

MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD

Wednesday 18 August 2021

Venue: Room 107, Ko Awatea, Middlemore Hospital

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| <p><u>CMDHB BOARD MEMBERS</u></p> <p>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></p> <p>Margie Apa – Chief Executive Officer Margaret White – Chief Financial Officer Dr Peter Watson – Chief Medical Officer Dr Jenny Parr – Chief Nurse & Director of Patient & Whaanau Experience Lana Roberts – Board Secretary</p> <p><u>OBSERVERS</u></p> <p>Brittany Stanley-Wishart Tori Ngataki Barry Bublitz Robert Clarke</p> |
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PART 1 – Items to be considered in public meeting

AGENDA

| BOARD ONLY SESSION (9.00 – 10.00am) | | |
|--|---|---------|
| 1. GOVERNANCE | | |
| 10.05am | 1.1 Apologies | 2 |
| 10.08am | 1.2 Disclosures of Interest | 3-5 |
| 10.10am | 1.3 Specific Interests | 6 |
| 10.12am | 1.4 Gift & Hospitality Register | 7 |
| 2. BOARD MINUTES | | |
| 10.15am | 2.1 Confirmation of Minutes of the Meeting of the Board – 7 July 2021 (Mark Gosche) | 8-16 |
| 10.20am | 2.2 Action Item Register (Mark Gosche) | 17 |
| 10.25am | 2.3 Draft Minutes of the Hospital Advisory Committee Meeting – 14 July 2021 (Catherine Abel-Pattinson) | 18-22 |
| 10.30am | 2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings – 14 July 2021 (Pierre Tohe) | 23-29 |
| 10.35am | 2.5 Report from Mana Whenua i Tamaki Makaurau – verbal (Barry Bublitz/Robert Clarke) | |
| 10.40am | 2.6 Draft 2022 Board Meeting Dates (Mark Gosche) | 30 |
| 3. EXECUTIVE REPORTS | | |
| 10.45am | 3.1 Chief Executive’s Report including Patient Story (Margie Apa) | 31-45 |
| 11.00am | 3.2 Finance & Corporate Business Report (Margaret White) | 46-48 |
| 4. OTHER REPORTS (FOR INFORMATION ONLY) | | |
| | 4.1 Health & Safety Performance Report | 49-91 |
| | 4.2 Corporate Affairs & Communications Report | 92-107 |
| Morning Tea Break (11.10 – 11.25am) | | |
| 5. BOARD OBSERVER PROGRAMME | | |
| 11.25am | 5.1 Board Observer Feedback - video (Brittany Stanley-Wishart/Tori Ngataki) | |
| 6. RESOLUTION TO EXCLUDE THE PUBLIC | | |
| | | 108-112 |

CMDHB Board Member Attendance Schedule 2021

| Name | Jan | 3 Feb | 3 Mar | 14 Apr | 26 May | June | 7 Jul | 18 Aug | 29 Sept | Oct | 10 Nov | 15 Dec | |
|-------------------------------|------------|-------|-------|--------|--------|------------|-------|--------|---------|------------|--------|--------|--|
| Mark Gosche (Chair)** | No Meeting | ✓ | ✓ | ✓ | X | No Meeting | ✓ | | | No Meeting | | | |
| Colleen Brown* | | ✓ | ✓ | ✓ | ✓ | | ✓ | | | | | | |
| Dianne Glenn* | | ✓ | ✓ | ✓ | ✓ | | ✓ | | | | | | |
| Reece Autagavaia* | | X | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | |
| Catherine Abel-Pattinson* | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | |
| Katrina Bungard* | | X | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | |
| Garry Boles* | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | |
| Paul Young* | | ✓ | ✓ | X | ✓ | | ✓ | X | | | | | |
| Tipa Mahuta (Deputy Chair)*** | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | |
| Lana Perese*** | | ✓ | ✓ | ✓ | ✓ | | ✓ | X | | | | | |
| Pierre Tohe*** | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | |
| Brittany Stanley-Wishart**** | | ✓ | ✓ | X | ✓ | | ✓ | ✓ | | | | | |
| Tori Ngataki**** | | X | 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
18 August 2021

New items in red italics

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

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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 • Chair, 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 18 August 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 7 July 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

Mark Gosche (Board Chair),
Tipa Mahuta (Deputy Chair) *(by zoom)*
Apulu Reece Autagavaia *(by zoom)*
Catherine Abel-Patterson
Colleen Brown
Dianne Glenn
Garry Boles
Katrina Bungard
Pierre Tohe
Brittany Stanley-Wishart (Seat at the Table Observer)

ALSO PRESENT

Margie Apa (Chief Executive)
Peter Watson (Chief Medical Officer)
Jenny Parr (Chief Nurse),
Timneen Taljard (Deputy CFO)
Barry Bublitz (Mana Whenua)
Robert Clarke (Mana Whenua)
Dinah Nicholas (Board Secretary)
Donna Baker (GM Communications & Engagement)

APOLOGIES

Apologies were received and accepted from Dr Lana Perese, Paul Young, Tori Ngataki (Seat at the Table Observer), Margaret White (CFO), Mr Tohe & Mr Bublitz (for late arrival) and Ms Bungard (for early departure).

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

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

WELCOME

Mr Robert Clark opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

The Disclosures of Interest were noted with no amendment.

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 26 May 2021

The minutes were taken as read.

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

That the Minutes of the Board Meeting held on the 26 May 2021 be approved.

Carried

2.2 Action Item Register

Noted.

2.3 Draft Minutes of the Hospital Advisory Committee Meeting 2 June 2021

The minutes were taken as read.

2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings 21 April & 2 June 2021

The minutes were taken as read.

Ms Brown noted that COVID vaccination for the disabled community remains an area of major concern.

2.5 Draft Minutes of the Disability Support Advisory Committee Meeting 16 June 2021

The minutes were unavailable for this meeting.

It was noted that Ms Tania Kingi is now the Mana Whenua representative on this Committee.

2.6 Report from Mana Whenua I Tamaki Makaurau

2.6.1 Representation on HAC & CPHAC

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

That the Board

Note that due to prioritisation within MWiTM on a range of activities, Barry Bublitz hereby resigns, effective immediately, from representing MWiTM on both the Hospital Advisory and the Community & Public Health Advisory Committees.

Endorse MWiTM’s recommendation that Mr Malcolm Wara be the MWiTM representative on the Community & Public Health Advisory Committee, effective immediately; and Mr Riiikii Minhinnick be the MWiTM representative on the Hospital Advisory Committee, effective immediately (with Nanaia Rawiri as his substitute).

Note that Ms Tania Kingi will be Mr Bublitz’s substitute for the Disability Advisory Support Committee.

Carried

3. EXECUTIVE REPORTS

3.1 Chief Executive’s Report (Margie Apa)

The paper was taken as read.

Patient Story – Ms Parr played a patient video noting that the video is going to be used for clinical education under the theme ‘dignity and positive relationships’ which is a Fundamentals of Care expectation. The team have also agreed that the weight scales should not be in a public space and are working towards changing that.

Metrics that Matter

- YTD planned care interventions are ahead of forecast at 113.5% and there are optimistic signs that we will end the year with some good production despite what we have seen during the year. The Ministry has indicated that they will fund the over-production to assist with the budget.
- Still some areas of concern – Gastro/Colonoscopy due to capacity;
- Immunisations are starting to look up, now at 69% v 62% two months ago.
- Dental – May recorded the highest referral rate received from ARDS for Counties Manukau children. FSA capacity has increased through the provision of Saturday clinics at Buckland Road with a focus on equity gains for Maaori and Pacific children. ADHB has also contracted the Surgical Bus (10/5/21 – 2/7/21) to provide an additional GA treatment capacity of circa 320 cases. Again, Maaori & Pacific children, predominantly from Counties Manukau, have been the focus.

