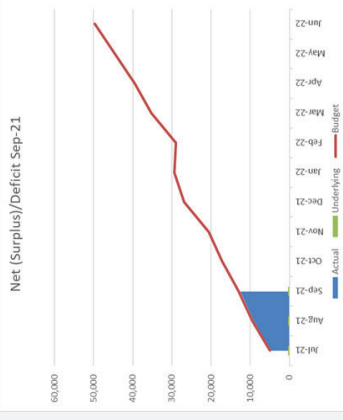
Better Primary health care

Patient experience data

% getting prim. care when needed TBC

% involved in care decisions TBC

Financially sustainable health system

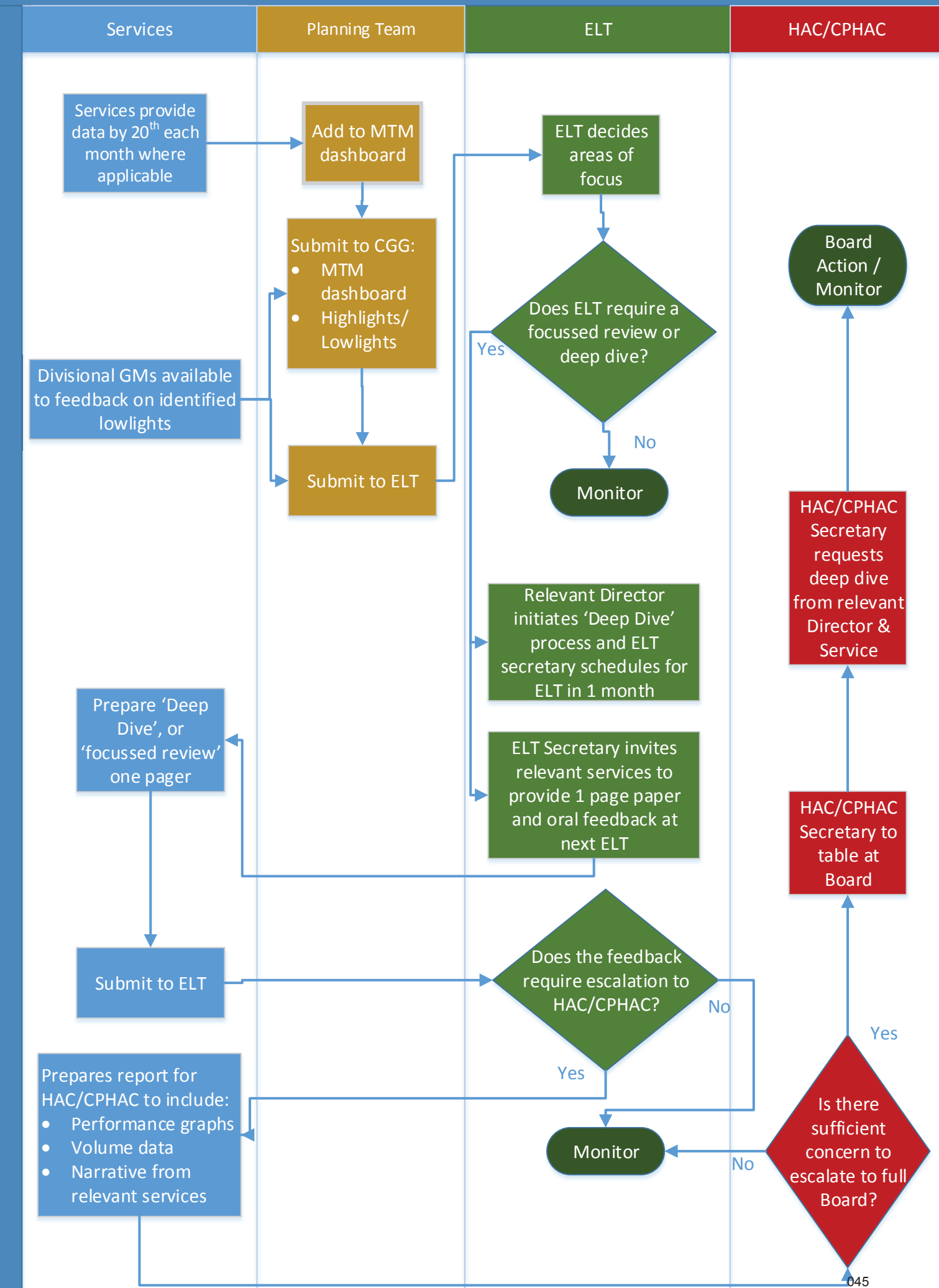


Variance between budget/actuals TBC

As part of Q1 MOH reporting, HSI DHB level data to become available from 20 October 2021 onwards

Health System Indicators - Govt. Priorities	
<p>Improved child wellbeing</p> <p>Immunisation rates for children at 24-months Percentage of children who have all their age-appropriate schedule vaccinations by the time they are two years old</p> <p>Ambulatory sensitive hospitalisations for children (age 0-4 yrs) Rate of hospital admissions for children under five for an illness that might have been prevented or better managed in the community</p>	<p>Improved mental wellbeing</p> <p>Access to primary mental health and addiction services (In development)</p> <p>Under 25s able to access specialist mental health services within 3 weeks of referral Percentage of child and youth accessing mental health services within 3 weeks of referral</p>
<p>Improving wellbeing through prevention</p> <p>ASH rates for adults (age range 45-64) Rate of hospital admissions for people aged 45-64 for an illness that might have been prevented or better managed in the community</p>	<p>Strong and equitable public health system</p> <p>Acute hospital bed day rate Number of days spent in hospital for unplanned care including emergencies</p> <p>Access to planned care People who had surgery or care that was planned in advance, as a percentage of the agreed</p>
<p>Better primary health care</p> <p>People report they can get primary care when they need it Percentage of people who say they can get primary care from a GP or nurse when they need it</p>	<p>Financially sustainable health system</p> <p>Annual surplus/deficit at financial year end Net surplus/deficit as a percentage of total revenue</p> <p>Variance between planned budget and year end actuals Budget vs actuals variance as a percentage of budget</p>
<p>People report being involved in the decisions about their care and treatment Percentage of people who say they felt involved in their own care and treatment with their GP or nurse</p>	

Metrics that Matter Process Map



For Information Only

Counties Manukau District Health Board

Corporate and Finance Business Report

Recommendation

It is recommended that the Board:

Receive this Corporate and Finance Business Report.

Note that the financial result was presented to Audit Risk and Finance Committee meeting held on 20 October 2021.

Prepared and submitted by: Margaret White, Chief Financial Officer

Glossary

ACC	Accident Compensation Corporation	HS	Health Source
BAU	Business As Usual	HSC	Health System Catalogue
BOY	Balance of Year	IDF	Inter District Flows
CCDM	Care Capacity Demand Management	MoH	Ministry of Health
COVID	Coronavirus Disease	PBFF	Population -Based Funding Formula
CPB	Combined Pharmaceutical Budget	PCT	Pharmaceutical Cancer Treatment
CTA	Cumulative Translation Adjustment	PVS	Price Volume Schedule
DHB	District Health Board	RMO	Resident Medical Officer
E\$C	Every Dollar Counts	TPK	Te Puni Kokiri
ED	Emergency Department	TRO	Te Ranga Ora
ELT	Executive Leadership Team	WIES	Weighted Inlier Equivalent Separations
FTE	Full Time Equivalent	YTD	Year To Date
HOP	Health of Older People		

Purpose

The purpose of this paper is to provide the Board with an overview of the financial result for the period ended 30 September 2021.

Key Messages

2021/22 August Month Result

The **underlying variance for the month of August 2021 is (\$24k) unfavourable against budget (YTD \$282k fav)**. The \$4.860m favourable Reported variance (YTD \$5.75m fav) is primarily attributable to a favourable COVID-19 variance of \$4.880m (YTD \$5.470m). Further analysis is presented within this report (truncated due to capacity constraints attributable to COVID-19 resurgence).

2021/22 September Month Result

At the time of writing the September month end result has just been finalised. **The underlying variance for the month of September 2021 is \$126k favourable against budget (YTD \$408k fav)**. Full analysis will be provided in due course.

Summary Financial Result and Commentary for the period ended 31 August 2021

2021/22 August Month Result - The underlying variance for the month of August 2021 is \$(24)k unfavourable against budget (YTD \$282k favourable) {refer Table 1}. The \$4.858m favourable Reported variance (YTD \$5.747m fav) is primarily attributable to a favourable COVID-19 variance of \$4.882m (YTD \$5.465m).

The Committee is asked to note the following:

- Due to delays in MoH approval of 2021/22 Planned Care volumes, costs and revenues have been accrued to budget. A wash-up will be accounted for in September 2021.
- Provider arm lost Planned Care revenue due to COVID-19 disruption in Lockdown L4 of \$2.057m has been coded to COVID-19.
- Due to delay for IDF reporting, we have accrued to budget as we do not yet a full picture of the IDF outflows split between BAU performance before lockdown and under delivery as a result of COVID-19.
- Additional capacity budgeted for deployment in 21/22 has also been accrued to budget, adjustments will be reflected in September reporting.
- Infrastructure is unfavourable mainly due to higher bad debt expense of \$620k due a high bad debt write off processed in July (approved at the Board meeting of 7 July 2021) and less capitalisation of payroll costs into projects (i.e. Manukau Health Park).

Table 1: Summary month and YTD result by division for the period ended 31 August 2021

Reported Net Result	August 2021						Full Year
	Month			Year to Date			
	Act \$000	Bud \$000	Var \$000	Act \$000	Bud \$000	Var \$000	Bud \$000
Provider	(3,527)	(3,321)	(206)	(7,443)	(7,211)	(232)	(36,944)
Funder	(787)	(1,027)	240	(1,784)	(2,054)	270	(12,323)
Governance	(140)	(82)	(58)	79	(165)	244	(456)
Underlying result	(4,454)	(4,430)	(24)	(9,148)	(9,430)	282	(49,723)
COVID-19 costs not funded	4,882	-	4,882	5,466	1	5,465	-
Reported surplus / (deficit)	428	(4,430)	4,858	(3,682)	(9,429)	5,747	(49,723)

Summary Commentary on underlying DHB Consolidated Financial Performance (reported net deficit)

Month

Provider Update - The Provider Arm result was \$206k unfavourable to budget with:

- \$3.100m favourable Government revenue with unbudgeted Planned Care Capital funding and timing of other revenue streams for CTA, ACC and Community Pharmacy,
- \$478k unfavourable Patient/Consumer Sourced reflecting the COVID-19 impact on Non-Resident revenue stream,
- \$773k net unfavourable personnel costs (net of outsourced personnel) attributable to a lower uptake of planned annual leave, unbudgeted cost of Care Partners (watches) in wards and unrealised centrally budgeted savings, offset by net vacancies in difficult to recruit to positions,
- \$738k unfavourable outsourced clinical services costs resulting from timing of expenditure and centrally budgeted savings,
- \$864k unfavourable costs for clinical supplies driven by an increase in activity for acute and planned care against pre the latest COVID-19 resurgence, resulting in additional cost for surgical

services (Plastic Surgery and Orthopaedics) and Neonatal, additional inventory cost due to COVID-19 related supply delays, together with unrealised budgeted savings. These costs were partly offset by efficiencies and PCT drug volume reductions.

- Depreciation was \$600k unfavourable to budget resulting from an unbudgeted accrual for YTD depreciation to result from the expected 2020/21 year end buildings revaluation adjustment, which will increase the full year depreciation charge by an unbudgeted \$3.600m for 2021/22.

Additional Provider comments:

- An estimated \$2.000m Planned Care revenue lost due to COVID-19 disruption, offset by \$430k associated savings (clinical supplies, patient meals, linen & laundry) have been provisionally accounted for as a \$1.570m COVID-19 cost pending confirmation of the 2021/22 Planned Care recovery plan.
- Centrally held outsourcing has been accrued to budget pending confirmation of final PVS (including 2021/22 Planned Care Volumes) and phasing of outsource expenditure.
- The majority of planned 2021/22 capacity increases have been accrued to budget pending confirmation of phasing.

Funder Update - The Funder Arm result was \$240k favorable to budget comprising:

Favourable variances of:

- \$369k lower Mental Health spend due to the delayed implementation of projects,
- \$370k lower demand/uptake in Health for Older People services compared to budget,
- \$100k lower uptake for High and Complex needs,
- \$39k lower spend for other

Offset by unfavourable variances of :

- \$384k delay to secure IDF savings associated with Management of volumes,
- \$83k delay to secure IDF savings associated with capture of complexity,
- \$125k delay to secure IDF savings associated with domicile tracking (refer E\$C report),
- \$38k wash up accrual for rheumatic fever labs,
- \$8k additional spend for Te Ranga Ora (TRO).

Governance - The Governance Arm result was \$58k unfavorable to budget, primarily attributable to budgeted phasing of outsourced services.

COVID-19 – COVID-19 result was \$4.882m favorable to budget with:

- \$3.000m resulting from a net favorable lab testing revenue,
- \$3.6m recovery of 2020/21 clinical staff and operating costs against the Ministers \$40m COVID-19 fund, following a review of the 2020/21 full year COVID-19 financial reporting. All Metro DHBs have made and notified the MoH of a similar adjustment,
- \$1.718m net unfavorable impact of COVID-19 costs not funded, (primarily due to lost planned care revenue.

YTD

Provider Update - The Provider Arm result was \$232k unfavourable to budget with:

- \$2.030m favourable Government revenue with unbudgeted Planned Care Capital funding and timing of other revenue streams for CTA, ACC and Community Pharmacy,
- \$945k unfavourable Patient/Consumer Sourced reflecting the COVID-19 impact on Non-Resident revenue stream,
- \$1.300m favourable personnel costs (net of outsourced personnel) driven by net vacancies in difficult to recruit to positions. External nursing agencies have been engaged to cover roster

gaps, vacancies and use of unbudgeted Care Partners and medical locums to cover vacancies in psychiatrists.

- \$1.214m unfavourable costs for clinical supplies driven by an increase in activity for acute and planned care against pre COVID-19 lockdowns contract. With increased capacity resulting in additional cost for surgical services (Plastic Surgery and Orthopaedics) and Neonatal, additional inventory cost due to COVID-19 related supply delays, together with unrealised budgeted savings. These costs were partly offset by efficiencies and PCT drug volume reductions.
- \$1.351m unfavourable infrastructure costs is mainly driven by \$502k unrealised budgeted savings, \$221k increased pharmacy costs (offset by additional revenue), \$355k lower than planned project recoveries (partially offset by vacancy savings in personnel costs) and \$291k increased nursing training grant (fully funded by additional revenue) .
- Depreciation was \$600k unfavourable to budget resulting from an unbudgeted accrual for YTD depreciation to result from the expected 2021 year end buildings revaluation adjustment, which will increase the full year depreciation charge by an unbudgeted \$3.600m for 2021/22.

Additional Provider comments:

- An estimated \$2.000m Planned Care revenue lost due to COVID-19 disruption, offset by \$430k associated savings (clinical supplies, patient meals, linen & laundry) have been provisionally accounted for as a \$1.570m COVID-19 cost pending confirmation of the 2021/22 Planned Care recovery plan.
- Centrally held outsourcing has been accrued to budget pending confirmation of final PVS (including 2021/22 Planned Care Volumes) and phasing of outsource expenditure.
- The majority of planned 2021/22 capacity increases have been accrued to budget pending confirmation of phasing.

Funder Update - The Funder Arm result was \$270k favourable against YTD budget comprised of:

Favourable variances of:

- \$739k resulting from delayed implementation of Mental Health projects,
- \$431k resulting from a lower demand/uptake in Health for Older People services compared to budget,
- \$48k resulting from a lower uptake in High and Complex needs,
- net \$284k from delays in implementation of Te Ranga Ora (TRO) programs.

Offset by unfavourable variances of:

- \$1.100m resulting from delays in securing IDF savings from management of volumes, capture of complexity and domicile tracking (refer E\$C report),
- \$76k Wash up accrual for rheumatic fever Labs.

Additional Funder comments:

- Further to the “deep dive” presentation to ELT on 14 September, an updated cost and phased plan for the 2021/22 TRO initiative is anticipated within the next two months. The aforementioned \$284k favourable variance reflects \$584k savings from implementation delays, offset by a \$300k provision to fund the HPV self-testing study initiative.
- The impact of COVID-19 on Community Pharmaceuticals expenditure is greater than budget and on the assumption that additional costs will be fully funded has been matched by additional accrued CPB revenue. The MoH are still determining what the correct funding value will be (at PBFF share level).
- IDF has been accrued to budget as we do not yet have a full picture of the IDF outflows split between BAU performance before lockdown and under delivery as a result of COVID-19.

- The \$4.600m net gain on 2020/21 wash-up for IDF inpatient activity continues to be held in the balance sheet pending final wash-up for outpatient services. Any remaining balance will be held to cushion 2021/22 IDF volume exposure.

Governance - The Governance Arm result was \$244k favorable to YTD budget, primarily attributable to vacancies in the Governance & Funding area.

COVID-19 Favourable YTD result of \$5.465m

COVID-19 – COVID-19 result was \$5.465m favorable to budget with:

- \$3.900, resulting from a net favorable lab testing revenue,
- \$3.6m recovery of 2020/21 clinical staff and operating costs against the Ministers \$40m COVID-19 fund, following a review of the 2020/21 full year COVID-19 financial reporting, All Metro DHBs have made and notified the MoH of a similar adjustment,
- Net impact of COVID-19 costs not funded (primarily lost planned care revenue) (\$2m).
- \$2.035m net unfavorable impact of COVID-19 costs not funded, (primarily due to lost planned care revenue).

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 month of September 2021.

Note this report was endorsed by the Executive Leadership Team on 26 October 2021 to go forward to the Board.

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

Glossary for Monthly Performance Scorecard and Report

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 capsizing; 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 Corporation
AEP	Accredited Employer Programme
ARF	Audit, Risk and Finance
ARPHS	Auckland Regional Public Health
ASRU	Auckland Spinal Rehabilitation Unit
BBFE	Blood and/or Body Fluid Exposure
BAU	Business as Usual
CCS	Central Clinical Services
CTAG	Clinical Technical Advisory Group
DHB	District Health Board
EAP	Employee Assistance Programme (Counselling)
ELT	Executive Leadership Team
FEAM	Facilities, Engineering and Asset Management
FOC	Fundamentals of Care
GHS	Get Home Safe
H&S	Health and Safety
HR	Human Resources
HSNO	Hazardous Substance New Organisms Act
HSR	Health and Safety Representative
HSR NZQA	Health and Safety Representative New Zealand Qualifications Authority
HSW	Health Safety and Wellbeing
HSWA	Health and Safety at Work Act 2015
IMT	Incident Management Team
IPC	Infection Prevention and Control
IRS	Incident Reporting System
JCC	Joint Consultative Committee
JSA	Job Safety Analysis
LTI	Lost Time Injury
MBIE	Ministry of Business, Innovation and Employment
MH&A	Mental Health and Addictions
MIQF	Managed Isolation Quarantine Facility
MMC	Middlemore Central
MOH	Ministry of Health
NCTS	National Contact Tracing System
NZDF	New Zealand Defence Force
OHN	Occupational Health Nurse
OHP	Occupational Health Physician
OHSS	Occupational Health and Safety Service
PCBU	Person Conducting a Business or Undertaking
PEHS	Pre-Employment Health Screening
PHCS	Primary Health & Community Services
PPE	Personal Protective Equipment
RFP	Request for Proposals
RMFT	Respirator Mask Fit Test
SPHM	Safe Patient Handling and Moving
SPEC	Safe Practice and Effective Communication
TAS	Technical Advisory Services Limited
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, risks and project activity to the Counties Manukau District Health Board. This report covers Health and Safety performance statistics for the month of

September 2021.

Brief October activity update

With Auckland continuing in lock-down (level 3) over the month of September, the OHSS team continued with remote working and tele-health for clinics. The Occupational Health physicians have carried out proactive work with other DHBs and CTAG colleagues on worker advisory matters. The Occupational Nurses continue to be busy with contact traces and linking with ARPMS and the CM Health Incident Management Team.

The Health and Safety and Injury Management teams have worked on preparing the evidence for the ACC audit over the last month with Accredited Employers (AEP) Audit being scheduled for 18th and 19th October. Injury management is the main focus of this audit and this year is based at Western Campus. The audit will be carried out virtually due to the current lock-down at level 3 in Auckland. This is quite a unique way of conducting an audit and is challenging however very much a sign of the times where we will manage provision of evidence and focus group meetings using computer based systems and utilising a real time camera for the site visit.

Respiratory mask fit testing demand remains high after increasing last month as we further support the Counties Manukau community. Including in an advisory capacity, reaching out to our contracting partners to check on their processes for use and fit testing for respirator masks when working in critical areas at CM Health.

CM Health H&S Dashboard – September 2021

LTI's		LTIFR – 12 month rolling average		Critical Risk Incidents																																																							
<h3>CM Health Lost Time Injuries</h3> <table border="1"> <tr><th>Month</th><th>Lost Time Injuries</th></tr> <tr><td>Jul-2021</td><td>15</td></tr> <tr><td>Aug-2021</td><td>3</td></tr> <tr><td>Sep-2021</td><td>9</td></tr> </table>		Month	Lost Time Injuries	Jul-2021	15	Aug-2021	3	Sep-2021	9	<h3>Counties DHB Lost Time Injury Frequency Rate (LTIFR)</h3> <table border="1"> <tr><th>Month</th><th>LTIFR</th></tr> <tr><td>Oct-2020</td><td>16.70</td></tr> <tr><td>Nov-2020</td><td>16.57</td></tr> <tr><td>Dec-2020</td><td>16.75</td></tr> <tr><td>Jan-2021</td><td>16.24</td></tr> <tr><td>Feb-2021</td><td>16.97</td></tr> <tr><td>Mar-2021</td><td>17.63</td></tr> <tr><td>Apr-2021</td><td>17.83</td></tr> <tr><td>May-2021</td><td>17.89</td></tr> <tr><td>Jun-2021</td><td>17.41</td></tr> <tr><td>Jul-2021</td><td>17.83</td></tr> <tr><td>Aug-2021</td><td>16.75</td></tr> <tr><td>Sep-2021</td><td>15.14</td></tr> </table>		Month	LTIFR	Oct-2020	16.70	Nov-2020	16.57	Dec-2020	16.75	Jan-2021	16.24	Feb-2021	16.97	Mar-2021	17.63	Apr-2021	17.83	May-2021	17.89	Jun-2021	17.41	Jul-2021	17.83	Aug-2021	16.75	Sep-2021	15.14	<table border="1"> <thead> <tr> <th>August</th> <th>Risk</th> <th>September</th> </tr> </thead> <tbody> <tr> <td>53</td> <td>Violence & Aggression </td> <td>64</td> </tr> <tr> <td>18</td> <td>Moving & Handling </td> <td>28</td> </tr> <tr> <td>15</td> <td>BBFE </td> <td>27</td> </tr> <tr> <td>13</td> <td>Slips, Trips & Falls </td> <td>16</td> </tr> <tr> <td>96</td> <td>Stress </td> <td>24</td> </tr> </tbody> </table>		August	Risk	September	53	Violence & Aggression	64	18	Moving & Handling	28	15	BBFE	27	13	Slips, Trips & Falls	16	96	Stress	24	<h3>CM Health Safe365 Aggregated Score</h3> <p>NZ Market Average = 53%</p> <p>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 needed 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</p>	
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Executive Summary

Occupational Health

Onsite clinics for OHSS physicians were 79 in September when compared to 83 in August. OHSS nurse appointments were 20 in September, which decreased significantly from 122 in August. The decrease is attributed to clinics being closed due to the COVID-19 alert level restrictions; the clinic reopened when Auckland moved to alert level 3, albeit in a reduced capacity to allow social distancing in the offices.

Manager referrals in September (28) remain static compared to August (27). The three main reasons for these referrals in September were concerns that health is impacting performance (7), fitness to work due to physical health (6) and mental health concerns (5).

Contact Trace (CT)

Twelve contact traces were conducted during September:

- 11 contact traces in September were as a result of COVID-19
 - There were 12 COVID-19 cases notified to Occupational Health by ARPHS for follow up. 2 of these cases required no contact tracing due to appropriate PPE worn in the ED department. 1 additional case was notified internally.
 - More cases presented to ED that did not require OHSS action due to the PPE worn in ED.
 - 297 staff deemed casual contacts.
 - 20 staff deemed casual plus – required to stand down until the result of their day 5 swab.
 - 44 close contact staff were required to stand down from work for 14 days post last exposure.
 - No close or casual plus contacts subsequently developed COVID-19 as a result of an exposure at work.
- One TB: ED and Ward 32. Appropriate PPE was worn and the patient was placed in a negative pressure room, which resulted in all staff being considered casual contacts, no further action required.

Staff Influenza Vaccination Programme

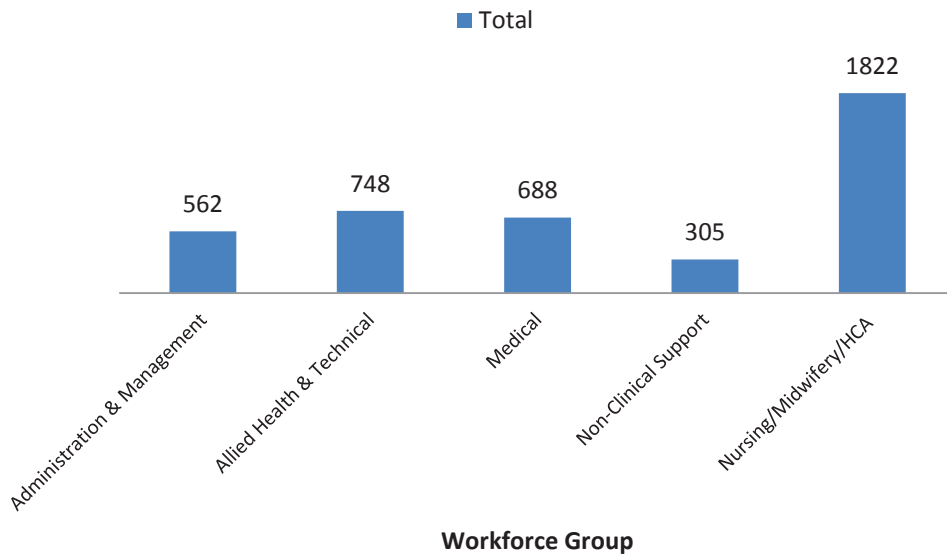
The Staff Influenza Vaccination Programme for 2021 has drawn to a close with the final influenza immunisation coverage numbers submitted to the Ministry of Health. However, new and existing employees continued to be offered the influenza vaccination by appointment in the OHSS Clinic.

When Auckland entered Alert Level 4 the OHSS Clinic closed for vaccinations while the Occupational Health Team was focused on COVID-19 related tasks. During this time Influenza Vaccinations were not on offer for staff. In Level 3, the clinics have re-opened for vaccinations.

To date 4797 vaccinations have been administered, of which 506 have been administered to students and contractors. As at 30 September 4291 vaccinations have been administered to staff.

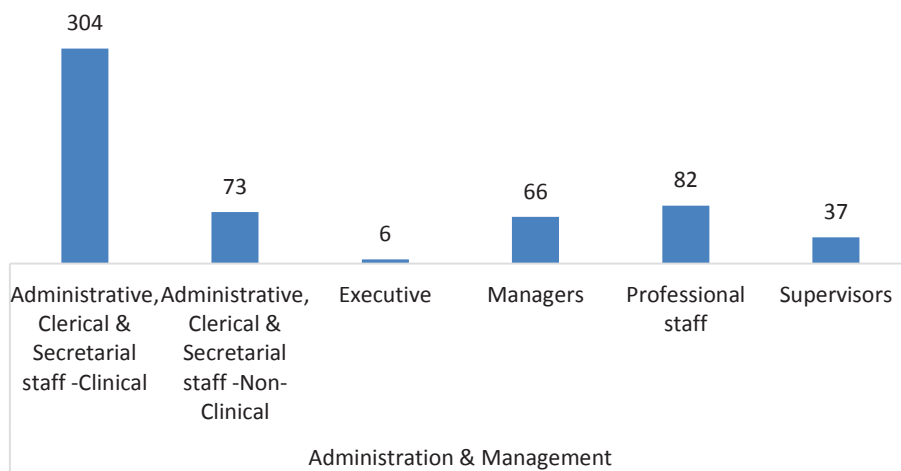
Nursing/Midwifery/HCA is the workforce group with the highest staff vaccination uptake (1822); they are followed by Allied Health & Technical (748), and Medical (688).

