

MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD

Wednesday 7 July 2021

Venue: Room 107, Ko Awatea, Middlemore Hospital

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

AGENDA

| BOARD ONLY SESSION (9.00 – 10.00am) | |
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| 1. GOVERNANCE | |
| 10.05am | 1.1 Apologies |
| 10.08am | 1.2 Disclosures of Interest |
| 10.10am | 1.3 Specific Interests |
| 10.12am | 1.4 Gift & Hospitality Register |
| 2. BOARD MINUTES | |
| 10.15am | 2.1 Confirmation of Minutes of the Meeting of the Board – 26 May 2021 (Mark Gosche) |
| 10.20am | 2.2 Action Item Register (Mark Gosche) |
| 10.25am | 2.3 Draft Minutes of the Hospital Advisory Committee Meeting – 2 June 2021 (Catherine Abel-Pattinson) |
| 10.30am | 2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings – 21 April & 2 June 2021 (Colleen Brown/Pierre Tohe) |
| 10.35am | 2.5 Draft Minutes of the Disability Support Advisory Committee Meeting – 16 June 2021 (Lana Perese) |
| 10.40am | 2.6 Report from Mana Whenua i Tamaki Makaurau – verbal (Barry Bublitz/Robert Clarke) 2.6.1 MWiTM Representation of HAC & CPHAC |
| 3. EXECUTIVE REPORTS | |
| 10.45am | 3.1 Chief Executive’s Report including Patient Story (Margie Apa) |
| 11.00am | 3.2 Finance & Corporate Business Report (Margaret White) |
| 4. OTHER REPORTS (FOR INFORMATION ONLY) | |
| | 4.1 Health & Safety Performance Report |
| | 4.2 Corporate Affairs & Communications Report |
| 5. RESOLUTION TO EXCLUDE THE PUBLIC | |
| <i>Morning Tea Break (11.00 – 11.15am)</i> | |

CMDHB Board Member Attendance Schedule 2021

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

*re-elected 14.10.19, effective 9.12.2019 – 5.12.2022; ** re-appointed 6.12.19, effective 9.12.2019 – 5.12.2022; ***appointed 6.12.19, effective 9.12.2019 – 5.12.2022; **** appointed Board Observers effective 5.8.2020 until 23.9.2021; #appointed Board Observers 26.5.21.

BOARD MEMBERS' - DISCLOSURE OF INTERESTS
7 July 2021

New items in red italics

| Member | Disclosure of Interest |
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| Mark Gosche, Chair | <ul style="list-style-type: none"> • Trustee, Mt Wellington Licensing Trust • Director, Mt Wellington Trust Hotels Ltd. • Director, Keri Corporation Ltd • Trustee, Mt Wellington Charitable Trust • Chair, Kainga Ora Homes & Communities • Director, Housing NZ Build Ltd (subsidiary of KO Homes & Comms) • Director, Housing NZ Ltd (subsidiary of KO Homes & Comms) • Member, Expert Advisory Group to the Retirement Commissioner working on retirement income. |
| Catherine Abel-Pattinson | <ul style="list-style-type: none"> • <i>Board Member</i>, healthAlliance NZ Ltd. • Board Member, International Accreditation NZ (IANA) • Member, NZNO • <i>Member, Nurses Society NZ</i> • Member, Directors Institute • <i>Husband (John Abel-Pattinson) Director & Shareholder (via Trustee entities):</i> <ul style="list-style-type: none"> ○ Blackstone Group Ltd ○ Blackstone Partners Ltd ○ Blackstone Treasury Ltd ○ Bspoke Group Ltd ○ <i>Bspoke Services Ltd</i> ○ Barclay Management (2013) Ltd ○ Chatham Management Ltd ○ Wolfe No. 1 Ltd <i>t/a Secret Garden Spa</i> ○ 540 Great South Motels Ltd ○ Silverstone Property Group Ltd ○ Various single purpose property owning companies ○ Various Trustee Companies related to shareholding in the above ○ Director, AZNAC (JAP) Ltd ○ Director, MAFV Ltd |
| Colleen Brown | <ul style="list-style-type: none"> • Chair, Disability Connect (Auckland Metropolitan Area) • Member, Advisory Committee for Disability Programme Manukau Institute of Technology • Member, NZ Down Syndrome Association • Husband, Determination Referee for Department of Building and Housing • District Representative, Neighbourhood Support NZ Board • Chair, Rawiri Residents Association • Director and Shareholder, Travers Brown Trustee Limited • Board Member, NZ Neighbourhood Support • <i>Member, MoH Disabled People's Engagement Group</i> |
| Garry Boles | <ul style="list-style-type: none"> • NZ Police Constable |

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| Katrina Bungard | <ul style="list-style-type: none"> • Deputy Chairperson MECOSS – Manukau East Council of Social Services. • Elected Member, Howick Local Board • President, Amputee Society Auckland/Northland • Member of Parafed Disability Sports • Member of NZ National Party |
| Dianne Glenn | <ul style="list-style-type: none"> • Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • Life Member, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women’s Watch (NZ) • Member, Auckland Disabled Women’s Group • Life Member of Business and Professional Women NZ • Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities. • Member, Lottery Individuals with Disabilities Committee |
| Lana Perese | <ul style="list-style-type: none"> • Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust • Director & Shareholder, Perese Wood Investments Limited |
| Paul Young | <ul style="list-style-type: none"> • Director, Paul Young International Ltd • Councillor, Auckland Council |
| Pierre Tohe | <ul style="list-style-type: none"> • Senior Executive, Tainui Group Holdings |
| Reece Autagavaia | <ul style="list-style-type: none"> • Member, Pacific Lawyers’ Association • Member, Labour Party • Trustee, Epiphany Pacific Trust • Trustee, The Good The Bad Trust • <i>Chair</i>, 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 | <ul style="list-style-type: none"> • Councillor, Waikato Regional Council • Chair of Waikato River Authority |
| Brittany Stanley-Wishart, Board Observer | <ul style="list-style-type: none"> • Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference) |
| Tori Ngataki, Board Observer | <ul style="list-style-type: none"> • Chair, Ngāti Tamaoho Trust • Trustee, Second Natures Trust • Trustee, Waikato Endowment College Trust • Member, Te Arataura (Executive Board of Te Whakakitenga o Waikato) • Co-Chair, Appointments Committee for Te Whakakitenga o Waikato • Director, Keep it Māori Ltd • Staff Member, Winstone Aggregates |

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

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 7 July 2021

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

Minutes of the Meeting of the Counties Manukau District Health Board Wednesday 26 May 2021

Held at Counties Manukau DHB, Executive Management Suite, L1 Bray Building, Middlemore Hospital,
Hospital Road, Otahuhu

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT

Tipa Mahuta (Deputy Chair)
Apulu Reece Autagavaia
Catherine Abel-Patterson
Colleen Brown
Dianne Glenn
Garry Boles
Dr Lana Perese
Katrina Bungard (*zoom*)
Paul Young
Pierre Tohe (*zoom*)
Brittany Stanley-Wishart (Board Observer) (*zoom*)
Tori Ngataki (Board Observer) (*zoom*)
Barry Bublitz (Observer)
Robert Clarke (Observer)

ALSO PRESENT

Margie Apa (Chief Executive)
Peter Watson (Chief Medical Officer)
Margaret White (Chief Financial Officer)
Dinah Nicholas (Board Secretary)
Donna Baker (GM Communications & Engagement)

APOLOGIES

Apologies were received and accepted from Mark Gosche (Board Chair), Jenny Parr (Chief Nurse), Mr Tohe (for departing early) and Ms Bungard (for late arrival).

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

Jordan Bond from Radio NZ was present for the public section of this meeting.

WELCOME

Ms Mahuta welcomed everyone to the meeting.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

The Disclosures of Interest were noted with an amendment for Apulu Reece Autagavaia who is now Chair Otara-Papatoetoe Local Board.

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

GIFT REGISTER

The Register was noted with no additions.

AGENDA ORDER AND TIMING

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

2. BOARD MINUTES

2.1 Minutes of the Meeting of the Board 14 April 2021

The minutes were taken as read.

Matters Arising:

Finance & Corporate Report/Page 11 – Ms Brown advised the report notes a lower demand for Mental Health Services yet we hear a lot about the need for mental health services in the community.

Invite Ms Haggie & Mr Soosay to present an overview at the 14 July HAC meeting on demand for Mental Health services across the whole system.

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

That the Minutes of the Board Meeting held on the 14 April 2021 be approved.

Carried

2.2 Action Item Register

Noted.

2.3 Draft Minutes of the Hospital Advisory Committee Meeting 21 April 2021

The minutes were taken as read.

It was noted that the Draft Community & Public Health Advisory Committee minutes from 21 April 2021 were unavailable.

3. DECISION PAPERS

3.1 Board Governance Manual Update

The paper was taken as read.

On 18 March 2021, notification was received from the Public Service Commissioner that he was applying a Code of Conduct for Crown Entity Board Members pursuant to s17(3) of the Public Service Act 2020 (refer Appendix 1), effective 19 April 2021.

As the Northern Region DHBs already have a Board Governance Manual which includes a Code of Conduct section, that section (s7) has been reviewed to ensure compliance pursuant to s17(3).

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

That the Board:

Receive the update to the Board Governance Manual.

Note the Manual has been updated as per the Notice applying a Code of Conduct for Board Members under s17(3) of the Public Service Act 2020 (as per Appendix 1).

Approve the update to Section 7 of the Board Governance Manual.

Carried

3.2 Board Observers

The paper was taken as read.

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

That the Board:

Agree Mr Barry Bublitz and Mr Robert Clarke as Board Observers to the Counties Manukau District Health Board meetings, effective immediately, in recognition of our partnership with the Mana Whenua I Tamaki Makarau Board and, are able to contribute fully in discussion.

Carried

[Ms Bungard joined the meeting at 10.15am]

3.3 Mana Whenua Update – verbal (Mr Bublitz & Mr Clarke)

Mr Bublitz advised that with the announcement of change within the DHB, Mana Whenua are holding a two-day waananga tomorrow with a high level agenda around what this change will mean. A clear direction and pathway is needed for Mana Whenua on where it will focus its attention between now and July 2022.

Mr Bublitz advised that a written update would be provided for future meetings going forward.

4. EXECUTIVE REPORTS

4.1 Chief Executive's Report (Margie Apa)

The paper was taken as read.

Metrics that Matter – we did not meet the P2 Colonoscopy targets again for March. Whilst we outsource some P2s (who are well managed and only wait 3-4 weeks), we also have some P2 patients that are only suitable to have their procedure carried out at Middlemore due to complexity. These patients are waiting up to 18-19 weeks. Mitigation strategies are being put into place and we should start to see some improvements in KPIs from July 2021.

P2 Gastroscopy wait times also remain below target however, outsourcing commenced at the end of April and running to end of June, should address some of this backlog.

The decline in stroke patients accessing the rehab unit within 7 days now has patients waiting up to 12-days post-stroke. The service is undertaking a review to consider how to improve performance.

The Board asked that an invitation be issued to Dr Geoff Green to attend the 14 July HAC meeting to provide further insights into this.

COVID Vaccinations – over 85% of CM Health staff have now received their first vaccination. Community rollout has begun in Counties Manukau with older Maaori & Pacific people and the household bubbles and those aged over 65 who are enrolled with a family doctor beginning to receive their invitations in May. Those in South Auckland who have underlying health conditions will also be invited over the coming weeks.

Sustainability – the DHB recently received official certification for its 2019/20 carbon measurement certifying that it met the requirements of the Toitu carbon reduction programme. The DHB is taking every opportunity with the new builds to attain Greenstar certification.

The Future is Open to Us Visit – FoU is a Pasifika focused initiative consisting of teams from the three Auckland DHBs that nurtures and builds a workforce that is representative of the communities that we serve. They provide career exposure activities, interactive events, workforce ready workshops and leadership development opportunities (and more) for secondary and tertiary students exposing them to what a health career might look like.

Ms Glenn queried what promotions are undertaken with the schools around Papakura/Pukekohe to encourage students into a health career. Ms Glenn advised that Community Networks were holding an open day today and would like to see the DHB participate at future events. Ms Apa agreed to follow up with the Comms team to ensure they are aware of other opportunities such as this.

Ms Mahuta asked that Ms Jeffs present a deep dive at an upcoming HAC meeting on career pathways and recruitment as part of the HAC workforce workplan.

Hospital - the hospital is very busy with intense pressure on inpatient beds and ED. There are concerns for winter with this sustained acute activity both medical and surgical. There are plans to increase capacity but this is dependent on nursing staff. Don't anticipate a busy flu season.

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

That the Board:

Receive the Chief Executive's Report for the period 14 April – 25 May 2021.

Carried

4.2 Finance & Corporate Business Report (Margaret White)

The report was taken as read.

The underlying variance for March 2021 is \$75k favourable against budget and \$751k unfavourable YTD. There are no material forecast exposures confirmed at the end of March however, IDF, acute flow, E\$C and annual leave remain key areas of focus. The full year underlying forecast position remains at \$29.9m.

As at 31 March, the DHB has committed circa \$29.6m excluding planned care (subsequently funded) of cost in relation to COVID19 not yet funded.

Resolution (Moved: Dr Perese/Seconded: Ms Abel-Pattinson)

That the Board:

Receive the Finance Report for the period ended 31 March 2021.

Carried

5. OTHER REPORTS (FOR INFORMATION ONLY)

5.1 Health & Safety Performance Report

The paper was taken as read.

Lone Workers App – Ms Glenn noted that the app has now been rolled out and queried whether it is working and people are feeling safer. Ms Nancarrow to provide an update in the next Board report.

5.2 Corporate Affairs & Communications Report

The report was taken as read.

5.3 South Auckland Social Wellbeing Board Update

The report was taken as read.

In response to a query from Ms Glenn whether the DHB will continue hosting the SASWB given the pending Health System review, Ms Apa advised that the DHB will continue supporting the SASWB through the next financial year.

6. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Apulu Reece Autagavaia/Seconded: Ms Abel-Pattinson)

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

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

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

| General Subject of items to be considered | Reason for passing this resolution in relation to each item | Ground(s) under Clause 32 for passing this resolution |
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| Public Excluded Minutes of 14 April 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 Hospital Advisory Committee 21 April 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. |
| Insurance Renewal 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)] |
| External Audit Plan FY 30 June 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)] | 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)] |



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| 2021/22 First Final Draft Annual Plan | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Confidentiality of advice by officials</p> <p>The disclosure of the information would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials.</p> <p>[Official Information Act 1982 S9(2)(f)(iv)]</p> |
| First Security Guard Services | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Negotiations</p> <p>The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(j)]</p> |
| Specialised Rehabilitation Centre | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |
| Additional Inpatient Capacity at Middlemore for Winter 2021 | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |
| Kidz First Isolation Rooms | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |

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| <p>Ratification of Circular Resolutions – Holidays Act Remediation Partner; Middlemore Precinct SDP</p> | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities & Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p> |
| <p>Infrastructure Report</p> | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities & Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p> |
| <p>Chief Executive’s Report</p> | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Public Interest The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)(ii)]</p> |
| <p>FPIM</p> | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |
| <p>2021/22 Budget</p> | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |

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| Board Priorities | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Carried

The public meeting closed at 11.15am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 7 JULY 2021.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 26 MAY 2021.

BOARD CHAIR

DATE

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

| DATE | ITEM | ACTION | DUE DATE | RESPONSIBILITY | COMMENTS/UPDATES | COMPLETE ✓ |
|-----------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------|
| 26 May 2021 | Health & Safety Performance Report | Provide an update in the next H&S report on the Lone Worker app now that it has been rolled out including whether staff are feeling safer as a result. | 7.7.2021 | Kathy Nancarrow | <i>Refer Item 5.1 on today's agenda.</i> | ✓ |
| 26 May 2021 | Chief Executive Report | Follow up with the Communications Team to ensure they are aware of community opportunities to promote & encourage students into a health career (ie) events such as those held by Community Networks. | 7.7.2021 | Margie Apa | <i>This was passed onto the Communications Team.</i> | ✓ |
| | | Invite Ms Jeffs to present a deep dive into career pathways and recruitment as part of the HAC workforce plan. | 7.7.2021 | Elizabeth Jeffs | <i>This action has been transferred to the HAC Action Item Register</i> | ✓ |
| | | Invite Dr Geoff Green to provide further insights into the decline in stroke patients accessing the rehab unit within 7 days at the 14 July HAC meeting. | 7.7.2021 | Dr Geoff Green | <i>This action has been transferred to the HAC Action Item Register and an updated was provided at the 2 June HAC meeting.</i> | ✓ |
| 14 April 2021 | Finance & Corporate Business Report | Invite Ms Haggie & Mr Ian Soosay to present an overview of Mental Health demand across the whole system at the 14 July HAC meeting. | 7.7.2021 | Aroha Haggie/Ian Soosay | <i>This action has been transferred to the HAC Action Item Register.</i> | ✓ |
| 3 March 2021 | Health & Safety Performance Report | <u>Occupational Health/Wait times for appointments</u> - report back with advice on what could be done to better support a more robust and mature OHSS function. | 7.7.2021/ 18.8.2021 | Elizabeth Jeffs/ Kathy Nancarrow | <i><u>7.7.2021</u> - No advice received regarding this action item so deferred to the August Board meeting.</i> | |
| 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. | 29.9.2021 | Margaret White | | |

Minutes of Counties Manukau District Health Board Hospital Advisory Committee

Held on 2 June 2021 at 1.00pm
Ko Awatea Room 101, 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 (via Zoom)
Apulu Reece Autagavaia - CMDHB Board Member (via Zoom)
Robert Clark – Mana Whenua

ALSO PRESENT

Avinesh Anand - Deputy CFO Provider
Chris Mallon – Chief Midwife (via Zoom)
Dr Jenny Parr - Chief Nurse and Director of Patient and Whaanau Experience (via Zoom)
Jess Ibrahim – Executive Advisor, CEO’s Office
Mary Burr – General Manager Women’s Health (via Zoom)
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 1.30pm.

2. AGENDA ORDER AND TIMING

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

2.1 Apologies/Attendance Schedule

Apologies were received from Barry Bublitz, Margie Apa and Brittany Stanley-Wishart.

2.2 Disclosure of Interests

Mr Autagavaia had one change which he will notify via email to the Board Secretary for distribution to the other sub-boards.

2.3 Disclosure of Special Interests

There were no Disclosed Special Interests to note requiring update.

3. CONFIRMATION OF MINUTES

3.1 Minutes of the Hospital Advisory Committee Meeting – 21 April 2021

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

That the Minutes of the Hospital Advisory Committee held on 21 April 2021 be approved.

Carried

3.2 Action Items Register – Public

Noted.

Item 5.8 Case Study: ED Discharge and Care Plan Maaori Health Secretariat advised that this item had been moved to the 14 July meeting of HAC as the necessary data was not currently available.

4. PROVIDER ARM PERFORMANCE REPORT

4.1 Executive Summary (Mary Burr)

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

- Processes for monitoring Covid surveillance and Covid-exposed categories continue to operate smoothly.
- The bowel screening programme continues to prove its value with 148 cancers diagnosed since the programme commenced in July 2018.
- Births during March were at the highest since June 2014 with 670 births although had since reduced to the more usual volume in April. Overseas recruitment for midwives continues.
- Additional clinics to address a backlog in colposcopy and hysteroscopy have been put in place to reduce waiting times.
- The amalgamation of Kidz First Medical and Surgical on level 2 has occurred in preparation for the NNU expansion.
- Neonatal occupancy rates remain high at 99%.
- Transition to TrendCare for meal ordering has been completed.
- Wait lists in Radiology are manageable due to funding received from the Ministry.
- Over-occupancy of medicine beds continued in March with occupancy over the past six months exceeding 100%.

Ms Burr referred to Action Item 5.7 in which she was to check whether hospitals that the DHB outsources to are credentialed through the same standards. Ms Burr confirmed that their contract states this and further, that all are appropriately credentialed.

Ms Glenn asked for an update on the 'get home safe' communication, particularly for Mental Health. Ms Burr advised that she is in the process of gathering data for April activity and at this point no alerts have been highlighted, but she will follow up and include her findings in her next report.

Mr Clark expressed his concern over hospital patient food waste and how the DHB measures this. Specifically:

- what does the DHB do with the food waste?
- do we know what percentage of the meals are being eaten by the patient vs the visitors?
- how is that affecting the patient's wellness?
- do we feel that patients understand why they have been prescribed a particular diet?

Dr Watson noted that Meals Services provided a deep dive at the January meeting which Mr Clark was not present for and suggested this be provided to him. Ms Burr noted Mr Clark's concerns and will follow up with the Meals Services team.

Mr Nand noted that following a recent patient survey, over 80% of respondents indicated that the DHB was meeting the meal performance target.

Ms Burr advised that Meals Services provide a comprehensive report each month and will include a copy of this with her report for the 14 July HAC meeting.

Action: Secretariat to provide Mr Clark with a copy of the Meals Services presentation from the January HAC meeting.

Action: Ms Burr to discuss Mr Clark's concerns with the Meals Services team and include a response in her report for the 14 July HAC meeting.

Action: Ms Burr to include a copy of the Meals Services monthly report with her report for the 14 July HAC meeting.

Ms Brown queried the birth numbers and whether the DHB was surprised at the number. Ms Burr advised that there is some evening out across the year and that the current thinking is that the increase in numbers is a blip. Dr Watson noted that the increase in births has not been reflected at other DHBs.

4.2 Finance Results – CMDHB Provider Arm (Avinesh Anand)

Mr Anand provided a verbal update. Key points:

- Underlying result excluding Covid-19 net costs and the Holidays Act adjustment is -\$1.2M for the month and -\$6.8M YTD.
- \$900k Covid-19 vaccination costs within the hospital have been incurred.
- Key drivers include an increase in the neonates cot demand to an average of 42 cots against a budget of 34 cots, increase in ED presentations and the length of stay in the hospital, increase in the number of watches for care partners, additional price premium for outsourcing, reduced annual leave uptake and planned care recovery work which have been over-delivered by \$1.7M.

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

That the Hospital Advisory Committee:

Note and receive the reports.

Carried

5. CORPORATE REPORTS

5.1 Virtual Tour: Laboratories

(Dr Stuart Barnard, Melissa Brown, Don Mikkelsen, Natasha Caldwell, Susan Taylor Mary Christie)

A video was played to the meeting.

Dr Perese asked if the DHB was engaging with the other DHBs and laboratories nationally. Ms Brown confirmed that the DHB shares regional KPIs, mostly with Northern, Health Waikato and Hastings.

5.2 Operational Deep Dive: Laboratories (Melissa Brown)

Ms Brown provided a presentation. Key points:

- The DHBs laboratory is a leader in Covid-19 testing in New Zealand and is a recognised leader in the use of automation, IT and service provision.
- The laboratory is accredited by IANZ under ISO15182.
- Key issues relate to significant workload growth, IT demand and growth, annual leave liability and an ageing workforce.
- Future plans include regional laboratories harmonisation project, leveraging IT and automation expertise, service reconfiguration at Manukau Health Park, workforce planning, developing people, supporting long term investment plan and contributing to design and provision of community laboratory services post 2026.

Mr Clark queried what support was in place around equity for Maaori and how body parts were handled. Ms Caldwell advised that the team works closely with bereavement care and an appropriate process for the tissue and the journey it and the patient takes is observed.

Mr Clark noted that he would like to see some training or scholarship in place for Maaori in this area. Ms Caldwell advised that the DHB is working with universities but the number of Maaori or Pacific students coming through is very low. Ms Caldwell is part of a workforce group and a focus is heading into the high schools and possibly intermediate to start working with these young people.

Mr Boles asked the team what they would like to highlight or bring to the Committee's attention in the coming months. Mr Mikkelsen advised the laboratory was very IT and technology focused, future plans are in hand and a business case will be brought to the Board. A big challenge has been Covid-19 and the massive growth that had to be undertaken. Appointments were made on a temporary basis, but now that Covid-19 is extending, this has resulted in rolling staff turnover with permanent staff fatigued by constant training of new team members. Consideration is being given to converting some positions to permanent to reduce these pressures.

Mr Boles asked if New Zealand was an attractive option to recruit actively from overseas. Mr Mikkelsen advised that there is no active plan to do this. Dr Perese noted that the DHB was already working with local schools and health science academies. Ms Glenn suggested that this work be extended to the Papakura and Franklin areas as it seems to be limited to Manukau. Ms Caldwell noted there is currently very little promotion, but this was an area that she would push.

5.3 Strategic Deep Dive: Radiology Infrastructure (Dr Stuart Barnard)

Dr Barnard provided a presentation. Key points:

- The national scorecard reflects that CM Health is performing better than most other DHBs.
- Do not attend rates are significantly higher for Maaori and Pacific patients at twice the average.
- Increasing volumes average of +7.9% CT and +10.5% MRI per year for the past five years. This trend is similar to other DHBs in New Zealand and to Australia and the UK.
- High capital items cost with equipment needing replacement every 5-10 years. Machine costs range from \$280k to \$2M per machine.
- Challenges include increasing volumes, complexity, capacity, funding, limited workforce, and regional alignment exacerbated by outsourcing.
- The radiology software system IT stack (RIS PACS) is out of support, creating risk. Both RIS and PACS are shared across the metro DHBs.

Ms Abel-Pattinson asked if the MRT scopes of practice in NZ are different to other places in the world. Dr Barnard confirmed that it was. Mr Nand advised that some of it was driven by the profession itself, with the MRTB determining the scope of practice.

Dr Perese queried the barriers causing the DNA rate. Dr Barnard does not believe the DNA rate is unique to radiology but reflective across the hospital, with challenges for patients such as finding child care arrangements, arranging time off work, transport and parking.

Dr Perese asked if the appointment communications are available for those with English as a second language. Dr Barnard acknowledges it is something that needs to be addressed.

Mr Clark asked if the service could be performed out of a mobile bus. Dr Barnard advised there was a community site in Mangere. The service could provide a bus, but the issue would be providing workforce.

Ms Abel-Pattinson asked Dr Barnard to provide a short paper that explains the radiology IT system, how far out of service it is and the investment required. An update will be provided to either the July or August HAC meeting.

Action: ***Dr Barnard to provide a response about the radiology IT system (RIS PACS), how far out of service it is and the investment required. This will be included in the reports for the 14 July HAC meeting.***

5.4 ED Discharge and Care Plan Maaori Health (Carly Brown, Sharon McCook)

Secretariat advised that this item had been moved to the 14 July meeting of HAC as the necessary data is not currently available.

5.5 Metrics That Matter Dashboard (Dr Peter Watson)

The report was taken as read.

Dr Watson referred to Action item 4.2 in which he was to provide a proposal on the consolidation of current reports. Dr Watson suggested the following:

- The Metrics That Matter Dashboard is included in the Executive Summary Report each month.
- The quarterly Faster Cancer Treatment report is included in the Executive Summary report each quarter.
- The Every Hour Counts quarterly report and the Hospital Services Project Portfolio quarterly report are combined under the new name of Ko Awatea Update, and continue as a quarterly report provided by Dr Seddon.

Action: ***Secretariat to notify writers of the FCT report, Metrics That Matter Dashboard, Every Hours Counts Quarterly Update and Hospital Services Project Portfolio Quarterly Update of the new reporting requirements.***

Dr Perese asked why the Pacific numbers were so much higher for surgical oral health. Dr Watson advised that while overall numbers on the waitlists are decreasing, due to the high number of young Pacific people in the CMDHB community, and the prevalence of risk factors for this population, the numbers of Pacific children on the surgical oral health waitlist remains higher than for other groups.

Ms Abel-Pattinson asked if 'lip for lip' is still done. Dr Watson confirmed that it is part of the community oral health programme interventions.

Ms Glenn suggested that the DHB's Mana Whenua board members are offered the opportunity to have the Metrics That Matter dashboard explained to them, as this training session took place before they joined the Board. Dr Seddon confirmed she is happy to do that and will liaise via the Board Secretary to put this in place.

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

That the Hospital Advisory Committee:

Note and receive the report.

5.5.1 Stroke Metrics (Dr Geoff Green)

Dr Green provided a presentation. Key points:

- The Ministry has set four KPIs, 2 for acute and 2 for rehab:
 - KPI #1 - Proportion of patients admitted to an acute stroke unit within 24 hours. Target 80%.
 - KPI #2 - Reperfusion (thrombolysis and clot retrieval). Target 12%.
 - KPI #3 - Rate of acute stroke transfer to rehab within 7 days. Target 80%.
 - KPI #4 - Proportion of patients seen within 7 days of discharge by community rehab team. Target 60%
- Latest data for April shows improvement with KPI #1 68% vs 80% target, KPI #2 25% vs 12% target, KPI #3 60% vs 80% target, KPI #4 50% vs 60% target.
- No disparity in ethnicity measure for KPI #1, #2 or #4. KPI #3 ethnicity trend toward Maaori and Pacific not reaching rehab as quickly, as these groups often suffer more severe strokes and are not stable enough to move to rehab as soon as others.
- Stroke incidence is not decreasing in CMDHB's population.
- Maaori and Pacific incidence is increasing and have more severe and younger strokes.
- Strategic workshop being planned, increase beds in ASU, ESD service in community stroke rehab, implement AF/TIA service – proposal for prioritised DHB funding has been submitted for the 21/22 budget.

Mr Clark queried how the DHB approaches patients who do not want to be seen at home. Dr Green confirmed that if a patient declines the service they try again, and if necessary these patients can be seen in the hospital.

Ms Brown queried if there were sufficient education in the community to identify a stroke. Dr Green advised that the Stroke Foundation run an annual F.A.S.T. campaign, with a specific campaign in South Auckland for Pacific peoples.

5.6 Patient Flow Every Hour Counts Quarterly Update (Dr Mary Seddon)

The report was taken as read.

Ms Glenn queried the acute flow programme and Dr Seddon advised this is a piece of work that is much bigger than just the ED area. We need to check we are appropriately monitoring people, then we start programme from ED through to wards.

Ms Brown queried the reference to 'leanness' in relation to an SMO being away. Dr Seddon advised that an SMO suffered an injury and was away, which impacted the service as staffing was already considered lean.

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

That the Hospital Advisory Committee:

Note and receive the report.

5.7 Human Resources Quarterly Update (Elizabeth Jeffs)

The report was taken as read.

Ms Brown queried the accrued annual leave balance - what is being done to address it, can the DHB afford to allow people to go on leave and does the DHB have the capacity to cover the leave? Ms Jeffs advised that the DHB needed to work towards staff taking a minimum of 2 consecutive weeks.

Dr Parr noted that due to demand and workforce needs it is often difficult for all staff to take leave when they wish to. Also, with many nurses working in MIF, there are fewer people to assist the DHB when it is short staffed.

Ms Jeffs suggested that future reporting focus on staff that have or have not had leave in the past 6 or 12 months, rather than reporting on accrued leave.

Action: *Ms Jeff's future reporting to focus on staff that have or have not had leave in the past 6 or 12 months, rather than reporting on accrued leave.*

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

That the Hospital Advisory Committee:

Note and receive the report.

5.8 Fundamentals of Care Review October 2020 Results (Penny Johnstone, Dr Jenny Parr)

The reports were taken as read.

As the meeting was running over-time and the discussion was too important to rush, Ms Abel-Pattinson suggested that the paper be accepted and that Ms Johnstone and Dr Parr present a powerpoint update at the next meeting.

Action: *Secretariat to schedule a powerpoint update for the 14 July HAC meeting.*

Ms Glenn noted the significant difference in communication care results for those with disabilities. Mr Nand will address this at the next DiSAC meeting. Dr Parr noted that communication was the only standard that had significant change, and when drilled down, it seemed to be in ARHOP, so it may have some relationship to newly disabled stroke patients and the DHB may find that through the process of raising awareness, that it starts to settle.

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

That the Hospital Advisory Committee:

Note and receive the report.

6. RESOLUTION TO EXCLUDE THE PUBLIC

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

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 21 April 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. |
| 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

The Public Meeting closed at 3.52 pm.

The next meeting of the Hospital Advisory Committee will be held on Wednesday, 14 July 2021.

Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 2 June 2021.

Catherine Abel-Pattinson
Chair

Date

DRAFT

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

Held on Wednesday, 21 April, 2021 at 9.00am – 11.00am
Held at Room 101, Ko Awatea, Middlemore Hospital, 100 Hospital Road, Otahuhu and via Zoom.

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Co-Chair)
Pierre Tohe (Co-Chair)
Barry Bublitz (Mana Whenua)
Dianne Glenn
Katrina Bungard
Lana Perese
Paul Young
Apulu Reece Autagavaia
Robert Clark (Mana Whenua)
Tipa Mahuta

ALSO PRESENT

Aroha Haggie (Director Funding & Health Equity)
Dr Campbell Brebner (Chief Medical Advisor, Primary & Integrated Care)
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 Robert Clark.
Ms Brown reminded the committee of the short time frame of this meeting due to the Government announcement in regard to the Health & Disability System Review.

1. AGENDA ORDER AND TIMING

Items were taken as per the agenda.

2. GOVERNANCE

2.1 Apologies

Apologies were received from Fepulea'i Margie Apa, Dr Gary Jackson, Tori Ngataki and Brittany Stanley-Walsh.

2.2 Register of Interests

Disclosure of Interests – Ms Tafau to amend Mr Tohe's when she receives his emailed instruction.
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 10 March 2021.

Ms Tafau to amend page 10 as per recommendation.

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

That the minutes of the Community and Public Health Advisory Committee meeting held on 10 March 2021 be approved.

Carried

2.4 Action Items Register/Response to Action Items

No comments to note.

2.5 CPHAC Work Plan 2021

No comments to note.

3. UPDATES

3.1 Pacific Health: Fanau Ola Update (Doana Fatuleai, GM Pacific Health Development)

CPHAC thanked the team for their dedication to their community and all of the hard work that goes into supporting them and their fanau.

Staff wellbeing was raised by CPHAC given the volume of referrals. Human Resources have helped with providing support in this area. Fanau Ola have had to combat deployment to the Covid response as well as maintaining looking after their most vulnerable fanau.

4. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

| General Subject of items to be considered | Reason for passing this resolution in relation to each item | Ground(s) under Clause 32 for passing this resolution |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 Confirmation of Public Excl Minutes of CPHAC Meeting 10 March 2021 2.2 Public Excl Action Items Register | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, S32(a)] | Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act. |
| 3.1 Covid Vaccination Programme Update | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)] |

Carried

This first part of the meeting concluded at 9.53am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 21 APRIL 2021.

Colleen Brown
Committee Co-Chair

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

Held on Wednesday, 2 June, 2021 at 9.00am – 11.00am

Held at Room 101, Ko Awatea, Middlemore Hospital, 100 Hospital Road, Otahuhu and via Zoom.

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Co-Chair)
Pierre Tohe (Co-Chair)
Dianne Glenn
Lana Perese
Apulu Reece Autagavaia
Robert Clark (Mana Whenua)
Tipa Mahuta
Brittany Stanley-Wishart (Board Observer)

ALSO PRESENT

Fepulea'i Margie Apa (Chief Executive Officer)
Aroha Haggie (Director Funding & Health Equity)
Dr Gary Jackson (Director Population Health)
Dr Campbell Brebner (Chief Medical Advisor, Primary Care & Community Services)
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

A media representative from NZ Doctor was in attendance.

WELCOME

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

1. AGENDA ORDER AND TIMING

Items were taken as per the agenda.

2. GOVERNANCE

2.1 Apologies

Apologies were received from Barry Bublitz, Paul Young (who was able to Zoom in for the first hour) and Brittany Stanley-Wishart (for an early finish).

2.2 Register of Interests

Disclosure of Interests – an amendment for Apulu Reece Augtagavaia.
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 21 April 2021.

Correct Ms Stanley –Wishart’s name.

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

That the minutes of the Community and Public Health Advisory Committee meeting held on 21 April 2021 be approved.

Carried

2.4 Action Items Register/Response to Action Items

No comments to note.

2.5 CPHAC Work Plan 2021

No comments to note.

3. UPDATES

3.1 Draft Metro Auckland System Level Measures 2021/22 Improvement Plan Update (Robin Van Ausdall, Project Manager, Primary Care, Funding & Health Equity)

Paper taken as read.

Ms Van Ausdall advised that data sharing is a work in progress and that significant strides have been made in the last year. There is now a Metro AKL Data Sharing Framework in place and there has been growing trust in that. Metro Auckland Data Sharing has recently undergone a review and as a result is looking to improve the technical solution.

Action

It was noted that Maaori & Pacific PHOs are involved and have a clear voice at the table. Will take away an action to update CPHAC around what the engagement has been to date and what it looks like.

Equity of measurement was raised by Ms Perese around whether whanaau’s cultural and spiritual needs are being met. Ms Van Ausdall advised Involvement with Care was a Ministry priority. Questions were based around access and involvement of care (MoH mandated).

CPHAC noted the limitations of the survey questions and asked that Ms Van Ausdall feedback to the MoH that improvements could be made around Pacific & Maaori patient experiences. Whaanau experience, spiritual and cultural needs, feeling respected needs to be included.

Resolution

The Community & Public Health Advisory Committee:

Received this information paper on Metro Auckland System Level Measures.

Noted that the Annual Plan (see Appendix 1) has been endorsed by the Joint Alliance Leadership Team (JALT) and will be submitted for approval by the Ministry of Health (MoH).

3.2 Utilisation of Auckland Regional HealthPathways Update (Catherine Turner, Programme Manager, Clinical Pathways)

In terms of Disability Pathways, Ms Tafau to connect Ms Turner to Ms Glenn offline.

HealthPathways is a good source of truth for up to date locally agreed best clinical practice and supports equity, patient journey, clinical support and the health system.

HealthPathways exposure to younger clinicians will be beneficial in order to get them on board from the beginning. HealthPathways is also being circulated to Nurses.

3.3 ARPHS Six Monthly Update (William Rainger, Director & Medical Officer of Health, ARPHS; Jane McEntee, GM ARPHS)

Paper taken as read.

Dr Rainger informed the Committee that there is still a focus on Covid and staff have been deployed into the Covid Response, however BAU continues.

Communicable diseases are trending lower than other years, eg Rheumatic Fever.

There has been an increase in small outbreaks of Norovirus Nov/Dec 2020. It is thought that Covid messaging re hand sanitiser could have had people using ineffective sanitiser rather than hand washing.

ARPHS Development has involved key priorities, including formalising the Treaty of Waitangi and relationships with Mana Whenua. That process has begun by rekindling the relationship with Ngati Whaatua and ARPHS are also engaging with Waikato Tainui. Plans for Health Improvement for Maaori and Pacific and a coordinated approach to equity across ARPHS.

Tuberculosis screening/vaccinating was raised by CPHAC. The Committee were advised that TB rates have increased. Screening occurs on those entering NZ with a Work Visa. BCG clinics are across the region and vaccinations are offered.

Mr Clark advised ARPHS that he would welcome a conversation with Mana Whenua i Tamaki Makaurau as Mana Whenua of this rohe.

The sugar tax was raised CPHAC. ARPHS can advocate for these sorts of policy changes, working in conjunction with Healthy Auckland Together and linking with other groups. They can be strong voices in advocating for the Sugar Tax.

ARPHS talked to regulation and licencing as a way to limit the pop ups of unhealthy food/alcohol outlets. Urban planning is also a factor. Repeal of the Resource Management Act will be looked at.

Resolution

That the Community & Public Health Advisory Committee:

Received this update from the Auckland Regional Public Health Service on key areas of work that are underway and/or have been completed since our last report in September 2020.

Noted a more detailed deep dive on infectious diseases is under appendix B, alongside the COVID info in the body of the report.

3.4 Covid Vaccination Programme Update (Kate Dowson, acting GM Primary Care & Health of Older People, Funding & Health Equity & Kitty McQuilkin)

The outreach team has delivered first dose vaccinations to 1,678 residents and 708 staff at 41 Aged Residential Care facilities, mostly in South Auckland.

There are now ten general practices providing COVID-19 vaccinations. 10 in South Auckland (including one in Waiuku) and another six starting by mid-June.

There are seven South Auckland pharmacies due to begin providing COVID-19 vaccinations in the coming weeks.

Go-live dates for community vaccination sites at Pukekohe and Takanini are confirmed for 15th and 17th June respectively.

If Vaccinated at a central site, can people then vaccinate at a site closer to home. How will people be notified that this is an option? KMQ will follow up with the Vaxx Programme comms to see if this has been considered.

It is hoped that up to half of the Primary Care practices will be vaccinating. Practices that are not vaccinating will advise their patients where they can find practices that are close in order to get their vaccinations done.

Healthline was noted as a frustration for those looking for information. Queues up to 150 callers long. Supermarkets were raised as a useful place to disseminate health messages.

In answer to some queries from CPHAC members, Ms McQuilkin advised:

- Teens turning 16 will become eligible as soon as they turn 16.
- Some disability sector workers were invited to be vaccinated in March, predominantly those who also provide Home and Community Support Services. There were concerns regarding those who were missed, especially DSS services and many residential providers. Taikura Trust has been engaged to send out vaccination booking/walk-in instructions to remaining disability service providers.
- The MOH has prepared detailed work proposing various delivery modes to meet the needs of our disabled population. The NRHCC is now working to review this and implement our selected delivery modes over the coming weeks/months. The NRHCC has identified and recruited an experienced Disability Planning Lead to lead this work. An update will be provided to CPHAC at the July meeting regarding the selected delivery modes and their implementation.
- The NRHCC team has now dedicated resource to support the Disability community in ensuring they are vaccinated in a timely manner. Various modes of delivery are being considered. Ms McQuilken will update further re progress at the July CPHAC meeting and the DiSAC meeting on 16 June.

- Large HOP providers that have the resources/capacity available will be able to vaccinate their own staff/residents.

In answer to queries regarding the homeless, Ms McQuilkin advised:

- There is an estimated 3,000 – 4,000 people living without shelter or living in temporary accommodation.
- The key contact points or opportunities to engage are: the Auckland City Mission, Housing First providers and privately run boarding houses
- The Auckland City Mission via the Calder Centre run a flu vaccination campaign each year – uptake is very low (this year to date 93 people). It is anticipated that COVID-19 vaccination will be less (two doses required, vaccine hesitancy)
- A draft vaccination model is currently being considered. This model comprises:
 - A pop-up clinic at the Auckland City Mission;
 - supported transport to culturally appropriate community vaccination sites; and
 - an outreach/mobile model that can offer vaccination to people in their natural places of gathering.
- An update will be provided at the next CPHAC meeting.

In regard to people currently in the country past their exit date, just as with Covid testing, an NHI will be generated and vaccination can go ahead.

3.5 Healthy Families NZ (Rachel Enosa, CEO The Cause Collective)

The Southern Initiative attendees were: Winnie Hauraki and Jacqui Yip.

The Cause Collective attendees with Ms Enosa were: Mason Ngawhika, Lui Poe and Fila Fuamatu.

Ms Enosa gave the Committee an overview of the work Healthy Families undertake in the community.

Healthy Families South Auckland is part of a national initiative. There are 11 Healthy Families sites up and down the country. The contract sits with the Ministry of Health and has been running for approximately six years. The intention is to look at Population Health and apply a system thinking lens to the work to understand what are the systems that are involved in chronic disease and how do they interact with each other and what are the points of leverage within those systems.

When we talk of systems we think of: local food systems, sport and movement, neighbourhood systems, alcohol related harm.

The Healthy Families focus is on the Manukau, Manurewa and Papakura wards (316,000 people in total, but HF focus on those in the high deprivation areas).

There is a strong focus on equity within the programme.

The team that joined Rachel talked to the Committee around the particular pieces of work that they are involved with.

CPHAC acknowledged the work that is being undertaken by Cause Collective and The Southern Initiative for Healthy Families South Auckland and understood the difficulties they faced in terms of equitable resourcing.

4. INFORMATION PAPER

4.1 Metrics that Matter (Paul Hewitt, Senior Planning Advisor)

It was suggested that Mana Whenua could do the Metrics that Matter workshop in order to enable better understanding of the data layout.

5. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

| General Subject of items to be considered | Reason for passing this resolution in relation to each item | Ground(s) under Clause 32 for passing this resolution |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 Confirmation of Public Excl Minutes of CPHAC Meeting 10 March 2021 2.2 Public Excl Action Items Register | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, S32(a)] | Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act. |
| 3.1 Covid Vaccination Programme Update | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)] |

Carried

This first part of the meeting concluded at 11.40am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 2 JUNE 2021.

Pierre Tohe
Committee Co-Chair



1 July 2021

Vui Mark Gosche
Chair – Counties Manukau District Health Board
By email: mark.gosche@middlemore.co.nz

E te Pou Rangatira Vui Mark, tēnā anō koe

Re: CPHAC & HAC

Due to a prioritisation within MWiTM on a range of activities I have resigned from representing MWiTM at CPHAC and HAC Committees, effective immediately.

MWiTM would like to put forward:

1. **CPHAC** – Malcom Wara
2. **HAC** – Riikii Minhinnick and Nanaia Rawiri

Ngā mihi

A handwritten signature in black ink, appearing to read "Barry J. Bublitz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Barry J. Bublitz – Kai Whakahaere
Ngāi Tai ki Tamaki

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 26 May 2021 – 6 July 2021.

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

Introduction

This report covers the period 26 May – 6 July 2021. We have continued to see high presentations and occupancy as we move into the winter period and we are working to increase capacity in the hospital over the next few months to ensure we can meet the demand we are seeing. We have also just drawn the financial year to a close and have recently submitted our annual plan for the 2021/22 year to the Ministry of Health.

Performance

I attach for the Board's information the Metrics that Matter for May 2021. Please note that this dashboard contains some minor formatting changes, title changes and graph order sequence changes from the dashboard submitted in April 2021. In addition, further metrics such as the Emergency Department 6hr target and the Non Face-to-Face measures are split by ethnicity.

Highlights

- **Histology** turnaround time has remained at or above the target of 80% for 12 months. It is recommended that this metric is removed from the dashboard.
- The **P1 (urgent) colonoscopy rate** for Maaori continues to improve. In addition, (and not shown on the dashboard) the rates for **Surveillance colonoscopy, P1 (urgent) gastroscopy, and Surveillance gastroscopy** are above the relevant targets.
- The improving trend continues towards the 80% target for patients admitted with **stroke and moved to rehabilitation within 7 days**. A similar trend is noted for patients admitted with **stroke who are eligible for thrombolysis (reperfusion)**.
- The **7-day readmission rate** has been adjusted downwards to 2.8%.
- **ESPI 2** compliance has been achieved by the ORL service.
- **YTD Planned Care Interventions** are ahead of forecast at 113.5%. This is mainly due to higher than expected minor procedures being performed.
- **Sick leave rates** for RMOs are now included in addition to Nursing sick leave rates.
- **Paediatric oral health** – there has been another monthly decline in the FSA wait list across all ethnicities. Conversely and comparatively, the surgical wait list has increased.

Lowlights

- The **Emergency Department 6hr** target is trending downwards.
- **Elective surgical cancellations on day of surgery** have not reached the target of 5% at any point

since July 2019. The average percentage over the last 12 months is 9%.

- **ESPI 2** breaches have worsened in most services except for Ophthalmology and Paediatric Medicine. In comparison, there have been small improvements in **ESPI 5** compliance in General Surgery, Ophthalmology, and Plastics services.
- **P2 (routine) colonoscopy and gastroscopy rates** remain below target, as do the **P1 (urgent), P2 (semi-urgent) and P3 bronchoscopy rates**.

Auckland Regional Dental Service reports:

- May has recorded the highest referral rate received from ARDS for CMDHB children.
- Increased outpatient capacity: since April 2021, FSA capacity has increased through the provision of Saturday clinics at Buckland Road, our focus has been on equity gains for CMDHB Māori and Pacific Island children. This clinic location has allowed us to mitigate barriers to access through providing weekend clinics that are located closer to home in South Auckland, readily accessible by public transport and for those that choose to drive, attracting no parking fee.
- Increased OR capacity: between 10/05 – 02/07/2021, ADHB has contracted the Surgical Bus to provide an additional GA treatment capacity of circa 320 cases. Māori and Pacific Island children, predominantly from CMDHB, have again been our focus aligned to more accessible care.
- Maintaining momentum:
 - Outpatient: Expressions of interest have gone out to staff to continue fortnightly Saturday clinics at Buckland Road;
 - Fortnightly Saturday operating lists at Greenlane have been confirmed from 10/7/2021 for 2 all-day lists per Saturday; and
 - Discussions are in progress regarding access to MSC for future Saturday operating lists.

News and Events

Vaccination

The COVID-19 vaccination programme continues to progress well with the second large vaccination centre in South Auckland (Takanini) going live in June. The team's focus is now on looking at increasing the number of GPs and pharmacies which are able to provide vaccination and also looking at alternative methods of provision (large scale events, pop up sites etc.). The staff flu vaccination programme has also begun and we are currently sitting at over 1700 staff having received their flu vaccination.

National Volunteer Week

National Volunteer Week, a week dedicated to recognising the hard work and commitment of volunteers, runs from 20-26 June 2021. Not just this week, but every day, it's important to appreciate those who give their time to help others. At CM Health we have a pool of around 30 volunteers who visit patients and help with way-finding and admin work. A big thank you to our dedicated volunteers!

The Future is Open to Us

Further to my last update, The Future is Open to Us ("FOU") initiative has continued with its events which aim to build a workforce that is representative of the communities we serve. In late May they attended the Manurewa High School's career expo with June Tangi-Tuake (Hospital Play Specialist) and Matangaro Rima (Fanau Ola Nurse Case Manager) who helped showcase the different careers in health. In June, the FOU

team hosted students from Manurewa High School who toured some of our services at Middlemore Hospital – Birthing & Assessment, Laboratory, Ko Awatea and Ophthalmology. The Year 13 students are part of the Health Science Academies programme and are creating a virtual tour of Middlemore as part of a school project. The project will help students learn the different types of health careers at the hospital, as well as provide guidance on what health degree they can study at tertiary level.



Samoa Language Week

Samoa language week ran from 30 May – 5 June, providing us with an opportunity to celebrate the Samoan language and culture. The theme for 2021 was *“Poupou le lotoifale. Ola manuia le anofale.”* which translates to: *“Strengthen the posts of your house, for all to thrive.”*

The week included events in teams across the organisation, performances from the Le Taupou Manaia Dance Group and a Samoan language workshop.

Crazy Socks4Docs Day



On 4 June we marked Crazy Socks4Docs Day where everyone is encouraged to wear odd socks to work in support of normalising the conversation about doctors’ mental health. The Crazy Socks4docs movement came out of the responses that the founder, Australian Cardiologist Dr Geoff Toogood, experienced when he happened to wear odd-coloured socks to work. Having recovered from severe depression, there was talk that he was failing again. He was actually well, his socks all having been eaten by his new puppy other than the odd pair he was wearing that day. Rather than ask whether he was OK, there was whispering behind the scenes. As a result, Geoff established Crazy Socks4docs Day in order to address the stigma around mental ill health in doctors, and to make it OK for a doctor to not be OK.

CM Health takes staff welfare seriously and has a dedicated SMO wellbeing Lead, Jo Sinclair. Jo is an Anaesthetist and part of her role is dedicated to leading SMO and staff welfare projects. She recently led the introduction of Schwartz Rounds at CM Health which are open to all staff and are dedicated to exploring the human and emotional aspects of working in healthcare.

Bowel Cancer Awareness Month

In June we marked Bowel Cancer Awareness Month. Bowel cancer is the second highest cause of cancer deaths in New Zealand, with 1,200 people dying each year. The national bowel screening programme catches cancer at an early stage when 90% of cancers can be successfully treated. Since the programme started in CM Health in 2018, 148 cancers have been diagnosed. People aged 60 - 74 can get free bowel screening tests which they can do in their own home.



World Orthoptic Day

On 7 June the Ophthalmology Department celebrated World Orthoptic Day. Orthoptists are specially trained allied health professionals who work in close co-operation with ophthalmologists. They examine, treat, and monitor patients of any age with specific eye disorders, e.g., Amblyopia (lazy eye), Strabismus (squint), eye movement disorders and other abnormalities of binocular function, and are specialised in visual development in children. New Zealand only has 29 orthoptists, of which CM Health has two.

World Elder Abuse Awareness Week

In June we marked World Elder Abuse Awareness Week. Age Concern had an information stand in Middlemore Hospital to raise awareness and provide information. At CM Health we have a Violence Intervention Programme which is responsible for:

- Training, educating and supporting staff in identifying and screening for all types of family violence;
- Bringing resources into the hospital;
- Strengthening connections with community agencies working in family violence in the Manukau area; and
- Consultation for staff on issues around family violence.

Dry July

Dry July is an annual challenge to give up alcohol for the month. This year we are running a friendly internal competition to encourage healthy leadership and healthier life choices. There will be fun tasks and challenges during the month with prizes up for grabs.



Our People

Local Heroes

Below are our local hero winners for April and May:

April

Beverly Higham - Functional Specialist for Outpatient, Elective Surgery Services and e-Referrals - Patient Information Service



"Beverly is unflappable, and her work is excellent. In the last year of change and challenges, her kindness and work ethic have been a constant, even as her own workload has increased. I am delighted to nominate her as a Local Hero."

Dianne Harper- Administration Assistant - Birthing and Assessment

"I would like to nominate Di Harper for the Local Heroes award on International Administrative



Professionals Day. For the last four and a half months, Birthing and Assessment has been in transition between Midwifery Managers. The team have been amazing through this time without a senior midwifery lead however Di has stood out as an exemplary individual during this time. She is the glue supporting the clinical staff in this stressful environment."

Fakavamoeatu (Va) Lutui - Acting Workforce and Health Gain Manager- Pacific Health Development



"Va is an inspiration and I am proud to work alongside her. She keeps a smile on her face and puts God, her culture, and her family at the centre of all that she does. And her laugh is contagious! I adore your heart for the people and for our community Va, and your mahi does not go unnoticed."

Petra Cunningham – Registered Nurse for The Memory Team



"Petra's kind, caring, and professional manner made the process as easy as possible for mum under the circumstances. Petra truly goes above and beyond in the care of her patients, and this level of professionalism and dedication deserves recognition. She is an absolute credit to Counties Manukau DHB."

May

Indra Dutt - Diabetes Nurse Specialist - Diabetes Service



"My partner is diabetic and I have attended appointments with him. Indra has more than once gone above and beyond to assist us concerning [my partner's] medical concerns. She is informative and has a genuine helpful approach."

Tanya Hooper - Roster Coordinator - Emergency Department



“Tanya is amazing in communicating with the staff, looking after them, and making sure that no one gets burnt out. She demonstrates and upholds all values of our organisation and deserves our recognition for what she does in Emergency Care.”

Pieter Mans - Maintenance Technician – FEAM



“Pieter has a cheerful attitude, a calm presence, and a can-do attitude. He is one of the best technical professionals I have worked with in over 30 years He has been a rock of stability as our FEAM team has grown rapidly”



Kuini Puleitu - Registered Nurse- AT&R Ward 23

“Over the weekend, a patient had no clean clothes and needed his clothes washed. Kuini decided to take the patient's clothes to a laundromat after work and brought them in the next morning. If this is not the Counties value Managakitanga (kind) I don't know what is.”

New Zealand Cardiac Medal



Congratulations to Andrew Kerr who was awarded the New Zealand Cardiac Medal at the National Cardiac Society Annual Scientific Meeting on 17 June 2021. Andrew was awarded the medal for his outstanding contributions to cardiology. While Andrew has held numerous leadership roles, including Head of Department of Cardiology at Middlemore Hospital and Clinical Lead for the Northern Cardiac Network, it is his integral work in the development and governance of the 'All New Zealand Acute Coronary Syndrome - Quality Improvement (ANZACS-QI)' registry platform that is arguably his most significant contribution.

ANZACS-QI is a world-class practice and quality improvement programme, which has resulted in an extensive, sustained research output and has played a role in improving cardiac care for all New Zealanders. Congratulations on the well-deserved recognition Andrew.

Patient Feedback

Below are some recent comments from our patients and visitors:

Ward 8

"Another patient became abusive toward a staff member however I was impressed with the way Rose handled the situation. It looked to me like she was focused on the patient and his wellbeing. It seems Rose was able to deescalate the situation in a successful way. These are good skills to have when working in a hospital environment. I would be grateful if you would pass this feedback onto Rose directly, and also ensure that a copy is made available to her manager, or put in her personal file so that it can be considered during her performance review."

MSC

"My hip replacement surgery went very well. Doctors and nurses were all very friendly and caring. Meals are first-class. Very relaxed SUPER clinic. All my compliments for this hospital. A great thank you."

General

"Going to the hospital to seek for help and treatment when you are sick - Doctors, nurses, and those who work in the hospital are very helpful and very friendly. These attitudes make you recover fast and they treat you very kindly and carefully. God bless each and every one of you who work here in the hospital. Keep it up and God Bless!!"

Maternity North

"Since my admission in MMH the staff were so helpful and supportive. Staff members from doctor, midwife, cleaners, food servers, and trainees were all friendly. Staff member Anjee taught me a few tips of how to look at a newborn baby. I'm thankful and grateful that I was admitted at MMH."

NICU

"This is regarding a serious complaint about middlemore hospital in kids first section. We have our baby born in middlemore hospital. Then we have moved to kids first section because our baby was born premature. Our room was 11A on first floor which was too cold and baby temperature went low from normal temperature 37 to 36.

Then we moved to the other room B15 and this room have one single toilet which is attached with one another room and it has no lock. It has more chance to enter in toilet by other room user when we are using the toilet or shower, mainly at night time.

We are much worried about our privacy and our health and our baby's health. It is more hard for newly mother who has not ever healed and cured properly after giving birth a baby just 5 days before. We requested to change the room but nothing happen. Kindly take this matter seriously as it is health and privacy of matter for both mother and baby."

Ward 10

As we went to walk onto the ward I noticed two ward clerks at the main reception desk. As we passed, one muttered something to the other. They then stopped us by saying "excuse me can I help". I then asked if I needed to tell them who we're here to visit, she nodded yes. I gave my Nanas name. The second ward clerk then interrupted stating kids aren't allowed up there-I said I didn't know that. She then said she had told me that the day before and it needed to be a short visit. I advised her I had never seen her before in my life. She carried on saying other things and I just walked off.

Their attitude towards us was humiliating. They were curt, rude, disrespectful. We had done nothing to warrant such treatment. Their behaviour was truly unbecoming of staff whose role is front facing representatives of Counties Manukau Health. The consequences of this treatment made my kids feel like they shouldn't be there, they were to scared to enter my Nana's room.

Surgery

"I've just had a phone call to say my surgery has been cancelled this Monday with no explanation. I have had all of my pre admission appointments. This is very late notice.

My work has approved this time off however it was very hard to organise. Being in a school setting they have had to organise and commit to paying relievers, the school community has also been informed that I will not be at school for the remainder of the term.

Family and friends have also pre booked time off work to be able to be able to support myself and my 2 year old son during this time. They have paid for flights from around NZ to be arriving tomorrow to stay with me during my recovery.

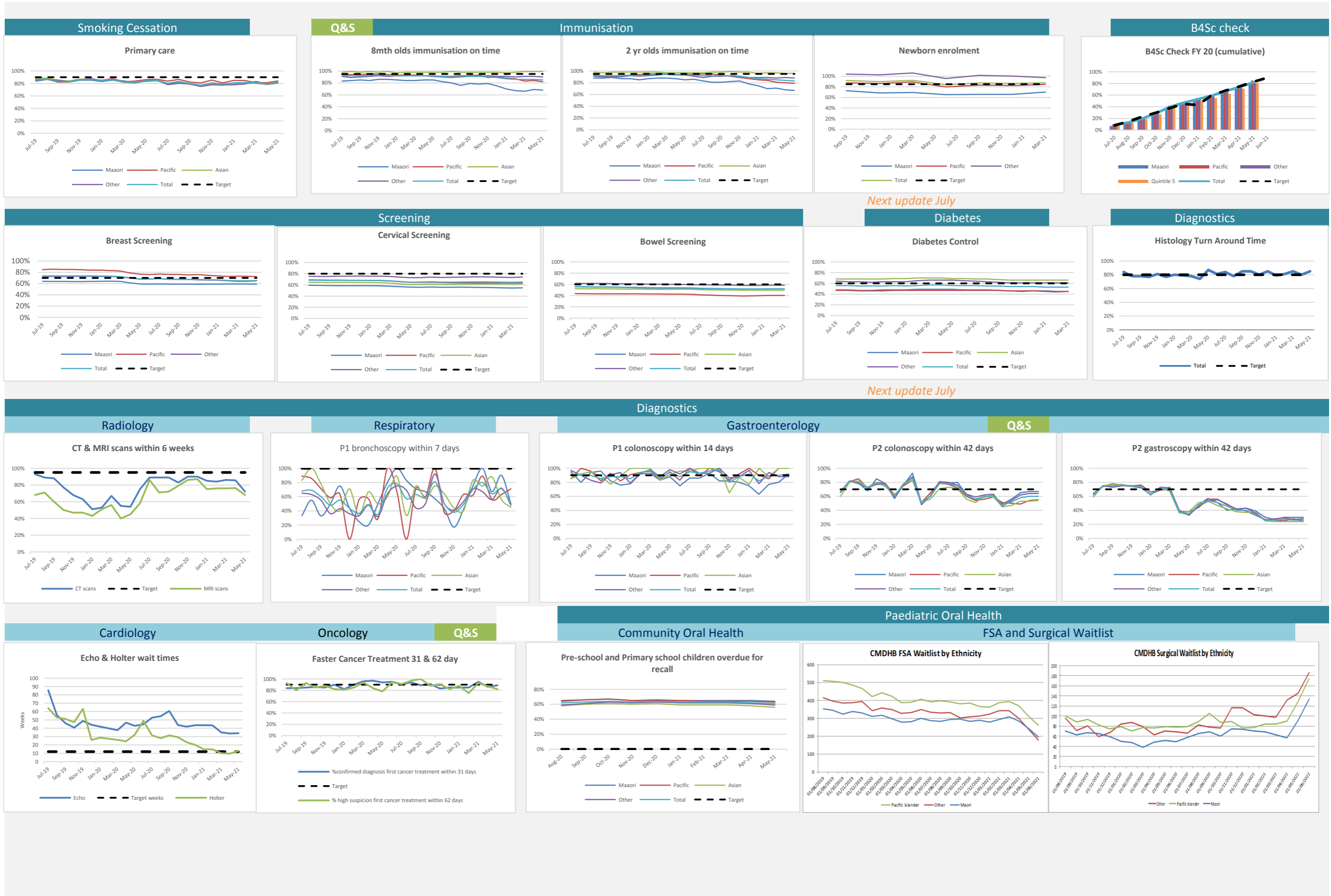
My mother has also been diagnosed with terminal cancer this week hence the rush and difficulty of organising other support during this time. If the surgery doesn't go ahead I will not have these supports. It also affects many people not to mention continuing to suffer everyday.

I have waited over a year for this much needed surgery after also a long process prior to that to be diagnosed. It is extremely disappointing that this has happened at such short notice with no explanation.