Fortnightly operating lists at Greenlane have been confirmed from 10/7/21 for 2 all-day lists per Saturday.

To maintain momentum, expressions of interest have gone out to staff to continue fortnightly Saturday clinics at Buckland Road and, discussions are in progress regarding access to MSC for future Saturday operating lists.

- Middlemore Hospital is full today.
 - Currently there are 140 patients in ED with 53 waiting for a bed – that equates to being a ward and a half we are short.
 - Yesterday there were 370 patients in ED, the peak is 400.
 - Normally we would expect 70-80 children per day coming into the ED, currently the daily number is between 110-120 per day; two weeks ago we peaked at 150 children.
 - The spike in RSV cases is in unison with opening up the border to Australia and is putting real pressure on Kidz First. There are currently 15 children in Kidz First Surgical, 5 in ICU.

Mr Gosche noted that volumes are missing from the MTM report. It is important that when our documents are made public, we are capturing the full picture to show just how busy the hospital is.

COVID Vaccination – there are currently 24 sites including 5 community super vax sites open. The aim is to get to between 50-80 general practices with 30 pharmacies by the end of August. In addition to these, there is still concern about the growing gap between Maaori & Pacific and the remainder of our population so we are going to turn on some pop-ups and outreach clinics to increase volume. Opening up these options for our community will help us achieve equity.

We have delivered 202,000 vaccinations in the district, 123,000 of those have had 1 vaccination (1/3rd of the population) and 79,000 have received both doses. Coverage – Asian 31%; Other 48%; Maaori 7%, Pacific 13%.

Ms Brown expressed concern around the need for clear information about process to be communicated to the complex care groups and, in particular people who cannot get to a vax site. This remains an area on ongoing confusion.

Mr Gosche commented that as we move into the big push on vaccination, the disabled community are going to get left behind and asked that a regional reference/advisory group is set up to look at how to do the communications better, how to do the delivery better, to look at having some specialised outreach for those people who cannot get to a vax site etc. This group should have representation from caregivers, people with disabilities and organisations who work with disabled people.

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

That the Board:

Receive the Chief Executive's Report for the period 26 May – 6 July 2021.

Carried

3.2 Finance & Corporate Business Report (Timneen Taljard)

The report was taken as read.

- May closed with an underlying variance of \$340k unfavourable against budget and \$2.3m unfavourable YTD. This 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 have indicated that this funding will be received.
- Insurance renewal – at the time of writing, the premium for cyber has not been finalised but the estimated increased premium for 21/22 for CM Health would be \$9.7k (\$90k nationally).

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

That the Board:

Receive the Finance Report for the period ended 30 May 2021.

Carried

4. OTHER REPORTS (FOR INFORMATION ONLY)

4.1 Health & Safety Performance Report

The report was taken as read.

The increase in violence and aggression incidents was noted (April 64 v May 80) and are coming from an array of areas, as well as an increase in stress (April 42 v May 75).

4.2 Corporate Affairs & Communications Report

The report was taken as read.

6. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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. |

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| <p>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</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>Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.</p> |
| <p>PCIMS Impairment</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>Clinical Equipment Services Contracts</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>Bad Debt Write Offs</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>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> |

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| <p>COVID19 Capital Purchases</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>Post Implementation Reviews</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>AOG Office Supplies</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>ARPHS 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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| Ratification of Circular Resolutions – 2021/22 Annual Plan & Capital 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 The disclosure of information is necessary to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by officials.</p> <p>[Official Information Act 1982 S9(2)(f)(iv)]</p> |
| Infrastructure Report | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Commercial Activities & Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p> |
| Chief Executive's Report | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p> | <p>Public Interest 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> |
| Cyber Incident | <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> |

Carried

The public meeting closed at 11.30am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 18 AUGUST 2021.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 7 JULY 2021.

BOARD CHAIR

DATE

DRAFT

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

| DATE | ITEM | ACTION | DUE DATE | RESPONSIBILITY | COMMENTS/UPDATES | COMPLETE ✓ |
|-----------------|--|---|-----------|-------------------------------------|---|---------------|
| 3 March 2021 | Health & Safety Performance Report | Occupational Health/Wait times for appointments - report back with advice on what could be done to better support a more robust and mature OHSS function. | 18.8.2021 | Elizabeth Jeffs/ Kathy Nancarrow | <u>18.8.2021</u> - No advice received regarding this action item so deferred to the Sept Board meeting. | |
| 3 February 2021 | Finance & Corporate Business Report | Schedule a short education session on balance sheets/profit & loss statements, particularly around how annual leave is paid and accrued. | 29.9.2021 | Margaret White | | |

Minutes of Counties Manukau District Health Board Hospital Advisory Committee

Held on 14 July 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 (via zoom)
Dr Lana Perese - HAC Deputy Chair (via zoom)
Colleen Brown - CMDHB Board Member (via zoom)
Dianne Glenn - CMDHB Board Member
Garry Boles - CMDHB Board Member
Katrina Bungard – CMDHB Board Member
Paul Young – CMDHB Board Member
Apulu Reece Autagavaia - CMDHB Board Member (via zoom)

Optional

Brittany Stanley-Wishart – Observer

ALSO PRESENT

Dr Jenny Parr - Chief Nurse and Director of Patient and Whaanau Experience (via zoom)
Jess Ibrahim – Executive Advisor, CEO’s Office (from 2.45pm)
Mary Burr – General Manager Women’s Health (via zoom)
Sanjoy Nand – Chief of Allied Health, Scientific & Technical Professions
Dr Vanessa Thornton – Director of Hospital Services
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 Tipa Mahuta, Tori Ngataki, Riki Minhinnick and Avinesh Anand.

2.2 Disclosure of Interests

Ms Abel-Pattinson advised that she is now a member of the NZ Nurses Society as well as NZNO. Note: On checking the Disclosure of Interests document post meeting, this advice is already reflected in the Disclosure document.

2.3 Disclosure of Special Interests

There were no Disclosed Special Interests to note requiring update.

2.4 Acronyms Used at CMDHB

The Committee noted their thanks for the listing of acronyms provided and asked that it be provided at future board meetings involving capital works papers.

Action: *Secretariat to provide Board Secretary with a copy of the acronym listing and ask that it be provided at future board meetings involving capital works papers.*

3. CONFIRMATION OF MINUTES

3.1 Minutes of the Hospital Advisory Committee Meeting – 2 June 2021

Ms Glenn noted that her request for an update on the Get Home Safe communication was not noted in the action list (although it was recorded in the minutes). Ms Burr advised at the 2 June meeting and again at the 17 July meeting that this information had been requested and she would report on it once received.

Action: *Ms Burr to provide a response to Ms Glenn's request for an update on the Get Home Safe communication once the information becomes available.*

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

That the Minutes of the Hospital Advisory Committee held on 2 June 2021 be approved.

Carried

3.2 Action Items Register – Public

Noted.

4. PROVIDER ARM PERFORMANCE REPORT

4.1 Executive Summary (Mary Burr)

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

- Responses to the questions raised around food service at the last meeting are included in the report. A copy of the Food Service monthly report is also included as an appendix.
- The birthing rate is maintaining, possibly slightly rising and the Neonatal pressure continues.
- Regional Youth Forensic Service added to the report which is a worthwhile and interesting service to have an update on.
- Acute pressure continues with Medicine occupancy high and very similar to June.
- Sustained pressure on planned care assessment and treatment and how we deliver our planned care as a result of Covid-19 with timeframes being impacted.
- The workplan has been revised to ensure more information about the transition is available going forward.

Ms Glenn asked if there was any comparative data across those DHBs that are participating in the national bowel screening programme. Ms Burr will investigate and report back.

