MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
Wednesday, 3 March 2021

Venue: Room 107, Ko Awatea, Middlemore Hospital
Time: 8.30 am

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

PART 1 – Items to be considered in public meeting

AGENDA

		BOARD ONLY SESSION (8.30 – 9.00am)
	1.	**GOVERNANCE**
9.05am	1.1	Apologies
	1.2	Disclosures of Interest
	1.3	Specific Interests
	2.	**BOARD MINUTES**
9.10am	2.1	Confirmation of Minutes of the Meeting of the Board – 3 February 2021 (Mark Gosche)
9.12am	2.2	Action Item Register (Mark Gosche)
9.15am	2.3	Highlights/Lowlights - *Draft* Hospital Advisory Committee Minutes – 27 January 2021 (Catherine Abel-Pattinson)
9.20am	2.4	Highlights/Lowlights - *Draft* Community & Public Health Advisory Committee Minutes – 27 January 2021 (Colleen Brown)
	3.	**EXECUTIVE REPORTS**
9.25am	3.1	Chief Executive's Report (Margie Apa) including Patient Story
9.40am	3.2	Health & Safety Performance Report (Elizabeth Jeffs)
9.50am	3.3	Corporate Affairs & Communications Report (Donna Baker)
10.00am	3.4	Finance & Corporate Business Report (Margaret White)
	4.	**RESOLUTION TO EXCLUDE THE PUBLIC**

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	✓				No Meeting				No Meeting		
Colleen Brown*		✓										
Dianne Glenn*		✓										
Reece Autagavaia*		X										
Catherine Abel-Pattinson*		✓										
Katrina Bungard*		X										
Garry Boles*		✓										
Paul Young*		✓										
Tipa Mahuta (Deputy Chair)***		✓										
Lana Perese***		✓										
Pierre Tohe***		✓										
Brittany Stanley-Wishart****		✓										
Tori Ngataki****		X										

*****re-elected 14.10.19, effective 9.12.2019 – 5.12.2022; ** re-appointed 6.12.19, effective 9.12.2019 – 5.12.2022; ***appointed 6.12.19, effective 9.12.2019 – 5.12.2022; **** seconded effective 5.8.2020, until 23.9.2021.

BOARD MEMBERS' - DISCLOSURE OF INTERESTS
3 March 2021

New items in red italics

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

Dianne Glenn	• Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • 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	• Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust • Director & Shareholder, Perese Wood Investments Limited
Paul Young	• Director, Paul Young International Ltd • Councillor, Auckland Council
Pierre Tohe	• Senior Executive, Tainui Group Holdings
Reece Autagavaia	• Member, Pacific Lawyers' Association • Member, Labour Party • Trustee, Epiphany Pacific Trust • Trustee, The Good The Bad Trust • Member, Otara-Papatoetoe Local Board • Member, Pacific Advisory Group for Mapu Maia – Problem Gambling Foundation • Board of Trustees Member, Holy Cross School • Member of the Cadastral Surveyors Board • Assessor of the Creative Communities Scheme South & East Auckland
Tipa Mahuta	• Deputy Chair, Te Whakakitenga o Waikato • Councillor, Waikato Regional Council • Chair of Waikato River Authority
Brittany Stanley-Wishart, Board Observer	• Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference)
Tori Ngataki, Board Observer	• Chair, Ngāti Tamaoho Trust • Trustee, Second Natures Trust • Trustee, Waikato Endowment College Trust • Member, Te Arataura (Executive Board of Te Whakakitenga o Waikato) • Member, Appointments Committee for Te Whakakitenga o Waikato • Director, Keep it Māori Ltd

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 3 March 2021

Director having interest	Interest in	Due To	Disclosure date	Board Action

Minutes of the Meeting of the Counties Manukau District Health Board

Wednesday 3 February 2021

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

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT

Mark Gosche (Board Chair)
Catherine Abel-Patterson
Colleen Brown
Dianne Glenn
Garry Boles
Dr Lana Perese
Paul Young
Pierre Tohe *(by zoom)*
Tipa Mahuta
Brittany Stanley-Wishart (Board Observer) *(by zoom)*

ALSO PRESENT

Margie Apa (Chief Executive)
Margaret White (Chief Financial Officer)
Peter Watson (Chief Medical Officer)
Jenny Parr (Chief Nurse) *(by zoom)*
Dinah Nicholas (Board Secretary)
Donna Baker, GM Communications & Engagement
Jared Heffeman, External Communications Manager

APOLOGIES

Apologies were received and accepted from Katrina Bungard, Apulu Reece Autagavaia and Tori Ngataki (Board Observer)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no members of the public present for the public section of this meeting.

WELCOME

Ms Apa opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

The changes to the Disclosures of Interest were noted.

There were no Specific Interests to note with regards to any items on today's agenda.

AGENDA ORDER AND TIMING

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

DRAFT

2. **DECISION PAPERS**

2.1 **Disestablishment of Executive Committee** (Mark Gosche)

The paper was taken as read.

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

That the Board:

Disestablish the Executive Committee formed on 9 December 2020 (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/New Year Board recess.

Carried

3. **BOARD MINUTES**

3.1 **Minutes of the Meeting of the Board 9 December 2020**

The minutes were taken as read.

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

That the Minutes of the Board Meeting held on the 9 December 2020 be approved.

Carried

3.2 **Action Item Register**

Noted.

Ms Baker to talk to Mr Boles about the DHB responses to media inquiries on violence.

3.3 ***Draft* Minutes of the Meeting of the Hospital Advisory Committee 16 December 2020**

The minutes were taken as read.

3.4 ***Draft* Minutes of the Meeting of the Community & Public Health Advisory Committee 16 December 2020**

The minutes were taken as read.

Rheumatic Fever – Ms Brown advised that a lot of families do not have a washing machine or access to a washing machine and this can be problematic if their child has Impetigo, a highly contagious skin infection caused by Streptococcus Pyogenes or Staphylococcus Aureus.

The committee has invited the Ministry of Health to attend a meeting to provide their thinking on the Rheumatic Fever programme.

[Mr Luxton arrived at 9.35am]

DRAFT

4. PRESENTATION

4.1 Eastcare Petition (Mr Christopher Luxton, MP for Botany. Mr Simeon Brown was a late apology)

Mr Luxton presented the Board with the Save 24/7 East Care petition which called on Counties Manukau DHB to urgently step in to reinstate funding for East Care to be able to continue operating 24/7 primary health care to the East Auckland community. The petition had 10,500 signatures.

Mr Luxton advised he had two issues to discuss:

1. 24/7 East Care and whether the DHB will spend $300-500k to reinstate it; and
2. What the DHBs longer term plans are to get the services in East Auckland that are desperately needed.

24/7 East Care Urgent Care Service

Mr Luxton advised:

- That the closure of the 24/7 urgent care service in Botany has touched a real nerve in the community. There are 130,000 people living in East Auckland (due to increase by a further 30,000 by 2030), they feel underserved by a range of services (ie) health care, public transport and don't want to have to leave their catchment area to access services.
- Both he and Mr Brown met with Ms Apa on 23 December 2020 where the DHB made its position very clear (ie) that the 20-25 people that East Care were seeing on average per night is volume that could be accommodated at Middlemore Hospital ED.
- It would only cost between $300-500k to keep the service going and couldn't see why the DHB can't release that money into the community where it is needed.

In response:

- Ms Brown asked whether Mr Luxton had talked to the PHOs about their contributions towards a 24/7 urgent care service as the answer needs to come from the PHOs who are truly funded to provide this service.
- Ms Abel-Pattinson advised Mr Luxton that PHOs are already being paid to provide this service in the capitation payment and that there are other PHOs that would have patients in this catchment (ie) Total Healthcare and Procare. Apart from the Auckland-region there are no other areas in New Zealand were the DHBs subsidise after hours healthcare.

DHB Long Term Plan/s

Mr Luxton asked what the DHBs plans were longer term in relation to the land it owns in Botany – nothing has been happening with it, there has been no investment, no hub growing there, there is a public/private partnership model on the table that wouldn't involve the DHB putting in a whole lot of capital, yet the DHB can't seem to make a decision and nothing has happened for seven years despite lots of conversations.

Mr Gosche confirmed that the only proposal that has been before this Board from Care Group was in June 2020 and was a proposal to buy the DHBs property, they would build on it and then rent it back to the DHB at considerable cost. There has been no fully fledged proposal for a private/public partnership model come to this Board. Selling DHB property is not a five-minute proposition. The Board cannot sell the property, there is a very long process DHBs have to go through with the ultimate decision being the Minister's.

DRAFT

At the time CM Health withdrew funding for overnight care (from 30 June 2018), the DHB had a $54m deficit. Whilst this is now down to $29m, there is immense pressure on the Board to continue to keep the deficit down and when you are under-funded ($30m population undercount), you can have all the plans you like but if you don't have the money to pay for them, you don't have the money to pay for them.

Ms Brown advised that like all good management, the Board has to have a plan and in some areas the DHB has responsibility for more than just the Counties Manukau region. The Board puts forward cases for funding regularly and gets turned down. Ms Brown suggested that Mr Luxton should visit the Otara Spinal Unit to see the level of remediation that is required there.

Ms Apa confirmed there is substantial planning underway on Community Hubs and a paper will be going to the Board soon on how to balance, not just investing in Middlemore and Manukau, but in community hubs because this is where the DHB can see the opportunity to bring services closer to people. However, whilst community hubs are a priority, the Board has many priorities.

Mr Gosche noted the government's current Tier 1 services look to be their top priority. It they don't invest in community and primary, they are going to have to keep building new hospitals.

Going Forward

- The Board will invite the local MPs to have an in-depth, broader conversation with them.
- The DHB will improve communication on key messages to the population of East Auckland about services/plans (community hub strategy).
- The Board will schedule a meeting in Botany to enable the community to attend.
- Mr Gosche & Ms Apa will have a discussion at the Regional Governance Group on the wider issue of funding after-hours services (11pm – 7am).

Mr Gosche thanked Mr Luxton for attending today and presenting the petition.

[Mr Luxton departed at 10.17am]

5 EXECUTIVE REPORTS

5.1 Chief Executive's Report (Margie Apa)

The paper was taken as read.

Patient Story – Dr Watson read a patient story for the Board.

Opthalmology Access – the DHB has been focusing on improving access to Ophthalmology services. Due to capacity constraints (access to theatres and workforce), CM Health has not been able to offer the same equitable access to cataract surgery as the other metro-Auckland DHBs.

In determining access to cataract surgery, the DHBs use a CPAC score (Clinical Prioritisation Assessment Criteria). At ADHB the CPAC threshold is 45, at WDHB it is 48. At CM Health it was 55. In early December 2020, the Ophthalmology team were able to lower the threshold to 50 (better than the national average) and means that an additional 350 people were able to access surgery.

In 2019/20, 2651 people received cataract surgery, an increase of 12% on the previous year.

DRAFT

Ms Apa acknowledged the Ophthalmology team's work and dedication in increasing access to our population.

Schwartz Rounds – on 17 December 2020, the DHB held its first Schwartz Round. Schwartz Rounds are an internationally used, evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.

Metrics that Matter
Highlights

- ED performance is close to achieving the 95% target for shorter stays in ED ranking 9th (as at Q1 2020/21) across all DHBs compared to 19th at the same time last year.
- FCT 31 and 62 day rates remain on target.
- Planned CT and MRI scan seen by times are steady, having improved approximately 40% since January 2020 and 15% since June 2020. This is due to the MRI running alternative Saturday/Sunday weekend services plus 12-hour weekdays, and CT running weekend sessions as well as 12-hour weekdays for 3 days each week.
- Planned care interventions remain above target since June 2020 except for a drop in August 2020 due to the second COVID lockdown.
- Total non-urgent Mental Health access for 0-19 year olds (within 3 weeks) has improved 6% since November 2019. Pacific have consistently remained above target since January 2020 with over 80% of Pacific 0-19 year olds seen by a mental health professional within 3 weeks of referral.

Lowlights

- Immunisation rates for 8-month and 2-year olds have decreased especially for Maaori since May 2020. This is associated with the decreased in GP attendances during the lockdown period. The Funding & Health Equity team are working on plans to lift MMR and childhood immunisations before the focus shifts to COVID immunisation.
- A gap consistently exists in breast screening for Maaori compared to other ethnicities. Effort is being taken to identify Maaori women who are not enrolled or not screened.
- P2 target for colonoscopy remains off target for the last 4-months. This is due to the delays in commencement of outsourcing and increasing demand.
- P2 target for gastroscopy has not been met since April 2020 as a result of the backlog generated from the COVID lockdown. The Service is planning to deliver some additional weekend lists in early 2021 to further increase production.
- Bronchoscopy target has not been met for some time for multiple reasons including insufficient capacity in nursing resource and GA lists, the impact of COVID on production and the recent national shortage of Rapicid (scope cleaning agent). The service is committed to tracking this performance now that the data is being monitored.

In response to a question from Ms Mahuta about the DHBs response to cancer wait times for Maaori, Ms Apa advised that theatre access is an issue, particularly for cancers like gynaecology. Once they are in the system on a pathway through screening programmes, we do much better but there is still lots of room to improve (ie) coordination review so once patients are in a pathway we help them stay in the pathway. There are also challenges with diagnostic capacity in the district which needs to be reviewed. The biggest area of improvement will be in helping Maaori and Pacific make early decisions about accessing treatment and getting into a pathway.

DRAFT

Resolution (Moved: Ms Abel-Pattinson/Seconded: Ms Glenn)

That the Board:

Receive the Chief Executive's Report for the period 9 December 2020 – 2 February 2021.

Carried

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

Highlights

- The ACC Accredited Employers Programme audit is underway at Pukekohe Hospital involving all services who work from that location and is progressing well.
- COVID vaccine – awaiting announcement and what that will mean for the OH&S service.

Key Risks

- Violence and aggression
- Staff stress and fatigue
- Exposure to BBFE
- Exposure to Infectious Diseases –

Ms Jeffs to schedule some PCBU training for the Board on stress and fatigue.

Ms Nancarrow to provide an explanation in the next Board report on what it means when the Safe 365 scores are going backwards.

CPHAC to invite ARPHs to attend a meeting to provide a briefing on Infectious Disease issues (ie) TB.

FEAM acronym to be included in the Glossary going forward.

Mr Boles queried what the legal ramifications are for staff who may decline a COVID vaccination. Ms Jeffs advised that this is a complex problem. The national GMsHR are seeking a legal opinion (including ethics and health law advice) on the DHBs ability to require staff to have a vaccination. Once this is received, there will be national engagement with union partners and then it will need to go back through the CEOs for an agreed position nationally.

Dr Watson confirmed that the border/MIF workers are subject to particular orders in terms of testing regimes so there may be an order that they are required to have a vaccination. Of the remaining workforce, presumably there will be some people who refuse and they could be redeployed into areas where they are not exposed if that is in everyone's best interest. However, there is still a long way to go in terms of vaccine development and roll out.

DRAFT

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

That the Board:

Receive the Health & Safety Performance Report for the period to 30 November 2020.

Carried

[Mr Tohe joined the meeting via zoom at 10.36am]

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

Health Select Committee – very busy collating responses to the HSC questions. The DHB received 127 questions on 18 December with a further 22 received on 23rd December. This is a total of 149 questions compared to 365 questions last year. Responses are due back to the HSC by 12 February with the hearing being held on 17 February.

ED Documentary – Storymaker have been asked to seek funding from NZ on Air for this documentary in May therefore, this is currently on hold.

Otago Dental School – launch is tomorrow. Dr Watson is attending.

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

That the Board:

Receive the Corporate Affairs & Communications Report for the period 16 November to 31 December 2020.

Carried

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

Financial Result – the underlying variance for December 2020 is $641k unfavourable against budget and $634k unfavourable YTD. The month result is primarily attributable to the substantial rise in ED and medical demand, IDF and annual leave. The December result does need to be paired up with the January result as often a correction needs to be made, particularly around annual leave.

2020/21 Cash & Going Concern – the cashflow requirements to remediate the Holiday's Act and the continued support required from the MoH to fund the costs associated with our ongoing response to COVID are significant for CM Health and the region. The joint Ministers of Health and Finance have issued a Letter of Comfort on 29 September 2020 to supply the DHBs going concern assumption for the 30 June 2020 annual report.

COVID – the MoH has confirmed that the proposal from the northern region , which flagged a $70m cost that could be met from the Minister's $40m fund, will almost all be reimbursed.

DRAFT

Funding Envelope this is not expected until May 2021 after the Government budget is announced.

Ms White to undertake a short education session with the Board on balance sheets/profit and loss statements, particularly around how annual leave is paid and accrued.
Resolution (Moved: Ms Glenn/Seconded: Mr Boles)

That the Board:

Receive the Finance Report to 31 December 2020.

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

6. FOR INFORMATION ONLY
6.1 ARF Paper (18/11/2020) – Implications of COVID19 on Primary Care
The paper was taken as read.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Ms Abel-Pattinson/Seconded: Mr Boles)

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 Brittany Stanley-Wishart is allowed to remain for the Public Excluded section of this meeting.

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

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

DRAFT

Chief Executive's Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Public Interest** The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest. [Official Information Act 1982 S9(2)(ba)(ii)]
Risk Appetite Feedback	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)]
Healthy Together 2025 Strategy	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

Carried

The public meeting closed at 10.55am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 3 MARCH 2021.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 3 FEBRUARY 2021.

BOARD CHAIR **DATE**

DRAFT

Counties Manukau District Health Board
Action Items Register (Public)

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
3 February 2021	**Health & Safety Performance Report**	Schedule some PCBU training for the Board on stress & fatigue.	Date TBC	Elizabeth Jeffs/ Kathy Nancarrow		
		SAFE365 – provide an explantion in the next Board report what it means when the scores are going backwards.	3 March	Elizabeth Jeffs/ Kathy Nancarrow	A verbal update will be provided at the 3 March Board meeting.	✓
3 February 2021	**Finance & Corporate Business Report**	Schedule a short education session on balance sheets/profit & loss statements, particularly around how annual leave is paid and accrued.	Date TBC	Margaret White		

Minutes of Counties Manukau District Health Board Hospital Advisory Committee

Held on 27 January 2021 at 1.00pm
Ko Awatea Room 103, 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
Colleen Brown - CMDHB Board Member
Dianne Glenn - CMDHB Board Member
Garry Boles - CMDHB Board Member
Paul Young - CMDHB Board Member
Apulu Reece Autagavaia - CMDHB Board Member
Barry Bublitz - Mana Whenua
Vui Mark Gosche - CMDHB Chair
Brittany Stanley-Wishart - Observer

ALSO PRESENT

Avinesh Anand - Deputy CFO Provider
Dr Jenny Parr - Chief Nurse and Director of Patient and Whaanau Experience
Dr Peter Watson - Chief Medical Officer
Sanjoy Nand - Chief of Allied Health, Scientific & Technical Professions
Teresa Opai - Secretariat

1. COMMITTEE ONLY SESSION

The Committee only session commenced at 1.00 pm. The DHB Management team joined the meeting at 1.40pm. Mr Bublitz opened the meeting with a Karakia.

2. AGENDA ORDER AND TIMING

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

Apologies/Attendance Schedule

Apologies were received from Ms Mahuta, Ms Bungard, Ms Ngataki and Ms Burr.

2.1 Disclosure of Interests

There were no Disclosed Interests to note requiring update.

2.2 Disclosure of Special Interests

There were no Disclosed Special Interests to note requiring update.

DRAFT

3. CONFIRMATION OF MINUTES

3.1 Minutes of the Hospital Advisory Committee Meeting – 16 December 2020

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

That the Minutes of the Hospital Advisory Committee held on 16 December 2020 be approved.

Carried

3.2 Action Items Register – Public

Noted.

Ms Glenn advised that item 3.2 HPV Self-Testing was discussed at CPHAC earlier in the day and further discussion on this item may still come to a future HAC meeting.

4. PROVIDER ARM PERFORMANCE REPORT

4.1 Executive Summary (Dr Pete Watson)

The report was taken as read. Dr Watson provided key points:

- The hospital remained at Covid-19 Level 1 throughout November and December. Due to a change in the certification for N95 masks, a refitting programme was put in place from 23 December and is almost complete.
- Total Planned Care delivery across services is ahead of volumes due to catch-up plans that have been in place. Services are now reviewing how they can come in on target.
- Eight new Nurse Practitioners (NPs) have recently gained qualification, bringing the total number of NPs across the DHB to 33.
- The Ophthalmology waitlist and follow-up's continue to reduce.
- There has been a reduction in CPAC threshold for cataract surgery from 55 to 50 effective 4 December so the DHB is now more closely aligned with ADHB (48) and WDHB (50).
- The DHB continues to explore options for increased accessibility in the hospital.
- Ongoing demand in the Neonatal unit has been such that resourcing has increased from 34 to 38 neonatal beds.
- 91 new graduate nurses commenced on Monday 15 Jan. Of these, 11 are going into primary care.

Ms Glenn queried the availability of wheelchairs at the entrance. Dr Parr confirmed wheelchairs are available at the main entrance, not the Station entrance, but agreed it is an area that needs review, fits with Mr Nand's purview under DiSAC and is also on the ELT agenda.

Action: ***Mr Nand to explore options for increased accessibility in the hospital under his DiSAC purview and move this item to the DiSAC agenda.***

Ms Glenn asked if the additional assistance offered to Maaori and Pacific students to pass exams had been successful. Dr Parr advised that the additional support was a one-off offering three years ago and no issues about pass rates had been raised since then.

4.2 Finance Results – CMDHB Provider Arm (Avinesh Anand)

Mr Anand provided a verbal update and a powerpoint slide of the December 2020 results. Key points:

- The December result was $6M adverse for the month, $12M adverse YTD. Annual leave was impacted due to lower uptake. For the 10 months to Dec, this was $8.9M higher than in the same period last year and $5M for the current financial year with $1.8M in December alone.
- ED volumes have increased requiring additional staff resource. Presentations in December were 10,300 which are the highest since May 2019 when there were 10,400 presentations.
- Planned care volumes are higher due to over-delivery with the majority being attributed to orthopaedics and ophthalmology.

Mr Bublitz noted that the financial information was not provided with the meeting papers to enable considered comment. Mr Anand advised that due to the holiday period the results had only been finalised 2 days previously, 5 days after the meeting papers were released. Ms Abel-Pattinson advised that the Committee were happy to receive late information when necessary. Mr Anand will circulate the December 2020 financial results for the Committee to review.

Action: ***Mr Anand to circulate the December 2020 financial results to the Committee.***

Resolution (Moved: Mr Young/Seconded: Mr Bublitz)

That the Hospital Advisory Committee:

Note and receive the verbal report.

Carried

5. CORPORATE REPORTS

5.1 Patient Safety reports

The report was taken as read. Dr Watson provided key points:

- The DHB is developing a dashboard called Metrics that Matter and the quality and safety indicators will be embedded into it.
- Peripheral IV line infections are being monitored. Infections are resulting from increasing vulnerability and complexity of inpatients and the practice of IV lines remaining in situ when they don't need to be or are not replaced in a timely manner. Adherence to IV protocols and reducing the length of time IV lines are in situ will reduce risk in this area.
- No significant change in reporting since last report presented in December 2020.
- Positive Patient Experience has been above average for the past 12 months but has dropped since the last meeting to below average which is slightly disappointing.

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

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5.2 Faster Cancer Treatment (Anne-Marie Wilkins)

The report was taken as read. Ms Wilkins provided key points:

- For the Q2 period (July-December 2020) the DHB achieved 92%, 2% above target.
- There are ongoing capacity problems and resource implications including theatre availability, delays in access to diagnostics as well as the cancer treatment end of the pathway.
- Ethnicity Q2 performance under target for Maaori and Pacific performance related to capacity breaches.
- During Covid-19 Cancer services continued however areas such as bronchoscopy were affected by theatre delays related to the time required for equipment and environmental cleaning between patients.
- During Covid-19 there was an increase in late or delayed referrals from GPs. The DHB is now looking at data to see how that has translated to late presentations through ED and cancers being diagnosed at an acute perspective, rather than coming through from a GP.
- Breast cancer referrals have dramatically increased in the quarter, more referrals than any other DHB in the region.

Ms Glenn asked if the increase in breast cancer referrals is due to promotion of the service. Ms Wilkins advised that this is a sustainable increase, so it is hard to know what is attributable to that.

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

That the Hospital Advisory Committee:

Note and receive the report.

5.3 Virtual Tour: MMH Commercial Kitchen (Sanjoy Nand, Stella Welsh)

A video was played to the meeting. Following the video, the meeting reviewed a selection of patient meal options.

Ms Parr advised that the pandemic has been helpful in controlling takeaway food being brought into the hospital, a restriction that was introduced into the visitor policy at Level 4 and has remained in place. As of 1 February 2021 visitor screening will cease, so the flow of purchased food will be more difficult to manage.

Dr Perese and Mr Autagavaia queried whether cultural consideration was given to why food is brought in and whether there is any cultural food that could be offered on the menu to stop families bringing in their own. Ms Welsh advised that there is no specific menu items for Pacific, but mutton boil up and congee were now provided.

Dr Perese advised the Heart Foundation does a lot of work on making Pacific foods healthy. Ms Welsh confirmed her awareness of this and advised that the DHB was working toward increasing the offering for different cultures, but that change will take some time.

5.4 Strategic Deep Dive: Healthy Food Policy (Doone Winnard, Stella Welsh, Stuart Barnhill)

Ms Winnard provided a presentation.

Mr Bublitz asked if the DHB would be connecting with Mana Whenua regarding the Healthy Food and Drink Policy for staff and visitors. Ms Winnard confirmed the DHB would be in contact.

DRAFT

5.5 Operational Deep Dive: Meals Services (Stella Welsh, Sanjoy Nand)
Ms Welsh provided a presentation.

Ms Glenn noted the comprehensive content of both deep dive presentations and extended her thanks to Ms Welsh and Ms Winnard.

6. INFORMATION ONLY

6.1 Cancer Control Agency Impact of Covid on Cancer Services – Report 6 December 2020

7. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 16 December 2020	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Funder 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 and Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the organisation to carry out, without prejudice or disadvantage, commercial activities and negotiations.

Carried

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The Public Meeting closed at 3.50 pm.

The next meeting of the Hospital Advisory Committee will be held on Wednesday, 10 March 2021.

Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 27 January 2021.

Catherine Abel-Pattinson
Chair

Date

DRAFT

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

Held on Wednesday, 27 January, 2020 at 9.00am – 11.50am
Room 103, Ko Awatea, 100 Hospital Road, Middlemore Hospital, Otahuhu, Auckland

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PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Co-Chair)
Barry Bublitz
Dianne Glenn
Lana Perese
Paul Young
Apulu Reece Autagavaia
Robert Clark (Mana Whenua)
Brittany Stanley-Wishart (Board Observer)

ALSO PRESENT

Dr Gary Jackson (Director, Population Health)
Aroha Haggie (Director, Funding & Health Equity)
Campbell Brebner (Chief Medical Officer, Primary & Integrated Care)
Jessica Ibrahim (Executive Advisor to the CE)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

No media representatives were in attendance.

WELCOME

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

1. AGENDA ORDER AND TIMING

Items were taken as per the agenda.

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2. GOVERNANCE

2.1 Apologies

Apologies were received from Margie Apa, Pierre Tohe, Katrina Bungard, Tipa Mahuta and Tori Ngataki.

2.2 Register of Interests

Disclosure of Interests – no amendments to note.
Disclosure of Specific Interests – no disclosures to note.

2.3 Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 16 December 2020 2020.

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

That the minutes of the Community and Public Health Advisory Committee meeting held on 16 December 2020 be approved.

Carried

2.4 Action Items Register/Response to Action Items

Reminder to Mr Phil Light to contact Healthy Families. CPHAC would like to hear how they connect to the community and their impact on the community.

Make Covid/Covid testing a standing item.

Relevant Covid Information

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

The Community & Public Health Advisory Committee:
Noted as part of a general committee discussion that they would like the Board to ensure relevant Covid information is released to Board members in a timely manner in order for Board members to be able to provide factual, up to date information to the community when asked.

Recommendation to the Board: that relevant Covid information is released to Board members in a timely manner.

Carried

Reinstate the Survey Monkey to gather committee feedback on each meeting. Speak to Kate Yang gather the previous feedback.

2.5 CPHAC Work Plan 2021

No comments to note.

3. UPDATES

3.1 Asian Health Status & Population Growth (Kitty Ko, Asian Health Gain Advisor, Population Health)

Ms Ko took the committee through her presentation.

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It is important to note that the New Zealand health and disability sector classifies ethnicity data according to the Ministry of Health protocols. The term '**Asian**' used in the New Zealand Census and related data sets, refers to people with origins in the Asian continent, from China in the north to Indonesia in the south and from Afghanistan in the West to Japan in the East. *This differs from the definition used in other countries such as the United Kingdom or the USA.*

The largest Asian sub-groups in Counties Manukau in 2018 were Indian (half) and Chinese (a third). The highest numbers resided in Eastern locality (Howick, Pakuranga) and Manukau locality (Papatoetoe, Manurewa, Papakura).

Pacific, Indian and Māori populations have the highest diabetes prevalence in the Auckland metro region. Based on longitudinal laboratory results, the crude diabetes prevalence for people aged 15 and over were 15.1%, 12.0% and 8.6% for Pacific, Indian and Māori populations in metro Auckland in 2018.

By age 70, 19% of the adult population of metro Auckland in 2018 had developed laboratory-confirmed diabetes. This varied significantly by ethnicity, with European/Other at 12% compared with Indian at 44% and Pacific at 50%.