**Staff Flu Vaccinations 2021
by Workforce Group
(19 May - 30 September)**



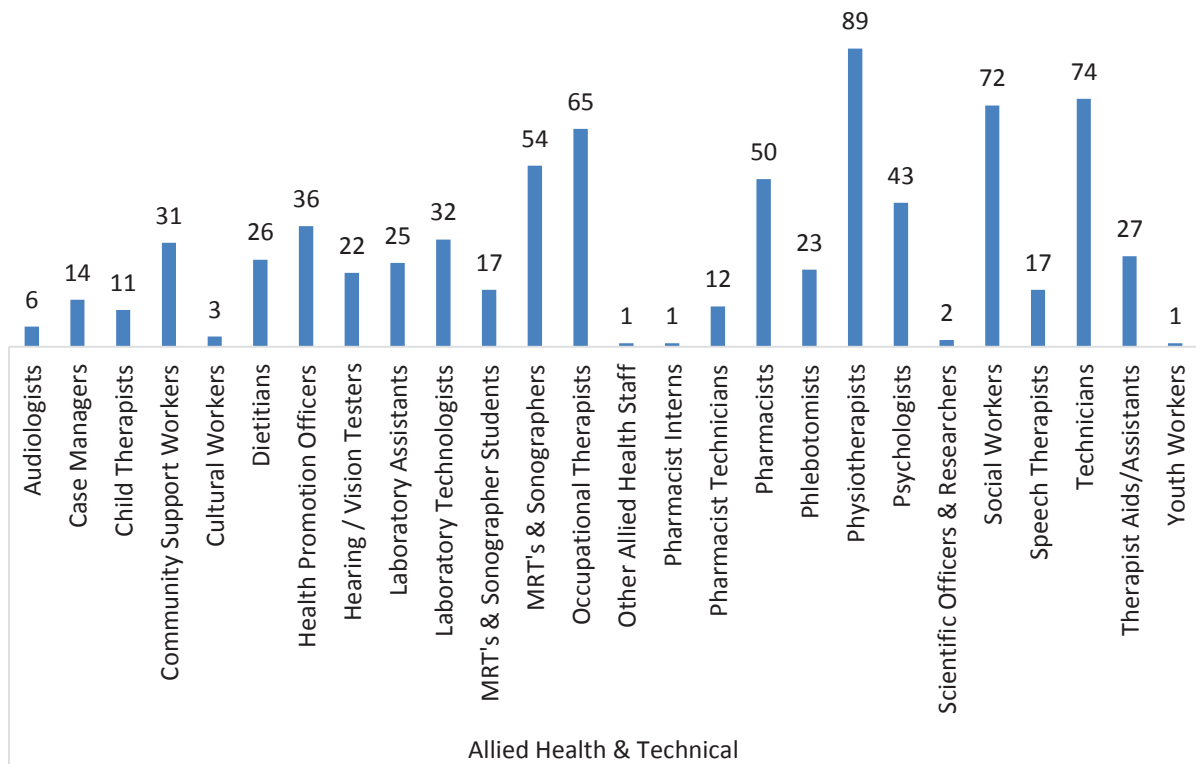
The workforce groups have been broken down by role in the following graphs to give an indication of the roles with the highest staff vaccination uptake.

**Total Staff Vaccinated by Role
(Administration & Management)**



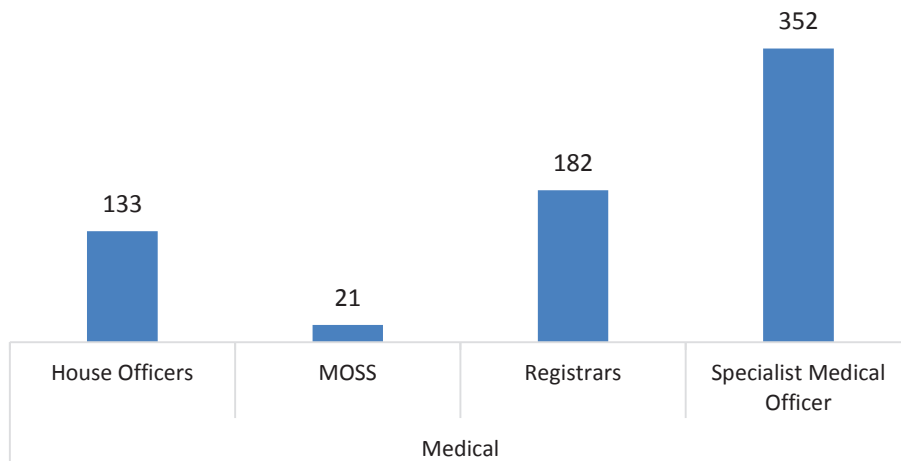
The roles with the highest staff vaccination uptake from the Administration & Management workforce group were Clinical Administrative, Clerical & Secretarial staff (304).

**Total Staff Vaccinated by Role
(Allied Health & Technical)**

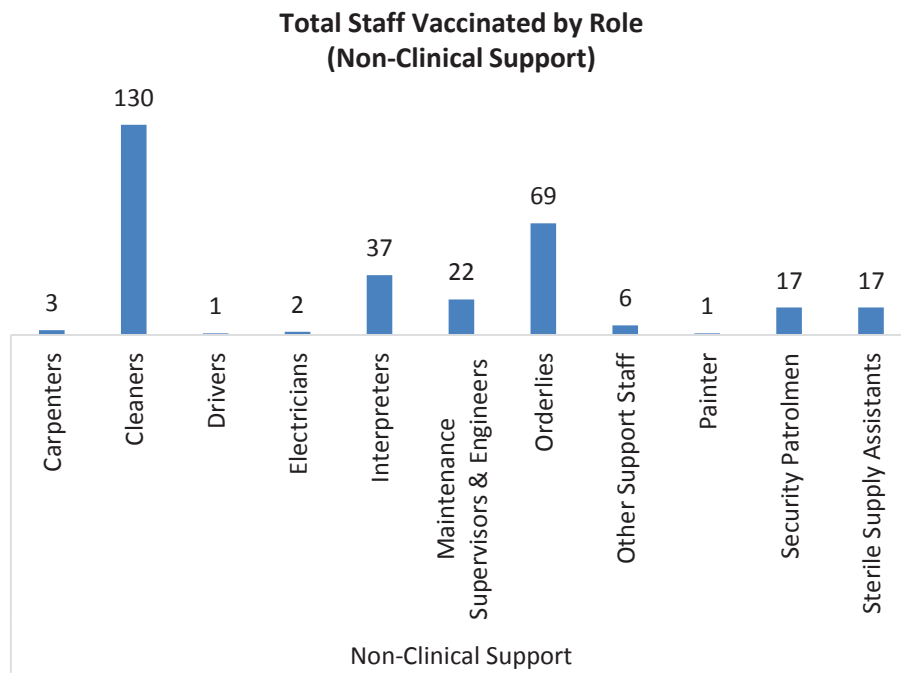


The roles with the highest staff vaccination uptake from the Allied Health & Technical workforce group were Physiotherapists (89).

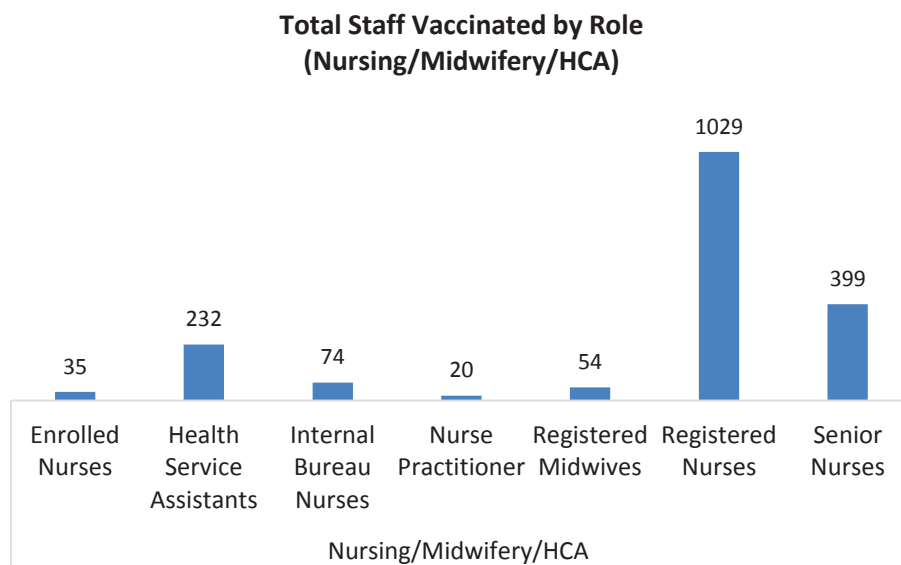
**Total Staff Vaccinated by Role
(Medical)**



The roles with the highest staff vaccination uptake from the Medical workforce group were Specialist Medical Officers (352).



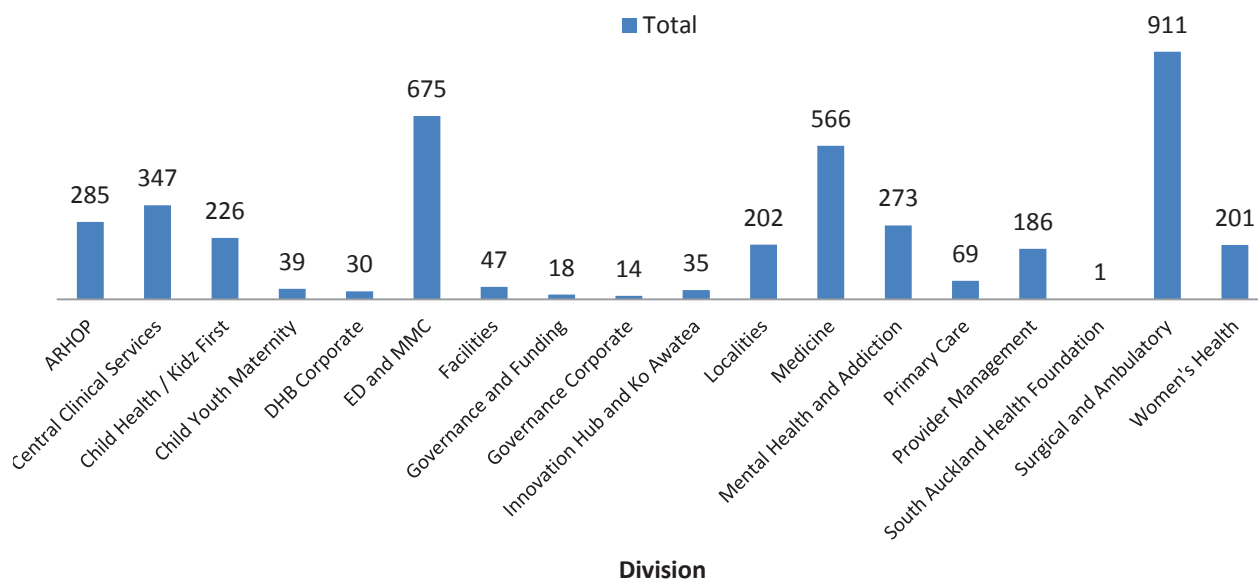
The roles with the highest staff vaccination uptake from the Non-Clinical Support workforce group were Cleaners (130).



The roles with the highest staff vaccination uptake from the Nursing/Midwifery/HCA workforce group were Registered Nurses (1029).

Surgical and Ambulatory are the most vaccinated division with 911 staff vaccinated. ED and MMC follow with 675 staff and Medicine with 566 staff.

**Staff Flu Vaccinations 2021
by Division
(19 May - 30 September)**



Respiratory Face Masks

The Respiratory Mask Fit (RMF) team continued to be busy for the month of September. The team is heavily involved in the COVID-19 response action plan and has increased workload due to changes in PPE recommendations under alert level 3. The fast evolving nature of the COVID-19 outbreak means we have made changes to the use of respirator masks across CM Health during national alert level 4 and 3 to better protect our staff. These changes significantly increased the number of workers who are recommended to use N95 masks such as those working in high risk hospital areas and community settings. As such, 934 mask fit testing were conducted on site at Middlemore Hospital (MMH) for the month of September; which is higher than the combined fit testing conducted for the month of July (311) and August (529). The 934 mask fit testing number for this month is exclusive of the mask fit testing sessions conducted for CM Health at satellite locations. This was made possible by employing more external fit testers for both on-site and off-site mask fit testing and extending the operating days for our two internal fit testers.

Our two internal fit testers operated at full capacity and have extended operating days to Saturday. This is to ensure that weekend rostered staff can be mask fit tested and to capture overflow appointment requests. There were four external mask fit testers employed at the peak of demand to help with increased work load and to fast track mask fit testing coverage for CM Health. Two external mask fit testers based at Clinical Training and Education Centre (CTEC) helped capture more staff during the day and two external mask fit testers were rostered for night shift. Contracting more mask fit testers and increasing the operating days for the internal fit testers enabled CM Health to run its RMF programme within the industry standard despite the challenges imposed by the lockdown; such as social distancing and additional PPE requirements. Additionally, annual fit testing and retesting requirements under the AS/NZS 1715:2009 and WorkSafe regulations are continually endorsed.

Mask fit testing requests for services outside of MMH were also accommodated. External fit testers were contracted to cover CM Health satellite locations that are offering close contact (face to face within < 2 metres) with patients in their homes (or other non-CM Health community settings). Fit testing was coordinated for Pukekohe Hospital, Manukau Health Park and Botany Super Clinic. The RMF team also facilitated the setup of mask fit testing for Kidz First Community staff members at Wiri Station. Mask fit testing for Lead Maternity Carers (LMCs) is underway with sessions running at Mangere, Otara, Botany, Manukau and Franklin. LMCs can be midwives, obstetricians, or general practitioners with a diploma in obstetrics which offer vital community services for the CM Health catchment areas.

Refresher training for nurses who did the initial mask fit testing for CM Health in the first COVID-19 lockdown was also coordinated this month. This contributes to a more robust RMF programme ensuring that CM Health has backup testers when there is increased demand and/or new PPE recommendations. Moreover, the nurses were able to facilitate mask fit testing for new graduate nurses, physiotherapists, and medical students. We expect tertiary institutions to setup their own RMF programme in the future for a smooth work transition for their students within CM Health facilities. Regional work regarding mask fit testing for tertiary institutions is now being assisted by the three Auckland Metro DHBs.

Since the start of the RMF programme, a total of 9072 mask fit testing's were conducted. This is inclusive of mask fit testing for new staff, annual testing requirement, retesting requirements when there are significant physical changes for our staff and / or new model of masks. It should also be noted that there has been multiple retesting since the start of the programme due to the duckbill mask recall and shortages of certain masks.

Regular reports are sent from the RMF team co-ordinator to managers to ensure their staff are provided with respiratory mask fit testing and OHSS continue to maintain the database for testing with the aim of establishing a way of determining the denominator for total mask fit testing required across the organisation, excluding workers who are not required to wear an N95 mask as part of their duties.

Occupational Health and Safety

ACC Accredited Employer Programme (AEP) Annual Audit

Preparation for the ACC AEP audit on 18th/19th October has continued, including liaison with the external auditor, arranging the management and employee focus group interviews, and the Western campus site visit. As a result of the travel restrictions associated with Auckland remaining in Alert level 3, the full audit will be carried out virtually using Zoom video conference technology.

HSR and specialised H&S related Training

All of the scheduled HSR and specialised H&S related training for September was regrettably cancelled due to COVID alter level restrictions. Re-scheduling these sessions will be investigated when the Alert levels permit.

OH&S Risk & Assurance

OH&S Management System Audit Tool

The OH&S Management System self-assessment (Phase 1) is undergoing detailed analysis and a report being prepared. The verification audit has been prepared and continues to be planned for implementation in 2022; the possibility of using software to increase efficiency of completion is being investigated.

Stress & Fatigue

Risk assessments for stress and fatigue have been completed are currently with the wider Human Resource team for their commentary prior to wider organisational review.

Violence and Aggression Project

The meeting of the HSR group in September was cancelled due to COVID demands, templates for the verbal aggression survey have been prepared and format of communications requesting completion will be formalised at the meeting in November.

The OHSS team have been invited to participate in a Regional Violence & Aggression Review group which includes Security and Advisors from the four DHBs, the first meeting is in October 2021.

Lone Workers Project

The Security team are continuing monitoring the app and are following up when activations happen, this process is now embedded and working well, with a detailed paper provided on remote working for ELT review. An administrator based in Feedback Central has been appointed who will take over day to day management of training, on boarding and general maintenance; the security team will keep the monitoring and follow up of alerts functions.

The adjustments to SafetyFirst to allow easier reporting of alerts that have involved notification to police appear to be working smoothly. Occupational Health and Safety continue to triage incidents that are reported to OHSS from SafetyFirst.

Community Worker Safety

The WorkSafe Initiatives team / OHSS / Communities team managers are awaiting the lifting of COVID-19 level 3 restrictions before work can commence on the innovations project with Communities teams.

Contractor Management

Engagement meetings are underway between the H&S team and CM Health account managers and work will continue on this project as the level 3 restrictions ease. In the meantime the current work involves discussing the safe access of our contracting partners during level 3.

Injury Management

In September, 35 new workplace injury management claims were registered, which is a slight increase from August (32). There were nine lost time claims reported in September which is consistent with the nine reported in August. A total of 76 claims were being managed by the CM Health and WellNZ Case Managers in September.

These claims are a variety of accidents and injuries across the organisation with no unique identifiable trends.

Incident Reporting

During September there were 209 incidents reported which is a significant decrease in comparison to August (265). This is the combined total of incidents reported by staff, visitors and new to this report; contractors who have staff working full time for or at CM Health (healthAlliance, healthSource and Compass and FEAM).

The highest numbers of reported incident types in September (64) were related to Aggression & Violence which have increased in comparison to August (53). There were 92 reported physical restraints in September of which 76 were in Emergency Care, main contributing factors given were actual physical violence, behaviour related to substance abuse, imminent threat of physical violence; environmental trigger, current / pre-existing condition

Moving and Handling incidents for September (28) have increased in comparison to August (18). In September 5 of the 12 patient handling incidents reported action or behaviour of patient was a contributing factor as well as awkward position or posture while lifting/ handling or carrying patients.

Stress related incidents for September (24) have decreased significantly in comparison to August (96). In September, 20 of the 24 reported stress incidents related to inadequate/ unavailable staffing.

The BBFE incidents in September (27) increased significantly from August (15). 12 of the 27 BBFE incidents were reported by medical students. (8 were relating to Inattention, 6 to Acts of others, 5 to Job factors, 5 to

improper work techniques, 1 to Fatigue/ tiredness, 1 to Patient Condition and 1 to Unnecessary Haste). No patterns have been discerned from the BBFE incidents received.

Five MIQF incidents were reported in September, an increase from two in August. Of the reported incidents three related to the “other” category and two related to stress.

The OHSS H&S Advisors triage all incidents and escalate where required to the appropriate manager and through to the COVID-19 Incident Management Controller. EAP support is also available to CM Health workers at MIQFs.

Event Requiring Notification to WorkSafe

There were no notifiable events in September 2021.

OHSS Communication Topics

The H&S communication for September was:

- A health topic about facial skin reactions that can occur due to prolonged mask usage. It provided step to follow to avoid common facial skin reactions, what to do while wearing a mask and what to do when the mask is removed.



H&S Communication No. 013: Prolonged Mask Usage and Skin Reactions



In the course of their duties, CM Health Workers can be affected by facial skin reactions due to prolonged mask usage.

Skin damage can occur due to moisture (sweat in this instance), fibres irritating the facial skin and also friction if the PPE is not properly fitted or correctly tensioned.



Common skin symptoms associated with face mask usage, particularly when worn for more than 4 hours daily:

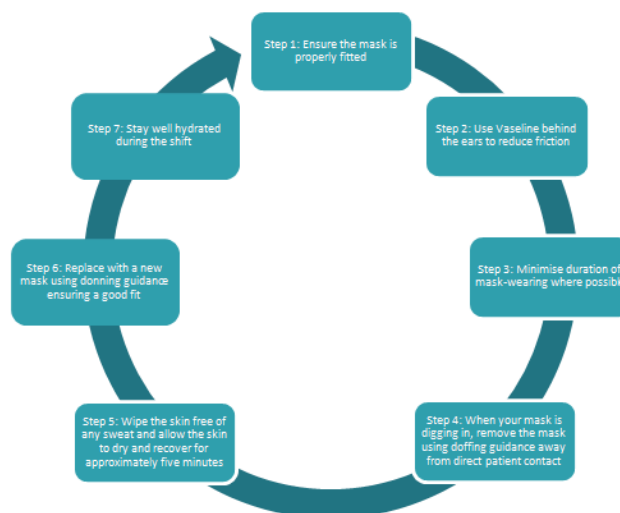
- Facial itch
- Redness
- Rash
- Dryness and peeling
- Swelling and numbness
- Pain and tingling
- Oily skin

Pre-existing skin conditions such as: Acne, Rosacea, Seborrheic dermatitis, and Atopic dermatitis can be aggravated.

How can face mask reactions be prevented?

- Step one • Use a mild soap free cleanser and warm, not hot, water to rinse your face at the start and at the end of the day.
- Step two • Apply a light moisturiser to the face at the start and end of the day to protect the skin barrier and reduce friction.
- Step three • Apply a lip balm.
- Step four • Avoid using toners, fragranced products, and greasy creams on your face that may irritate the skin or increase the risk of allergic contact dermatitis.
- Step five • Replace your mask if it feels damp or loose.
- Step six • Treat any pre-existing skin condition/s. Please see your GP for advice.

While wearing a face mask:



After wearing a face mask:

- Inspect the skin for signs of reactions and start appropriate treatment early.
- Moisturise to protect the skin barrier.
- Minimise re-use of a face mask.

Managers and H&S Representatives Guide to Communicating this message:

Oranga – Our Society (Safety at CM Health): What do managers and H&S Reps need to know;

- Workers have a responsibility to assist with identifying and managing risks in their work area.
- The risk of face mask reactions should be discussed with all staff.

Rangatira - Leadership: Manager's responsibilities;

- Managers have a key responsibility for leading and helping to develop a workplace culture where health and safety is paramount.
- Referring to Occupational Health and Safety if a staff member has skin problems/ reactions caused by mask usage.
- Ensure all new CMH staff members complete the induction and orientation to learn about risks and hazard management in their workplace and are competent to use equipment/products/chemicals to minimise development of face mask reactions.
- Keep a record of this communication.

Tuakitanga - Positive Health and Safety Culture: H&S Representative's responsibilities in regards to this topic;

- Assist staff members and your manager with risk assessment and incident management.
- Place this communication topic on the staff noticeboard.
- Escalate to the OHSS any matters that need to be raised.



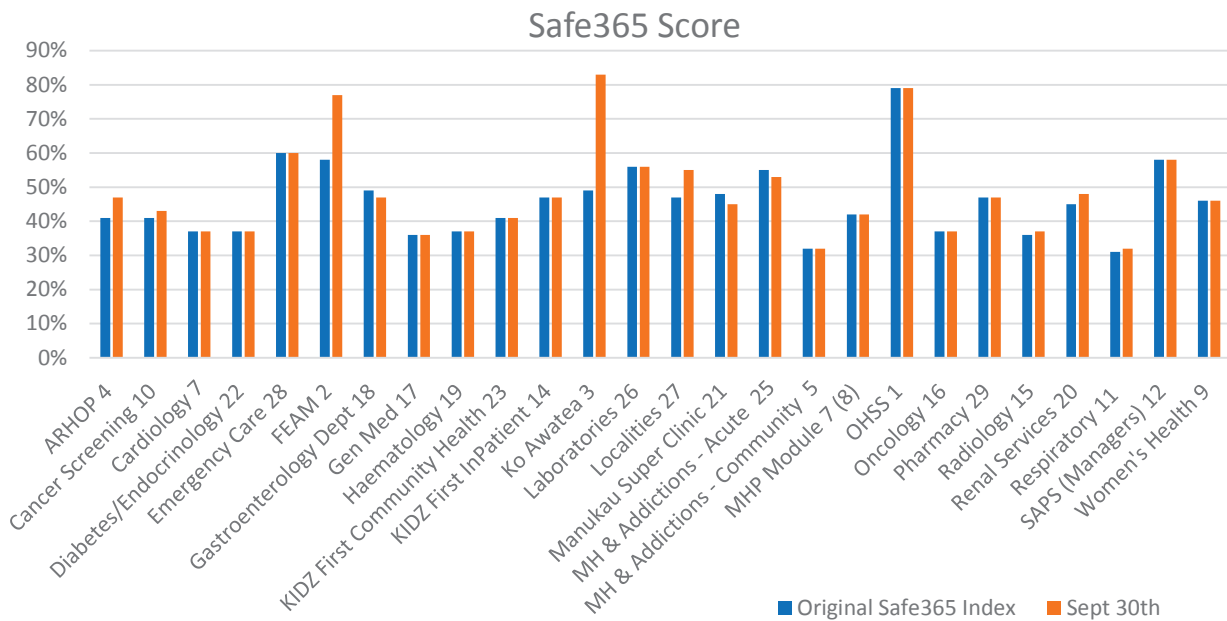
Figure 1: H&S Communication No. 013: Prolonged Mask Usage and Skin Reactions

Safe365

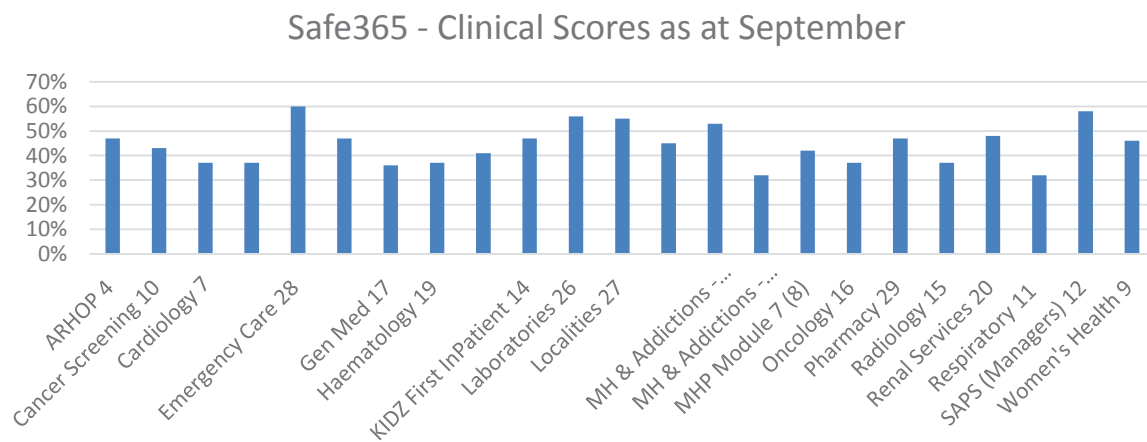
Health and safety knowledge transfer from leaders and regular updating of Safe365 accounts will improve the CM Health aggregated safety index score. Over 2021 five Safe365 accounts have shown improvements. The Safe365 account scores remain the same as the previous reporting period (August), with the aggregate score for CM Health sitting at 48%.

OHSS continues to be available to provide support for Services and it has been recognised that there has been improved engagement with Safe365 when leadership have endorsed Safe365.

The Safe365 self-assessment is not the end of the process and OHSS encourage leaders to take all opportunities to continually improve health and safety capacity and capability through sharing and transferring health and safety knowledge. This approach and regular updating of the Safe365 accounts is designed to reflect over time in a natural increase of the Safe365 index score.



The graph above shows the comparison for each Safe365 account between the original assessment score and the current score as at 30th September 2021.



The graph above shows the comparison for each Safe365 account between the original assessment score and the current score as at 30th September 2021.