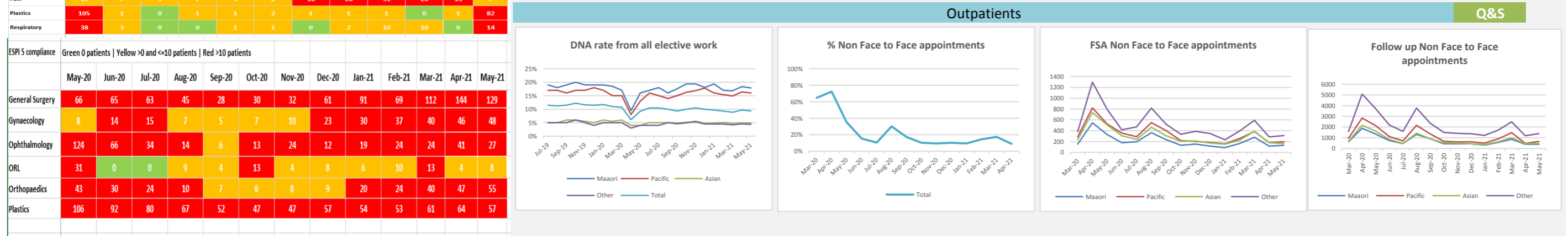
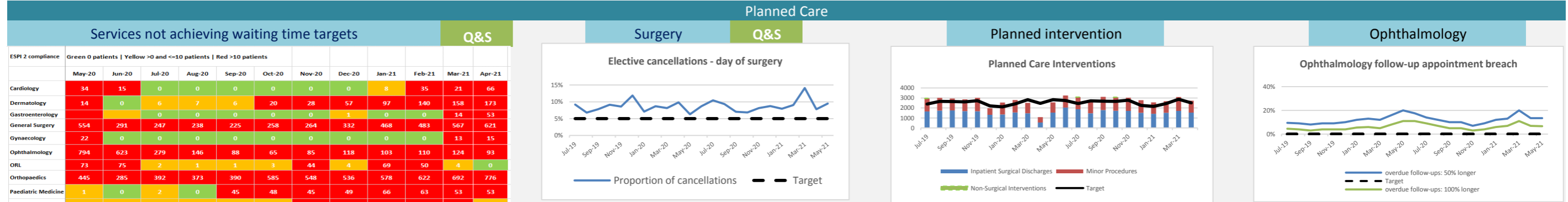
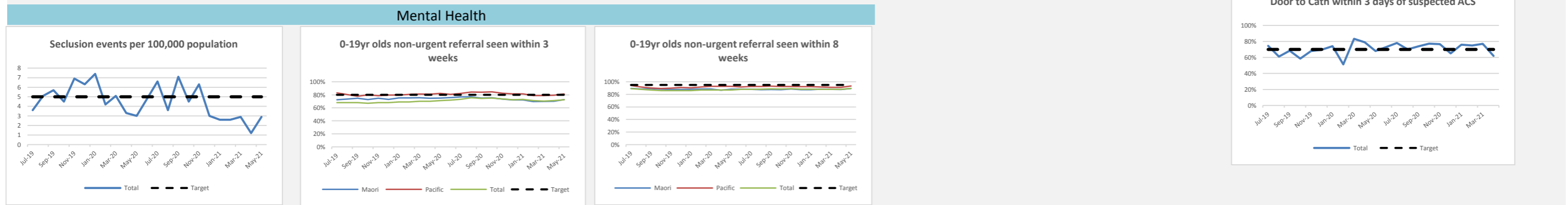
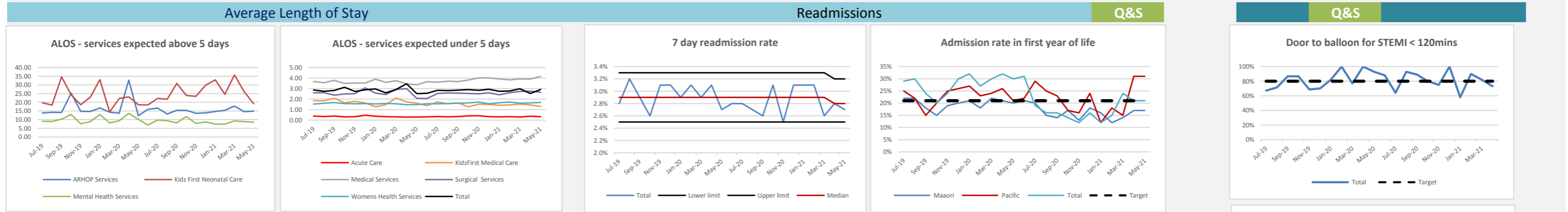
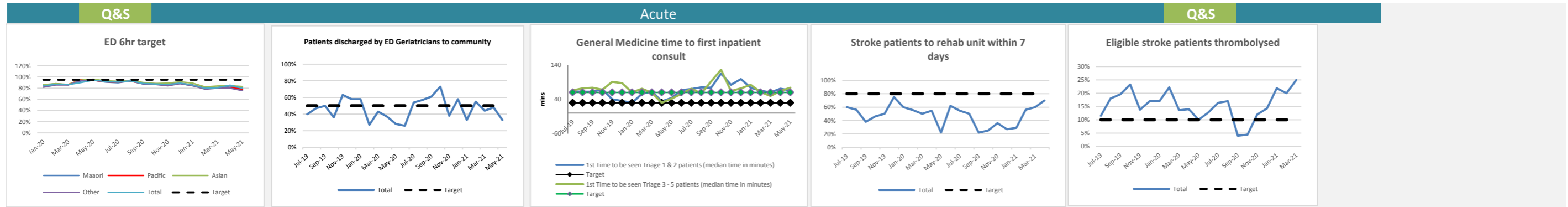
I need this surgery on Monday, everything is in place and planned for this to happen on Monday. I cannot go on living with this disease in my body. "

Appendix

1. Metrics that Matter dashboard May 2021.

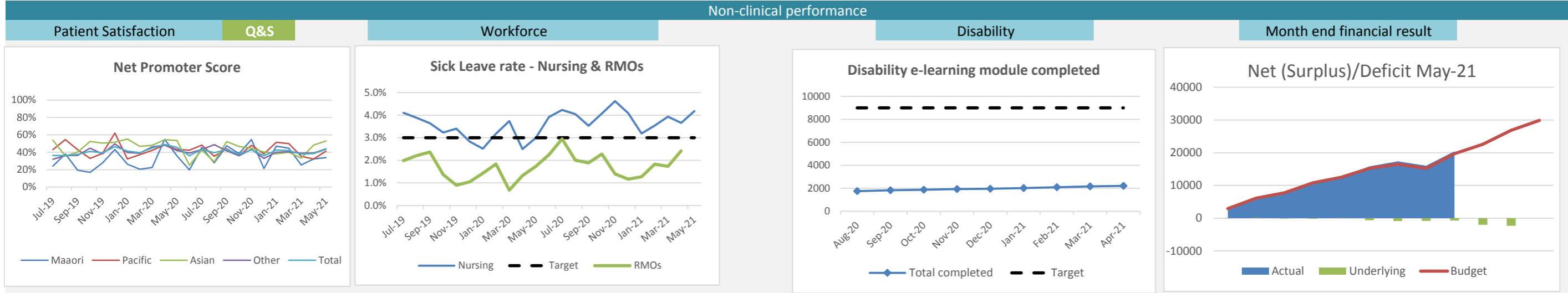


| Smoking Cessation | | Immunisation | | Q&S | B4Sc check |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | | 8mth old immunisation CW05: Percentage of eight months olds who have had their primary course of immunisation on time | | | 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 |
| | | 2yr old immunisation CW05: Percentage of two year olds who are fully immunised | | | Newborn enrolment Percentage of newborns who are enrolled in general practice by 3 months of age. Monthly data not yet available |
| | | Influenza Removed for February as data only collected annually | | | |
| Screening | | | Diabetes | | |
| Breast screening Proportion of women aged 50 – 69 years who have had a breast screen in the last 24 months | | 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 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 | |
| Bowel screening 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. | | | | | |
| Diagnostics | | | | | |
| Radiology | Respiratory | Q&S | Gastroenterology* | | |
| CT&MRI scans within 6 weeks % of scans completed within 6 weeks of acceptance of referral | P1 bronchoscopy within 7 days % of urgent bronchoscopies performed with 5 days of acceptance of referral | P1 colonoscopy within 14 days % of urgent colonoscopies performed with 14 days of acceptance of referral | P2 colonoscopy 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 | |
| Echo & Holter wait times Maximum wait time for Echo & Holter (target weeks: 12 weeks) | Oncology | Q&S | P1 gastroscopy within 14 days % of urgent gastroscopies performed with 14 days of acceptance of referral TARGET MET - removed from dashboard | P2 gastroscopy with 42 days % of routine colonoscopies performed with 42 days of acceptance of referral | Surveillance gastroscopy within 84 days % of surveillance gastroscopies performed with 84 days of acceptance of referral TARGET MET - removed from dashboard |
| Histology | 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 | <i>*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.</i> | | | |
| Histology Turnaround Time % of histology samples completed within 5 working days, from registration in the Laboratory to report ready | | | | | |
| Oral Health | | | | | |
| Community Oral Health | Surgery | | | | |
| Children in arrears The percentage of pre-school and primary school children who have not been examined according to their planned recall period (i.e. by the planned recall date set at their previous examination) in DHB-funded dental services. Target of 0% has been set by the Child, Youth and Maternity team - no agreed target has been set regionally. | Paediatric Oral Health FSA waitlist The number of children referred by Community Oral Health Services who are awaiting their First Specialist Appointment. Currently no target for size of waitlist. Data source: ADHB | | Paediatric surgery waitlist by DHB The number of children who are awaiting oral surgery after their FSA determines oral surgery is required. Data source: ADHB | | |

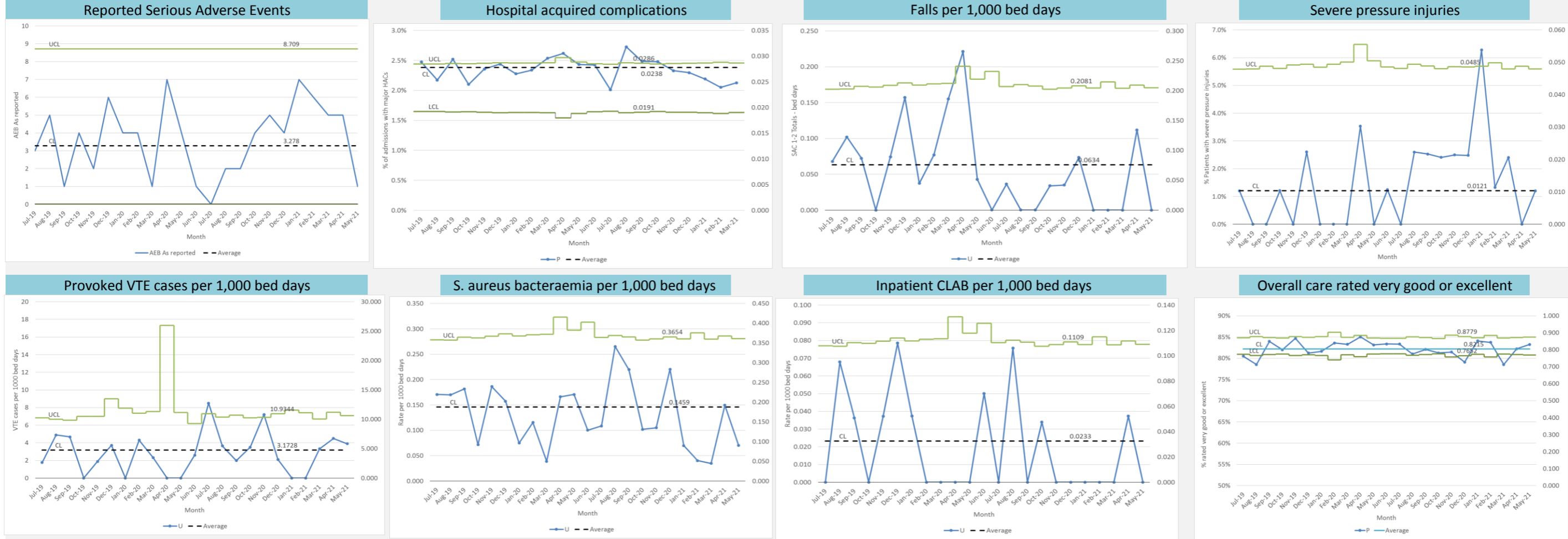


| Q&S | | Acute | | Q&S | | Q&S | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 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. | 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) | 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. Note: Data reported one month in arrears | 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. Note: Data reported one month in arrears | 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 | 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 | Alcohol Harm (6mthly) Removed as data only collected 6mthly - next update July 2021 |
| Average Length of Stay | | Readmissions | | Q&S | | | |
| Average Length of Stay Time from admission to discharge | | 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. | | | | |
| Mental Health | | | | | | | |
| 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. <i>Numerator: hA Netezza Data warehouse Denominator: 2018 Census</i> | 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 arrears, 12mths rolling | | | | | |
| Planned Care | | | | | | | |
| Services not achieving waiting time targets | | Surgery | | Planned intervention | | Ophthalmology | |
| ESPI 2 compliance Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment Note: Services not shown after 2 months of compliance | ESPI 5 compliance Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days for treatment – elective | Elective cancellations - day of surgery | Planned Care Interventions Number of planned care interventions against agreed service delivery Note: 1mth in arrears | 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) | 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



Additional Quality and Safety Measures



| Non-clinical performance | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Patient Satisfaction</p> <p>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? One month lag.</p> | <p>Q&S</p> | <p>Workforce</p> <p>Sick Leave rate - Nursing & RMOs Sick leave hours in the month divided by total hours in the month expressed as a %. Note: Nursing chosen as staff group with most robust data available. Nursing is an important workforce that impacts on hospital flow.</p> | <p>Disability</p> <p>Disability e-learning module % of staff who have completed the disability e-learning module. Note: Denominator is all staff as this is part of mandatory training</p> | <p>Month end financial result</p> <p>Net result Actual operating expenditure against budget across CM Health. Note: Actual excludes COVID and Holidays Act</p> |
| Quality and Safety Measures - 1 month lag | | | | |
| <p>Reported Serious Adverse Events</p> <p>AEB As Reported Number of Adverse event brief part A (AEB As) reported to the Health Quality and Safety Commission each month</p> | <p>Hospital acquired complications</p> <p>Admitted with hospital acquired complications % of admissions with hospital-acquired complications (Source: Health Roundtable). Data is only available until Dec 20.</p> | <p>Falls per 1,000 bed days</p> <p>Falls with major harm Rate of incidents of falls with major harm per 1000 bed days (Source: Incident Management System)</p> | <p>Severe pressure injuries</p> <p>Severe pressure injuries % of patients with severe pressure injuries (Stage 3, 4, or unstageable) (Source: Safety First - includes hospital and non-hospital acquired pressure injuries)</p> | |
| <p>Provoked VTE cases per 1,000 bed days</p> <p>Provoked Venous thromboembolism Number of provoked VTE cases (Elective Orthopaedics) per 1000 bed days</p> | <p>S. aureus bacteraemia per 1,000 bed days</p> <p>Inpatient SAB Inpatient rate of Staphylococcus aureus bacteraemia (SAB) per 1000 bed days (Source: surveillance data from IP&C)</p> | <p>Inpatient CLAB per 1,000 bed days</p> <p>Central Line-associated Bloodstream Infection Inpatient CLAB rate per 1000 bed days</p> | <p>Overall care rated very good or excellent</p> <p>Patient care rating % of patients that rate overall care as very good or excellent (Source: Cemplicity Inpatient Survey)</p> | |

Information Paper

Counties Manukau District Health Board

Finance and Corporate Business Report

Recommendation

It is recommended that the Board:

Receive the Finance and Corporate Business Report.

Note that this paper endorsed to the Audit Risk & Finance Committee meeting of 16 June 2021 to go forward to the Board.

Submitted by: Margaret White – Chief Financial Officer

Glossary

| | | | |
|------|----------------------------------|------|----------------------------------------|
| ADHB | Auckland District Health Board | NGO | Non-Governmental Organisation |
| FY | Financial Year | O/S | Outsourced |
| HOP | Health of Older People | PCT | Pharmaceutical Cancer Treatment |
| HTT | Healthy Together Technology | PHO | Primary Health Organisation |
| IBT | In Between Travel | RMO | Resident Medical Officer |
| IDF | Inter District Flows | SMO | Senior Medical Officer |
| MIF | Managed Isolation Facilities | VLCA | Very Low Cost Access |
| MIQ | Managed Isolation and Quarantine | WIES | Weighted Inlier Equivalent Separations |
| MoH | Ministry of Health | YTD | Year To Date |

Purpose

The purpose of this paper is to provide the Board with an analysis of the financial result for the ten month period ended 30 April 2021 and a high level overview of the financial result for the eleven month period ended 31 May 2021.

Key Messages

2020/21 YTD Result and Forecast position – Due to the timing of the last Audit Risk and Finance Committee meeting and Board meeting, the full financial analysis for the period ended April 2021 YTD result is presented in this paper. We have now closed the May month with an **underlying variance of \$(340k) unfavourable against budget and \$(2.3m) unfavourable YTD.** The unfavourable May result reflects continued unprecedented demand for acute services causing significant periods of over occupancy and a one off impairment of an ICT project of \$616k. Achieving the full year budgeted result is dependent on securing additional Planned Care funding to compensate for over delivery. Discussions with the Ministry of Health have indicated that this funding will be received. Holidays Act provision for 2020/21 year and net unfunded COVID-19 will continue to be reported as exceptional items.

2020/21 Cash and Going concern - The cash flow requirements associated our ongoing response to COVID-19 are significant for CM Health and the region. The MoH recognise this and have expedited payments for COVID-19 recoveries. This will continue to be monitored closely. The joint ministers of Health and Finance have issued a letter of comfort on 29 September 2020 to support the DHBs going concern assumption for the 30 June 2020 annual report.

2020/21 EŞC - The portfolio approach for 21/22 has been confirmed. The EŞC team are working with services to scale current projects and establish new opportunities.

COVID-19 - Funding pathways are progressing well for MIF/MIQ and Border, Community testing, Labs and areas covered by the Ministers \$40m appropriation for the Northern Region Response. The Funding framework for the Vaccination stream is a work in progress. Updates will be provided in due course with a full YTD report to June ARF. YTD 30 April 2021 the DHB has committed \$1.06m not yet funded (\$30.5m COVID-19 to date).

Insurance placement 2021/22 – On 25 June 2021 the CFO, CEO and Board Chair approved NZHPL to bind CMDHB for placement of insurance cover for the 2021/22 year.

Summary Financial Result and Commentary for the period ended 30 April 2021

2020/21 YTD Result and Forecast position - The underlying variance for the month of April 2021 is \$(1.3m) unfavourable against budget and \$(2m) unfavourable YTD. (refer Table 1). The YTD reported result of \$(24.4m) unfavourable includes the unbudgeted COVID-19 impact of \$9.9m and provision for unbudgeted Holidays Act of \$12.5m (holiday pay will continue to be incorrectly paid until payroll systems have been remediated mid to late 2022).

The adverse variance for the monthly is mainly due to increasing ED presentations, increased LOS and bed pressures (occupancy in medical wards was 105%), including increased acuity and complex patients with comorbidity, requiring Care Partners support. The ED presentations are increasing to pre COVID levels. At the same time, reduced Annual Leave uptake has contributed to the unfavourable variance in the month.

Consistent with previously reported trends the underlying YTD unfavourable result reflects the following primary drivers:

- Reduced IDF acute inflow and increased acute outflow with ADHB.
- YTD Surgical over delivery vs contract - Acute, Elective and Planned Care (discussions underway with the MoH to secure funding for Planned Care volumes forecast to be above assigned funding).
- Additional resourcing to support the sustained increase in Neonatal demand resources required - budget adjustment approved during 2020/21.
- Higher use of unplanned Care partners (Watches).
- YTD delay to secure EŞC savings due to COVID-19 disruption.

Offset by:

- YTD vacancies.
- Aged Residential Care including in March a funding adjustment for In Between Travel (IBT) and spend for Mental Health below budget.

Table 1: Summary month and YTD result by division for the period ended 30 April 2021

| Reported Net Result | April 2021 | | | | | | Full Year |
|-----------------------------|-----------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|
| | Month | | | Year to Date | | | |
| | Act \$000 | Bud \$000 | Var \$000 | Act \$000 | Bud \$000 | Var \$000 | Bud \$000 |
| Provider | (17,312) | (9,749) | (7,563) | (113,115) | (90,613) | (22,502) | (111,440) |
| Funder | 5,452 | 7,246 | (1,795) | 69,095 | 72,792 | (3,697) | 87,285 |
| Governance | (361) | (385) | 24 | (2,922) | (4,753) | 1,830 | (5,723) |
| Reported Net deficit | (12,221) | (2,887) | (9,334) | (46,942) | (22,573) | (24,369) | (29,878) |
| COVID-19 costs not funded | 6,822 | - | 6,822 | 9,857 | - | 9,857 | - |

| | | | | | | | |
|---------------------------------|----------------|----------------|----------------|-----------------|-----------------|----------------|-----------------|
| Holidays Act remediation impact | 1,250 | - | 1,250 | 12,500 | - | 12,500 | - |
| Underlying result | (4,148) | (2,887) | (1,262) | (24,585) | (22,573) | (2,012) | (29,878) |

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

Provider Update - The Provider Arm produced a \$(7.6m) unfavourable result against budget for the month of April 2021 (YTD \$(22.5m) unfavourable).

Unfavorable variances:

- Unrealised target savings due to the delays in portfolio and project progression due to COVID-19.
- Impact of net Annual Leave not taken.
- Locum cover for SMO vacancies mainly in Mental Health.
- Over allocation of House Officers and Registrars.
- Unbudgeted cost of increased Care Partners (watches) in wards.
- Increase in Acute and Planned Care activity (partially funded through the Planned Care additional funding).

Offset by favourable variances:

- Vacancies across the system in difficult to recruit to positions; and
- Financing costs, in particular a lower Capital Charge provision as a result of a higher Deficit (due to provision for Holidays Act), result for the year ended 2019/20.

Funder Update - The Funder Arm produced a \$(1.8m) unfavourable result against budget for the month of April 2021 (YTD \$(3.7m) unfavourable).

Unfavourable variances;

- Ongoing IDF wash-up exposure (ADHB reduced inflows and increased outflows).

Part offset by favourable variances:

- Lower Mental Health spend, partly associated with the delayed re-procurement.
- Lower demand for Aged Residential Care, and in March a funding adjustment for In Between Travel (IBT).
- Pacific Health NGO spends not yet under way.
- Planned Care funding accrual for IDF over production in wash-up provision.

Governance - YTD \$1.8m favourable. The YTD favourable is primarily due to vacancies in the Governance & Funding division and a lower level of, and timing differences for planned expenditure (outsourced services, affiliation fees, consultancy, travel and catering expenses).

The full Statement of Financial Performance is presented in the below (Table 2).

Table 2: Consolidated reported and underlying result for April 2021 (Month and Cumulative YTD)

| Statement of Financial Performance | Month Variance | | | | | | | | | YTD Variance | | | | | | | | | FY Bud |
|------------------------------------------|-----------------|-----------------|-------------------|-------------------|---------------------|-------------------|-------------------|-------------------------|-------------------|-------------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------|-------------------------|-------------------|------------------|
| | 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) | Variance \$'(000) | Actual \$'(000) | Budget \$'(000) | Variance \$'(000) | Variance \$'(000) | Variance \$'(000) | Variance \$'(000) | Variance \$'(000) | Variance \$'(000) | Budget \$'(000) |
| Revenue | | | | | | | | | | | | | | | | | | | |
| Government Revenue | 164,825 | 158,524 | 6,301 | (17) | 6,284 | | 3,550 | (58) | 9,776 | 1,629,301 | 1,586,188 | 43,113 | (171) | 42,942 | | 77,806 | (4,522) | 116,226 | 1,903,655 |
| Patient/Consumer Sourced | 805 | 1,035 | (230) | (32) | (262) | | 0 | | (262) | 8,717 | 10,351 | (1,634) | (317) | (1,950) | | 5 | | (1,945) | 12,802 |
| Other Income | 2,607 | 2,511 | 96 | (73) | 23 | | (229) | | (207) | 26,974 | 25,349 | 1,626 | (731) | 895 | | 422 | | 1,317 | 31,292 |
| Total Revenue | 168,237 | 162,070 | 6,167 | (122) | 6,045 | 0 | 3,321 | (58) | 9,307 | 1,664,993 | 1,621,887 | 43,105 | (1,218) | 41,887 | 0 | 78,233 | (4,522) | 115,597 | 1,947,749 |
| Medical | 20,561 | 20,517 | (44) | (275) | (319) | (400) | (47) | | (765) | 202,550 | 204,095 | 1,546 | (2,753) | (1,207) | (3,996) | (853) | | (6,056) | 239,814 |
| Nursing | 26,830 | 25,199 | (1,632) | (382) | (2,014) | (481) | (2,059) | | (4,554) | 251,966 | 245,306 | (6,661) | (3,823) | (10,484) | (4,811) | (13,268) | | (28,563) | 288,907 |
| Allied | 8,961 | 8,912 | (50) | (129) | (179) | (160) | (162) | | (500) | 84,501 | 86,851 | 2,350 | (1,291) | 1,059 | (1,597) | (1,343) | | (1,882) | 102,352 |
| Support | 3,642 | 3,531 | (111) | (96) | (208) | (57) | (32) | | (297) | 33,993 | 34,030 | 37 | (964) | (927) | (573) | (1,367) | | (2,868) | 39,458 |
| Management and Admin | 8,226 | 7,559 | (667) | (119) | (786) | (152) | (632) | | (1,570) | 77,804 | 78,895 | 1,091 | (1,193) | (102) | (1,522) | (4,138) | | (5,762) | 93,058 |
| Total Personnel | 68,221 | 65,718 | (2,503) | (1,002) | (3,505) | (1,250) | (2,931) | 0 | (7,687) | 650,814 | 649,178 | (1,637) | (10,024) | (11,661) | (12,500) | (20,969) | 0 | (45,130) | 763,590 |
| Outsourced Personnel | | | | | | | | | | | | | | | | | | | |
| Medical | 803 | 451 | (352) | 0 | (352) | | (62) | | (414) | 8,996 | 4,606 | (4,390) | 0 | (4,390) | | (1,327) | | (5,717) | 5,530 |
| Nursing | 475 | 39 | (436) | 0 | (436) | | (612) | | (1,048) | 3,612 | 404 | (3,208) | 0 | (3,208) | | (3,124) | | (6,332) | 485 |
| Allied Health | 100 | 18 | (82) | 0 | (82) | | 0 | | (82) | 960 | 193 | (767) | 0 | (767) | | (48) | | (815) | 232 |
| Support | 103 | 0 | (103) | 0 | (103) | | 0 | | (103) | 986 | 0 | (986) | 0 | (986) | | (2) | | (988) | 0 |
| Management and Admin | 854 | 250 | (604) | 0 | (604) | | (155) | | (759) | 5,266 | 2,499 | (2,767) | 0 | (2,767) | | (572) | | (3,339) | 2,999 |
| Total Outsourced Personnel | 2,334 | 758 | (1,576) | 0 | (1,576) | 0 | (829) | 0 | (2,405) | 19,819 | 7,702 | (12,118) | 0 | (12,118) | 0 | (5,074) | 0 | (17,192) | 9,246 |
| Total Personnel & Outsourcing | 70,554 | 66,475 | (4,079) | (1,002) | (5,081) | (1,250) | (3,760) | 0 | (10,092) | 670,634 | 656,879 | (13,754) | (10,024) | (23,778) | (12,500) | (26,043) | 0 | (62,322) | 772,835 |
| Outsourced Clinical Services | 2,750 | 2,943 | 193 | (89) | 104 | | 24 | 58 | 185 | 27,047 | 29,722 | 2,675 | (890) | 1,785 | | (5,629) | 4,522 | 679 | 34,694 |
| Outsourced Corporate Services | 4,366 | 4,495 | 129 | (33) | 95 | | (4,925) | | (4,830) | 43,345 | 44,948 | 1,603 | (333) | 1,270 | | (5,491) | | (4,222) | 53,537 |
| Clinical Supplies | 10,954 | 11,017 | 63 | (122) | (59) | | (397) | | (456) | 114,869 | 112,177 | (2,692) | (1,223) | (3,916) | | (4,798) | | (8,714) | 133,616 |
| Infrastructure | 6,530 | 7,387 | 857 | (120) | 738 | | 1,048 | | 1,786 | 66,958 | 74,657 | 7,700 | (1,197) | 6,503 | | (8,221) | | (1,718) | 88,132 |
| Provider Payments | 72,203 | 68,475 | (3,728) | 0 | (3,728) | | (2,132) | | (5,860) | 716,828 | 684,418 | (32,410) | 0 | (32,410) | | (37,908) | | (70,318) | 821,368 |
| Total Other Direct Costs | 96,803 | 94,317 | (2,486) | (364) | (2,851) | 0 | (6,382) | 58 | (9,175) | 969,047 | 945,922 | (23,124) | (3,643) | (26,767) | 0 | (62,047) | 4,522 | (84,292) | 1,131,346 |
| Total Expenditure | 167,357 | 160,792 | (6,565) | (1,367) | (7,932) | (1,250) | (10,143) | 58 | (19,267) | 1,639,680 | 1,602,801 | (36,879) | (13,667) | (50,545) | (12,500) | (88,090) | 4,522 | (146,613) | 1,904,182 |
| Total Operating Surplus/(Deficit) | 880 | 1,278 | (399) | (1,489) | (1,887) | (1,250) | (6,822) | 0 | (9,959) | 25,315 | 19,086 | 6,229 | (14,885) | (8,659) | (12,500) | (9,857) | 0 | (31,016) | 43,567 |
| Depreciation | 3,433 | 3,405 | (27) | 0 | (27) | | 0 | | (27) | 33,434 | 34,051 | 617 | 0 | 617 | | 0 | | 617 | 40,861 |
| Interest | 15 | 6 | (9) | 0 | (9) | | 0 | | (9) | 69 | 60 | (9) | 0 | (9) | | 0 | | (9) | 72 |
| Capital Charge | 2,048 | 2,709 | 661 | 0 | 661 | | 0 | | 661 | 21,057 | 27,093 | 6,036 | 0 | 6,036 | | 0 | | 6,036 | 32,512 |
| Total Finance Costs | 5,495 | 6,120 | 625 | 0 | 625 | 0 | 0 | 0 | 625 | 54,560 | 61,205 | 6,644 | 0 | 6,644 | 0 | 0 | 0 | 6,644 | 73,445 |
| Net Surplus/(Deficit) | (4,616) | (4,842) | 226 | (1,489) | (1,262) | (1,250) | (6,822) | 0 | (9,334) | (29,245) | (42,118) | 12,873 | (14,885) | (2,012) | (12,500) | (9,857) | 0 | (24,369) | (29,878) |

Commentary on Major Variances in relation to the underlying April 2021 result (>\$500k)

Major variances in the underlying result (excluding unbudgeted COVID-19, Holidays Act and Planned Care) are explained for the month and YTD below.

Month:

Government Revenue \$6.3m favourable - The majority of the underlying variance is from additional funding matched by additional costs, as follows:

| | Month |
|----------------------------------------------------|----------------------|
| PHO IDF movements | \$1.5m |
| PHO – Very Low Cost Access (VLCA)/Care Plus/U14's | \$0.8m |
| Mental Health – Wellness Funding | \$0.6m |
| Pharmacy Funding | \$0.5m |
| Pharmaceutical Cancer Treatment (PCT) Drug Funding | \$1.7m |
| Other Government contracts | <u>\$1.2m</u> |
| Total | <u>\$6.3m</u> |

Personnel & Outsourcing \$(5m) unfavourable – key variances are:

- Neonatal cot demand has increased to an average of 42 cots for the month, against a budget of 34 cots and resourcing of 42 cots, \$(402k) for the month.
- Use of external nursing agency to cover roster gaps, vacancies and Care Partners (watches), \$(710k).
- Locums engaged at a premium, primarily in Mental Health reflecting a national shortage of psychiatrists, \$(85k).
- Unrealised savings, \$(1.0m).
- Impact of annual leave not taken, \$(949k).
- Additional unbudgeted costs (funded by revenue and capitalisation), \$(447k).
- Additional staffing costs (overtime, additional duties) to cover roster gaps across the services are partly offset by existing vacancies in difficult to recruit to areas, \$(979k)

Infrastructure \$738k favourable - Favourable variances include HTT2020 capitalised costs (offset in personnel and operational costs), Facilities reduced spend on contractors (offset in personnel costs), bad debts and other efficiencies across the services i.e travel, corporate training and maintenance outsourced) partly offset by unrealised centralised savings.

Provider Payments \$(3.7m) unfavourable - The majority of the underlying variance is matched by additional funding, as follows:

| | Month |
|--------------------------------------------|----------------------|
| PHO – Very Low Cost Access/Care Plus/U14's | \$0.8m |
| PHO IDF movements | \$1.5m |
| Primary Care Mental Health - Wellness | <u>\$0.6m</u> |
| Total | <u>\$2.9m</u> |

Other variances that have an impact on the net result are as follows:

| | Impact | Month |
|-------------------------------------------|--------------|----------------------|
| IDF wash up provision accrual | Unfavourable | (\$1.0m) |
| Mental Health NGO spend lower than budget | Favourable | \$0.5m |
| HOP underspend | Favourable | \$0.3m |
| | Net | <u>\$0.8m</u> |

Capital charge \$661k - the favourable expense is largely matched by a compensating reduction in MoH funding as a result of the reduction in capital charge rate from 6% to 5%, offset by a reduction in revenue.

Year To Date:

Government Revenue \$42.9m favourable - The majority of the underlying variance is from additional funding matched by additional costs, as follows:

| | YTD |
|---------------------------------------------------------------|-----------------------|
| Pharmacy funding | \$4.6m |
| PHO – Very Low Cost Access/Care Plus/U14's | \$25.1m |
| Primary Care Mental Health | \$6.2m |
| HOP ITB Funding | \$1.3m |
| MoH Elective and Planned Care revenue | \$5.9m |
| Pharmaceutical Cancer Treatment (PCT) revenue | \$1.7m |
| Other Government contracts | \$2.6m |
| One off YTD MoH revenue adjustment relating to Capital Charge | <u>(\$4.5)m</u> |
| Total | <u>\$42.9m</u> |

Patient/consumer revenue \$(2m) unfavourable - Driven by no revenue from Tahitian Burns patients \$(420k) [due to closed borders, these are offset by lost margin coded to COVID-19, \$1.4m] and Non Resident presentation \$(855k), volume related decreases in Patient Co-payment revenue \$(740k) and unrealised savings.

Other Income \$895k favourable - Favourable Other Income is driven by a higher than planned YTD Retail Pharmacy revenue (offset by costs), Research Grant, Bad Debt Recovered and unbudgeted revenue funded contracts and recoveries (ie MOU), partly offset by lower YTD Pacific Regional revenue due to the impact of COVID-19 and unrealised savings.

Personnel & Outsourcing \$(23.8m) unfavourable to budget driven by:

- Resourcing of additional Neonatal cots (budget is for 34 cots, but 42 cots in average are being resourced YTD), \$(2.6m).
- Use of external nursing agency to cover roster gaps, vacancies and Care Partners (watches), \$(3.5m).
- Locums engaged at a premium, primarily in Mental Health reflecting a national shortage of psychiatrists, \$(1.4m).
- RMO and House Officer over allocations due to changes in rotation dates in response to COVID-19, \$(941k).
- Impact of lower uptake of AL, \$(5.1m).
- Unrealised savings, \$(10.0m).

Unbudgeted costs have been partly offset by delays in insourcing of Security Guards and Toto Ora (Renal Service) and underlying vacancies in difficult to recruit to areas.

Outsourced Clinical Services \$1.8m favourable - Reflects the delayed insourcing of Toto Ora (Renal) \$(642k) (offset in personnel costs), unrealised savings \$(890k) and additional Planned Care volumes (fully funded \$5.9m). These costs are mitigated by underspends in MFAT and NZMAT contracts impacted by COVID-19 (offset by revenue).

Outsourced Corporate Services \$1.3m favourable - Reflects timing of shared services charges, part offset by unmet target savings.

Clinical Supplies \$(3.9m) unfavourable - Reflecting an increase in acute and planned care activity mainly in Surgical services (Plastic Surgery and Orthopaedics) and Gynecology \$(2.9m), unrealised savings \$(1.2m).

Infrastructure \$6.5m favourable - Favourable variances include HTT2020 capitalised costs \$1.4m (offset in personnel and operational costs), Facilities reduced spend on contractors (offset in personnel costs) \$1.1m, bad debts \$2.0m and other efficiencies across the services (including upsides due to COVID-19 i.e. travel, corporate training and outsourced maintenance); part offset by unrealised savings \$(1.2m).

Provider payments \$(32.4m) unfavourable - The majority of the underlying variance is matched by additional funding, as follows:

| | YTD |
|--------------------------------------------|-----------------------|
| Pharmacy funding release | \$4.6m |
| PHO – Very Low Cost Access/Care Plus/U14's | \$25.6m |
| Primary Care Mental Health | \$6.2m |
| Hospice | <u>\$0.4m</u> |
| Total | <u>\$36.8m</u> |

Other variances that have an impact on the net result are as follows:

| | Impact | YTD |
|----------------------------------------------------------------------------------------------|-----------------------|----------------------|
| IDF wash up provision accrual | Unfavourable | (\$8.5m) |
| Mental Health NGO spend lower than budget | Favourable | \$4.1m |
| Closeout of provisions (relating to NGO contract accruals where payment obligation is lower) | Favourable | \$2.6m |
| HOP underspend including Pay equity | Favourable | <u>\$2.6m</u> |
| | Net Favourable | <u>\$0.8m</u> |

Depreciation \$617k favourable - the favourable expense is largely due to the timing of capital spend and associated asset capitalisations.

Capital charge \$6m favourable - the favourable expense is part offset by a compensating reduction in MoH funding as a result of the reduction in capital charge rate from 6% to 5%.