There are over 6,000 Indian people with diabetes living in CM Health. While more likely to have controlled diabetes than Maaori and Pacific people with diabetes there are still 16% with very poorly controlled diabetes.

Ms Ko advised that she is in the process of putting together an Asian Health Plan. In regard to the Annual Reporting data, please note that Asian data is to be included.

Apulu Reece Autagavaia asked if the Asian population is flowing South or do we expect that they will remain in East Auckland and was advised that this can be looked into moving forward.

Ms Ko advised that barriers to service included practical barriers (language, poor health literacy), cultural barriers (stigmatisation around mental illness, religious beliefs) and systemic barriers (lack of interpreter services, linguistically appropriate health information, lack of bilingual health professionals, incompatible Western health treatment models).

Dr Brebner noted that workforce data for Primary Care is poor and it would be beneficial if a systematic way of obtaining workforce data could be developed as this would help manage capacity. The Primary Care workforce planning would benefit from assistance at a National level. Discussion ensued around how we might increase capacity in the workforce. Accountability for workforce in the community is unclear.

Given the growth of the Asian population do we need to discuss an Asian Health Support Service further? The DHB has limited funding and constantly needs to juggling it's funding portfolio and Maaori & Pacific are still our most vulnerable and high needs populations.

Ms Brown felt that as a Board a bigger discussion is required at Board level. Firstly, around Asian Support System within the hospital and secondly, the ability of the workforce in generally to meet the ongoing health needs of the Asian community.

Mr Bublitz advised, as a treaty partner, that if we are to get it right for Maaori, we wouldn't have a need for these conversations and we're not there yet for Maaori, still a work in progress.

3.2 Localities Update (Penny Magud, General Manager Locality Services)

Paper was taken as read.

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Mangere Hub is in Waddon Place; it currently has 7 clinic rooms which over quarter 1 & 2 of the 20/21 financial year has had in excess of 4,500 clinic attendances

Otara Hub is located at 112 Braids Road, Otara. This is a property owned by Ngati Tamahoo and until November 2020 CM Health held a license to occupy 6 clinic rooms. The hub currently operates out of 6 Clinic rooms which over quarter 1 & 2 if the 20/21 financial year has provided 1301 allied health or nurse led clinics for Otara domiciled patients.

Eastern Hub (Botany Superclinic) has 14 clinic rooms providing in excess of 13,000 clinic attendances. Currently functioning at 94% utilization Monday to Friday 8.30 – 4.30, this is an increase from 23% in February 2017. 22% of all patients attending clinics in the Eastern Hub are not Eastern Locality domiciled.

Pukekohe Hospital (Outpatients) provides an Infusion clinic in partnership with Medicine, 1 day per week, providing blood transfusion and venous sections to four local patients that would normally be admitted to Middlemore Medical Assessment Unit weekly. There is a Clinic Coordinator Registered Nurse that has been recruited to oversee the coordination of the clinics, ensure clinicians are appropriately supported in line with the other hubs & Manukau Health Park Modules. Pukekohe Hospital Outpatients has the capacity to provide 6000 outpatient clinics per annum Monday to Friday. The current facilities are 99% utilized providing 5,986 outpatient clinic appointments per annum. This includes private Local Midwife Clinics, as well as regional services such as Wheelchair Services, Starship Diabetes services, CADS services. 5% of patients attending clinics at Pukekohe Hospital are not domiciled in the Franklin Locality. These patients are domiciled in Manukau locality, typically in the Karaka, Drury region.

Considerable work has been put into ensuring the right services are being offered according to community needs in specific areas.

It is worth noting that Starship Diabetes clinics are now happening at both Botany and Pukekohe.

The Mental Health Unit is working with Mental Health colleagues and maternity re the reconfiguration at Pukekohe.

Through Planned Care Funding, Localities has secured $1.3M in order to increase clinic space at Pukekohe, Mangere and Otara.

Actively working with Medicine specifically looking at the range of clinics and advising Medicine of what is available through Community Hubs. 60% of outpatients attending Cardiology clinics actually come from Manukau or Mangere. A significant number of Cardiology clinic attendees come from Mangere/Otara or Eastern. By increasing clinic space and working with Medicine around ambulatory flow, we are able to better place these clinics and look at the booking system.

From a staffing perspective, we have Clinic Nurse Coordinators in all clinics bar Otara. With the increased space at Otara, the staffing levels will be carefully monitored and amended where needed.

Currently in the process of decanting the community nurses out of Western Campus and into the Community Hubs. Approximately 19,000 outpatients, per year, from Mangere attend clinics at Western Campus. These clinics will be better placed in Mangere at the Community Hub.

22% of all patients attending clinics in the Eastern Hub are not Eastern Locality domiciled. The 22% do not include walk ins (walk ins will be Eastern locality patients). Looking to amend the Booking process to include further questions around whether or not the patient from Mangere can easily access transport to and from Botany. Ensuring patients are booked into the right clinic in the right places will assist in reducing DNA rates.

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7 clinics in Mangere being expanded to 10. We will then be able to work with Medicine and Kidz First to ensure we have more of the Manager patients being able to access services in their domiciled area.

Action
A Pukekohe Hospital Tour was requested by CPHAC.

Resolution

The Community & Public Health Advisory Committee:

Received the update on the Locality Community Health Service Community Hubs.

Noted this report is being simultaneously submitted to the 26 January Executive Leadership Team meeting.

Moved: Colleen Brown/**Seconded:** Dianne Glenn

Carried

3.3 Faster Cancer Treatment Reporting Data (Ann-Marie Wilkins, Service Manager Cancer and Palliative Care

The paper was taken as read.

In the Counties Manukau district, there is a growing and aging population, with an expected increase in incidence for all cancer types. Volumes requiring specialised treatments such as chemotherapy and radiotherapy are also projected to increase. There will be increased capacity constraint, particularly in Breast, Gynaecology and Head & Neck tumour streams. Patients require upfront outpatient and diagnostic services to reach a diagnosis or be excluded from the FCT pathway. This creates the need for additional outpatients, radiological and biopsy procedures.

The decline in FCT performance against the target for Maori and Pacific patients is particularly worrying.

Delays to treatment impose ill health onto the community and a poorer outcome for individual patients. Reportedly, Maori and Pacific patients have trouble engaging with services, demonstrate significantly higher outpatient DNA rates in existing models of care and frequently have comorbid conditions affecting management. This is not always evident as patients that delay due to comorbidity or patient choice are excluded from the FCT target. In the case of delays caused by patient choice it is important to understand the barriers that prevent individuals from engaging in timely access to services. Hence, while the FCT target focus is predominantly at the hospital for diagnosis and treatment, there are areas that would potentially benefit from further collegial work with Primary Care.

A community focus can be taken to assist hospital FCT performance, as follows:

- Deeper review of the barriers for patients presenting to GP - current data suggests that a significant number of patients (mainly Maaori & Pacific) present to ED with subsequent diagnosis of late stage cancer. It would be worth exploring what the gaps are, and how these result in patients not being referred earlier or obtaining an earlier diagnosis.
- Potential of developing Marae based services and like-opportunities that may improve the experience of Maaori patients with a suspicion / diagnosis of cancer.
- Developing information sets for primary care referrals so that the decision making around cancer

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suspicion could be better prioritised.
- Exploring the use of basic diagnostic tests in primary care to support referrals (e.g. pipelle procedures undertaken in primary care; to decongest the volume of patients on a suspicion of cancer pathway as patients with a negative pipelle are more likely to not have a cancer).

Ms Wilkins advised that whilst the target does sit in Secondary Care it usually begins in Primary Care, therefore looking at patient barriers and how we can engage with Primary Care in this space is helpful.

Equity considerations are an important part of the funding of services. Utilisation by ethnicity indicates that in particular tumour streams, there is lower achievement of FCT performance for Maori and Pacific patients. This is difficult to measure on a month by month basis as the volumes in each group are small. In the 12-month period Nov 2019 – Oct 2020 FCT performance has been 85% for both Maori and 85% Pacific patients.

Undertaken two pieces of work with cancer psychologists looking at patients who didn't engage with pathways to determine what that means. Is often identified in reporting as patient choice, but we know that a lot of barriers to accessing services are often not by 'choice'.

Action

Aroha noted that regionally there has been work undertaken around patient experience. Whaanau Experience of Pathway had some interesting insights. Looking at developing some tools to use with a National Maaori Survey around Cancer Services. Ms Haggie to provide the link to this survey to Ms Tafau for sharing with the wider committee.

In the screening and prevention space and the work has been undertaken over the years, Ms Perese wondered what we have learnt. Dr Jackson advised that patients value being seen locally so we have worked hard on getting the infusion service set up at Middlemore. We do see quite high DNA rates for patients that are required to travel to Greenlane or Auckland City, eg. Urology.

With Breast and Cervical Screening, what we are trying to do at the moment is looking for different ways of engaging people within the current programme. The HPV campaign has had a good uptake from Maaori & Pacific women. The success we have in these areas is difficult to maintain as the acceptability of programmes has highs and lows and we have to determine ways of continuity. The more bespoke we can become in offering screening in places that people trust through providers, the greater the uptake. Not taking on single issue approaches is another idea; if we have one type of screening, offer other types of screening as well in the same place.

Resolution

The Community and Public Health Advisory Committee:

Received the Faster Cancer Treatment Reporting Data paper.

Noted this paper was endorsed by the Executive Leadership Team on 15 December to go forward to the Community & Public Health Advisory Committee for their information.

Noted that the information provides an update of FCT performance and related activity noting that the focus of FCT is predominantly at the hospital for diagnosis and treatment.

Noted that FCT performance for October 2020 is 88% in terms of the hospital based specialist treatment being delivered within 62 days.

Noted that since May 2020, the monthly performance remains at or above 85%. Covid19 contingency plans are in place to maintain cancer services across various levels of alert status.

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Noted that there is potential benefit from further work to address joint Primary Care and Hospital actions to ensure that Equity considerations are adequately incorporated, and FCT can sustainably meet the target of 90%.

Noted the actions identified in the paper in relation to continued development of FCT performance.

Moved: Colleen Brown/**Seconded:** Dianne Glenn

Carried

3.4 South Auckland Social Wellbeing Board; 5-Year Strategy (2020-2025) and 2-Year Action Plan (Ann Wilkie, Programme Director & Seema Kotecha, Programme Manager)

Ms Wilkie and Ms Kotecha gave CPHAC an overview of SWB as it currently stands and the work they are currently focussed on.

CM Health functions and responsibilities for SWB include internal approvals to enable and support decisions of the SASWB Director; administration of the funding appropriated to the Ministry of Social Development (MSD) from Cabinet on behalf of SASWB; compliance with Counties Manukau District Health Board's (CMDHB) policies and procedures including Government Procurement Rules and supporting enabling functions such as HR, contract generation and processing, finance and accounts

The main funder for NGO organisations is MSD. SWB currently working with MSD towards more flexible funding/contracts.

The 5-year Strategy's key pillars include resilient communities built on self-determined need and strengths; that flourish within environments that support and enable protective factors; devolved funding models that promote equity and facilitate a one-plan approach; a flexible system of proportionate universalism that reflects the diversity of Counties Manukau; workforce capability and a 'can do' culture that responds to communities and collaborative ways of working including NGO leadership focused on whānau defined aspirations.

Working in the grey is difficult, especially when working with organisations that are black & white. SWB encourages the team to push the boundaries.

SWB formed a partnership with Papakura Marae, using them as a test site for specific pieces of work that align with the work programme. The initial focus for SWB was Mangere, but when the Board took governance for Family Harm (Family Violence), SWB broadened to all of South Auckland, moving wherever it's fit for purpose. Looking to understand what it is about Whaanau Ora that could be enhanced with this collaborative approach. We know that really complex families, when they are in crisis, need to be responded to immediately, or you lose the window of opportunity.

SWB have been working with Papakura Marae since Covid began. Once we can evidence the success we would hope that our engagement with Maaori would help to take it to other marae, take the learnings (for both Maaori & Pacific) to Wellington. We don't scale things up, we're looking to change the system as it is, maximising the system by working differently. is a placed based initiative within a placed based initiative that is testing prototypes.

Engage which is the old Play30 was created in Otago University and SWB are now looking for the next iteration including having a Pacific and Maaori lens over the top which would assist in making a significant difference for whaanau in distress. Unconventional engagements with whaanau sometimes can't be quantified but are crucial 'moments' for whaanau in crisis.

SWB have implemented a pilot (Enhanced School Based Response) whereby schools are notified, without any detail, that a student may be in distress and need support.

Enablers to support wellbeing include flexibility; strength based approach, collaboration, 'do what it takes' mindset and developing trusted relationships. If we can get these enablers right, this will make a significant difference to whaanau in distress.

0-5yrs is the focus but all parts of the whaanau impact on the outcome. How do we change the way we do things for people of South Auckland?

Ms Brown asked if SWB felt they had seen any changes in behaviours with key government agencies. Though it has taken 4-years, there is no doubt that changes are evident.

Opportunity areas for SWB and CM Health include maximising the collective impact way of working – MDCAT, unborn baby alert, DHB midwifery team; enhanced mental health/psycho-social understanding and responses – Awhi Ora; potential alignment with new and existing Health/DHB initiatives – HIPs and Health Coaches, Community Central and identification and facilitating connection with cohorts who are missing out on support.

3.5 Metrics That Matter; 6-Month Summary to December 2020 (Paul Hewitt, Senior Planning Advisor)

In the process of standardise the approach of these metrics for the organisation. The dashboard contains a range of metrics that will be useful for everyone.

Mr Hewitt gave the committee an overview of the Dashboard.

Action
At the next Dashboard session, highlight the key areas that are of particular interest to CPHAC in order to allow for a more meaningful discussion. Highlight areas of unexpected shifts in data.

Outreach Immunisations is expensive but it is how you shift the numbers from 90 to 95%. It is important in meeting the target we don't think that the current models are the answer, investment in different approaches could be beneficial.

Percentages are dropping due to population growth and lack of capacity to so the extra screening using the current model isn't fair. If we can find more effective ways of reaching women, then HPV swabbing could well be the solution.

4. INFORMATION PAPER

4.1 Action Item from ARF: Implications of Covid-19 on Primary Care

Paper is provided for Committee members' information.

5. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Barry Bublitz/Seconded: Lana 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:

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
2.1 Confirmation of Public Excl Minutes of CPHAC Meeting 16.12.2020 2.2 Public Excl Action Items Register 3.1 Covid Vaccination Planning	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.

Carried

This first part of the meeting concluded at 11.50am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 27 JANUARY 2021.

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Colleen Brown
Committee Co-Chair

DRAFT

Information Paper
Counties Manukau District Health Board
Chief Executive's Report

Recommendation

It is recommended that the Board:

Receive the Chief Executive's Report for the period 3 February 2021 – 2 March 2021.

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

Introduction

This report covers the period 3 February – 2 March. In this short space of time since we last reported to the Board on the 3rd February, pressures have intensified across the city with the dual response to an outbreak and beginning vaccination. At the time of writing this report, positive cases in three families related to the Papatoetoe High School community have been notified and the resulting testing response is underway. The Auckland region was placed into alert level 3 for 72 hours on 14 February, and as with previous outbreaks our response required quickly standing up additional testing capacity, contact tracing and amendments to our day to day work to ensure safety. We were relieved that the swift action taken, and lack of further positive tests allowed the region to quickly move back down to level 2. We have also begun planning for staff and community vaccination which will be a major focus for the DHB throughout 2021. While there are still cases in the community, they are all able to be linked back to the original index case from Valentine's Day and the level of testing to date assures us that containment within this community is likely.

Performance

Attached is the 'Metrics that Matter' dashboard to support the Board monitoring of the performance of the Counties Manukau Health System as at end of January 2021. Some measures (e.g. Smokefree data) do not have updated data available at the time of reporting. We have also added additional Quality and Safety measures on a third page as advised by the Chief Medical Officer.
This dashboard reflects a non-exhaustive list of performance and quality and safety measures. They do not represent the full range of activities that are undertaken in the healthcare system. The Executive Leadership Team have identified these for closer monitoring because:

- they represent progress against key Government and/or Board priorities for the Counties Manukau population;
- they represent a risk to clinical and patient safety and require close monitoring; and/or
- they are areas where we are targeting improvement.

Hence, there is a bias to indicators showing room for improvement. There are a number of areas where we are doing well and other areas where we are dissatisfied with the results. There are three areas of concern:

- The on-going decline of immunisation rates, particularly for Maaori, has led us to the conclusion that we need an overhaul of outreach immunisation supports. While a large majority of children

may continue to access timely vaccination through their General Practice, we believe an alternative model to access immunisation outside normal general practice needs to be offered to our community. We will be standing up a co-design process with Manawhenua to ensure a Te Tiriti partnership approach and engaging the perspectives of Maaori whaanau in our rohe on what may improve their experiences. This will proceed with urgency as we are also mindful that pressures on immunisation will intensify as MMR, flu and COVID-19 vaccination uptake is required this year;

- While we are succeeding with P1 and surveillance colonoscopies and gastroscopies, we have seen a consistent decline in P2 (performed within 42 days) colonoscopy and gastroscopy rates and concerning deterioration on bronchoscopy. We monitor these indicators together because they use the same workforce capacity (colonoscopies and gastroscopies), use the same procedure rooms and the surges in demand on all three services can result in competing pressures on capacity. Outsourcing of colonoscopies is in progress but delayed adding to pressures. The Gastroenterologists have written to me expressing concerns about impact on patients and we will work with the Service to align actions; and

- The attached metrics that matter shows our performance against Ministry of Health reported ESPI measures. What is shown in the dashboard is a replication of the information provided by the MoH. At the time of writing we were not able to break down in time how these percentages translate to actual patients, procedures and/or consultations. Hence, percentages should be interpreted with caution. The wider context we are mindful of is that the same capacity (workforce, theatres etc.) also provide acute and urgent care. Surgical services had a surge in November and December that has, at times, crowded out elective work. We are also aware that some surgical specialties are genuinely seeing demand surges that are not able to be met by current capacity (workforce and theatres). Unfortunately, the Manukau Health Park additional capacity is a great medium term solution but is not able to help us in the short term. We are already engaged with the MoH through the Planned Care Waiting List Improvement Action Plan that includes projects in some of the services that are facing pressures.

I am pleased to note, however, that:

- Before School Checks continue to tracking against target for this financial year;
- Holter wait times have reduced over the last 3 months with patients waiting 14 weeks less in Jan 2021 (15 weeks) than the same time last year (29 weeks);
- The admission rate in the first year of life for all ethnicities continues to show a decreasing trend;
- Over the last 18 months, Histology turnaround times have met or been near the target of 80% with a 5 day completion; and
- 2000 staff (23%) from a total of approx. 9000 staff have now completed the disability e-learning module.
- Non face to face outpatient appointments have continued to drop since August 2020.

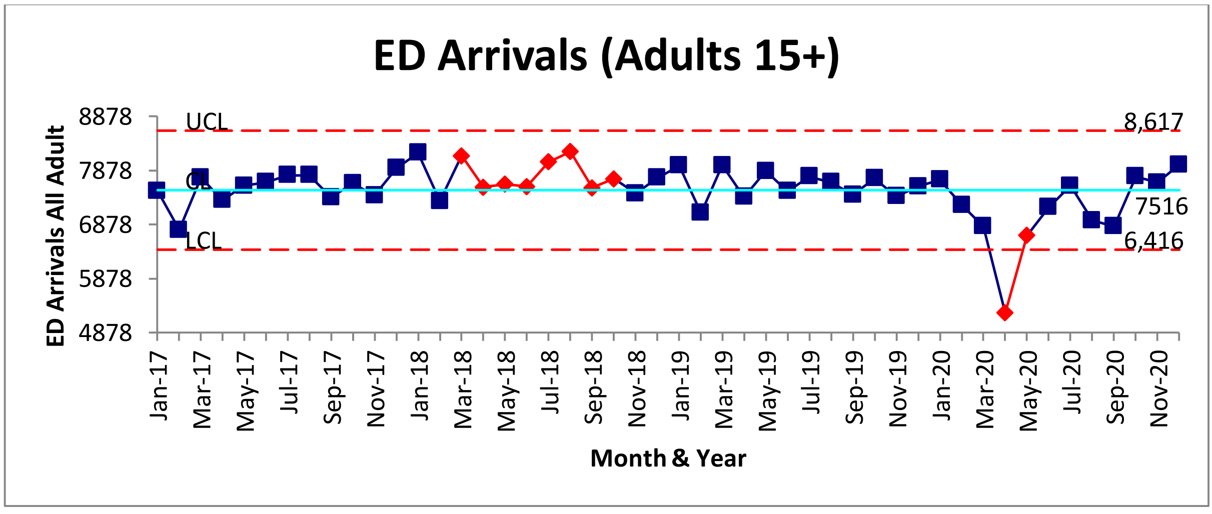
The seclusion events for December and January met the target of less than 5 seclusions events per 100,000 population. These rates appear to be lower than we might have expected, based on recent national KPI data, and we are investigating the data source to verify these results.

There are two challenges impacting on our ability to maintain the course to the end of the financial year:

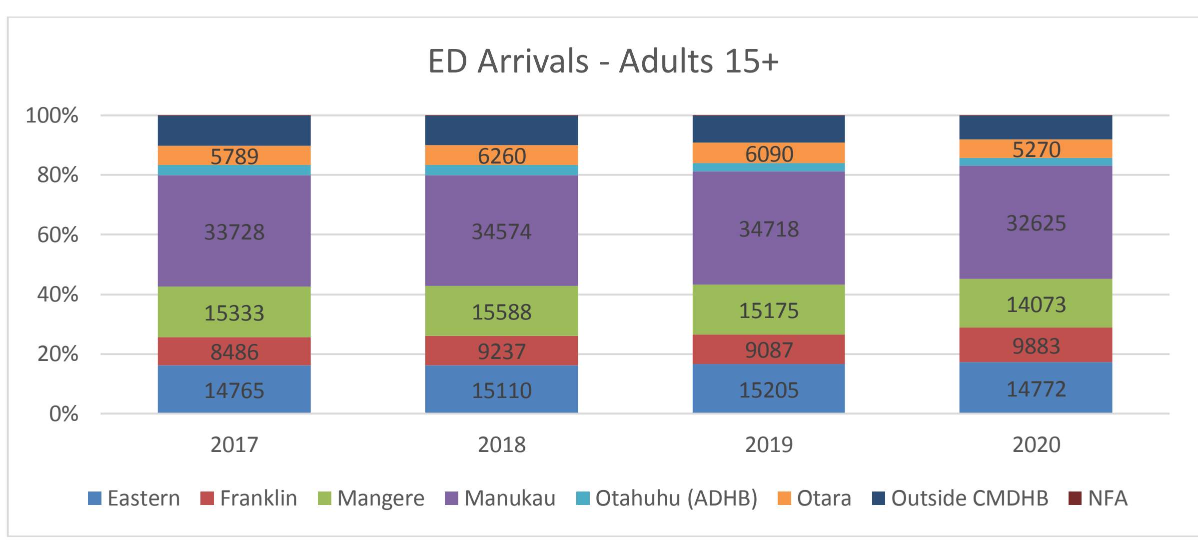
- **COVID-19:** The dual impact of managing COVID-19 outbreak responses continues to impact on staffing and the redeployment of staff to cover both vaccination and testing. The key areas impacted are public health nursing and school based programmes that end up being stopped or deferred when workforces are redeployed. Each outbreak that is centred in the District also has a flow on effect on staff that may become contacts and disrupts staffing resources in services. We are, however, learning that the rapid containment of case clusters and their contacts mitigates the likelihood we need to cancel or defer planned care. In addition, we are reviewing staffing in the Northern Regional Health Coordination Centre and local response teams so that we are able to build resilience into those functions and manage staff wellbeing while maintaining our local work programmes that must continue regardless; and

- **Acute Demand:** The surge in acute demand and its impact on operations in both hospital and community/primary care services. We are concerned that large parts of our community have not accessed care in a timely way. Primary Healthcare Organisations report anecdotally that some practices have not been able to see as many patients as they would like because of requirements to manage COVID-19 risk that adds time and resource to their service (i.e. PPE use, streaming). We have also observed a slower uptake of initiatives that aim to reduce acute demand pressures on ED (i.e. Access to Diagnostics; Primary Options for Acute Care, Emergency Q vouchers).

  A provisional review of acute demand growth in January suggest that ED presentations, although within controllable limits, returned to pre-COVID volumes in December 2021 and January 2020. December 2020 saw the highest number of arrivals for that month over the last 4 years.



Arrivals by locality shows all localities down between 2019 and 2020 with the exception of Franklin, which could be attributable to increased southern population shift. Proportionally the greatest decrease came from outside Counties Manukau domiciles in 2020. The percentage of arrivals that are converted to admissions, however, is consistent with trends at estimated 36-37%.



News and events

Lunar New Year

Lunar New Year begins with the first new moon and ends on the first full moon of the lunar calendar. This year, Lunar New Year started on 12 February. Events at Counties included a special Lunar New Year menu at the staff café, a zoom meeting with the CM Health Asian Health and Wellbeing Community Network focusing on the health of older people, zoom sessions from eCald about their cross-cultural education resources involving quizzes and prizes, and Medical Grand Round presentations covering the following topics:

- *"How Chinese family ('carers') made sense of caring for older family members with complex chronic conditions and working with health professionals"* by Dr Cecilia Wong-Cornall (PhD), Professional Teaching Fellow at the University of Auckland School of Population Health.
- *"The mutual relationship between immigrants' disrupted everyday activities and their health"* by Dr Hagyun Kim (PhD), Senior Lecturer at the Massey University School of Social Work.

New Nurse Practitioners add to high calibre cohort

Eight CM Health staff have recently qualified as Nurse Practitioners across the Neonatal, Renal, Emergency Care, and Mental Health specialities, bringing our Nurse Practitioner cohort to 33, one of the highest in the country. We are very proud of the senior nursing clinical leadership development.

As Nurse Practitioners, their responsibilities now include the ability to provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, and prescribing medicines within their area of competence.

This can make a real difference to the CM Health population and enables us to create a blended clinical leadership model. This is evidenced in our neo-natal unit which, due to our number of highly competent Nurse Practitioners, can effectively be entirely nurse run (with some registrar assistance) and in our critical care outreach programme which is also predominantly Nurse Practitioner run.

Having such high calibre Practitioners enables CM Health to direct some of our resources into more acute areas of need within our hospital with confidence that our patients remain in highly clinically-capable hands.

Pacific Network of Doctors at Middlemore

Pacific Doctors at Middlemore – a network group to support Pacific doctors at Middlemore Hospital – was launched in December last year. The group provides mentorship to junior Pacific doctors, as well as encouraging more Pacific doctors to return to Middlemore as consultants and senior decision makers. This is a fantastic network to support, develop and hopefully increase our Pacific cohort of doctors.

Telehealth booth trial at Manukau SuperClinic

Visitors to the Superclinic may have noticed some new Telehealth Booths which we are trialling between 15 February and 8 March. This is an acoustically and visually private booth equipped with the appropriate technology to do telephone & video consults or jump in for a ZOOM meeting. COVID-19 has accelerated our use of telehealth, which can be a more convenient method of accessing healthcare for some patients, meaning that they don't need to travel and take time away from other daily activities to attend in person.

Our People

Local Heroes

Below are our local heroes for December and January, along with some of the reasons they were nominated for their award.

- Atish Kumar, Maintenance Manager, Facilities
  "Atish is one of the most genuine people I know, always willing to help anyone. He really enjoys his role and values each member of his team and recognises them and the work they do. I am blessed to be able to work alongside him. "

- Kathy Nancarrow, Group Manager, Health and Safety
  "She has been a role model for the rest of the Occupational Health and Safety (OH&SS) team. Despite starting her role during the COVID outbreak she has been steadfast in realising the objectives of Counties as a whole. I have recently started my role and Kathy always asks for updates, not just on work related matters but also anything relevant to my wellbeing. She has always instilled in me to be kind to other staff especially as the OH&SS team works for the staff."

- Lisa Bolt, Charge Nurse Manager, Acute and Post-Acute Care
  "We would not achieve the efficiencies within patient flow in the Medicine wards without Lisa and her well led team. We'd like to very much say a heartfelt thank you to her publicly and acknowledge how proud we are of work ethic and professionalism. "
- Tovio Keneti, Orderly, Orderlies Team
  "Yesterday I was walking along the corridor and Tovio approached a couple of elderly ladies who looked to be a little lost. It is the care, time and helpfulness shown by people like your team that really does make a difference. It is the care, time, and helpfulness shown by people like your team that really does make a difference for the patients and visitors often here for circumstances that are not easy."

- Amanda Permessur, District Nurse, Howick Home Healthcare
  "Amanda shows such compassion, caring and patient advocacy - she goes above and beyond and deserved to be recognised for all that she does, which has why I have nominated her. She is a true hero, because her actions probably saved this patients life."