Wellbeing



This year's Mental Health Awareness Week (MHAW) was from 29 September to 3 October 2021. The theme was "**Take time to kōrero/mā te kōrero, ka ora**" - a little chat can go a long way. As Auckland was in COVID Level 3 restrictions, we moved the event to a virtual week of zoom sessions. Throughout MHAW, the Organisational Development Team facilitated 11 interactive zoom sessions over 5 days to boost employee's mental health and to enhance their wellbeing. All sessions provided employees with practical tools and strategies that they could apply in their work and personal lives.

On 1 October **Dr Tony Fernando** talked to us about "Reducing Suffering through Mindfulness and Compassion" and BNZ presented a range of Zoom Financial Wellbeing Seminars and Zoom 1:1 Financial Health Checks.

Below is a breakdown of participant numbers for each session topic.

Topic	Participants
Reducing Suffering through Mindfulness and Compassion	67
Conversations that Matter	50
Always Blow on the Pie	48
R U OK?	38
Spring Clean Your Wellbeing	33
Enhancing Trust & Respect	27
Workplace Civility	24
Wellbeing Index	21
BNZ Financial Wellbeing Sessions	21
BNZ Financial Health Checks	5
Total Participants	334

As part of the Mental Health Awareness Week, we promoted the recently launched "**Spring Clean Your Wellbeing**" Page. On the page, employees can find an extensive range of wellbeing resources including web-links, articles, hand-outs, videos, apps, blogs, podcasts and free wellbeing & nutrition courses. These resources are designed to provide a holistic approach focused on improving the wellbeing of whaanau (families) and addressing individual needs within a whaanau context during the spring months. We have already received **298 hits** on the page since its launch.

HAUORA Well-being

Whānau (Land, Heeds)

Māori Health Model: Te Whare Tapa Wha, developed by Māori Doctor

Spring Clean Your Wellbeing

Kia ora/Welcome to the "Spring Clean your Wellbeing" page, here you will find an extensive range of wellbeing resources including wellbeing web links, articles, handouts, videos, apps, blogs and podcasts. These resources are designed to provide a holistic approach focused on improving the wellbeing of whānau (families) and addressing individual needs within a whānau context during the spring months.

Te whare tapa wha: The Four Cornerstones of Wellbeing

With its strong foundations and four equal sides, the Māori Health Model, Te Whare tapa wha illustrates the four dimensions of wellbeing. Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell.

So pause, reflect and consider, how are you balancing your four cornerstones?

So, check out these holistic wellbeing resources below:

(Please note some links work best when opened using Chrome or Firefox)

Physical Wellbeing

- Aetivita NZ
- Bowel Cancer NZ
- Breast Screen NZ
- Cancer Society
- Diabetes NZ
- Fitzone - Driver Fatigue
- Healthy You Australia

Mental Wellbeing

- Depression NZ
- Depression/Anxiety Self Test
- HealMyMind
- Community Mental Health Services
- Le Va (Pacific Wellbeing)
- Relaxation & Mindfulness Exercises
- Mental Wellbeing Resources

Emotional Wellbeing

- 8 ways to manage emotional wellbeing
- Emotional Wellbeing (Talking about your feelings)
- Are You OK Service
- Kahui Oranga, Wellbeing for Health (Māori Services)
- Mapu Māta Pasifika services
- Vaka Tauiata - OIA LEBE Pacific Helpline

Nutritional Wellbeing

- Practical Tips
- How to get 5+ a day, every day
- Article - Food & Mood
- Manage Mental Wellbeing through nutrition
- Nourishing Futures with Better Kai booklet
- Recipes - 10 Steps to a healthier weight
- Articles - Factheets for Parents & Children

Financial Wellbeing

- ANZ Bank Financial Wellbeing Resources
- ASB Bank Financial Wellbeing Resources
- BNZ - Life Moments
- Helping you make financial decisions
- Rutherford Reed
- Wakapapa Bank - #Kiwi One

Holistic & Spiritual Wellbeing

- Volunteering Auckland
- 6 Simple Ways to Spring Clean Your Life
- Sparklers at Home
- CNSIT Foundation (Asian Community)
- Asian Family Services
- Chaplaincy Services

Refer to Appendix 2 for more details on the activities covered during Mental Health Awareness Week (MHAW).

Facilities & Engineering Health & Safety September 2021 Monthly Report

<p>FEAM Health & Safety Incidents 12 Months to September 2021 (Graph 1)</p> <table border="1" style="margin-top: 10px;"> <caption>Contractor H&S Incidents and Notifiable</caption> <thead> <tr> <th>Month</th> <th>Contractor H&S Incidents</th> <th>Contractor H&S Notifiable</th> </tr> </thead> <tbody> <tr><td>Oct-20</td><td>3</td><td>0</td></tr> <tr><td>Nov-20</td><td>2</td><td>0</td></tr> <tr><td>Dec-20</td><td>3</td><td>0</td></tr> <tr><td>Jan-21</td><td>4</td><td>0</td></tr> <tr><td>Feb-21</td><td>6</td><td>1</td></tr> <tr><td>Mar-21</td><td>7</td><td>1</td></tr> <tr><td>Apr-21</td><td>6</td><td>0</td></tr> <tr><td>May-21</td><td>7</td><td>0</td></tr> <tr><td>Jun-21</td><td>7</td><td>0</td></tr> <tr><td>Jul-21</td><td>7</td><td>0</td></tr> <tr><td>Aug-21</td><td>6</td><td>0</td></tr> <tr><td>Sep-21</td><td>6</td><td>0</td></tr> </tbody> </table>	Month	Contractor H&S Incidents	Contractor H&S Notifiable	Oct-20	3	0	Nov-20	2	0	Dec-20	3	0	Jan-21	4	0	Feb-21	6	1	Mar-21	7	1	Apr-21	6	0	May-21	7	0	Jun-21	7	0	Jul-21	7	0	Aug-21	6	0	Sep-21	6	0	<p>Health & Safety Incidents September 2021</p> <p>Total Incidents: 6</p> <p>Lost time injuries: Nil</p> <p>Notifiable injuries, illness or incidents: Nil</p>	<p>Contractor Employee Inductions September 2021 (Table 1)</p> <p>Vistab Sign In Total #: 82</p> <p>Completed Contractor Employee Inductions: 70</p> <p style="color: red;">Variance – Unknown (currently under investigation) 12</p>																																
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Incident and Hazard Management

Incidents (See Graph 1)

Reported incidents are trending upwards. However, there is no indication that the seriousness of these incidents is increasing. Work is being conducted to maintain communication with contractors and drive improvements in health & safety standards.

Lost time injuries - Nil

Notifiable injuries, illness or incidents - Nil

Incidents Summary

09/09/2021: 112 Bairds Rd Slip in Carpark

#140836

An employee exited her car and slipped on the blocks that are laid as a carpark surface at 112 Bairds Rd. These blocks have become muddy and slippery. The employee fell forward, resulting in both knees being bruised and bleeding. Her palms were also hurt as a result of falling forward.

Action Taken:

The employee had confirmed with the FEAM Health & Safety Manager that she has recovered from the incident. FEAM have arranged to water blast the blocks in question to remove all dirt & mud.

09/09/2021: Lift 7 Entrapment McIndoe

#141207

Two staff and a patient entered lift 7 from the ground floor to go to level one of McIndoe building. When we arrived to level one, the lift door only opened only 12-13cm. There were no obvious obstructions and the bed was clear from the door. The door open button did not have any effect. There was no emergency button or any button to call for help so the trapped occupants began to shout for assistance. One of the trapped staff members then used his phone to contact security. When security arrived they managed to open the door a few more centimetres for us to safely squeeze the patient, myself and the orderly out. The occupants were trapped for approximately 20 minutes.

Action Taken:

This incident was referred to Kone (lift maintenance providers) for repair.

11/09/2021: Tamaki Oranga Fire

#141279

On 11 September 2021 at approximately 21.45, the fire alarm and sprinklers were activated at the Tamaki Oranga site, 40 Bairds Rd Otara.

The cause of this activation was an inpatient emptying two linen cupboards of their contents (sheets and other bedding) and setting fire to them, in the Northern wing common area.

The linen cupboards in question are immediately adjacent to a door which leads to an outside veranda. The veranda is a caged area, which is designed to allow Tamaki Oranga inpatients enjoyment of an outside space. The balconies and one other on site are caged to pre-vent inpatients absconding from the facility. If the cages were removed, there would be a significant increase with escapees and also a fall risk, with inpatients attempting to jump the two metres plus to the ground. The veranda has only one access gate from the internal caged section to the outside. This gate is padlocked from the inside of the caged area and leads to an adjacent veranda, which is an open veranda. This open veranda has no internal access from within the building.

Excepting for the individual who set the fire and then isolated himself on the caged veranda, all other building occupants were evacuated in less than 2 minutes. Staff attempted to use an inside hose and fire extinguisher, but to no effect. The Fire Service arrived within 5- 10 minutes.

Once the individual in question had set the fire, he wandered to the outside caged veranda. Unfortunately, the common area within which the fire had been lit, was filled with smoke. It was not then possible to evacuate the individual in question through that area.

The locked veranda gate created difficulties for the Fire Service. A Fire Officer could not directly access the caged veranda, so he set a ladder up against the adjacent veranda. The adjacent veranda is open, has no cage, and only has a locked gate between it and the caged veranda area where the inpatient was currently isolated.

However, the padlock to the gate is on the other side of the gate, opposite to where the Fire Officer was. The 40mm mesh made it difficult for the Fire Officer to reach through and unlock the padlock. The trapped inpatient refused to assist when the Fire Officer requested assistance to unlock the cage gate.

Eventually, the Fire Officer was able to unlock the padlock and lead the inpatient to safety.

One patient was taken to ED by ambulance for a thorough medical check as result of smoke inhalation and later was cleared medically. A staff member was also checked by paramedics at the scene and cleared.

Action Taken:

Issue 1: The individual who set the fire isolated himself on a locked/ caged veranda and could not easily be removed due to the location of the source of smoke within the building.

- The replacement linen cupboards will be locked.
- FEAM recommend that an additional gate is installed at each of the two caged veranda areas to ensure that there is safe egress at both ends.
- A section of steel mesh will be cut from each gate to allow the padlock on each gate to be easily accessed.
- The courtyard fence will also have a gate latch installed on a hinged section, to give emergency services another egress point to the area and an evacuation egress for building occupants.

Issue 2: The Tamaki Oranga Fire Alarm System is integrated with that of the neighbouring Auckland Rehabilitation Spinal Unit.

Due to the fire systems at both sites being integrated, the Tamaki Oranga activation appeared on the Auckland Rehabilitation Spinal Unit (Spinal Unit) VDU. However, the Spinal Unit VDU did not clearly state the location. Apparently an alarm was also sounding at the Spinal Unit as a result of the Tamaki Oranga activation. This caused confusion at the Spinal Unit.

CM Health Facilities & Engineering will update the respective fire panels of the two locations, so that they become to separate fire zones and therefore will clearly state the origin of an activation as follows:

- Location,
- Building,
- Fire Zone
- The alarm to be isolated between the two sites.

23/09/2021: Middlemore Central Water Leaks

#141746

There were significant waters leaks, during heavy rain, into the offices of Vanessa Thornton, Beverley McClelland and Kirstine Kent. Two ICU isolation rooms in the floor below were also impacted. In addition, there were leaks into the general MMC office area.

Action taken:

Flashing will be installed in all windows covering the affected offices. This should also prevent water flowing down the internal wall space into the isolation rooms. A quote has been obtained and is in the approval process currently.

The water leaks into the general MMC office area were caused by deterioration of rain catchers on the roof. These have been repaired.

23/09/2021: ICU Oxygen project (Kidz First & McIndoe) Edge Protection

#141977

While working on the two roof area (outside of ICU & roof of Kidz First), that contractor employees were operating in areas that did not have edge protection. The first area outside of ICU had walkways. However, these were poorly designed and lacked edge protection & handrails for walkways in key locations. The second area on the roof of Kidz First lacked edge protection in key locations, particularly at the access point.

Action taken:

- Bump barriers placed 2 metres from edge
- Workers to use static safety lines (where available) rope and harness in areas where the use of temporary barriers is not possible

28/09/2021: Scott & Edmund Hillary Electrical Cable Arcing

#141746

It was observed by one of the FEAM Maintenance Technicians, that a cable was hanging between the Scott and Edmund Hillary Buildings and arcing. The cable was found to have a small cut in the insulation layer. A FEAM electrician and technician attended this immediately and repaired the cable.

Action taken:

It has not been established who was responsible for this work and why the hazard occurred. Inquiries have been made internally within FEAM and externally with contractors. Investigations are ongoing.

Other Actions

Franklin Memorial Hospital

Several potential hazards have been identified at Franklin Memorial Hospital. These have been communicated to the FEAM H&S team. Examples include trip hazards and mould.

Action: The trip hazards have been eliminated. The FEAM Health & Safety Manager will visit the site as soon as lockdown restrictions allow, to conduct a site inspection and assess the actions that have occurred to date. The hazards, such as mould, that still require attention will be inspected and appropriate actions, such as testing, will be implemented.

Contractor Management

COVID-19 Management

Significant work is occurring with all onsite contractors to maintain safe standards of work under Covid-19 conditions. This includes regular update of CM Health FEAM contractor site rules and communication of these rules to all contractors.

The main COVID-19 streams throughout Middlemore Hospital, including levels 3-5 of Scott, ICU and Emergency Care, are accessible by FEAM team members and contractors on authorisation only. This authorisation must come from the FEAM Group Engineering Manager, FEAM health & Safety Manager or the FEAM General Manager. A risk assessment is conducted in all such instances and necessary controls are implemented where required.

All contractors who come to site have been requested to provide a copy of their Covid-19 site management plan. A copy of the CM Health FEAM Covid-19 site rules has also been provided to each of these contractors.

- Twenty five contractors have provided their Covid-19 site management plan
- Five contractors have currently been asked to provide their Covid-19 site management plan, as they are planning to come to site.

Contractor Employee Inductions (See Table 1)

82 contractor employees signed in to site at Middlemore. 70 of these individuals have completed a CM health site health & safety induction in the last 12 months.

This leaves a variance of 12, for September 2021 where contractor employee inductions have not been completed. These are under investigation.

Actions:

- The 12 contractor employees, for which there is currently no explanation for a lack of induction are under review also, to determine the reason for the contractor presence on site and whether health & safety protocols have been adhered to. Corrective actions will be taken immediately where required.
- Higher frequency reviews of Vistab sign ins and follow up, as part of the current contractor pre-qualification and induction process will assist in ensuring the above variances are significantly reduced where possible moving forward.

On investigation to date, some of the explanation for the overall variance is that some individuals have completed the induction in 2020 and are due for their 2021 induction. Others are new contractor staff members who have not been captured in the process.

Contractor Health & Safety Prequalification's and Assessments (See Table 2)

The purpose of the FEAM contractor health & safety prequalification is to ensure that each Contractor PCBU conducting work for CM Health has the required level of health & safety standards. This includes the necessary level of compliance under the Health & Safety at Work Act 2016, experience at both company level and with key staff, systems and processes.

Each FEAM Contractor who is on the FEAM pre-qualification panel and is regularly engaged has previously undergone an annual contractor pre-qualification. FEAM are currently working with all contractors on the panel to update their prequalification for 2021.

The remaining prequalifications will be completed over the next 90 days. Other contractors will be prequalified as work arises.

Permits to Work

Hot Work Permits and Fire Isolations (See Graph 2)

Issuance of hot work permits have increased as a result of increased requests from capital projects and closer monitoring of these activities. Monitoring of project work has improved in this area through the following mandatory processes.

Other Permits to Work

A review of the FEAM permit to work system has been completed to ensure complete capture of all high risk activities. Monitoring of work where permits to work are required has improved in this area through the following mandatory processes.

Capital Projects

Capital Projects health & safety engagement year to date (see Graph 3)

Members of the Facilities & Engineering Health & Safety team attend the fortnightly projects meetings to ensure they have opportunities for engagement with the FEAM Project Teams and a good overall level of familiarity with what work is occurring at any point in time.

In this way, FEAM Health & safety is able to track project work in progress and understand when the key actions such as when review of contractor pre-qualification documents needs to occur, when safety management plans are available for review and at what stage any project is at in order to manage the associated risks, at a particular point in time.

Further engagement occurs with projects through discussions with project managers on a one to one basis and site visits.

An external auditor has been engaged to assist FEAM with inspections and monitoring of site safety standards for major capital projects.

Compliance

Fire Compliance

Passive fire remediation work is continuing for the entire Middlemore hospital site. The Galbraith building is the current area of focus. There are currently three aspects to this work:

1. Remediation of fire penetrations.
2. The Building Warrant of Fitness inspections of specified services for each CM Health building are occurring; and
3. The annual building Warrant of fitness is current at all times for all CM health buildings, i.e. being compliant with Auckland Council building regulations and the Building Code 2004.

Actions:

1. Fire Penetration defects are being remedied as part of a minor capital project. Galbraith building remedial works are close to completion.
2. The FEAM Health & Safety team, FEAM Group Engineering Manager and FEAM Group Asset Manager are currently reviewing the Building Compliance schedule for Galbraith and Manukau Health Park to assess the current state of each specified service within these buildings and to ensure:
3. Inspections by the independently qualified person (inspector) are occurring as scheduled for each specified service within each building.
4. That any defects detected are remedied in a timely manner.
5. The inspections are carried out and defects notified with sufficient notice prior to the BWoF being due.
6. Building Warrant of Fitness log books have been issued to each CM Health building. These are to be signed by the independently qualified person (inspector) as evidence that the inspection has been conducted and that any defects are reported in a timely manner.

Hazardous Substances

An independent Hazardous Substances audit is currently being commissioned to assist in identifying current gaps in the CM Health Hazardous Substances Management programme.

The scope of this audit includes, but is not limited to:

- Procurement
- Inventory
- Compliant signage and labelling
- Storage, including assessments of location, segregation requirements and fire safety where required.
- User safety including training & PPE
- Hazardous substances waste disposal
- Emergency management

Locations included in the Hazardous Substances audit are:

- Middlemore Hospital & Manukau Health Park for all hazardous substances including laboratories.
- All bulk storage locations (diesel, gas, etc.) including Middlemore Hospital & Manukau Health Park and other CM Health localities.

Facilities & Engineering Health & Safety

An independent health & safety audit is currently being commissioned to assess the current performance of and further development needs of CM Health FEAM health & safety.

FEAM Health & Safety Training

Training completed to date 2021

FEAM team members have completed the following health & safety related training during June 2021:

- Asbestos Management
- Height Safety
- Construction Passport (i.e. general building & construction health & safety).

Training currently scheduled

- FEAM had scheduled confined spaces training and mask fit/ PPE for asbestos management through external providers.
- Internal FEAM training on hazard identification & management was planned for August 2021.

Dates for the scheduled training had been confirmed, but will now be rescheduled due to the Covid-19 Level 4 Lockdown.

Mask fit for N95 masks has been completed for all FEAM Technicians and Trades people.

Health and Safety Performance Scorecard

Lagging Indicators		August 2021	September 2021	Target
Reported Incidents	Counties Manukau Staff	252	197	~
	healthSource (hS staff working at CM Health sites)	0	0	~
	healthAlliance (hA staff working at CM Health sites)	0	0	~
	Compass	0	1	~
	FEAM	7	6	~
	Contractors	2	2	~
	Visitors	4	3	~
Near Miss reported Incidents		12	14	~
Injury Claims	New Claims Registered	32	35	~
	Current Claims	81	76	~
	Declined Claims per month	0	2	~
	Closed Claims per month	20	26	~
	*Lost Time Claims	9	9	<5
	*Days lost per month (due to Lost Time Claims)	89.5	39	~
	Lost Time Frequency Rate (LTIFR)	16.75	15.14	<10
	Lost Time Severity Rate (LTISR)	646.26	273.64	<630
	Claims costs (monthly)	\$110926.40	\$67088.08	~
Critical risk incidents	BBFE	15	27	~
	Aggression & Violence	53	64	~
	Moving & Handling	18	28	~
	Slips, Trips, Falls	13	16	~
	Stress	96	24	~
Leading Indicators		August 2021	September 2021	Target
Pre-employment	Health screening	79.79%	83.77%	100%
Clinic appointments	Dr & Nurse clinics	205	99	~
Vaccinations	Flu, dTap, VZV, Hep B & MMR	163	40	~
Safe365 activity and implementation	27/30 accounts allocated*	90%	90%	100%
Training & development (OHSS team)	*See detail below	3	5	~
OHSS Communications	September: 013: Prolonged Mask Usage and Skin Reactions	1	1	~
Risk Assessments completed	Stress and Fatigue (underway), Unvaccinated Workers (underway)	1	0	~
Workplace Inspections	Workplace inspections were due August 2021	✓	~	Bi-monthly
HSW internal audits, self-assessments underway	Planning of the self-assessment pilot underway and gathering evidence for the 2021 ACC audit self-assessment	1	0	~

Key Indicators Commentary	
Reported Incidents	In September twelve incidents were reported by contractors and visitors in total. These pertained to physical assault (2), aggressive/threatening behaviour (1), hospital acquired infection (1), fall (2), slip trip fall (1), blocked/obstructed access/exit (1), emergency fire (1), water leak (1), damage to property (1) and laceration (1).
Injury Claims	*Adopted a revised reporting methodology to backdate Lost Time Claims and Lost Days Per Month totals. It is not uncommon for some LTIs to be reported late and this increase will reflect within the month it occurred going forward.
LTIFR	September LTIFR figure of 15.14 has decreased from August figure of *16.75. The previously reported figure for August was unavailable at that time. <i>*Updated as per the revised reporting methodology implemented in March 2021</i>
LTISR	September LTISR figure of 273.64 has decreased from August which was *646.26. Previously reported figure for August was unavailable at that time. <i>*Updated as per the revised reporting methodology implemented in March 2021</i>
Claims costs	Monthly claims costs have decreased significantly from \$110926.40 in August to \$67088.08 in September. The decrease can be attributed to the COVID alert restrictions and dates the medical treatment is due.
Pre-employment Health Screening	160 out of 191 PEHS for new starters were cleared to start work in September, which equates to 83.77%. 29 of the 31 new starters that haven't been cleared are due to their start dates being in October, November and December.
Dr & Nurse clinics	Significant decrease in Occ Health clinic appointments in September (99) when compared to August (205) figure. This decrease can be attributed to the COVID-19 alert level restrictions; however the clinics reopened when Auckland moved to alert level 3.
Vaccinations	Significant decrease of vaccinations administered in September (40) when compared to August (163). This decrease can be attributed to the COVID-19 alert level restrictions; the vaccination clinic re-opened when Auckland moved to alert level 3 with restrictions in place.
Safe365	*CM Health has 30 Safe365 accounts, all of which had been allocated. Three accounts have since been relinquished from two different divisions and one account has not been assessed. Currently the CM Health aggregate score is calculated from 26 accounts and OHSS is in the process of determining what to do with the remaining accounts.
H&S Self-assessment tool	Analysis of data and preparation of Phase 1 report for 2021 is underway.

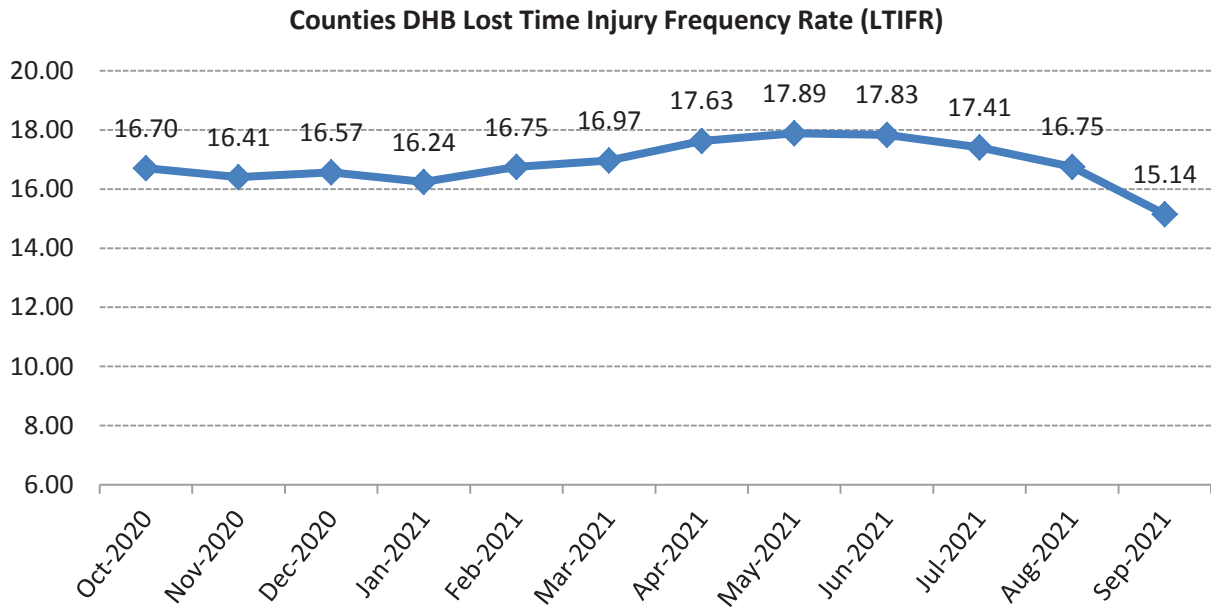
OHSS Training & Development Activity

September:

- Health Literacy – Making health easy to understand (1)
- Disability Responsiveness for Counties Manukau Health (1)
- Patient Safety Training 2021 (1)
- Hand Hygiene for CM Health (1)
- H&S Induction (1)

LTIFR

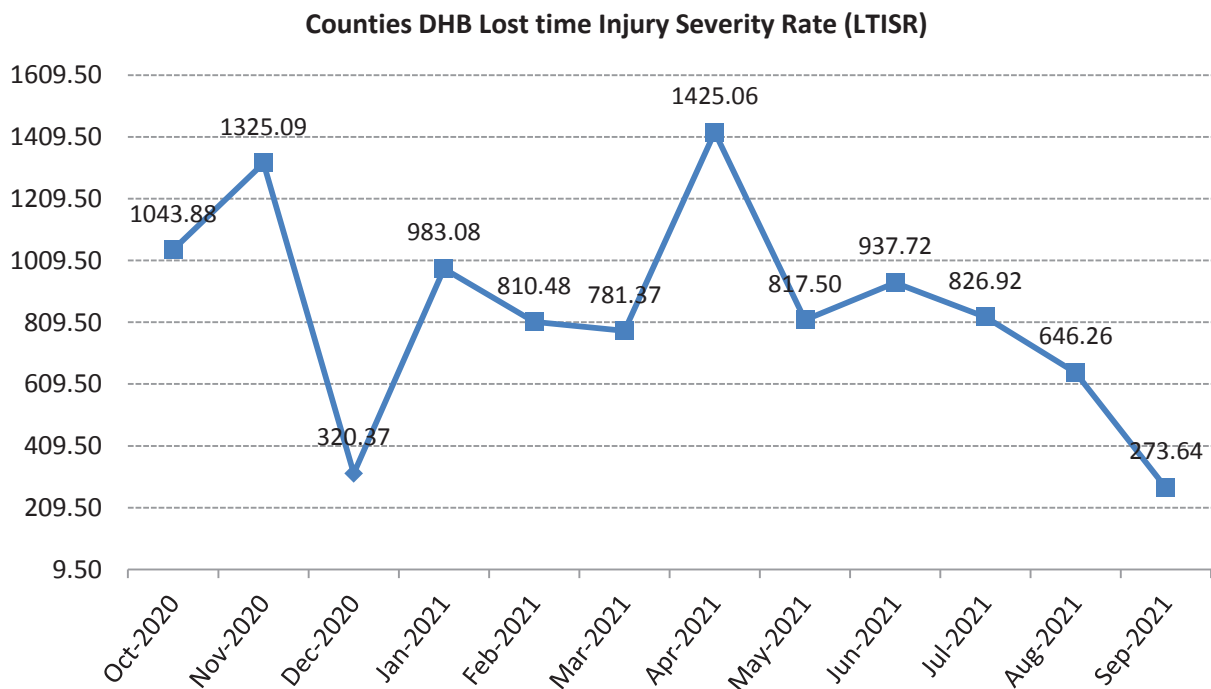
The total CMDHB LTIFR rolling average figure decreased in September to 15.14 from August which was *16.75. Previously reported figure for August was unavailable at that time.