Action: *Ms Burr to investigate if there is any comparative data across those DHBs participating in the national bowel screening programme and report back.*

Ms Glenn requested an update on our sustainability programme, in particular food waste. Dr Parr suggested that this discussion is deferred until such time as there is progress to report as the sustainability manager is in the process of establishing the team.

Action: *Secretariat to add sustainability programme update to the action register.*

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

That the Hospital Advisory Committee:

Note and receive the report.

4.2 Finance Results – CMDHB Provider Arm

The report was taken as read. There were no questions.

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

5. CORPORATE REPORTS

5.1 Fundamentals of Care Review (Dr Jenny Parr)

Dr Parr provided a presentation.

Ms Glenn queried some of the results from questions asked of staff and patients. Dr Parr advised this is a reflection of one point in time where five patients and five staff are responders. No trends can be gathered from this data.

Ms Glenn queried the availability of working equipment. Dr Parr advised that sometimes it can be that an item has broken down on the day of interview, causing a shortage.

Mr Boles asked if we provided training to staff on how to interact with people in general. Dr Parr advised that as healthcare professionals training in effective communication is provided and interpersonal skills are assessed. Audit questions from the Maaori Health team have been adopted from AIDET (a communication tool). Mental Health has an even higher quality capability requirement around communication and de-escalation. A piece of work is currently underway for the customer service booking scheduling review at Manukau Health Park. A Maaori-centred model of care review has been published in the Journal of Clinical Nursing highlighting the importance and relevance of relational approaches to engaging Maaori and their whaanau accessing health services. Mr Nand advised that every employee has an orientation where our values are discussed and that training on unconscious bias and not being judgemental is provided.

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

Ms Carly Brown and Ms McCook provided a presentation about the recent Maaori Health initiative carried out through ED.

Mr Boles asked Ms Brown's opinion on why 50% of patients are not signing up. Ms Brown believes patients have either been signed up to a GP or can't afford to go to the GP or have ongoing bills with the GP so will not go to them.

The team's job is to identify where they are living and look at recommendations for a cheaper option in GP services. The team also has a social worker who works with WINZ to provide appropriate support.

Dr Perese asked what type of information is being collected for people presenting with Mental Health issues. Ms Brown advised that during the 12-week pilot it was noted that there were common presentations around Mental Health. However, due to the short duration of the trial, there was no capacity within the team to act on these. A large number of patients came through the police (under Section 109) and therefore had to be medically cleared by ED. The team is trying to address the physical and mental health of patients by having the right support team in place and are working with the Acute Mental Health team in ED to improve the service.

5.3 Virtual Site Tour: Theatres (Pauline McGrath, John Kenealy)

A video was played to the meeting.

Ms Colleen Brown asked why patients had to sometimes stay in recovery for two hours. Mr Kenealy advised the aim is to get patients to a ward after an hour, but the delay was typically due to lack of bed availability in the wards.

6. STRATEGIC DEEP DIVE

6.1 Vulnerable and Regional Services (Pauline McGrath, John Kenealy)

Ms McGrath and Mr Kenealy provided a presentation. There were no questions.

7. INFORMATION PAPERS (FOR NOTING ONLY)

Certification Bi-Annual Update

8. GENERAL BUSINESS

8.1 Ms Glenn raised the matter of Advanced Care Planning (ACP) and suggested that the DHB asks GPs to promote it rather than leaving it to the DHB to discuss with family when they come in to hospital and are in a vulnerable state. Dr Thornton advised that education is being provided about how to discuss ACP with a patient and understand what a patient wants so they can be involved in the decision making.

8.2 Ms Brown read a proposed statement for sending to staff to express the Committee's thanks for the work they are doing. Ms Brown to forward draft statement of thanks to staff to the HAC Chair for review prior to forwarding to Ms Apa.

Action: Ms Brown to forward the draft statement of thanks to staff to the HAC Chair for review. HAC Chair to then forward to Ms Apa.

9. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

| General subject of items to be considered | Reason for passing this resolution in relation to each item | Ground(s) under Clause 32 for passing this resolution |
|---|---|--|
| Public Excluded Minutes of 2 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. |
| 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. |
| Risk Issues for Followup | 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 3.10 pm. Ms Bungard and Ms Stanley-Wishart left the meeting.

The next meeting of the Hospital Advisory Committee will be held on Wednesday, 25 August 2021.

Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 14 July 2021.

Catherine Abel-Pattinson
Chair

Date

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

Held on Wednesday, 14 July, 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
Katrina Bungard
Lana Perese
Malcolm Waara (Mana Whenua)
Paul Young
Apulu Reece Autagavaia
Robert Clark (Mana Whenua)
Tipa Mahuta
Brittany Stanley-Wishart (Board Observer)

ALSO PRESENT

Fepulea'i Margie Apa (Chief Executive Officer)
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

Rowan Quinn from Radio NZ was in attendance for the Public session.

WELCOME

The meeting commenced at 9.00am with a karakia and mihi from Matua Pierre Tohe and a reflection from Ms Brown. Matua Pierre Tohe welcomed Matua Malcolm Waara who is joining the CPHAC table as Matua Barry Bublitz has withdrawn.

1. AGENDA ORDER AND TIMING

Items were taken as per the agenda.

2. GOVERNANCE

2.1 Apologies

Apologies were received from Tipa Mahuta, Aroha Haggie and Tori Ngataki. Pierre Tohe and Robert Clark apologies for early departures and Margie Apa for a late start.

Work Plan – Mark/Dianne attended Consumer Council. Advised members that it was a meeting that was worthwhile attending. Very active members from the community in attendance.

2.2 Register of Interests

Disclosure of Interests – Ms Brown to send an amendment to Ms Tafau.

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 2 June 2021.

Resolution (Moved: Pierre Tohe/Seconded: Dianne Glenn)

That the minutes of the Community and Public Health Advisory Committee meeting held on 2 June 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 about the plan to note.

Ms Glenn advised that she and Vui Mark Gosche attended the Consumer Council hui. Ms Glenn advised members that it was a meeting that was worthwhile attending. Very active members from the community in attendance.

3. UPDATES

3.1 Locality Hubs Update (Penny Magud, General Manager Locality Services)

Paper taken as read.

Committed to improving access to local populations. Using data from the Population Health team to help inform where needs are in the community.

Proposal being worked on in regard to increasing clinics for Mangere and Otara. Clinics will be increased in September 2021.

Pukekohe staff facilities are being moved upstairs and the resulting space downstairs will be able to host more clinics. Clinic rooms will increase from 19 to 29.

Pukekohe is grateful for the infusion clinic which saves patients from coming through to Middlemore.

Resolution

The Community & Public Health Advisory Committee:

Received the update on Locality Community Health Service Community Hubs.

3.2 MoH Rheumatic Fever Co-Design Update (Dr Philippa Anderson, Population Health; Peter Harrison, Initiative Lead, ThinkPlace)

Peter Harison from ThinkPlace introduced the other member of the team:

Emma Solomon – Portfolio Manager (Ministry of Health)

Kimberley Sanerivi – Portfolio Manager (Ministry of Health)

Annie Ualesi – Samoan Project Lead (Called)

Kataraina Davis – Māori Project Lead (Maurea Consulting)

Riki Nofo'akifolau – Tongan Project Lead (Independent)

Marion Muliaumaseali'i – Samoan Design Lead (Indigenography & Design)

The team has been tasked with co-designing with communities and other system stakeholders to identify and embed innovative and sustainable system improvements to preventing and managing rheumatic fever for Māori, Samoan and Tongan people in Tāmaki Makaurau.

Rheumatic fever in Aotearoa New Zealand is clearly a complex problem. The work of people like Dave Snowden (Cynefin framework) shows that a different approach is needed to our traditional problem-solving approaches.

Firstly, ThinkPlace are starting with what is good for Māori, Samoan and Tongan communities, as determined by these communities. We have formed three teams that consist only of people who are Māori, Samoan and Tongan who bring in experience from right across the system and communities. The teams are engaging with others to progress the work in ways that privilege Māori, Samoan and Tongan voices and that place Māori, Samoan and Tongan culture at the core.