Statement of Financial Position as at 30 April 2021

Table 3: Statement of Financial Position as at 30 April 2021

| | Act | Budget | Var | Mar-21 | Movement |
|----------------------------------|------------------|------------------|-----------------|------------------|-----------------|
| | \$ 000 | \$ 000 | \$ 000 | \$ 000 | \$ 000 |
| Current Assets | | | | | |
| Petty Cash | 8 | 8 | - | 8 | - |
| Bank | 38,578 | 22,439 | 16,139 | 36,012 | 2,566 |
| Trust | 835 | 837 | (2) | 837 | (2) |
| Prepayments | 2,617 | 2,877 | (260) | 3,769 | (1,152) |
| Debtors | 115,460 | 61,114 | 54,346 | 83,084 | 32,376 |
| Inventory | 11,431 | 11,305 | 126 | 11,257 | 174 |
| Assets Held for Sale | 5,320 | 5,320 | - | 5,320 | - |
| Total current Assets | 174,249 | 103,900 | 70,349 | 140,287 | 33,962 |
| Fixed Assets | | | | | |
| Land | 193,430 | 193,430 | - | 193,430 | - |
| Buildings, Plant & Equip | 730,380 | 735,369 | (4,989) | 726,904 | 3,476 |
| Information Technology | 2,770 | 3,880 | (1,110) | 2,769 | 1 |
| Information Software | 2,165 | 3,080 | (915) | 2,165 | - |
| Motor Vehicles | 1,472 | 1,472 | - | 1,472 | - |
| Total Cost | 930,217 | 937,231 | (7,014) | 926,740 | 3,477 |
| Accum. Depreciation | (126,278) | (127,240) | 962 | (122,884) | (3,394) |
| Net Cost | 803,939 | 809,991 | (6,052) | 803,856 | 83 |
| Work In-progress | 68,039 | 74,069 | (6,030) | 65,385 | 2,654 |
| Total Fixed Assets | 871,978 | 884,060 | (12,082) | 869,241 | 2,737 |
| Reversionary car park interest | 2,050 | 2,050 | - | 2,050 | - |
| Investments in Associates | 56,821 | 56,296 | 525 | 56,858 | (37) |
| Total Assets | 1,105,098 | 1,046,306 | 58,792 | 1,068,436 | 36,662 |
| Current Liabilities | | | | | |
| Creditors | 129,528 | 129,285 | 243 | 131,769 | (2,241) |
| Income in Advance | 67,981 | 24,535 | 43,446 | 37,974 | 30,007 |
| GST and PAYE | 35,381 | 18,674 | 16,707 | 23,928 | 11,453 |
| Payroll Accrual & Clearing | 30,860 | 30,272 | 588 | 28,755 | 2,105 |
| Employee Provisions | 301,608 | 284,288 | 17,320 | 298,798 | 2,810 |
| Other Financial Liabilities | 241 | - | 241 | - | 241 |
| Total Current Liabilities | 565,599 | 487,054 | 78,545 | 521,224 | 44,375 |
| Working Capital | (391,350) | (383,154) | (8,196) | (380,937) | (10,413) |
| Net Funds Employed | | | | | |

| | | | | | |
|--------------------------------------|----------------|----------------|-----------------|----------------|-----------------|
| | 539,499 | 559,252 | (19,753) | 547,212 | (7,713) |
| Non-Current Liabilities | | | | | |
| Employee Provisions | 37,267 | 37,267 | - | 37,267 | - |
| Insurance Liability | 990 | 990 | - | 990 | - |
| Other Financial Liabilities | 16,499 | 200 | 16,299 | 11,991 | 4,508 |
| Total Non-Current Liabilities | 54,756 | 38,457 | 16,299 | 50,248 | 4,508 |
| Crown Equity | | | | | |
| Crown Equity | 453,762 | 465,445 | (11,683) | 453,762 | - |
| Revaluation Reserve | 393,379 | 393,379 | - | 393,379 | - |
| Retained Earnings | (363,233) | (338,866) | (24,367) | (351,012) | (12,221) |
| Trust and Special Funds | 835 | 837 | (2) | 835 | - |
| Total Crown Equity | 484,743 | 520,795 | (36,052) | 496,964 | (12,221) |
| Net Funds Employed | 539,499 | 559,252 | (19,753) | 547,212 | (7,713) |

Commentary on Major Variances:

- Closing bank was \$16.1m favourable to budget in April 2021 (refer cash flow variance explanation for further details).
- Debtors were \$54.3m higher than Budget largely due to COVID-19 related MoH invoices and accruals.
- Net fixed assets are less than Budget by \$12.1m due to the timing of capital spend and asset capitalisations.
- Income In Advance was higher than Budget by \$43.4m largely from COVID-19 related funding advances and timing of revenue recognised in the month.
- GST & PAYE was higher than Budget by \$16.7m largely due to the March GST payment only being due and paid in May (one month later per IRD timetable)
- Employee provisions are higher than Budget due largely to an unbudgeted increase in annual leave provisions, as well as the unbudgeted accrual for Holidays Act remediation of \$12.5m.
- Other Financial Liabilities represents the long term obligation for the University of Otago dental school investment and Stryker Finance Lease commencing in April 21.
- Retained earnings are \$24.4m in variance to budget due mainly to \$12.5m Holiday's Act additional provision and \$9.9m unfunded COVID-19 costs YTD.

Statement of Cash Flows for the period ended 30 April 2021

Table 4: Statement of Cash flow for the period ended 30 April 2021

| | Month | | | YTD | | |
|---------------------------------------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|
| | Act | Budget | Var | Act | Budget | Var |
| | \$ 000 | \$ 000 | \$ 000 | \$ 000 | \$ 000 | \$ 000 |
| Cash flows from Operating activities | | | | | | |
| Cash was provided from: | | | | | | |
| Crown Revenue | 151,380 | 146,998 | 4,382 | 1,572,102 | 1,470,619 | 101,483 |
| Other | 20,374 | 15,110 | 5,264 | 174,360 | 151,645 | 22,715 |
| Cash was applied to: | | | | | | |
| Suppliers | (108,675) | (94,716) | (13,959) | (1,051,171) | (950,045) | (101,126) |
| Employees | (67,019) | (63,582) | (3,437) | (655,041) | (627,820) | (27,221) |
| Goods and services tax (net) | 12,573 | - | 12,573 | 16,129 | - | 16,129 |
| Capital charge | - | - | - | (12,866) | (16,256) | 3,390 |
| Net cash from Operations | 8,633 | 3,810 | 4,823 | 43,513 | 28,143 | 15,370 |
| Cash flows from Investing activities | | | | | | |
| Cash was applied to: | | | | | | |
| Fixed assets | (6,132) | (6,521) | 389 | (43,188) | (56,216) | 13,028 |
| Investments | - | - | - | (165) | (612) | 447 |
| Interest received | 63 | 83 | (20) | 482 | 833 | (351) |
| Restricted & Trust Funds | - | - | - | - | - | - |
| Net cash from Investing | (6,069) | (6,438) | 369 | (42,871) | (55,995) | 13,124 |
| Cash flows from Financing activities | | | | | | |
| Cash was provided from: | | | | | | |
| Sale of Asset | - | 1 | (1) | - | 8 | (8) |
| Other equity movement | - | - | - | - | - | - |
| Equity injection | - | 8,489 | (8,489) | 11,614 | 23,962 | (12,348) |
| Net cash from Financing | - | 8,490 | (8,490) | 11,614 | 23,970 | (12,356) |
| Net increase / (decrease) | 2,564 | 5,862 | (3,298) | 12,256 | (3,881) | 16,137 |
| Opening cash | 36,857 | 17,422 | 19,435 | 27,165 | 27,165 | - |
| Closing cash | 39,421 | 23,284 | 16,137 | 39,421 | 23,284 | 16,137 |

Reconciliation Summary

| | | | | | | |
|------------------------------|-----------------|----------------|----------------|-----------------|-----------------|-----------------|
| Net Surplus/(Deficit) | (12,221) | (2,887) | (9,334) | (46,938) | (22,569) | (24,369) |
|------------------------------|-----------------|----------------|----------------|-----------------|-----------------|-----------------|

| | | | | | | |
|-------------------------------------------------------------------------|--------------|--------------|--------------|---------------|---------------|---------------|
| Add/(Less) non-cash items | | | | | | |
| Impairment of Intangibles | - | - | - | - | - | - |
| Depn and Amortisation of assets | 3,432 | 3,405 | 27 | 33,434 | 34,051 | (617) |
| | (8,789) | 518 | (9,307) | (13,504) | 11,482 | (24,986) |
| Add/(Less) items Classified as Investing or Financing activities | | | | | | |
| Interest received | (63) | (83) | 20 | (482) | (833) | 351 |
| Write off of Work-in-Progress | - | - | - | - | - | - |
| Gain/(loss) on Disposal | - | (1) | 1 | - | (8) | 8 |
| Add/(Less) Movements in Financial Position items | | | | | | |
| Debtors and Other Receivables | (31,224) | 2,709 | (33,933) | (55,387) | 10,837 | (66,224) |
| Inventories | (174) | - | (174) | (126) | - | (126) |
| Creditors | 43,482 | 667 | 42,815 | 116,964 | 6,666 | 110,298 |
| Employee Entitlements | 5,401 | - | 5,401 | (3,952) | - | (3,952) |
| | 17,485 | 3,376 | 14,109 | 57,499 | 17,503 | 39,996 |
| Net Cash flow from Operations | 8,633 | 3,810 | 4,823 | 43,513 | 28,143 | 15,370 |

Commentary on Major Variances for the year:

- Revenue from the Crown and other revenue were \$124.2m favourable to budget YTD mainly due to PHO practice revenue variances (offset by additional expenditure) and COVID-19 funding (partially offset by additional expenditure).
- Payments to suppliers for YTD April were \$101.1m higher than budget reflecting variations to the planned timing of supplier payments, provider payments and COVID-19 payments.
- Payments to employees for YTD April were \$27.2m over Budget mainly attributable to COVID-19 related staffing costs.
- Capital charge \$3.4m under Budget was impacted by the rate change of 6% down to 5% for the year.
- Fixed Assets are \$13m YTD favourable to budget representing the delayed timing of capital spend for major capital projects.
- The equity injection is below Budget by \$12.3m as a result of underspend and the delayed start of major projects including recladding, Neonatal expansion and Manukau Health Park resulting in delayed equity drawdowns.

Information Paper

Counties Manukau District Health Board

Occupational Health and Safety Performance Report

Recommendation

It is recommended that the Board:

Receive the Health and Safety report for the month of April and May 2021.

Note this report was endorsed by the Executive Leadership Team on 29 June 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 capsized; 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 |
| H&S | Health and Safety |
| HR | Human Resources |
| HSNO | Hazardous Substance New Organisms Act |
| HSR | Health and Safety Representative |
| HSR NZQA | Health and Safety Representative New Zealand Qualifications Authority |
| HSW | Health Safety and Wellbeing |
| HSWA | Health and Safety at Work Act 2015 |
| IMT | Incident Management Team |
| IPC | Infection Prevention and Control |
| IRS | Incident Reporting System |
| JCC | Joint Consultative Committee |
| JSA | Job Safety Analysis |
| LTI | Lost Time Injury |
| MBIE | Ministry of Business, Innovation and Employment |
| MH&A | Mental Health and Addictions |
| MIQF | Managed Isolation Quarantine Facility |
| MMC | Middlemore Central |
| MOH | Ministry of Health |
| NCTS | National Contact Tracing System |
| NZDF | New Zealand Defence Force |
| OHN | Occupational Health Nurse |
| OHP | Occupational Health Physician |
| OHSS | Occupational Health and Safety Service |
| PCBU | Person Conducting a Business or Undertaking |
| PEHS | Pre-Employment Health Screening |
| PHCS | Primary Health & Community Services |
| PPE | Personal Protective Equipment |
| RFP | Request for Proposals |
| RMFT | Respirator Mask Fit Test |
| SPHM | Safe Patient Handling and Moving |
| SPEC | Safe Practice and Effective Communication |
| TAS | Technical Advisory Services Limited |
| WellNZ | Injury Management Third Party Administrator |

Purpose

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

Brief June activity update

Recruitment is progressing for the vacant and new Health and Safety and Occupational Health roles as well as appointing a fixed term role of Health and Safety Business Partner for MIQFs.

EMA has facilitated several specialised training sessions in health and safety, including a HSWA Governance workshop for the Board of Directors which was attended by 5 board members and is also scheduled for the ELT to attend and a Contractor Management (Shared PCBUs) half day workshop.

The Health and Safety team are finalising the manager's self-assessment tool prior to it being implemented as a pilot in two areas. This activity assists managers and the organisation to plan actions based on Safe365 results.

The COVID vaccination team are nearing the end of the targeted staff vaccination program and the CMH influenza campaign for 2021 is underway with over 1300 flu vaccinations completed already.

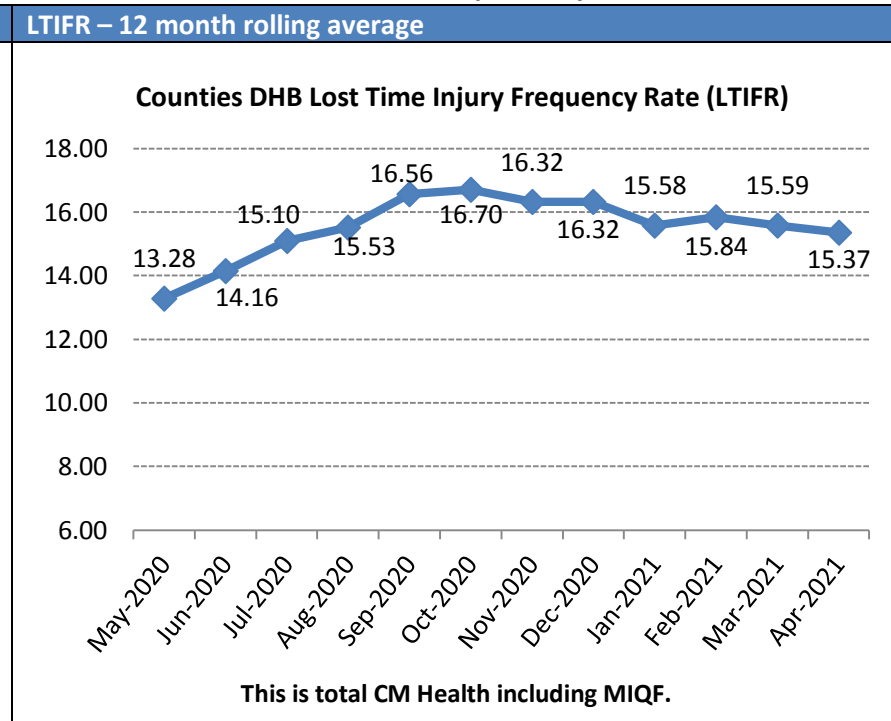
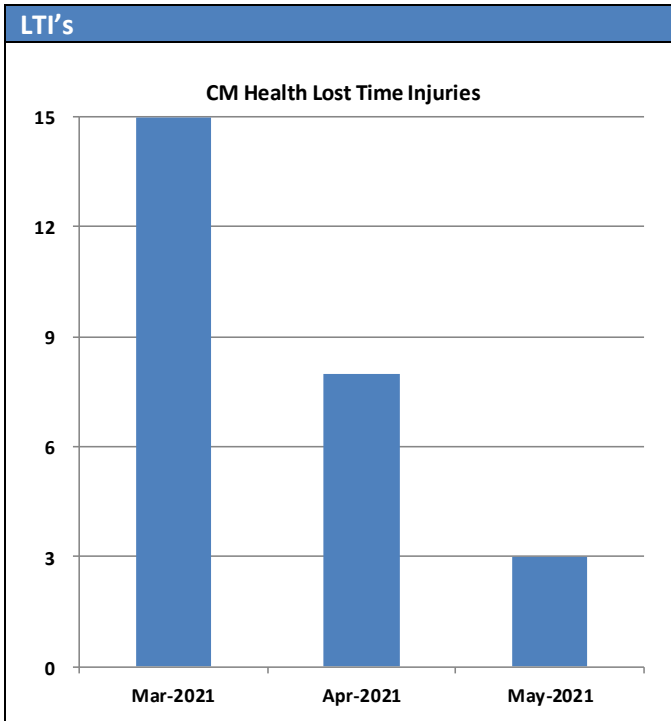
The Respiratory Mask Fit Test team are continuing to fit test staff for their alternative mask following the withdrawal of the Duckbill mask.

One of the Health and Safety Advisors has completed a project to update the online health and safety induction training which has been communicated to workers and through the monthly HS communication process in May 2021.






Pink Shirt Day took place on 21 May, which included 9 group information sessions on Workplace Bullying, Workplace Civility and How to be an Upstander. This promotion was well supported by staff and provided a good opportunity for information to be shared with the wider CM Health team and also attracted some attention from visitors to the hospital.

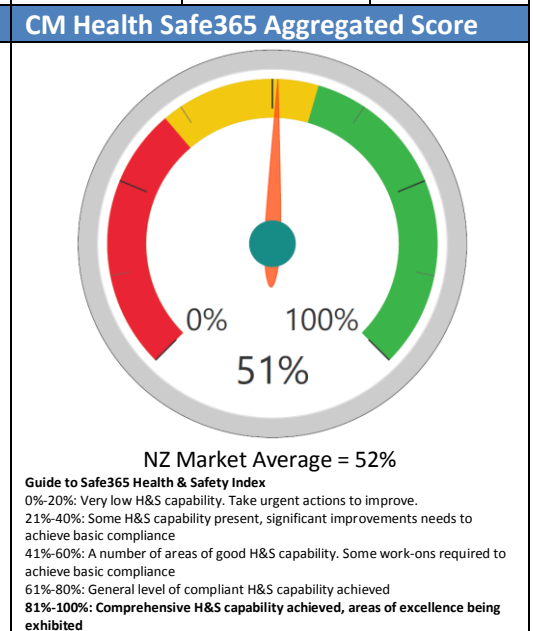
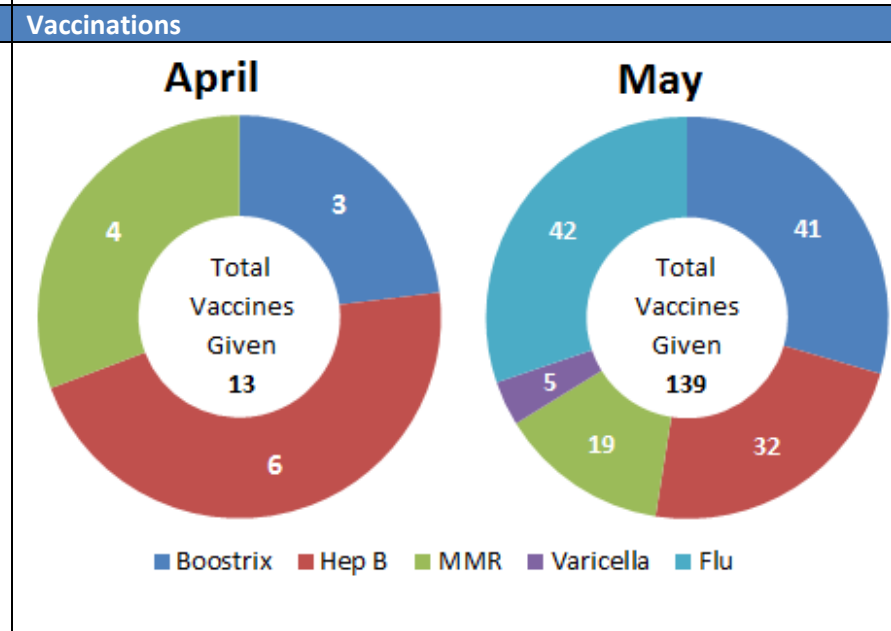
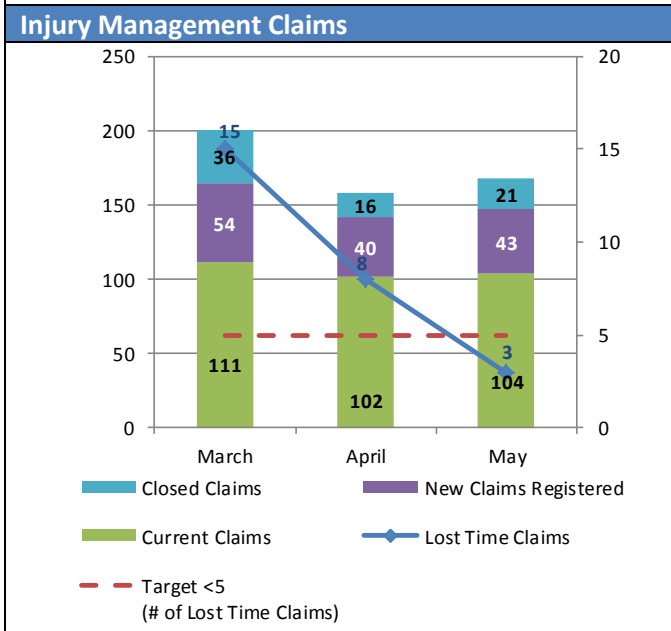


CM Health H&S Dashboard – April/ May 2021



Critical Risk Incidents

| April | Risk | May |
|-------|--------------------------------------------------------------------------------------------------------------|-----|
| 64 | Violence & Aggression  | 80 |
| 22 | Moving & Handling  | 25 |
| 32 | BBFE  | 20 |
| 7 | Slips, Trips & Falls  | 19 |
| 42 | Stress  | 75 |



Executive Summary

Occupational Health

Occupational Health physician's clinics and referrals have increased significantly over the last two months which has put pressure on the Occupational Health team over this time. Recruitment for an additional SMO is underway and will assist with providing the additional clinics required as well as commitments to engage with other specialist groups nationally in regards to COVID-19 and other occupational health matters including health surveillance.

Onsite clinics for OHSS physicians were 119 in May when compared to 89 in April. OHSS nurse appointments were 131 in May, increasing significantly from 75 in April. This increase is attributed to the reopening of the staff vaccination clinic to staff that have completed their Comirnaty (COVID-19) vaccination course.

Manager referrals in May (43) has increased from April (38). The main reason for these referrals in May was fitness to work due to physical health (14). The main reasons for these referrals in April were fitness to work due to physical health (9), concerns that health is affecting performance (7), returning to work post illness/ injury (6), mental health concerns (5) and investigation of work illness/ injury (5).

Contact Trace (CT)

Two contact traces were conducted during April;

- TB contact trace
 - ED Kidz First- all casual contacts.
 - ED, Ward 32, Ward 33- all casual contacts.

Four contact traces were conducted during May;

- TB contact trace
 - ED and Ward 32N- all casual contacts.
 - ED and Ward 32N- all casual contacts.
 - ED, Ward 33E and Ward 2- all casual.
 - ED, Ward 2, Ward 33E – one close contact.

Occupational Health and Safety

HSR and specialised H&S related Training

The new HSR (Stage 1) training session conducted by EMA took place in April 2021. To date 138 HSRs who have attended the HSR (Stage 1) training sessions have achieved the unit standard (AS29315). Two specialised pilot training sessions (Hazard ID & Risk Management and incident Investigation and Prevention) took place in May and included a selection of managers and workers from FEAMs, OHSS and a selection of HSRs from across CM Health. All of these sessions were well received and had good attendance. Additional sessions have been scheduled in for HSRs to book into. This will assist in building better capability across the HSR framework and assist managers to carry out their H&S obligations under the HSWA.

OH&S Management System Audit Tool

The OH&S Management System self-assessment (Phase 1) electronic tool is in the final stages of completion however it is slightly behind the original target of piloting in April and will now be carried out in June 2021 in two selected areas in ARHOP. The verification audit (Phase 2) continues to be planned for implementation in 2022.

HSR Toolkit

OHSS is progressing with the development of the HSR toolkit as a resource for new and existing HSRs. This project is in the final stages and has been sent to a selection of workers for comment.

Respiratory Face Masks

Three new administrators joined the Respiratory Mask Fit Team in March 2021 to help with the transition away from the QSi Duckbill P2 respirator mask. The retest for alternative respirators continued for the month of April and May 2021. Annual retest will commence after the prioritisation of fit testing for staff that were only fit tested for the QSi Duckbill P2 mask.

Staff members who initially failed the 3M 1860, 3M 1860s, and 3M 9320A+ were contacted to schedule a fit test appointment for the 3M 1870+ respirator. Addition of the 3M 1870+ respirator contributed to a more robust Respiratory Mask Fit Programme allowing more respirator options for staff that can accommodate various facial structures.

The Respiratory Mask Fit Team conducted fit testing services in the localities of Counties Manukau Health. Dedicated sessions were setup for Spinal Unit to capture staff working offsite. Dedicated sessions were also setup for Mental Health Services to respond to the new Enhanced Droplet and Contact Precautions for COVID-19 categories.

Violence and Aggression Project

The second meeting of the bi-monthly focus group was held in May, where the scope and terms of reference for this project was reviewed and the first potential project on verbal abuse was tabled. The next meeting will be held in June 2021.

Lone Workers Project

The Get Home Safe app's roll out has continued with on-going support provided to ensure correct usage. The survey to assess perceived functionality by users, and actual usage, as variation of work patterns and app usage was completed to factor in an evaluation of the app's performance. The Project Team has spent time analysing the results from the feedback survey. 99 responses were received by the project team, representing about 11% of our users.

There was positive feedback provided including many lovely comments specifically for the Security Monitoring Team. Here is a word cloud reflecting this feedback:



The survey also showed that there are a lot of “quick wins” – reinforcing our existing communications and updating our user guides with our learnings to date.

Usage of the app and notifications to police are now being recorded in Safety First and are provided in incident data; incidents recorded so far have been predominant false alerts.

Community Worker Safety

The WorkSafe Initiatives team / OHSS / Communities team managers continue to work on the actions that will be taken to further assess the safety of CM Health community workers. The communication plan is being established in preparation for the project roll-out.

Managed Isolation and Quarantine Facilities – COVID-19 work

An OHSS Business Partner position has been approved and recruiting has been underway in June. The OHSS team continue to have regular meetings and engagement with the H&S team at MBIE and NZDF.

Contractor Management

Consultation is set to begin to seek feedback on the OHSS over-arching governance document for Contractor Management Policy & Procedure. This document is designed to provide guidance to all of CM Health on the minimum standards requirements to achieve the compliance required under the HSWA.

PCBU training is scheduled to occur in June 2021. The course will be facilitated by an EMA trainer and will provide insight on the management overlapping duties amongst PCBUs.

CMH has reached out and engaged with ADHB in regards to their project on contractor management and is commencing a project to review the current CM Health contracting partners.

Injury Management

In May, 43 new workplace injury management claims were registered, which is an increase from April (40). There were three lost time claims reported in May which has decreased from eight in April. A total of 102 claims were being managed by the Counties Manukau and WellNZ Case Managers in April and 104 in May.

Incident Reporting

During May there were 241 incidents reported which is an increase in comparison to April (173). There is a change in the way we report our total incidents resulting in these totals being a combined total of incidents reported by staff, visitors and new to this report; all contractors (healthAlliance, healthSource, Compass and FEAMs).

The highest numbers of reported incident types in May (80) remains to be Aggression & Violence which has increased in comparison to April (64). Reported stress incident numbers for May (75) has clearly increased from April (42). 41 of the 42 reported stress incidents in April and 56 of the 75 reported stress incidents in May related to insufficient/ unavailable assistance due to inadequate staffing. Moving and Handling incidents for May (25) have increased significantly in comparison to April (22). Two of the 11 patient handling incidents reported action or behaviour of patient was a contributing factor and 9 of 11 a contributing factor was awkward position or posture while lifting/ handling or carrying patients.

The BBFE incidents in May returned to average frequency (32) from the reduction in April (20). The majority of the incidences in May were reported by RMOs/Fellows (11) and Nurses/HCAs (14).

Seven MIQF incidents were reported in May, an increase from three in April. Of the reported incidences three related to aggression and violence, two to slip, trip, falls, one to moving and handling and one to the other category. The OHSS H&S Advisors triage all incidents and escalate where required to the appropriate manager. EAP support is also provided to CM Health workers at MIQFs.

Free Wellness Checks for Staff

Following on from the successful 2020 program which the OHSS Health and Safety team arranged, Approximately 200 staff members across Middlemore elected to support the University of Auckland second year nursing students by receiving a free wellness check over a four day period.

The participation was voluntary. Each person received a summary of their individual results and if anything of concern was identified, they were referred to their GP.

Anecdotal feedback from both the participating staff members and students was positive with staff expressing an appreciation for the reminders of the importance to monitor their wellbeing and the effects sugar, alcohol, stress and a poor diet can have on overall health, while the students appreciated being able to practice their clinical skills with people.

While individual data was not collected, objective data measured on staff highlighted that wellbeing activities to improve BMIs, Blood Pressure Levels and Blood Sugar levels may be beneficial to staff in the future.

Event Requiring Notification to WorkSafe

There were no notifiable events in April or May 2021.

OHSS Communication Topics

The H&S communications for April and May were:

- April: Occupational Hand Dermatitis and the treatment plan we offer CM Health workers with dermatitis.
- May: The Health & Safety online induction has been updated to provide key Occupational Health & Safety information to new and returning employees. It is supported by an Orientation checklist that ensures that specific site and role health & safety information is shared as the person settles into their job. A communication was also placed on The Dose.

H&S Communication No. 009: Occupational Hand Dermatitis



In the course of their duties, Counties Manukau Health Workers can be affected by Occupational Dermatitis. This refers to a group of itchy inflammatory conditions characterised by epidermal changes pre-dominantly affecting their hands.

This can be mild or severe and can require time off clinical duties.

CM Health values its workers and offers a treatment plan to ensure they are able to continue working in their current role and require less time off work for recovery from dermatitis.

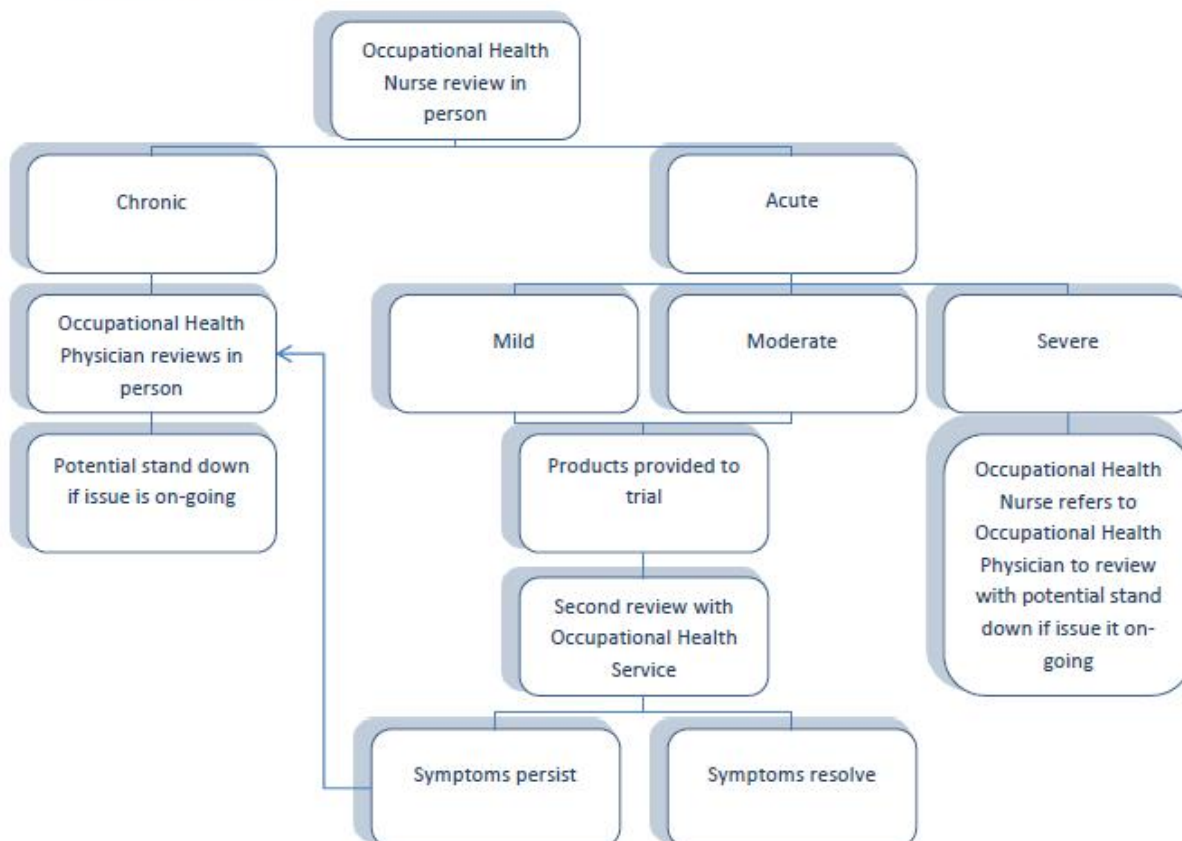


Dermatitis Review Process

There are 3 ways a dermatitis review can be arranged;

- Online Paanui Dermatitis self-referral form
- Incident (SafetyFirst) form as an employee incident
- Manager referral

The process will then follow the steps outlined below:



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

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

- Workers have a responsibility to assist with identifying and managing risks in their work area.
- Dermatitis risk should be discussed with all staff.

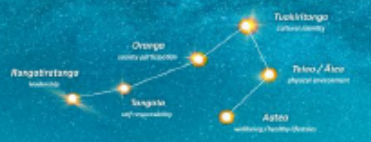
Rangatira - Leadership: Manager's responsibilities

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

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

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

Figure 1: H&S Communication No. 009: Occupational Hand Dermatitis



H&S Communication No. 010: Health & Safety Induction and Orientation



The Health & Safety online induction has been updated to provide key Occupational Health & Safety information to new and returning employees. It is supported by an Orientation checklist that ensures that specific site and role health & safety information is shared as the person settles into their job.

While the online induction is designed to be a quick introduction to safety, health and wellbeing at CM Health, the orientation checklist provides a comprehensive list of safety information to be discussed and identified that all employees need to be aware of in their areas. Each area may have specific topics they would like to include in their orientation such as vehicle safety or the use of the get home safe app.

What has changed?

- Online training takes 10-15 minutes to complete followed by a quiz of multiple choice questions.
- Orientation checklist to be completed within 1 month of starting new role.

What it looks like online and topics covered

Welcome to Occupational Health & Safety

Quiz

Checklist and sign off page

Certificate of Completion

GENERAL HEALTH and SAFETY INDUCTION COURSE



How to contribute to Occupational Health & Safety (OHS)



Understand & Apply duties



Build knowledge



Share information



Follow training

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

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

- Inductions should occur within the first week of a person starting a role and then repeated annually.
- The orientation can take longer as a person familiarises themselves with their area.

Rangatira - Leadership: Manager's responsibilities

- Managers have a key responsibility for leading and developing a workplace culture where health and safety is paramount.
- Managers need to ensure all employees have completed their inductions and orientations. These records need to be stored and available for audit purposes on request.

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

- Assist staff and your manager with the orientation
- Be a point of contact for staff members.