Ministry of Health Chief Medical Officer

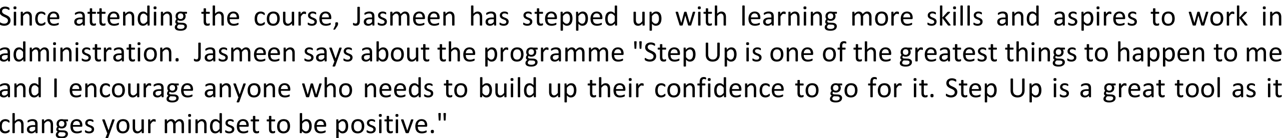
In February Dr Andrew Connolly, General Surgeon at CM Health, was appointed to a secondment for the remainder of 2021 as the Chief Medical Officer at the Ministry of Health. Dr Connolly is a former Chair of the Medical Council of New Zealand and currently serves as Deputy Commissioner at Waikato DHB and as a Crown Monitor at Southern DHB. He will also continue to carry out a clinical role with us throughout the year. Congratulations to Dr Connolly on his appointment.

Skills Highway Champion Awards

Congratulations also to Jasmeen Begum, a member of our cleaning team, for winning Highly Commended in the category of Champion Learner in the annual Skills Highway Champion Awards. These awards are run by the Tertiary Education Commission to recognise the hard work and achievements of learners, providers and employers.

Jasmeen was nominated because of how she put what she learnt on the Step Up programme into practice. Step Up is a programme designed for our non-

regulated workforce. The 40-hour programme covers effective communication, intercultural awareness, goal setting, and dealing with challenges in life and work.


Since attending the course, Jasmeen has stepped up with learning more skills and aspires to work in administration. Jasmeen says about the programme "Step Up is one of the greatest things to happen to me and I encourage anyone who needs to build up their confidence to go for it. Step Up is a great tool as it changes your mindset to be positive."

<u>Patient Feedback</u>

Below are some recent comments from our patients and visitors:

Ward 7: "Thanks to all nursing staff. I was looked after very well and have no complaints. Everyone was friendly, professional and helpful."

Ward 2: "Thank you to every doctor and nurse on Ward 2 and every department making my stay as wonderful as ever. You guys are truly amazing."

PSU: "Can I say that manaakitanga, kotahitanga, rangatiratanga and whakawhanaungatanga are truly alive in this unit. Thank you to all the staff, including surgical team for the care and consideration, great explanations, respect and professionalism you have shown me in my concerns and responding to my needs while here. I am proud to be a member of the health care team with colleagues and practitioners like you all."

MSC 1st Floor: "Thank you to everyone who made my stay as positive as it could be under the circumstances (surgery). I was kept informed all the way throughout from the initial educations session to discharge procedures. MSC is great and we are so lucky to have this. Big thanks again to everyone surgical, nursing, housekeeping. Even the clinics prior to surgery were really efficient with a minimum of waiting and a good set of information to go along with any paperwork I needed."

"Thank you to Doctors, Nurses and staff during my short stay (knee surgery) at SuperClinic. I was treated with respect and dignity. Meals and choice of food was very good. Overall care was very good and I am happy to recommend the facility to everyone. Thanking you all."

Ward 33 East: "Staff very experienced and friendly. My husband was well looked after (some even with a great sense of humour)."

Ward 33 North: "My experience at the hospital has improved. The nurses and doctors are very helpful. I got no complaints. I'm happy."

Ward 32 North: "Just a sincere thank you to all who cared for my husband for so many years trying to ease his suffering until days before he passed away. I will forever be grateful for all you did. He was not always easy to handle but you all none the less showed kindness. Also thank you all for your kindness towards me."

Maternity North: "Good Nurse support. Good lactation support. My stay here was good. The staff was kind. The room was always clean. Nurses very helpful when needed. Always in a positive mood."

ED: "Hi there I just want to give my thanks to a nurse who was a ray of light in a pretty bad year for me. I am sorry I can't remember her name. Complimentary to the nurse who thankfully took over half way through the time. It was a shortening of possibly a Samoan name. She got it. She did what was needed as a nurse, took the chair away that had sat in my room for an hour or so, and then asked me questions. She LISTENED. In fact the tears that came for me were due to the fact that she did understand and showed some human compassion without being superficial about it. I would like to thank you. I truly hope that all is well in your life for you deserve it. You are a gem and I hope you are appreciated there. So many health issues are ultimately stemming from emotional and mental issues. To have a nurse that actually appreciates that will soothe any patient and begin the healing. Thank you for your time anyway and getting me out of there so efficiently (once the second nurse had a word to someone)."

Appendix

1. Metrics that matter dashboard January 2021

CM Health Metrics That Matter Summary

Results to Jan 31 2020

CM Health **Metrics That Matter** Summary

Results to Jan 31 2020

Smoking Cessation

Primary Care

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

Maternity

CW09: Percentage of pregnant women who identify as smokers, at the time of confirmation of pregnancy in general practice or booking with a Lead Maternity Carer, being offered advice and support to quit smoking.

TARGET MET - removed from dashboard

Immunisation — Q&S

8mth old immunisation

CW05: Percentage of eight months olds who have had their primary course of immunisation on time

2yr old immunisation

CW05: Percentage of two year olds who are fully immunised

Influenza

Removed for January as data only collected annually

B4Sc check

B4Sc check

CFA: Completed B4 School checks of 90% of eligible population (7810) **Note:** Plotted is the cumulative achievement per month against the eligible population

Newborn enrolment

Percentage of newborns who are enrolled in general practice by 3 months of age. Monthly data not yet available/

Screening

Breast screening

Proportion of women aged 50 – 69 years who have had a breast screen in the last 24 months

FIT participation

Participation is 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.

Cervical screening

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

Diabetes

Diabetes

Proportion of people with diabetes who have satisfactory or better diabetes management (HbA1c<64mmol/mol). **Note:** Data is available at the end of each quarter

Diagnostics

Cardiology

Echo & Holter wait times

% of Echos and Holters completed with 12 weeks of acceptance of a referral

Oncology — Q&S

FCT 31&62 days

31 day: % of patients waiting less than 31 days from the decision-to-treat to receiving their first treatment (or other management) for cancer.

62 day: % of patients who are treated within 62 days of referral with a high-suspicion of cancer

Radiology

CT&MRI scans within 6 weeks

% of scans completed within 6 weeks of acceptance of referral

Histology

% of histology samples completed within 5 working days, from registration in the Laboratory to report ready

Gastroenterology* — Q&S

P1 colonoscopy within 14 days

% of urgent colonoscopies performed with 14 days of acceptance of referral

TARGET MET - removed from dashboard

P1 gastroscopy within 14 days

% of urgent gastroscopies performed with 14 days of acceptance of referral

TARGET MET - removed from dashboard

P1 bronchoscopy within 7 days

% of urgent bronchoscopies performed with 5 days of acceptance of referral

P2 colonoscopy with 42 days

% of routine colonoscopies performed with 42 days of acceptance of referral

P2 gastroscopy with 42 days

% of routine colonoscopies performed with 42 days of acceptance of referral

Surveillance colonoscopy within 84 days

% of surveillance colonoscopies performed with 84 days of acceptance of referral

TARGET MET - removed from dashboard

Surveillance gastroscopy within 84 days

% of surveillance gastroscopies performed with 84 days of acceptance of referral

TARGET MET - removed from dashboard

**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 reasons.*

Acute

Readmissions — Q&S

7 day readmission rate

The number and % of patients who are discharged and readmitted within 7 days

Admission rate 1st yr of life

% of births from MMH readmitted within the first year of life.

ED — Q&S

ED 6 hr target

% 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.

CM Health **Metrics That Matter** Summary

Results to Jan 31 2020

ESPI 2 compliance	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Dermatology	0%	0%	4%	11%	4%	0%	2%	2%	2%	5%	6%	12%	22%
General Surgery	17%	21%	22%	34%	37%	27%	21%	17%	16%	16%	17%	21%	28%
Ophthalmology	34%	35%	32%	38%	38%	35%	18%	8%	7%	4%	6%	7%	7%
Orthopaedics	0%	2%	4%	21%	32%	24%	31%	23%	24%	33%	29%	29%	31%
Paediatric Medicine	6%	2%	5%	4%	0%	0%	1%	0%	12%	12%	12%	11%	13%
Pain	9%	0%	5%	7%	9%	6%	4%	5%	2%	2%	11%	16%	18%

ESPI 5 compliance	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
General Surgery	6%	7%	9%	21%	13%	10%	9%	6%	4%	4%	4%	7%	12%
Gynaecology	3%	3%	4%	3%	4%	6%	6%	2%	2%	3%	5%	11%	12%
Ophthalmology	2%	2%	7%	13%	16%	10%	5%	2%	1%	2%	3%	2%	2%
Plastics	22%	25%	24%	35%	33%	30%	27%	23%	19%	17%	17%	21%	21%
Urology	0%	0%	5%	12%	11%	2%	3%	2%	3%	9%	17%	19%	15%

Acute

Q&S

Eligible stroke patients thrombolysed
% 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

Stroke patients to rehab unit
Number of patients with an admission for a subsequent rehabilitation inpatient event within 7 days of the acute event's admission date

Door to cath within 3 days
% of inpatients who receive cardiac related angiographic intervention within the Cardiac Cath lab within 3 days
Note: Data reported one month in arrears

Q&S

Door to balloon for STEMI
% of patients who receive treatment for a ST elevated myocardial infarct within 120mins of diagnosis - performed at MMH **Note:** Data reported one month in arrears

Patient discharged by ED Geriatricians to community
% Patients Seen by ED Geriatrics discharged to Community (inc Respite and POAC)(not admitted)

Time to first inpatient consult
1st Time a Triage 1 & 2 or a Triage 3-5 patient attending ED with General Medicine recorded as the first specialty is seen by a physician upon referral (median time in minutes)

Seclusion events per 100,000
The rate of seclusion events per 100,000 where the seclusion period is deemed to have ended when the patient leaves the conditions of seclusion without the expectation of return, and in any case, if the patient has been out of seclusion for more than one hour.

Average Length of Stay

Average Length of Stay
Time from admission to discharge

Alcohol Harm (6mthly)
Removed for January as data only collected 6mthly

Mental Health

0-19yr olds referral seen within 3 weeks
% 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**

0-19yr olds referral seen within 8 weeks
% 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 areas, 12mths rolling**

Planned Care

Waiting time compliance

ESPI2 compliance
Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment

Q&S

ESPI 5 compliance
Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days for treatment – elective

Surgery

Q&S

Elective cancellations - day of surgery

Planned intervention

Planned Care Interventions
Number of planned care interventions against agreed service delivery **Note: 1mth in arrears**

Ophthalmology

Ophthalmology wait times
% of patients who wait longer than 50% and 100% of the intended time for their follow up appointment

Outpatients

DNA rate for all elective work
% 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 Procedures)

% Non Face to Face Appointments
% of outpatient appointments which are conducted without the patient being physically present as a proportion of all appointments

FSA Non Face to Face appointments
Volume of First Specialist Assessments which have occurred without the patient being physically present (recorded as Telephone, Video Conference, Non Patient Contact in iPM)

Q&S

Follow Up Non Face to Face appointments
Volume of Follow up assessments which have occurred without the patient being physically present (recorded as Telephone, Video Conference, Non Patient Contact in iPM)

Non-clinical performance

Patient Engagement

Q&S

Friends & Family Test Net Promotor Score
How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Workforce

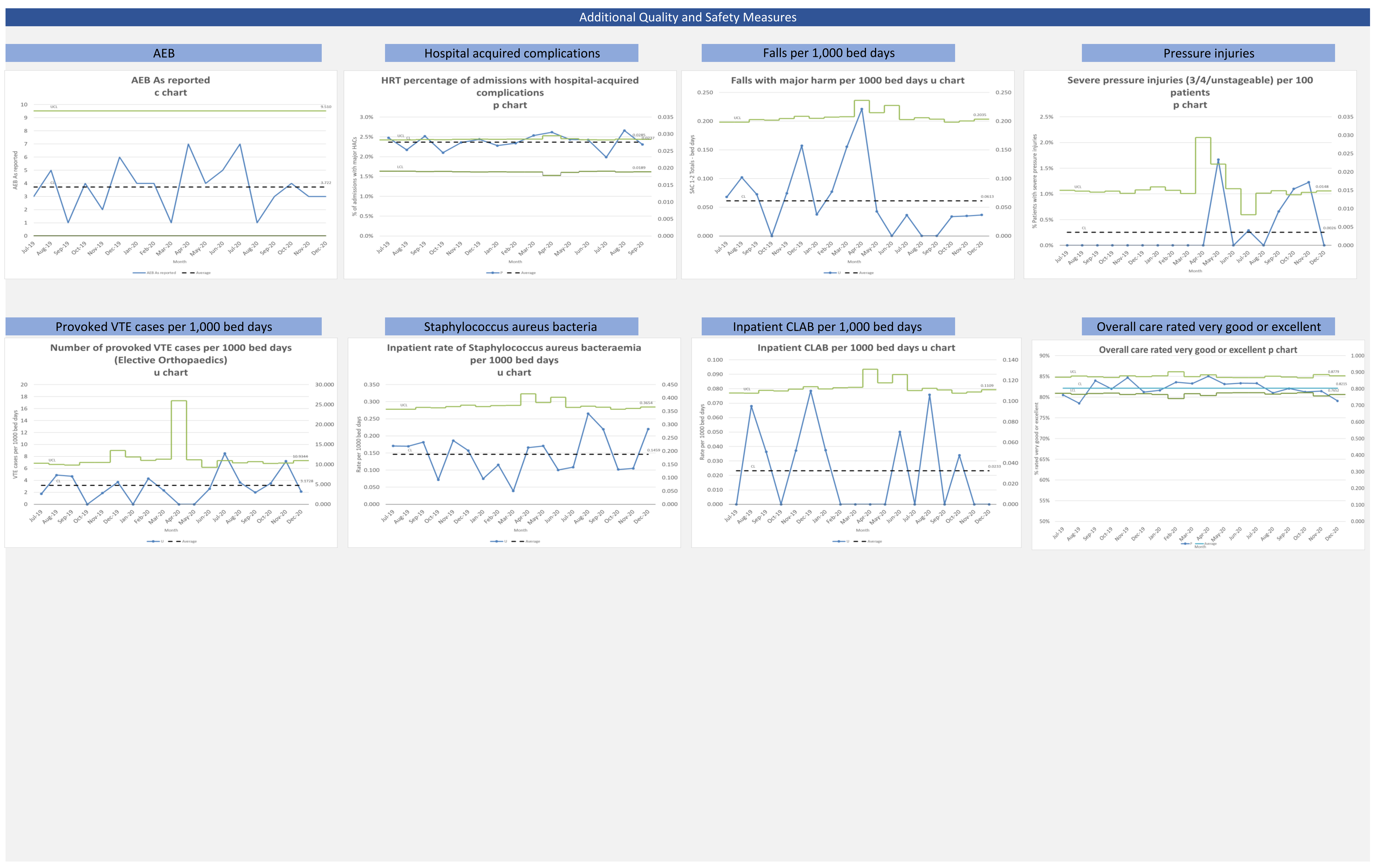
Sick Leave rate - Nursing
Sick leave hours in the month divided by total hours in the month expressed as a %. **Note: Nursing chosen as staff group with most robust data available**

Disability

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**

Month end financial result

Net result
Actual operating expenditure against budget across CM Health. **Note: Actual excludes COVID and Holidays Act**


Additional Quality and Safety Measures
AEB
AEB As reported
c chart
Hospital acquired complications
HRT percentage of admissions with hospital-acquired complications
p chart
Falls per 1,000 bed days
Falls with major harm per 1000 bed days u chart
Pressure injuries
Severe pressure injuries (3/4/unstageable) per 100 patients
p chart
Provoked VTE cases per 1,000 bed days
Number of provoked VTE cases per 1000 bed days (Elective Orthopaedics)
u chart
Staphylococcus aureus bacteria
Inpatient rate of Staphylococcus aureus bacteraemia per 1000 bed days
u chart
Inpatient CLAB per 1,000 bed days
Inpatient CLAB per 1000 bed days u chart
Overall care rated very good or excellent
Overall care rated very good or excellent p chart

Quality and Safety Measures

AEB

AEB As Reported

Number of Adverse event brief part A (AEB As) reported to the Health Quality and Safety Commission each month

Hospital acquired complications

% of hospital acquired complications

% of admissions with hospital-acquired complications (Source: Health Roundtable)

Falls per 1,000 bed days

Falls with major harm

Rate of incidents of falls with major harm per 1000 bed days (Source: Incident Management System

Pressure injuries

Severe pressure injuries

% of patients with severe pressure injuries (Stage 3, 4, or unstageable) (Source: Care Compass Auditing)

Provoked VTE cases per 1,000 bed days

Provoked Venous thromboembolism

Number of provoked VTE cases (Elective Orthopaedics) per 1000 bed days

Staphylococcus aureus bacteria

Inpatient SAB

Inpatient rate of Staphylococcus aureus bacteraemia (SAB) per 1000 bed days (Source: surveillance data from IP&C)

Inpatient CLAB per 1,000 bed days

Central Line-associated Bloodstream Infection

Inpatient CLAB rate per 1000 bed days

Overall care rated very good or excellent

Patient care rating

% of patients that rate overall care as very good or excellent (Source: Cemplicity Inpatient Survey)

Counties Manukau District Health Board

Occupational Health and Safety Performance Report

Recommendation

It is recommended that the Board:

Receive the Health and Safety report for the period 1st December 2020 to 31st January 2021.

Note this report was endorsed by the Executive Leadership Team on 16 February to go forward to the Board.

Prepared and submitted by: Kathy Nancarrow, 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 capsize; or any other incident declared by regulations to be a notifiable incident.
Notifiable Event	Death of a person, notifiable injury or illness or a notifiable incident.
Pre-Employment	Health screening for new employees.
Worker	An individual who carries out work in any capacity for the PCBU e.g. employee, contractor or sub-contractor, employee of the sub-contractor, employee of labour hire company, outworker, apprentice or trainee, person gaining work experience, volunteer.
Reasonably Practicable	Means that which is or was at a particular time reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters.eg the likelihood of the hazard/risk occurring and the degree of harm resulting, what the person knows about hazard/risk and how to eliminate/ minimise the risk and the cost associated with elimination of the hazard/risk.

Glossary

ACC	Accident Compensation Commission
AEP	Accredited Employer Programme
ARF	Audit, Risk and Finance
ASRU	Auckland Spinal Rehabilitation Unit
BBFE	Blood and/or Body Fluid Exposure
BAU	Business as Usual
CCS	Central Clinical Services
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
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 months of December 2020 and January 2021.

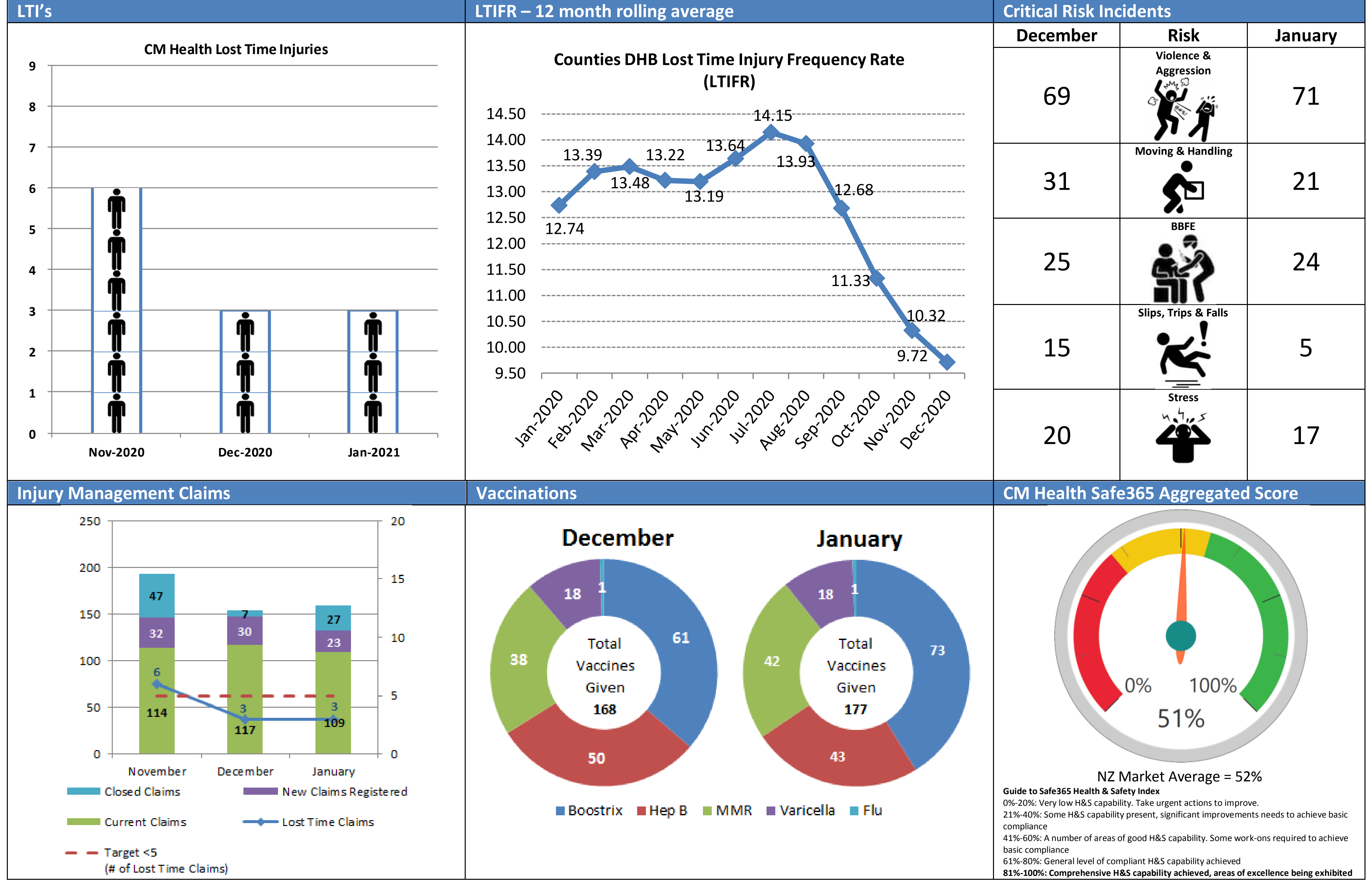
February Activity

In February the OHSS team continue to be heavily involved in COVID-19 related work, including;

- planning for the COVID-19 vaccination and determining the process we will be taking this year for the influenza campaign to ensure both programs are facilitated effectively
- Continuing the respirator mask fit testing for those workers who needed to change from the Duckbill to an alternative respirator mask

Following notification from ACC that the Accredited Employers audit would focus on Pukekohe hospital, the H&S team collated their site specific ACC Accredited Employer programme evidence. The audit was carried out on 2nd and 3rd February 2021, resulting in the auditor recommending to ACC that CM Health retain the tertiary accreditation status.

CM Health H&S Dashboard – December 2020/January 2021



Executive Summary

There was a reduction in Occupational Health clinics over the January holiday period due to annual leave in the OHSS team however clinic appointments have returned to the 2020 numbers. The Occupational Health nursing team continue to carry out pre-employment assessments for applicants to Managed Isolation and Quarantine facilities roles.

The Health and Safety team presented a proposal for a new OHSS monitoring tool which will provide a robust managers self-assessment and internal Occupational Health and Safety Service audit tool. The self-assessment will be rolled out after final consultation early in 2021 followed up with a 3 year internal H&S audit plan implemented in 2022. This monitoring system will complement the current Safe365 assessment programme.

Some risk reviews have been undertaken in late January including consultation with a selection of employees from Pukekohe Hospital and an assessment of the Safe Patient Moving and Handling risks.

In late December, the Ministry of Health withdrew the N95 Duckbill respiratory mask which had a significant impact on CM Health workers who were previously approved by fit test to wear this mask type. The OHSS Respirator Mask Fit Test team (RMFT) commenced an urgent re-test of 600 workers over the Christmas holiday period to ensure workers who were working over this time had an approved respirator mask.

Occupational Health

Onsite clinics for OHSS physicians were 149 in December and 59 in January. The reduction in January was as a result of both physicians taking leave during this period. OHSS nurse appointments were 147 in January increasing from 90 in December. Recalls for workers to attend follow up appointments and vaccinations continues to be business as usual workflow. Manager referrals in December (21) and January (18) were reduced during the holiday period.

Contact Trace (CT)

There were three contact traces conducted during December and one suspected;

- One suspected COVID-19 contact trace involving 3 medical staff and a Personal Protective Equipment (PPE) breach. No stand down was required.
- One Meningococcal contact trace
    - 4 workers were deemed close contact and received prophylactic antibiotics
    - 1 worker was deemed casual contact. No treatment required.
- Two Tuberculosis contact traces were conducted in December.
    - One involved 14 staff. All were deemed casual contacts.
    - One involved 23 staff. All were casual contacts.

As part of our normal process, Occupational Health and Safety conducts Tuberculosis contact tracing on behalf of ARPHS. Once all contacts have been reviewed ARPHS is informed.

Audiometry

CM Health has a duty to eliminate risks to health and safety, so far as is reasonably practicable. If it is not reasonably practicable to eliminate the risks they must be minimised. Occupational Health and Safety Service assists the organisation by;

- Identifying workers who may be exposed to hazardous noise in their working environment, and implementing strategies to prevent noise exposure
- Conducting baseline audiometry prior to commencing work or within 3 months of commencing work in an area which has been identified as having the potential for hazardous noise
- Establishing the workers existing hearing threshold
- Identifying workers with a hearing deficit that may require specific management

- Diagnosing noise induced hearing loss at an early stage so that action can be taken to prevent further impairment
- Educating workers on the importance of wearing appropriate hearing protection who will be working in areas with the potential for hazardous noise
- Monitoring the effectiveness of CM Health's hazardous noise management programme

These objectives are achieved by identifying workers during Pre-employment Health Screening who will be working in environments that may expose them to hazardous noise. Regular monitoring audiometry is then used to establish any subsequent changes from the baseline. The Engineering Department has been identified as an area with the potential for hazardous noise. Regular screening and education is undertaken by the Occupational Health team in this area. Delayed by the COVID Pandemic, this work will be conducted during the first and second quarter of 2021. The occupational Health Physicians support the nursing team to provide this service and assess test results where required.

Occupational Physicians

The CM Health Occupational Health Physicians are a team of two SMO's who currently offer clinics over 3.5 days. A review has been undertaken and in the last year CM Health has experienced an increase in clinic appointments and support requests which in some cases are due to COVID-19 work however the increase in standard clinic appointments and manager referrals has resulted in workers needing to wait up to 2 weeks for an appointment. The support offered by this function is critical to the wellbeing and care of our workers as well as the health assessment of work areas. Assessing current needs, succession planning and ongoing training will ensure continuity of service to CMH. Some examples of the types of work undertaken by the Occupational Health Physicians include;

- Manager referrals and self-referrals
- Support for workers during their workplace ACC injury or illness management (Case Management)
- Advice to the Occupational Health nursing team on workers assessments, care plans and decision making
- Health monitoring
- Health surveillance across the CM Health work areas
- Industry related activity and co-ordinated health projects with Regional and National DHBs
- Work site assessments and management advice, particularly around the prevention of harm to staff
- Providing CMH input into national OH&S strategies

A review is currently underway to assess what additions could be made to better support a more robust and mature OHSS function.

Occupational Health and Safety

During December the OH&S team focused on the ACC AEP audit preparation adding specific evidence pertinent to Pukekohe Hospital as this was the chosen audit location. Finalising the standard ACC critical elements evidence required for the AEP audit which was scheduled for February 2021.

OH&S Management System Audit Tool
The OHSS presented the OH&S Management System self-assessment (Phase 1) component of the tool to ELT and SLT where it was subsequently endorsed. Agreement was given to making the self-assessment an online tool, with a provisional pilot launch in the business planned for early 2021 on a ward at Middlemore (to be identified) and the ASRU. With a roll out to the rest of the business in July 2021 (the self-assessment will then be conducted annually).

The verification audit (Phase 2) is being assembled and ELT and SLT endorsement will be sought prior to usage. The plan is for auditing to be conducted by the OH&S team across the organisation, over a continuous three year cycle starting in 2022.

Risk Assessment System
Work continues on developing an OH&S Risk module within Safety First, with the aim of making H&S risk assessment and management more visible to the workforce at CM Health utilising and developing HSRs.

HSR Training
With the Regional HSR Training tendering process completed, EMA has been appointed as the approved supplier. Specialist training planned for HSRs in 2021 includes Risk Management and Incident Investigation as well as new HSR training. OHSS has proposed a pilot session for both specialised sessions including OHSS team members, FEAMs, and a selection of HSRs and workers from ED, MH, ICU, Community, Security and Cleaning as well as a representative from CM Health Wards.

Respiratory Face Masks

The Respiratory Mask Fit team has been actively engaged in the smooth transition away from the QSi Duckbill P2 respirator masks. This is in conjunction with the Ministry of Health's announcement to withdraw the use of QSi Duckbill P2 respirator masks with the concerns relating to inconsistencies in packaging and certification. The team quickly responded and provided mask fit testing to workers that are working in urgent areas and are currently only fit tested for the QSi Duckbill P2 respirator masks. The increase in mask fit testing continued into January after opening our service to all new workers that have never been fit tested and current workers that is still needs alternative respirator masks.

Records for mask fit testing are being recorded in the OHSS database and communicated to managers to coordinate re-fit testing and ordering of respirators.

Our 2 mask fit testers and 2 Occupational Health Nurses have also received training in Qualitative Mask Fit (hood) testing. This is a backup process in place in the event that disruption in reordering supplies for the machine fit test occurs and should OHSS experience any delays or challenges in having the fit testing machines serviced and maintained. Once the current test activity is completed and all workers have an approved mask and a back up mask to wear, the OHSS RMFT programme will revert to a BAU operation with a focus on refresher fit testing.