The LTIFR is calculated with the formula: $([\text{Number of lost time injuries in the reporting period}] \times 1,000,000) / (\text{Total hours worked in the reporting period})$. By calculating the rolling average of the LTIFR, the impacts of random, short-term fluctuations over the reporting period are mitigated.

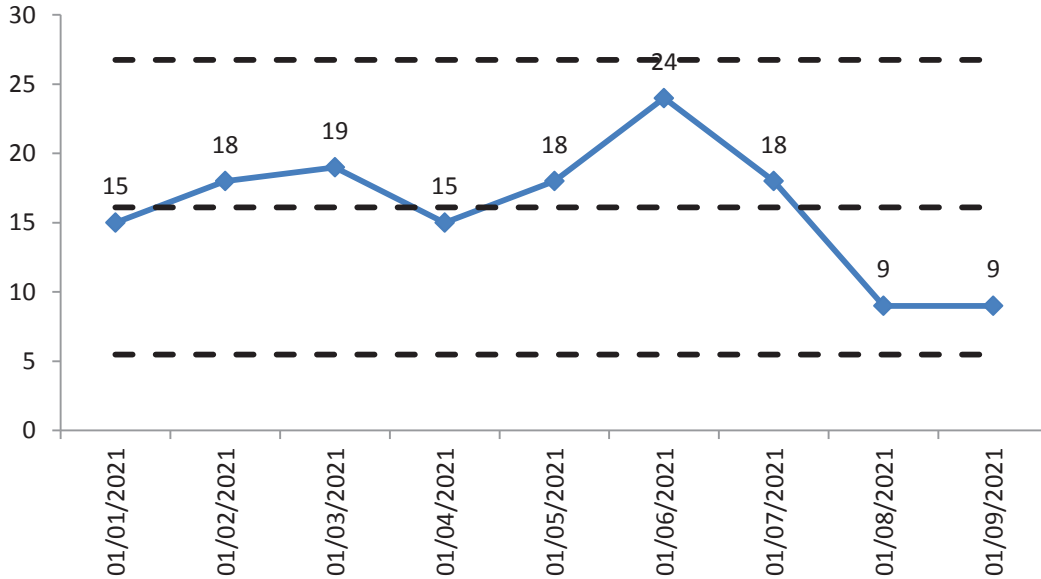
LTISR

The LTISR figure decreased in September to 273.64 from August which was *646.26. Previously reported figure for August was unavailable at that time.

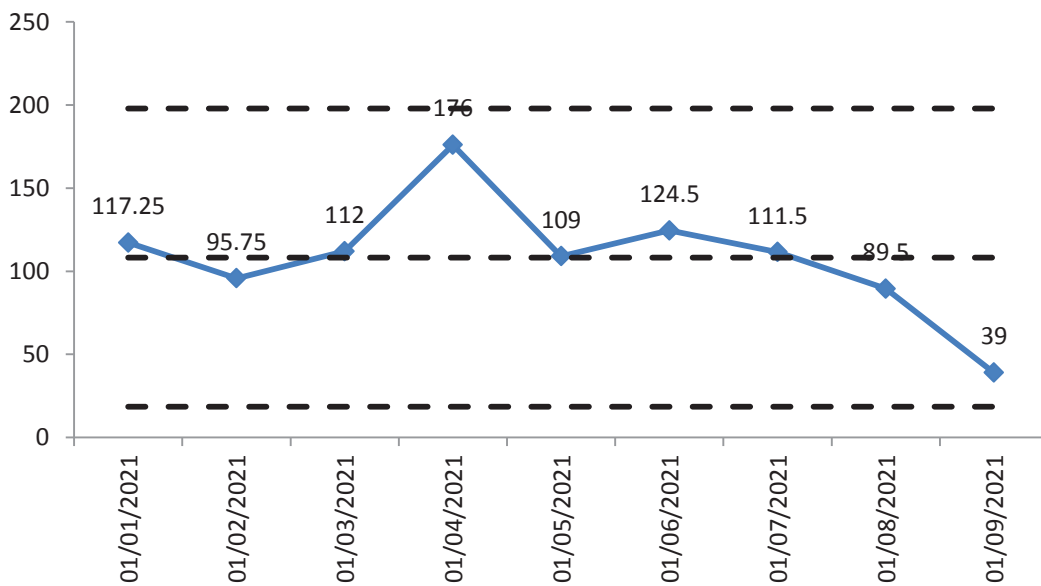


Days lost per month (due to Lost Time Claims) have decreased from 89.5 (from nine lost time claims) in August to 39 days (from nine lost time claims) in September. OHSS adopted a revised reporting methodology to backdate Lost Time Claims and Lost Days per Month totals. It is not uncommon for some LTIs to be reported late and this increase will reflect within the month the LTI/s occurred going forward.

Lost Time Injuries per month 2021



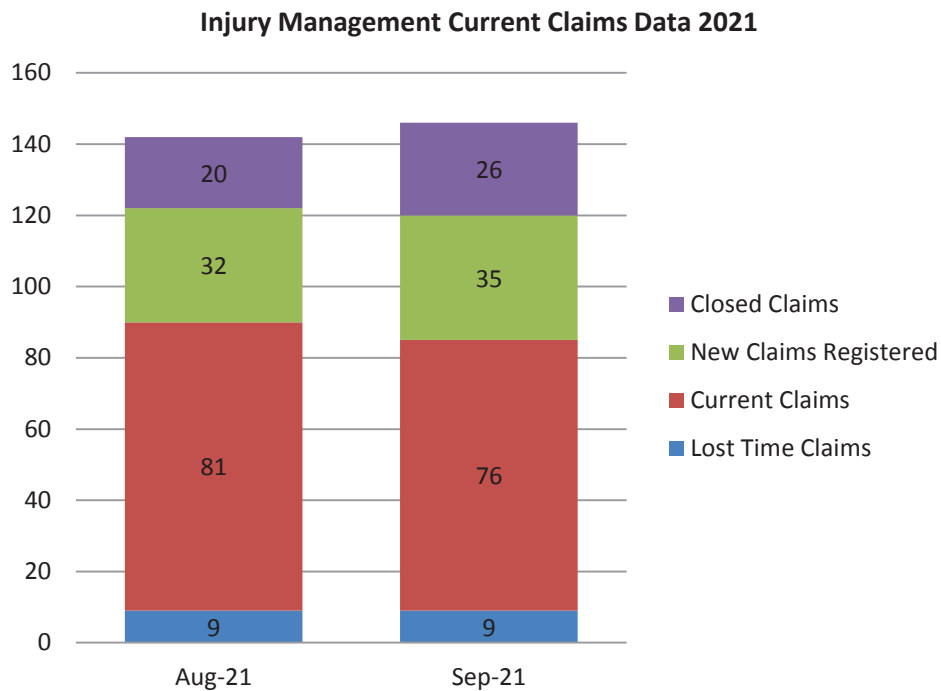
Lost Days per month 2021



Lost Time Claims September 2021

- 3x Sprain – thoracic sprain
- 2x Musculoskeletal – lumbar sprain
- 2x Open Wound – open wound of lip and open wound of ear
- 2x Other – knee abrasion and ankle sprain

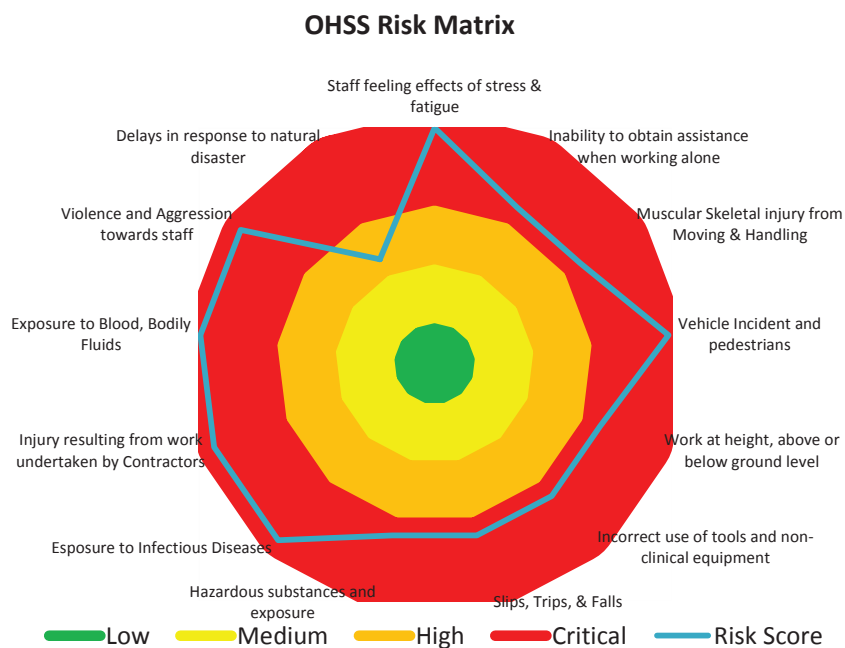
Claims Data (by month)



- In September, 35 new claims were registered with 9 lost time claims, compared with August where there were 32 new claims registered with 9 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 76 as at September 2021.
- There were 2 declined claims in September, compared to August figure (0).

Key Health and Safety Risks and Current Project Activity

CM Health 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	CONSEQUENCE					
		Insignificant	Minor	Moderate	Major	Catastrophic
	Almost Certain					Critical
	Likely			High		
	Possible		Medium			
	Unlikely	Low				
	Rare					

The following tables contain the key OHSS risks and current activity; these are organisational risks which were consulted on with CM Health workers. Whilst individual areas might have a lower risk rating, the organisational risks remain high as they are a reflection of high risk areas, for example; violence and aggression in ED differs from that risk at Pukekohe Hospital.

Critical Risks

There are currently 4 Critical Risks on the OHSS Risk Profile:

- Aggression and Violence
- Stress and Fatigue
- Exposure to BBFE
- Exposure to Infectious Diseases

The OHSS Risk and Assurance Manager will be setting dates for the review of the risks that are noted below as due for review in September. OHSS is in the process of purchasing Bow Tie software and will revamp this risk section in due course.

Risk: Staff and others exposed to Aggression and Violence at the workplace				
Risk Rating: Critical	Review Date: October 2021		<i>Current</i>	Target
		<i>Frequency</i>	Almost Certain	Likely
		<i>Consequence</i>	Major	Major
Active Workflow:				
<ul style="list-style-type: none"> • 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 by ED. • The upgraded incident and feedback system (SafetyFirst) has been available from 24 September 2020 and supports reporting and analysis of occupational violence. • DHB H&S managers continue the sharing of information on the management of V&A, which will be shared with the focus group. A governance Risk Assessment will be completed for this risk. • The OHSS continue to participate in reviews and meetings to support the management of V&A across CM Health. • The 20DHBs H&S managers continue to meet nationally and are currently working on a document review and Bow Ties risk assessment session with the aim of finalising the violence and aggression risk assessment documentation in preparation for presenting to DHB CEOs. 				
New Activity:				
<ul style="list-style-type: none"> • The HSR (worker) Violence & Aggression project group meeting was cancelled due to demands of COVID work in the organisation • The WorkSafe Innovations project is underway with two investigative fact finding meetings occurring with positive feedback received. The next session is planned for September, pending COVID-19 lock down status. 				

- Members of the OHSS continue to be active in groups to embed the new NZ standard which includes the management of restraint and seclusion, focussing particularly on staff safety and wellbeing

Risk: Staff experience **stress/fatigue** in the workplace

Risk Rating: Critical	Review Date: October 2021		Current	Target
		<i>Frequency</i>	Almost Certain	Likely
		<i>Consequence</i>	Moderate	Moderate

Active Workflow:

- Workers are encouraged to report low staffing, stress and fatigue in Safety First to enable managers to follow up.
- CCDM implementation continues.
- Following a review of incidents reported in SafetyFirst, inadequate / unavailable staffing and service over capacity continue to be the majority of incident types reported with acuity / mix of patients and staff availability / skill mix being given as contributory factors.
- CM Health continues to partner with EAPworks to offer 'Team Wellbeing Check-ins' for teams. This is a facilitated discussion that a team attends and participates in together.
- 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.
- Health Round Table Workforce Well-Being Index continues to be available for all nurses and HCA staff.
- Staff Whiteboard in MMC which provides staff data to manage the workforce.
- Stress First Aid planning is underway as a pilot in CM Health in Q2 2021.
- OHSS have requested a formalised program of work from EAP which will be reviewed in line with the current report.
- Within Mental Health & Addictions Services, a number of team-driven initiatives aimed at improving well-being and reducing stress for staff is taking place. For example, one of the community mental health centres facilitates the team participating in the completion of puzzles as a mindfulness opportunity for staff. In addition, many teams organize group lunch/tea times to support a regular team-based korero. These efforts continue at a team level and monitoring of incident reporting is underway to evaluate impact.
- Data has been sourced from EAP and the SafetyFirst online reporting tool. This data will assist in a collaborative project facilitated by OHSS regarding stress and fatigue amongst workers.
- The lack of workforce has been escalated to the NRHCC and MoH.
- Agency staff members are being used but availability is an issue with competing demand across the system.
- Safe staffing levels are continually factored into operation decision making via VIS.
- OHSS attended one of the quarterly "Wellbeing Collaborative" meetings to present on wellbeing support options for staff.

New Activity:

- Organisational Stress and Fatigue risk assessments have been developed and are currently being shared with the wider HR directorate before sharing with the business

Risk: Staff may be exposed to **blood and body fluid. On average 30 Blood Body Fluid Exposure (BBFE) incidents occur each month resulting in a current risk rating (frequency) of "Almost Certain"**

Risk Rating: Critical	Review Date: March 2022		Current	Target
		<i>Frequency</i>	Almost Certain	Likely
		<i>Consequence</i>	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.
- The Occupational Health Nurses received an education session conducted by phlebotomy services on

the current phlebotomy devices for blood collection and transfer. With an awareness and understanding of the correct devices to use for these services the Occupational Health Nurses are able to educate the staff following a BBFE. This information will be collated for the Occupational Health and Safety communication topic.

New Activity:

- No new activity at this time

Risk: Exposure to **Infectious Diseases** (note this risk includes diarrhoea & vomiting, respiratory and pandemic illness)

Risk Rating: Critical	Review Date: October 2021		<i>Current</i>	Target
		<i>Frequency</i>	Almost Certain	Likely
		<i>Consequence</i>	Moderate	Moderate

Active Workflow:

- The Risk Assessment continues to be reviewed as alert levels change by OHSS
- The CMH on-going respirator mask fit testing program continues
- Work procedures are in place across the service lines to assist in the risk of exposure to infectious diseases.
- OHSS has implemented the protocols to manage the Vulnerable Workers database and makes changes as the levels change for the COVID-19 response.
- Occupational Health Physicians are involved in national advisory groups and provide internal advice on the topic of infectious diseases.
- OHSS is involved in the IMT.
- Fit testing of respirator face masks continues, with the annual fit test program being underway.
- Two Occupational Health Nurses were seconded full time during the COVID-19 vaccination program.
- The 2021 influenza campaign commenced in May 2021.
- H&S Business Partner has been seconded to support the MIQFs and vaccination Centres in Auckland.

New Activity:

- Due to COVID-19 levels 4/3 lockdowns, significant work continued in September with regards to COVID-19 (Respiratory Mask Fit testing, Vulnerable Worker assessments, Contact Tracing)

High Risks:

The following risks are rated as High;

Risk: Injury sustained from use of vehicle or to pedestrians

Risk Rating: High	Review Date: March 2022		<i>Current</i>	Target
		<i>Frequency</i>	Possible	Unlikely
		<i>Consequence</i>	Major	Major

Active Workflow:

- CM Health workers who drive as part of their work are required to follow NZ road rules and advice from Waka Kotahi (NZ Transport Agency) road code
- Consult on use of CM Health vehicles
- Consult on speed limits at CM Health sites.
- CM Health has a Code of Conduct where drivers are not permitted to send SMS messages and not answer phone calls whilst driving.
- OHSS has been providing advice to CM Health on use of mobile phones in the workplace.
- OHSS continue to participate in a work group reviewing the Vehicle Usage policy and procedures including researching global standards of best practice.

New Activity:

- The updated policy on mobile communications has been published and provides more guidance on mobile phone usage when driving.

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

Risk Rating:	Review Date:		<i>Current</i>	Target
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High	March 2022	<i>Frequency</i>	Likely	Possible
		<i>Consequence</i>	Moderate	Moderate
Active Workflow:				
<ul style="list-style-type: none"> The SPHM group have a detailed roadmap of activities and initiatives which continues to the completed monthly. SPHM Orientation and Update Training days continue to be offered across the organisation. All training days after August 17th have been cancelled due to COVID level restrictions. Training will recommence in Level 2. A video library is currently being created as an additional resource in Ko Awatea Learn to allow participants who have attended either Orientation or Update to directly access all the videos on demand. Reported incidents continue to be reviewed and monitored by both OHSS and SPHM teams. Since programme commenced in Sep 2018, the total number of trained staff to date is 257 Allied Health Staff, 1620 Nursing Staff and 115 Orderlies. From July 2020 onwards the scorecard now shows reporting by division with Surgery, Anaesthesia & Perioperative Services at a total of 236 to date, followed by 122 from Medicine/Acute Care/Clinical Sup, 121 from Middlemore central, and 94 from Locality Community Health Services. ARHOP has had 51 come through the programme, 18 from Kidz First and finally 10 from Mental Health. Update Training Sessions commenced in Sep 2020, total number to date is 40 Allied Health Staff, 145 Nursing Staff and 21 Orderlies. Continually working with Clinical Engineering on equipment upgrading and installation of ceiling hoists. 				
New Activity:				
<ul style="list-style-type: none"> All courses cancelled at COVID-19 level 3 & 4. Will reopen training at level 2. Standardisation of equipment and procurement implementation process on-going. Patient handling & mobility assessment went live on 25/08/2021 on wards 4,5, 23,24 and 31. Working with Clinical Engineering on an installation of ceiling hoists project across multiple wards. Exploring ways to support the course participants to embed the skills learned at training into practice. Finalising the Bariatric equipment RFP. Finalising the implementation of the new air assist lateral transfer devices following evaluation. 				
Risk: Inability to manage the risk of harm from the work being carried out by Contractors				
Risk Rating: Critical	Review Date: October 2021		<i>Current</i>	Target
		<i>Frequency</i>	Possible	Unlikely
		<i>Consequence</i>	Major	Major
Active Workflow:				
<ul style="list-style-type: none"> A total of 240 contractor inductions have been completed in the 12 months to date. The annual FEAMs contractor prequalification programme is currently underway for 2021. All sites are currently compliant for their fire safety with having their trial evacuations conducted within the last 6 months. Fire warden training has been facilitated throughout January 2021. Fire schemes have been updated however work continues to ensure they meet the requirements from a clinical and risk perspective. Asbestos surveys were carried out in 2018. 16 asbestos registers have been completed. A H&S meeting was held with contracting partners in December 2020 to discuss safe working requirements. A new hot work permit process has been implemented with all requests being processed through the FEAM Fire Safety Officer. There continues to be a month on month increase for requests on hot work permits from February through to May. The review of the asbestos remediation schedule and asbestos registers in continuing, with further asbestos testing of Galbraith having been conducted as part of the passive fire remediation works. OHSS is invited to participate in the ADHB contractor management process review. An assessment will be made on this project. 				

<ul style="list-style-type: none"> OHSS is engaging with Compass who manages the patient food production on a project to review the use of food service trolleys. HSRs are included in this review. 				
<ul style="list-style-type: none"> New Activity: 				
<ul style="list-style-type: none"> The OHSS H&S team are working with contract managers to discuss the work undertaken at CM Health and their processes in regards to management of the COVID-19 response. 				
Risk: Staff and others sustain slips, trips or falls in the workplace				
Risk Rating: High	Review Date: September 2021		<i>Current</i>	Target
		<i>Frequency</i>	Likely	Possible
		<i>Consequence</i>	Moderate	Moderate
Active Workflow:				
<ul style="list-style-type: none"> Trends in slips, trips and falls (STF) from ground level incidents continue to be monitored by OHSS. A slip, trip, fall communication was sent out to HSRs as a reminder to focus on the possibility of wet floors due to the onset of winter. 				
New Activity:				
<ul style="list-style-type: none"> No new activity over this time 				
Risk: Falls from height (above or below ground level)				
Risk Rating: *TBA once reassessed	Review Date: *TBA once reassessed		<i>Current</i>	Target
		<i>Frequency</i>	*Unlikely	*Rare
		<i>Consequence</i>	*Major	*Major
Active Workflow:				
<ul style="list-style-type: none"> FEAMs assess, manage and monitor workers working at heights at CMH sites. FEAMs manage the working at height and below ground level work procedures. Access to work at height areas is strictly controlled by FEAMs. 				
New Activity:				
<ul style="list-style-type: none"> No new activity at this time 				
* This risk will be discussed with FEAMs and a selection of workers and PCBUs before establishing the final risk scores and mitigation				
Risk: Suboptimal evidence (through audits and monitoring) of adherence to H&S legislative requirements (legal)				
Risk Rating: High	Review Date: September 2021		<i>Current</i>	Target
		<i>Frequency</i>	Unlikely	Rare
		<i>Consequence</i>	Major	Major
Active Workflow (Safe365)				
<ul style="list-style-type: none"> Currently 30 Safe365 licences have been set up (as outlined above in the Key Indicators Commentary). The Safe365 information page on Paanui is in draft awaiting roll-out and will provide HSRs with links to resources and tips for increasing their compliance scores. The worker induction booklet has been updated and rolled out to provide current H&S information to workers. A 20 DHBs Safe365 benchmarking exercise has been completed to assist with establishing combined projects for increasing scores. CM Health achieved tertiary status at the ACC AEP audit in February 2021. The OHSS team subscribe to Safeguard magazine and WorkSafe and other industry media releases which provide updates on legislative changes and activity. The H&S self-assessment and audit program is on track to be implemented following the pilot being conducted and will assist in verifying the Safe365 assessment results. The OHSS team attended the Safeguard Conference to ensure they are kept up to date with current legislation and H&S activity. The OHSS H&S Advisor continues to work with service areas to assess and increase their Safe365 scores. The HR Director and OHSS Manager presented an update to SLT members on the current activity with 				

Safe365.

- OHSS has appointed a Risk and Assurance Manager to manage the risk, governance H&S documentation (HSWMS) and internal audit program.
- OHSS has completed the annual self-assessment process. The results were discussed at an engagement meeting with Union Organisers and HSRs.
- The managers' online self-assessment tool was implemented in July/August 2021 and results are being analysed and plans established.
- The annual H&S self-assessment has been carried out and results are being written up.

New Activity:

- ACC AEP audit preparation is underway in September

**HSRs will be consulted to reassess this risk following the implementation of OHSS self assessments and 3 year audit program*

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

Risk Rating: High	Review Date: October 2021		Current	Target
		Frequency	Possible	Unlikely
		Consequence	Major	Major

Active Workflow:

- The new app standard operating procedures and the escalation process have been implemented
- Security monitoring the app 0700 to 1900hrs and the telephony office between 1900 and 0700hrs Pilot phase for Lone Worker app (Get Home Safe) extended to more of the business.
- The project team are reviewing and developing additional methods to establish usage of app.
- A survey has been conducted involving users of the app with 99 responses received. Feedback was positive and helpful to the project team.
- Safety First has been amended to allow easier reporting.

New Activity:

- The Lone Worker Governance Policy and Procedure review was presented to ELT in September 2021.
- A dedicated coordinator based in Feedback Central is being recruited 0.5 FTE to manage administrative functions of app.

Risk: Wellbeing of staff adversely affected by aspects of work

Risk Rating: High	Review Date: October 2021		Current	Target
		Frequency	Likely	Possible
		Consequence	Moderate	Moderate

Active Workflow:

- EAP is well established with onsite clinics and external counselling. An additional referral program have been set up 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. Facilitated and targeted sessions have increased where required across CMH service areas.
- OHSS have regular meetings with the EAP organisers to discuss program of work, trends and support activities.
- EAP attended Patient Safety Day at CM Health.
- CM Health has a wellbeing page, resources and tools on Paanui to support staff welfare.
- Paanui is regularly updated to reflect changes in COVID Alert levels and to highlight relevant employee support initiatives.
- Implementation planning is underway for 'Safety First Aid' – a peer support programme.
- A Resilience and Wellbeing Workshop has been developed as part of the People and Team Development service offering to complement the range of support services and resources.
- Two new workshops; Managing Self through Change and Leading through Change have been developed as part of the Team and People Development service offering to complement the range of services and resources.
- A 1 hour Wellbeing Seminar has been developed to be facilitated throughout the year.
- A COVID 19 Lockdown and our Circle of Influence & Control Seminar has been developed for COVID 19 lockdown periods.

Reported Incidents

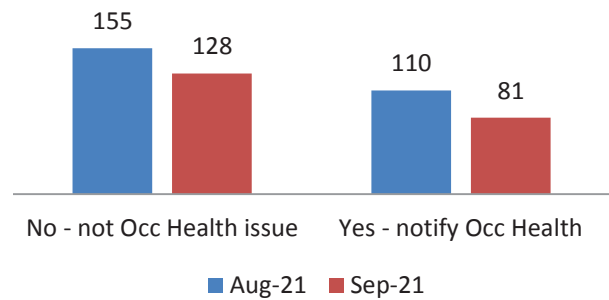
Monthly total of incidents reported in September (209) decreased significantly in comparison to August (265).

These totals include incidents reported by staff, visitors and all contactors (healthAlliance, healthSource, Compass and FEAM).

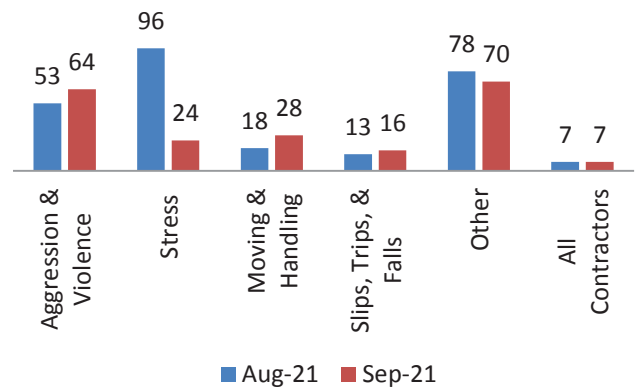
Data on Incidents reported:

- Aggression & Violence:** Remains in the top three incident rates. Incidents reported in September (64) has increased in comparison to August (53).
- Moving and Handling:** A significant increase in reporting in September (28) in comparison to August (18). The proportion in September that related to having occurred during moving / handling of patients (12) has increased when compared to August (8).
- Stress:** Incidents reported in September (24) has decreased significantly in comparison to August (96).
- Slip/Trip/Fall:** An increase in reporting in September (16) in comparison to August (13).
- Other:** Incidents reported in September (70) has decreased in comparison August (78).