Figure 2: H&S Communication No. 010: Health & Safety Induction and Orientation

Safe365

Activity for the period includes meeting with Women's Health regarding Health and Safety and their Safe365 account, it was agreed for OHSS to attend their management meeting to give a brief overview of the product and run through one of the modules. This was carried out in May and we are working on a way to get input from their Health and Safety Representatives. OHSS also facilitated a baseline reassessment for Mental Health – Acute as previously they had shared an account with the Mental Health Community team. OHSS also attended the inaugural ARHOP Health and Safety Representative meeting and facilitated assessing a Safe365 module. The intention is to facilitate assessment of a further worker focussed module at a subsequent meeting.

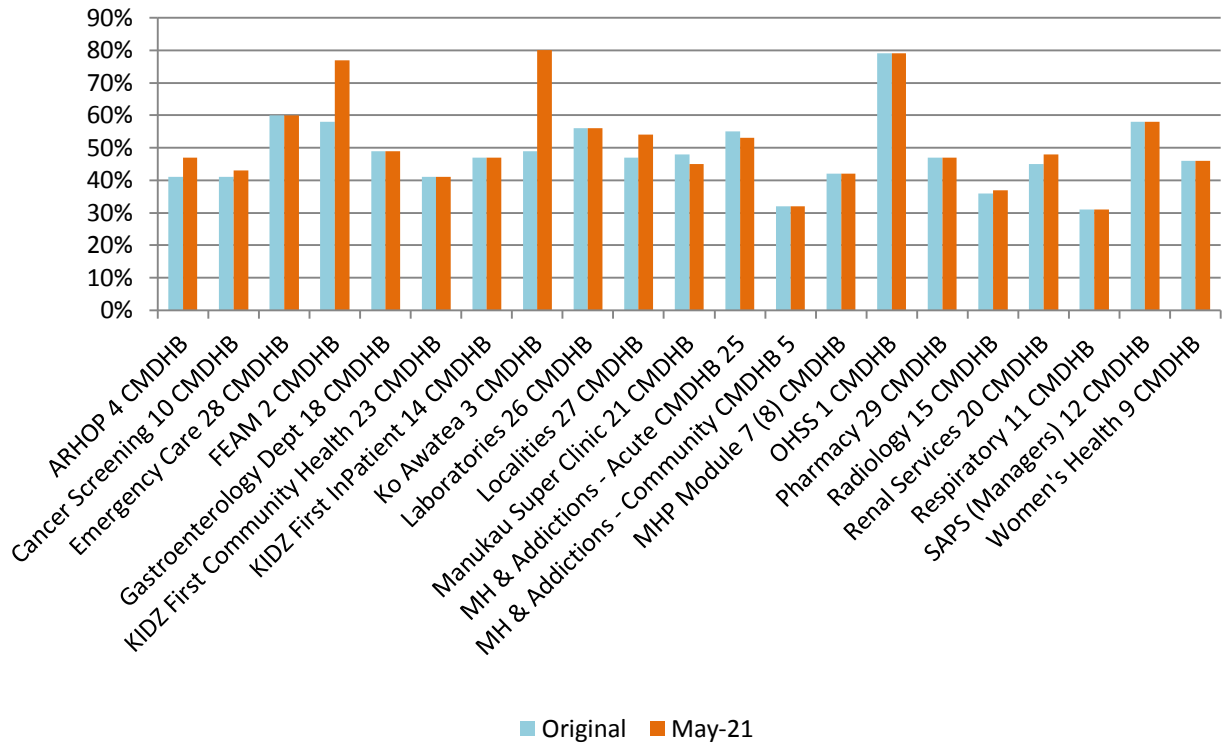
The table below is a summary of the Safe365 OHSS activity:

| Date | Division/Service | Type of Session |
|-------|------------------------------|--------------------------------------------------------------|
| 15/04 | Women's Health | Met with division GM regarding H&S and their Safe365 account |
| 29/04 | Mental Health Acute | Baseline Reassessment, separate from Community |
| 19/05 | ARHOP HSRs inaugural meeting | Facilitated completion of Module 3 Worker Knowledge |
| 11/05 | Women's Health mgmt meeting | Facilitated completion of Module 8 Management Knowledge |

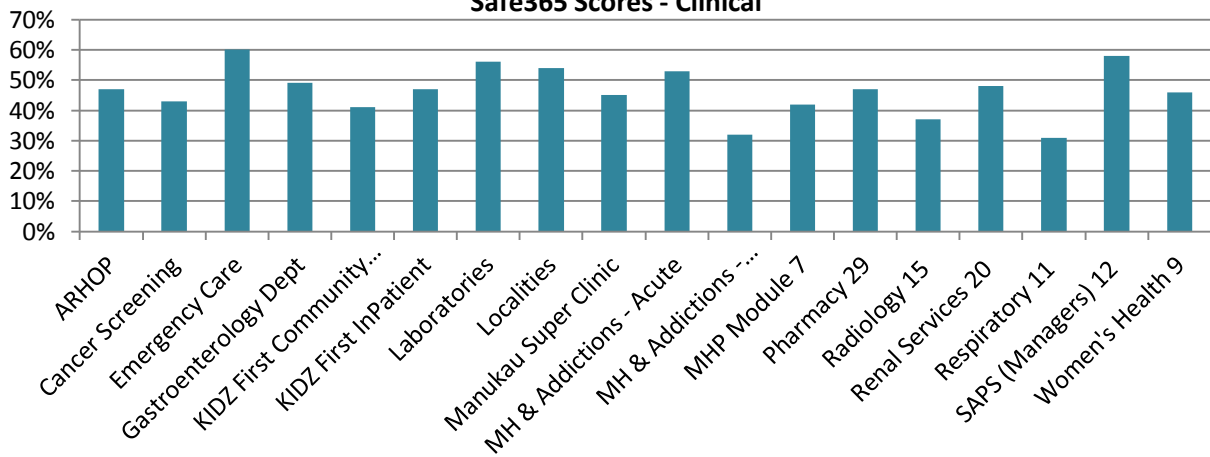
The software provider has now reset accounts that are to be reassigned and reassessed.

The aggregate score for CM Health remains at 51%. The graphs below show individual account scores. They do not include accounts currently being reassigned; these will be included once they have been reassessed.

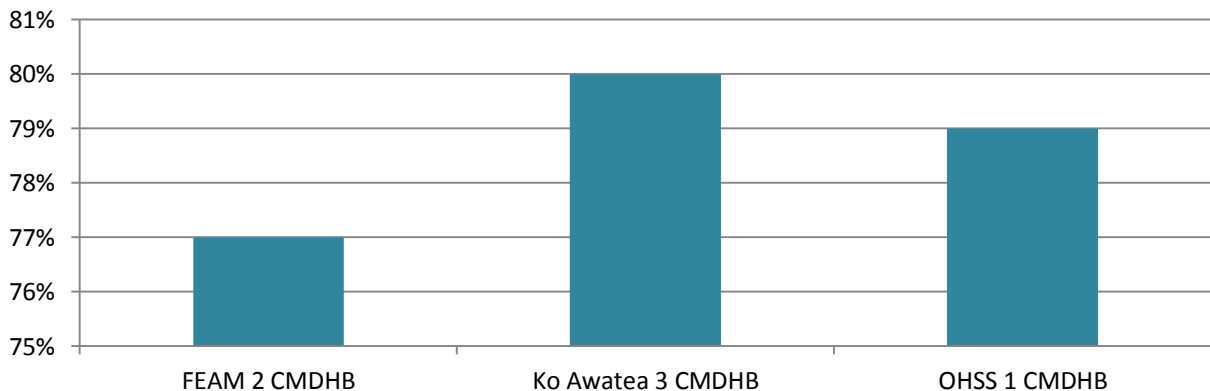
Safe365 Accounts



Safe365 Scores - Clinical



Safe365 Support Services



The 20 DHB Safe365 Benchmarking Project resulted in three recommendations to improve Safety Maturity (reflected as an increase in the Safe365 account scores). These recommendations are shown in the table below along with OHSS actions and plans in these areas.

Safe365 Recommendations

CM Health OHSS action/plan

1. SAFETY INDUCTION

Design, build and implement a safety induction programme that can be used across the entire sector. This will have a significant impact as it will raise awareness and educate Boards, CEs, Executive Teams, management and staff; and as a consistent framework across DHBs will benefit by being transferable for staff who change roles between DHBs.



This has been refreshed for CM Health and is in place online. A communication has been sent to the Health and Safety Representatives highlighting the new Health and Safety induction. The OHSS team continue to work on a proposal for an online annual refresher (for all staff).

2. RISK MANAGEMENT

Design, build and implement a risk training framework. This may be part of the safety induction (module) and/or a separate one but could be designed to provide all stakeholders with an understanding of what risks are, the risks typically associated with DHB environments, and how to analyse risk and implement appropriate solutions.



Specialist training sessions have been set up with an external provider. The initial pilot session took place on May 4th with FEAM, OHSS and HSRs attending. The remaining three sessions are available for booking and have been advertised on The Dose.

3. SAFETY LEADERSHIP DEVELOPMENT

A safety leadership programme to lift leadership understanding on safety and the role of leaders/stakeholders. The Government Health and Safety Lead (GHSL) has partnered with the Institute of Directors (IoD) to develop a new Officer Development Programme exclusively for public service senior leaders with officer responsibilities under the Health and Safety at Work Act 2015 (HSWA). This would potentially provide DHBs with a consistent approach and will be explored further.

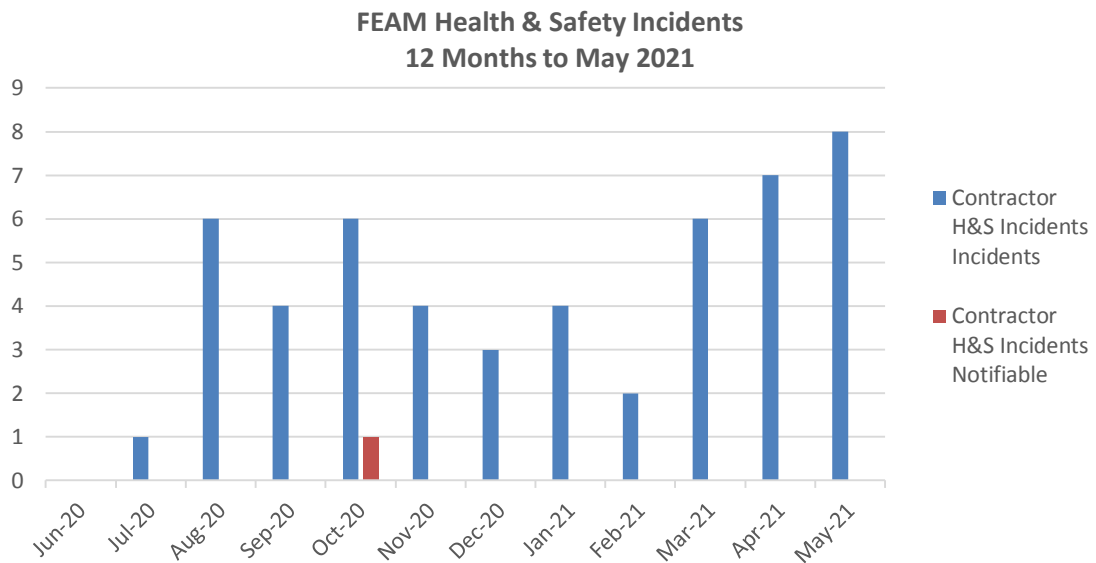


CM Health specific PCBU and Director training has been set up with an external provider to meet the requirements for the Leaders development gap. This training for both the Board of Directors and Executive Leadership team will take place in June.

Facilities & Engineering Health & Safety Monthly Report

1. Incident and Hazard Management

1.1 Incidents:

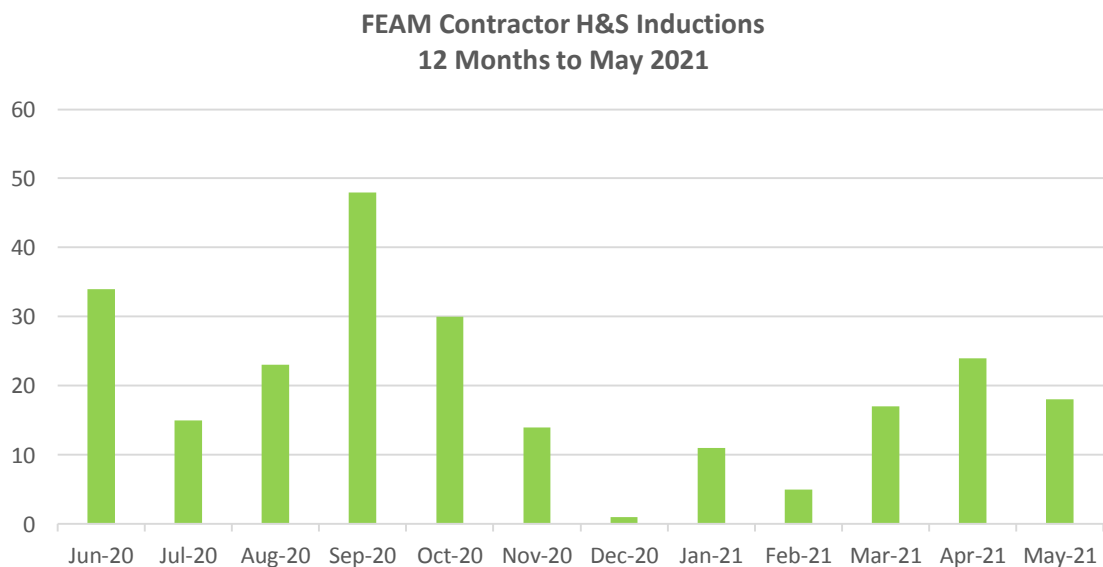


One notifiable incident has occurred in the 12 months to date (October 2020).

One event of significance occurred during May 2021, where a contractor was observed working at height on the Ko Awatea stage 2 roof. This work was an initial visual survey and inspection conducted by the contractor who inspects and certifies the CM Health roof top safety arrest systems. An investigation is in progress to establish whether or not this work was conducted safely.

2. Contractor Management

2.1 Contractor Employee Inductions:



A total of 240 contractor inductions have been completed for the 12 month period ending May 2021.

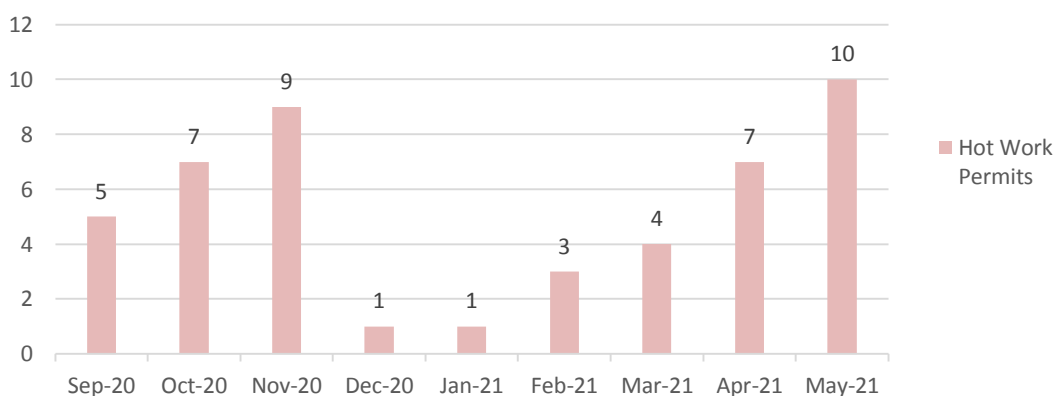
2.2 Contractor Prequalification's and Assessments:

Each FEAM Contractor that is on the FEAM prequalification panel and is regularly engaged has undergone an annual contractor prequalification. 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 a job safety analysis for minor or low risk work.

The annual contractor prequalification programme is underway for 2021.

3. Permits to Work

FEAM Hot Work Permits Issued to May 2021



A new Hot Work permit process has been implemented with all requests being processed through the FEAM Fire Safety Officer. This includes a requirement for at least 2 days notice being given before any fire isolation occurs to ensure sufficient warning to clinical services; and also that only authorised persons carry out such isolations. Activity was quite low from December 2020 through to January. However, there continues to be a month on month increase for requests on hot work permits from February through to May, as capital project work progresses.

Hot Work includes activities such as welding, grinding, etc.

4. Fire Safety

4.1 Fire Compliance

Passive fire remediation work is continuing for the entire Middlemore hospital site. The Galbraith Building is the current area of focus.

Fire damper inventory for all Middlemore buildings is also being updated. Any defects will be reported and remedied.

Trial fire evacuations are all up to date.

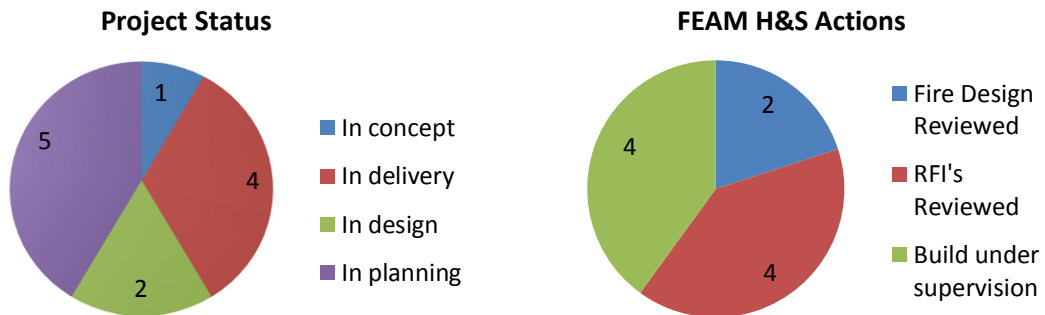
5. Asbestos

The review of the asbestos remediation schedule and asbestos registers is on-going, with further asbestos testing of the Galbraith Building having been conducted as part of the passive fire remediation works.

A programme of work is continuing for asbestos remediation and mitigation of asbestos risks. This involves testing of areas potentially affected and mitigating controls, from removal, through to encapsulation and use of PPE.

Note: Occupants of CM Health buildings are not exposed to any asbestos risk as part of their daily activities. Such risk may only occur during major build projects. In such instances, the potential for asbestos risk is assessed and managed as part of the project.

6. Projects



Key projects at build stage currently include:

- Cathlab & Dialysis
- Auckland Spinal Rehabilitation Unit
- Gastroenterology
- Neonatal Unit

The FEAM Health & Safety team are actively involved with each project, having commenced with the review of contractor health and safety systems during the tender and prequalification process, through to engagement with the fire design team, review of lead contractor safety management plans, traffic management plans and wider health & safety processes.

Health and Safety Performance Scorecard

| Lagging Indicators | | March 2021 | April 2021 | May 2021 | Target |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|------------|
| Reported Incidents | Counties Manukau Staff | 188 | 163 | 232 | ~ |
| | healthSource (hS staff working at CM Health sites) | 1 | 3 | 1 | ~ |
| | healthAlliance (hA staff working at CM Health sites) | 0 | 0 | 1 | ~ |
| | Compass | 2 | 3 | Unavailable | ~ |
| | Contractors | 7 | 2 | 2 | ~ |
| | Visitors | 0 | 2 | 5 | ~ |
| Near Miss reported Incidents | | 13 | 10 | 8 | ~ |
| Injury Claims | New Claims Registered | 54 | 40 | 43 | ~ |
| | Current Claims | 111 | 102 | 104 | ~ |
| | Declined Claims per month | 1 | 2 | 2 | ~ |
| | Closed Claims per month | 36 | 16 | 21 | ~ |
| | *Lost Time Claims | 15 | 8 | 3 | <5 |
| | *Days lost per month (due to Lost Time Claims) | 79 | 50 | 15 | ~ |
| | Lost Time Frequency Rate (LTIFR) | *15.59 | 15.37 | Unavailable | <10 |
| | Lost Time Severity Rate (LTISR) | *394.04 | 153.96 | Unavailable | <630 |
| | Claims costs (monthly) | \$128191.39 | \$100132.2 | \$159711.73 | ~ |
| Critical risk incidents | BBFE | 25 | 20 | 32 | ~ |
| | Aggression & Violence | 62 | 64 | 80 | ~ |
| | Moving & Handling | 32 | 22 | 25 | ~ |
| | Slips, Trips, Falls | 22 | 7 | 19 | ~ |
| | Stress | 39 | 42 | 75 | ~ |
| Leading Indicators | | March 2021 | April 2021 | May 2021 | Target |
| Pre-employment | Health screening | 92.02% | 93.34% | 89% | 100% |
| Clinic appointments | Dr & Nurse clinics | 171 | 164 | 250 | ~ |
| Vaccinations | Flu, dTap, VZV, Hep B & MMR | 13 | 13 | 139 | ~ |
| Safe365 activity and implementation | 30/30 accounts allocated* | 100% | 100% | 100% | 100% |
| Training & development (OHSS team) | *See detail below | 0 | 6 | 17 | ~ |
| OHSS Communications | April: 009: Dermatitis May: 010: Health & Safety Induction and Orientation | 1 | 1 | 1 | ~ |
| Risk Assessments completed | | ~ | ~ | ~ | ~ |
| Workplace Inspections | Workplace inspections were due April 2021 | ~ | ✓ | ~ | Bi-monthly |
| HSW internal audits, self-assessments underway | Planning of the self-assessment pilot underway and gathering evidence for the 2021 ACC audit self-assessment | ~ | ~ | ~ | ~ |

| Key Indicators Commentary | |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reported Incidents | In April two incidents were reported in Safety First by contractors and visitors respectively. These pertained to inappropriate behaviour (2), asbestos contact/exposure (1) and obstructed access/exit (1). In May seven incidents were reported in Safety First by contractors and visitors in total. These pertained to aggressive/ threatening behaviour (2), actual theft (1), chemical inhalation (1), property damaged (1); obstructed access/exit (1) and other category (1). |
| Injury Claims | *Adopted a revised reporting methodology to backdate Lost Time Claims and Lost Days Per Month totals. It is not uncommon for some LTIs to be reported late and this increase will reflect within the month it occurred going forward. |
| LTIFR | April LTIFR figure of 15.37 has decreased from March figure of *15.59. The previously reported figure was 14.37. May figure is unavailable. <i>*Updated as per the revised reporting methodology implemented in March 2021</i> |
| LTISR | April LTISR figure of 153.96 has decreased significantly from March figure of *394.04. The previously reported figure was 153.52. May figure is unavailable. <i>*Updated as per the revised reporting methodology implemented in March 2021</i> |
| Claims costs | Monthly claims costs have increased significantly from \$100,132.24 in April to \$159,711.73 in May. The increase in the new claims registered (43), costs of treatments and diagnosis for these claims and lost time claims (3) is indicative to the significant cost increase. |
| Pre-employment Health Screening | *153 out of 172 PEHS for new starters were cleared to start work in May, which equates to 89%. 16 of the 19 new starters that haven't been cleared are due to their start dates being in June, July and August. *155 out of 166 PEHS for new starters were cleared to start work in April, which equates to 93.37%. Delays in receiving this information can also affect the clearance status. |
| Dr & Nurse clinics | Significant increase in Occ Health clinic appointments in May (250) when compared to April (164) figure. This increase can be attributed to the vaccination clinic reopening to staff that have completed their Comirnaty vaccination courses. |
| Vaccinations | Significant increase of vaccinations administered in May (139) when compared to April (13). Vaccination clinics in May opened up to staff that have completed their Comirnaty vaccination course. |
| Safe365 | *CM Health has 30 Safe365 accounts, all of which have been assigned. 21 accounts are included in the graphs, the remainder will be included once reassessed/assessed. |

OHSS Training & Development Activity

April:

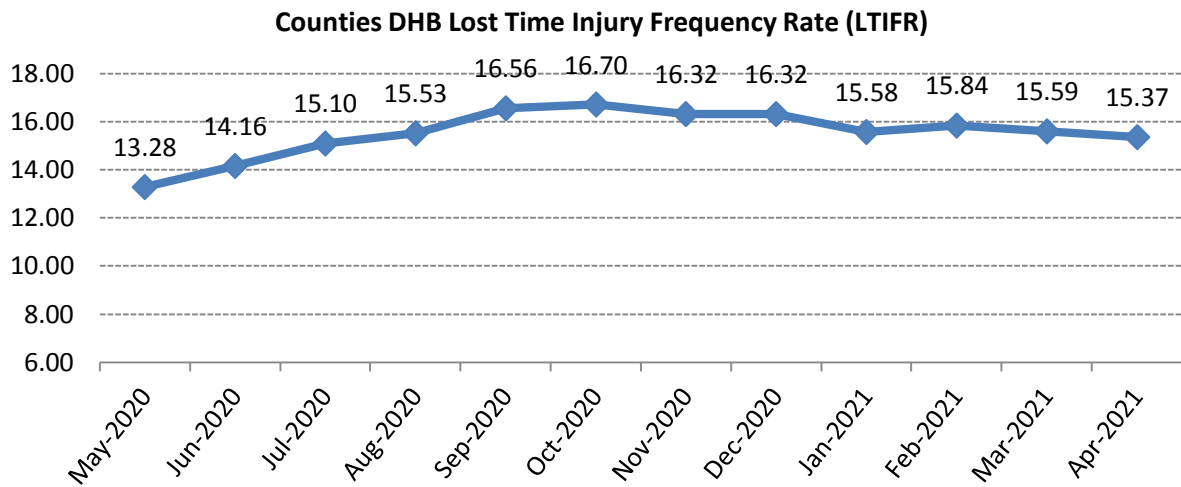
- Communicating Effectively (2)
- IMAC Webinar- Engaging with the Vaccine Hesitant (1)
- IMAC Webinar- Adverse Events following immunisation- recognising and addressing anaphylaxis and the reporting process (1)
- IMAC Influenza Immunisation 2021 Updated (1)
- Australia's Covid-19 vaccine program reset: navigating safety, acceptance and uptake (1)

May:

- Hazardous Substances (National Course) (1)
- H&S Hazard and Risk Management Workshop Pilot Session (7)
- H&S Auditing and Investigation Workshop Pilot Session (7)
- IMAC Webinar- Vaccination Administration: Review of current practice (1)
- IMAC Webinar- Covid-19 vaccination and pregnancy and mammograms (1)

LTIFR

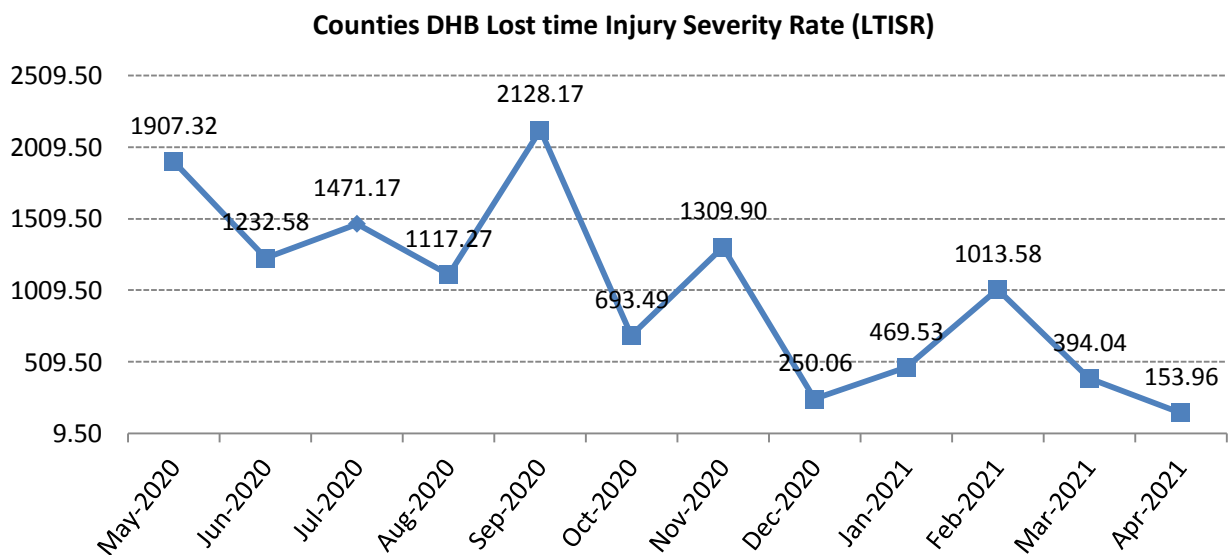
The total CMDHB LTIFR rolling average figure decreased in April to 15.37 from March which was 15.59. May figure is currently unavailable.



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

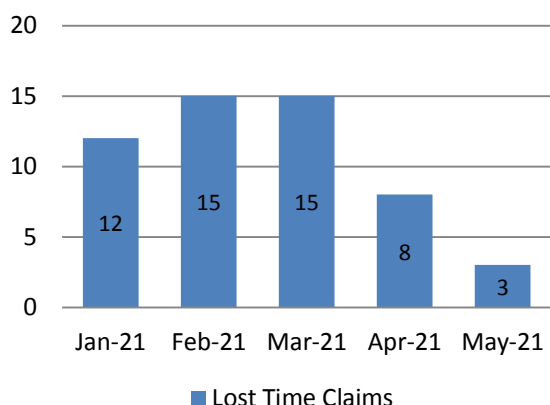
LTISR

The LTISR figure decreased in April to 153.96 from March which was 394.04. May figure is unavailable.

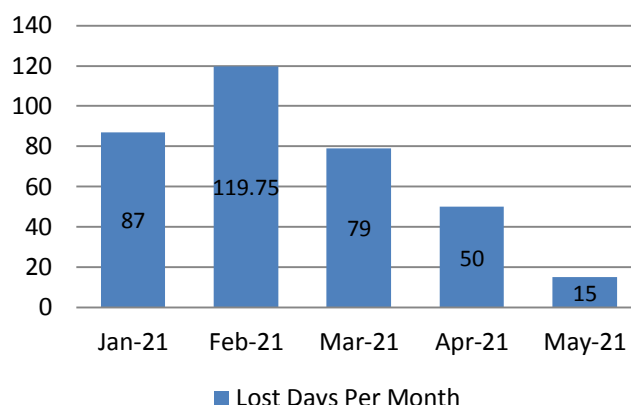


Days lost per month (due to Lost Time Claims) has decreased from 50 (from 8 lost time claims) in April to 15 (from 3 lost time claims) in May. Adopted a revised reporting methodology to backdate Lost Time Claims and Lost Days Per Month totals. It is not uncommon for some LTIs to be reported late and this increase will reflect within the month it occurred going forward.

Lost Time Injury Data January to May 2021



Lost Days Per Month Data January to May 2021



Lost Time Claims April 2021

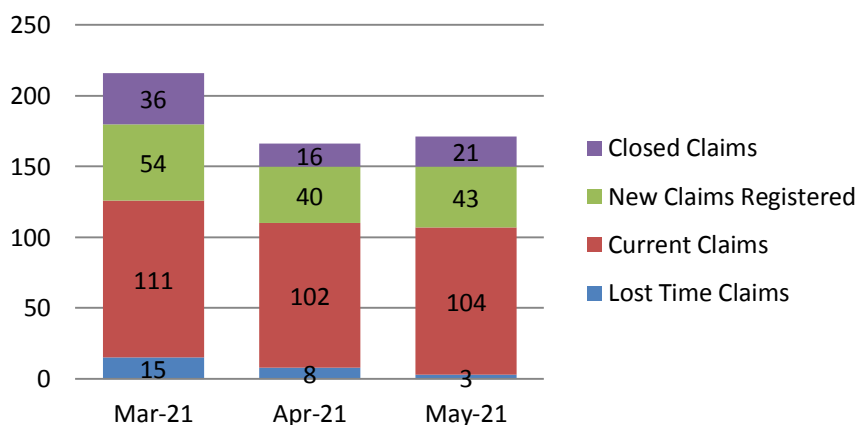
- 5x Other – neck sprain, foot sprain, knee contusion, chest contusion and shoulder sprain
- 2x Sprain – thoracic and shoulder sprain
- 1x Musculoskeletal – lumbar sprain

Lost Time Claims May 2021

- 1x Musculoskeletal – lumbar sprain
- 1x Other – ankle sprain
- 1x Sprain – knee sprain

Claims Data (by month)

Injury Management Current Claims Data 2021

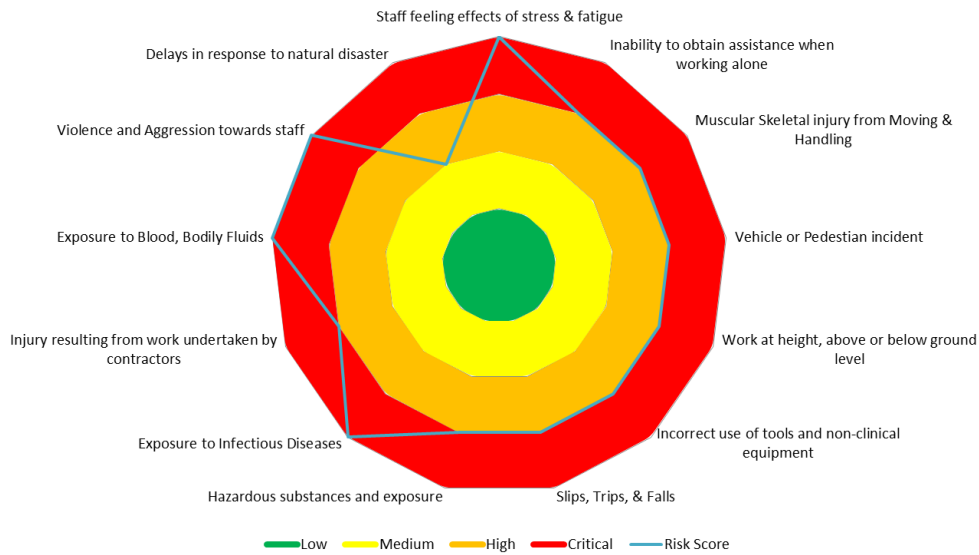


- In May, 43 new claims were registered with 3 lost time claims, compared with April where there were 40 new claims registered with 8 lost time claims.
- Current claims being managed by the Counties Manukau and WellINZ Case Managers are 104 as of May 2021.
- Declined claims in May (2) unchanged from April figure (2).