OHSS continue to support the MIQFs to ensure that fit testing and re-fit testing is carried out at Managed Isolation and Quarantine Facilities. This testing is being carried out by Clinical Educators. MIQFs workers who have failed their qualitative mask fit testing conducted at MIQFs are offered a quantitative mask fit testing at Middlemore Hospital.

Violence and Aggression Project

Following the recommendation from the gap analysis of the WorkSafe Guide on Violence in the Health and Disability Sector to have a permanently appointed and supported violence and aggression focus group, to work through the actions and advise the leaders of CM Health on proactive initiatives as well as analyse incident trends on a regular basis. A request has been sent to Division managers requesting that they identify HSRs to participate in this focus group with the intention of commencing the first of these meetings in March 2021.

The DHB H&S managers are continuing to working on initiatives to reduce the risk of harm from violence and aggression and this information will be available to the focus group.

Lone Workers Project

The implementation team are expanding supply of GHS app and equipment to CM Health community workers. The analysis of the pilot has been extended from the original four week period as data was not sufficient to provide an accurate reflection of usage.

The WorkSafe initiatives group are meeting the OHSS and Communities team managers in February to determine the actions that will be taken to further assess the safety of CM Health community workers.

Managed Isolation and Quarantine Facilities – COVID-19 work

On-going meetings and activity continued throughout December and January which includes the OHSS facilitation of inductions and HSR involvement.

CM Health OH&S team continue to contribute to meetings and activities with MBIE and other PCBUs involved in the operation of MIQFs in regards to the management of H&S, agreeing how the overlapping duties with MBIE and other PCBUs will be undertaken in the Northern region.

With the change in recommended respirator mask to be worn, testing for DHB workers who are working at MIQFs has continued to optimise correct mask fit with these results being provided to the OHSS RMFT.

OHSS continue to facilitate the H&S inductions required for new DHB staff at MIQFs. To date 12 inductions have been facilitated by OHSS H&S Advisors. The facilitation of these sessions allows for face to face engagement with DHB workers at MIQFs.

Under the direction of MBIE, the process of electing and appointing HSRs from all PCBUs who work at MIQFs has been undertaken with committees being set upon each site. OHSS still has a DHB HSR (H&S Advisor) who can liaise with workers and HSRs for H&S matters.

CM Health Occupational Health team continue to support the DHB staff to be employed in the MIQFs and optimised current DHB recruitment guidelines and processes to support the recruitment process.

Injury Management

In January, 23 new workplace injury management claims were registered, which is a decline from December (30). There were 3 lost time claims reported in January which was equal to December. A total of 109 claims were being managed by the Counties Manukau and WellNZ Case Managers in January with 117 being managed during December.

The CM Health Injury Management Case Manager was heavily involved in the ACC AEP audit preparation in December and January 2021. Achieving tertiary status in this audit is a significant achievement and demonstrates the effective and supportive management of injury management work related injury or illness claims.

Incident Reporting

During January there were 155 incidents reported a decrease on December (182) incidents reported to OHSS, which was static in comparison to November (181).

Our highest numbers of reported incidents type in January (71) and December (69) remain Aggression & Violence which is an increase on November (60). Reported stress incident numbers were January (17) and December (20) and are a continued decrease from November (28) and October (43). Moving and Handling incidents were consistent with January (21) and December (20) a decrease on November (37) and October (32).

There was a decrease in BBFE incidents in December (25) and January (24) from November (31).

One (1) incident was reported from MIQFs in January, a decrease on December (4) and November (9).

The OHSS H&S Advisors continue to triage incidents reported as impacting workers and offering assistance where required.

Event Requiring Notification to WorkSafe

There were no events reported to WorkSafe in December 2020 and January 2021.

OHSS Communication Topics

The OHSS communication topics have been uploaded into Paanui for all workers to access easily in the future. OHSS will continue to send these tools out via the HSR pathway.

The H&S communications for December and January were:

- December: Incorrect disposal of medical waste in 660ltr yellow waste bins – *a result of liaising with another PCBU who highlighted the potential risk as part of their overlapping duties with CM Health.*
- January: Emergency Preparedness

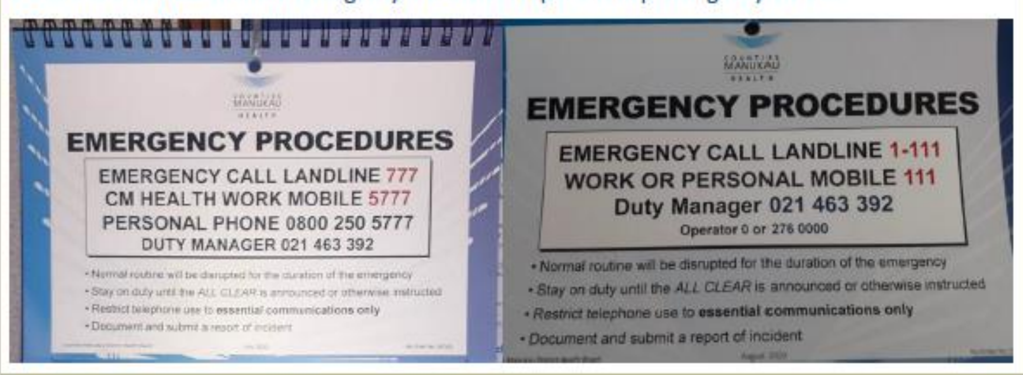
Figure 1: OHSS Communication – 007: Emergency Preparedness

H&S Communication No. 007: Emergency Preparedness

Emergency Procedures Flipcharts

The CM Health Emergency Procedures flipcharts have recently been updated. If for any reason your area doesn't have a copy of the current Flipchart (dated 2020) please contact Ashika Lingam Kaushalia.Lingam@middlemore.co.nz

Note: there are two different Emergency Procedures Flipcharts depending on your site.



Fire Evacuations

A fire or emergency can occur at any time. It can happen suddenly and be unexpected. Know what to do if you discover a fire (refer to your area's evacuation scheme – available on Paanui).

Means of Escape – must be maintained, this means:

- Exits must be kept clear of obstacles at all times.
- Exit doors must not be locked, barred or blocked
- Smoke-control and fire-stop doors must not be kept open (unless fitted with automated release mechanisms).
- Stairwells and passageways must not be used for storage or accumulation of waste.

Fire Safety Training

For clinical staff this is part of *Patient Safety Training.* For non clinical staff the KA Learn course is called *Fire Safety for Counties Manukau Health Staff* or can be arranged by your manager.

First Aid

CM Health's position is that qualified healthcare workers are qualified to provide first aid to colleagues. In an area that doesn't have a clinical staff member available a First Aider is required.

First Aid Kits can be ordered through Oracle. For replenishing the kits the First Aid Guidelines (available in Paanui Document Directory) has a list of the First Aid Kit contents as Appendix B.

Figure 2: Health and Safety Alert (003): Incorrect disposal of medical waste in 660ltr yellow waste bins

TE PAE MANAAKI
HEALTHY & SAFE

Health & Safety Alert 003: Incorrect disposal of medical waste in 660ltr yellow waste bins

***Medical waste* is any kind of waste that contains infectious material (or material that is potentially infectious).**

Several incidents have occurred where medical waste is being incorrectly disposed of in the 660ltr yellow waste bins that are collected by our medical waste suppliers – Interwaste.

Poor disposal practices can encourage the spread of diseases and pose a risk to contractors, staff and patients.

Tips to help avoid incidents

- Ensure all waste is securely contained in the yellow bag BEFORE placing them in the yellow bins.
- Double bag materials if the original bag is perforated in any way.
- Secure all yellow bags with a cable tie BEFORE placing them in the yellow bins.
- Do not overfill bags.

Examples of incorrectly managed bins:

Leakage of blood into bins

Disposal of non-bagged waste

HEALTHY & SAFE
TE PAE MANAAKI

Occupational Health & Safety Service, December 2020

Safe365

The current score for CM Health is 51%. OHSS continues to work with Medicine and in January began providing training for their nominated Health & Safety Representatives who will be maintaining their respective Safe365 accounts.

It has been agreed by the 20 DHB's that the Safe365 assessment tool will be used as a mechanism to benchmark the Health and Safety of all DHBs with progress being measured annually both at a local and national level. In December the OHSS team worked with an external auditor from Safe365 to calculate a baseline score for CM Health of 53%. This baseline score (53%) was very similar to our internal automatically calculated aggregate (51%), which indicates OHSS have a fairly accurate picture of the H&S capability across the organisation.

OHSS will resume work in the New Year to get Safe365 Paanui pages released. These pages will provide resources and suggestions to assist with improving the organisation's Health and Safety capability. OHSS has determined and communicated at SLT meeting that this is the best approach to fully support the service areas to improve their Safe365 scores. Managers have provided feedback that this approach is welcomed and some OHSS engagement sessions have subsequently been set up with these service areas to offer support.

Dashboard Report – Safe365 Status for Counties Manukau

Provider	Completed	Original	Current	A
ARHOP 4 CMDHB	08/2019	41%	41%	
Breast Screening 10 CMDHB	12/2019	41%	41%	
Cardiac Cath Lab 19 CMDHB	12/2019	40%	40%	
Cardiac Investigation Unit 17 CMDHB	12/2019	49%	48%	
Dialysis - Hospital Based 16 CMDHB	12/2019	52%	62%	
Diaylsis Home Therapy 20 CMDHB	11/2019	32%	32%	
Emergency Care 28 CMDHB	07/2020	60%	60%	
FEAM 2 CMDHB	07/2019	58%	77%	
Gastroentrology Dept 18 CMDHB	12/2019	49%	49%	
KIDZ First Community Health 23 CMDHB	12/2019	41%	41%	
KIDZ First InPatient 14 CMDHB	12/2019	47%	47%	
Ko Awatea 3 CMDHB	08/2019	49%	80%	
Laboratories 26 CMDHB	03/2020	56%	56%	
Localities 27 CMDHB	10/2020	47%	47%	
Manukau Super Clinic 21 CMDHB	11/2019	48%	45%	
MH & Addictions - Acute CMDHB 25	06/2020	55%	54%	
MH & Addictions - Community CMDHB 5	12/2019	32%	32%	
OHSS 1 CMDHB	06/2019	61%	79%	
Ophthalmology 6 CMDHB	12/2019	56%	56%	
Orthopaedics (Middlemore & MSC) 24 CMDHB	12/2019	42%	42%	
Pharmacy 29 CMDHB	07/2020	47%	47%	
Radiology 15 CMDHB	08/2020	36%	37%	
Renal Ward 1 (8) CMDHB	11/2019	54%	54%	
Respiratory 11 CMDHB	12/2019	31%	31%	
Rito and MSC Haemo Dialysis In-centre 22 CMDHB	12/2019	67%	67%	
SAPS (Managers) 12 CMDHB	12/2019	58%	58%	
Women's Health 9 CMDHB	12/2019	46%	46%	

Guide to Safe365 Health & Safety Index
0% - 20%: Very low health & safety capability. Take urgent actions to improve.
21%-40%: Some health & safety capability present, significant improvements needs to achieve basic compliance
41%-60%: A number of areas of good health & safety capability. Some work ons required to achieve basic compliance.
61%-80%: General level of compliant health and safety capability achieved.
81%-100%: Comprehensive health and safety capability achieved, areas of excellence being exhibited.

The Dashboard Report displays the individual Safe365 accounts with the All Provider Index calculating an aggregate score across the DHB.

Safe365 Aggregated Roll Up Report for group

Counties Manukau DHB

Top 3 areas of good capability

Module	Current Index
Director Knowledge	66%
Management Reporting	65%
Health & Safety Management System	58%

Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	35%
Management Knowledge	42%
Health & Safety Data Collection	50%

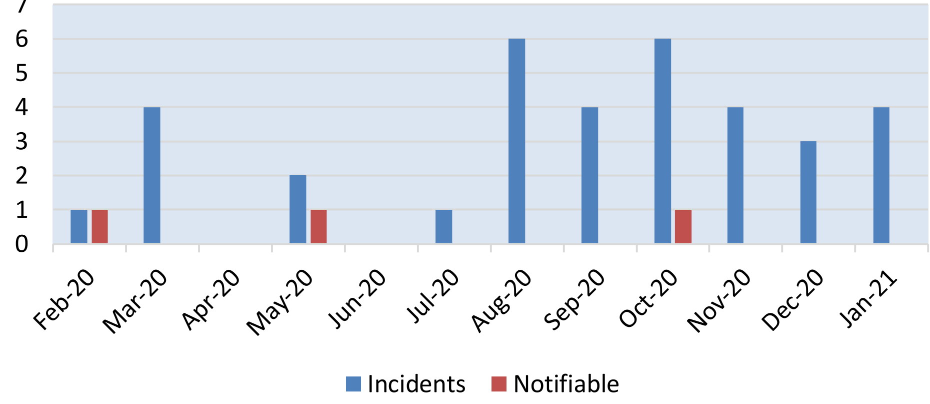
Two areas regularly identified as requiring improvement are **Management Knowledge** and **Verification & Audit Activities**. The initial tips and suggestions OHSS is currently developing to support managers in their strategy to improve their scores will assist in targeting these areas. Furthermore the approved OHSS self assessment and monitoring tool which, as previously mentioned, is being implemented in 2021 and 2022 will also assist in progressing these scored at an operational level.

Facilities & Engineering Health & Safety Monthly Report

1. Incident and Hazard Management

1.1 Incidents

Facilties & Notifiable Incidents



4 notifiable incidents have occurred in the 12 months to date and have been reported on previously. Incident frequency has been lower in recent months and no significant injuries occurred in January.

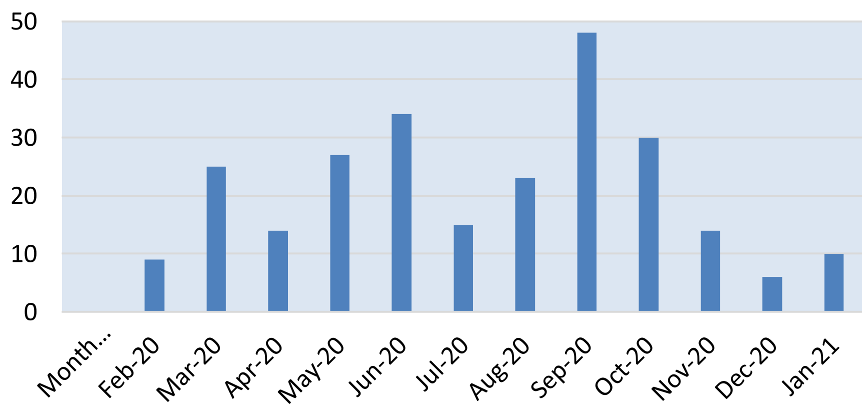
1.2 Hazards and associated risks.

One hazard has been identified during January, where hazard tape is peeling off the steps in the Western Campus parking building. A temporary fix has been applied and a more permanent fix is being sought.

2. Contractor Management

2.1 Contractor Employee Inductions

Contractor Employee Inductions 12 Months YTD



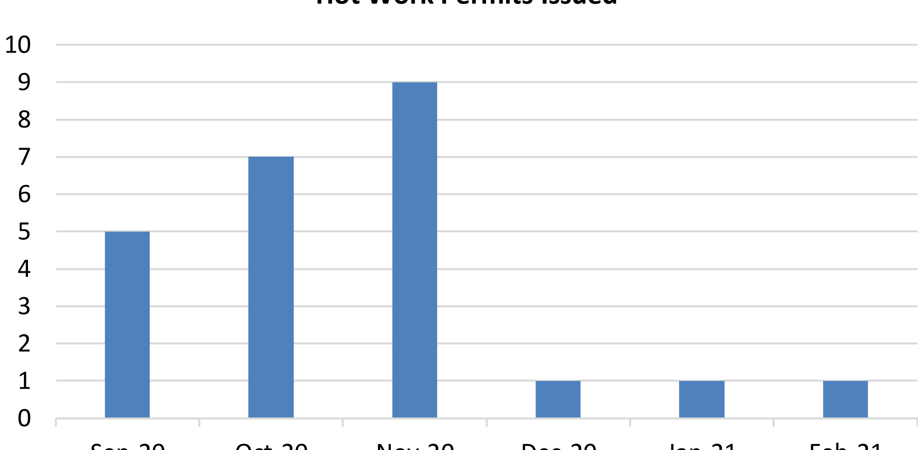
A total of 245 contractor inductions have been completed for the 12 months to date. 10 were completed in January, which is always a quieter month for contractor engagement.

2.2 Contractor Prequalification's and Assessments 38

Each FEAM Contractor who is on the FEAM pre-qualification panel and is regularly engaged has undergone an annual contractor pre-qualification. Contractors who are used infrequently are assessed on the basis of the work performed. This may range from a safety management plan for significant or high risk work, to job safety analysis for minor or low risk work.

The annual contractor prequalification programme is currently being launched for 2021.

2.3 Permits to Work



A new hot work permit process for fire alarm and sprinkler isolations has been implemented. All contractors and internal FEAM requests are directed through the CM Health Fire Safety Officer.

3. Fire Safety

3.1 Trial Evacuations

All sites are currently compliant with each having a trial emergency evacuation conducted within the last 6 months. This was an excellent achievement, given the two Covid-19 lockdowns in 2020 prevented scheduled trial evacuations being conducted as scheduled during those times.
Total trial evacuation completed;
December 2020 - 6
January 2021 - 5

3.2 Fire Wardens Training

Fire warden training was conducted through January 2021 for the entire organisation.
Number of participants in 2021 Fire Warden training to date – 232
Another training session has been scheduled at Manukau Health Park for that location and other outlying localities that wish to attend.

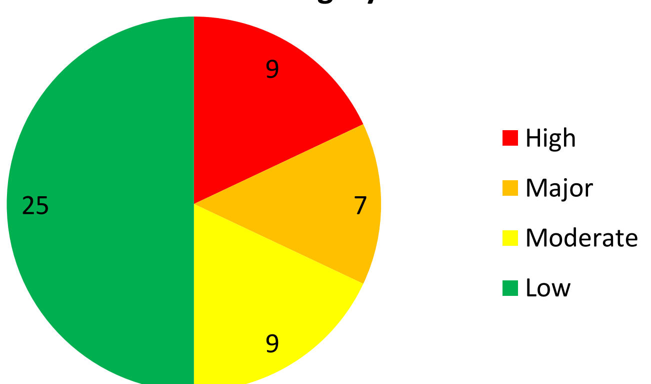
3.3 Completeness of Fire Evacuation Schemes

All fire evacuation schemes have been updated within the last three years. However, a review is currently being conducted to ensure compliance and also that they are fit for purpose with the needs of clinical services and their respective patient risk profiles.
Number of evacuation scheme reviews per month
December 2020 - 3
January 2021 - 5

4. Hazardous Substances

4.1 Asbestos

The below graph shows the number of CM Health buildings that falls into each asbestos risk category, according to data obtained from asbestos management surveys completed in 2018.



As a next step, 16 asbestos registers have been completed as per the requirements of the Health & Safety at Work (Asbestos) regulations 2016.

The 16 buildings prioritised fit into one or more of the following three categories:

- High risk as per the categories above (9 buildings),
- Buildings where planned project work is scheduled (4 additional buildings), or
- A Middlemore or major locality if not already included in the above two categories.

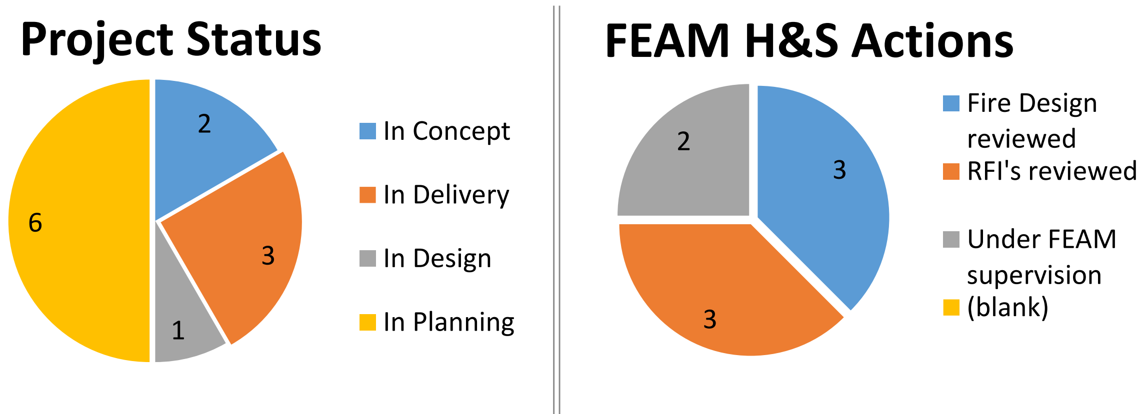
The status of planning or remediation work for each location rated at a high material risk score is as follows:

Building /Site Name	Asbestos Material Risk Score	Asbestos Remediation Status
Galbraith	High	Plant rooms cleaned and accessible. PABX cleaned, ceiling tile grill to be replaced prior to readmission for BAU. Walk through conducted by FEAM Health & safety Manager and Asbestos Consultant to ensure correct asbestos warning and clearance labels.
Bray	High	Asbestos survey for ceiling void currently being commissioned.
Poutasi	High	Asbestos Survey completed for Poutassi Link. Air testing being arranged.
McIndoe	High	Asbestos containing materials identified in ceiling voids and ground floor riser. Access restricted. No exposure to building occupants. Remediation plan in discussion.
Colvin Complex	High	Ceiling voids have been assessed. On the advice of CM Health's Asbestos Consultant, the space is to be entered with full asbestos PPE and with use of a containment unit.
Western Campus	High	Scope of works received for basement crawl tunnel and sub floor crawl spaces asbestos remediation.
Bairds Road (incl. ASRU, Tamaki Oranga & PH)	High	A walk through of the site to assess what needs to be covered in an asbestos refurbishment survey is currently being scheduled with the Project Manager, FEAM Health & Safety Manager and the CM Health Asbestos Consultant.
Pukekohe Hospital	High	Three quotes have been received for asbestos remediation work on the basement service tunnel. Removal of asbestos cement panelling in the cleaner's cupboard and the file room of administration support area.
Franklin Memorial Hospital	High	Two minor areas of asbestos containing materials <1.0sqm in total identified in tunnel. No exposure to building occupants. Remediation plan being discussed.

An asbestos remediation schedule has also been compiled. The table below summarises the highest risk areas and remediation status.

5. Major Capital Projects

Projects summary, including stage of engagement



FEAM Health & Safety have identified key touch points in the project scoping, design, tender and implementation stages.

12 Major Capital projects are currently in various stages of maturity from planning, through concept, design and then delivery. Of the projects in the early stages of planning and concept, five have had FEAM Health & Safety review the fire design and/ or RFI's (as part of tender assessment and selection). The remaining four are not sufficiently progressed to require health & safety engagement.

Three projects are in delivery with the Scott Reclad and Kidz First isolation rooms well progressed and Cathlab / Dialysis being in its second week of construction having commenced the week beginning 01 February 2021. FEAM Health & Safety are supervising the health & safety performance of these three sites, with safety management plans and risk registers confirmed as up to date for all three projects. The tower crane that has been used at the Scott Reclad site is to be removed the Sat 13 February. At the time of writing, the FEAM Health & Safety Manager and Project Team is reviewing the Safety Management and Traffic Management Plans. FEAM will also attend to observe.

No significant health & safety incidents have occurred under major capital projects for the period under review.

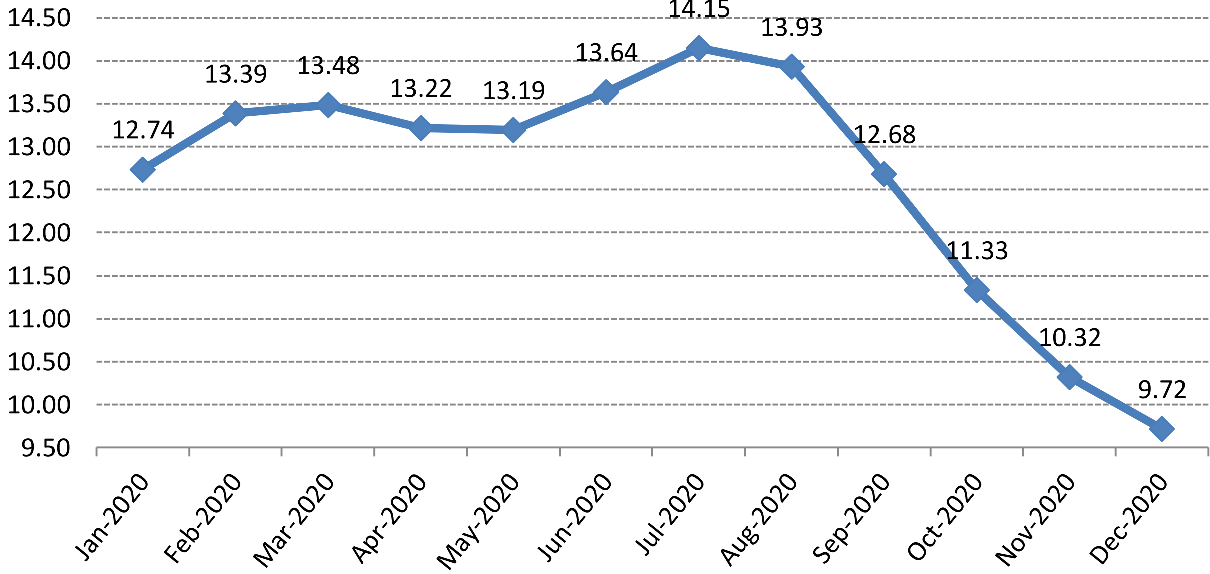
Health and Safety Performance Scorecard

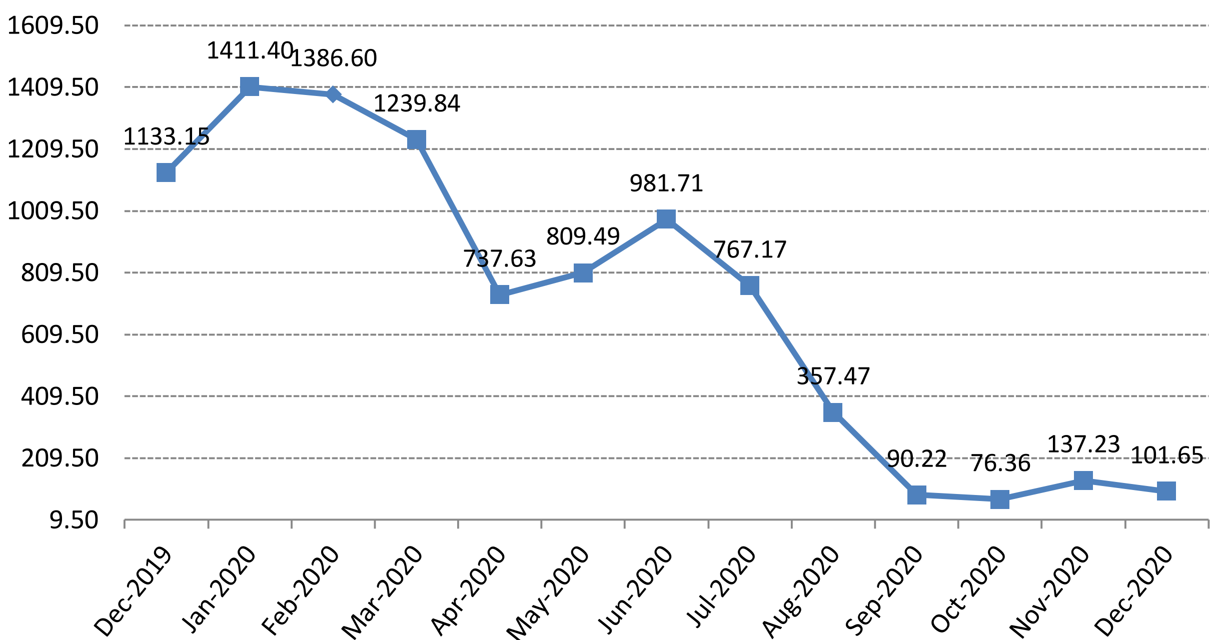
Lagging Indicators		November 2020	December 2020	January 2021	Target
Reported Incidents	Counties Manukau Staff	181	182	155	~
	healthSource (hS staff working at CM Health sites)	0	2	0	~
	healthAlliance (hA staff working at CM Health sites)	0	1	0	~
	Contractors	1	0	0	~
	Visitors	0	0	0	~
Near Miss reported Incidents		9	14	11	~
Injury Claims	New Claims Registered	32	30	23	~
	Current Claims	114	117	109	~
	Declined Claims per month	11	9	5	~
	Closed Claims per month	47	7	27	~
	Lost Time Claims	6	3	3	<5
	Days lost per month (due to Lost Time Claims)	18	13	9	~
	Lost Time Frequency Rate (LTIFR)	10.32	9.72	Unavailable	<10
	Lost Time Severity Rate (LTISR)	137.23	101.65	Unavailable	<630
	Claims costs (monthly)	$72242.64	$56920.85	$64649.37	~
Critical risk incidents	BBFE	31	25	24	~
	Aggression & Violence	60	69	71	~
	Moving & Handling	37	31	21	~
	Slips, Trips, Falls	10	15	5	~
	Stress	28	20	17	~
Leading Indicators		**November 2020**	**December 2020**	**January 2021**	**Target**
Pre-employment	Health screening	*77.8%	93%	92.68%	100%
Clinic appointments	Dr & Nurse clinics	259	239	206	~
Vaccinations	Flu, dTap, VZV, Hep B and MMR	198	168	177	~
Safe365 activity and implementation	30/30 accounts allocated*	100%	100%	100%	100%
Training sessions attended (OHSS team)	**January:** - Occ Health Nurse Advisor Patient Safety Training (2) - Occ Health Nurse 3M Respiratory Training (2)	12	0	4	~
OHSS Communications	**December**: Health and Safety Alert (003): Incorrect disposal of medical waste in 660ltr yellow waste bins **January:** Emergency Preparedness (007)	1	1	1	~
Risk Assessments completed	Otara Security audit checklist/RA RA Hazardous Substances management and hospital RA at Pukekohe Hospital	1	0	2	~
Workplace Inspections	The next inspection is due 11th February 2021	0	1	0	Bi-monthly
HSW internal audits, self-assessments underway		0	0	0	~

Key Indicators Commentary	
LTIFR	December LTIFR figure (9.72), LTIFR figure for January is unavailable.
LTISR	December LTISR figure (101.65), LTISR figure for January is unavailable.
Claims costs	Monthly claims costs have increased from $56920.85 in December to $64649.37 in January.
Pre-employment Health Screening	*114 out of 123 PEHS received for new starters were cleared to start work in January which equates to 92.68%. 174 of the 187 PEHS received for new starters were cleared in December prior to them commencing employment, which equates to 93%. Note as per normal processes. OHSS are actively communicating with applicants to get their pre-employment forms completed however sometimes there are delays in receiving this information. There is a requirement for new starters to have OHSS approval before they start with CM Health.
Dr & Nurse clinics	Decrease in Occ Health clinic appointments in January (206) when compared to December (239) figure.
Vaccinations	Increase of vaccinations administered in January (177) when compared to December (168).
Safe365	*CM Health has 30 Safe365 accounts, all of which have been assigned. 27 accounts are included in the Dashboard Report and the remaining three are currently being reassigned (within divisions) and will be included once reassessed.