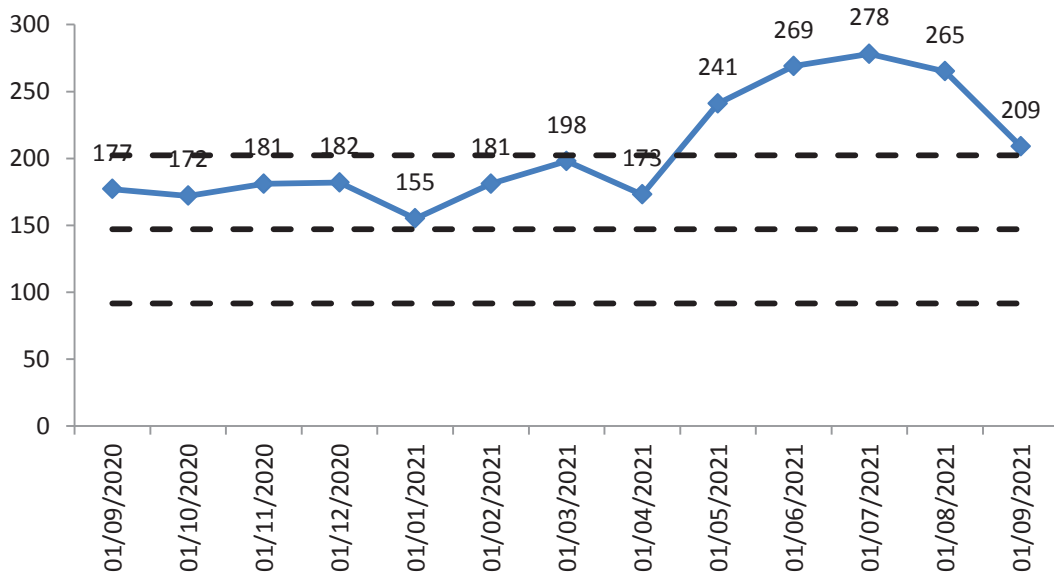
Review of classification by reporting staff of employee incidents, whether an OHSS issue or not, 2021



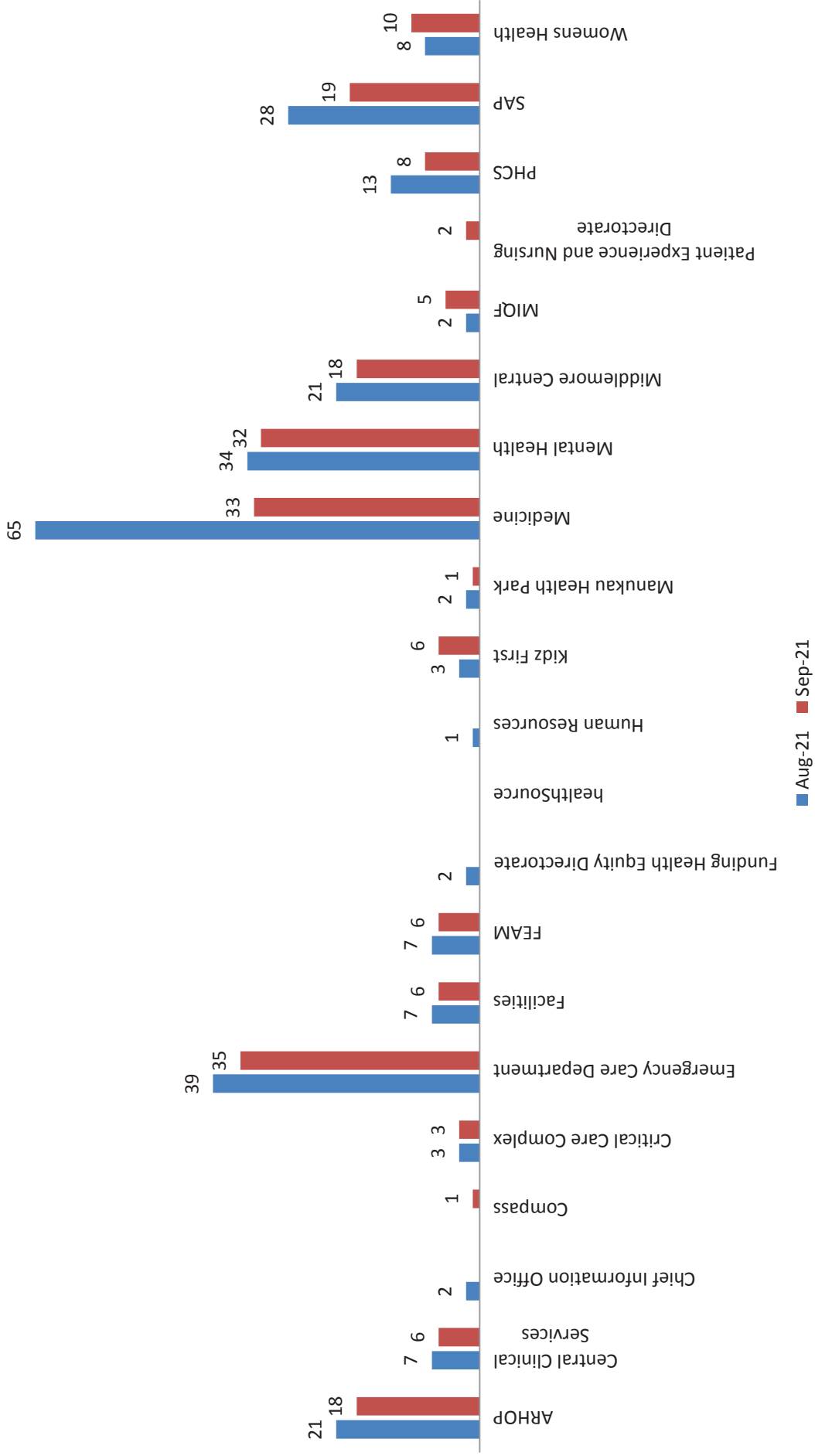
Number of Incidents Reported Related to Type



Number of Incidents Reported per month in 2020/21



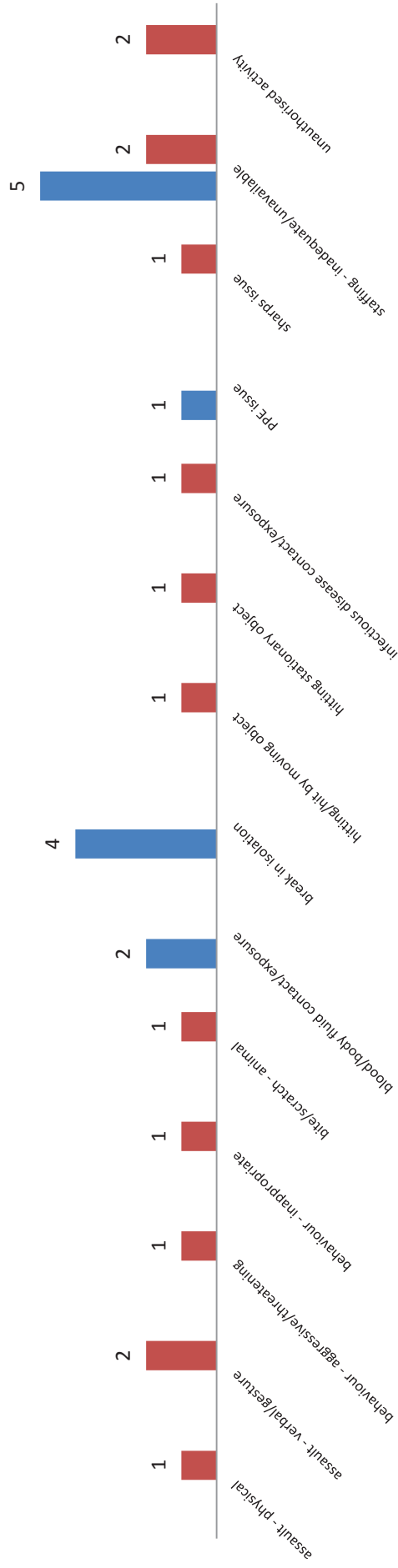
Incidents by Division



Near Miss Incidents

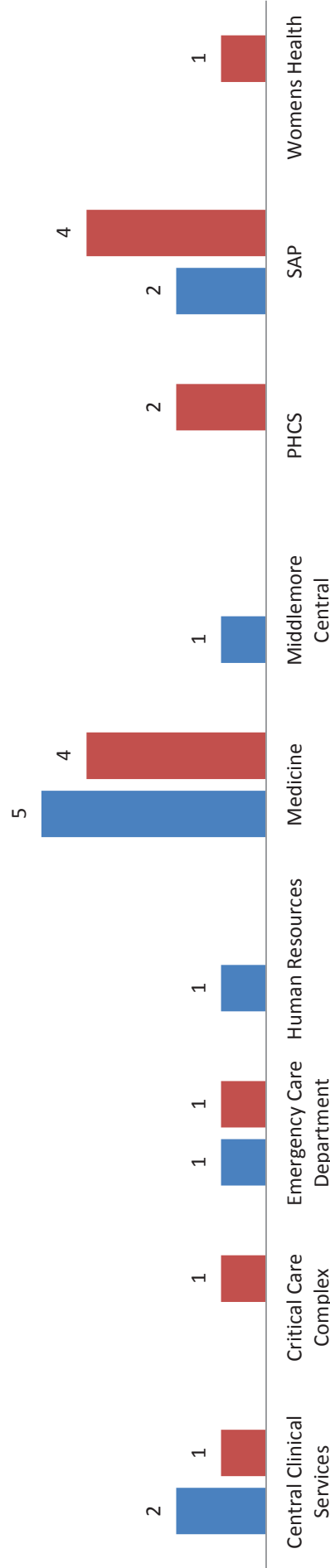
Near Miss Incidents

■ Aug-21 ■ Sep-21



Near Miss Incidents by Division

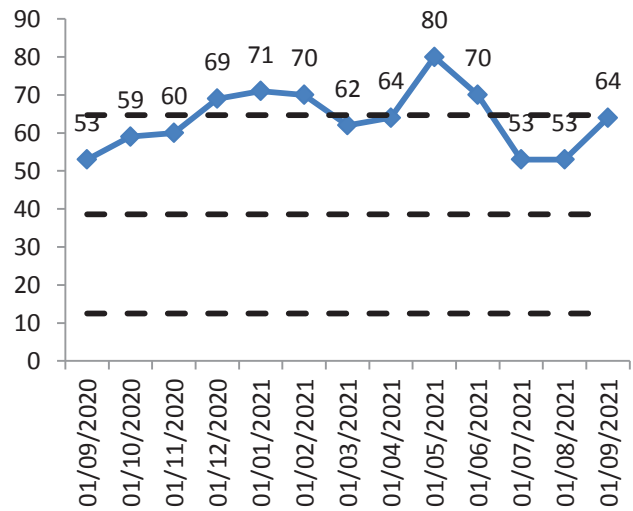
■ Aug-21 ■ Sep-21



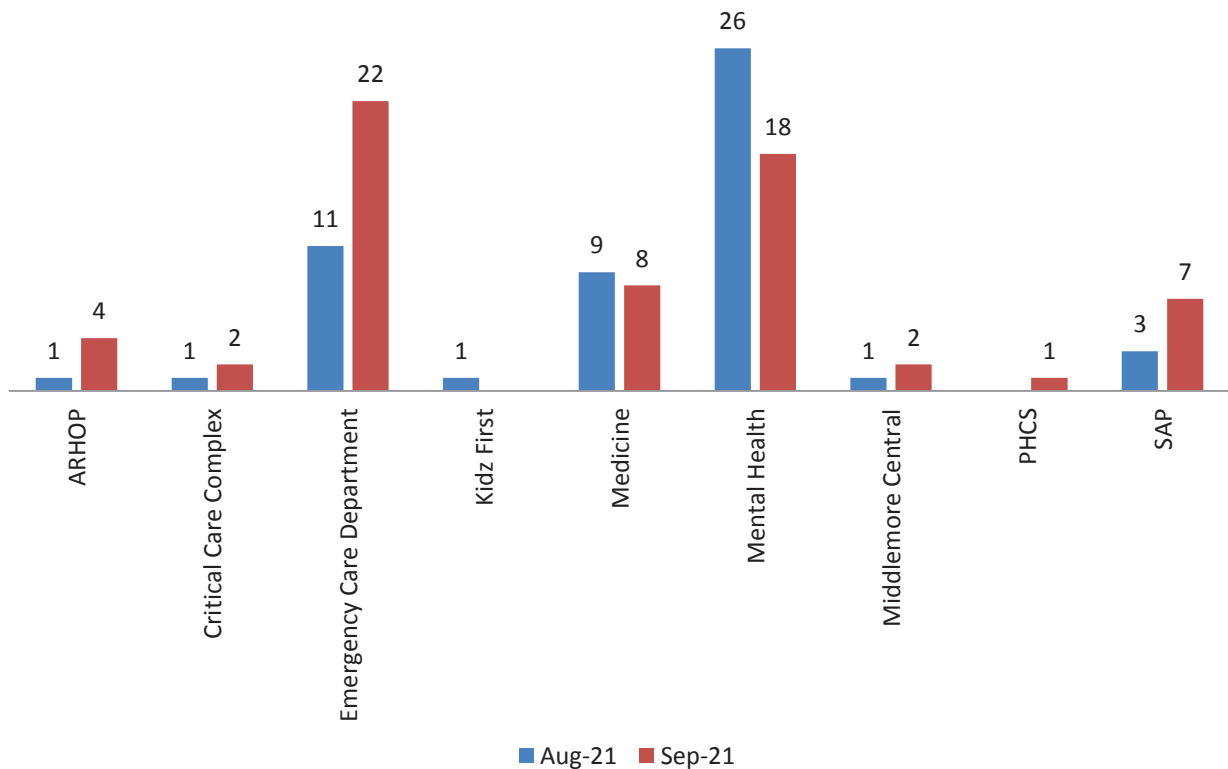
Aggression and Violence

- Aggression and violence monthly figure for September (64) have increased in comparison to August (53).
- Code Orange (ED)
 - August = 2 – 0 alcohol, 0 drugs involved
 - September = 6 – 0 alcohol, 2 drugs involved
- Record of 777 Security Calls
 - August = 39
 - September = 76
- Physical assault and aggressive/ threatening behaviour were the predominant contributing factors.
- These numbers are not reflected in the number of SafetyFirst incidents reported.

Number of Incidents Reported Related to Aggression & Violence per month in 2020/21



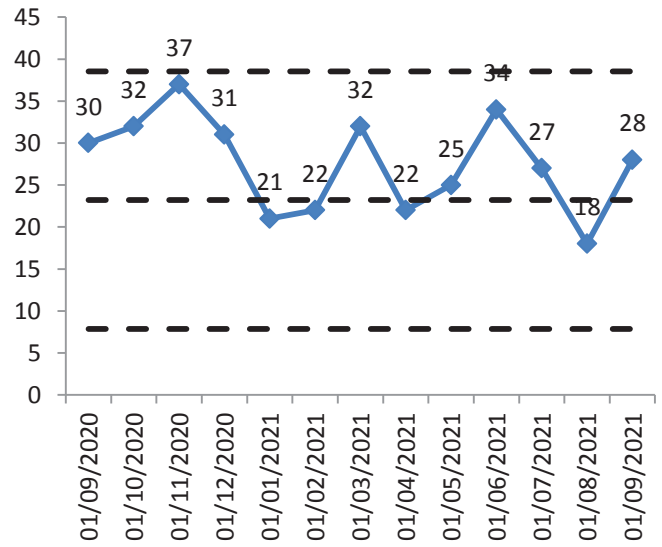
Number of Incidents Reported Related to Aggression & Violence



Moving and Handling

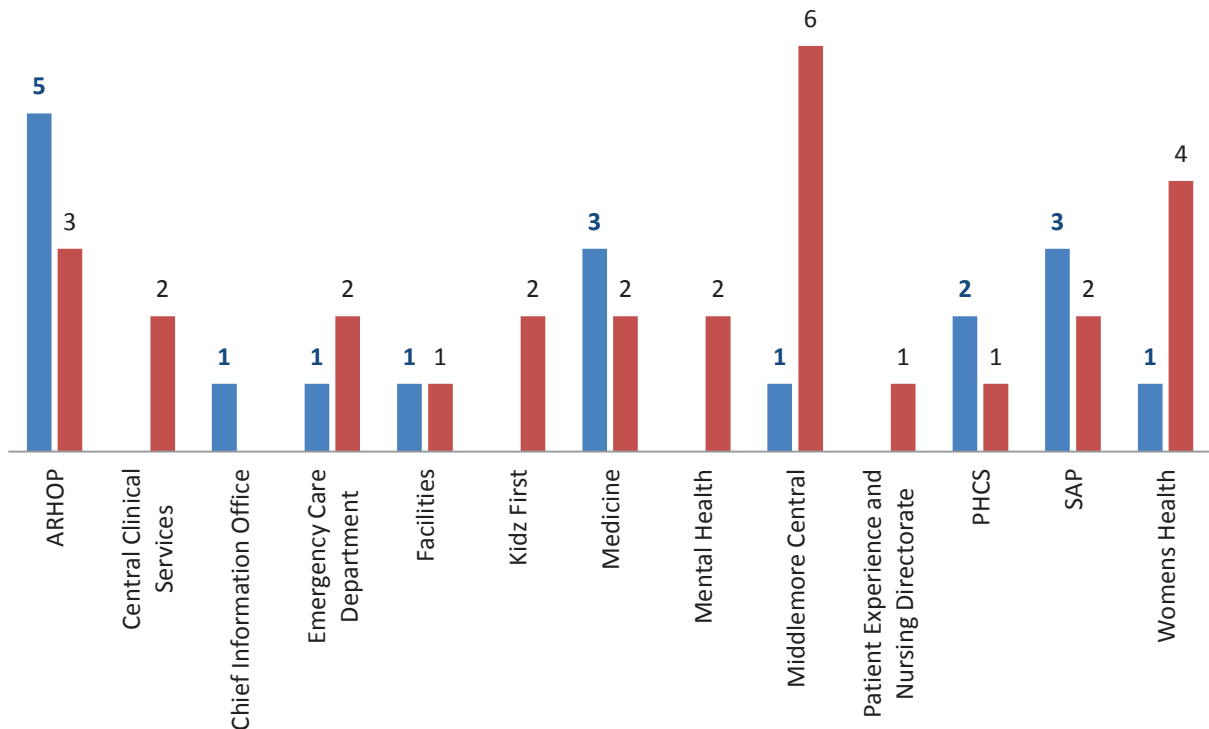
- An increase in reporting in September (28) in comparison to August (18). But not in comparison to earlier months indicating August was the anomaly.
- 12 injuries reported in September occurred while moving / handling a patient, an increase from the figure in August (8).
- The majority of patient handling incidents reported were related to the action or behaviour of patient/ employee and awkward position/ posture.
- The majority of non-patient handling incidents were reported as being due to awkward position/ posture, human factors and lifting/ handling/ carrying.

Number of Incidents Reported Related to Moving & Handling per month in 2020/21



Number of Incidents Reported Related to Moving & Handling

■ Aug-21 ■ Sep-21

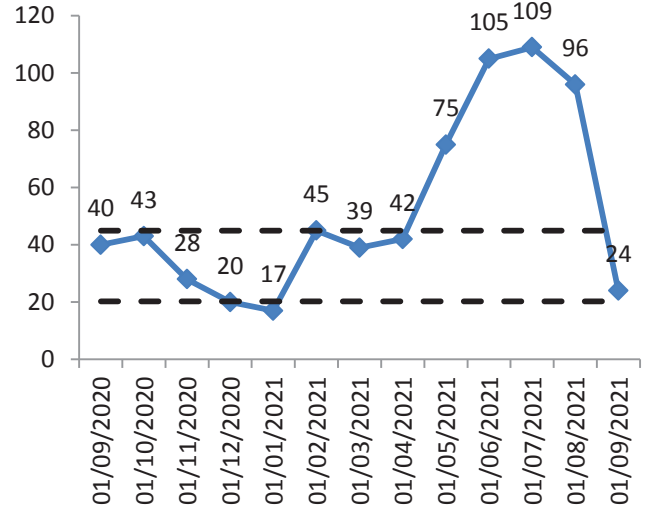


Staffing inadequate/unavailable, Stress

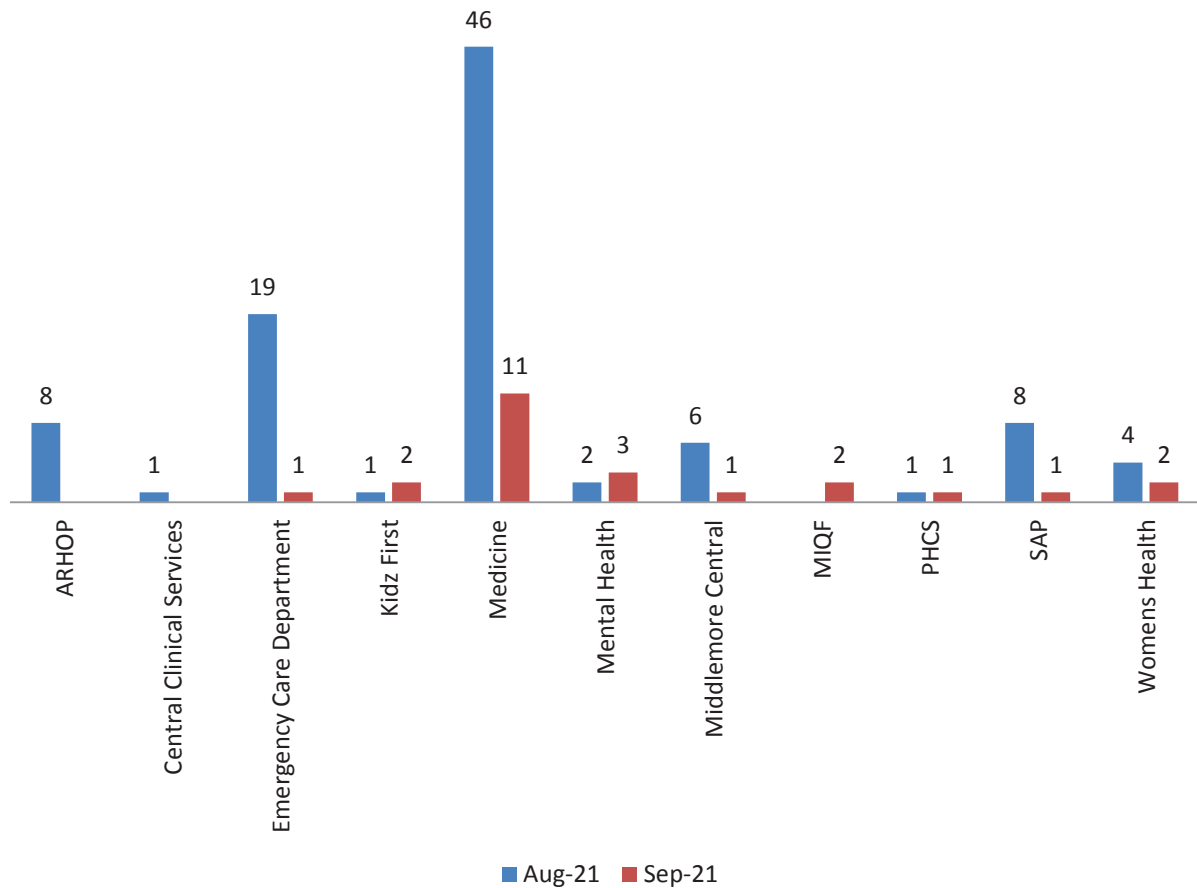
- Incidents reported in September (24) has decreased significantly in comparison to August (96). The decrease may be attributable to the COVID-19 alert level restrictions.
- Majority of incidents were reported from Medicine.
- Predominant contributory factors reported were insufficient availability of staff, over demand for service(s), sickness/ absence of staff, assistance unavailable and communication failure.

*OHSS are in the process of conducting a collaborative project review of stress and fatigue, including a risk assessment and this work will continue as level 3 restrictions permit.

Number of Incidents Reported Related to Staffing Inadequate/Stress per month in 2020/21



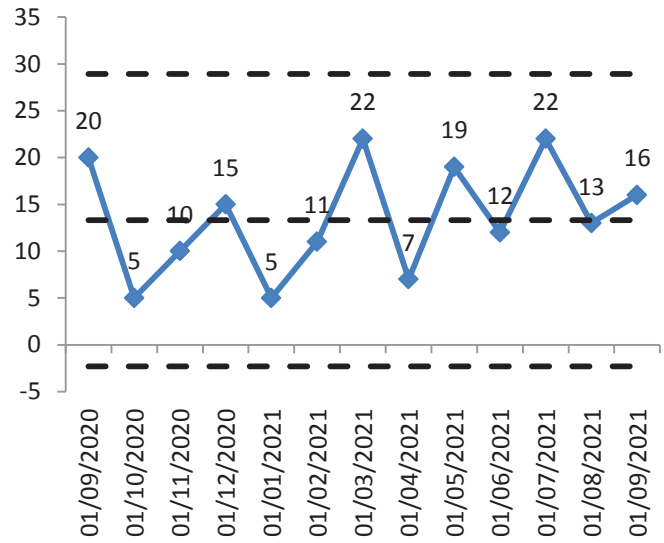
Number of incidents Reported Related to Staffing Inadequate/Stress by Divison



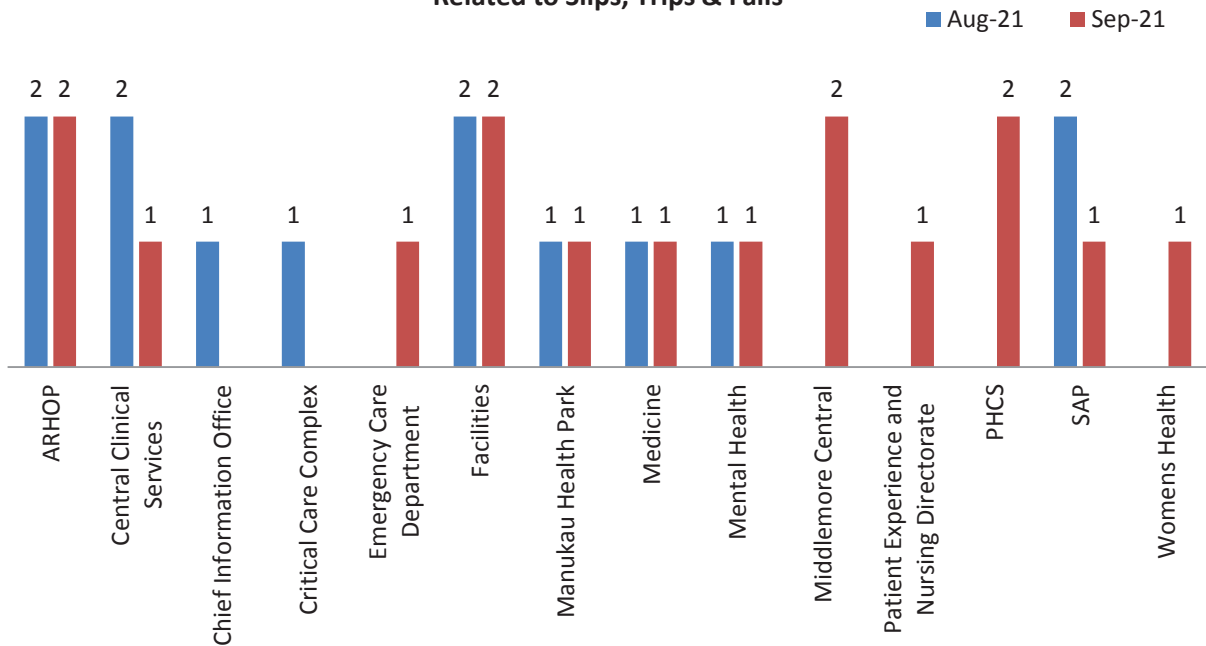
Slips, Trips and Falls

- Slips, Trips and Falls monthly figures in September (16) have increased from August (13).
- Slip/ tripped/ stumbled and slippery/ wet surfaces were listed as the predominant contributory factors.