Key Health and Safety Risks and Current Project Activity

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

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 | Medium | High | Critical | Critical | Critical |
| Likely | Medium | High | High | Critical | Critical |
| Possible | Low | Medium | High | High | Critical |
| Unlikely | Low | Medium | Medium | High | High |
| Rare | Low | Low | Low | Medium | High |

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

Critical Risks

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

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

An OHSS Risk and Assurance Manager has been appointed into the position and will be working on the review and assessment of these risks in the risk profile. Consultation will occur as part of this review process.

| Risk: Staff and others exposed to Aggression and Violence at the workplace | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|----------------|----------|
| Risk Rating: | Review Date: | | Current | Target |
| Critical | September 2021 | Frequency | Almost Certain | Likely |
| | | Consequence | Major | Major |
| | | | | |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> OHSS are actively involved in the working group that has been established to work through the recommendations from the Security Review that was undertaken in late 2019. Several OHSS projects including violence and aggression and lone work have strong links to this security review. OHSS review and follow up with reported incidents of violence and aggression. Code Orange incident trends are provided to OHSS by ED The upgraded incident and feedback system (SafetyFirst) has been available from 24 September 2020 and supports reporting and analysis of occupational violence. DHB H&S managers continue the sharing of information on the management of V&A, which will be shared with the focus group. A governance Risk Assessment will be completed for this risk. The OHSS continue to participate in reviews and meetings to support the management of V&A across CM Health | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> The second meeting of the HSR (worker) Violence & Aggression project group was held in May however due to poor attendance a further meeting is scheduled for June 2021. The 20DHBs H&S managers continue to meet nationally and are currently working on a document review and Bow Ties risk assessment session with the aim of finalising the violence and aggression risk assessment documentation in preparation for presenting to DHB CEOs. The WorkSafe innovations project is progressing with communications due to be sent out to stakeholders outlining the plans for this project in late June 2021. | | | | |
| Risk: Staff experience stress/fatigue in the workplace | | | | |
| Risk Rating: | Review Date: | | Current | Target |
| Critical | September 2021 | Frequency | Almost Certain | Likely |
| | | Consequence | Moderate | Moderate |
| | | | | |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> Workers are encouraged to report low staffing, stress and fatigue in Safety First to enable managers to follow up. CCDM implementation continues. Following a review of incidents reported in SafetyFirst, inadequate / unavailable staffing and service over capacity continue to be the majority of incident types reported with acuity / mix of patients and staff availability / skill mix being given as contributory factors. CM Health continues to 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. Health Round Table Workforce Well-Being Index continues to be available for all nurses and HCA staff. Staff Whiteboard in MMC which provides staff data to manage the workforce. Stress First Aid planning is underway as a pilot in CM Health in Q2 2021. OHSS have requested a formalised program of work from EAP which will be reviewed in line with the current report Within Mental Health & Addictions Services, a number of team-driven initiatives aimed at improving well-being and reducing stress for staff is taking place. For example, one of the community mental health centres facilitates the team participating in the completion of puzzles as a mindfulness opportunity for staff. In addition, many teams organize group lunch/tea times to support a regular team-based korero. These efforts continue at a team level and monitoring of incident reporting is underway to evaluate impact. | | | | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------|----------------|----------|
| New Activity: | | | | |
| <ul style="list-style-type: none"> Data has been sourced from EAP and the SafetyFirst online reporting tool. This data will assist in a collaborative project facilitated by OHSS regarding stress and fatigue amongst workers. The lack of workforce has been escalated to the NRHCC and MoH. Recruitment has been on-going across the board and additional staff has been approved for the winter plan. Agency staff members are being used but availability is an issue with competing demand across the system. Safe staffing levels are continually factored into operation decision making via VIS. | | | | |
| 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 | Review Date: March 2022 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Almost Certain | Likely |
| | | <i>Consequence</i> | Moderate | Moderate |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> 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 April and increased in May to average frequency. The Occupational Health Nurses received an education session conducted by phlebotomy services on the current phlebotomy devices for blood collection and transfer. With an awareness and understanding of the correct devices to use for these services the Occupational Health Nurses are able to educate the staff following a BBFE. This information will be collated for the Occupational Health and Safety communication topic. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> No new activity this month | | | | |
| Risk: Exposure to Infectious Diseases (note this risk includes diarrhoea & vomiting, respiratory and pandemic illness) | | | | |
| Risk Rating: Critical | Review Date: September 2021 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Almost Certain | Likely |
| | | <i>Consequence</i> | Moderate | Moderate |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> The Risk Assessment continues to be reviewed as levels change by OHSS The CMH on-going respirator mask fit testing program continues Work procedures are in place across the service lines to assist in the risk of exposure to infectious diseases. OHSS has implemented the protocols to manage the Vulnerable Workers database and makes changes as the levels change for the COVID-19 response. Occupational Health Physicians are involved in national advisory groups and provide internal advice on the topic of infectious diseases OHSS is involved in the IMT Fit testing of respirator face masks continues. Two Occupational Health Nurses have been seconded full time to the COVID-19 vaccination program. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> Ongoing support is provided for the COVID vaccination program The 2021 influenza campaign is underway | | | | |

High Risks:

The following risks are rated as High;

| Risk: Injury sustained from use of vehicle or to pedestrians | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------|----------------|----------|
| Risk Rating: High | Review Date: March 2022 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Possible | Unlikely |
| | | <i>Consequence</i> | Major | Major |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> • CM Health workers who drive as part of their work are required to follow NZ road rules and advice from Waka Kotahi (NZ Transport Agency) road code • Consult on use of CM Health vehicles • Consult on speed limits at CM Health sites. • CM Health has a Code of Conduct where drivers are not permitted to send SMS messages and not answer phone calls whilst driving. • OHSS has been providing advice to CM Health on use of mobile phones in the workplace. • OHSS continue to participate in a work group reviewing the Vehicle Usage policy and procedures including researching global standards of best practice. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • No new activity this month | | | | |
| Risk: Musculoskeletal injuries sustained whilst moving patients and other manual handling tasks | | | | |
| Risk Rating: High | Review Date: March 2022 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Likely | Possible |
| | | <i>Consequence</i> | Moderate | Moderate |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> • The SPHM group have a detailed roadmap of activities and initiatives which continues to the completed monthly. • SPHM Orientation and Update Training continue to be offered across the organisation. • E-Learning as a pre-training resource has been updated and refreshed for 2021, considering creating an additional course in Ko Awatea Learn to allow participants who have attended either Orientation or Update to be able to directly access all the videos on demand. • Reported incidents continue to be reviewed and monitored by both OHSS and SPHM teams. • Since programme commenced in Sep 2018, the total number of trained staff to date is 227 Allied Health Staff, 1488 Nursing Staff and 113 Orderlies. • From July 2020 onwards the scorecard now shows reporting by division with Surgery, Anaesthesia & Perioperative Services at a total of 167 to date, followed by 97 from Medicine/Acute Care/Clinical Sup and Locality Community Health Services on 73. • Update Training Sessions commenced in Sep 2020, total number to date is 32 Allied Health Staff, 108 Nursing Staff and 26 Orderlies. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • Two orientation and two update sessions cancelled in May due to low enrolment numbers. • Standardisation of equipment and procurement implementation process on-going. • Hosted a Counties SPHM Educators Day (9th April) to update education team on e-Vitals and best practice air assist technology to reduce load and risks to staff and patients. • Bariatric equipment signed off by structural engineer and ready for use. SPHM budget paying for doorway alterations. Awaiting a start work date. • Working with Clinical Engineering on an installation of ceiling hoists project across multiple wards. | | | | |

| Risk: Inability to manage the risk of harm from the work being carried out by Contractors | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------|----------------|----------|
| Risk Rating: Critical | Review Date: September 2021 | | Current | Target |
| | | <i>Frequency</i> | Possible | Unlikely |
| | | <i>Consequence</i> | Major | Major |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> A total of 240 contractor inductions have been completed in the 12 months to date. The annual FEAMs contractor prequalification programme is currently underway for 2021. All sites are currently compliant for their fire safety with having their trial evacuations conducted within the last 6 months. Fire warden training has been facilitated throughout January 2021. Fire schemes have been updated however work continues to ensure they meet the requirements from a clinical and risk perspective. Asbestos surveys were carried out in 2018. 16 asbestos registers have been completed. A H&S meeting was held with contracting partners in December 2020 to discuss safe working requirements. A new hot work permit process has been implemented with all requests being processed through the FEAM Fire Safety Officer. There continues to be a month on month increase for requests on hot work permits from February through to May. The review of the asbestos remediation schedule and asbestos registers is continuing, with further asbestos testing of Galbraith having been conducted as part of the passive fire remediation works. Over-arching Governance Policy and Procedure for Contractor Management are being finalised. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> OHSS is invited to participate in the ADHB contractor management process review. An assessment will be made on this project. OHSS is engaging with Compass who manages the patient food production on a project to review the use of food service trolleys. HSRs are included in this review. | | | | |
| Risk: Staff and others sustain slips, trips or falls in the workplace | | | | |
| Risk Rating: High | Review Date: September 2021 | | Current | Target |
| | | <i>Frequency</i> | Likely | Possible |
| | | <i>Consequence</i> | Moderate | Moderate |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> Trends in slips, trips and falls (STF) from ground level incidents continue to be monitored by OHSS. Specific actions are undertaken following STF incidents including reaching out to FEAMs and Cleaning managers to assess hazards as they arise. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> A communication will be sent out to HSRs as a reminder to focus on the possibility of wet floors due to the onset of winter. | | | | |
| Risk: Falls from height (above or below ground level) | | | | |
| Risk Rating: *TBA once reassessed | Review Date: *TBA once reassessed | | Current | Target |
| | | <i>Frequency</i> | *Unlikely | *Rare |
| | | <i>Consequence</i> | *Major | *Major |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> FEAMs assess, manage and monitor workers working at heights at CMH sites. FEAMs manage the working at height and below ground level work procedures. Access to work at height areas is strictly controlled by FEAMs. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> Shared PCBU training for those managing / supervising contractors has been arranged for June 2021. FEAM investigation of individuals on roof of Colvin Complex without appropriate fall from height controls in place is underway. | | | | |
| * This risk will be discussed with FEAMs and a selection of workers and PCBUs before establishing the final risk scores and mitigation | | | | |

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------|----------------|----------|
| Risk: Suboptimal evidence (through audits and monitoring) of adherence to H&S legislative requirements (legal) | | | | |
| Risk Rating: High | Review Date: September 2021 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Unlikely | Rare |
| | | <i>Consequence</i> | Major | Major |
| Active Workflow (Safe365) | | | | |
| <ul style="list-style-type: none"> • Currently 30 Safe365 licences have been set up (as outlined above in the Key Indicators Commentary). • The Safe365 information page on Paanui is in draft awaiting roll-out and will provide HSRs with links to resources and tips for increasing their compliance scores. • The worker induction booklet has been updated and rolled out to provide current H&S information to workers. • A 20 DHBs Safe365 benchmarking exercise has been completed to assist with establishing combined projects for increasing scores. • CM Health achieved tertiary status at the ACC AEP audit. • The OHSS team subscribe to Safeguard magazine and WorkSafe and other industry media releases which provide updates on legislative changes and activity. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • The OHSS team are currently requesting evidence for the 2021 self assessment. The results from this assessment will be shared with HSRs at their HSR Hub planned for August 2021. • The self assessment and audit program which is almost ready to be implemented as a pilot will assist in verifying the Safe365 assessment results. • The OHSS team attended the Safeguard Conference to ensure they are kept up to date with current legislation and H&S activity. • The OHSS H&S Advisor continues to work with service areas to assess and increase their Safe365 scores. • The HR Director and OHSS Manager presented an update to SLT members on the current activity with Safe365. | | | | |
| <i>*HSRs will be consulted to reassess this risk following the implementation of OHSS self assessments and 3 year audit program</i> | | | | |
| Risk: Lone Workers unable to access immediate assistance during an emergency situation | | | | |
| Risk Rating: High | Review Date: September 2021 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Possible | Unlikely |
| | | <i>Consequence</i> | Major | Major |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> • Lone Worker Policy, and the new app standard operating procedures and the escalation process have been implemented • Security monitoring the app 0700 to 1900hrs and the telephony office between 1900 and 0700hrs Pilot phase for Lone Worker app (Get Home Safe) extended to more of the business. • The policy and procedures were discussed with HSRs and unions. • The project team are reviewing and developing additional methods to establish usage of app. • A PSA Union Rep has been consulted regarding the use and purpose of the app and has endorsed the process by responding to questions asked by staff members. • Agreement reached by the project team to the development of an online survey to evaluate usage and satisfaction with the app. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • A survey has been conducted involving users of the app with 99 responses received. Feedback was positive and helpful to the project team | | | | |

| Risk: Wellbeing of staff adversely affected by aspects of work | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------|----------------|----------|
| Risk Rating: High | Review Date: September 2021 | | Current | Target |
| | | <i>Frequency</i> | Likely | Possible |
| | | <i>Consequence</i> | Moderate | Moderate |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> • Schwartz Round took place on 6 May 2021 in Lecture Theatres 1 and 2 in Ko Awatea. • EAP is well established with onsite clinics and external counselling. An additional referral program have been set up with highly experienced counsellors who are available to provide support for managers and leaders in regards to any managerial challenges they might experience in their role. Facilitated and targeted sessions have increased where required across CMH service areas. • OHSS have regular meetings with the EAP organisers to discuss program of work, trends and support activities. • EAP attended Patient Safety Day at CM Health. • CM Health has a wellbeing page, resources and tools on Paanui to support staff welfare. • Paanui is regularly updated to reflect changes in COVID Alert levels and to highlight relevant employee support initiatives. • Implementation planning is underway for 'Safety First Aid' – a peer support programme. • A Resilience and Wellbeing Workshop has been developed as part of the People and Team Development service offering to complement the range of support services and resources. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • The 'Speak Up' programme refresh was launched in May 2021. • Complimentary staff health checks were undertaken by AUT students of nursing in May 2021. • Pink Shirt Day took place on 21 May, which included 9 group information sessions on Workplace Bullying, Workplace Civility and How to be an Upstander. We had a Pink Shirt Day Information Stand where we handled out 100+ hand-outs, over 120 + Diversi-Tea Korero Starter Cards and a range of other anti-bullying and wellbeing resources. | | | | |
| Risk: Failure to have adequate identifiable worker participation in HSW management system (legal) | | | | |
| Risk Rating: High | Review Date: March 2022 | | Current | Target |
| | | <i>Frequency</i> | Unlikely | Rare |
| | | <i>Consequence</i> | Major | Major |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> • A Worker Participation agreement and procedures are implemented • HSR names are listed on Paanui for all staff to access HSR training sessions are an on-going offering • EMA has been appointed for HSR training provider for the Northern Regional DHBs • 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. • The ACC AEP audit included 2 focus group meetings, one for employees and one for managers. HSRs were included in these meetings. • HSRs are key participants in the newly formed violence & aggression focus group. • OHSS have been working with our training provider EMA to customise the course content for specialised H&S training. HSR have booked onto the training that commenced with Hazard and Risk management in May. | | | | |

- A HSR Hub is being planned for August 2021 with OHSS providing an update on the annual self-assessment, various initiatives and speakers to the group. Union delegates will be invited to this Hub.

New Activity:

- HSR training has been well received by attendees
- OHSS are progressing with the development of a HSR toolkit which will be presented to HSRs attending the planned HSR Hub in August 2021

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

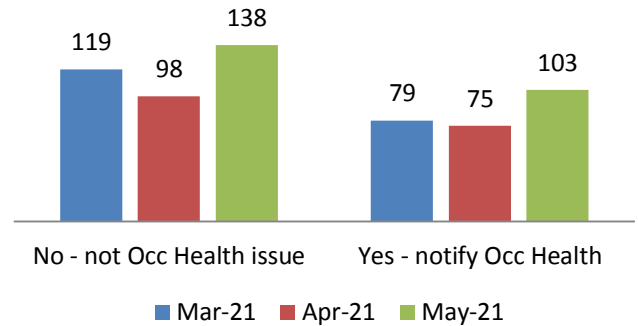
Reported Incidents

Monthly total of incidents reported in May (241) increased significantly in comparison to April (173). These totals include incidents reported by staff, visitors and all contactors (healthAlliance, healthSource, Compass and FEAMs).

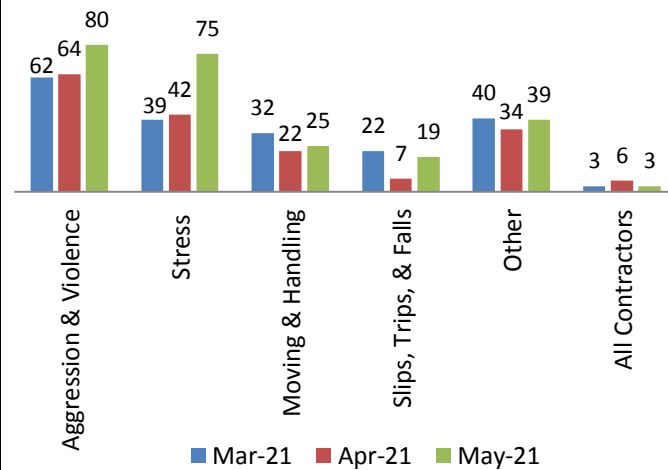
Data on Incidents reported:

- Aggression & Violence:** Remains in the top three incident rates. A significant increase in reporting observed in May (80) in comparison to April (64).
- Stress:** A significant increase in reporting observed in May (75) in comparison to April (42).
- Moving and Handling:** An increase in reporting in May (25) in comparison to April (22). The proportion in May that related to having occurred during moving / handling of patients (12) has remained consistent with April figure (11).
- Slip/Trip/Fall:** A significant increase in reporting in May (19) in comparison to April (7).
- Other:** An increase in reporting in May (39) in comparison to April (34).

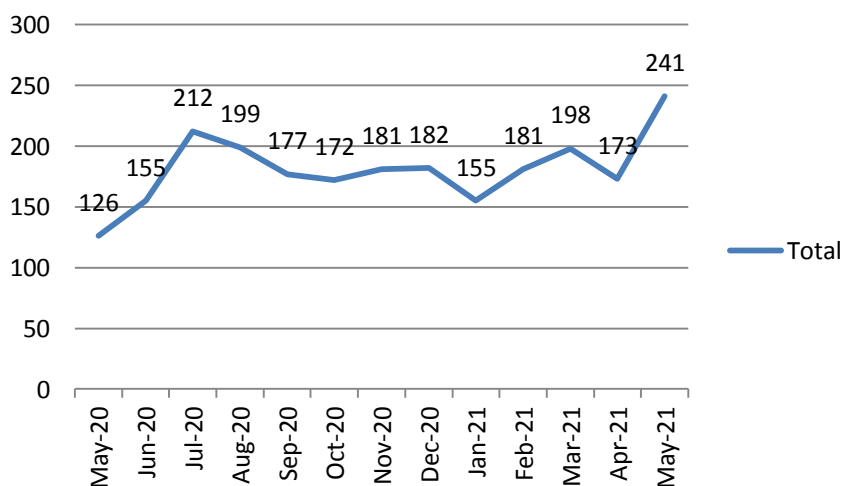
Review of classification by reporting staff of employee incidents, whether an OHSS issue or not, 2021



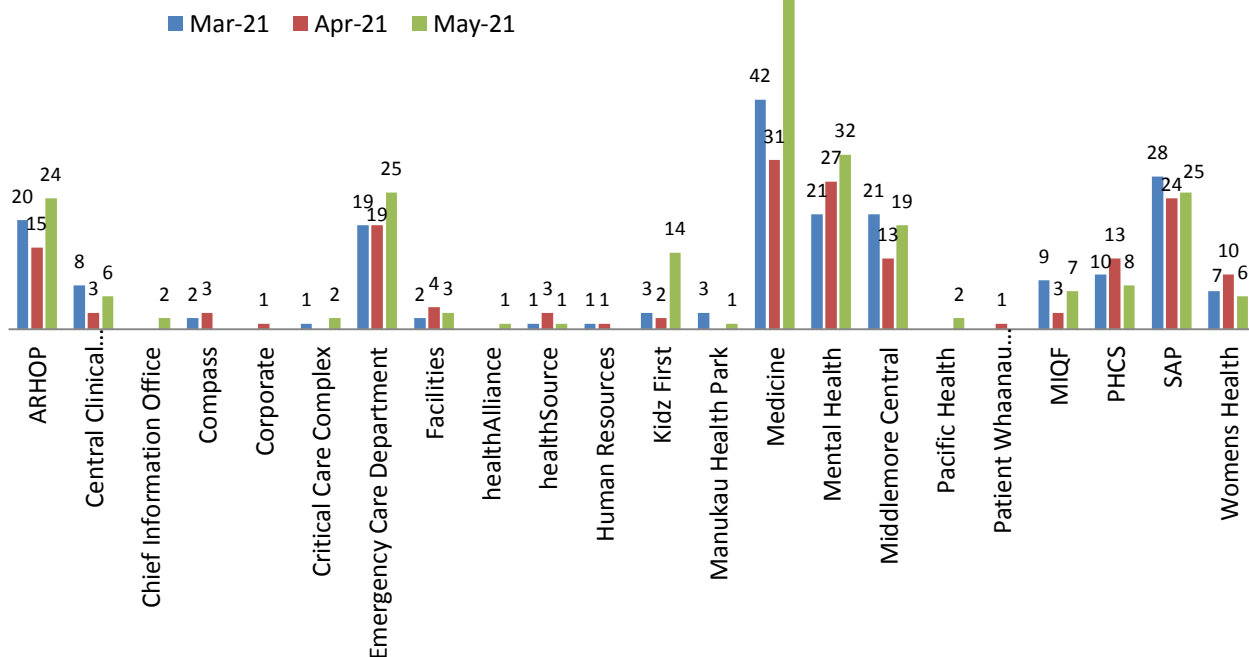
Number of Incidents Reported Related to Type



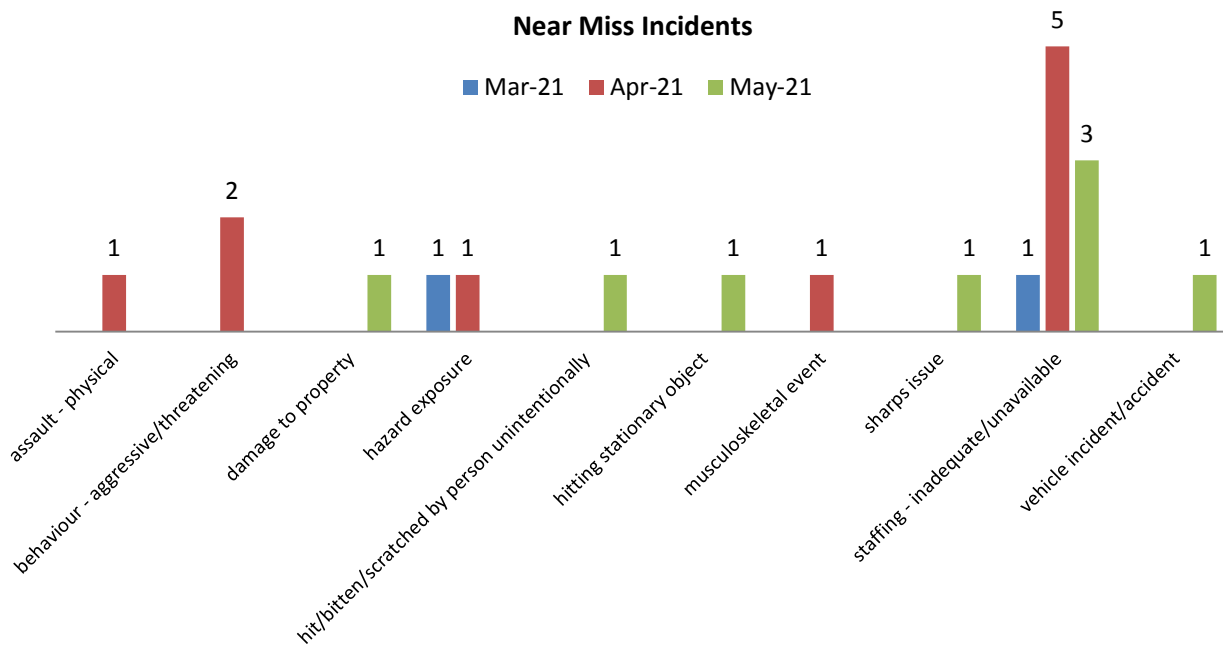
Reported Incidents



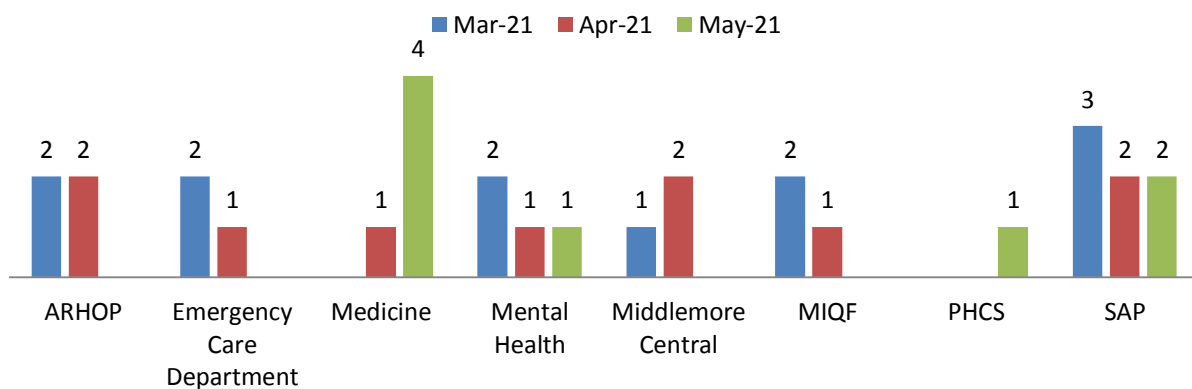
Incidents by Division



Near Miss Incidents



Near Miss Incidents by Division

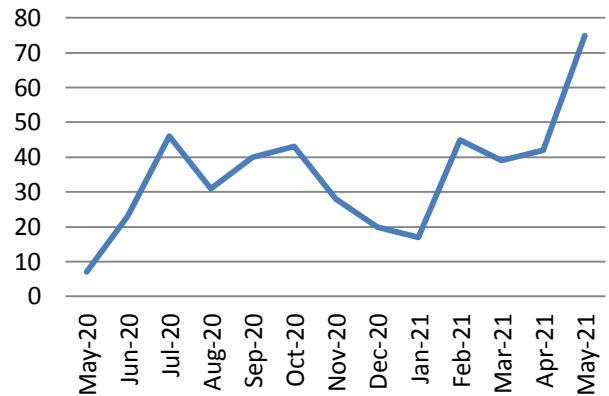


Staffing inadequate/unavailable, Stress

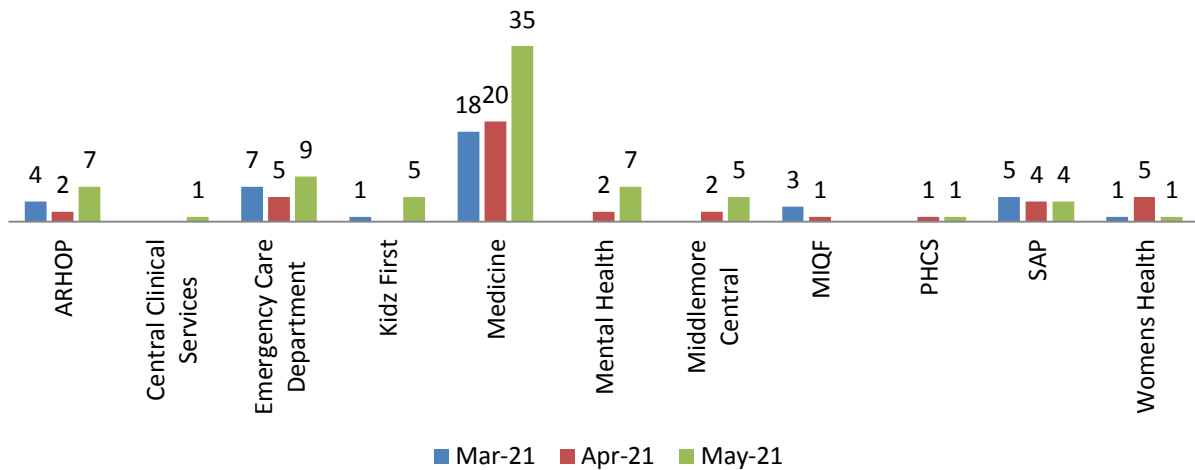
- Reports of staffing inadequate/stress in May (75) have increased significantly from April (42).
- Majority of incidents reported from Medicine.
- Main contributory factors reported in April were insufficient availability of staff, sickness/absence of staff, assistance unavailable and acuity / mix of patients.
- Insufficient/ unavailable assistance to staff was a contributory factor.
- The lack of workforce has been escalated to the NRHCC and MoH,
- Recruitment has been on-going across the board and additional staff have been approved for the winter plan,
- Agency staff are being used but availability is an issue with competing demand across the system,
- Safe staffing levels are continually factored into operation decision making via VIS

*OHSS are in the process of conducting a collaborative project review of stress and fatigue

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



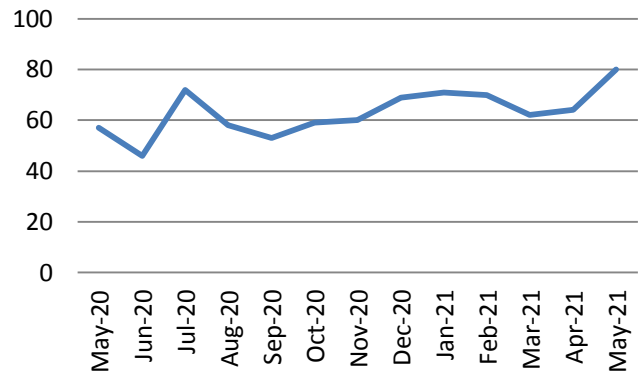
Number of incidents Reported Related to Staffing Inadequate/Stress by Divison



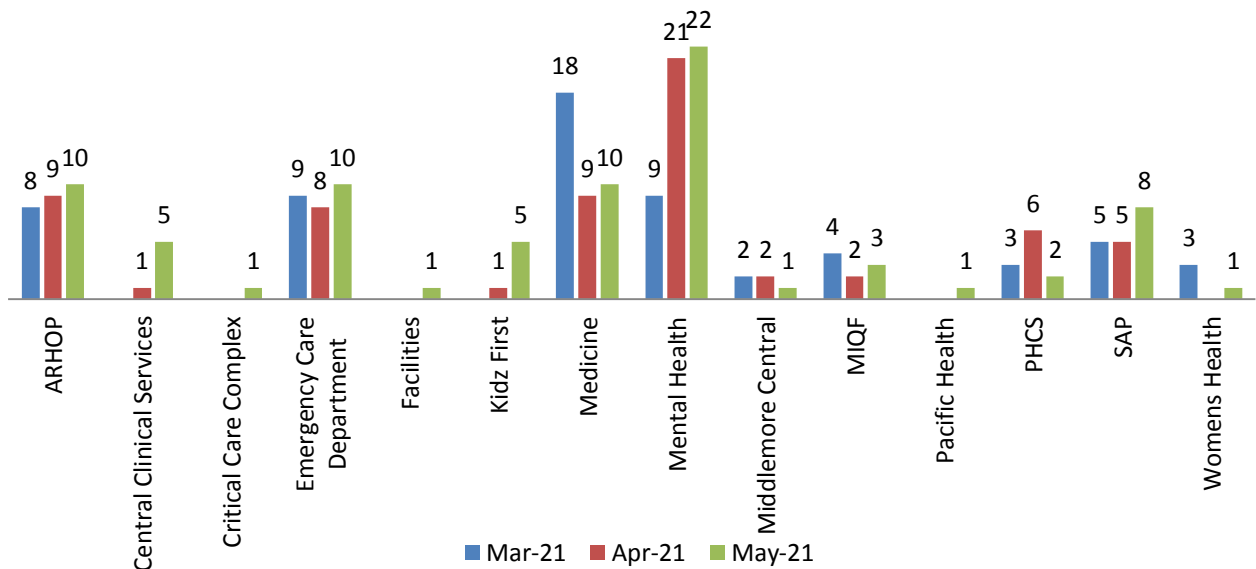
Aggression and Violence

- Aggression and violence monthly figure for May (80) have increased significantly in comparison to April (64).
- Code Orange (ED)
 - April = 8 – 3 alcohol, 3 drugs involved
 - May = 3 – 0 alcohol, 0 drugs involved
- Record of 777 Security Calls
 - April = 53
 - May = 42
- Aggressive/ threatening behaviour and physical assaults were the contributing factors.