Secondly, ThinkPlace are not viewing people as 'data points' for research where engagement is a point in time transaction. We are forming and strengthening relationships with people so that they: grow and benefit from the experience, have the safety required to openly share their hopes, beliefs and experiences and see opportunities for ongoing involvement and being an agent of change within their community.

And thirdly, ThinkPlace are taking a broad view of the 'rheumatic fever prevention and management' system and creating opportunities for a wide range of stakeholders to input their experiences and ideas and to ultimately be part of the solution. We are looking for ways to connect disparate parts of the system and are facilitating and catalysing collective action.

The ThinkPlace team spoke to the work that is being undertaken in the Māori, Tongan and Samoan streams.

A lot of work has gone into laying the foundations, sourcing the right staff and understanding the system. The team are just now moving into family engagement events, learning from lived experiences.

Whilst this work is being undertaken, there is still funding available from the MoH through to June 2022 for swabbing in schools to continue.

As part of the ThinkPlace approach, within Project Teams, there are staff with Research & Evaluation skills who will be looking at the way ThinkPlace undertake work, how they are forming as a team, how they are engaging with the communities and learning from that. Next year there will be an independent evaluation undertaken.

ThinkPlace are not commercially providing these services so their ability to influence any change is all about partnerships and acknowledged the DHBs role and how it's important they work together. Specifically, around co-design and getting connected with the right people in the communities, sharing learning. Ms Brown said CM Health's Locality Hubs would be a great way to progress this work.

Dr Anderson mentioned the Quick Wins piece of work that the DHB is undertaking, a linked but separate piece of work, which would be good to talk to CPHAC about at some point in the future.

3.3 Covid Vaccination Programme Update (Kitty McQuilkin, Covid Vaccination Programme Manager)

There are now 5 community vaccination centres operating in South Auckland. Many of these sites are currently working on plans to 'ramp up' their volumes as we move into vaccinating the general population (Group 4).

There are 17 general practices providing COVID-19 vaccinations in South Auckland and another 20 that have started the on-boarding process. Our goal is to have between 50-80 vaccinating practices by the end of the year.

There are 4 South Auckland pharmacies providing COVID-19 vaccinations with two more currently being on-boarded and planning underway to select the next tranche. Our goal is to have up to 30 vaccinating pharmacies by the end of the year.

A number of other initiatives are being planned including workplace vaccinations (on-site, this is a national programme and criteria is being set nationally), outreach and pop-up programmes (depending which cohort is being catered for will determine bookings or walk ins), school-based vaccination programme for 12-16 year olds. Comms are going out through all networks in different languages, including Asian languages. Ms McQuilkin will ask about pop ups in large shopping centres.

Other local initiatives – looking at agreed a model where vaccination sites set aside a portion of their capacity where they can target high needs and feed them through those vaccination sites.

For those with disabilities, planning has included: all community vaccination sites have been audited for accessibility and any recommendations are being followed up, our outreach programme, which will vaccinate people with disabilities living in residential homes, started last week. Working to ensure all those with disabilities are being invited for vaccination, with much of our efforts focused on our most vulnerable/high need groups. Exploring our options for reaching other groups with disabilities outside of residential facilities that cannot access vaccination centres (home-to-home).

Incentives to vaccinate – specialised staff have been trained in outreach into communities (Otago Flea Market, etc). Will have laptop to book whaanau in. A lot of activity is going on in this space.

Ms Brown advised Ms McQuilkin that the NRHCC should be reaching out to Special Schools to capture a lot of people that may not be linked to Taikura Trust. They also have a multitude of contacts out into the community as some children won't be attend on site, but in satellite units.

Accessibility for Disabled – Ms McQuilkin will provide Ms Brown the criteria for what accessibility means in terms of disabled access (wheelchair, blind with carer, etc).

CPHAC noted that there was a general feeling, in terms of disability communications, that specialist advice may not have been sought when creating communications.

CPHAC did acknowledge the progress that has been made to date.

3.4 Reforms Update (Aroha Haggie, Director Funding & Health Equity)

Ms Haggie was an apology for today's meeting.

4. DISCUSSION

4.1 Endometriosis Care Pathway (Dr Sarah Tout, Clinical Director Women's Health & Mary Burr, General Manager, Women's Health)

Dr Tout gave the Committee an overview of endometriosis and advised that approximately 1.5% of the population have endometriosis.

Women will present with a range of symptoms from pain to fertility. Focus for management should begin early and in the community.

The recent introduction of a fully funded mirena (a progesterone producing cervical device) has been a welcome addition to treatment plans.

CM Health run a good surgical service for Grade 4 sufferers of endometriosis. We are currently looking at growing this area and hope to add a Senior Nurse (hopefully this can be funded by the MoH) to be based at Manukau Health Park – Module 10. If funding is gained from the MoH this Nurse can be resourced immediately. Women's Health would also like to add a Psychologist and a Women's Health Physio.

Traditionally Pacific women (of all ages) present late with all gynaecological issues. With increased information on social media etc, and via other channels, we are now seeing more women coming forward to seek treatment options.

There is a need for more theatre time as wait times for surgery (for Stage 4 sufferers) is currently around 12 months.

Endometrial cancers are on the rise and this is related to obesity. This is particularly significant for our population. There is a need to see more information out in the community around this issues. Women's Health has applied for MoH funding to run a pilot programme from the Manukau Health Park.

Discussion ensued around education for school aged girls through to women of all ages. The data around the size of the issues can't be quantified correctly unless women come forward with their issues.

CPHAC asked that Mary/Sarah keep the Committee apprised when they hear back from the MoH in regards to funding for additional staff.

5. DEEP DIVE

5.1 2018 Census Demography (Dr Gary Jackson, Director Population Health)

The paper was taken as read.

Dr Jackson took the Committee through the presentation.

Reminder to note that the 2013 Census severely undercounted the population in Counties Manukau and therefore the projections coming from those were too low.

Dr Jackson noted that DHB population projections are updated annually. There are material differences between the size of the population CM Health is funded for, and the size of the

population utilisation data says we are serving. However, within each 'version' of our population data there either has been or is projected to be total population growth per year (1-2%) and growth for those aged 65 yrs & over (~4%). Projection of the ageing population is more certain as the mortality rate is relatively stable and the biggest unknown in growth going forward is migration, even more so because of COVID-19, but we can expect the ongoing growth will drive increased health and social system demand of various sorts, whatever other factors are in the mix.

CM Health picture is very different from the total NZ population. Also, compared with other DHBs, CM Health has 2nd largest Maaori population, largest Pacific, =largest Asian with WDHB & ADHB.

CM Health has a fast growing child population and in addition, we have a fast growing older population.

CPHAC thanked Dr Jackson for the information provided. A timely reminder of CM Health's position.

6. INFORMATION PAPER

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

Paper for information only.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Dianne Glenn/Seconded: Katrina Bungard)

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 2 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. |
| 3.1 Assessment and Provision of Continence and Hygiene Products by the Locality Community Health Services 4.1 Diabetes & Weight Management Business Case | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, | 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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| | S32(a)] | |
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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 14 JULY 2021.