Number of Incidents Reported Related to Slips, Trips and Falls per month 2020/21



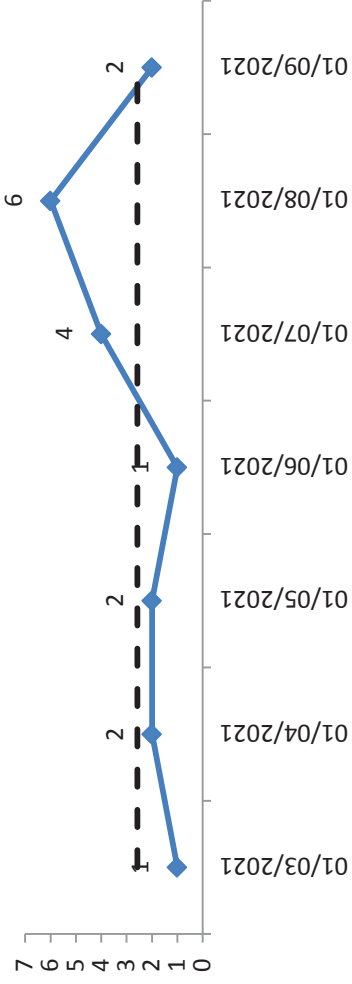
Number of Incidents Reported Related to Slips, Trips & Falls



Other incidents

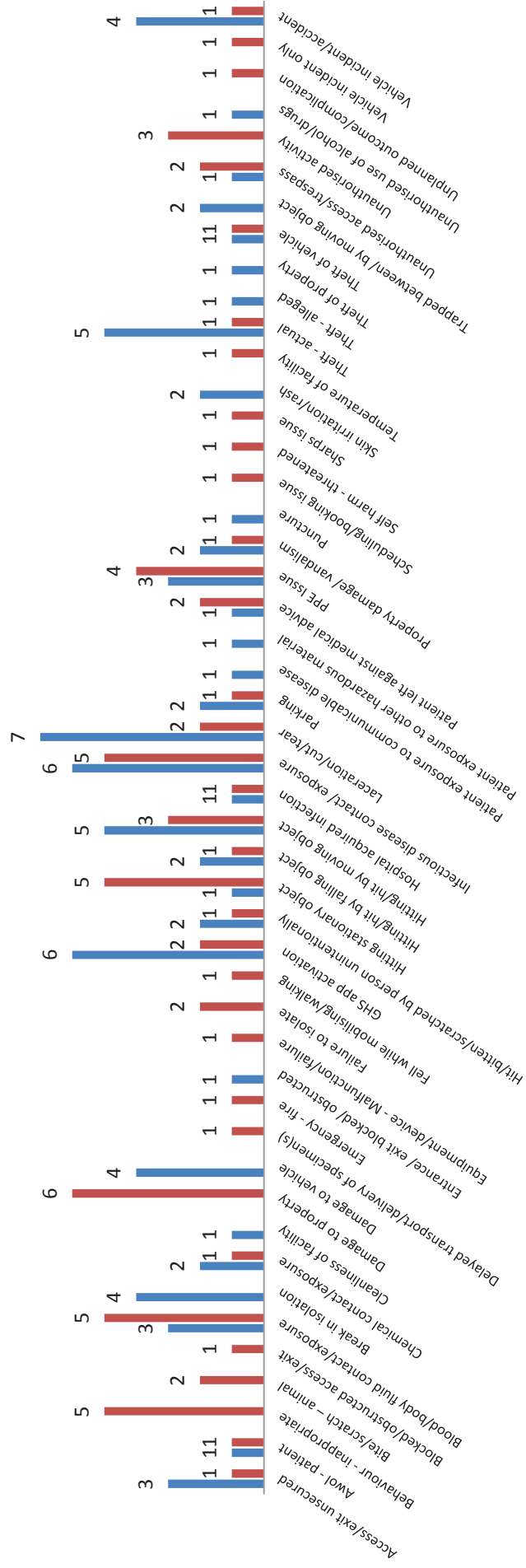
- Other incidents in September (70) decreased in comparison to August (78).
- Get Home Safe (GHS) App Activation is included in the "Other" category.
 - Decrease in the reported incidents in September (2) compared to August (6).
 - These incidents are logged into SafetyFirst when an overdue alert is received from a lone worker in the community resulting in the police being contacted.
 - There was no risk of harm to these workers, and individuals were contacted by the Project Team and encouraged to keep using the app.

Number of Incidents Reported Related to GHS App Activation in 2020/21



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

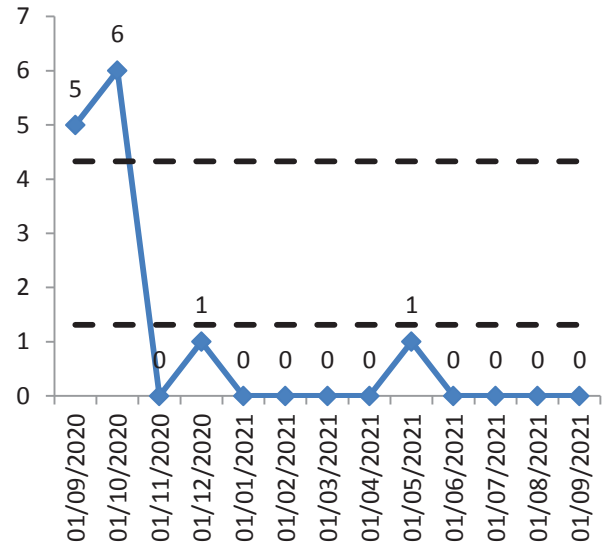
■ Aug-21 ■ Sep-21



healthAlliance Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
There was no Hazard/Incident reported for September.

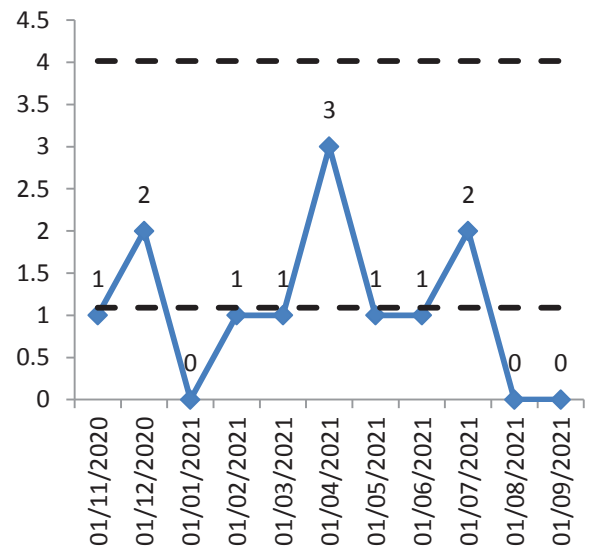
Number of Reported healthAlliance Incidents per month in 2020/21



HealthSource Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
There was no Hazard/Incident reported in September and August.

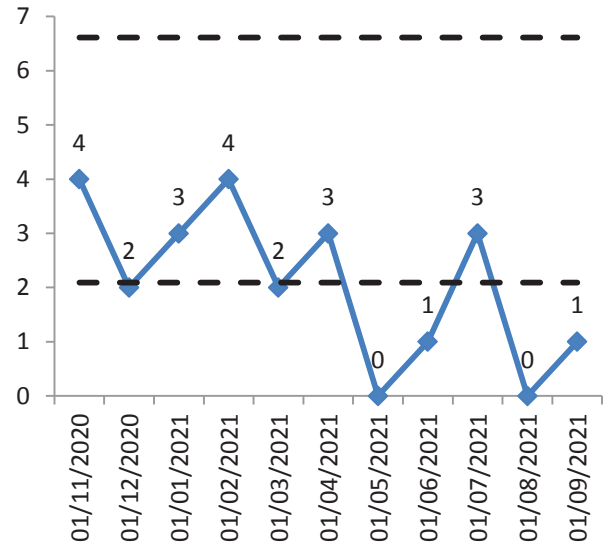
Number of Reported HealthSource Incidents per month in 2020/21



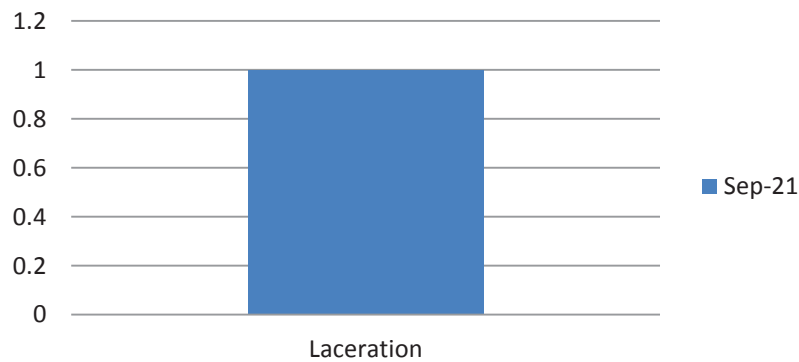
Compass

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There was one Hazard/Incident reported in September and none in August.

Number of Reported Compass Incidents per month in 2020/21



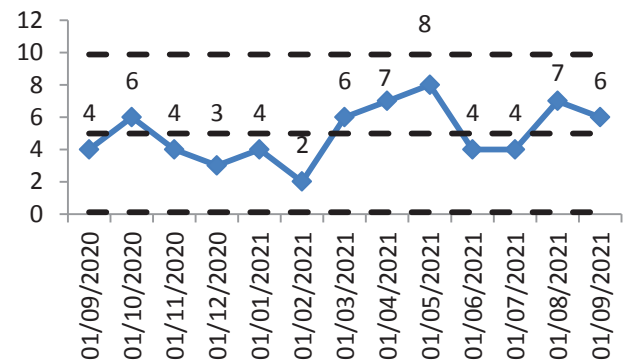
Compass Incidents by Type



FEAM

There were 6 Incident reported in September which is consistent to 7 in August.

Number of Reported FEAM Incidents per month in 2020/21



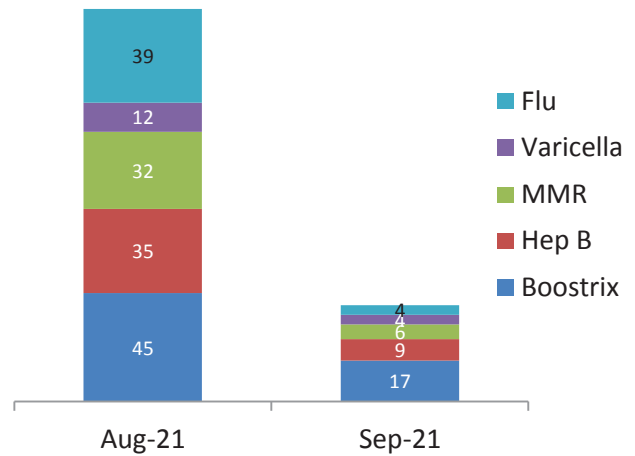
Occupational Health Service Update

Vaccinations:

There was a significant decrease in vaccinations administered in September in comparison to August. The decrease is attributed to the vaccination clinic being closed due to the COVID-19 alert level restrictions; however the vaccination clinic reopened when Auckland moved to alert level 3.

Influenza vaccination is also offered to all staff members that come to Occupational Health for a vaccination.

Vaccinations Data 2021



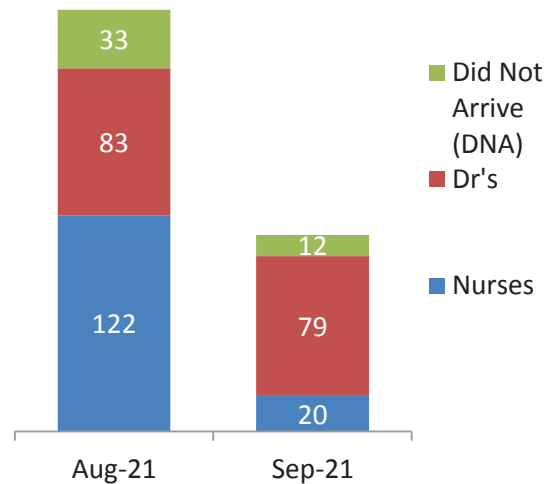
Clinic Appointments:

There were 20 OHN clinic appointments in September in comparison to 122 in August. The decrease is attributed to clinics being closed due to the COVID-19 alert level restrictions; however the clinic reopened when Auckland moved to alert level 3.

79 OHP clinic appointments in September in comparison to 83 in August.

There were 12 DNA's for September compared to 33 in August. The Occ Health Physician consultations were conducted telephonically or virtually due to the COVID-19 alert level restrictions, which attributed to the appointments being well attended.

Clinic Appointments Data 2021



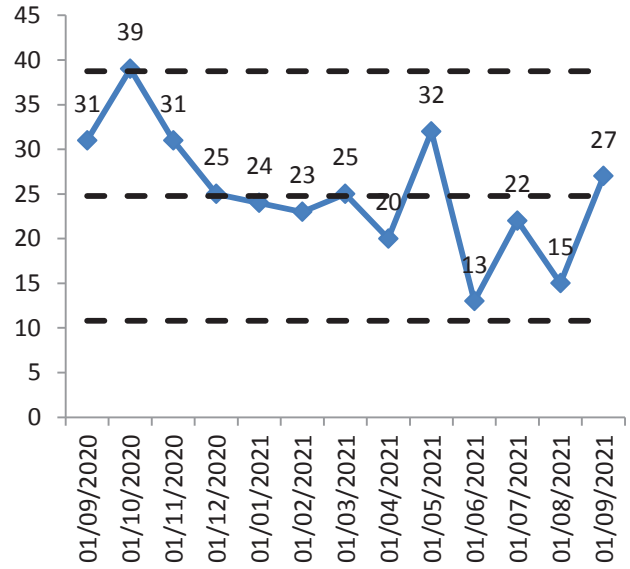
Blood Bodily Fluid Exposure:

BBFE for September (27) has increased significantly in comparison to August (15). This is consistent with the monthly average of 30.

12 of the 27 BBFEs in September were reported by medical students and inattention/ distraction was noted as the most prevalent causation.

Incidents are investigated and managed by the Occupational Health nursing team.

BBFE Incidents 2020/21



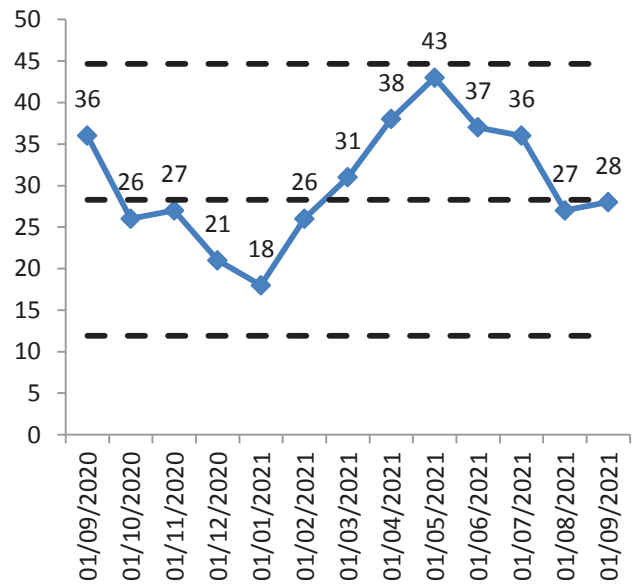
Manager Referrals:

Manager referrals for September (28) has remained consistent with August (27).

Contact Tracing:

There were twelve contact traces conducted during September. Eleven of these were for COVID-19. The majority involved the Adult Emergency Department. Other areas affected were Ward 34N (and surrounding Wards), Kidz First Emergency, Birthing and Assessment and Ward 8

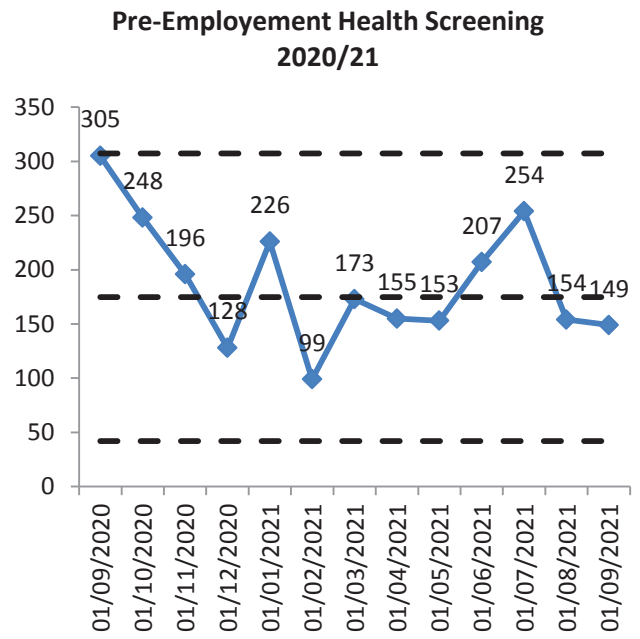
Manager Referrals 2020/21



Pre-employment Health Screening:

Pre-employment Health Screening for new starters commencing employment in September (160) has remained consistent in comparison to August (154).

Pre-employment Health Screening is also conducted for Managed Isolation Facilities and Quarantine Facilities staff. Additional screening is required to be completed by the OHN for the MIQF Pre-employment Health questionnaires. This is in line with the Ministry of Business Innovation and Employment requirements.



Appendix 1

Stress and Fatigue Analysis

The following graphs represent incidents reported in SafetyFirst and Raise (EAP) counselling sessions up to September 2021.

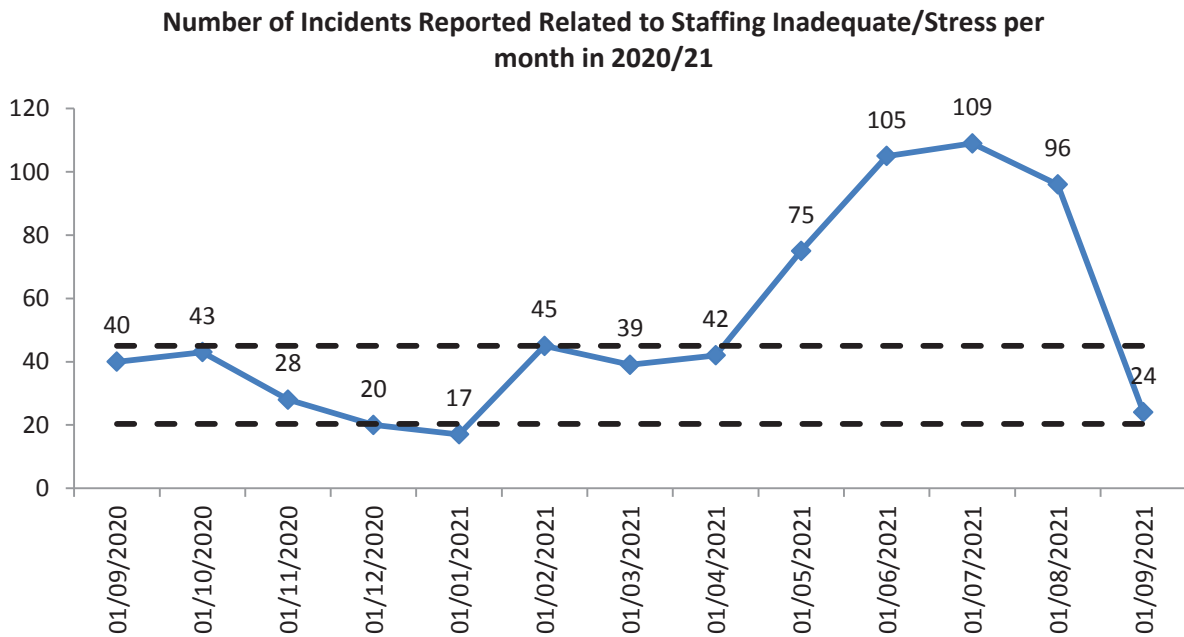


Figure 3: Safety First - Number of Incidents Reported to Staffing Inadequate/Stress per month 2021

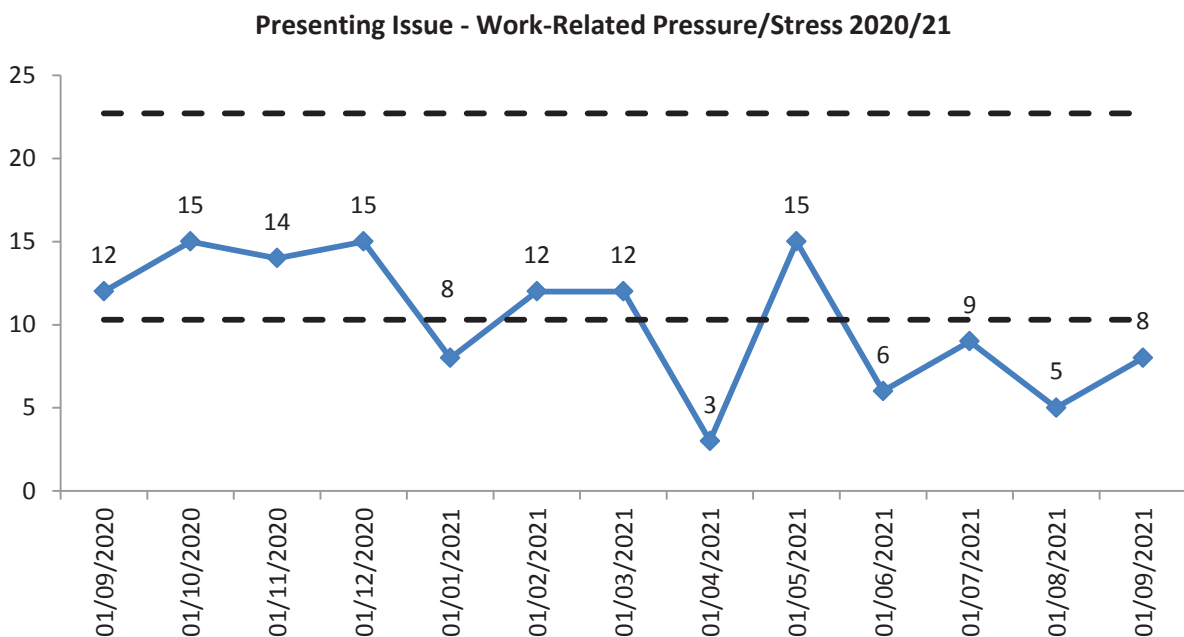


Figure 4: Raise (formerly EAPworks) Presenting Issue – Work Related Pressure/Stress 2021

Appendix 2

Mental Health Awareness Week Events 2021: 27 September - 3 October

Goodies for You

Mental Health Awareness Week Guide 2021

This guide has lots of useful resources, and daily inspiration and activities to help bring MHAW to life for you. This is an interactive PDF, so you can type your thoughts straight into the guide without having to print it off!

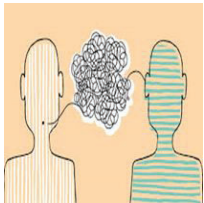
Korero Card Set






The Korero Care Set is a great activity for your team, or any group setting, as an easy way to start a kōrero to get to know each other a little better.

Look to use it in your team meeting, when we are back down to level 2 & 1 or use the video-call friendly version during the Mental Health Awareness Week and ongoing to build stronger connections with your hoamahi/colleagues by taking time to kōrero.

Programme of Zoom Sessions

All of the online sessions are between 30 minutes to 45 minutes in duration. The only Zoom Sessions that you need to **book onto before attending** is the “Spring Clean Your Wellbeing” and the BNZ Financial Wellbeing Sessions and the BNZ 1:1 Financial Health Checks. Below you will find details on the each session topic with dates/times and log on details.

<p>Conversations that Matter</p> 	<p>Join Grace Cheah for the Conversations that Matter Session. Do you have situations sometimes with people when you find it uncomfortable to communicate effectively with them?</p> <p>Having genuine and timely conversations strengthen working relationships, and with respect & trust, helps to generate positive outcomes. This session helps you to:</p> <ul style="list-style-type: none"> • Increase your self-awareness of how we manage ourselves during critical conversations • Understand how to use effective communication to enhance two way communication • How to give feedback of appreciation and build constructive behaviours • Set your commitment for action; What you will Start Doing, Stop Doing and Continue Doing to enhance your communication skills 	<p>Join this session via Zoom on the Monday or Wednesday:</p> <p>Monday 27/9/21 12.00noon - 12.45pm</p> <p>or</p> <p>Wednesday 29/9/21 1.30pm - 2.15pm</p>
<p>Always Blow on the Pie</p>	<p>We are delighted to bring back a popular talk from the Get Psyched Tips Tricks and Freudian slips lunchtime series “Always Blow on the Pie’. Long time health psychologist Marie Young invites you to bring lunch to this brief 25 minute talk.</p> <p>Marie will take you through why we don’t always respond well to anger in our patients (or the anger of colleagues) and how we can apply some simple strategies to create a space where conversation can lead to better outcomes for everyone involved.</p>	<p>Join this Zoom Session: Tuesday 28/9/21 12.30pm - 1.00pm</p>
<p>Enhancing Trust & Respect</p>	<p>Join Jenny Powell who will help you to explore and understand the benefits of investing in respectful, trustful and meaningful working relationship. The session helps you to:</p> <ul style="list-style-type: none"> • Distinguish between teams that foster high levels of trust and teams that don’t 	<p>Join this Zoom Session: Thursday 30/9/21 12.30pm - 1.15pm</p>

	<ul style="list-style-type: none"> • Explore the three elements of trust to enhance working relationships • How to give and receive effective feedback • Set your commitment for action 	
<p>Spring Clean Your Wellbeing</p> 	<p>Join Kevin Walls for the Spring Clean Your Wellbeing Session. The session will help you to take stock and understand:</p> <ul style="list-style-type: none"> • What wellbeing means for you and to use 3 wellbeing tools to help identify your wellbeing needs moving forward • Complete your own wellbeing audit to reflect on your current wellbeing state and what your future wellbeing state wants to look like • Focus on a plan of action on what you will Start, Stop and continue doing to optimise your overall wellbeing 	<p>Tune into this session via Zoom on the Monday or Thursday.</p> <p>Monday 27/9/21 10.30am – 11.15am Thursday 30/9/21 10.00am – 10.45am</p>
<p>Workplace Civility</p> 	<p>Incivility in healthcare can cause decreased patient satisfaction, put patient care at risk, and creates a negative work environment that impacts on communication and our mental wellbeing.</p> <p>Join Kevin Walls in this insightful session, which will help you to:</p> <ul style="list-style-type: none"> • Understand key concepts of workplace civility and incivility and the negative impact of incivility on team and organisational outcomes • Recognise why working relationships of trust and respect are critical to effective working relationships and high levels of personal wellbeing • Have strategies for effective conversations and for dealing with workplace incivility • Set your commitment for action: What you will Start Doing, Stop Doing and Continue Doing to enhance workplace civility 	<p>Tuesday 28/9/21</p> <p>10.30am – 11.15am</p>
<p>R U OK?</p> 	<p>Join Jeremy Caird & Jo Sinclair for this 30 minute R U OK Session. R U OK is a simple 4 step approach to empower people to meaningfully connect with and support colleagues, friends, and whanau/family who might be struggling or going through a difficult patch.</p> <p>This session will help you to:</p> <ul style="list-style-type: none"> • Recognise when someone might be struggling • Understand how to ask someone “are you ok?” • Recognise how to encourage action, follow up and checking in with them again 	<p>Tune into this session via Zoom on the Wednesday or Friday.</p> <p>Wednesday 29/9/21 11.00am - 11.30am Friday 1/10/21 12.30pm - 1.00pm</p>
<p>Well-being Index</p> 	<p>Join Jo Sinclair and Marie Young for the Well-being Index Session. They will introduce you to the Well Being Index (WBI) that is available to all CM Health staff.</p> <p>The Well Being Index (WBI) is an anonymous, online self-assessment tool that measures mental distress and wellbeing.</p> <p>The key topics covered are:</p>	<p>Join this session via Zoom on Monday or Thursday.</p> <p>Monday 27/9/21 2.30pm – 3.00pm or</p>

	<ul style="list-style-type: none"> • What is the Well-being Index (WBI)? • What are the benefits of using the Well-being Index (WBI) for maintaining my wellbeing? • Why are we using this screening tool at CM Health? • How do I access the tool? 	Thursday 30/9/21 2.30pm – 3.00pm
Reducing Suffering through Mindfulness and Compassion	<p>We are delighted to have Dr Tony Fernando, who is a consultant psychiatrist & sleep specialist and senior lecturer in Psychological Medicine for 20 years at the University of Auckland.</p> <p>He will share with us a talk on reducing suffering through mindfulness and compassion. Tony will discuss with us how we all want to be happy but knowing why we suffer is crucial in our desire for happiness. The truth is, all of us will always encounter suffering, dissatisfaction and a bumpy road in life.</p> <p>This talk will focus on why we suffer and more importantly, propose mindfulness and compassion as ways to mitigate suffering.</p>	Join this Zoom Session: Friday 1/10/21 10.00am to 11.00am
BNZ Financial Wellbeing Sessions Managing your Money in times of change	<p>With all of the changes that we are going through in this current lock down, come and join the BNZ team at the “Managing your Money in Times of Change Session’.</p> <p>Take this time out to navigate your financial situation and the impact of the current situation that this may be having on you and/ or your whanau.</p> <p>The seminar will talk through a useful guide for homeowners; understand what maybe happening with your KiwiSaver and other things available to you.</p>	Monday 27/9/21 7.30pm – 8.00pm or Tuesday 28/9/21: 2.00pm - 2.30pm
Understanding Kiwi Saver		Monday 27/9/21 1.30pm – 2.00pm 30/9/21: 7.30pm – 8.00pm
Budgeting 101		Tuesday 28/9/21 : 7.30pm – 8.00pm Wednesday 29/9/21: 1.30pm – 2.00pm
Getting on the Property Ladder		29/9/21: 7.30pm – 8.00pm
Wealth & Investment		30/9/21: 2.00pm – 2.30pm
Understanding Debt		1st October 1.30pm – 2.00pm
Financial Health Checks		Monday 27/9/21 – Friday 1/10/21

Appendix 3

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

Counties Manukau District Health Board

Occupational Health and Safety Performance Report

MIQF Health & Safety Report – September 2021

Recommendation

It is recommended that the Board:

Receive the MIQF Health and Safety report for the month of September 2021.