LTIFR

The LTIFR rolling average figure decreased in December to 9.72 from November which was 10.32. Note these figures may change monthly due to late submissions to payroll, and late submissions of claims which can result in a change in the LTIFR from what was reported previously.
It should be noted that hours worked have increased since August 2020 when CM Health commenced working at MIQFs. The current decreasing score is a reflection of this.





Lost Time Claims December 2020

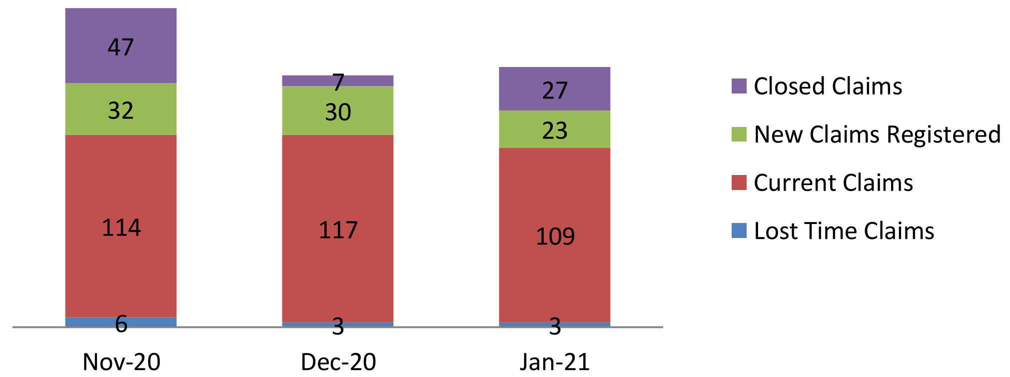
- 1x Shoulder sprain NOS
- 1x Lumbar sprain
- 1x Ankle sprain

Lost Time Claims January 2021

- 1x Contusion – shoulder or upper arm
- 1 x Contusion - cheek
- 1x Ankle sprain

Claims Data (by month)

Injury Management Current Claims Data 2020



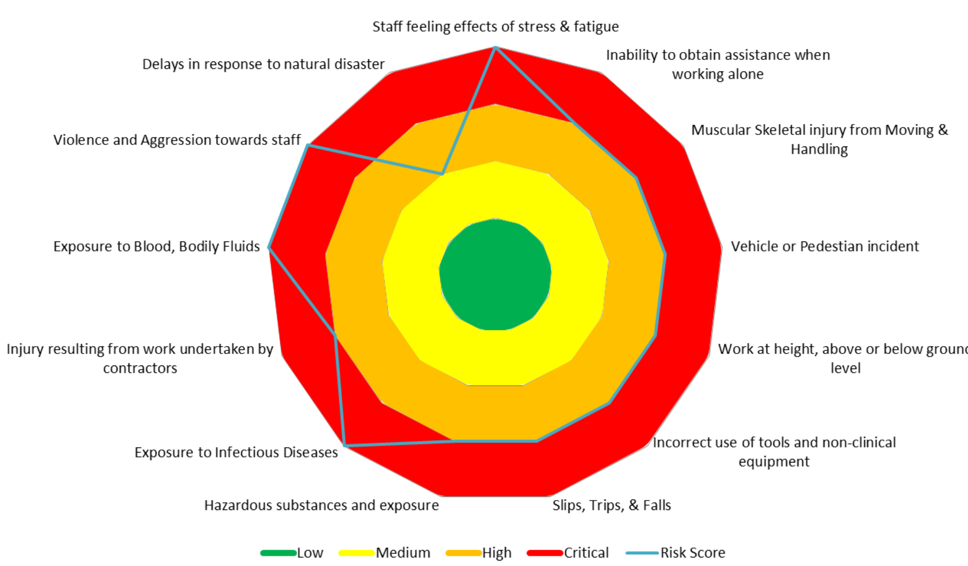
- In January, 23 new claims were registered with 3 lost time claims, compared with December where there were 30 new claims registered with 3 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 109 as of January 2021.
- Declined claims decreased in January (5) from December (9).

Key Health and Safety Risks and Current Project Activity

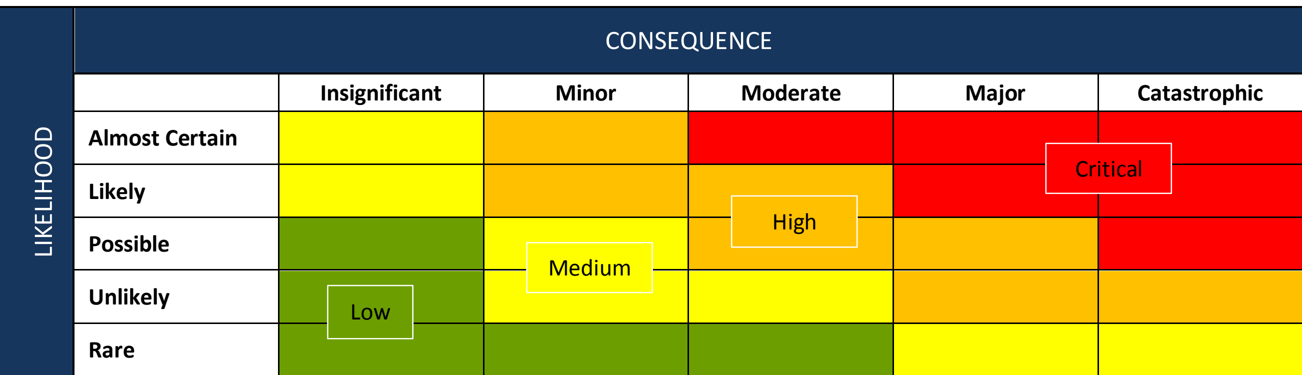
CM Heath Key H&S risks management update, including OHSS critical risks and key initiatives to reduce/manage risk.

Note some risks listed below are under review and will be updated once this review process is completed and the stakeholders including HSRs are consulted.

OHSS Risk Matrix



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. Whist 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

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

Risk Rating: Critical

	Current	Target
Frequency	Almost Certain	Likely
Consequence	Major	Major

Active Workflow:

- OHSS are actively involved in the working group that has been established to work through the recommendations from the Security Review that was undertaken in late 2019. Several OHSS projects including violence and aggression and lone work have strong links to this security review.
- OHSS review and follow up with reported incidents of violence and aggression.
- Code Orange incident trends are provided to OHSS by ED and reporting remains low December (5) and January (3) and incidents reported in Safety First December (20) and January (3).
- The upgraded incident and feedback system (SafetyFirst) has been available from 24 September 2020 and supports reporting and analysis of occupational violence.

New Activity:

- OHSS has requested Division managers identify HSRs to participate in a focus group with the intention of forming a permanently appointed and supported violence and aggression focus group, to work through the actions and advise the leaders of CM Health on proactive initiatives as well as analyse incident trends on a regular basis. It is intended meetings commencing in February 2021
- DHB H&S managers continue the sharing of information on the management of V&A, which will be shared with the focus group.

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

Risk Rating: Critical

	Current	Target
Frequency	Almost Certain	Likely
Consequence	Moderate	Moderate

Active Workflow:

- Workers are encouraged to report low staffing, stress and fatigue in Safety First to enable managers to follow up.
- Following a review of incidents reported in SafetyFirst, inadequate / unavailable staffing and service over capacity are predominate incident types reported with acuity / mix of patients and staff availability / skill mix being given as contributory factors.
- CM Health continues to partnered 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.
- The Health Round Table Workforce Well-Being Index for all nurses and HCA staff was launched in December 2020. It was launched to SMOs earlier last year.
- We commenced a new course on addiction: Addiction 101 is designed to increase awareness and reduce stigma associated with addiction – both at work and everyday life. Due to COVID-19 it is being run as a webinar and is being co-facilitated by someone who has lived experience of problematic substance use, and someone who has clinical experience working in addiction services.
- Stress First Aid planning is underway as a pilot in CM Health in Q2 2021.

New Activity:

- The December and January EAP report has been analysed and is attached in this report
- OHSS have requested a formalised program of work from EAP which will be reviewed in line with the current report

Risk: Staff are exposed to **blood and body fluid (BBFE)** currently approximately 30 BBFE incidents occur each month resulting in a current risk rating (frequency) of almost certain

Risk Rating: Critical

	Current	Target
Frequency	Almost Certain	Likely
Consequence	Moderate	Moderate

Active Workflow:

- Occupational Health Nurses with the support of the Physicians follow up with incidents of BBFE that are reported to ensure immediate actions are taken.
- Trends in BBFE are sent on to clinical leaders for learning's.
- A slight reduction in BBFE's has been observed during the holiday period.
- An Occupational Health and Safety communication topic will be prepared for BBFE.

New Activity:

- A BBFE education session was conducted at the beginning of December as part of the House Officers induction. The emphasis was on correct use of equipment, including PPE in an effort to reduce the incidence of BBFE. The process to follow if a BBFE was sustained was covered, with an opportunity at the end for questions.
- Review of the Risk Rating was undertaken, but it was felt the frequency and consequence remain unchanged at this stage.

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

Risk Rating: Critical

	Current	Target
Frequency	Almost Certain	Likely
Consequence	Moderate	Moderate

Active Workflow:

- A Risk Assessment has been completed by OHSS
- Respirator mask fit testing team have commenced work in their roles following completion of their training and the CMH on-going testing program is underway
- Work procedures are in place across the service lines to assist in the risk of exposure to infectious diseases.
- OHSS have developed protocols to manage the Vulnerable Workers database.
- Occupational Health Physicians are involved in national advisory groups and provide internal advice on the topic of infectious diseases

New Activity:

- Fit testing of a back-up respirator face mask is underway to replace the Duckbill mask that was withdrawn by MoH in late December 2020.
- Review of the Risk Rating was undertaken, but it was felt the frequency and consequence remain unchanged at this stage.

High Risks:
The following risks are rated as High;

Risk: Injury sustained from use of vehicle or to pedestrians

Risk Rating: High

	Current	Target
Frequency	Possible	Unlikely
Consequence	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.

New Activity:

- OHSS has commenced a project on vehicles and pedestrians at CMH locations in 2021. An updated policy will be produced at the conclusion of this project.
- OHSS is providing advice to CM Health on use of mobile phones in the workplace.

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

Risk Rating: High

	Current	Target
Frequency	Likely	Possible
Consequence	Moderate	Moderate

Active Workflow:

- The SPHM group have a detailed roadmap of activities and initiatives which are discussed at regular meetings
- Trained continues to be offered with sessions currently fully booked until March 2021 (capped at 16 participants at each session)
- Training was facilitated on average 1 session per week in 2020. Work release to attend sessions continues to be problematic due to hospital demands.
- eLearning as a pre-training resource was launched 1st of September 2020.
- Equipment procurement continues to be a focus for the SPHM group, with new equipment being assessed and discussed at meetings
- Reported incidents continue to be reviewed and monitored by both OHSS and SPHM teams.
- The Safe Moving & Handling of Patients communication topic was rolled out in July 2020.
- Educators attended an update day with colleagues from WDHB, where content of training programme was discussed, and techniques and equipment reviewed.
- Review of submissions relating to the supply of rental Bariatric Equipment for ADHB, CMDHB and WDHB completed. Site visits were completed in July. Preferred supplier identified.
- 4 Floor Retrieval kits received. Commenced rollout at MSC.
- Support training for ASRU (Evacupods) commenced as part of fire evacuation plan.
- Plans continue in developing the CMH SPHM audit tool in conjunction with Research & Evaluation. Investigating tools, such as Trendcare, FOC, and Safe 365 that provide cross over data.

New Activity:

- A CM Health Educator day is planned for March 5th to upskill educators on eVitals for SPHM and the use of new beds for ICU.
- Total number of workers trained is; Allied Health; 185, Nursing; 1318, Orderlies; 80 with refresher training being; 25, 58, 10 respectively.
- Review of the Risk Rating was undertaken as per the review due date for this risk and it was felt by the review panel that the frequency and consequence remain unchanged at this stage predominately due to the frequency of incidents being reported in SafetyFirst, albeit that the incident severity is relatively low in most cases. The review panel noted that significant work had and continues to be undertaken to address this risk (refer above).

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

Risk Rating: Critical

	Current	Target
Frequency	Possible	Unlikely
Consequence	Major	Major

Active Workflow:

- A total of 245 contractor inductions have been completed in the 12 months to date.
- The annual contractor prequalification programme is currently being launched 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 in December 2020 to discuss safe working requirements

New Activity:

- The FEAMs H&S report details the current activity and has been included in this report

Risk: Staff and others sustain **slips, trips or falls** in the workplace

Risk Rating: High

	Current	Target
Frequency	Likely	Possible
Consequence	Moderate	Moderate

Active Workflow:

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

New Activity:

OHSS communication topic sent out to HSRs in September

Risk: Falls from height (above or below ground level)

Risk Rating: *TBA once reassessed

	Current	Target
Frequency	*Unlikely	*Rare
Consequence	*Major	*Major

Active Workflow:

- 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:

** 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

	Current	Target
Frequency	Unlikely	Rare
Consequence	Major	Major

Active Workflow (Safe365)

- Currently 30 Safe365 licences have been set up (as outlined above).
- 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.
- The OHSS team have carried out the annual self-assessment of the safety and injury management elements of the ACC audit in preparation for the ACC AEP audit which was postponed until February 2021.

New Activity:

- *The OHSS Self- Assessment tool has been endorsed by ELT and SLT*

**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

	Current	Target
Frequency	Possible	Unlikely
Consequence	Major	Major

Active Workflow:

- Lone Worker Policy, and the new app standard operating procedures and the escalation process have been implemented
- Security monitoring service in place for workers using the app
- Pilot phase for Lone Worker app (Get Home Safe) extended to more of the business.
- The policy and procedures were discussed with HSRs and unions
- Significant on-boarding of the lone worker app occurred in December with good feedback from users

New Activity:

- OHSS are working on a project with the WorkSafe innovations team in January which will include a focus on community workers who work alone

Risk: Wellbeing of staff adversely affected by aspects of work

Risk Rating: High

	Current	Target
Frequency	Likely	Possible
Consequence	Moderate	Moderate

Active Workflow:

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

New Activity:

- The second Schwartz Round has been scheduled for Friday 5 March 17 at 12:15pm in Lecture Theatre 3. The session has been timed to align with a Surgery Education session booked on the same day, so that Surgery colleagues can attend.
- OHSS have requested a program of work from EAP

Risk: Failure to have adequate identifiable **worker participation** in HSW management system (legal)

Risk Rating: High

	Current	Target
Frequency	Unlikely	Rare
Consequence	Major	Major

Active Workflow:

- A Worker Participation agreement and procedures are implemented
- HSR names are listed on Paanui for all staff to access
- Four HSR training sessions have been carried out to ensure on-going training is offered to HSRs.
- A training provider has been appointed for HSR training for the Northern Regional DHBs
- Specialised training will be implemented in 2021
- OHSS send out H&S communications each month and safety alerts where required to HSRs for sharing with their colleagues, communications include reminders when work area inspections are due.
- HSR's are invited to comment on documents OHSS are preparing and incidents that OHSS are investigating.
- HSRs are nominated to attend the ELT H&S committee have an agenda time to convey matters they wish to raise.
- Establishment of Health and Safety Star rewards programme to acknowledge excellence in safety matters.
- Health and Safety Noticeboard planogram has been implemented and noticeboard competition to have boards updated across work areas
- Feedback has been received from HSRs in appreciation of the increased engagement

New Activity:

- The ACC AEP audit included 2 focus group meetings, one for employees and one for managers. HSRs were included in these meetings.

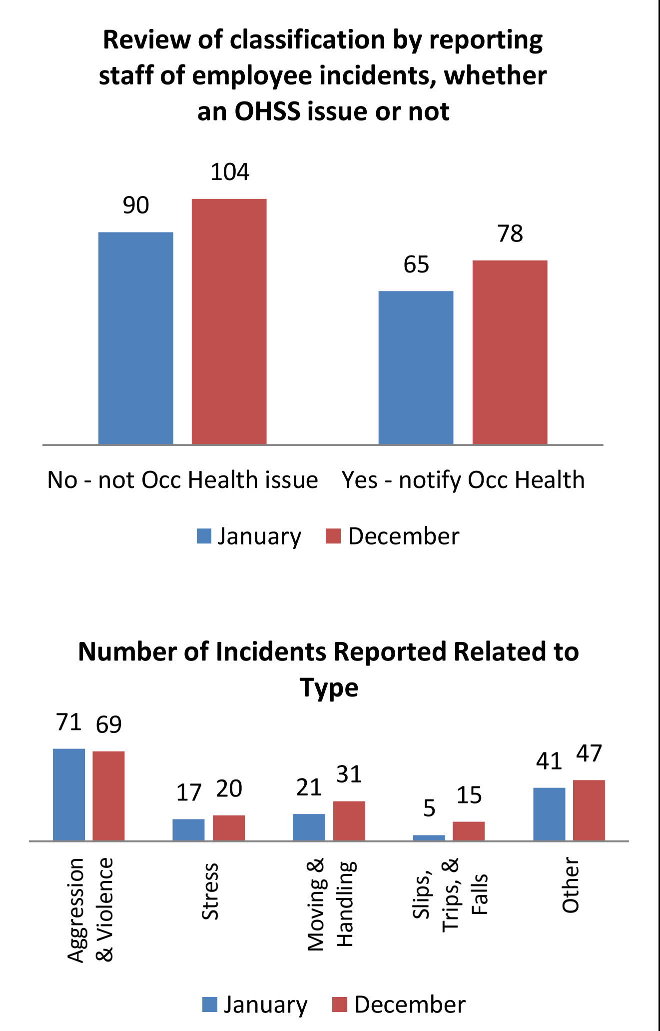
**OHSS are yet to consult HSRs to reassess this risk due to current controls and activity in place.*

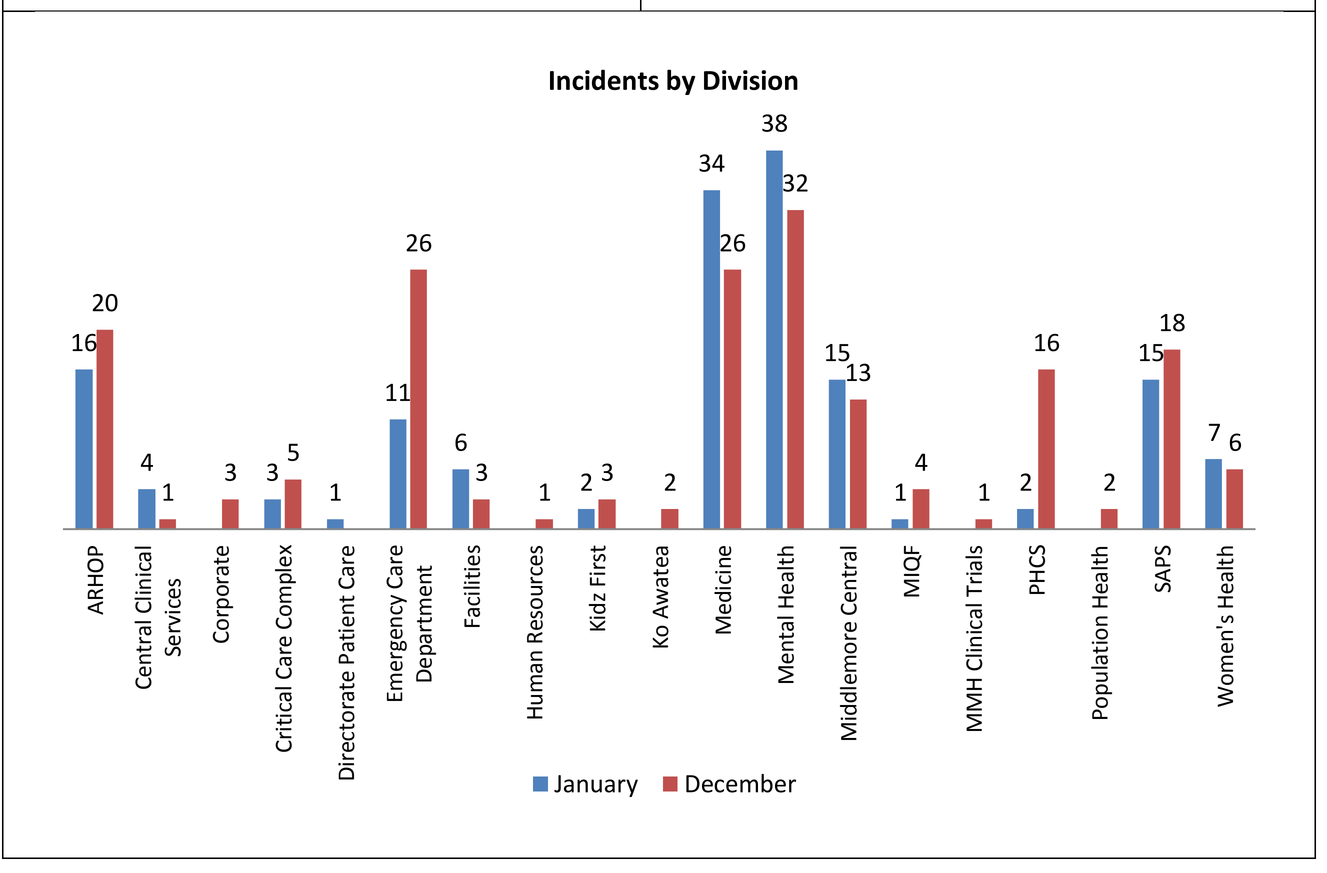
Reported Incidents

Monthly total of incidents reported in January (155) a decrease in comparison to December (182).

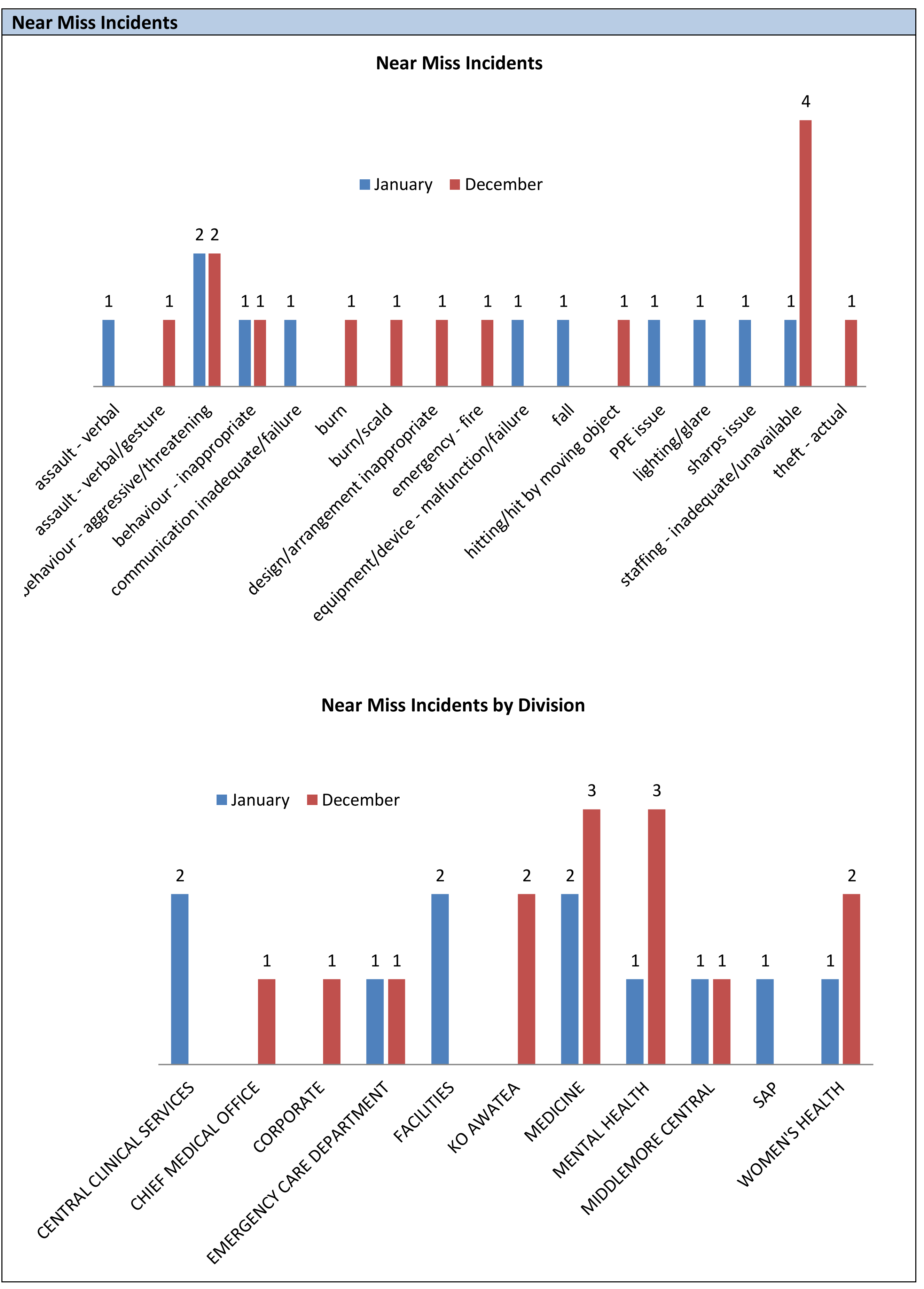
Data on Incidents reported:

- **Aggression & Violence**: Remains in the top three incident rates. A slight increase in numbers reported for January (71) in comparison to December (69).
- **Stress**: A slight decrease in reporting observed in January (17) in comparison to December (20).
- **Moving and Handling:** January (21) shows a decrease in reporting from December (31). The proportion related to having occurred during moving / handling of patients (14) remains high.
- **Slip/Trip/Fall:** January (5) indicates a significant decrease from December (15).
- **Other:** January (41) indicates a slight decrease in reporting in comparison to December (47).