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



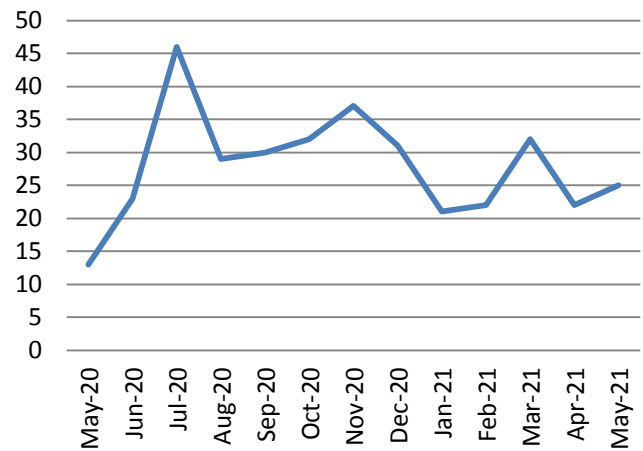
Number of Incidents Reported Related to Aggression & Violence



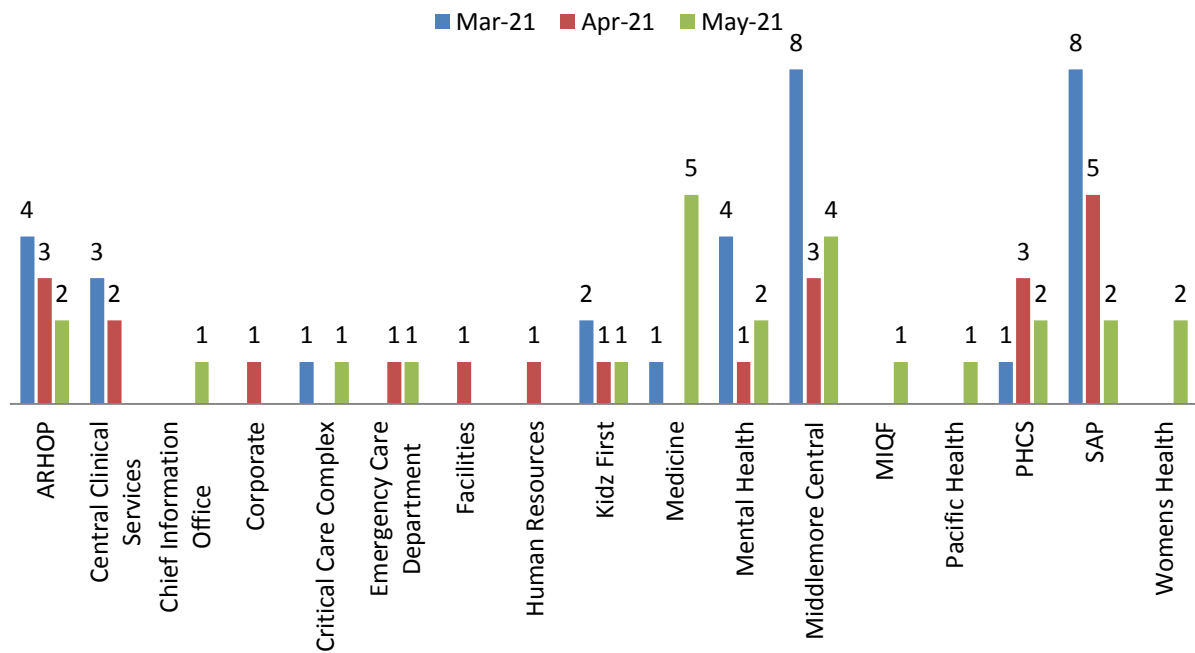
Moving and Handling

- May (25) figures have increased slightly in comparison to April (22).
- 12 injuries reported in May occurred while moving / handling a patient, a decrease from the number in April (11).
- The majority of patient handling incidents reported were awkward position or posture while lifting/handling or carrying patients, load size/weight or assistance unavailable.
- The majority of non-patient handling incidents were reported as being due to action/behaviour of employee/affiliate, load size/ weight, awkward position/posture, lifting/handling/carrying and awkward position/posture.

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



Number of Incidents Reported Related to Moving & Handling

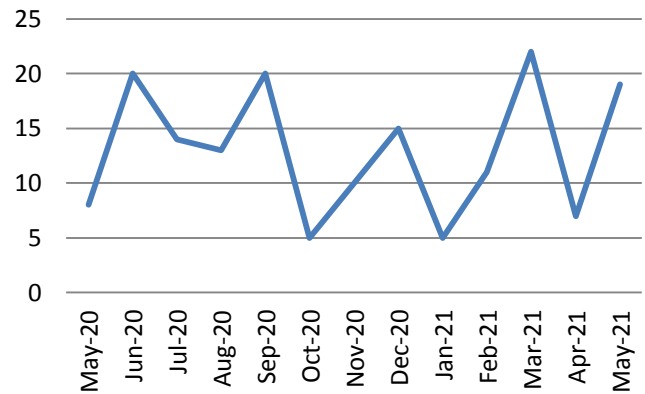


Slips, Trips and Falls

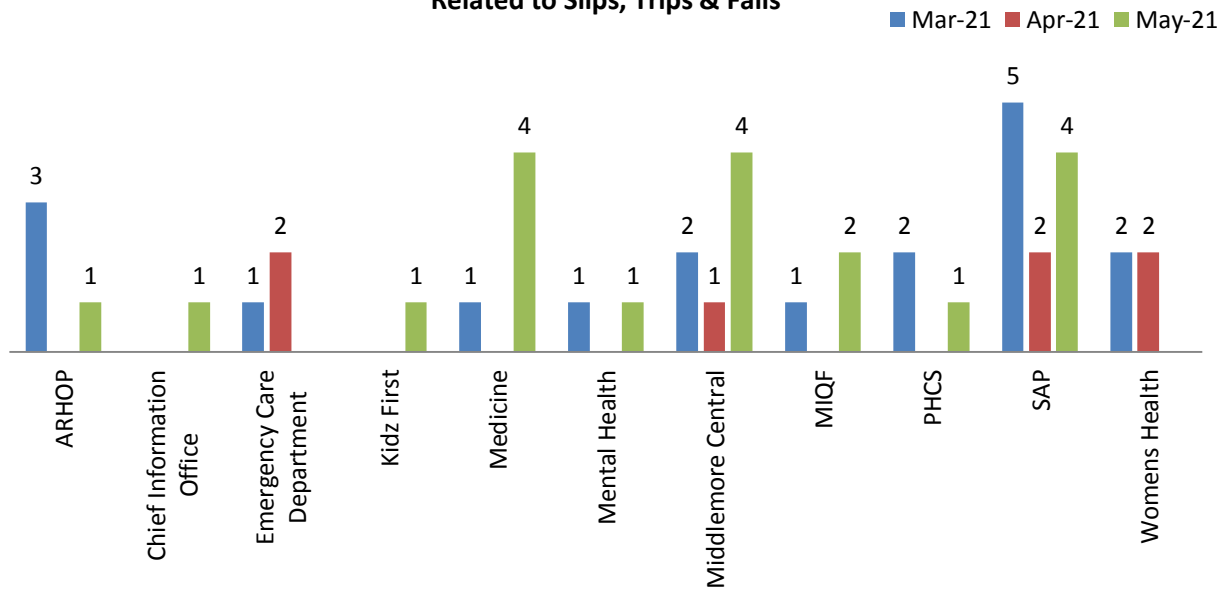
- Slips, Trips and Falls monthly figures in May (19) have significantly increased from April (7).
- Human factors, job factors and slippery/ wet surfaces were listed as the predominant contributory factors.

*The H&S team will include a communication to HSRs regarding risks of slips, trips and falls over the wetter months.

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



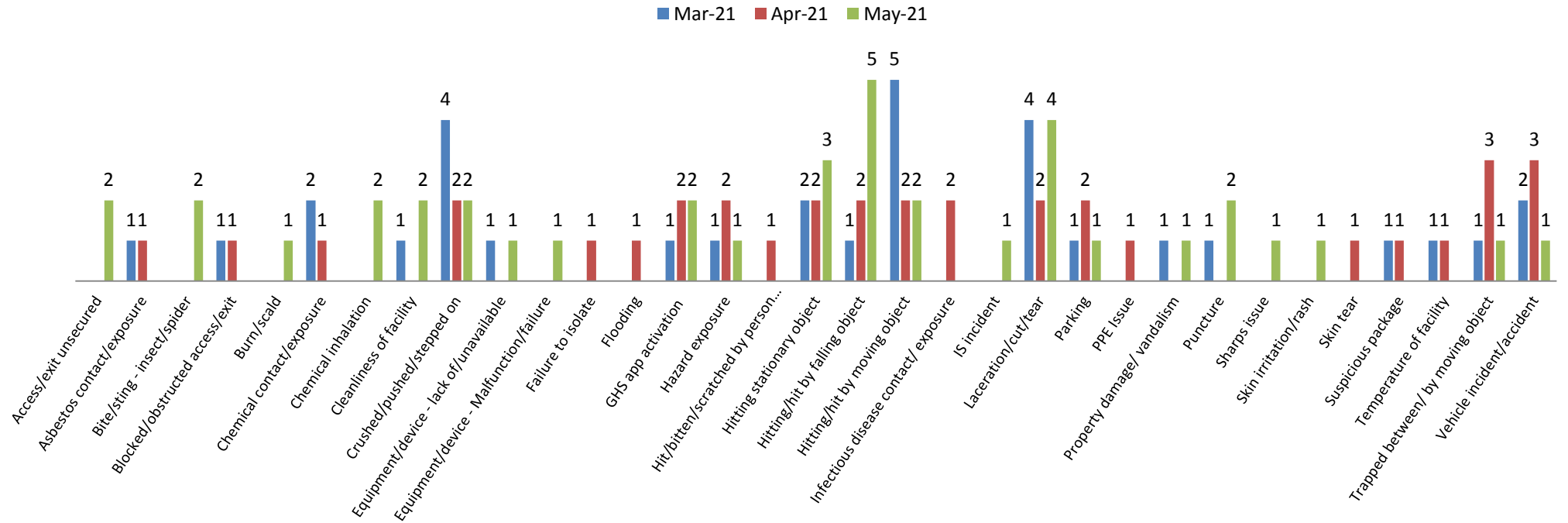
Number of Incidents Reported Related to Slips, Trips & Falls



Other incidents

Other incidents in May (39) have increased in comparison to April (34).

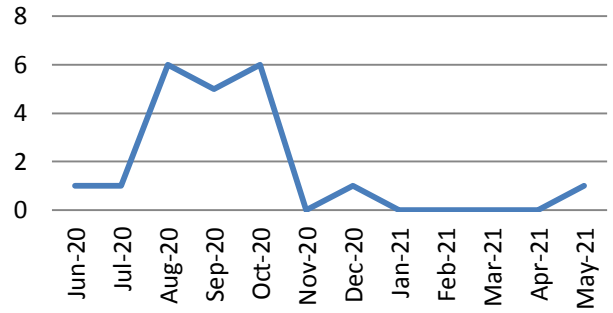
Number of Incidents Reported Other than Those in Five Identified High Risks



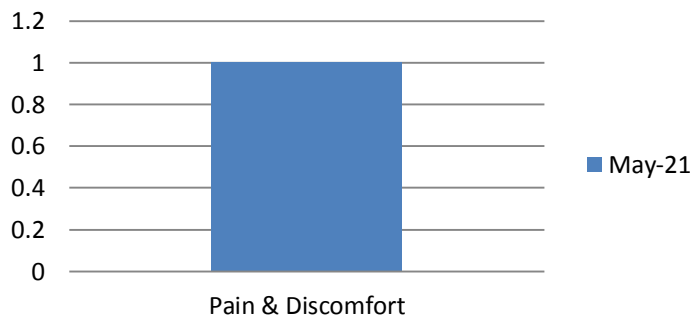
healthAlliance Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There was 1 Hazard/Incident reported for May, compared to none in April.

healthAlliance incidents per month in 2020/21



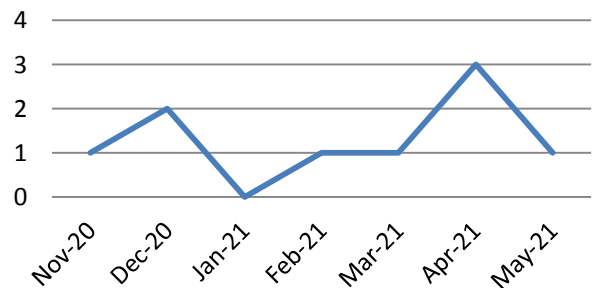
healthAlliance Incidents by Type



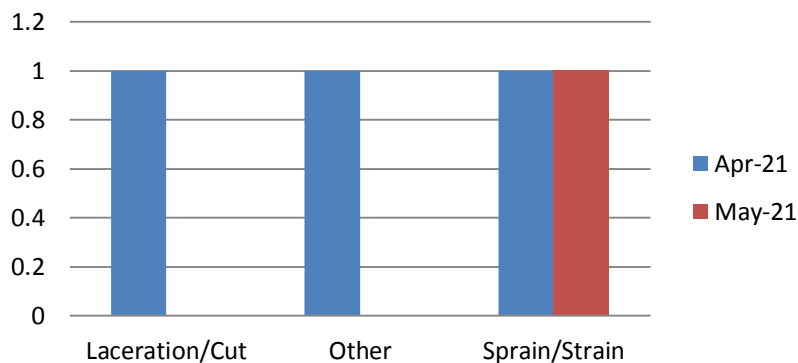
HealthSource Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There was 1 Hazard/Incident reported for May and 3 in April.

HealthSource incidents per month in 2020/21



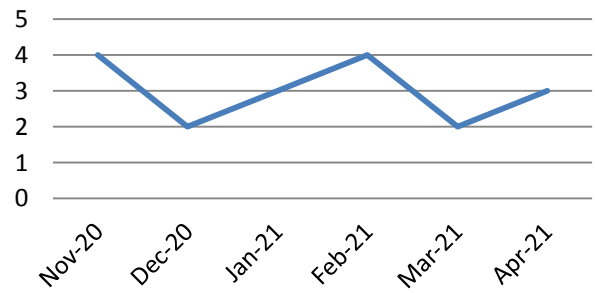
HealthSource Incidents by Type



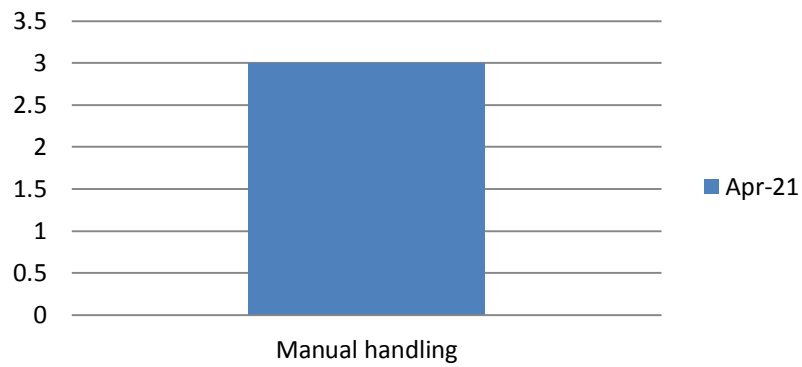
Compass

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
There were 3 Hazard/Incident reported for April and May data is unavailable.

Compass incidents per month in 2020/21



Compass Incidents by Type



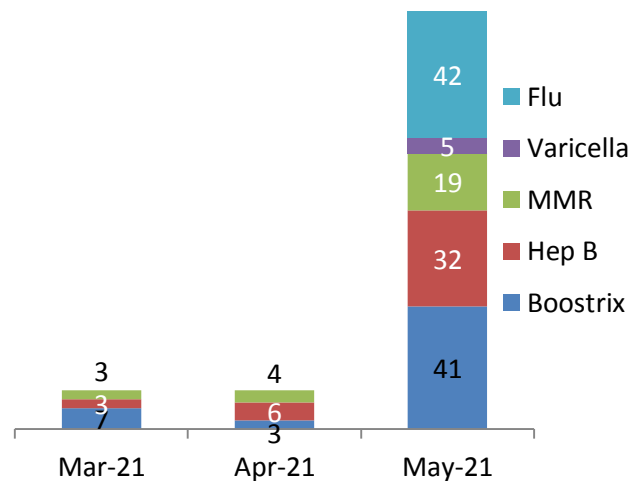
Occupational Health Service Update

Vaccinations:

Vaccination clinics in May returned to normal due to staff completing their Comirnaty vaccination courses. Commenced with staff flu vaccinations in the vaccination clinic.

MIQF employees are now being recalled for their PEHS related vaccines as they have completed Comirnaty vaccination course.

Vaccinations Data 2021



Clinic Appointments:

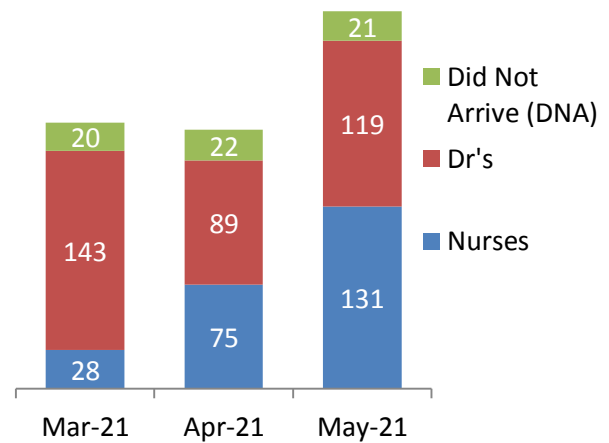
There were 131 OHN clinic appointments in May and 75 in April. This increase is due to the clinic opening up for staff vaccinations following the completion of their Comirnaty (COVID-19) vaccination courses.

OHP clinic appointments in May (119) increased from April (89).

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

There were 21 DNA's for May compared to 22 in April.

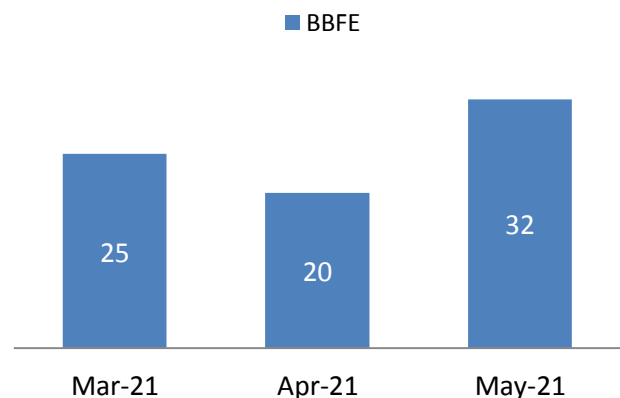
Clinic Appointments Data 2021



Blood Bodily Fluid Exposure:

BBFE for May (32) returned to average frequency in comparison to the reduction in April (20). This is a slight increase in the monthly average of 30. The majority of the incidences were reported by RMOs/Fellows (11) and Nurses/HCAs (14). BBFE incidents are investigated and managed by the Occupational Health nursing team.

BBFE Incidents 2021



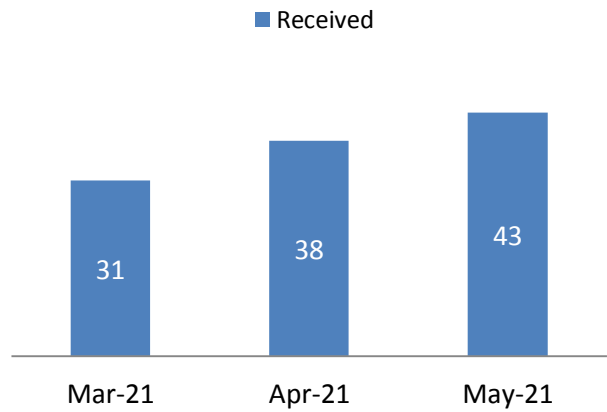
Manager Referrals:

Manager referrals for May (43) has increased in comparison to April (38).

Contact Tracing:

There were four contact traces conducted during May and two in April.

Manager Referrals 2021

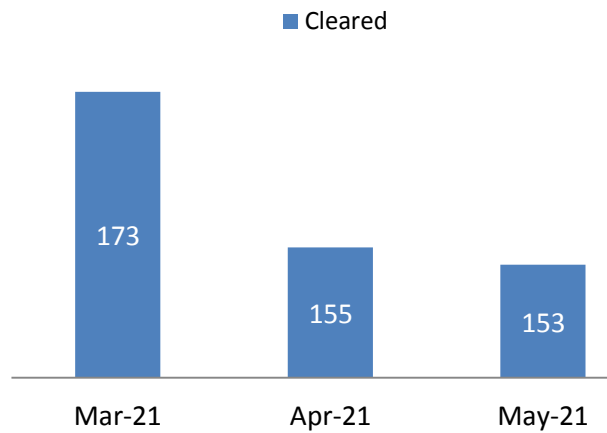


Pre-employment Health Screening:

Pre-employment Health Screening for new starters commencing employment in May (153) has remained constant in comparison to April (155).

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.

Pre-Employment Health Screening 2021



Appendix 1

Stress and Fatigue Analysis

OHSS are in the planning stage of a project with the focus being on stress and fatigue caused by inadequate staffing. These graphs are the starting point for the data analysis.

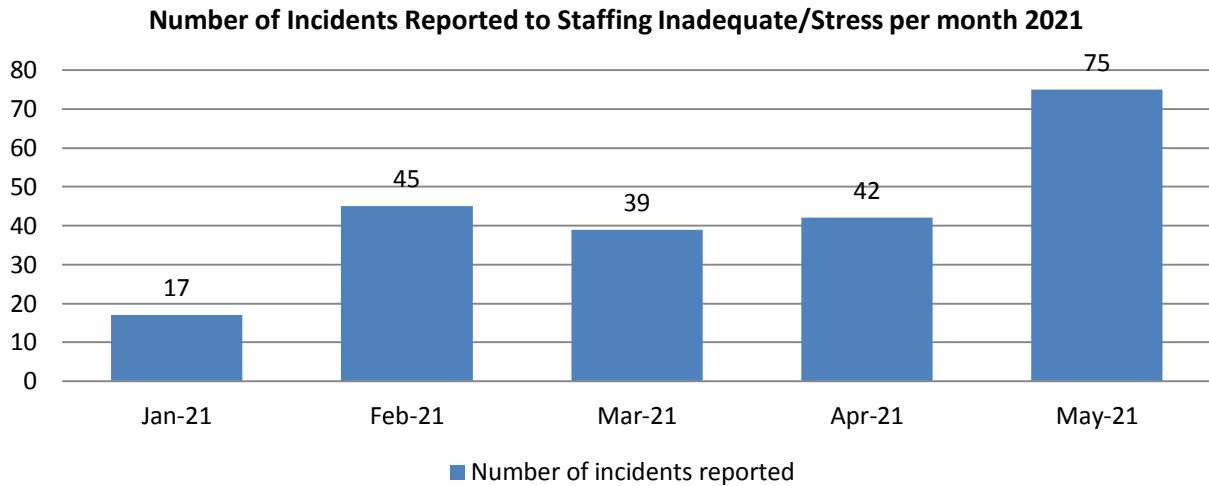


Figure 3: Safety First - Number of Incidents Reported to Staffing Inadequate/Stress per month 2021

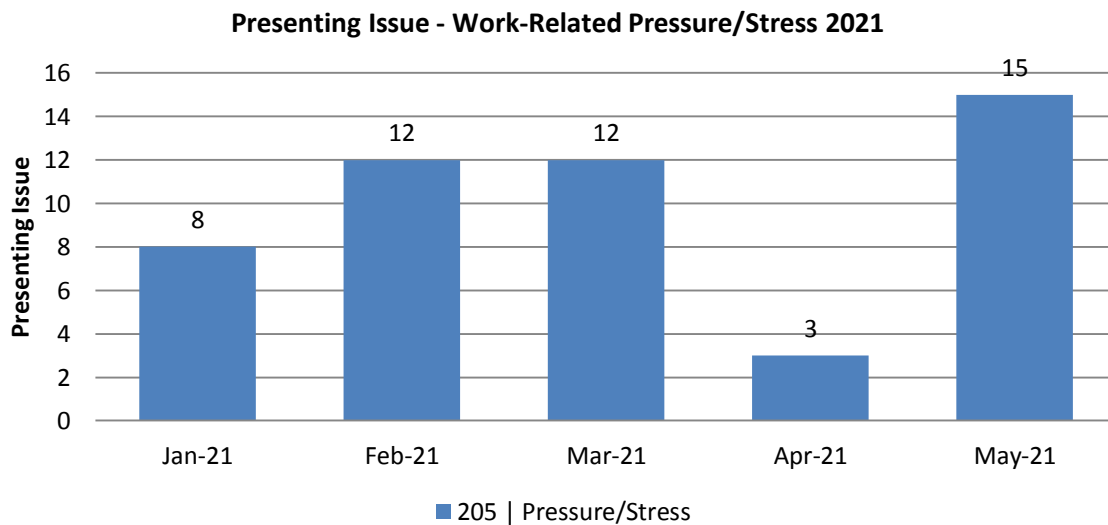


Figure 4: Raise (formerly EAPworks) Presenting Issue – Work Related Pressure/Stress 2021

Appendix 2

EMA Training Participant Evaluation Summaries

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMDHB Audit and Accident Investigation |
| Course Content - Relevancy to your role, business and organisation |
| Relevant, given me wealth of knowledge. |
| Presenter - Knowledge of subject |
| Facilitator was great, engaging and knowledgeable. |
| Presenter - Interactivity with Participants |
| Loved how you named people in your comments back to the group! |
| Course Workbook and/or Handouts |
| Some of headings in workbook could be bolded and flow improved to follow powerpoint. Workbook has great content but wasn't used much throughout. |
| Would you recommend this workshop to others? |
| Yes, good for HSR. |
| What will you do differently as a result of this workshop? |
| So many things - H&S newsletter/email to staff, staff meetings adding in H&S component, more H&S focused chats with all staff, promoting "the power to change" attitude with the reporting of near misses and incidents risk assessment focus with daily work tasks. Try to involve HSR and more people in investigations. |
| Do you have any suggestions on how we could make this workshop better? |
| Perhaps use big pages of paper and team writes onto that and shares up front rather than talking from desk. Be clear of what they are going to learn and key messages, then repeat it and then check they learnt it, approach may assist. Lovely presenter. Thank you. Include the good powerpoints in the workbook. Notifiable events not discussed. |

| |
|----------------------------------------------------------------------------------------------------------------|
| CMDHB Hazard ID and Risk Management |
| Course Content - Relevancy to your role, business and organisation |
| Very relevant. |
| Presenter - Knowledge of subject |
| Very informative and comprehensive. |
| Presenter - Interactivity with Participants |
| Awesome to listen to. Very knowledgeable. Kind and interesting person. |
| Course Workbook and/or Handouts |
| Very informative. |
| Would you recommend this workshop to others? |
| More awareness for staff. |
| What will you do differently as a result of this workshop? |
| It gave me knowledge to identify risk and hazards in my workplace. More informed to provide support to HSR. |
| Do you have any suggestions on how we could make this workshop better? |
| Enjoyed this workshop! Thank you for your time and sharing your knowledge and experience. |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMDHB Managing Safely |
| Presenter - Interactivity with Participants |
| A very engaging and thought provoking facilitator. |
| Course Workbook and/or Handouts |
| Workbook and ppt not well utilised. |
| What will you do differently as a result of this workshop? |
| <p>The importance of H&S, and the value of having reps and supporting them.</p> <p>Promote a safe working environment and encourage staff to speak up about hazards and risks.</p> <p>Important to look into the root cause of an incident.</p> <p>Design weakness at workplace.</p> <p>Think more widely about risk and how to mitigate it. Love the line: what does good, safe, sustainable practice look like?</p> <p>Reframe "health and safety" to "wellbeing and risk".</p> |
| Do you have any suggestions on how we could make this workshop better? |
| <p>Clarify that this is Health and Safety for workers rather than Health and Safety for patients.</p> <p>Make it a full day course, so can have time to talk about risks, examples in other departments, to share ideas on problem solving.</p> <p>More examples and trial documentation on PAANUI to have familiarity with where to access them.</p> |

Appendix 3

OHSS Risk Matrix:

OHSS Consequence table (for reference)

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

OHSS Likelihood table (for reference)

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

Information Paper

Counties Manukau District Health Board

Corporate Affairs and Communications Report

Recommendation

It is recommended that the Board:

Receive the Corporate Affairs and Communications Report for the period 1 May to 15 June 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 May – 15 June 2021.



COVID-19 communications

Our strategic rollout plan is being finalised with tactical deployment of communications collateral to target audiences in our community beginning in early June. To date this has included a round of suburban ads, social media activity and the initial community/grassroots events.

In order to maintain momentum and capture the opportunity for further/deeper engagement with hard to reach communities, especially our Pacific and Maaori populations, we are identifying outreach opportunities including malls and local events and engaging with regional activity being driven through NRHCC.

Our conversations with MOH, NRHCC, Cause Collective and other agencies involved in communications highlight a focus on social media and traditional advertising.

CMDHB is focussed on plugging the communications gaps at a local level which requires locally targeted comms through community engagement, utilising partner channels including Kāinga Ora and Auckland Council, working with MBIE, and local media channels.

External Comms

Media Enquiries

A total of 58 media enquiries were received, answered and closed for the period between 1 May and 15 June 2021. The main areas of media interest were COVID-19 related (16 – includes three relating to COVID-19 vaccination), cyber-security and cyber-attacks (6), Emergency Department (4), and Pauline Hanna (3).

We also received numerous requests for information related to COVID-19 vaccinations, facilities, CM Health's COVID-patient processes and, more recently, patient status updates.

These were referred to the Ministry of Health and/or the NRHCC as process dictates however, following discussion with NRHCC and MoH, CM Health took the lead in answering the questions specific to our facilities, processes, and patients.

In addition a number of interview requests were managed and, by and large, facilitated.

Proactive Media

A total of 15 proactive stories were promoted through our external website, including:

- [Grant Sharman](#), the Auckland Spinal Rehabilitation Unit's first patient, speaking on the impact the announced \$110million funding will have on the lives of service users.
- The opening of a new co-designed lounge and shared vegetable garden for rangatahi at our [Taunaki Child and Adolescent Mental Health Service](#)
- CM Health's [Dr Saleimoa Sami](#) blazing a trail for his family and acting as an inspiration for Pasifika youth
- Fanau Ola Nurse Case Manager [Peisi Ah Chong](#) sharing her experiences of the COVID vaccine and providing words of encouragement for our community

NZNO industrial action – Wednesday 9 June

Internal comms was extensive with communications delivered to staff via multiple channels and a dedicated page established on Paanui to provide information on the industrial action including FAQs, as well as a MEDINZ notifications delivered.

External comms was implemented to support national messaging via a feature on the front page of our external website and on-going messaging on our social media channels (which linked to the story).

Primary Care – free urgent care offering

On Thursday 3 June a media release was distributed informing media outlets of CM Health offering free urgent care to eligible people in our community from 5pm Friday 4 June to Tuesday 8 June.

This offer was subsequently extended through to close of business Wednesday, 9 June to support the impacts on our Emergency Department associated with the NZNO industrial action.

The release was supplemented by a story on the front page of our external site and messaging on our social media channels, which continued over the weekend.

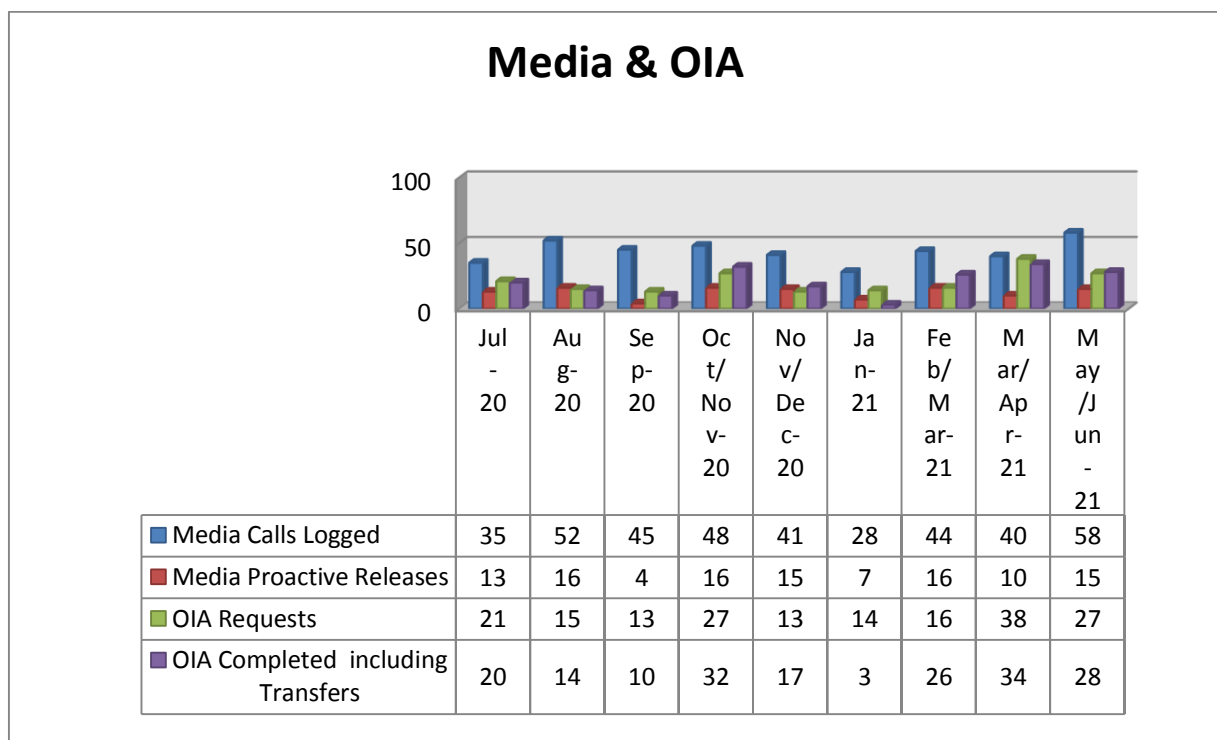
Official Information Act (1982)

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 May – 15 June 2021 period we received 27 OIA requests, the majority of which were from media outlets. One parliamentary question was received over this time, related to social media accounts

Twenty-eight OIA requests were closed over this time period, including four transfers to the Northern Region Health Coordination Centre (NRHCC) relating to COVID-19.

| Request Received OIA & Parliamentary Questions (PQ) for 1 May – 15 June | | |
|-------------------------------------------------------------------------|-----|------------------------|
| Division | OIA | Parliamentary Question |
| ARHOP | 1 | |
| Central Clinical Services | 1 | |
| Child, Youth & Maternity | 3 | |
| Chief Medical Office | 1 | |
| Chief Information Office | 1 | 1 |
| Director of Patient Experience/Chief Nurse | 1 | |
| Chief Executive Officer | 1 | |
| COVID-19 | 5 | |
| Eligibility | 1 | |
| Finance | 1 | |
| Human Resources | 3 | |
| Medicine | 1 | |
| Mental Health | 1 | |
| Planning and Funding | 1 | |
| Surgical Services | 1 | |
| Women's Health | 4 | |



Internal Comms

Pink Shirt Day

Working alongside the Organisational Development team, the event was promoted throughout CM Health, with drop-in session, spot prizes and a photo competition. Photos were shared on social media with a reach of 7,556, including 1,645 engagements and 10 shares. The Pink Shirt Day posts on Paanui were the top two read stories for the period.