Colleen Brown
Committee Co-Chair

DRAFT

Counties Manukau District Health Board Board & Board Committee Meetings 2022

| Board | Audit Risk & Finance (ARF) <i>OPTION 1</i> | Audit Risk & Finance (ARF) <i>OPTION 2</i> | Hospital Advisory Committee (HAC) | Community & Public Health Advisory Committee (CPHAC) | Disability Advisory Committee (DiSAC) | People & Culture Committee (P&C) |
|---|---|---|--|---|---|--|
| Wednesday (6 weekly) 9.00 – 4.30pm Room107 Ko Awatea | Wednesday (6 weekly) 8.30 – 12.30pm Room 101 Ko Awatea | Wednesday (6 weekly) 8.30 – 12.30pm Room 101 Ko Awatea | Wednesday (6 weekly) 1.30 – 5.00pm Room 101 Ko Awatea | Wednesday (6 weekly) 9.00 – 12.30pm Room 101 Ko Awatea | Wednesday (8 weekly) Room 101 Ko Awatea | Wednesday 1.00pm -3.00pm Room 101 Ko Awatea |
| 26 January | 12 January (may be too early) | 19 January | No Meeting | No Meeting | No Meeting | 19 January (Q2) |
| No Meeting | 23 February | No Meeting | 9 February | 9 February | 2 February (9 weeks) | No Meeting |
| 9 March | No Meeting | 2 March | 23 March | 23 March | 30 March | No Meeting |
| 20 April | 6 April | 13April | No Meeting | No Meeting | No Meeting | 13 April (Q3) |
| No Meeting | 18 May | 25 May* | 4 May | 4 May | 25 May | No Meeting |
| 1 June | 29 June | 29 June (*5 weeks) | 15 June | 15 June | No Meeting | 29 June (Q4) |
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Deadlines

All papers are due 2x Friday's prior to the meeting date.

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 7 July 2021 – 17 August 2021.

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

Introduction

This report covers the period 7 July – 17 August 2021. As we move through winter we have continued to see high presentations and occupancy. We have seen much higher RSV rates in the community this winter compared to last, which has added pressure to the hospital with an increase in paediatric admissions.

Performance

I attach for the Board's information the Metrics that Matter for June 2021.

Highlights

- Monitoring of **Influenza vaccinations for > 65 year olds** has been re-introduced to the dashboard. The period of data capture is 1 March to 30 September each year to reflect the winter period. The result for 2021/22 is a current state result.
- **Histology** turnaround time has remained at or above the target of 80% for over 12 months. Note that this has been removed and will be monitored 'off dashboard'.
- **Holter monitoring** waiting times have remained close to the target maximum waiting time of 12 weeks since March 2021.
- This month's dashboard contains the annual update on the **Alcohol status assessment**. This measures the percentage of enrolled patients who have had their alcohol status asked/assessed in the last three years and is based on the last quarter of 2020/21. There has been an overall improvement compared with the results from previous years.
- **Paediatric oral health** – the pattern of monthly declines in FSA waiting times and a comparative increase in surgical waiting times continues this month.
- **Seclusion events per 100,000 population** has remained below the target since November 2020.
- There has been a general reduction in the **ESPI 2 and ESPI 5 waiting times**, noting that this measure is 1 month in arrears.

Lowlights

- The **Emergency Department 6hr** target continues to trend downwards.

- The **Average Length of Stay** in Medicine is trending upwards and above 4 days.
- The **admission rate in the first year of life** has increased for Maaori and Pacific above the target of 21%.
- The **2yr old immunisation on time** rate continues to fall for Maaori; however, the **8mth old immunisation on time** rate continues to trend favourably.
- **Sick leave rates** for nursing and RMOs has been trending upwards since January 2021.

At the 7 July Board meeting the Board noted that not all of measures on the Metrics that Matter Dashboard include total volumes. The team are exploring how best to address this given the manual nature of data gathering currently. The Qlik version of the dashboard is being developed as quickly as possible.

News and Events

Vaccination

The COVID-19 vaccination programme has ramped up its volumes since June and our 5 community vaccination centres, 22 general practices and 5 pharmacies are currently delivering around 4,300 vaccinations per day in Counties Manukau District, with more GPs and pharmacies being added each week. Last weekend the first national Mass Vaccination event was held at the Manukau Events Centre with 15,594 vaccinations administered over three days. Our focus is currently on what we can do locally to increase our vaccination rates in our local Maaori and Pacific populations in order to fulfil our equity commitment and ensure the best protection for our people and our community. We have launched our new workplace initiative which will see employees of businesses with high numbers of Maaori and Pacific employees provided with on-site face-to-face information and Q&A sessions, followed by a facilitated bus trip to a vaccination centre. Our first information session at Ingram Micro was attended by over 100 staff members with managers noting that they had never seen their staff so engaged in a lunchtime presentation. We have also stepped up our community engagement activity and there are now teams of motivationally trained staff present at many markets, sports, expos and other events in our district. These teams are equipped with iPads and able to not only provide information on the vaccination programme but also book people into a clinic in real-time.

Matariki 2021

Traditionally, Matariki was used to determine the coming season's crop. It provides an ideal opportunity to explore the ways that people pass on and sustain aspects of the Maaori culture and heritage.

This year we marked Matariki with a Parakuihi (breakfast) on 5 July and a series of Matariki celebration workshops which were hosted by the DHB and Maakina on 6 and 7 July. On 9 July we had performances from Taniwharau at Middlemore Hospital and Manukau Super Clinic. The mental health and addictions team ran a Matariki design competition where staff members were encouraged to design an image representing 'connection and wellbeing' with the winner receiving a gift basket of hand-made Rongoa healing products from their own Mental Health Kaimahi.



Quota Papakura Antique Fair

Middlemore Foundation were lucky enough to be a chosen charity for the Quota Papakura Antique Fair on 9 July. Funds raised from this event will go towards the purchase of Neopuffs for our Neonatal expansion. A Neopuff is a resuscitator designed to deliver controlled, consistent and precise pressures. It can provide assisted respiratory breaths to neonates and infants in our Neonatal Intensive Care Unit.

Falls Awareness Week

We recently marked falls awareness week with a variety of awareness raising activities including a competition to develop a resource board ward/department with the theme 'anyone can prevent falls from happening'. The boards were judged with prizes including cakes for the day and night shifts.

Kiribati Language Week

Kiribati Language Week ran from 11-17 July. The theme this year was 'Maubonian te teei i nanon te mwenga bon karekean te maiuraoi, te ongotaeka ao te tangira', which means 'The home is where we nurture our children towards a healthy, responsible, loving, and prosperous future'. The theme acknowledges the important role of Kiribati mothers, both within their families and the wider community. It also reflects the overarching 2021 Pacific Language Week theme of wellbeing by linking the importance of language to overall wellbeing.



Cook Islands Language Week



Cook Islands Language week was celebrated 1-7 August with the theme 'Ātuitui'ia au ki te Oneone o tōku 'Ui Tupuna' which means 'connect me to the soil of my ancestors'. Events at the DHB included a traditional Cook Island drumming and dancing performance by Te Anuanua Performing Arts Troupe, a food truck serving transitional Cook Islands kai and a fitness dance session.

Fundamentals of Care Celebration Events

The Fundamentals of Care is a framework which defines the care we want patients and whaanau to receive. Every six months, we undertake a peer review to help measure and evaluate fundamental standards of care. This informs organisational level continuous improvement practices and provides wards and units with valuable information to identify areas for celebration and improvement.

The March 2021 Fundamentals of Care review involved 46 inpatient wards and units and the overall organisational result was 86.1%. We recently celebrated the most improved and highest achieved wards. Congratulations to all involved.



Left: Most Improved: Ki Te Whai Ao

Right: Highest Achieved: Manukau SuperClinic 1st Floor

Our People

Local Heroes

Below are our local hero winners for June:

Galumaninoa Tasi-Perez, Needs Assessor - Health of Older People (HOP)



"Galumaninoa has always advocated for her patients. She goes above and beyond for her patients in often complex and difficult circumstances.

Below is an excerpt of an email sent from a patient's family member:

“Recently my mother-in-law had a fall in which she ended up at Middlemore for an excess of six weeks. During that time her situation did not improve and she did not want to go into a home as she was being advised to do.

Then one of your Angels came to visit with us. She listened to our situation. She didn't judge or make assumptions as everyone else had done, and then she made suggestions as to what help we may need to get her home.