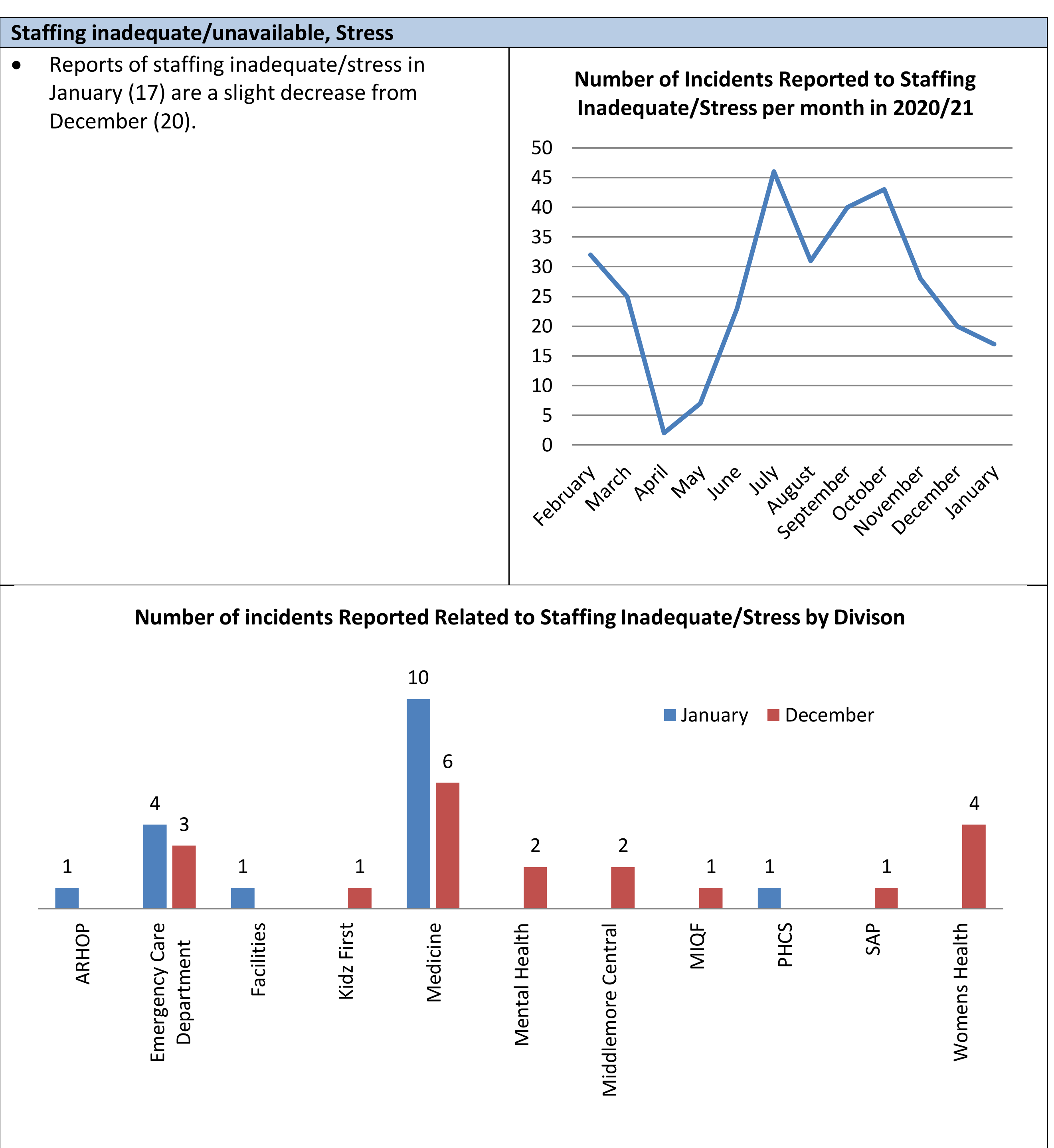


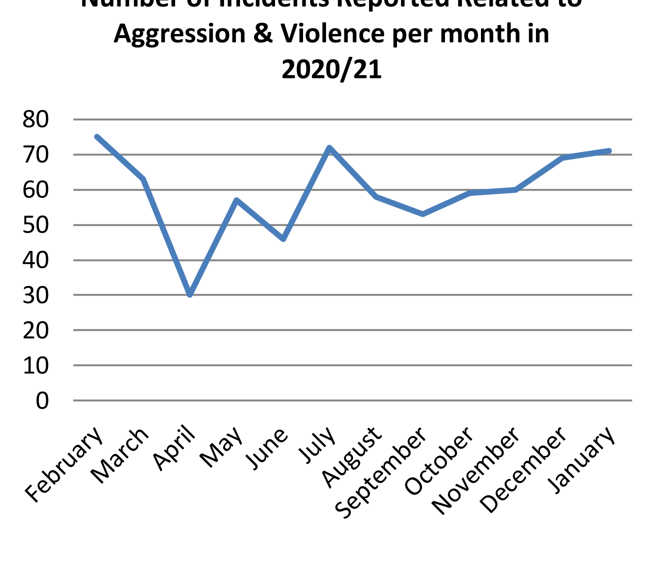


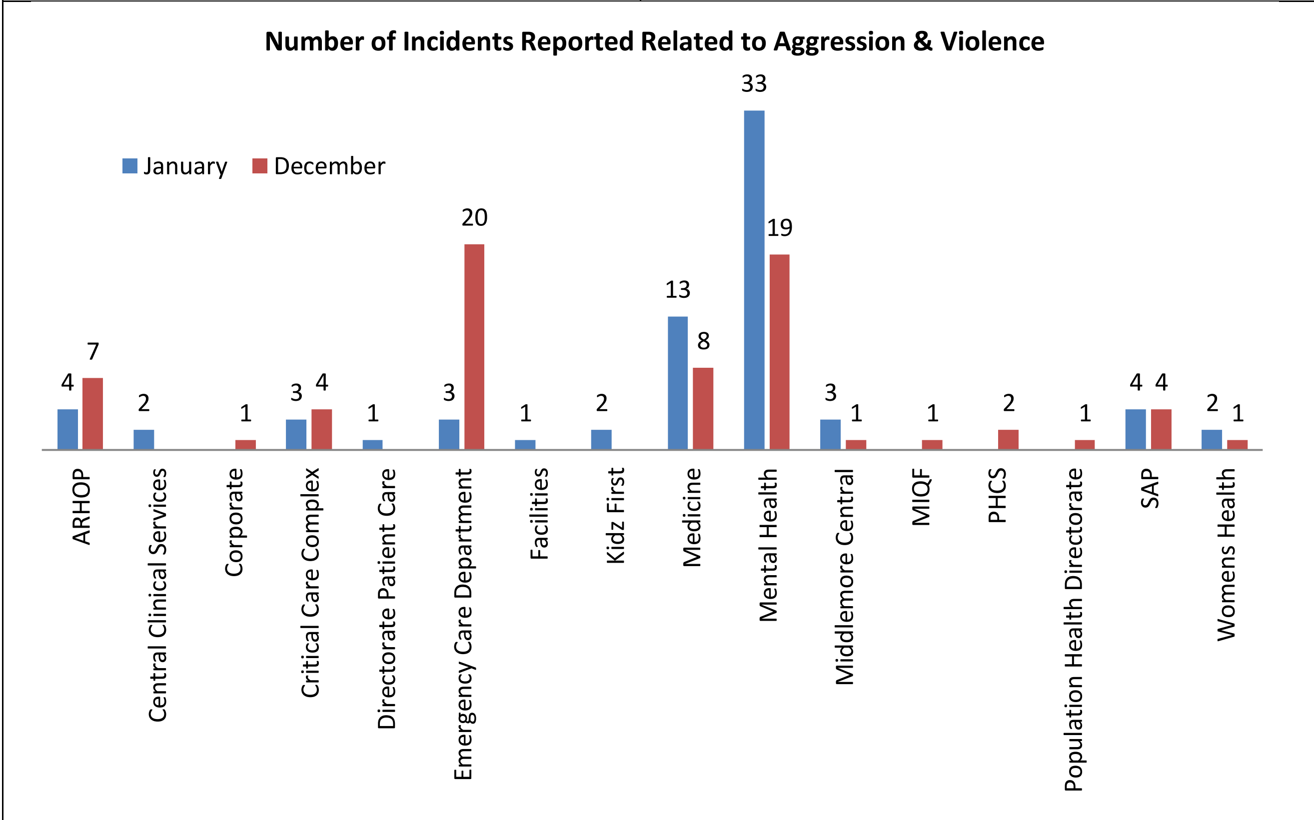
Near Miss Incidents

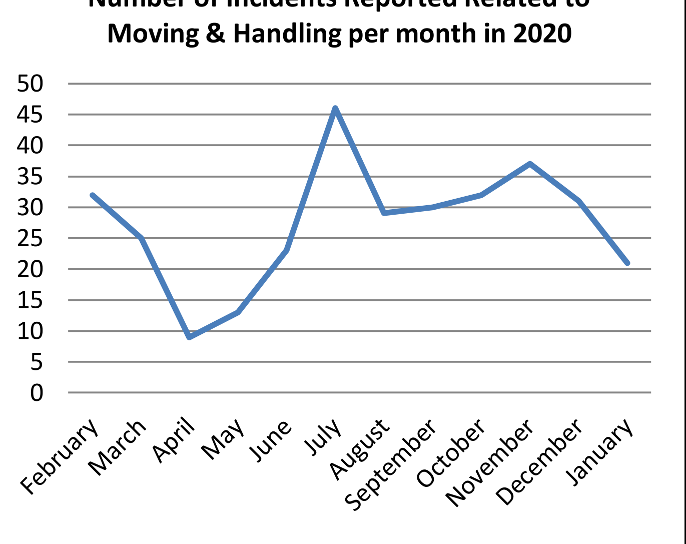


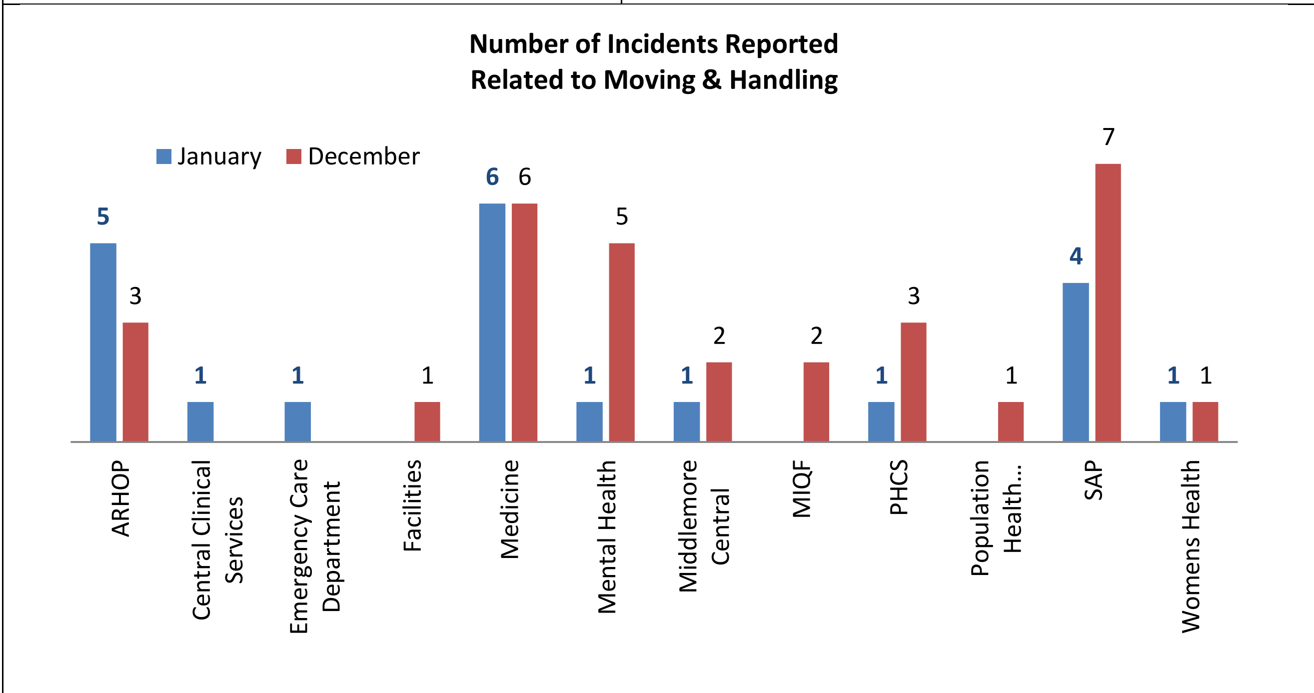
Staffing inadequate/unavailable, Stress	
• Reports of staffing inadequate/stress in January (17) are a slight decrease from December (20).	



Aggression and Violence	
• Aggression and violence monthly figures for January (71) have remained stable with December (69).	

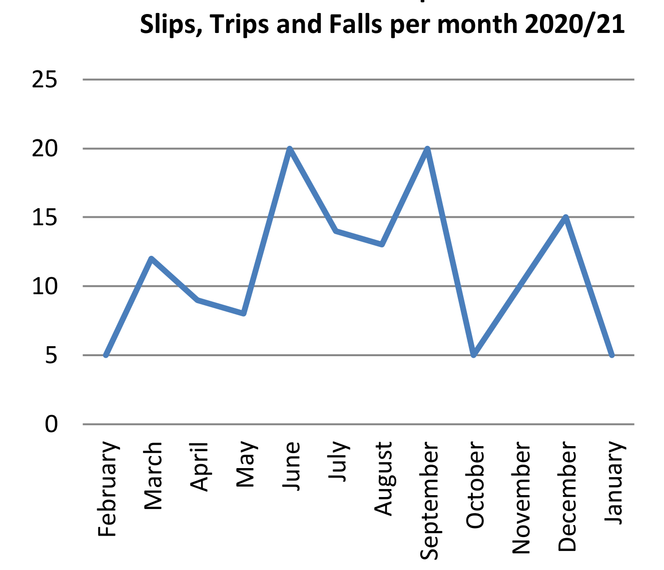


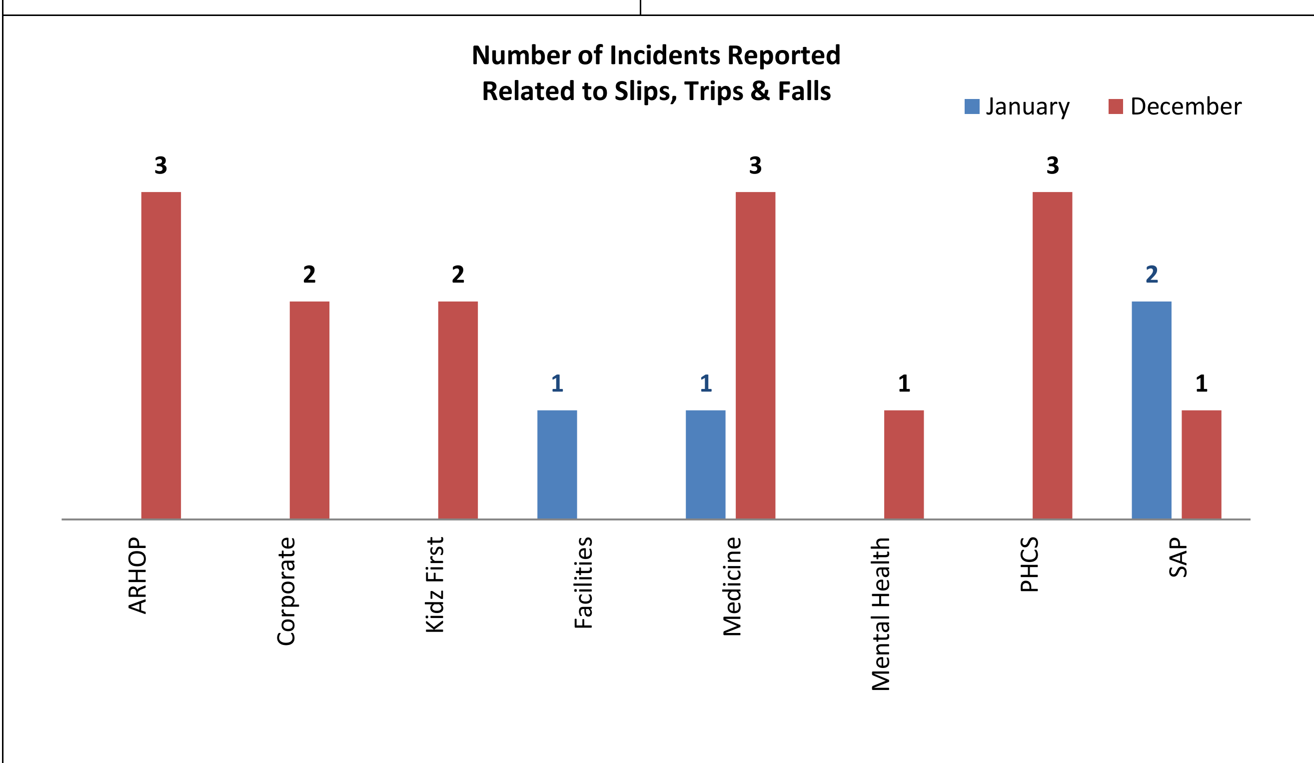
Moving and Handling	
January (21) figures show a decrease from December (31), 14 injuries are reported as occurring while moving / handling a patient during January.	



Slips, Trips and Falls

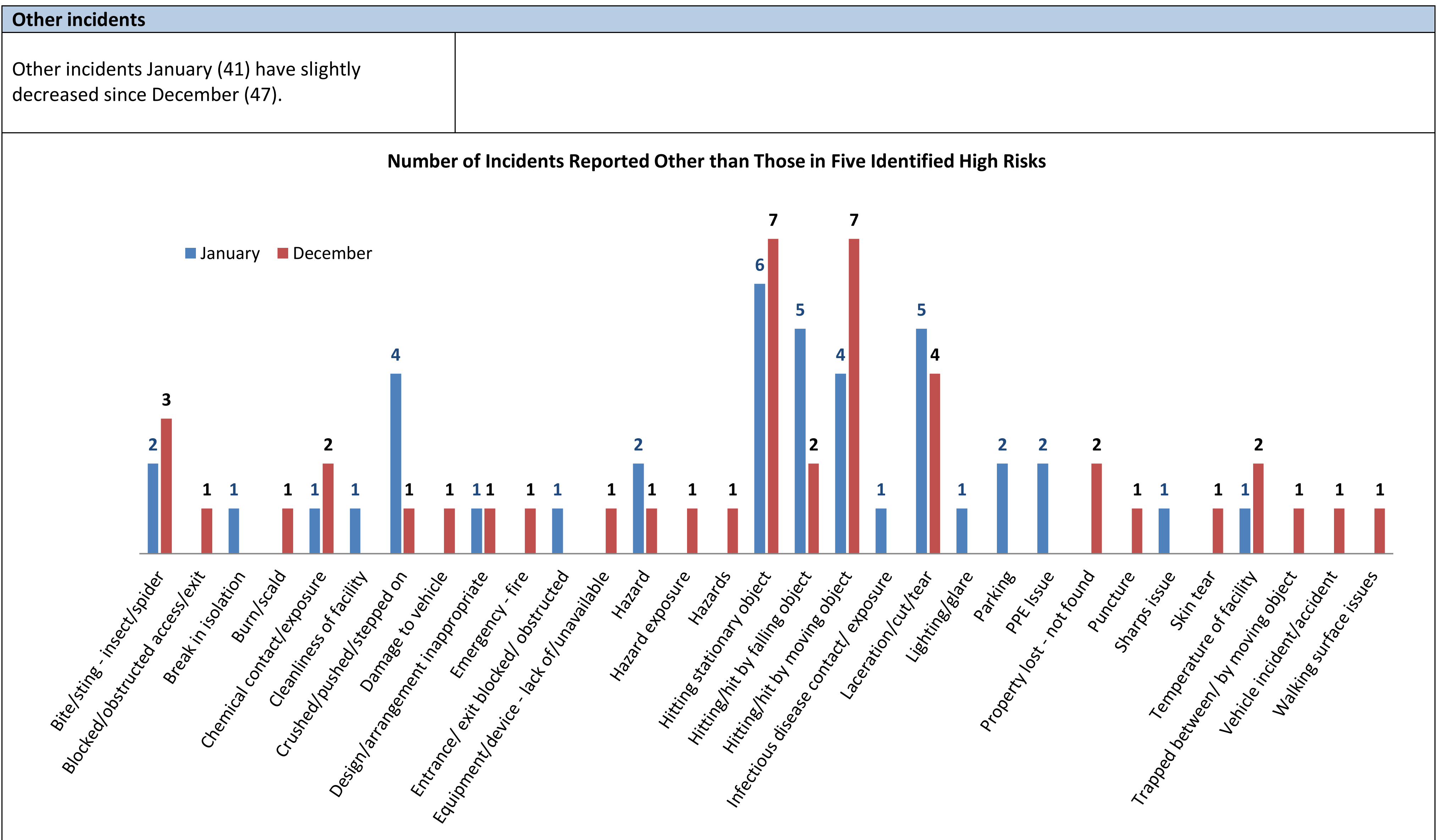
- Slips, Trips and Falls monthly figures in January (5) have significantly decreased from December (15).





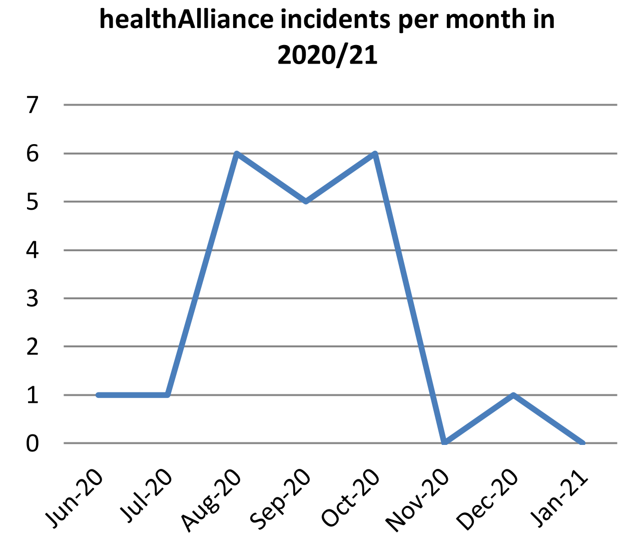
Other incidents

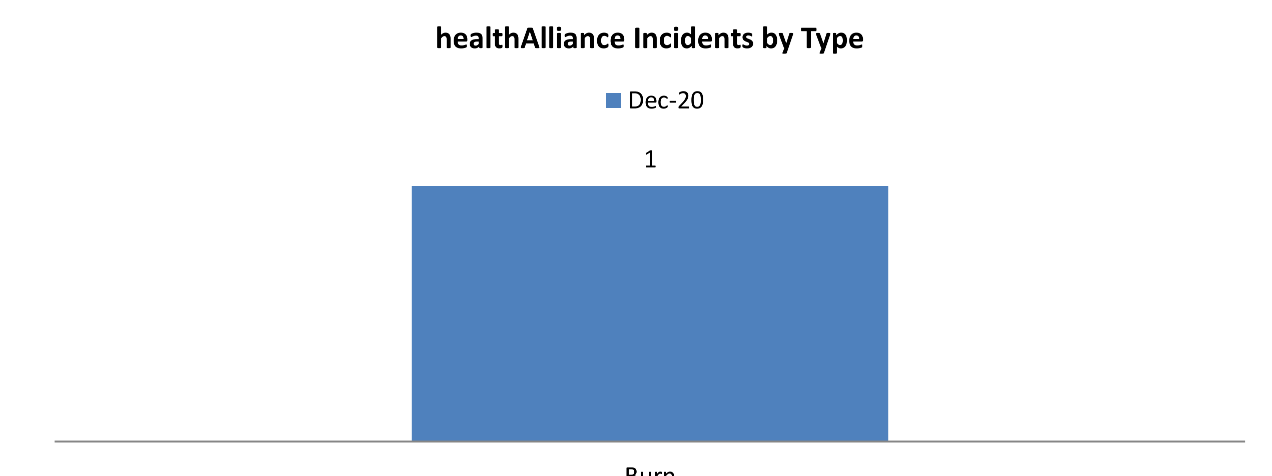
Other incidents January (41) have slightly decreased since December (47).



healthAlliance Incidents

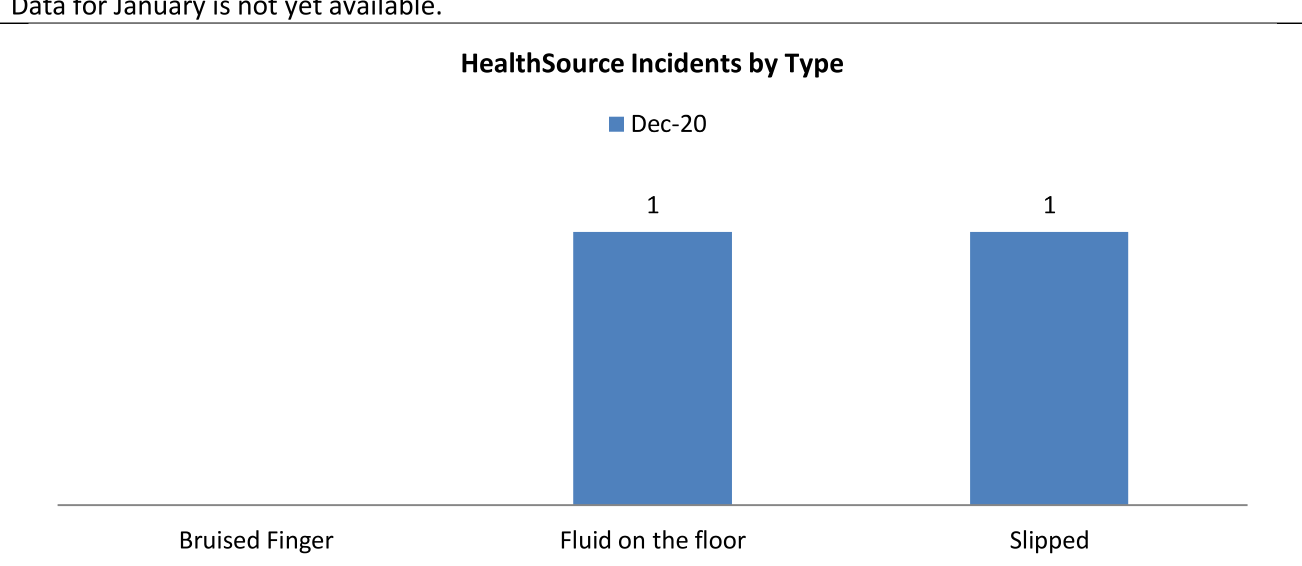
Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
There were no Hazards/Incidents reported figures for January (0) which is a decrease from December (1).

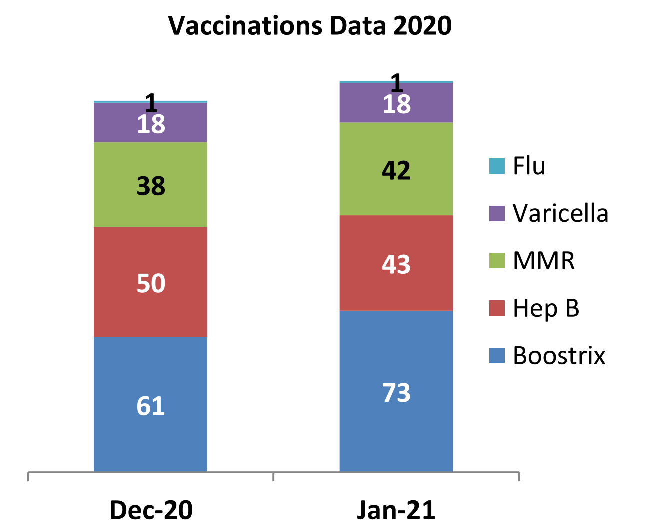
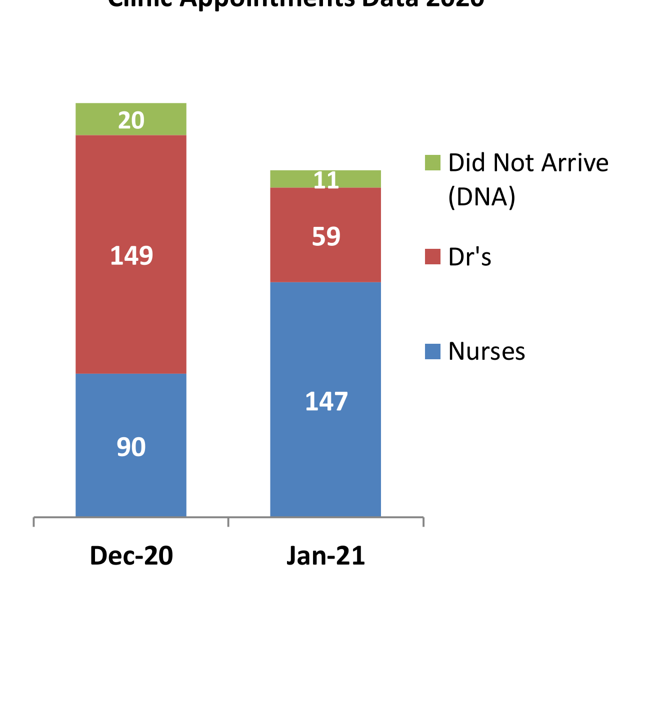




HealthSource Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
There were 2 Hazard/Incidents reported for December.
Data for January is not yet available.

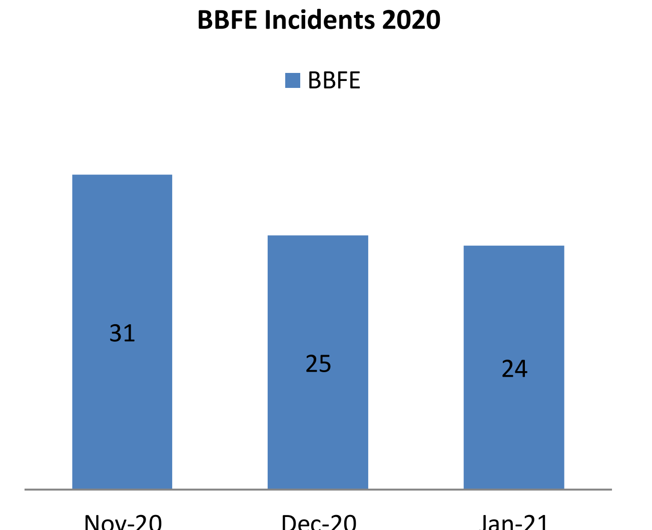


Occupational Health Service Update	
Vaccinations: Vaccinations are administered as part of the pre-employment screening process. Existing employees are recalled to the clinic to complete vaccination series and receive boosters. Vaccination clinics were reduced over the holiday period. MIQF employees continue to receive vaccinations as per process. Occupational Health sees a significant number of new employees with no immunity to diseases such as measles. This is reflected in the number of vaccinations administered.	
Clinic Appointments: The OHP clinic time has been impacted by their attendance at regional and local meetings such as CTAG and the OHP Regional Meetings. Time continues to be spent with the Infectious Diseases Team discussing COVID-19 contact trace process. Complex cases require additional OHP time and are not reflected in the number of clinic appointments. There were 90 OHN clinic appointments in December and 153 in 147 in January. OHP clinic appointments were reduced during January as a result of the OHP's taking annual leave during the holiday period. These figures include business as usual appointments along with the team's on-going COVID-19 response. There were 20 DNA's for December and 11 in January.	