Paanui News Metrics

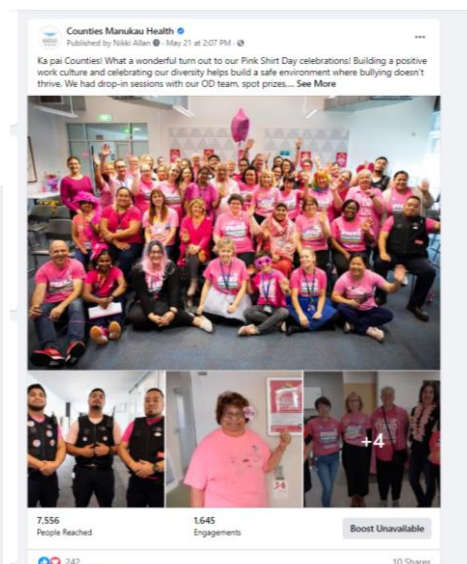
May 1, 2021 - Jun 15, 2021

Pageviews: **12,681**
+78.8%

Avg. Session Duration: **00:05:30**
+10.8%

| Page Title | Pageviews | Avg. Session Duration |
|-------------------------------------------------------------------------------------|-----------|-----------------------|
| 1. Pink Shirt Day 2021 highlights - News | 561 | 00:06:09 |
| 2. More Pink Shirt Day 2021 highlights - News | 452 | 00:12:47 |
| 3. Samoan doctor an inspiration for Pacific and Maori youth to never give up - News | 431 | 00:06:03 |
| 4. Bamio Fiesta - See the photos of the celebration! - News | 430 | 00:04:13 |
| 5. Celebrating Excellence - Nursing Awards 2021 - News | 417 | 00:02:09 |
| 6. Local Hero - April 2021 winners announced - News | 392 | 00:07:49 |
| 7. International Nurses Day - Wednesday 12 May 2021 - News | 349 | 00:07:23 |
| 8. Friday Feedback - 4 June 2021 - News | 344 | 00:04:39 |
| 9. Fifty years of service is something to celebrate, and so they did! - News | 303 | 00:09:42 |
| 10. Nursing Awards highlights 2021 - News | 285 | 00:11:18 |
| 11. Privacy Week: 10-14 May - take the quiz and be in to win! - News | 281 | 00:06:02 |
| 12. Launching Pacific Cultural Toolkit - News | 269 | 00:03:04 |
| 13. New whānau lounge for rangatani at Tauraki Mental Health - News | 259 | 00:07:29 |
| 14. Free wellness check - 27-28 May - News | 257 | 00:11:22 |
| 15. Friday Feedback - 14 May 2021 - News | 252 | 00:04:45 |
| 16. Pink Shirt Day Information Sessions - Friday 21 May - News | 247 | 00:04:29 |

1 - 100 / 310 < >



Nursing Awards/International Nurses Day

These events were celebrated throughout CM Health, including a video featuring some of the wonderful feedback we receive about our nursing staff. This was viewed 337 times on Vimeo and was shared on social media, while the International Nurses Day social media post had a reach of 15,210 with 4,4046 engagements, 16 shares and 10 comments. One of the images was also used for a HR recruitment campaign.

On Paanui, both the International Nurses Day blog and the Nursing Awards highlights were in the top ten items read for the period.

Privacy Week

A more in-depth campaign was developed for Privacy Week, utilising videos, social media and a privacy quiz with prizes to raise awareness amongst staff. This was well patronised, with over 320 entries.

PAANUI – Our People

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

- **A family affair – Mother and daughter graduate together:** Graduation is a memorable occasion, and for the Asiata-Faletui family, it truly was a proud family moment with both mother and daughter graduating from the same University on the same day, 1 June 2021.
- **Chanthie Thach talks about the ‘My Heart recovery Plan’:** Chanthie Thach, a Cardiac Specialist Nurse and her team have co-designed a booklet, "My Heart Recovery Plan", to assist clinicians in engaging with cardiac patients.

| | | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------|------|------------|
| Internal Comms Support for Campaigns & Project | | | |
| *Collateral Suites*Profiling Teams*Communications Plans*Promoting Events*Workshops*Creating Surveys* | | | |
| Patient Experience | Organisational Development | HR | Nursing |
| Infection Control | Privacy | MMCT | Facilities |

Stakeholder and Community

Bowel Screening Programme

A digital campaign was set-up for Bowel Cancer Awareness Month (May). Videos and social media tiles were distributed across our social media channels, while digital screens across the CM Health sites and the Galbraith billboard are now live. Our champions for this campaign are two local kaumaatua - Tamara Taka-Jones and Matua Ted Ngataki from the Ngati Tamaoho Trust.

Do the bowel screening test – it's FREE for people aged 60 – 74
 Contact our bowel screening team for more info.



Time to screen National Bowel Screening Programme

✉ bowelscreening@middlemore.co.nz
 ☎ 0800 924 432

'We're doing this for ourselves and our whaanau. Do the bowel screening test.'



Time to screen National Bowel Screening Programme
 Counties Manukau Health

✉ bowelscreening@middlemore.co.nz
 ☎ 0800 924 432

Celebrating Language Weeks
Samoan Language Week – 30 May-5 June



Samoan Language Week: This year's theme was *'Poupu le lotoifale. Ola manuia le anofale;*' translated into English means 'strengthen the posts of your house, for all to thrive'. This year, we developed several videos with some of our Samoan staff, as well as profiling celebrations across our social media channels. Read more [here](#).

Community Flu Fighters

The Asian Community Flu Fighters vaccination campaign, in partnership with Pakuranga Life Pharmacy and community organisations has been a success throughout May and June. Clinics have been actively promoted through our social media channels. So far more than 900 elderly have been vaccinated through this programme. The programme is set to finish at the end of June.



| Campaigns & Projects Collateral Suites | | | | | | | | | | |
|----------------------------------------|-----------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Business Group | Scope | Pull Up Banners | Posters | Brochure | Billboard | PAANUI Screen saver | PAANUI Sliders | S/Media Webinar Website Daily Dose | Photo Shoot | Video |
| Bowel Screening | Campaign | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cervical Screening | Campaign | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Samoan Language Week | Event | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Coffee with cop | Event | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Human Resources | Promotion | | | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Local Hero | Awards | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| What Matters to You? | Event | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Privacy Week | Event | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

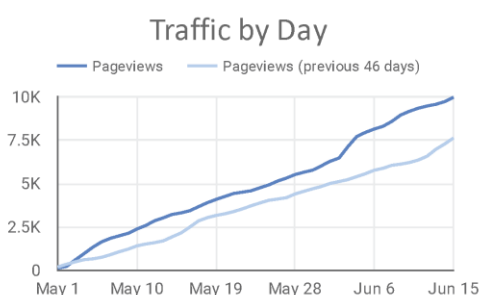
| | | | | | | | | | | |
|------------------------|-------|--|-------------------------------------|--|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| World Hand Hygiene Day | Event | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Pink Shirt Day | Event | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Elder Abuse Week | Event | | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Schwartz Rounds | Event | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |

Digital Channels

CM Health News and Media Releases



CM Health News / Media Releases



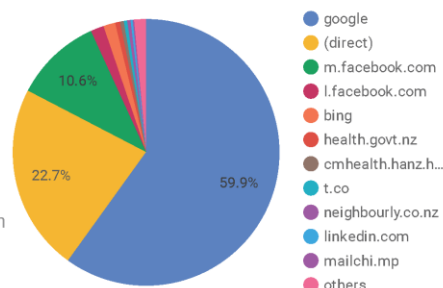
Key Statistics

Sessions
4,584
 ↑ 31.8%

% New Sessions
76.96%
 ↑ 1.6%

Avg. Session Duration
00:01:00
 ↓ -26.7%

Traffic Sources



Popular Articles

| | Page Title | Pageviews | % Unique Pageviews | Avg. Session Durati... |
|-----|-----------------------------------------------------------------------------------|-----------|--------------------|------------------------|
| 1. | Older people in CM Health community to begin receiving COVID vaccination ... | 2,088 | 86.45% | 00:00:52 |
| 2. | Counties Manukau Health to offer free urgent care to eligible people in the c... | 1,166 | 94.51% | 00:00:10 |
| 3. | COVID-19 Vaccination Rollout info Counties Manukau Health | 188 | 85.11% | 00:01:48 |
| 4. | Mental health clinician a pillar for the Filipino community Counties Manuk... | 162 | 93.83% | 00:00:21 |
| 5. | Celebrating Samoan Language Week: Samoan doctor an inspiration for Pac... | 151 | 93.38% | 00:00:19 |
| 6. | Visitor car park rates increase at Middlemore Hospital Counties Manukau ... | 139 | 87.77% | 00:03:04 |
| 7. | Life Preserving Services Counties Manukau Health | 128 | 93.75% | 00:00:29 |
| 8. | Seven new pop-up COVID-19 Testing Centres open in Auckland Counties M... | 125 | 96% | 00:00:13 |
| 9. | Phone system upgrade Counties Manukau Health | 104 | 79.81% | 00:00:42 |
| 10. | New Dental facility for Counties Manukau Counties Manukau Health | 101 | 88.12% | 00:01:57 |
| 11. | News - In May, 2021 Counties Manukau Health | 93 | 77.42% | 00:00:08 |
| 12. | News - By Communications Team Counties Manukau Health | 93 | 74.19% | 00:03:01 |
| 13. | Middlemore's visitor policies slightly relaxed under COVID Level 1 Counties ... | 90 | 93.33% | 00:01:11 |
| 14. | Middlemore Emergency Department experiencing high volumes, long wait ti... | 88 | 87.5% | 00:02:06 |
| 15. | NZNO strike to impact some CM Health services; patient safety top priority ... | 74 | 82.43% | 00:00:31 |
| 16. | Auckland health authorities boost testing in response to new cases Counti... | 73 | 89.04% | 00:00:43 |
| 17. | Spinal Unit Alumni Welcome 'Overdue' Funding Counties Manukau Health | 68 | 85.29% | 00:00:12 |
| 18. | Page not found Counties Manukau Health | 65 | 87.69% | 00:06:22 |
| 19. | \$110 million spinal unit funding to make huge difference to patients and sta... | 63 | 96.83% | 00:00:42 |
| 20. | Fun ways to stay active on the rehab wards Counties Manukau Health | 58 | 89.66% | 00:01:20 |

Social Media overview

We see engagement settle down this period after a large increase in the previous reporting period. Growth and reach are on-par with what we'd expect. There was a fantastic result for LinkedIn this period with a sizeable increase in per-post engagement.

| | Total Followers | Follower increase | Messages Sent | Impressions | Impressions per Post | Engagements (incl. post clicks) | Engagements per Post | Post Clicks |
|---------------------|-----------------|-------------------|---------------|-------------|----------------------|---------------------------------|----------------------|-------------|
| CM Health Facebook | 21,490 | 1.60% | 30 | 75,429 | 2,514 | 3,697 | 123.23 | 12,841 |
| CM Health Instagram | 1,498 | 1.27% | 24 | 13,581 | 566 | 1,125 | 46.88 | 562 |
| CM Health LinkedIn | 11,033 | 1.37% | 22 | 58,025 | 2,638 | 11,825 | 537.50 | 9,561 |

Audience Growth

| | Totals | |
|------------------------|--------|--------------------------|
| Total Fans | 36,964 | Change (vs. last growth) |
| New Facebook Fans | 338 | 297.13% |
| New LinkedIn Followers | 149 | -73.60% |
| New Instagram Fans | 19 | N/A |
| Total Fans Gained | 506 | 189.14% |

Facebook Comparison (CMDHB / ADHB / WDHB)

Reactions vs Number of Posts

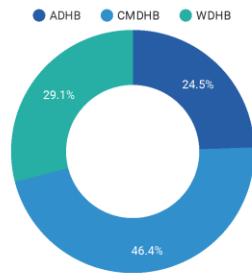
Inspecting the graph, you can see that CMDHB has the highest overall engagement. The majority of our engagement this period is made up of reactions (likes). Auckland DHB, despite having the lowest overall engagement, has a large portion of comments – a marker which is of higher value than reactions.

Engagement Rate (per post)

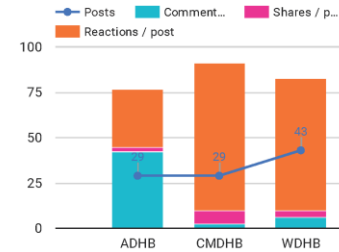
Waitemata DHB had some highly engaging content during this period and takes out the top spot as a result. When adjusting for audience size, CMDHB is not too far behind – some of content celebrating staff was popular this period.

Facebook Comparison

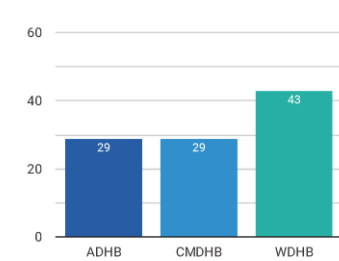
Audience share



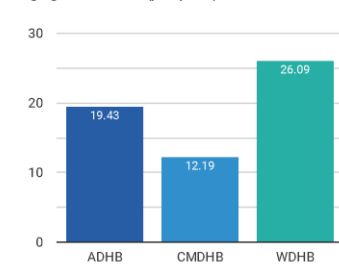
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

| Post Message | Likes / Reactions | Comments | Shares |
|---------------------------------------------------------------------------------------------------------|-------------------|----------|--------|
| Today is International Nurses Day! A big thank you to our nursing staff for your dedication to the v... | 332 | 8 | 16 |
| This year for the first time in CM Health, we celebrated Barrio Fiesta! It means 'Neighbourhood Cele... | 288 | 8 | 25 |
| Ka pai Counties! What a wonderful turn out to our Pink Shirt Day celebrations! Building a positive w... | 242 | 0 | 10 |
| Last week our FOU team (Pacific Health Development) hosted around 120 students from Manurewa High | 217 | 11 | 10 |

ADHB Top 5 Posts

| Post Message | Likes / Reactions | Comments | Shares |
|---------------------------------------------------------------------------------------------------------|-------------------|----------|--------|
| A big shout out to our ordies for their amazing mah! We couldn't do this without you 🍷 | 252 | 12 | 2 |
| Your new... | | | |
| Pink Shirt Day is here – a time for everyone to come together to Kōrero Mai, Kōrero Atu, Mauri Tū... | 201 | 5 | 9 |
| This is the story of Murray Hiesley's liver transplant and the team that supported him through it. h... | 108 | 12 | 43 |
| Happy Vaiaaso o le Gagana Samoa Samoa Language | 83 | 9 | 15 |

WDHB Top 5 Posts

| Post Message | Likes / Reactions | Comments | Post shares |
|---------------------------------------------------------------------------------------------------------|-------------------|----------|-------------|
| Happy International Nurses' Day to the 3,014 nurses who help us deliver best care to everyone across... | 437 | 18 | 17 |
| - She left all she knew behind to give her children a better life - She faces prejudice and obstac... | 254 | 68 | 9 |
| #CareerProfile You can make a difference with us! | 239 | 22 | 1 |
| Cleaners make our hospitals a place where patien... | | | |
| Congratulations to House Officer of the | 228 | 26 | 2 |

CM Health Facebook

An undeniable jump in organic reach can be seen on the graph below. This can be credited to our Samoan Language Week post which reached 130,000 people and was shared over 200 times. This post is also responsible for the large increase in 'love' reactions this period.

International Nurses Day messaging was also a strong performer with a 17% engagement rate.



CM Health Facebook Metrics

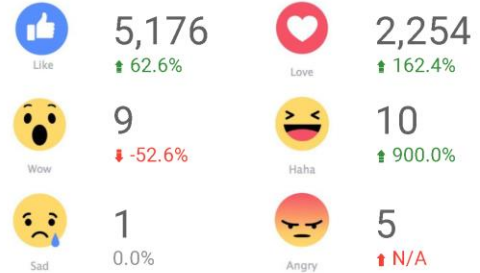
Post Reach



Follower Growth



Reactions Breakdown



Posts by Engagement Rate

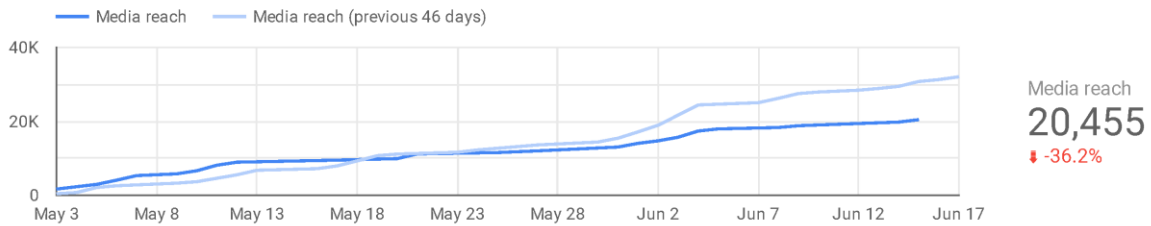
| Date | Post message | Media | Rea... | Likes | Comments | Shares | Engagement Rate |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|-------|----------|--------|-----------------|
| May 12 | Today is International Nurses Day! A big thank you to our nursing staff for your dedication to the valuable mahi you do caring for our patients, their whaanau and our community. Ka pai! #teamcounties | | 15,201 | 687 | 29 | 16 | 17.45% |
| May 21 | Ka pai Counties! What a wonderful turn out to our Pink Shirt Day celebrations! Building a positive work culture and celebrating our diversity helps build a safe environment where bullying doesn't thrive. We had drop-in sessions with our OD team, spot prizes, information's displays and more. Check out the highlights! #teamcounties | | 7,546 | 304 | 8 | 12 | 15.33% |
| May 11 | Last week our FOU team (Pacific Health Development) hosted around 120 students from Manurewa High School and James Cook High School Health Science Academies for a tour of our Surgery Centre at Manukau SuperClinic. Students had hands-on experience around nine different stations - theatre nursing, anaesthetic technicians, Interpreting Services, physiotherapy, ward nurses, hand therapy, clinical engineering, CPR and medical imaging. A big thank you to everyone involved in the tour, particularly Simon, Nicki and Stephanie from our MSC team and our FOU team. More info on FOU on our website: https://bit.ly/3vNCh9w or check out their Facebook page FOU. #teamcounties | | 7,579 | 287 | 28 | 10 | 14.51% |
| May 5 | It's World Hand Hygiene Day! It's great to see the efforts our staff are putting in to raise the awareness of the importance of hand hygiene. Proper hand hygiene is one of the simplest, most effective ways of preventing the spread of infection. A big thank you to our hand hygiene champions and auditors who work hard raising awareness with patients, visitors and staff about this important kaupapa. | | 4,891 | 161 | 4 | 3 | 14.46% |
| May 6 | This year for the first time in CM Health, we celebrated Barrio Fiesta! It means 'Neighbourhood Celebration' in Spanish, and in the Philippines it is a festival often filled with food, music and street parades where neighbours get together and visit each other to celebrate their communities and patron saints. With over 600 Filipino staff working in CM Health, it was a | | 40,335 | 1,106 | 84 | 26 | 13.84% |

1 - 20 / 42 < >

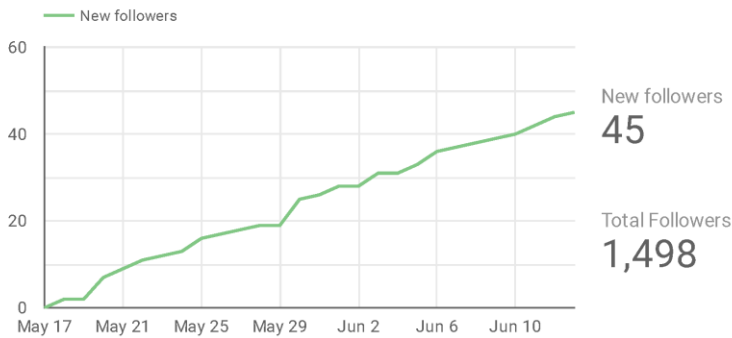
CM Health Instagram

A quieter period for Instagram with metrics trending down across the board – this is likely due to a reduced number of posts this period. When we look at per-post metrics they are very similar to the previous reporting period. Our three high-performing posts this period were all celebratory of staff and each received approximately 16% engagement.

Post Reach








Follower Growth



Engagement Breakdown

| | | | |
|------------|--------------|---------------|------------|
| Likes | 1,486 | Comments | 21 |
| | ↓ -36.3% | | ↓ -61.1% |
| Engagement | 1,548 | Post Saves | 41 |
| | ↓ -37.5% | | ↓ -55.9% |
| Posts | 38 | Profile views | 820 |
| | ↓ -26.9% | | ↓ -41.9% |

Posts by Engagement Rate

| Date | Media caption | Media | Reach | Likes | Comments | Saves | Engagement Rate |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|-------|----------|-------|-----------------|
| May 11 | Last week our @wearefour team (Pacific Health Development) hosted around 120 students from the Manurewa High School and James Cook High School Health Science Academies touring our Surgery Centre at Manukau SuperClinic. Students had hands-on experience around nine different stations - theatre nursing, anaesthetic technicians, Interpreting Services, physiotherapy, ward nurses, hand therapy, clinical engineering, CPR and medical imaging. A big thank you to everyone involved in the tour, particularly Simon, Nicki and Stephanie from our MSC team and our FOU team. More info on FOU on our website: https://bit.ly/3vNCh9w or check out their Instagram page @wearefour. #teamcounties |  | 1,001 | 152 | 3 | 9 | 16.38% |
| May 21 | Ka pai Counties! What a wonderful turn out to our Pink Shirt Day celebrations! Building a positive work culture and celebrating our diversity helps build a safe environment where bullying doesn't thrive. We had drop-in sessions with our OD team, spot prizes, information's displays and more. Check out the highlights! #teamcounties |  | 740 | 119 | 0 | 1 | 16.22% |
| May 12 | Today is International Nurses Day! A big thank you to our nursing staff for your dedication to the valuable mahi you do caring for our patients, their whaanau and our community. Ka pai! #teamcounties |  | 819 | 128 | 2 | 0 | 15.87% |
| Jun 4 | What a way to finish Vaiaaso o le Gagana Samoa - Samoan Language Week! Today we celebrated with a Samoan language workshop, dance and delicious food! A big thank you to all our Samoan/Pacific staff involved with organising/taking part in today's events. A special thanks to the Le Taupou Manaia Academy Dance group for taking the time to perform for our patients and staff. #SamoanLanguageWeek2021 |  | 592 | 69 | 1 | 0 | 11.82% |
| May 5 | It's International Midwives Day today! Congratulations to all our midwives for all the great mahi you do for our whaanau! |  | 631 | 65 | 2 | 2 | 10.94% |

1 - 20 / 40 < >

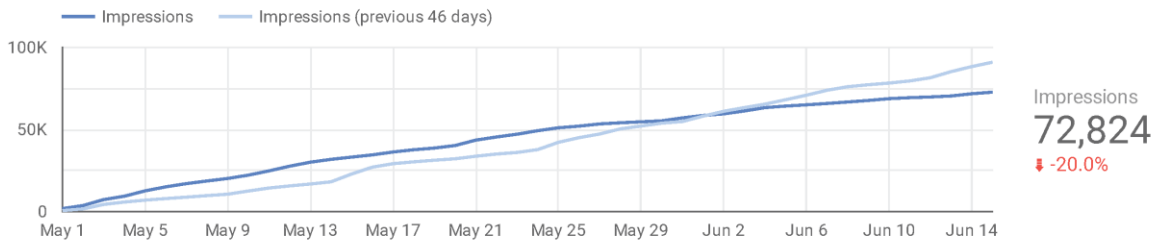
CM Health LinkedIn

Despite a downward trend in overall metrics – which, in similar fashion to Instagram, is due to a reduction in the number of posts – we have some very high-performing posts. It's clear what type of messaging works on this channel with our top 3 posts all celebrating our staff and all achieving a 34%+ engagement rate.

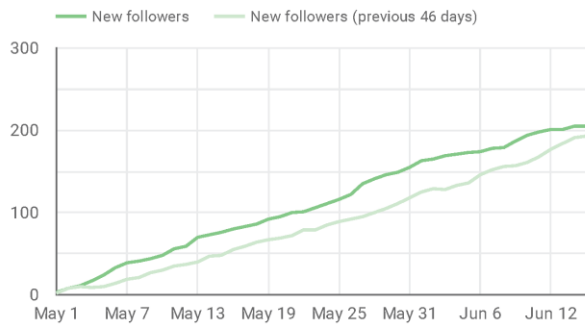


CM Health LinkedIn Metrics

Post Reach



Follower Growth



Engagement Breakdown

| | | | |
|--------|--------|-----------------------|--------|
| Likes | 1,276 | Comments | 40 |
| Clicks | 10,224 | Shares | 32 |
| Posts | 30 | Engagement Rate (avg) | 13.98% |

Post Breakdown

| Date | Message | Updat... | Impressions | Likes | Clicks | Comments | Shares | Engagement Rate |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-------|--------|----------|--------|-----------------|
| May 21 | We had a great time celebrating Pink Shirt Day. Creating positive working relationships is one way to build camaraderie and raise awareness about unacceptable bullying behaviours. We had drop-in sessions with our OD team, spot prizes, information's displays and more. Check out the highlights! | | 7,310 | 145 | 2,722 | 1 | 1 | 39.25 |
| May 5 | It's World Hand Hygiene Day! It's great to see the efforts our staff are putting in to raise the awareness of the importance of hand hygiene. Proper hand hygiene is one of the simplest, most effective ways of preventing the spread of infection. A big thank you to our hand hygiene champions and auditors who work hard raising awareness with patients, visitors and staff about this important kaupapa. | | 1,652 | 24 | 616 | 1 | 3 | 38.98 |
| May 5 | This year for the first time in CM Health, we celebrated Barrio Fiesta! It means 'Neighbourhood Celebration' in Spanish, and in the Philippines it is a festival often filled with food, music and street parades where neighbours get together and visit each other to celebrate their communities and patron saints. With over 600 Filipino staff working in CM Health, it was a great opportunity to learn more about the Filipino culture and celebrate our diversity. #barriofiesta #teamcounties | | 3,449 | 83 | 1,094 | 2 | 2 | 34.24 |
| May 2 | We are thrilled to announce the opening of Maota, a whaanau lounge, and Mamanu, a shared vegetable garden at our Taunaki Child and Adolescent Mental Health Services. These two spaces are the result of more than three years work including staff | | 5,063 | 103 | 1,572 | 3 | 2 | 33.18 |

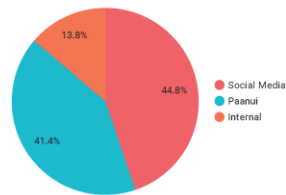
Video Production

CM HEALTH VIDEOS

| Name | Channel | Date Published |
|------------------------------------------------------------------|--------------|----------------|
| 1. What Matters To You.mp4 | Paanui | Jun 3, 2021 |
| 2. Samoan LW 2021 - fun facts video | Social Media | May 26, 2021 |
| 3. Grand Round - 01-04-2021.mp4 | Paanui | May 26, 2021 |
| 4. Samoan Language Week 2021 - phrases & health model - full ... | Social Media | May 24, 2021 |
| 5. Samoan Language Week 2021 phrases & health model - socia... | Social Media | May 24, 2021 |
| 6. HAC - Laboratory Service.mp4 | Internal | May 24, 2021 |
| 7. Transformation Thursday - 20-05-2021.mp4 | Paanui | May 24, 2021 |
| 8. Transformation Thursday - 29-04-2021.mp4 | Paanui | May 24, 2021 |
| 9. Transformation Thursday - 22-04-2021.mp4 | Paanui | May 24, 2021 |
| 10. _EnscapweSite_Proposed_360 | Internal | May 20, 2021 |
| 11. Pink Shirt Day | Paanui | May 19, 2021 |
| 12. Grand Round 13-05-2021.mp4 | Paanui | May 18, 2021 |
| 13. Matthew's Story.mp4 | Internal | May 18, 2021 |
| 14. Grand Round 29-04-2021 | Paanui | May 18, 2021 |
| 15. Grand Round 22-04-2021.mp4 | Paanui | May 18, 2021 |
| 16. Transformation Thursday - 15 April 2021.mp4 | Paanui | May 18, 2021 |
| 17. Covid-19 Vaccination Myths | Paanui | May 12, 2021 |
| 18. COVID-19 Vaccination - Tagalog | Social Media | May 10, 2021 |
| 19. World Smokefree Day 2021 | Social Media | May 9, 2021 |
| 20. Covid-19 - Burmese | Social Media | May 7, 2021 |
| 21. Covid-19 Vaccination - Khmer | Social Media | May 6, 2021 |
| 22. COVID-19 Vaccination - Urdu | Social Media | May 5, 2021 |
| 23. Privacy video ALL STAFF FINAL.mp4 | Internal | May 5, 2021 |
| 24. COVID-19 Vaccine - Sign Language | Social Media | May 4, 2021 |

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Channels



Videos Produced

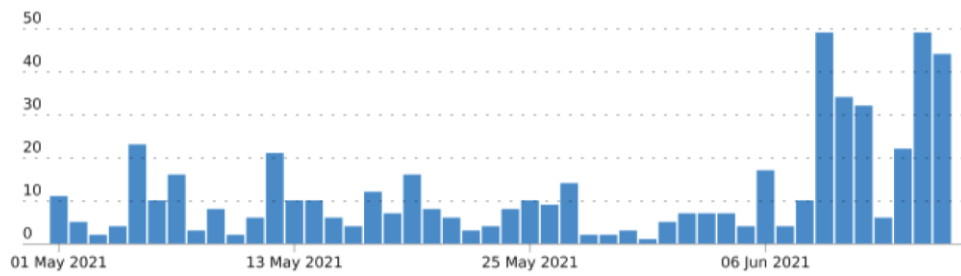
29

Media Listening

Peaks:

- 9-11 June
 - Peaks in this period relate to two COVID-19 positive patients being transferred from MIQ to Middlemore Hospital
- 14-15 June
 - Status updates on COVID-19 positive patients in Middlemore Hospital

Volume



Sources

| | | |
|----------------------------|---------------------------------------|-------------------------------|
| New Zealand Herald: 64 | Stuff.co.nz: 52 | Newstalk ZB: 28 |
| Newshub: 27 | NZ Doctor: 22 | Radio New Zealand : 21 |
| Otago Daily Times: 20 | TVNZ: 20 | Northern Advocate: 12 |
| Hawke's Bay Today: 12 | Newsroom: 12 | The Press: 10 |
| Bay of Plenty Times: 10 | Dominion Post: 10 | Rotorua Daily Post: 10 |
| Whanganui Chronicle: 10 | New Zealand Parliament: 9 | Voxy: 9 |
| Radio New Zealand Audio: 7 | Timaru Herald: 7 | Taranaki Daily News: 7 |
| Magic Talk: 7 | Waikato Times: 7 | Southland Times: 7 |
| Franklin County News: 6 | Western Leader: 6 | Nelson Mail: 6 |
| Manawatu Standard: 6 | NZ City: 6 | Papakura Courier: 6 |
| Marlborough Express: 5 | SunLive: 5 | Pacific Media Network: 5 |
| Rotorua Now: 5 | Manukau Courier: 4 | Herald on Sunday: 4 |
| Maori Television: 4 | Eastern Courier: 4 | The Spinoff: 4 |
| Taupo Times: 3 | Times Online: 3 | Sunday News: 3 |
| Rodney Times: 3 | Sunday Star-Times: 3 | Luke Chivers: 2 |
| Hauraki Herald: 2 | The Country: 2 | The Daily Blog: 2 |
| Police Alerts: 2 | North Shore Times: 2 | NZ Government: 2 |
| Gold FM: 2 | Nor-West News: 2 | Horowhenua Mail: 1 |
| 95bFM: 1 | Hutt News: 1 | Feilding-Rangitikei Herald: 1 |
| Piako Post: 1 | Cambridge Edition: 1 | Northland DHB: 1 |
| Bay Chronicle: 1 | Peter Abernethy : 1 | Northern News: 1 |
| Waiheke Gulf News: 1 | Kayla Dalrymple: 1 | Crux: 1 |
| Marlborough Midweek: 1 | Architecture Now: 1 | Democracy Project: 1 |
| Whangarei Leader: 1 | Hamilton Press: 1 | Hawke's Bay App: 1 |
| South Waikato News: 1 | East & Bays Courier: 1 | National Business Review: 1 |
| Danya Levy: 1 | Health and Disability Commissioner: 1 | ACT New Zealand : 1 |
| Nicola Marshall: 1 | BRANZ: 1 | BusinessDesk: 1 |
| Saturday Express: 1 | North Taranaki Midweek: 1 | Office of the Ombudsman: 1 |
| NZ Lawyer Magazine: 1 | Nelson Leader: 1 | Horowhenua Chronicle: 1 |

Content Types



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

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

| General Subject of items to be considered | Reason for passing this resolution in relation to each item | Ground(s) under Clause 32 for passing this resolution |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Public Excluded Minutes 26 May 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 Hospital Advisory Committee 2 June 2021, Community & Public Health Advisory Committee 21 April & 2 June 2021, Disability Support Advisory Committee 16 June 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. |
| PCIMS Impairment | 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)] |
| Clinical Equipment Services Contracts | 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)] |

| | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bad Debt Write Offs | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Privacy The disclosure of the information would not be in the public interest because of the need to protect the privacy of natural persons.</p> <p>[Official Information Act 1982 S9(2)(a)]</p> |
| COVID19 Capital Purchases | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |
| Post Implementation Reviews | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities & Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)&(j)]</p> |
| AOG Office Supplies | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities & Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)&(j)]</p> |
| ARPHS 2021/22 Budget | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p> |

| | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ratification of Circular Resolutions – 2021/22 Annual Plan & Capital 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)] | Confidentiality of Advice by Officials The disclosure of information is necessary to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by officials. [Official Information Act 1982 S9(2)(f)(iv)] |
| Infrastructure Report | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Activities & Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i)(j)] |
| 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)] |
| Cyber Incident | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)] | 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)] |