Note this report was endorsed by the Executive Leadership Team on 26 October to go forward to the Board.

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

Glossary for Monthly Performance Scorecard and Report

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

ARIQ	Auckland Region Isolation & Quarantine
AVSEC	Aviation Security Service
CM Health	Counties Manukau District Health Board
EAP	Employee Assistance Programme (Counselling)
H&S	Health and Safety
HR	Human Resources
HSR	Health and Safety Representative
HSR NZQA	Health and Safety Representative New Zealand Qualifications Authority
HSW	Health Safety and Wellbeing
HSWA	Health and Safety at Work Act 2015
MBIE	Ministry of Business, Innovation and Employment
MIQF	Managed Isolation Quarantine Facility
MMC	Middlemore Central
MOH	Ministry of Health
NMF	Northern Managed Facilities
NZDF	New Zealand Defence Force
OHSS	Occupational Health and Safety Service
PCBU	Person Conducting a Business or Undertaking
POI	Person of Interest
PPE	Personal Protective Equipment

Purpose

The purpose of the Health and Safety report is to provide monthly reporting of health, safety and wellbeing performance including compliance, indicators, issues, risks and project activity to the Counties Manukau District Health Board. This report covers Health and Safety performance statistics for the month of September 2021.

October 2021 update

- There has been an increase in reports of violence and aggression towards staff perpetrated by members of the community sent to MIQF.

This group differs to others received as they have not had the time to adjust to the idea of a stay in a facility and are often reluctantly coerced into the arrangement.

Some of this group have a higher rate of substance dependence and other social issues that require management. This has resulted in additional work for the team.

The new risk is being managed through a joint approach with input from Community Health Care divisions, NZ Police, NZDF and MBIE with a focus on risk assessments of Persons of Interest (POI). Health staff are updated on POIs daily and individual security provided for these stayers.

Health staff have been informed not to walk the floors alone and must be escorted by an AVSEC or other security person when checking vital signs or other face to face interactions with a POI.

- Staffing is becoming a concern as the additional staff provided in September have returned to their original work areas.

There is an active recruitment drive underway and rosters are being managed to balance staff wellbeing with the need to ensure the correct skill mix at each site.

Executive Summary - Managed Isolation and Quarantine Facilities (MIQF)

Northern Managed Facilities (NMF) and the Auckland community are under pressure due to the recent COVID-19 community outbreak. This Occupational H&S Performance report will discuss and demonstrate the need for better incident management, the reporting requirement, simple analysis of recorded incidents and the benefit of involvement of H&S Representatives across all Managed Isolation and Quarantine Facilities.

The report discusses the changes and updates MIF/Qs have gone through concerning worker participation and N95 Mask Fit testing to improve the current process. The H&S Group will provide leadership to staff at MIF/Qs to actively document an incident for understanding the magnitude of incidents impact better. Lastly, recruiting additional workforce at the MIF/Qs can provide better and consistent care to the guests at these facilities.

The NMF workforce is looking forward to a more proactive incident reporting & monitoring rather than reactive monitoring that is initiated after an event. NMF team is seeking endorsement from ELT on the H&S report so recommendations and highlights can be progressed with some assurance for staff welfare.

OH&S Risk & Assurance

The second CM Health organised Health & Safety PCBU meeting took place on 22nd September with attendees from CM Health, MBIE, NZDF, AVSEC and the Police participating. There was good collaboration and the discussion points included:

- PCBU overlapping duties obligations,

- Sharing of hazards and risks,
- Incident reporting; and
- Worker participation practices.

It was agreed that:

- The CM Health MIQF H&S Advisor & the MBIE H&S Advisor would continue to work together to facilitate the development of onsite MIQF meetings.
- A Terms of Reference Document would be developed to define the scope of the meeting.
- Updates on Standard Operating Procedures and projects being developed for implementation in MIQFs would be shared for collaboration and consultation.

The continued protection of the workforce within MIQF is a key priority. The following controls have been established to maintain their health and safety:

- Mandatory Covid-19 vaccinations.
- Regular Covid-19 testing enforced within MIQFs to meet requirements of COVID-19 Public Health Response (Required Testing) Amendment Order (No 5) 2021.
- Who's on Location (WoL) Application used to identify all employees, contractors and visitors entering facilities.
- Health checks carried out on all staff prior to start of each shift within the facilities.
- Health checks carried out on all visitors and contractors prior to entering facilities.
- All Health staff to be respiratory mask fit tested prior to starting work within facility.
- Respiratory masks worn in all returnee facing areas within facilities, designated as red zones.
- Surgical masks are worn in all other areas within facilities, designated as green zones.
- Personal Protection Equipment (PPE) training is provided at induction and updated regularly.
- Hand sanitiser placed in all key areas of facility to facilitate hand hygiene practices.
- A ventilation review carried out on all sites with the installation of air filtration units on all sites in areas identified as high risk.
- A standing requirement in MIQ Staff Guide that establishes all staff who are symptomatic or unwell are not to present for their shift on site but must inform their line managers. This is strictly enforced.

To date there has only been one case of a Health worker contracting Covid-19 on a site. This occurred at a Jet Park Quarantine Facility in August 2020 prior to the introduction of respirator masks and air filtration units on site.

Worker Participation

The inaugural CM Health Health & Safety Representatives (HSR) meeting was held on Tuesday 15th September 2021. This platform provided HSRs the opportunity to discuss the format of future meetings and communications that would foster greater participation and ownership in planned activities. A copy of the HSR presentation is attached at Appendix 1.

The HSRs determined that:

- HSR meetings should occur monthly.
- Zoom is currently the best channel of communication followed by emails.
- A monthly H&S newsletter would be welcomed.

The HSRs indicated in person future meetings would be valued to foster and enhance working relationships amongst the group. The feasibility of this format will be investigated for the next meeting scheduled in December.

Two Health & Safety Superstars have been acknowledged in the fortnightly NMF Newsletter, and work is underway to further integrate the recognition programme into the NMF system.

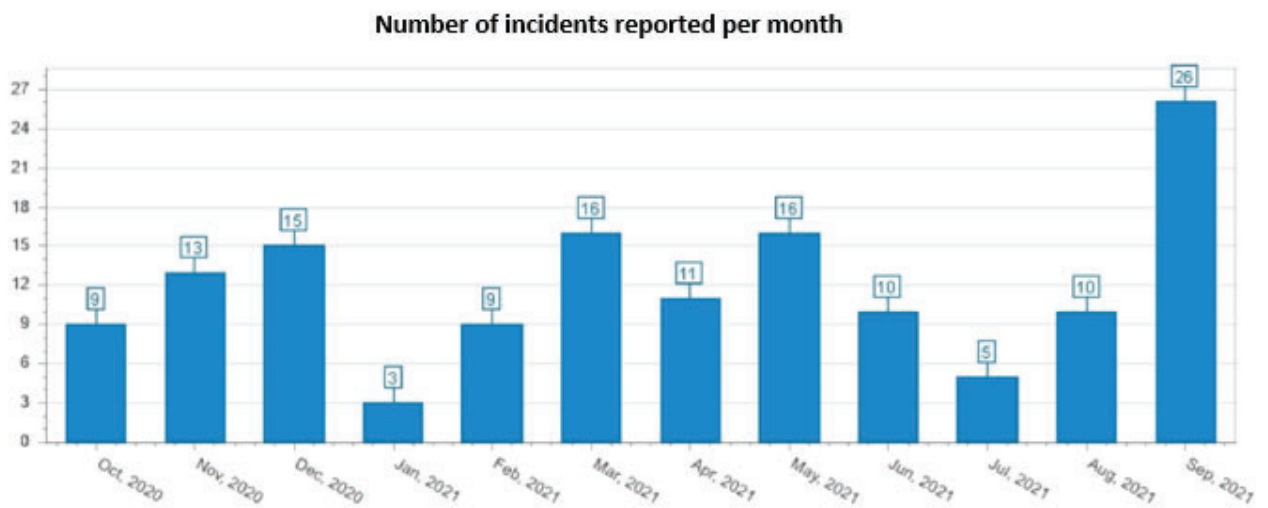
Respirator Mask Fit Testing

Planning is underway to start the annual mask fit testing of CM Health staff working within MIQF. The programme using the qualitative testing methodology is overseen by the Nurse Educator with assistance from H&S. It has been proposed that quantitative testing be adopted as the test is faster and more acceptable to the person being tested.

CM Health’s MIQF H&S Advisor is providing support and advice to the MBIE H&S Advisor on the MBIE plan to fit test all other workers within MIQFs which will lessen the reliance on health staff to carry out testing on non-health staff.

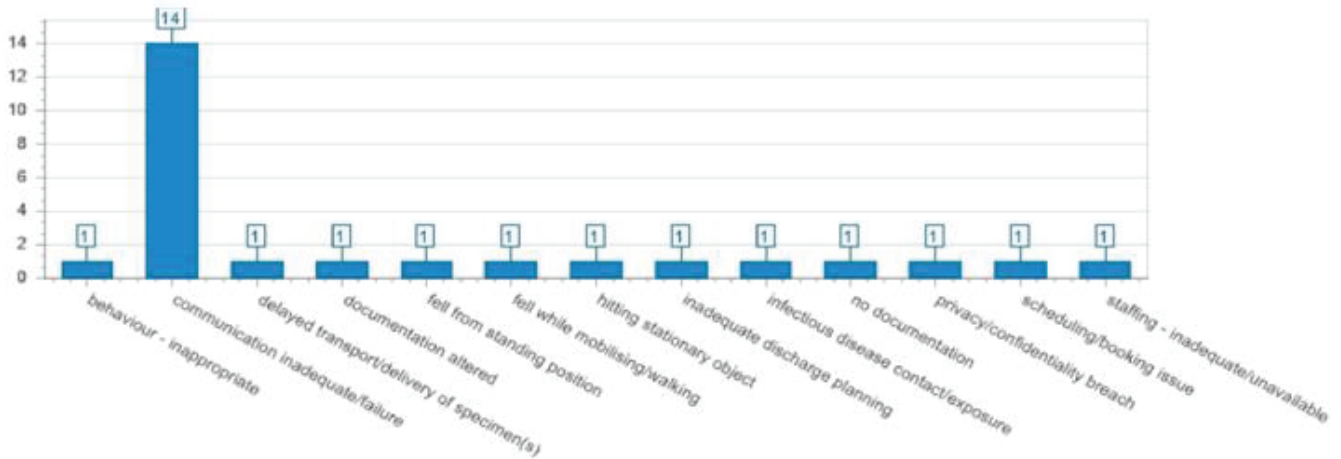
Incident Reporting

An improvement to simplify incident reporting by removing the requirement to complete a second form has resulted in a 160% increase in incidents logged through Safety First. The Health and Safety Advisor continues to encourage incident reporting through regular meeting reminders and acknowledgment of all incidents logged. An opportunity to further simplify incident reporting by removing barriers has been identified by providing workers with individual access to the online reporting system on Paanui. Consultation is progressing with Health Alliance to implement this.



The chart below identifies that communication failures were the dominate incidents reported in September. This can be attributed to the rapid increase of community cases being assigned to facilities overlapping with regular returnees, the Paralympians and Afghani refugees. Consultation continues with ARPHS and other PCBUs to improve processes. It was noted that stress and fatigue were reported as direct results from having to manage the administration from the communication breakdowns within the incident descriptions. This is not reflected in the incident tables as it was not the primary reason for the incident report. Support through the Employee Assistance Program (EAP) was offered to all staff. The recruitment and deployment of an additional workforce from other regions was also beneficial in assisting with managing the influx of people within the facilities.

Breakdown of incident types reported



Appendix 1
HSR Meetings presentation

NORTHERN MANAGED FACILITIES

Health & Safety Representatives Unite

Congratulations & Thank you

Health and Safety Representatives (HSRs) have an important role to play in workplaces.

These meetings are meant to be an opportunity for the business and Health and Safety Representatives (HSR) to work collaboratively to improve workplace health and safety.

HSRs are a link between workers and management and provide a voice for all employees to share

- ideas,
- feedback and
- knowledge about how work is done on a day to day basis.

This does not mean HSRs are solely responsible for H&S. Safety is a team sport.

What are we here for?

To try and engage in safety conversations to benefit the way things are done.

- At these meetings you represent our MIQF team
- At MIQF meetings you represent the business

I am here as support in both capacities.

- I am part of the wider CM Health OHSS team.
- I try to align safety practices
- I provide advice and support on good safety practices
- I facilitate communication

What we need to decide

- How often would you like meetings to occur?
- What channels of communication work best for you?
- Will an HSR specific newsletter be beneficial?

Suggested content of newsletter would be;

- One risk statements and controls to be considered for discussion at next meeting
- Highlight a topic to share at regular team meetings – with team on ground
- Section for feedback from investigations etc.
- An HSR profile to share with the others so we get to know each other outside of meetings.
- Something fun - wellbeing, puzzle etc.

If anyone would like to provide content...

Risks/ Hazards – where we could start

It is acknowledged that there are already concerns raised;

- Incident reporting and lack of feedback
- Resourcing
- Technology
- Fatigue and stress
- Musculoskeletal issues
- Dermatitis

Work is being done in each of these spaces.

I will send out the risk statement for the first topic on the list and an explanation of what to consider for the next meeting 😊

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 11 September – 15 October 2021.

Prepared and submitted by: Donna Baker, General Manager Communications and Engagement, and Margie Apa, Chief Executive.

Purpose

This paper provides an update on Corporate Affairs and Communications activity for the period 11 September – 15 October 2021.

COVID-19 communications

The period under review has again been an extremely busy one for the Communications team which has continued to actively support the Incident Management Team during the recent outbreak, including internal communications with staff and external with media and the wider community.

The team has also supported the Ministry of Health and NRHCC.



COVID 19 Vaccine Outreach and Engagement

The approach throughout the reporting period has focused on engagement initiatives to support the vaccine project team's activities in school and workplace settings alongside the development of plans to connect with vulnerable communities on a deeper level through non-authoritative, community-led messaging:

- Continuing to provide relevant content and messaging to school communities about vaccine pop ups in their area. The focus has been on utilising school social media and digital channels with the aim of having students and community leaders provide advocacy messages via video content.
- Providing messaging and collateral support to the workplace team delivering outreach vaccine services to businesses.
- Developing content and channels to enable NGOs, providers and community organisations with tools to have vaccine related korero with the vulnerable communities they interact with.
- Working with a local Maaori street artist to develop an unbranded, 'South Auckland style' campaign aimed at connecting with Rangatahi and wider Maaori communities that may have switched off to traditional Government-led campaign activity (this concept is at brief stage and is pending approval before proceeding).

- Setting up an informal Rangatahi team from James Cook High School to look at opportunities for Rangatahi led social media content opportunities.
- Building a partnership with The Southern Initiative (local social innovation hub) to develop opportunities around Whaanau to Whaanau korero and the development of safe online spaces to talk about the vaccine.
- Supporting national and regional communications efforts around the Super Saturday event.
- Supporting provider led outreach activities by broadcasting information through DHB social media channels.

The core focus of all vaccine communications (under Level 3 and beyond) remains ensuring equitable outcomes, clear and diverse information provision and promoting accessibility, particularly in relation to vulnerable, Maaori and Pasifika communities.

Media Enquiries

A total of 112 media enquiries were received, answered and closed for the reporting period. The main area of media interest related to COVID including vaccination, hospital readiness, mental health, exposure events, and the Fiji patient, with 95 requests. This is to be expected with the current situation.

In addition, we received numerous patient status update requests. A significant number of interview requests were also managed and, by and large, facilitated. This focus on taking the lead in answering questions specific to our facilities, processes, and patients – telling our story - has yielded positive results and provided opportunities to protect and enhance our reputation.

Doing so has also served to position our spokespeople as knowledgeable, reliable, authentic and judicious authorities in this space, and ensure the right information is being provided to the community.

Over this period CM Health / Middlemore Hospital / CMDHB appeared in over 1700 news articles. The most were in NZ Herald (249), Radio NZ (105), Stuff.co.nz (103) and TVNZ (103).

Proactive Media

A total of 23 proactive stories were promoted through our external website. COVID-19 related topics dominated since the lockdown was announced, however we did publish a range of stories including:

- [Holding COVID back at Middlemore Hospital](#): Middlemore Hospital has been the epicentre of the Delta outbreak in Auckland with up to eight hospital admissions per day since the outbreak began.
- [John Hanna – why I work at CM Health](#): What inspired John Hanna, our new Pharmacy Technician at Haumanu Pharmacy to move to Auckland and work here at CM Health? “Christchurch is too cold” he laughs.
- [Counties Manukau Health celebrate a NZ first approach](#): CM Health is proud to announce a first in New Zealand approach that addresses barriers in a condition that can cause significant neonatal illness and even death.
- [Living with COVID – creating a safe future in South Auckland](#): “We can’t predict the future but we can, and have, considered the impact on our community when COVID infections become an everyday part of our daily work” says Deputy Chief Executive and Chief Medical Officer Dr Pete Watson.
- [Living our values – Helping to change lives in Fiji](#): Fijian Language Week is the perfect opportunity to celebrate members of our staff who selflessly give their time as volunteers to help make a difference to the people of Fiji. Dr Dinesh Lal, Gastroenterologist, leads the Asia Pacific region’s medical arm of NZ SAI, which provides healthcare and training to an average of 3,500 patients.
- [Middlemore Hospital playing their part in community asymptomatic testing](#): A mobile COVID-19 swabbing team has been deployed within Middlemore hospital wards to provide opportunistic COVID testing of newly admitted asymptomatic (and negative screened) patients.
- [Hold the Soya Sauce!](#): In many cultures, sharing food is showing love – and this is also the way in many Asian homes. But some popular Chinese ingredients aren’t so loving to our bodies, and that is message the Be Health Wise workshops are delivering to the Chinese community.

Portfolios Overview

Clinical

Work has focussed on driving CM Health's media response to COVID-19, ranging from exposure events to our ED pathways and hospital readiness. The positive response to media requests has resulted in opportunities to build our reputation and profile our clinical expertise.

Significant content has been published to create an understanding of our planning for COVID, infection prevention and control measures in place at Middlemore, and the importance of vaccination to prevent the need for hospital care for COVID related illnesses.

Internal communications support included producing multiple live staff webinars to provide an update of hospital status, responding to questions from Ministry of Health announcements, and providing a channel for senior clinical leaders to express their appreciation and thanks to staff.

Other support was delivered to recognise and celebrate International Allied Health Professional Day, celebrate Daniel Mataafa Young Nurse of the Year award from NZNO, with preparation completed to externally profile some of our clinical leaders in ICU and Respiratory Wards in their treatment of COVID-19 patients.

Community

Work has involved working closely on the Manukau Health Park project, engaging with Mana Whenua to strengthen relationships and gain information to articulate the story of the land and their vision that the new Health Park be focussed on wellbeing. In addition, we are ensuring staff and patients impacted by the works are consulted with and kept informed of any impacts.

A campaign has been created with Women's Health aimed at encouraging pregnant women to be vaccinated. The materials were also translated into Maaori, Samoan and Tongan and have been distributed throughout our networks. We will look to provide metrics on this campaign in the coming weeks.

Work continues with the Mental Health Team during lockdown. We are in the process of producing a series of videos from the service leaders to their team.

Corporate

Working closely with the CEO to create regular, timely messages to staff which are warm and clear. Feedback from throughout the organisation is that staff appreciate the regular updates and particularly the recognition of their mahi.

Wellbeing continues to be a key organisational focus area amid the pandemic, communicating and highlighting wellbeing initiatives such as Mental Health Awareness Day, the organisation's first virtually delivered (via Zoom) Schwartz Rounds, and World Mental Health Day, as well as supporting OD with the Annual Staff Values Awards, focusing on encouraging nominations from within the organisation.

Following the recent Government announcement that the COVID-19 Public Health Response (Vaccinations) Order 2021 was being updated to require workers in the health and disability sector to be fully vaccinated, we have been working closely with the HR team to provide strategic communications advice and develop messaging to inform and engage staff on the requirements of the order.

Customer Experience

With the End of Life Choice Act 2019 coming into effect 7 November, we have worked in collaboration with the Assisted Dying Steering Group, chaired by Peter Gow, to develop a communications plan to inform internal stakeholders and all staff about what this legislation means for them.

This includes a dedicated Paanui page, internal communications via Dr Pete Watson’s office, and virtual hui with groups across the organisation to both advise and consult on policy and procedures. Deliverables in the coming month will include profession-targeted videos and more organisational specific guidance.

A campaign to support staff safety in the hospital setting continues. The original workshops planned with hospital staff to discuss experiences and possible messaging had to be cancelled due to alert level changes. Alternative interim messaging has been developed in conjunction with key hospital stakeholders, and an external agency is finalising assets such as social media tiles and posters for wards/ED in the coming weeks.

A written and a filmed patient story have been produced this month to be presented to the Patient Experience Advisory Committee and the Board.

Work was undertaken to secure a Ministerial visit and support Middlemore Clinical Trials’ involvement in Research Week, originally planned for November 2021. Research Week has now been postponed until next year.

Funding and Health Equity

We have been reviewing the current Equity operations across most key performance measures and areas of focus, including Maaori and Pasifika Health, Mental Health, Diabetes and Rheumatic Fever outreach and education, Childhood Immunisation programmes, HPV and Flu Vaccination programmes, B4 School Health check programme, Primary Health Care, Oral Health Services, SUDI and Breastfeeding programmes, Cardiac and Stroke Services, Alcohol and SmokeFree programmes.

This process is ongoing with focus on creating connections with teams and discussing future communications initiatives, initiating discussions on innovative approaches to community engagement, and identifying pressure points, weakness and strengths.

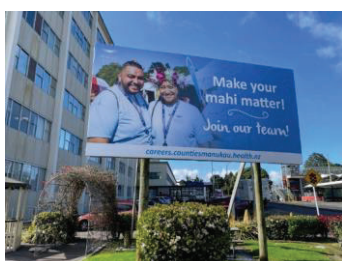
Outreach is underway with iwi and hapuu contacts, Maaori and Pasifika researchers and health professionals, and community providers, all through a communications equity lens. Connecting with key media contacts on the possibility of future profiles and features is also a focus.

We are also working with the Pacific Workforce Team (FOU) on their upcoming online expo as well as development of a six- and 12-month communications plan, and working collaboratively with the Community Portfolio on implementing and producing a series of internal and external comms opportunities and videos with the Mental Health Lead Team.

Campaigns and Awareness Days

Encouraging pregnant women to be vaccinated

As per the Community Portfolio Report below are examples of the collateral used in this campaign.



Make your mahi matter

To assist with the HR engagement and staffing shortages, we decided to utilise this highly visible billboard outside the hospital. We have also promoted numerous roles at CM Health through our social channels. These have all garnered significant engagement numbers with our followers.

Global Handwashing Day

We worked with Infection Control Team to spread awareness to a public audience around the importance of handwashing. This involved a social post with a link to a handwashing video.

Moon festival

An important event in Asian culture, we celebrated with a staff quiz which had good engagement and a social media post for external awareness.

Privacy campaign

We were asked to develop messaging that informed staff, contractors and visitors about the policy on photography on social media regarding our sites. We received feedback that it engages well with rangatahi and that the poster stands out to attract attention.



Allied Health Professionals Day

To celebrate Allied Health Professionals Day, we created a [profile story](#) and social media post featuring a Pharmacy staff member which highlights why they work at CM Health. Sanjoy Nand also provided a message to staff which was displayed on Paanui.

Fiji Language Week 3 – 9 October

As part of Fiji Language Week we profiled staff for external stories and social media. We also used a video, submitted by a staff member and his family, to promote Fijian language and the culture on our social channels.



[Janette Hennings – why I work at CM Health](#)

[Living our values – Helping to change lives in Fiji](#)



Tuvalu Language Week 26 September – 2 October

The theme this year for Tuvalu Language Week is 'Fakaakoigina tou iloga kae tukeli ke magoi mote ataeao' which means embracing our culture and a more secure, vibrant future. We recognised the week on our internal channels posting on Paanui and the Dose, sharing common phrases and words

encouraging staff to practice with their teammates.

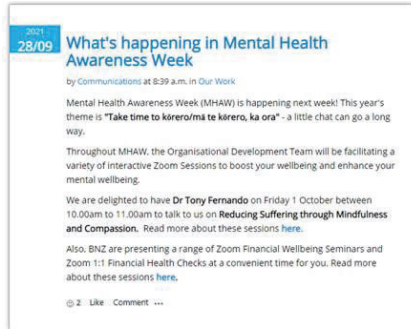
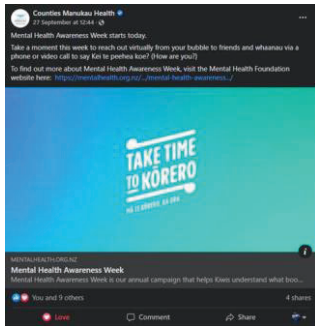


Connect September

September's Connect magazine highlighted the great work that our labs have been doing though COVID-19 as well as information about the vaccine roll out. Also featured in this issue was the Bereavement Team, ED's Kia Kaha campaign, and the Te Rita Ora Breastfeeding team which tied in nicely with the Alcohol Harm team FASD article. Celebrations such as Cook Island Language Week and Matariki were also showcased.

Mental Health Awareness Week

Mental Health Awareness Week (MHAW) is an annual awareness campaign aimed at promoting the importance of mental wellness. This year we ran an integrated awareness campaign across both internal and external channels. Internally we offered a range of interactive Zoom sessions throughout the week designed to support mental wellbeing. We used Social channels to encourage our community to reach out virtually from their bubble to whaanau in another bubble, to ask how they are. We also showcased Dr Tony Fernando's talk "Reducing Suffering through Mindfulness and Compassion" in a LinkedIn post.



Paanui News Metrics

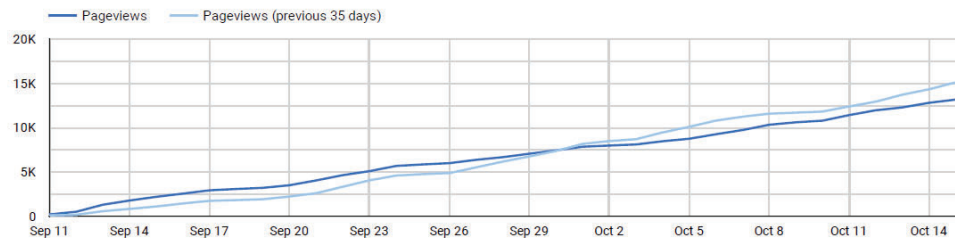
Sep 11, 2021 - Oct 15, 2021

Pageviews
13,163
↓ -12.8%

Avg. Session Duration
00:04:33
↓ -13.2%

Page Title	Pageviews	Avg. Session Duration
1. Kindness and respect wins the day: Daniel Mataafa announced as Young Nurse of the Year - News	835	00:03:47
2. Car parking at level 3 - News	504	00:06:05
3. Changes to PPE recommendations during National Alert Level 4 - News	426	00:04:27
4. CM Health Symptomatic and Asymptomatic testing - News	403	00:04:03
5. South Aucklanders urged to get medical care at Middlemore Emergency Department - News	401	00:08:51
6. Living our values – Helping to change lives in Fiji - News	374	00:01:59
7. What's happening in Mental Health Awareness Week - News	321	00:04:22
8. Privacy reminder – Filming and photography - News	301	00:08:39
9. Living our values! - News	289	00:05:20
10. Nursing pay equity negotiations update - 6 October 2021 - News	282	00:06:48
11. No injuries as result of fire at Tamaki Oranga - News	279	00:03:43
12. Kiosk and Leader outage from 21 September - what you need to know - News	259	00:06:26
13. Working from home policy launched - News	247	00:13:14
14. Jannette Hennings – why I work at CM Health - News	240	00:04:24
15. Counties Manukau Health celebrate a NZ first approach - News	235	00:03:39
16. Local Hero - August 2021 winners announced - News	229	00:07:23

1 - 100 / 348 < >



OIA Board Paper Information – 11 September to 15 October 2021

Agencies have 20 working days to advise a decision on release of information requested under the 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.