She made the world a better place for my wife and even though we knew it may not happen. She was at least willing to go into bat for us and make the recommendations. I can't say enough about this person as you can tell by now, and I feel very honoured to have got to meet her.

Any employer/manager of this young lady should be proud of the way she represents your department and actually puts faith back into the health system that while it may not be possible, it can at least be tried!”

Luke Paterson, House Officer - General Surgery



"Luke is a very kind doctor who supports his colleagues in very stressful situations. He works with them as a team to help doctors and nurses manage stressful environments. Luke recognises this and looks at the bigger picture and goes above and beyond to make it easier for everyone. This level of professionalism and dedication needs recognition."

Sinead Kelly, Physiotherapist - Kidz First Child Development Service



"Sinead has been with CM Health since June 2020. Over this time, she has provided consistently high levels of care to the children she engages with, providing excellence in her practice.

However, I feel that over the last month Sinead has truly demonstrated the values of Counties through the care and support she provided to a team member during a family crisis. She put her own personal responsibilities on hold to ensure the staff member got home safe and stayed with her through the night whilst awaiting news. Sinead truly lives out the values of Manaakitanga and Whakawhanaungatanga within the Child Development Service."

Jess Maiava, Administrator/Reception - Assessment Treatment & Rehabilitation



"Jess is amazing! She goes above and beyond in her service to other staff members, our patients, and their whaanau. She is so lovely to work with and always has a smile on her face. We are really lucky to have her as part of our team and especially as she is the smiling face of our service. She is such an asset to this hospital! She is incredibly helpful, flexible and efficient and will always opt to go the extra mile to help anyone in need.

Over the time she has worked here her genuine kindness and empathy for others has been obvious. She regularly goes above and beyond her job e.g. calling taxis for people, meeting people at the door to assist them in the facilities, occasionally paying for patient's parking and has even provided lunch for a lady waiting a long time for a family member to collect her. She is exceptional in actively demonstrating the CM Health values every day."

Nurses Nightingale Challenge

In July we celebrated our nine nurses who completed CM Health's inaugural Nightingale Challenge. This was a global initiative to empower the next generation of nurses to be leaders, practitioners, and advocates in health, with the goal of this challenge to encourage health employers around the world to provide leadership and development training for a group of their young nurses during 2020/21.

Over the 18 month programme the Nightingale nurses were provided with access to a mentor, the opportunity to shadow senior nursing leaders, and attendance at a national conference. They also undertook a service initiative project and participated in a leadership and self- awareness programme. To celebrate the ending of the Nightingale challenge, the nine participants were asked to present on what they had gained from being part of the challenge. With their managers, mentor, CNDs and the Chief Nurse in

attendance we had the pleasure of hearing the stories of their journeys. All agreed that they were motivated to continue to learn and grow in their nursing careers, were more conscious of their role in supporting others, more confident and had greater insights into other senior roles and the benefits of a holistic approach.

Congratulations to all those who took part!



Patient Feedback

Below are some recent comments from our patients and visitors:

Ward 21:

"I have had a very pleasant stay in hospital this time. Everyone who has had anything to do with my care has done so with diligence and kindness. I've never been made to feel as though I'm a burden or my problems weren't sufficient enough to be dealt with.

I want to take this opportunity to thank Belle and Gai. They went above and beyond to make sure all my needs were met and I just felt like they genuinely cared for me. Also to the gynaecologist, what a lovely and professional doctor. Again he listens and doesn't make you feel like a waste of time."

Ward 9:

"Overall the attention that I have received during my stay has been exceptional. My medical team left no stone unturned in efforts to diagnose multiple unrelated symptoms. The team on the ward were amazing, courteous and professional at all times. A special mention to the following: Anjali, Richelle, Angel, Ces, Ritchie. The food service team were all fabulous and friendly."

Ward 33E:

"Sixteen days ago my mum wasn't going to make it through the night and doctors informed us to prepare. We were moved from A & E up to Ward 33E. Nursing staff have been marvellous. Introducing themselves at every change-handover and explaining what they will be providing and presenting always in a polite and respectful manner. They handled my mum with the utmost care and dignity.

My thanks go out to the charge nurse for her PR Skills towards her staff, patient's and the many visitors. Also many thanks to Marie, "Social worker" for all her help with the many questions and paperwork

support to helping deal with outside organisations. To Ruby "OT" - sorry for making just that little bit of transitioning between DHB's. Thank you for finding another solution to helping getting equipment to get my mother home. To the many cleaners, kitchen, help staff for your beautiful polite smile. Thank you all."

Community Health Services - Eastern:

"To the "reablement" team. Can't thank you enough for your care and encouragement over these last few weeks."

Matariki:

" I would like to extend our sincere gratitude to Maria for all her support when we needed her expertise at a critical time yesterday. We needed to access one of adult respite facility to support our young person in crisis. Maria dropped everything she was doing and took me through the process of accessing and provided guidance. We really felt well supported and definitely saw our value of Kotahitanga in action . Thank you."

Orthopaedics:

"I was scheduled for a 12.30 appointment. I arrived and checked in at 12.15pm. Waiting time advised by reception was 1 hour. Displayed on board was 1 hour. ½ hour later displayed on notice board 1.5 hour wait time. After waiting 2 hours (at 14.15) I approached reception to ask how long do I have to wait to be seen. Shortly after wait time on the board was changed to two hours.

My concern is that there is "no communication" with patients (i.e. verbal explanations) as to why the long wait. I was told later that the morning clinic was running late and that Drs were at lunch. "HOW IS THAT MY PROBLEM". Key point is always "Keep the patient informed". Yes I am not and I am far from happy with the service overall – I waited 2 hours for a 10 minute meeting with the Dr and there was no empathy"

[Orthopaedics and Radiology has a joint improvement project in place to align the booking of radiology imaging and orthopaedic clinic appointments to reduce the wait time for patients. This has had a flow on affect to patients whom may not require radiology as part of their orthopaedic outpatient visit].

Ward 31:

"I am currently supporting my great grandmother after having a stroke by staying with her overnight during her stay. Firstly if visiting whanau are to sleep on the floor after requesting from three different nurses a) a blanket of some sort b) politely asking MULTIPLE times if there was anything other than a chair from the visitors lounge to sleep on which I cannot sleep.

I understand that there are shortages on beds, but one improvement may be to ADVISE VISITORS that there are no adequate bedding available and that they should bring their own. They should also advise that if you require something for example, a bed sheet: that they should ask multiple nurses with at least 30 minutes between each request if you would like a prompt response.

There are ways to better inform patients and whanau that it is not convenient for them to stay. Ignoring them after multiple requests should not be one."