Blood Bodily Fluid Exposure:

BBFE for January (24) remained stable compared with December (25). This is a slight reduction in the monthly average of 30. BBFE incidents are investigated and managed by the Occupational Health nursing team.

A significant number of BBFE's occur as a result of a surgical procedure; either from a surgical instrument or suturing.
Patient behaviour or the acts of others also contributes to the number of BBFE reported.



Manager Referrals:

Manager referrals for January (18) is a decrease December (21).

Contact Tracing:
There were three contact traces conducted during December. No diseases requiring contact tracing were reported during January.

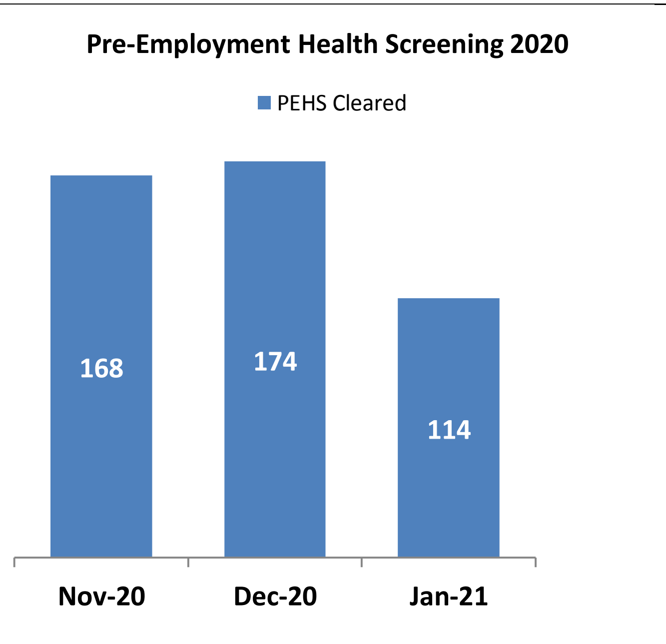
The Occupational Health Nurse Advisor is continuing to liaise with WDHB, ADHB and ARPHS to utilise the MOH's National Contact Tracing System (NCTS). This is in an effort to establish a regional approach to supporting DHB's for CT work (COVID-19).

The CM Health written process for CT has been completed but changes in the MOH's process may need to be included. MOH has been approached for direction.

Pre-employment Health Screening:
Pre-employment Health Screening for January (114) is a decrease from December (174).

During December a large number of Pre-employment Health Screening was for New Graduate Nurses who commence employment in January. House Officers and Registrars intake also makes up a significant number of the December Pre-employment reviews.

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

EAP reporting (December 2020 and January 2021)

Work related/personal issues (Dec/Jan 2021)

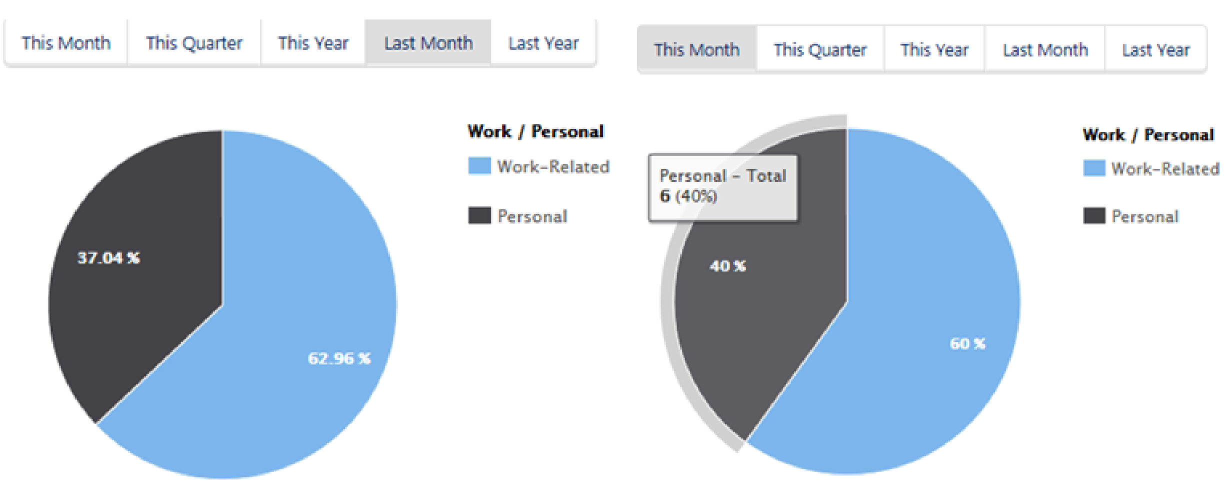


Figure 1: Work related v personal issues December 2020

Figure 2: Work related v personal issues January 2021

Presenting issue (Dec/Jan 2021)

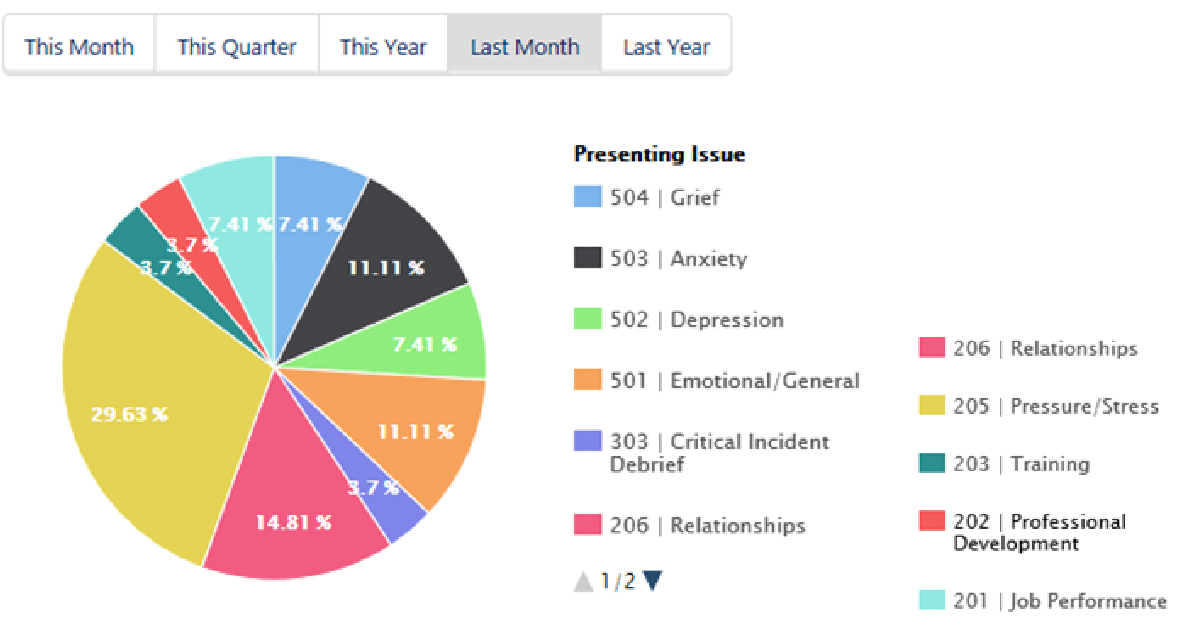


Figure 3: Presenting issue December 2020

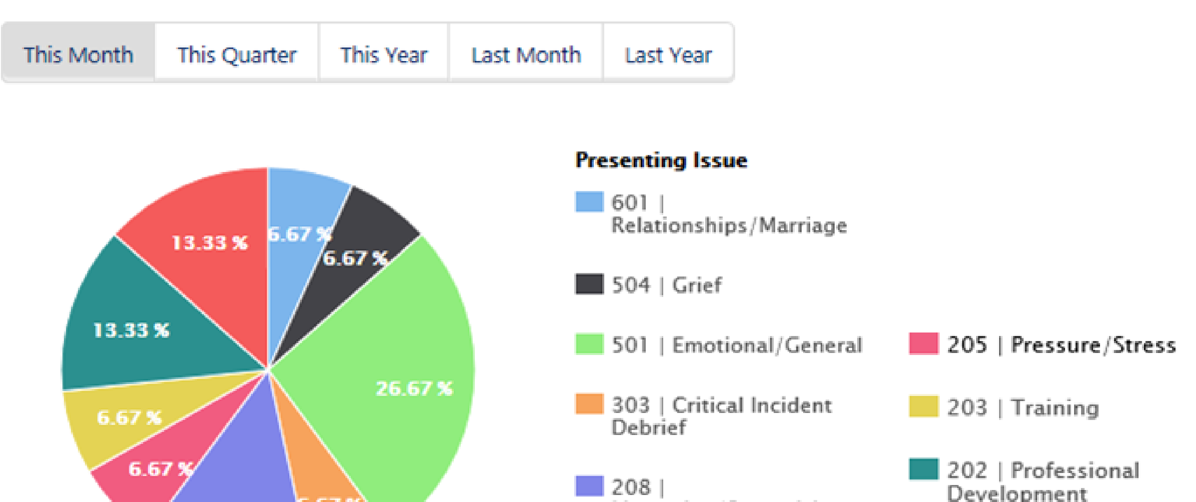


Figure 4: presenting issue January 2021

Presenting issue – total hours of counselling provided 2020, 2021

Figure 5: presenting issue (hours of counselling provided) in the 2020 year

Figure 6: presenting issue (hours of counselling provided) in the 2021 year

By Gender 2020, 2021

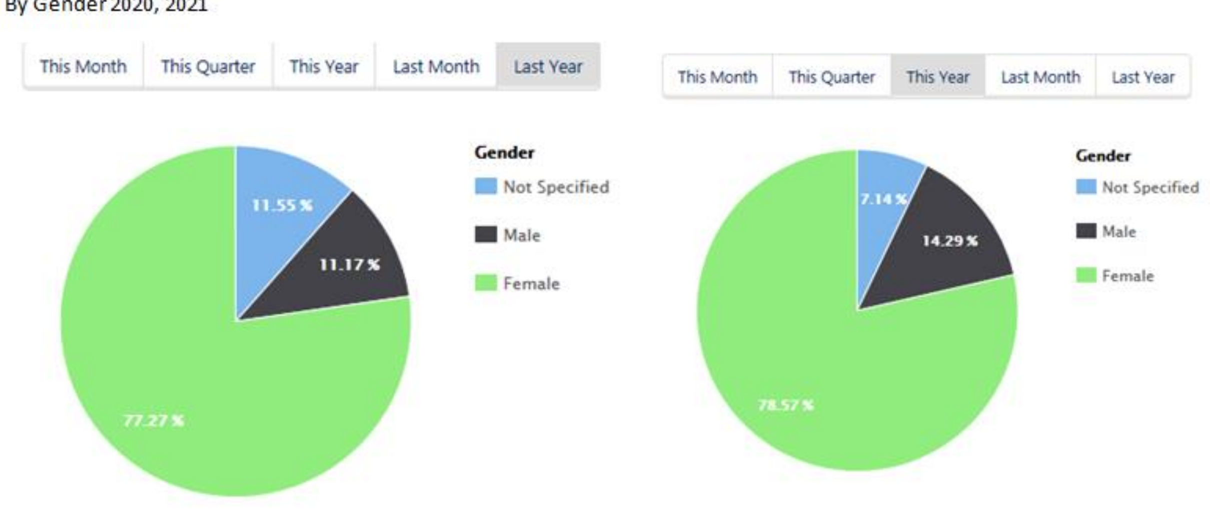


Figure 7: Reporting by gender in the 2020 and 2021 year

By Ethnicity 2020, 2021

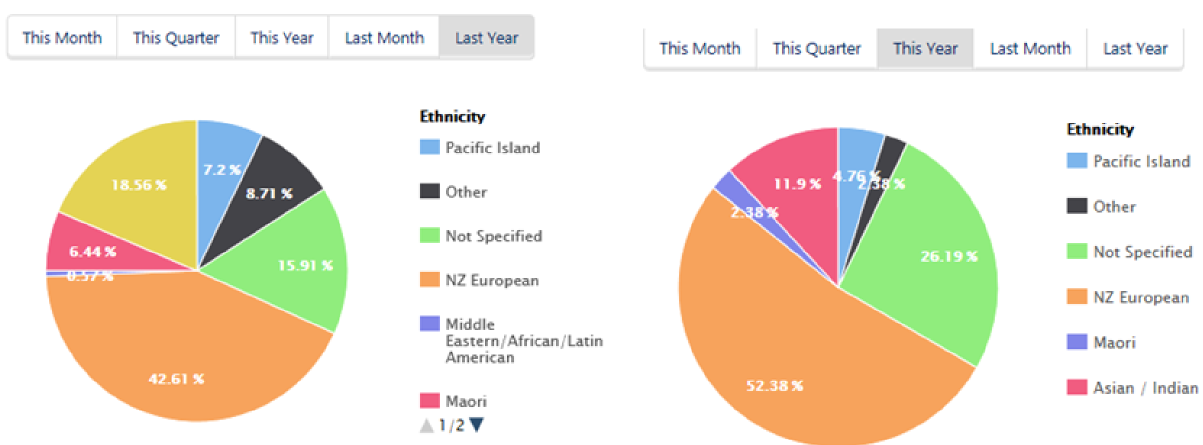


Figure 8: Reporting by ethnicity in the 2020 and 2021 year

Referrals by Month

Figure 9: Referrals in the 2020 year

Figure 10: Referrals in the 2021 year

Appendix 2

OHSS Risk Matrix:

OHSS Consequence table (for reference)

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

OHSS Likelihood table (for reference)

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

Counties Manukau District Health Board
Corporate Affairs and Communications Report

Recommendation

It is recommended that Board:

Receive the Corporate Affairs and Communications Report for the period 1 – 31 January 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 1 – 31 January 2021.

COVID-19 Response

IMT

This was a relatively quiet period for the Incident Management Team as New Zealand continued to enjoy the summer break without any COVID-19 outbreaks within the community.

Planning began for COVID vaccinations as MoH released the priority lists for border workers including quarantine and managed isolation facilities staff and their families, frontline healthcare workers with higher/lower risks of exposure, and the community at large.

External Comms

Media Enquiries

A total of 28 media enquiries were received, answered and closed for the month of January 2021. The main areas of media interest were ED/hospital overcrowding (9), COVID-19 including vaccine (4), maternity and women's health (4), and requests for patient status updates (3).

Proactive Media

A total of seven proactive stories were promoted through various CM Health media channels. These included COVID-19 updates as well as features on:

- CM Health's healthy food policy
- The birth of Middlemore's first baby for 2021 – Kairo Teaoa Ariki Singh
- Rosa Tea's 45 years of service at Middlemore

Media Engagement

- In January, we facilitated several media interviews with CM Health staff on topics such as ED presentations, COVID-19 vaccine roll-out and Centric notes, which resulted in positive, balanced coverage.
- Of note was the Spin Off interview with Vui Mark Gosche which resulted in a positive feature which was distributed across several platforms and media outlets, including Radio New Zealand.

Official Information Act (1982)

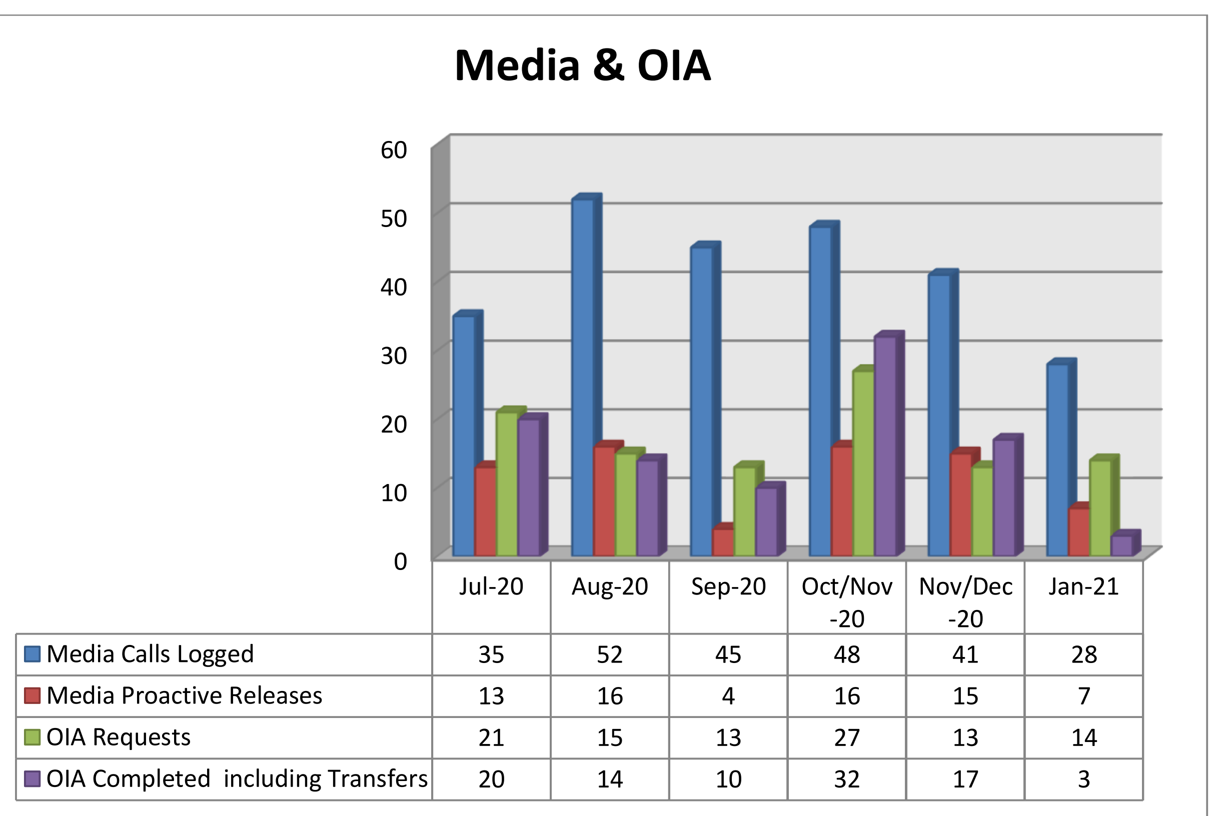
Agencies have 20 working days to advise a decision on release of information requested under the Official Information Act (OIA). This means that there is a rolling response from receipt in one month to response in next month. Requests will vary in their complexity, scope and considerations.

Over the 1-31 January 2021 period we received 14 OIA requests, the majority of which were from media outlets. No parliamentary questions were received over this time.

Three OIA requests were closed over this period. This includes one OIA request related to COVID-19 or Managed Isolation & Quarantine (MIQ), which was transferred to the Northern Regional Health Coordination Centre (NRHCC).

Work continued on the compilation of responses to Health Select Committee questions, due to be presented on 17 February 2021.

Request Received OIA & Parliamentary Questions (PQ) for 1-31 January 2021		
Division	**OIA**	**Parliamentary Question**
Acute Care and Clinical Services	2	
Central Clinical Services	2	
Child, Youth and Maternity	1	
COVID-19	1	
CMO	1	
Finance – Eligibility	1	
Planning and Funding	2	
Mental Health	2	
Surgical Services	1	
Women's Health	1	



	Jul-20	Aug-20	Sep-20	Oct/Nov -20	Nov/Dec -20	Jan-21
Media Calls Logged	35	52	45	48	41	28
Media Proactive Releases	13	16	4	16	15	7
OIA Requests	21	15	13	27	13	14
OIA Completed including Transfers	20	14	10	32	17	3

Internal Comms

Thank You video

A 'Thank You' video for staff was developed by the team, which was a compilation of events from around CM Health throughout the year. On social media, the video had a reach of over 2,000 and 193 engagements. On Paanui, the video was viewed 804 times.

Patient feedback video on CM Health patient food

Internal Communications sourced and interviewed four patients on video, asking for their feedback on hospital food at Middlemore Hospital. Feedback was positive, with some small areas for improvement highlighted.

People Leader Essentials

Future proofing for our future leaders is a key priority for CM Health. During the period, the suite of workbooks was completed with excellent feedback from stakeholders.

PAANUI – Our People

For full stories please use link: https://cmhealth.hanz.health.nz/News/default.aspx

- **Congratulations to our new Nurse Practitioners:** Congratulations to our staff who qualified as Nurse Practitioners at the end of 2020. Promotion to Nurse Practitioner involves both academic and practice commitment.
- **Scott Building Dialysis, Coronary Care Unit and Catheter Lab extension work begins:** Work has started on extensions to these areas of the Scott Building. Savoury Construction has been retained to carry out this work, planned for completion by mid-March 2022.
- **Meet your colleague – Kevin Walls:** During a Raahiri/Staff Welcome Day, we met our new Organisational Development (OD) Consultant, Kevin Walls who joined CM Health after 10 months as a learning and development specialist at Ghella Abergeldie JV.

- **A big welcome to our two new intern pharmacists:** A big welcome to Sharnee (Ngai Te Rangi) and Teresa (Ngati Kahungunu) who've recently started with us at Counties as intern pharmacists.

Internal Comms Support for Campaigns & Project ***Collateral Suites*Profiling Teams*Communications Plans*Promoting Events*Workshops*Creating Surveys***			
Middlemore Clinical Trials	Travel Better Group	Facilities	Security
OD – People Strategy	Manukau SuperClinic	Sustainability	Emergency Department
Neonatal Service			

Stakeholders and Community

Measles/MMR 15-30 Catch Up programme

Protect your whānau
against measles
GET IMMUNISED
FOR FREE
Whānau Ora Community Clinic
25 Druces Road, Manukau
Mon to Fri
8:30am - 4:30pm
Sat – 8:30am - 2.30pm
Sun – CLOSED

A solid body of work was produced for this programme during the period. This included the production of a range of collateral to support two drive-in clinics in Wiri and Otara, and two Te Kaha O Rangatahi mobile vans. Advertising for the programme featured in the Manukau Courier, and multiple social media posts were published.

Other activities included:

- The stakeholder & community comms team met with the Bubblegum group to discuss the measles campaign and how the group might be able to support CM Health in this area.
- Following this meeting, a proposal went to Nonu Tuisamoa at Southseas for his consideration regarding a collaboration with the Bubblegum group to produce social media and other content to appeal to Pacific young people. We will approach Te Kaha O Te Rangatahi to discuss a similar collaboration for rangatahi Maaori.
- A video was produced of a young woman getting her MMR immunisation at Middlemore hospital's Haumanu pharmacy to promote pharmacy vaccination as an option.
- A video was produced featuring CM Health staff – Miss Samoa/Miss Pacific Islands/Public Health Nurse **Fonoifafo McFarland-Seumanu** and Maaori Junior Doctor **Dominque Lum** – and has been posted to our social media sites.

Alcohol Harm Minimisation

Following on from the Christmas/ New Year campaign encouraging moderation in alcohol consumption during the festive season, two billboards were erected at Middlemore hospital to continue messaging into the extended January holiday period.

Polyfest

Following the cancellation of last year's Polyfest, CM Health has engaged with the new event organizer Black Sei Productions. CM Health is a strategic partner for the event, which is planned to take place between 14-17 April.

The focus of CM Health's involvement will be on recruitment and vaccinations, with plans to provide an immunisation van on site.

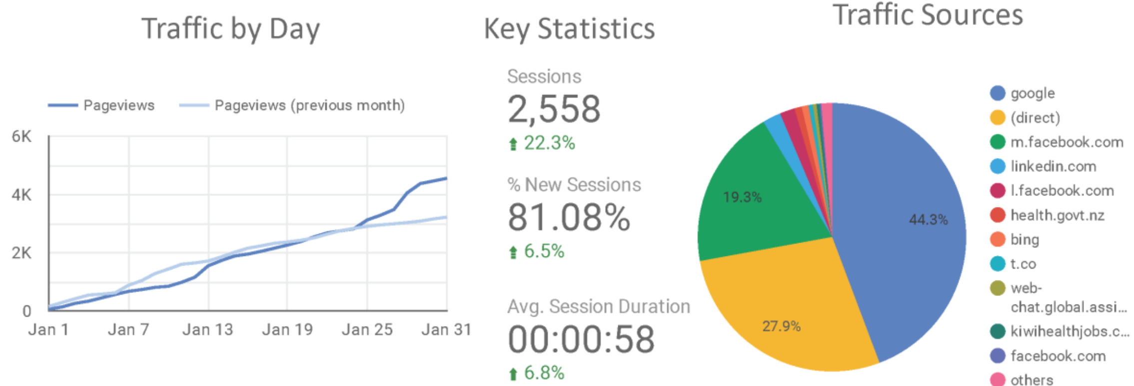
Campaigns & Projects Collateral Suites										
Business Group	**Scope**	**Pull Up Banners**	**Posters**	**Brochure**	**Billboard**	**PAANUI Screensaver**	**PAANUI Sliders**	**Social Media Webinar CM Website**	**Photo Shoot**	**Video**
Coffee with a Cop	Event	☑	☑			☑		☑		
Human Resources	Recruitment							☑		
Local Hero	Awards		☑			☑	☑			
At Bike days	Event		☑			☑	☑			
RTB	Event		☑			☑	☑			
Trendcare	Change comms					☑	☑			
IMT – wear masks	Campaign Promotion		☑			☑				
Autism project	Promotion		☑							
iPM	Change comms		☑			☑	☑			
Security	Promotion									☑
IT	Promotion					☑		☑		
Measles/MMR	Campaign Promotion	☑	☑			☑		☑		☑
Alcohol Harm Minimisation	Campaign Promotion				☑					

Digital Channels

CM Health News and Media Releases

COUNTIES MANUKAU HEALTH

CM Health News / Media Releases



Popular Articles

	Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1.	Kitchen worker's 45 years of service at Middlemore | Counties Manukau Heal...	664	95.18%	00:00:05
2.	Middlemore Hospital's first baby of 2021 a bonny cause for celebration | Co...	477	93.5%	00:00:13
3.	Seven new pop-up COVID-19 Testing Centres open in Auckland | Counties M...	162	92.59%	00:00:29
4.	Middlemore Emergency Department experiencing high volumes, long wait ti...	135	85.93%	00:00:32
5.	Middlemore's visitor policies slightly relaxed under COVID Level 1 | Counties ...	123	91.06%	00:00:39
6.	Visitor car park rates increase at Middlemore Hospital | Counties Manukau ...	123	82.93%	00:02:05
7.	Traditional Maaori activity an effective rehab tool | Counties Manukau Health	83	93.98%	00:00:22
8.	New Dental facility for Counties Manukau | Counties Manukau Health	80	81.25%	00:01:02
9.	Two additional Community Testing Centres open on the North Shore | Count...	76	93.42%	00:00:28
10.	List of designated practices for COVID-19 testing released, new Rosedale po...	58	84.48%	00:00:20
11.	Healthy food remains the policy at CM Health | Counties Manukau Health	38	78.95%	00:13:08
12.	Wanted Down Under – BBC visits CM Health | Counties Manukau Health	33	96.97%	00:00:04
13.	Visitor screening service to end Sunday | Counties Manukau Health	30	63.33%	00:03:06
14.	Free Mental Health First Aid for Counties Manukau | Counties Manukau Hea...	26	80.77%	00:01:18
15.	New Mental Health Team for Pukekohe | Counties Manukau Health	26	61.54%	00:01:29
16.	COVID-19: Advice to our pregnant women | Counties Manukau Health	24	87.5%	00:03:09
17.	Positive result being investigated; NZ remains at Alert Level 1 | Counties Ma...	23	91.3%	00:00:05
18.	Families at heart of Bereavement Care Service | Counties Manukau Health	22	77.27%	00:00:26
19.	CM Health welcomes additional funding | Counties Manukau Health	22	90.91%	00:02:21
20.	Pharmacies in the Counties Manukau area offering free measles vaccinatio...	22	77.27%	00:00:13

Social Media overview

The New Year started with a strong period of social media performance. We see an increase in reach per post and engagements per post across all channels. Our Facebook impressions doubled on the previous reporting period despite slightly fewer messages.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	20,855	0.63%	28	119,995	4,286	7,326	261.64	8,886
CM Health Instagram	1,363	2.57%	19	11,421	601	1,038	54.63	510
CM Health LinkedIn	10,520	0.99%	14	44,388	3,171	2,857	204.07	1,163

Audience Growth

	Totals	Change (vs. last growth)
Total Fans	35,635	
New Facebook Fans	131	3.34%
New LinkedIn Followers	103	-35.59%
New Instagram Fans	78	+1.92%
Total Fans Gained	269	-7.56%

Facebook Comparison (CMDHB / ADHB / WDHB)

Reactions vs Number of Posts

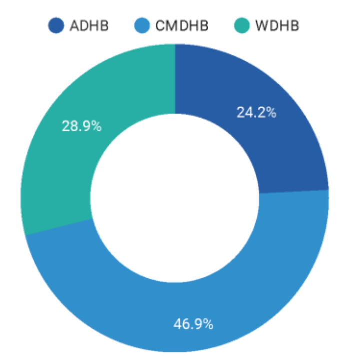
This section looks at the comments, shares, and reactions per post. Looking at the graph you can see that CMDHB is the clear "winner" this period. With higher average engagement than ADHB & WDHB, CMDHB had a number of high-performing posts, most of which shared the staff-celebration theme that we tend to align our content with.