Request Received OIA & Parliamentary Questions (PQ) for period 11/09/2021-15/10/2021		
Division	OIA	Parliamentary Question
ARHOP	1	
Centre for Youth Health	1	
Chief Medical Officer	2	
Covid-19	6	20
Child, Youth & Maternity	2	
Chief Operating Officer	1	
Finance	1	
Human Resources	1	
Kidz First	1	
Mental Health	1	

Middlemore Central	3	2
Planning & Funding	1	
Plastic Surgery	1	
Surgical Services	1	
Women's Health	7	

Over the above time period we received thirty (30) OIA requests, these requests were from both media outlets and members of the public. Twenty-two (22) parliamentary questions were received over this time, related to COVID-19 and ICU occupancy.

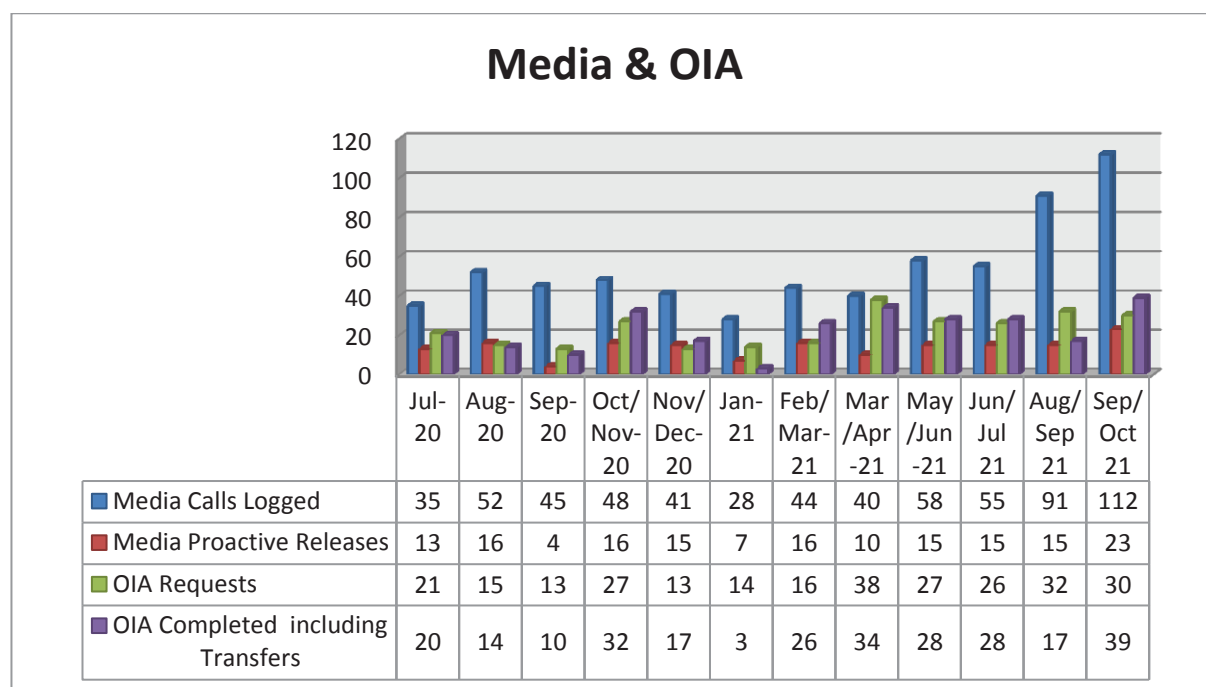
Thirty-nine (39) OIA requests were closed over this time period, this included two transfers and two requests that were withdrawn. The two transfers were to the Ministry of Health.

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.

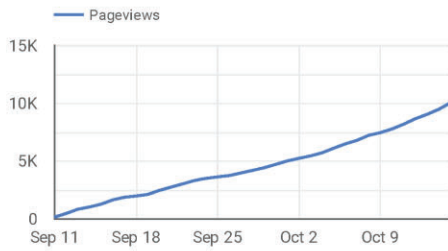
- <https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/>



Digital Channels

CM Health News and Media Releases

Traffic by Day



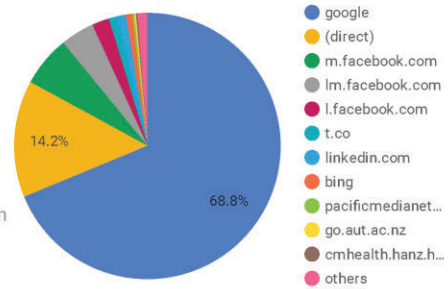
Key Statistics

Sessions
6,550

% New Sessions
80.53%

Avg. Session Duration
00:00:55

Traffic Sources



Popular Articles

	Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1.	Seven new pop-up COVID-19 Testing Centres open in Auckland Counties M...	1,337	91.7%	00:00:38
2.	Living our values – Helping to change lives in Fiji Counties Manukau Health	382	92.93%	00:00:22
3.	New free taxi service to COVID-19 vax centres, in-home vaccinations availabl...	350	93.43%	00:00:48
4.	Living with COVID – creating a safe future in South Auckland Counties Man...	341	92.96%	00:00:10
5.	Rapid testing for COVID-19 starts at Middlemore Counties Manukau Health	298	90.6%	00:00:44
6.	CM Health Level 3 Visitor Policy; Guidance for outpatients and COVID conta...	268	81.72%	00:01:38
7.	Counties Manukau Health celebrate a NZ first approach Counties Manuka...	237	89.45%	00:00:47
8.	New CMO reflects on remarkable first few weeks Counties Manukau Health	231	87.01%	00:01:07
9.	Holding COVID back at Middlemore Hospital Counties Manukau Health	171	97.08%	00:00:03
10.	COVID-19: Advice to our pregnant women Counties Manukau Health	137	86.13%	00:02:31
11.	COVID vaccination advice for pregnant women Counties Manukau Health	136	94.12%	00:00:39
12.	Exposure events at Middlemore Hospital Counties Manukau Health	130	85.38%	00:01:21
13.	COVID-19 exposure events at Middlemore Hospital Counties Manukau Heal...	122	92.62%	00:00:26
14.	Curious about what happens to your COVID-19 test? Counties Manukau He...	118	95.76%	00:00:08
15.	No injuries as result of fire at Tamaki Oranga Counties Manukau Health	118	93.22%	00:00:16
16.	Jannette Hennings – Why work at CM Health Counties Manukau Health	115	96.52%	00:00:17
17.	COVID-19 Testing Centres in our community Counties Manukau Health	111	88.29%	00:00:31
18.	Hold the Soya Sauce! Counties Manukau Health	110	95.45%	00:00:46
19.	News - In September, 2021 Counties Manukau Health	100	81%	00:00:00
20.	Elective surgery and outpatient clinic open at Counties Manukau Counties ...	97	84.54%	00:00:09

Social Media overview

This period we see a slight dip in metrics across all channels as the COVID-19 alert level restrictions continue. Our dip in metrics is partially caused by the reduction in paid ads during this reporting period. It is great to see post clicks up on all channels, despite lower engagement numbers on average, as this tells us that our content is still being consumed.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	22,364	1.31%	43	98,782	2,297	6,585	153.14	77,597
CM Health Instagram	1,675	1.85%	27	14,504	537	863	31.96	2,007
CM Health LinkedIn	11,530	1.36%	13	22,071	1,698	1,259	96.85	731

Audience Growth

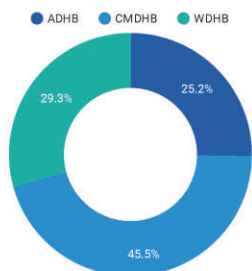
	Totals	
Total Fans	38,572	Change vs. Last Growth
New Facebook Fans	290	13.77%
New LinkedIn Followers	155	456.98%
New Instagram Fans	31	
Total Fans Gained	476	20.20%

Facebook Comparison (CMDHB / ADHB / WDHB)

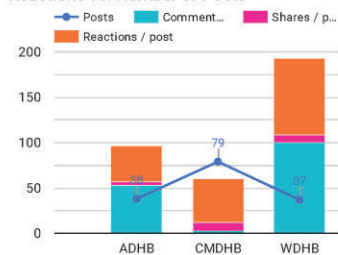
This period we see strong engagement occurring on WDHB’s channels with a large portion of this engagement being comments. Again CMDHB is leading with 79 Facebook posts vs. 37 for WDHB and 38 for ADHB.

Facebook Comparison

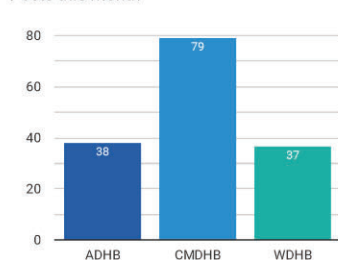
Audience share



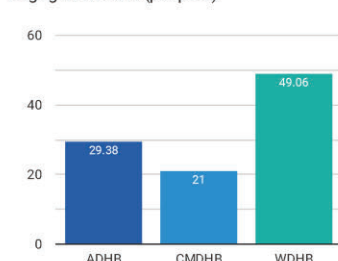
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

Post Message	Likes / Reactions	Comments	Shares
Tena koutou katoa whaanau ❤️ A quick shout out to all our Maori and Pacific communities that the Aif...	294	31	53
Our midwives are striking this Monday, 9 August 11am – 7pm.	279	17	28
If your outpatient appointment has been...			
The first patient with COVID arrived at Middlemore Hospital March last year. Since then our teams ha...	201	13	15
Shot bro! Counties Manukau Health's Mahaki Albert and Pete	187	10	18

ADHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Shares
Thanks to our friends at Capital & Coast District Health Board (CCDHB) and Planet Espresso New Zeala...	296	17	5
Today Dr Bryan Mitchelson, Paediatric Cardiologist at Starship talks about the safety of the COVID-1...	187	0	124
Huge shout out to our orderlies! Here's Jahmaya Davis talking about why he loves his job. Awesome ma...	256	37	5
Kia ora whānau. Visiting is currently restricted at Auckland	200	20	37

WDHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Post shares
We are incredibly proud of all the members of our healthcare workforce, who continue to show up for ...	673	116	10
Kia ora north Auckland! 🍷	391	37	106
Walk into a community vaccination centre near you with the whānau in you...			
This compliment we received for the Albany vaccination centre perfectly sums up what it means to be ...	292	20	4

CM Health Facebook

This period we see a large drop in post reach due to the absence of paid ads. The slowed channel growth is likely impacted by this as well – due to the fact that we’re reaching fewer people who do not already follow us on this channel.

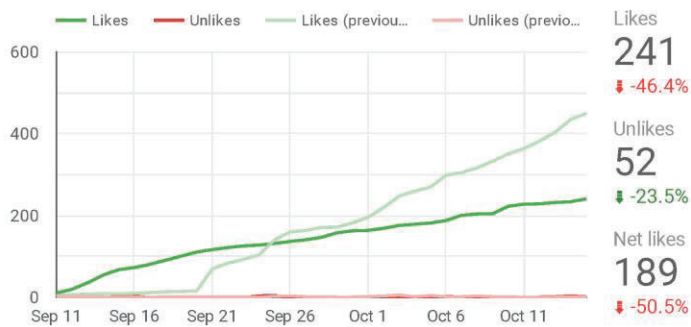
It's good to see a positive video message from CMO Dr Pete Watson resonate with our audience, by way of being our most engaging post, during a period that is so challenging for our community and those in the wider Auckland area.

CM Health Facebook Metrics

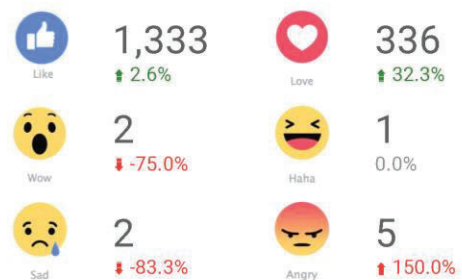
Post Reach



Follower Growth



Reactions Breakdown



Posts by Engagement Rate

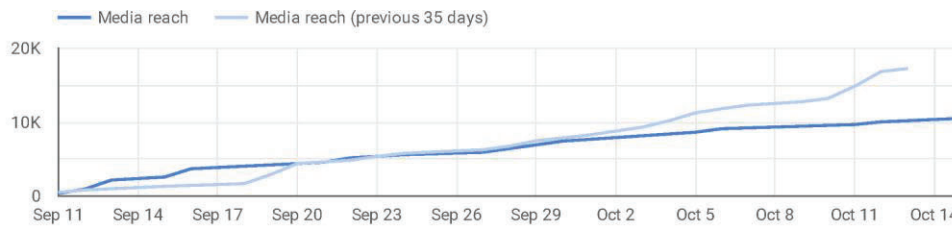
Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Sep 12	Dr Pete Watson comments on these extraordinary times. Delta is a game changer and South Auckland is ground zero when it comes to the fight to stamp it out.		6,452	298	19	38	11.33%
Oct 7	Bula! Happy Fijian Language Week! Viliame Tuisawana a proud Fijian and member of our theatre staff, is joined by family members to share with us the importance of language in keeping culture alive. We hope you enjoy their video. https://vimeo.com/623824979/bc110d11a6 Vinaka (thank you) for the great work Viliame and family.		2,867	111	16	1	9%
Sep 20	Middlemore Hospital is safe and our community whaanau who are very unwell should come to the Emergency Department.		4,859	126	6	15	8.75%
Oct 15	Planning is well underway at Middlemore to prepare for an increase in COVID-19 admissions. The hospital's focus is to ensure the entire system is well prepared as COVID patients require isolation and high levels of skilled nursing and other clinical care. The community's focus should be to get vaccinated so they don't require hospital care if they were to test positive for COVID-19!		4,291	120	10	24	7.99%
Oct 15	Today is Global Handwashing Day! Proper handwashing is one of the best ways to avoid getting sick and spreading infections to others. It's so important especially now with COVID-19 around. Check out these great hand hygiene boards in our Wards 17 and 31 that help to promote good hand hygiene for patients and visitors. Here's a great video from World Health Organisation that shows you hand that shows us how to wash our hands properly.		6,129	87	7	1	7.08%

CM Health Instagram

A disappointing period for our Instagram channel this period as we see performance drop across the board. This can almost certainly be attributed to fewer posts and is something we will aim to bring back up for the next reporting period.

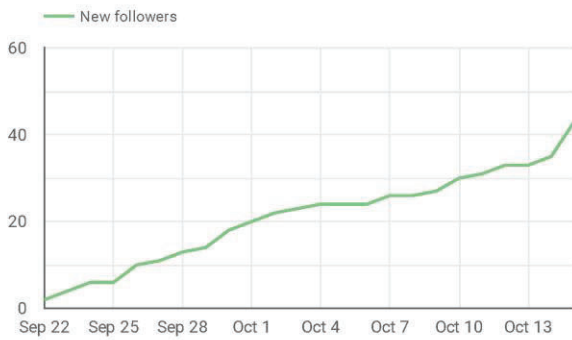
CM Health Instagram Metrics

Post Reach



Media reach
10,525
↓ -39.1%

Follower Growth






New followers
43

Total Followers
1,678

Engagement Breakdown

Likes	603 ↓ -23.7%	Comments	11 ↑ 83.3%
Engagement	626 ↓ -24.0%	Post Saves	12 ↓ -57.1%
Posts	20 ↓ -37.5%	Profile views	1,458 ↓ -0.6%

Posts by Engagement Rate

Date	Media caption	Media	Re...	% / Li...	%	Comm...	Sav...	Engagement R...	% Δ			
Sep 16	Shot bro! Counties Manukau Health's Mahaki Albert and Pete Watson joined Mayor Phil Goff, Hon. Willie Jackson and Manurewa Marae's Natasha Kemp for a karakia and blessing of the first fleet of vaccine buses that will hit Auckland streets over coming days and weeks. "We are taking the vaccine to the people," said Mayor Phil Goff. The first three buses are operating this afternoon at sites near supermarkets in Pukekohe, Papakura and Henderson. Another three buses are having their final kit out and will be ready to go this week. We will provide more info about locations, dates and times over coming days and weeks so please keep an eye out on here. Thanks to @auckland_airport for offering the buses. Do you have any quirky suggestions for a bus name? 🤖 Chariots of Pfizer? The Vaxi Taxi ?		1,122	-	161	-	5	-	3	-	15.06%	-
Sep 30	Shot cuzz! 🇳🇿 Manurewa Marae's vaccine bus is at Papakura High today and tomorrow between 9am and 4pm. No appointments needed, simply turn up with your bubble and get your free COVID 19 jab. There a lots of familiar faces and a real community vibe ❤️ Keep up the good work Counties Whaanau!		757	-	71	-	0	-	2	-	9.64%	-
Oct 5	Protecting privacy is important to us. Snapping a selfie while out and about is something lots of people do every day without thinking. When you're at the hospital, it's important to check your surroundings before you say cheese.		724	-	49	-	0	-	0	-	6.77%	-

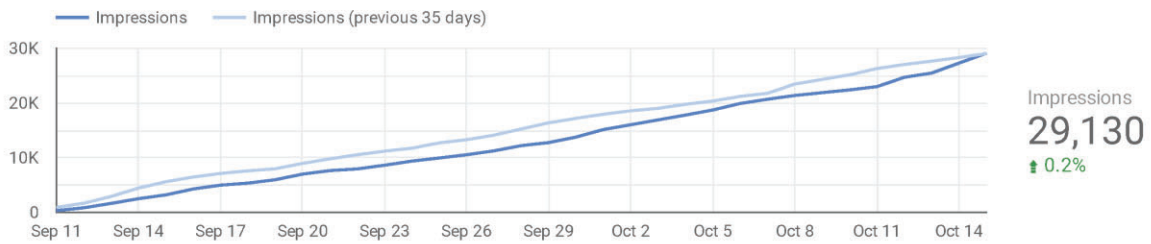
CM Health LinkedIn

We see an almost identical set of metrics this reporting period for LinkedIn as the Auckland alert level restrictions continue. Great to see messages celebrating our staff continuing to perform well despite some negative media attention around exposure events.

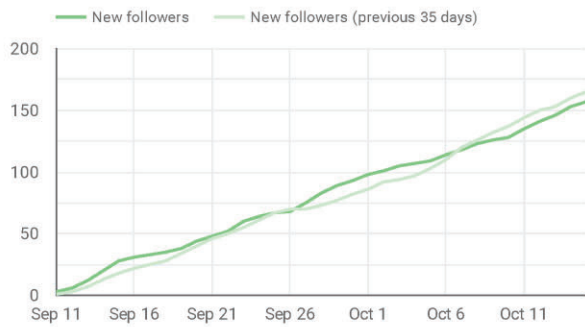


CM Health LinkedIn Metrics

Post Reach



Follower Growth



Engagement Breakdown

Likes	350	↓ -10.7%
Comments	15	↑ 36.4%
Clicks	822	↓ -33.0%
Shares	29	↑ 93.3%
Posts	19	↑ 26.7%
Engagement Rate (avg)	3.89%	↓ -28.3%

Post Breakdown

Date	Message	Updat...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate
Aug 4	The year's theme for 'Epetoma o te reo Māori Kūki 'Airani – Cook Islands Language Week is 'Atuiti'ia au ki te Oneone o tōku 'Uj Tupuna, which means, connect me to the soil of my ancestors. What better way to celebrate this connection than through the sharing of traditional Cook Islands kai made with love by @Mama Ina's Kitchen, while listening to island tunes. Betty-Anne Monga from Ardijah, was on-board to help her ānau serve up the kai with smiles. "We love food and it's a great way to share our culture" says Betty-Anne.		1,868	21	461	1	0	25.86
Sep 3	Congratulations to our Local Hero winners from July – Mary, Yogambal, Denise and the Papatoetoe Better Breathing Program. These awards recognise our staff members who others feel have gone above and beyond in their service to other staff members, our patients, and their whaanau. You can nominate a staff member you feel deserves the recognition here. https://lnkd.in/gkQqxUn		3,892	63	276	2	0	8.76
Aug 10	Are you an experienced individual looking for a challenge and the opportunity to take your skills to the next level? In this role you will be providing system support to users by coordination of identified core functionalities and preparation and delivery of generic and customised training in the operation and use of an Integrated Rostering Application suite. Apply online		1,389	11	66	1	0	5.62

1 - 19 / 19 < >

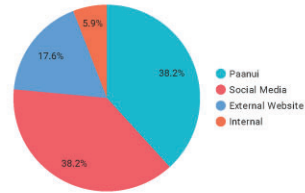
Video Production

CM HEALTH VIDEOS

Name	Channel	Date Published
1. ED is Safe 1.mp4	Social Media	Sep 14, 2021
2. COVID-19 Update - 10/09/2021- Cook Island Māori Subtitles	Paanui	Sep 15, 2021
3. CMH Covid-19 Livestream 15/09/2021	Paanui	Sep 15, 2021
4. CMH Covid-19 Livestream 16/09/2021	Paanui	Sep 16, 2021
5. Shot Cuz - Vaccination Clinic.mp4	Social Media	Sep 21, 2021
6. Workplace Vaccinations 2.mp4	Social Media	Sep 23, 2021
7. Vaccination Clinic Video 2.mp4	Social Media	Sep 23, 2021
8. Alcohol Harm Animation - Daphne	Social Media	Sep 24, 2021
9. Updated N95 Process.mp4	Paanui	Sep 24, 2021
10. Staff Forum - 15-09-2021	Paanui	Sep 27, 2021
11. Transformation Thursday - 24-06-2021	Paanui	Sep 28, 2021
12. Transformation Thursday - 12-08-2021	Paanui	Sep 28, 2021
13. HAC - Security.mp4	Internal	Sep 30, 2021
14. MHAW Video OCT01.mp4	Social Media	Oct 1, 2021
15. CMH COVID-19 Live Stream - 01-10-2021	Paanui	Oct 1, 2021
16. Transformation Thursday - 22-09-2021.mp4	Paanui	Oct 3, 2021
17. Fijian Language Week	Social Media	Oct 5, 2021
18. COVID Stories - Pete Watson	External Website	Oct 7, 2021
19. Aorere College Vaccination Event	Social Media	Oct 7, 2021
20. Transformation Thursday - 07-10-2021.mp4	Paanui	Oct 12, 2021
21. CMH COVID-19 Live Stream - 12-10-2021.mp4	Paanui	Oct 12, 2021
22. COVID Stories - Nic Randell.mp4	External Website	Oct 13, 2021
23. Aorere College Vaccination 2.mp4	Social Media	Oct 13, 2021
24. Returning Students.mp4	Paanui	Oct 13, 2021

1 - 34 / 34 < >

Channels



Videos Produced

34

Media Listening

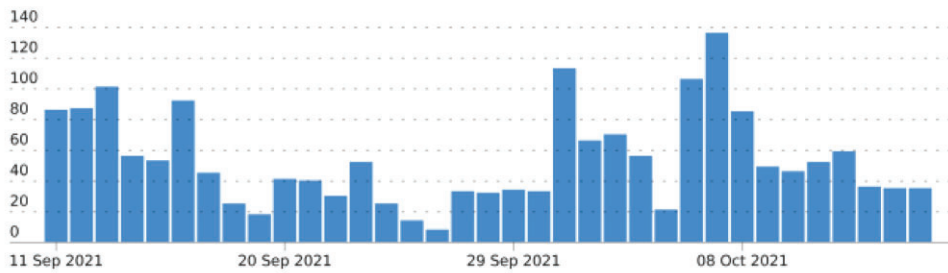
Peaks:

- 1 October
 - Two exposure events at Middlemore Hospital

- 7 October
 - Information about UN member, cared for by CMDHB, is released

Contains 1,870 items within the date range 11/09/2021 - 15/10/2021.

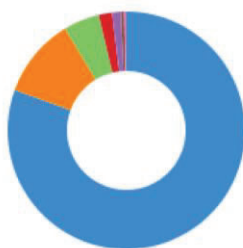
Volume



Sources

New Zealand Herald: 249	Radio New Zealand : 105	Stuff.co.nz: 103
TVNZ: 103	Newstalk ZB: 86	Bay of Plenty Times: 82
Rotorua Daily Post: 75	Otago Daily Times: 71	Northern Advocate: 65
Newshub: 58	Whanganui Chronicle: 56	Hawke's Bay Today: 55
Maori Television: 49	SunLive: 48	Rotorua Now: 41
Waatea News: 38	Gold FM: 38	NZ Doctor: 37
Radio New Zealand Audio: 35	Pacific Media Network: 33	Times Online: 31
Interest.co.nz: 25	Magic Talk: 19	NZ City: 18
The Spinoff: 18	Newsroom: 18	Indian Weekender: 16
Dominion Post: 14	Voxy: 14	Newstalk ZB audio: 13
The Press: 11	Emily Barrett: 11	Q+A QandA: 11
Blair Cunningham: 10	Taranaki Daily News: 9	Waikato Times: 9
Meredith Barker: 9	Timaru Herald: 8	Southland Times: 8
The Country: 7	Crux: 7	Manawatu Standard: 7
BusinessDesk: 7	Re News: 6	Manukau Courier: 5
Herald on Sunday: 5	Asia Pacific Report: 5	New Zealand Parliament: 5
Wanaka App: 5	Papakura Courier: 5	Franklin County News: 4
Peter Abernethy : 4	Auckland Rescue Helicopter Trust: 4	Nelson Mail: 4
Hawke's Bay App: 4	Eastern Courier: 4	95bFM: 3
Luke Chivers: 3	Public Health Expert: 3	The Daily Blog: 3
SciBlogs.co.nz: 3	Te Ao: 3	One News Breakfast: 3
Sunday Star-Times: 3	Marlborough Express: 2	The Aucklander: 2
Sam Fraser-Baxter: 2	Northland Age: 2	Talisa Kupenga: 2
North Harbour News: 2	East & Bays Courier: 2	National Business Review: 2
Danya Levy: 2	Hawke's Bay DHB: 2	Sunday News: 2
Politik: 2	NZ Government: 2	The Kaka by Bernard Hickey: 2
Newshub Nation: 2	Manawatu Guardian: 1	The Project: 1
Security Brief: 1	Western Leader: 1	IT Brief: 1
Julia Dohmen: 1	Democracy Project: 1	Tagata Pasifika: 1
Restaurant and Cafe: 1	James Fuller: 1	Home Paddock: 1
Weekend Sun: 1	The Standard: 1	Reseller News: 1
North & South: 1	Julia Stewart: 1	e-Commerce News: 1
ChannelLife: 1	New Zealand Nurses Organisation: 1	North Shore Times: 1
Future Five: 1		

Content Types



Online: 1506	Newspaper: 202
Digest: 92	Advisory: 34
Media Release: 22	Blog: 9
Hansard: 5	

Counties Manukau District Health Board 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:

Ms Ngataki, Ms Brittany Stanley-Wishart, Mr Barry Bublitz and Mr Robert Clarke 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 29 September 2021	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 the: <ul style="list-style-type: none"> • Hospital Advisory Committee 6 October 2021 • Community & Public Health Advisory Committee 6 October 2021 	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.
Ratification of Circular Resolution – AHU Fresh Air Modification	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 & Negotiations 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 and negotiations. [Official Information Act 1982 S9(2)(i)(j)]

Delegated Financial Authority Policy Board 10 Nov 21	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Healthy Together 2025 CSP - draft	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Confidentiality of Advice by Officials The disclosure of information is necessary to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by officials.</p> <p>[Official Information Act 1982 S9(2)(f)(iv)]</p>
30 Hospital Road Easement	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Negotiations 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 and negotiations.</p> <p>[Official Information Act 1982 S9(2)(j)]</p>
Diabetes & Weight Management Business Case	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>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.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>

Digital Workspace programme	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities & Negotiations</p> <p>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 and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p>
Chief Executive's Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Public Interest</p> <p>The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)(ii)]</p>
Infrastructure Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities & Negotiations</p> <p>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 and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p>
Letter from Minister of Health	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>