MRI:

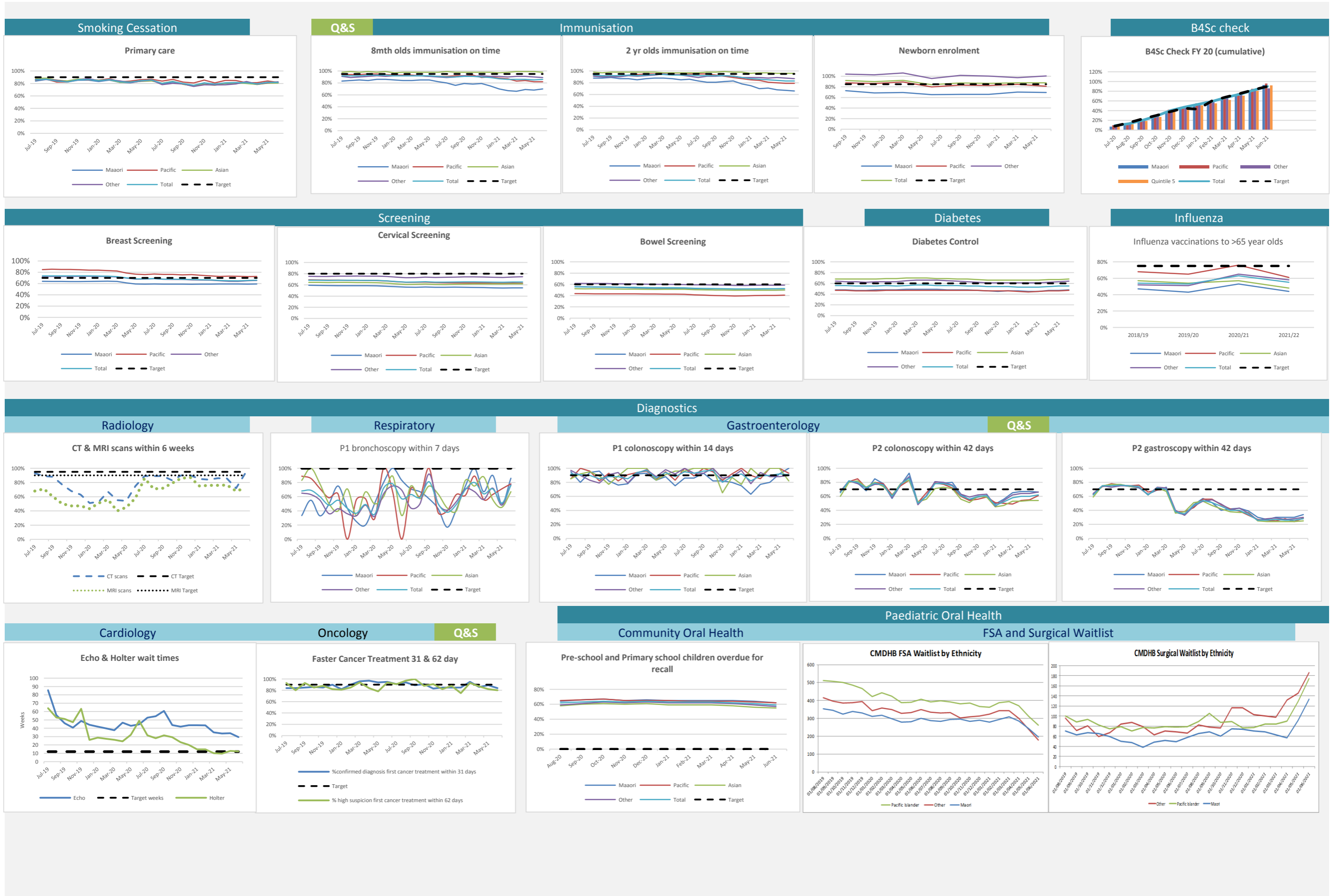
"I have just finished having a MRI scan today. Staff were all very helpful however on remarking to the radiographer after my scan that I had a headache from the noise she said she had forgotten to give me headphones. Fortunately the scan only lasted for 15 minutes but I have been left with a splitting headache.

She did ask if I wanted a complaint form but I was just glad to get out as I had had a long wait. So have decided to email you instead. Please could you take steps to see this doesn't occur again for any patients that like me do not realise headphones are necessary for a MRI.

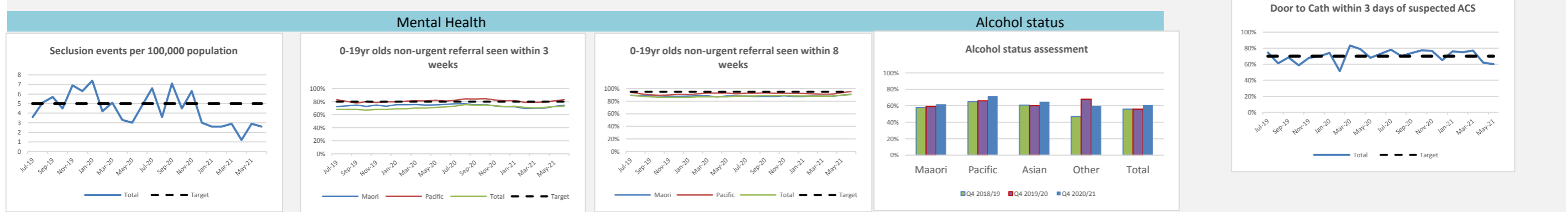
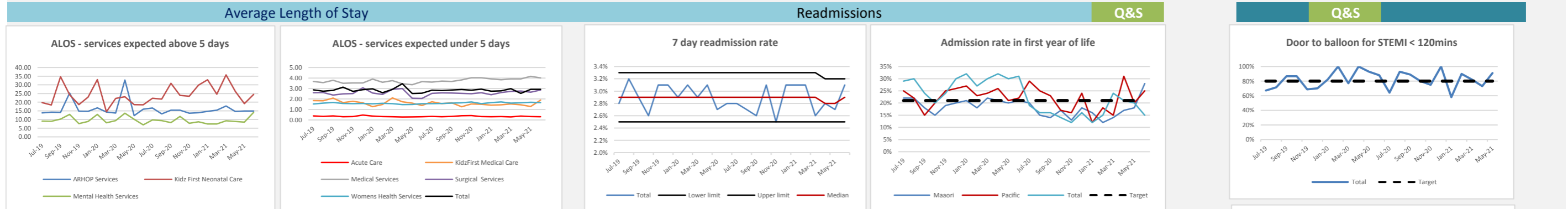
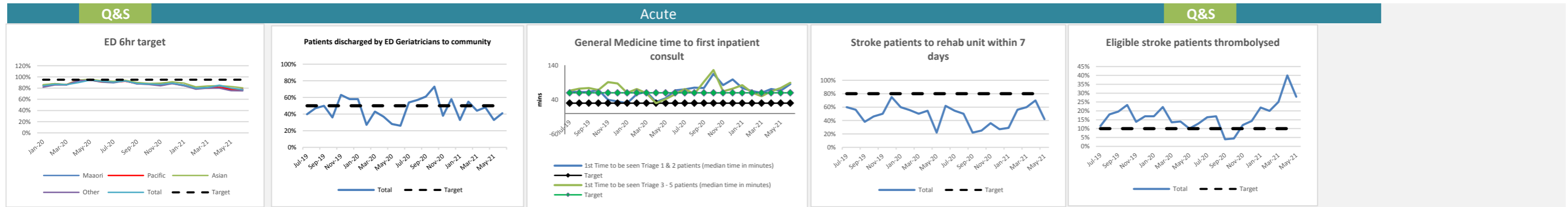
I look forward to hearing your comments.”

Appendix

1. Metrics that Matter dashboard June 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 (Annual) Vaccinations given to over 65 year olds between 1 March and 30 September each year. Note: 21/22 data incomplete | | | |
| 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 | Histology Turnaround Time Removed as target met for over 12mths (as of June 2021) | 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 deferred reasons.</i> | | |
| 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 | |



Planned Care

Services not achieving waiting time targets

| ESPI 2 compliance | Green 0 patients Yellow >0 and <=10 patients Red >10 patients | | | | | | | | | | | | | |
|---------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | |
| Cardiology | 34 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 35 | 21 | 66 | 35 | |
| Dermatology | 14 | 0 | 6 | 7 | 6 | 20 | 28 | 57 | 97 | 140 | 158 | 173 | 200 | |
| Gastroenterology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 14 | 53 | 34 | |
| General Surgery | 554 | 291 | 247 | 238 | 225 | 258 | 264 | 332 | 468 | 483 | 567 | 621 | 618 | |
| Gynaecology | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 15 | 6 | |
| Ophthalmology | 794 | 623 | 279 | 146 | 88 | 65 | 85 | 118 | 103 | 110 | 124 | 93 | 58 | |
| Orthopaedics | 445 | 285 | 392 | 373 | 390 | 585 | 548 | 536 | 578 | 622 | 692 | 776 | 661 | |
| Paediatric Medicine | 1 | 0 | 2 | 0 | 45 | 48 | 45 | 49 | 66 | 63 | 53 | 53 | 52 | |
| Pain | 10 | 7 | 5 | 7 | 3 | 2 | 16 | 26 | 31 | 20 | 15 | 7 | 5 | |
| Plastics | 105 | 1 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 0 | 1 | 82 | 68 | |
| Respiratory | 38 | 3 | 0 | 0 | 1 | 1 | 0 | 2 | 10 | 10 | 0 | 14 | 1 | |