Engagement Rate (per post)

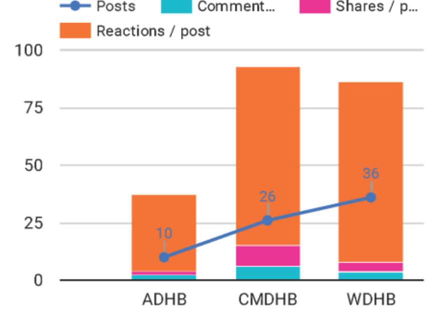
This is the rate at which (on average) a channel's post has been engaged with. As Facebook is geared to help smaller pages grow, we expect CMDHB to perform at a lower rate than the other two DHBs due to our larger audience. This period we see CMDHB and WDHB perform at roughly the same rate, when you adjust for the audience-size correction, with ADHB having a fairly quiet start to the New Year.

Facebook Comparison

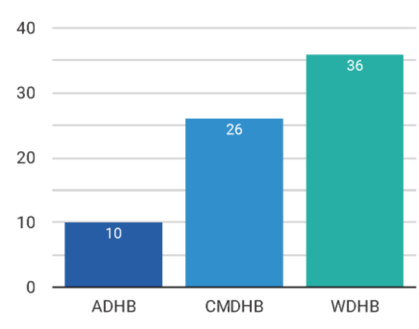
Audience share



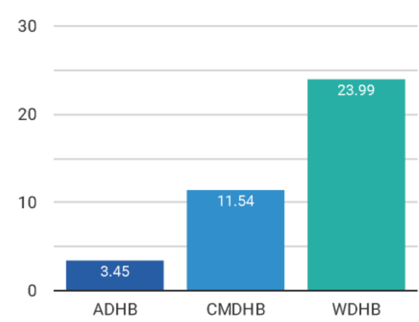
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

Post Message	Likes / Reactions	Comments	Shares
Middlemore Hospital has been Rosa Tea's workplace for more than 45 years. Back in August of 1975, Ro...	805	93	40
Members of our Whakamana Takuta Maaori group (a collective of Maaori doctors and medical students at...	208	12	5
Our ED at Middlemore is super busy at the moment. We need your support whaanau to keep it free for t...	160	11	53
Kairo Teaoa Ariki Singh is Middlemore Hospital's first baby of 2021 - entering this world at	181	8	10

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ADHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Shares
Congratulations to our local hero, Orderly Graham Bruce 🏆 Do you know someone at Auckland DHB who g...	170	16	2
We sat down with some of our incredible nurses and midwives to ask them what wisdom they have for th...	33	2	2
We can all help keep each other safe by getting tested and staying home if you're sick with any COVI...	28	1	5
Measles is a serious disease that can	16	0	5

1 - 5 / 10

WDHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Post shares
#WaitemataDHBGreatestHits2020 We're taking the time over the holiday break to look back on a few of ...	715	26	13
It's a heartfelt one for our new Instagram page today. 🥰✨💞 "I grew up in a very heteronormative env...	358	34	4
Congratulations to House Officer of the Month for January 2021 - Dr A.J. Maney! 🏆✨ Dr Maney has bee...	177	4	3
#CareerProfile Ready	160	23	1

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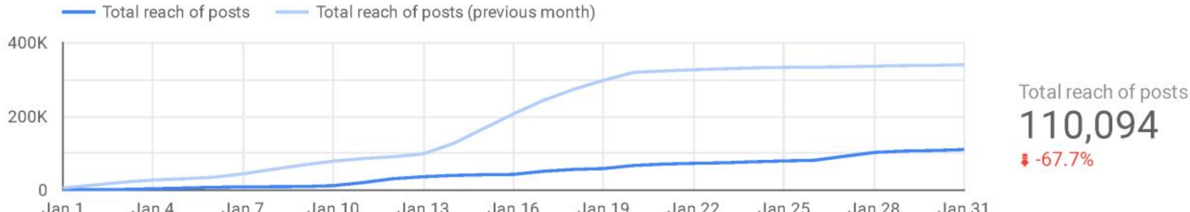
CM Health Facebook

There was a reasonably solid performance for our Facebook channel over the holiday period. Our highest performing post this period was the about the arrival of baby Singh, the first baby born at Middlemore Hospital in 2021. Following this, we see our typical, staff-celebratory content, rounding out the top 5.

CM Health Facebook Metrics

Post Reach



Total reach of posts
110,094
-67.7%

Follower Growth

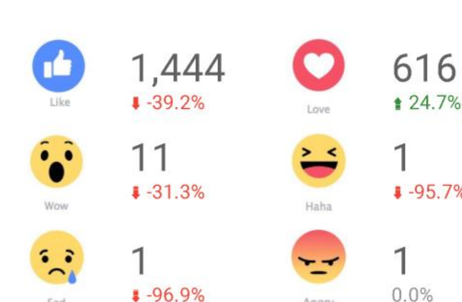
300
200
100
0
Jan 1 Jan 5 Jan 9 Jan 13 Jan 17 Jan 21 Jan 25 Jan 29

Likes
203
8.0%

Unlikes
43
-14.0%

Net likes
160
15.9%

Reactions Breakdown



Posts by Engagement Rate

Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Jan 13	Kairo Teaoa Ariki Singh is Middlemore Hospital's first baby of 2021 - entering this world at 12.48am on New Year's Day! Read more on baby Kairo here: https://bit.ly/3siqQWy		6,993	346	52	13	11.05%
Jan 28	Middlemore Hospital has been Rosa Tea's workplace for more than 45 years. Back in August of 1975, Rosa started at the hospital as a cleaner. After several roles in different ward kitchens, she was eventually transferred to the main kitchen when inpatient meals were contracted out. Now having just turned 65, Rosa has no plans to slow down. Read more on the lovely Rosa here: https://bit.ly/3okFh9h		24,160	1,660	154	40	10.5%
Jan 12	Our ED at Middlemore is super busy at the moment. We need your support whaanau to keep it free for those who really need it. Here's three of our ED nurses, Bronte, Carly and Sandra, with details on where to go if you're sick or injured. Please contact your family doctor in the first instance if you're sick. If you need care after-hours, you can visit one of the subsidised A&M clinics in our rohe: https://bit.ly/3oD2dkW Visit our website for more info: https://countiesmanukau.health.nz #knowwheretogo #rightcareforyou		15,024	376	38	53	10.3%
Jan 11	We're continuing with our Courage Over Covid series - showcasing ngaa ringa raupa or community workers that went beyond the call of duty to protect whaanau and communities from COVID-19. Rob Clark (co-chair of local manawhenua) joined police, army and iwi at border controls during the outbreak of COVID-19. Rob is one of the thousands of ringa raupa (workers) in Aotearoa who provided care for whaanau in their community and displayed Courage Over Covid. Watch his story below.		4,332	203	51	14	9.19%
Jan 21	Members of our Whakamana Takuta Maaori group (a collective of Maaori doctors and medical students at Middlemore) recently gathered to welcome new colleagues to the group. This year has marked the biggest intake of Maaori first-year doctors to the CM Health whaanau. A big welcome! #teamcounties		5,804	238	13	5	7.86%

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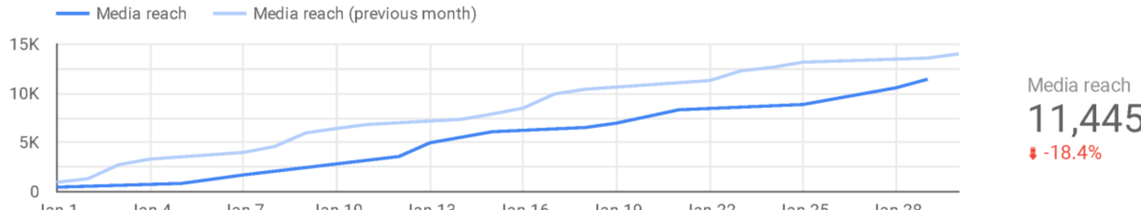
CM Health Instagram

A great period for Instagram over the holiday season, we see 4 of our top 5 posts performing above the industry-average engagement rate of 10%, with our top post achieving 25% engagement. Our top post was a showcase of Rosa, who has worked at CM Health for more than 45 years.

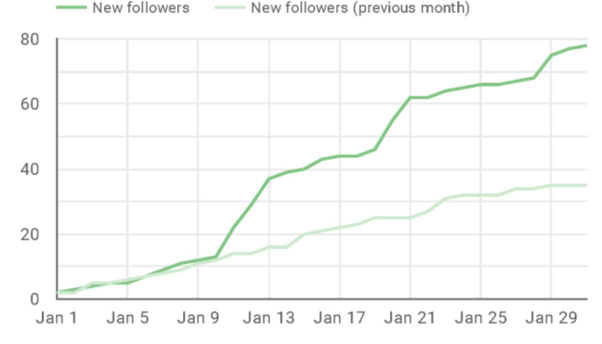
CM Health Instagram Metrics

Post Reach



Media reach
11,445
-18.4%

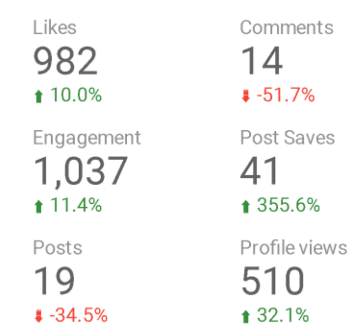
Follower Growth



New followers
78
122.9%

Total Followers
1,361

Engagement Breakdown



Likes	Comments
982 ⬆ 10.0%	14 ⬇ -51.7%

Engagement	Post Saves
1,037 ⬆ 11.4%	41 ⬆ 355.6%

Posts	Profile views
19 ⬇ -34.5%	510 ⬆ 32.1%

Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate ▾
Jan 28	Middlemore Hospital has been Rosa Tea's workplace for more than 45 years. Back in August of 1975, Rosa started at the hospital as a cleaner. After several roles in different ward kitchens, she was eventually transferred to the main kitchen when inpatient meals were contracted out. Now having just turned 65, Rosa has no plans to slow down. Read more on the lovely Rosa here: https://bit.ly/3okFh9h		1,254	295	6	15	25.2%
Jan 20	Getting your measles vaccination is super quick and easy! If you're aged between 15 and 30 years don't be whakama! Protect your whaanau and community – get immunised. Here's local rangatahi Halle showing how easy it is getting the measles immunisation from her local pharmacy. You can get immunised for FREE at your family doctor, at a participating pharmacy or at one of the community measles clinics running in South Auckland. For a list of pharmacies that provide the measles vaccine in the Counties Manukau area and details on the clinics, please visit: countiesmanukau.health.nz/measles #getimmunised #southsideproud		675	81	2	13	14.22%
Jan 13	Kairo Teaoa Ariki Singh is Middlemore Hospital's first baby of 2021 - entering this world at 12.48am on New Year's Day! Read more on baby Kairo here: https://bit.ly/3siqQWy		875	103	1	7	12.69%
Jan 12	Our ED at Middlemore is super busy at the moment. We need your support whaanau to keep it free for those who really need it. Here's three of our ED nurses, Bronte, Carly and Sandra, with details on where to go if you're sick or injured. Please contact your family doctor in the first instance if you're sick. If you need care during after-hours, you can visit one of the subsidised A&M clinics in our rohe: https://bit.ly/3oD2dkW Visit our website for more info: https://countiesmanukau.health.nz #knowwheretogo #rightcareforyou		1,207	144	1	0	12.01%
Jan 21	Members of our Whakamana Takuta Maaori group (a collective of Maaori doctors and medical students at Middlemore) recently gathered to welcome new colleagues		679	64	0	0	9.43%

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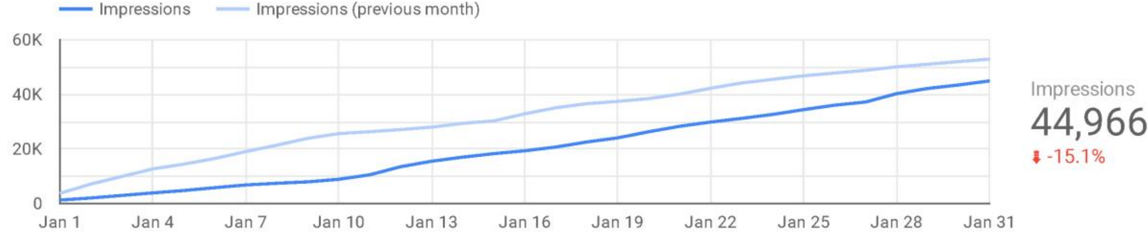
CM Health LinkedIn

A slight dip in performance for our most corporate channel, as you would expect over the holiday season as we see all metrics down on the last reporting period. Similar to Facebook our staff-celebratory messages resonate with our corporate audience, taking out all of the top-post spots.

CM Health LinkedIn Metrics

Post Reach



Follower Growth

Post Breakdown

Date	Message	Updat...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate ▾
Jan 20	Members of our Whakamana Takuta Maaori group (a collective of Maaori doctors and medical students at Middlemore) recently gathered to welcome new colleagues to the group. This year has marked the biggest intake of Maaori first-year doctors to the CM Health whaanau. A big welcome! #teamcounties		4,157	99	262	3	0	8.76
Jan 14	Do you want to make a difference? We're looking for passionate people to join the Manukau Health Park (Manukau SuperClinic and Elective Surgical Hospital) Consumer Advisory Group. The group will represent the interest of patients and members will bring a consumer and family/whaanau perspective to the development of the Manukau Health Park. We're looking for people who are passionate about making sure everyone in Counties Manukau has access to excellent health and disability services. For more information or to submit your expression of interest, click on the link below, call Gina Williams on 021 716 242 or email Gina.Williams@middlemore.co.nz. Applications close 29 January 2021. https://lnkd.in/dVwF9gK		1,627	27	74	0	2	6.33
Jan 11	A big welcome to Sharnee (Ngai Te Rangi) and Teresa (Ngāti Kahungunu) who've recently started with us at Counties as intern pharmacists. Yesterday our Pharmacy team with members from our Maaori Health team welcomed them both to the Counties whaanau. #teamcounties		3,888	76	155	7	0	6.12

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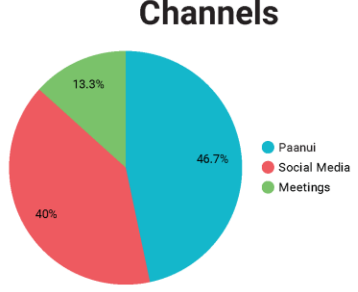
Video Production

CM HEALTH VIDEOS

	Name	Channel	Date Published
1.	Visitor Policy 2021	Social Media	Jan 26, 2021
2.	Lunar New Year 2021	Social Media	Jan 26, 2021
3.	Lunar New Year 2021 (China)	Social Media	Jan 26, 2021
4.	Choosing Wisely - Georgia	Paanui	Jan 26, 2021
5.	Food Service Interviews	Meetings	Jan 25, 2021
6.	Airway Video	Paanui	Jan 21, 2021
7.	Food Services - HAC	Meetings	Jan 19, 2021
8.	Building a Disability Confident Organization	Paanui	Jan 19, 2021
9.	Joe V01	Social Media	Jan 19, 2021
10.	Front Line Focus Friday - 04 -12-2020	Paanui	Jan 12, 2021
11.	Front Line Focus Friday - 27-11-2020	Paanui	Jan 12, 2021
12.	Front Line Focus Friday - 20-11-2020	Paanui	Jan 12, 2021
13.	Front Line Focus Friday - 11-12-2020	Paanui	Jan 12, 2021
14.	We need your support - keep Middlemore ED for those who rea...	Social Media	Jan 11, 2021
15.	I got vaccinated - get immunised against measles	Social Media	Jan 11, 2021

Channels



Videos Produced

15

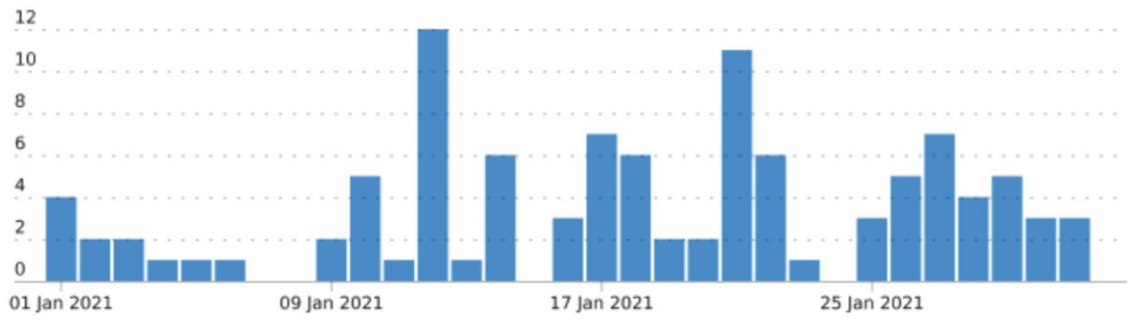
Media Listening

Peaks:

- 12 January
  - Costs of COVID-19 testing and treatment, broken down by DHB.
- 21 January
  - Controversial radio host treated at Middlemore Hospital after attempted murder.
  - Story about a rise in demand for doctors in Auckland hospitals.

Contains 106 items within the date range 01/01/2021 - 31/01/2021.

Volume



Sources

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NZ City: 8
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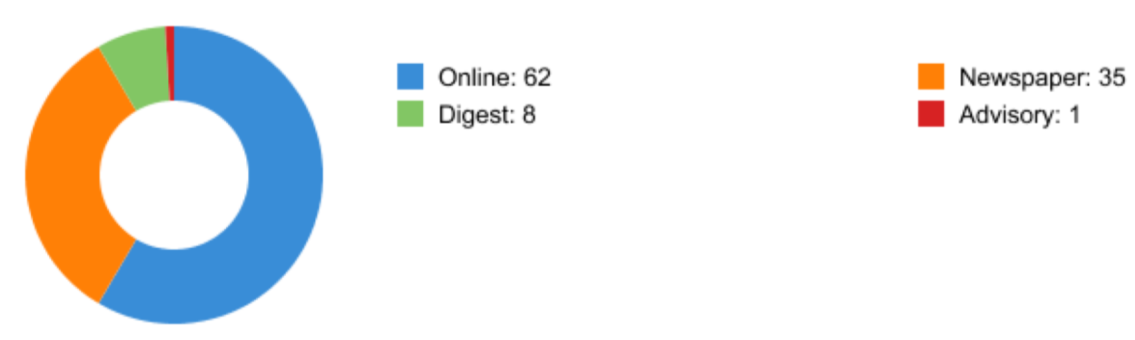
TVNZ: 6
Newstalk ZB: 5
The Press: 4
Northern Advocate: 4
Dominion Post: 3
Rotorua Daily Post: 3
Radio New Zealand : 3
Herald on Sunday: 2
Indian Weekender: 2
Sunday News: 2
Sunday Star-Times: 2
Franklin County News: 1
Western Leader: 1
SunLive: 1
Bay of Plenty Times: 1
Timaru Herald: 1
Pacific Media Network: 1
Hawke's Bay Today: 1
Manawatu Standard: 1
Taranaki Daily News: 1
Waikato Times: 1
National Business Review: 1
Police Alerts: 1
Waatea News: 1
North Shore Times: 1
The Spinoff: 1
Rodney Times: 1
Central Leader: 1
Southland Times: 1
Whanganui Chronicle: 1
Newsroom: 1
Rotorua Now: 1
Papakura Courier: 1

Content Types



Confidential – Information Paper
Counties Manukau District Health Board
Finance & Corporate Business Report

Recommendation

It is recommended that Board:

Receive this high level overview of the January 2021 month and year to date result.

Note that this result was reported to the Executive Leadership Team on 26 February 2021.

Submitted by: Margaret White – Chief Financial Officer

Glossary

ARF	Audit, Risk & Finance	MIF	Managed Isolation Facilities
ADHB	Auckland District Health Board	MIQ	Managed Isolation and Quarantine
BAU	Business as Usual	MoH	Ministry of Health
ED	Emergency Department	NR	Northern Region
ELT	Executive Leadership Team	OD	Over Draft
E$C	Every Dollar Counts	P&L	Profit and Loss
FY	Financial Year	PHO	Primary Health Organisation
HOP	Health of Older People	RMO	Resident Medical Officer
IDF	Inter District Flows	YTD	Year To Date

Purpose

The purpose of this paper is to provide the Board with an overview of the financial result for the seven months period ended 31 January 2021.

Members are asked to refer to the Board papers from 3 February for the full financial report for the period ended 31 December.

1. Summary Result and Financial Commentary for the period ended 31 January 2021

The underlying variance for the month of January 2021 is $264k unfavourable against budget and $900k unfavourable YTD (refer Table 1). The YTD reported result of $15.016m unfavourable ($1.4m unfavourable for the month), includes the unbudgeted COVID-19 impact of $5.4m ($82k for the month) and provision for unbudgeted Holidays Act $8.75m ($1.25m p/month) (holiday pay will continue to be incorrectly paid until payroll systems have been remediated mid to late 2022).

The YTD underlying result is unfavourable to budget primarily due to the following primary drivers:

- Reduced IDF inflow, part offset by lower outflows to ADHB (refer below)
- YTD Surgical over delivery vs contract – Acute, Elective and Planned Care (Planned care will be managed to contract by year end)
- Additional resourcing to support the sustained increase in Neonatal demand resources required – budget adjustment approved during 2020/21
- Higher use of watches
- Cost of locum and agency cover exceeding vacancy savings
- RMO/House Officers over allocation

- YTD delay to secure E$C savings

Offset by:

- YTD vacancies
- Lower uptake for Te Ranga Ora programme
- Lower demand for aged residential care
- Lower level of IDF outflows to ADHB
- Close out of provisions.

2. The full year forecast

There are no material forecast exposures confirmed at the end of January 2021. The underlying forecast position remains on budget at $29.9m. Holidays Act provision for 2020/21 year and net unfunded COVID will continue to be reported as exceptional items

A detailed review of full year forecast is being completed during February. The abovementioned areas will be assessed in detail, together with mitigation options where required.

Table 1: Consolidated reported and underlying result (Month and Cumulative YTD)

CMDHB January 2021	Month Variance									YTD Variance									FY Bud
Statement of Financial Performance	Month (BAU)			Savings	Underlying Variance	Holidays Act	COVID	Planned Care & Waitlist	Reported Variance	YTD (BAU)			Savings	Underlying Variance	Holidays Act	COVID	Planned Care & Waitlist	Reported Variance	Full Year
	Actual $(000)	Budget $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Actual $(000)	Budget $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Budget $(000)
Revenue																			
Government Revenue	163,219	158,528	4,691	(17)	4,673		6,974	(315)	11,332	1,138,399	1,110,461	27,938	(120)	27,819		53,718	(2,206)	79,330	1,903,655
Patient/Consumer Sourced	1,403	1,035	368	(32)	336		0		336	5,897	7,246	(1,349)	(222)	(1,570)		5		(1,565)	12,802
Other Income	3,013	2,512	502	(73)	429		(904)		(476)	18,215	17,792	424	(512)	(88)		911		822	31,292
Total Revenue	167,635	162,075	5,560	(122)	5,438	0	6,070	(315)	11,193	1,162,512	1,135,499	27,013	(853)	26,160	0	54,634	(2,206)	78,588	1,947,749
Medical	20,339	20,089	(250)	(275)	(526)	(400)	231		(694)	141,797	142,748	951	(1,927)	(976)	(2,797)	(721)		(4,495)	239,814
Nursing	27,091	24,813	(2,278)	(382)	(2,660)	(481)	(655)		(3,796)	174,235	171,577	(2,659)	(2,676)	(5,335)	(3,368)	(7,915)		(16,617)	288,907
Allied	8,122	8,569	448	(129)	319	(160)	(102)		57	58,330	60,718	2,388	(903)	1,484	(1,118)	(910)		(544)	102,352
Support	3,703	3,509	(194)	(96)	(290)	(57)	(58)		(405)	23,884	23,811	(73)	(675)	(748)	(401)	(1,170)		(2,319)	39,458
Management and Admin	7,513	7,486	(27)	(119)	(147)	(152)	113		(185)	53,543	55,743	2,199	(835)	1,364	(1,066)	(2,435)		(2,136)	93,058
Total Personnel	66,768	64,467	(2,301)	(1,002)	(3,303)	(1,250)	(469)	0	(5,023)	451,789	454,596	2,807	(7,017)	(4,210)	(8,750)	(13,150)	0	(26,110)	763,590
Outsourced Personnel																			
Medical	693	450	(243)	0	(243)		(38)		(281)	6,531	3,237	(3,294)	0	(3,294)		(1,182)		(4,476)	5,530
Nursing	285	39	(247)	0	(247)		(415)		(661)	2,451	285	(2,167)	0	(2,167)		(1,315)		(3,481)	485
Allied Health	105	18	(87)	0	(87)		(14)		(101)	618	137	(481)	0	(481)		(48)		(529)	232
Support	37	0	(37)	0	(37)		0		(37)	629	0	(629)	0	(629)		(2)		(631)	0
Management and Admin	377	250	(127)	0	(127)		(33)		(161)	3,342	1,749	(1,593)	0	(1,593)		(204)		(1,797)	2,999
Total Outsourced Personnel	1,497	757	(740)	0	(740)	0	(500)	0	(1,240)	13,571	5,408	(8,163)	0	(8,163)	0	(2,750)	0	(10,914)	9,246
Outsourced Clinical Services	2,104	2,853	749	(89)	660		(178)	315	797	18,339	20,838	2,499	(623)	1,876		(5,648)	2,206	(1,565)	34,694
Outsourced Corporate Services	4,334	4,495	161	(33)	127		(35)		92	30,337	31,463	1,126	(233)	893		(408)		485	53,537
Clinical Supplies	10,218	10,517	298	(122)	176		(732)		(556)	81,151	79,063	(2,088)	(856)	(2,945)		(3,693)		(6,638)	133,616
Infrastructure	6,830	7,635	805	(120)	686		(1,888)		(1,202)	47,757	52,469	4,713	(838)	3,875		(7,671)		(3,796)	88,132
Provider Payments	72,607	68,475	(4,132)	0	(4,132)		(2,186)		(6,318)	502,360	478,994	(23,366)	0	(23,366)		(26,681)		(50,046)	821,368
Total Other Direct Costs	97,590	94,731	(2,859)	(364)	(3,223)	0	(5,519)	315	(8,427)	693,515	668,236	(25,280)	(2,550)	(27,830)	0	(46,851)	2,206	(72,474)	1,140,592
Total Operating Surplus/(Deficit)	**3,278**	**2,877**	**401**	**(1,488)**	**(1,087)**	**(1,250)**	**82**	**0**	**(2,256)**	**17,207**	**12,667**	**4,540**	**(10,420)**	**(5,879)**	**(8,750)**	**(5,367)**	**0**	**(19,996)**	43,567
Depreciation	3,243	3,405	162	0	162		0		162	22,908	23,836	928	0	928		0		928	40,861
Interest	6	6	0	0	0		0		0	42	42	0	0	0		0		0	72
Capital Charge	2,048	2,709	661	0	661		0		661	14,913	18,965	4,052	0	4,052		0		4,052	32,512
Total Finance Costs	5,297	6,120	824	0	824	0	0	0	824	37,863	42,843	4,980	0	4,980	0	0	0	4,980	73,445
Net Surplus/(Deficit)	**(2,018)**	**(3,243)**	**1,225**	**(1,488)**	**(264)**	**(1,250)**	**82**	**0**	**(1,432)**	**(20,656)**	**(30,176)**	**9,520**	**(10,420)**	**(900)**	**(8,750)**	**(5,367)**	**0**	**(15,016)**	**(29,878)**

Counties Manukau District Health Board Meeting
Resolution to Exclude the Public

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

Ms Ngataki and Ms Brittany Stanley-Wishart 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 3 February 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 Audit Risk & Finance Committee, Hospital Advisory Committee & Community & Public Health Advisory Committees	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Middlemore Precinct Planning	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)]
Frist Draft 2021/22 Annual Plan	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

Signing the ACC Concession Deed	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities and Negotiations** The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i) & (j)
Director Appointment to the healthAlliance NZ Ltd Board	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Privacy** The disclosure of information would not be in the public interest because of the need to protect the privacy of natural persons. [Official Information Act 1982 S9(2)(a)]
Supply of Staff & Urgent Items Transportation Services/Supply of Patient Transfer Services	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities and Negotiations** The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i) & (j)
Orthopaedic Fleet Management Power Tools	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities and Negotiations** The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i) & (j)
NZ Blood Service 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 Activities and Negotiations** The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i) & (j)

CMDHB/Mana Whenua Memorandum of Understanding	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Public Interest** The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest. [Official Information Act 1982 S9(2)(ba)(ii)]
Appointment to Audit Risk & Finance Committee	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Privacy** The disclosure of information would not be in the public interest because of the need to protect the privacy of natural persons. [Official Information Act 1982 S9(2)(a)]
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 and Negotiations** The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i) & (j)
Chief Executive's Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Public Interest** The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest. [Official Information Act 1982 S9(2)(ba)(ii)]
Mental Health NGO Procurement	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 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. [Official Information Act 1982 S9(2)(i)]