ESPI 5 compliance

| ESPI 5 compliance | Green 0 patients Yellow >0 and <=10 patients Red >10 patients | | | | | | | | | | | | | |
|-------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | |
| General Surgery | 66 | 65 | 63 | 45 | 28 | 30 | 32 | 61 | 91 | 69 | 112 | 144 | 126 | |
| Gynaecology | 8 | 14 | 15 | 7 | 5 | 7 | 10 | 23 | 30 | 37 | 40 | 46 | 47 | |
| Ophthalmology | 124 | 66 | 34 | 14 | 6 | 13 | 24 | 12 | 19 | 24 | 24 | 41 | 21 | |
| ORL | 31 | 0 | 0 | 9 | 4 | 13 | 4 | 8 | 6 | 10 | 13 | 4 | 4 | |
| Orthopaedics | 43 | 30 | 24 | 10 | 7 | 6 | 8 | 9 | 20 | 24 | 40 | 47 | 53 | |
| Plastics | 106 | 92 | 80 | 67 | 52 | 47 | 47 | 57 | 54 | 53 | 61 | 64 | 56 | |

Surgery Q&S

Planned intervention

Ophthalmology

Outpatients Q&S

DNA rate from all elective work: Line chart showing DNA rate from Jul-19 to May-21. Legend: Maaori, Pacific, Asian, Other, Total.

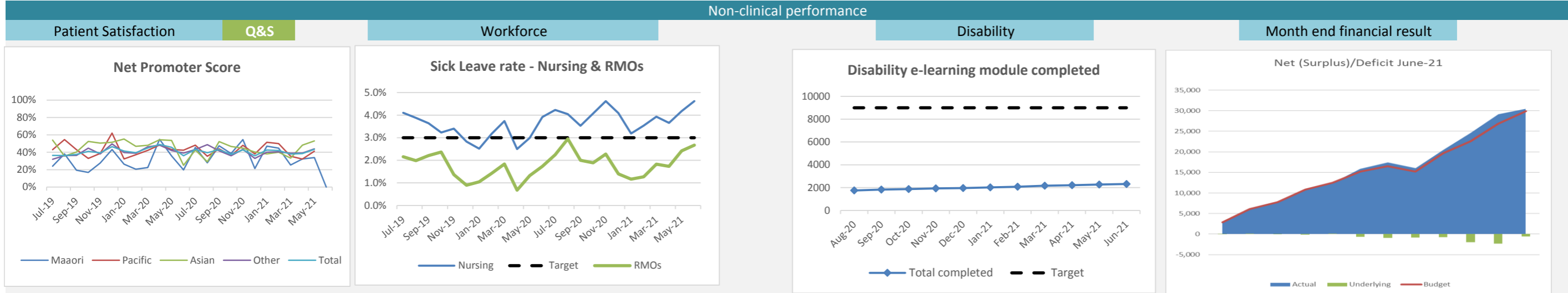
% Non Face to Face appointments: Line chart showing percentage of non-face-to-face appointments from Mar-20 to Jun-21. Legend: Total.

FSA Non Face to Face appointments: Line chart showing FSA non-face-to-face appointments from Mar-20 to Jun-21. Legend: Maaori, Pacific, Asian, Other.

Follow up Non Face to Face appointments: Line chart showing follow-up non-face-to-face appointments from Mar-20 to Jun-21. Legend: Maaori, Pacific, Asian, Other.

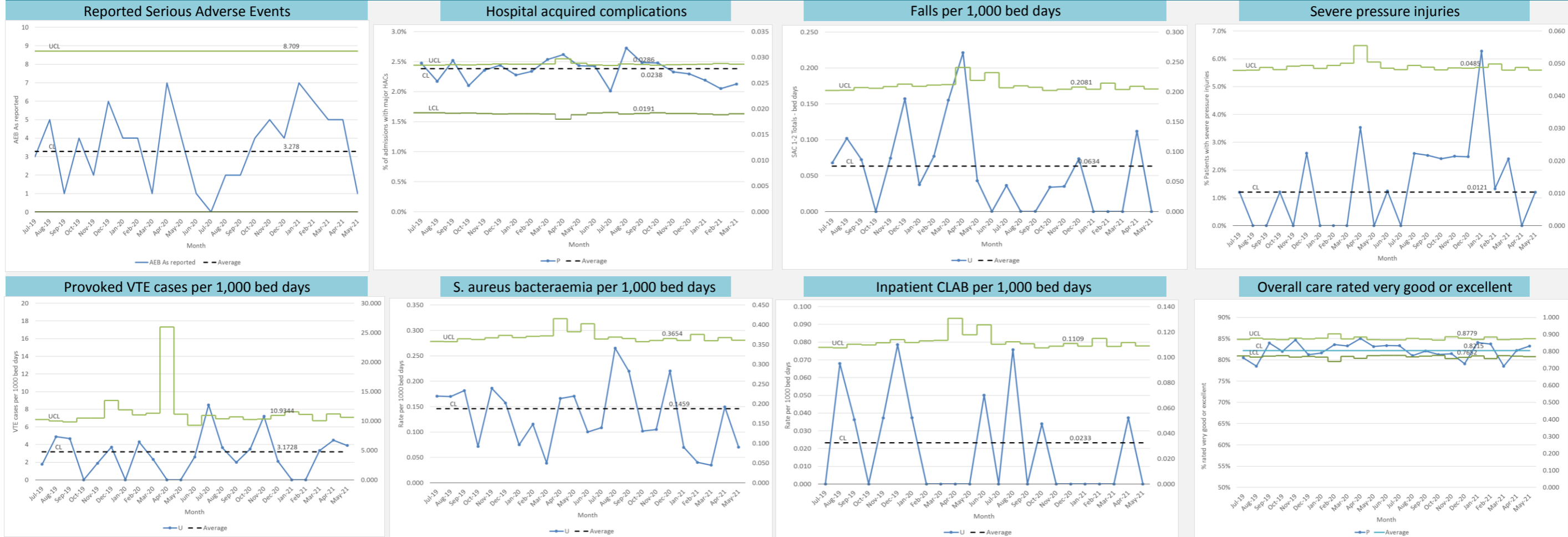
| Q&S | | Acute | | Q&S | | Q&S | |
|--|---|---|---|--|---|---|---|
| ED 6 hr target % of patient presentations to the ED with an ED length of stay of less than six hours from the time of presentation to the time of admission, transfer and discharge. | Patient discharged by ED Geriatricians to community % 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 (Annual) Percentage of enrolled patients who have had their alcohol status Asked/Assessed in last three years. Note: Data is for last quarter of each year |
| 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



Update pending

Additional Quality and Safety Measures



Updates pending for all measures on this page

| 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> | |

For Information Only

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 the financial result was presented to the Audit Risk and Finance Committee meeting held on 28 July 2021.

Submitted by: Margaret White – Chief Financial Officer

Glossary

| | | | |
|------|-----------------------------------|-----|---------------------------------|
| ACC | Accident Compensation Corporation | MoH | Ministry of Health |
| DHB | District Health Board | NGO | Non-Governmental Organisation |
| E\$C | Every Dollar Counts | PCT | Pharmaceutical Cancer Treatment |
| FY | Financial Year | PHO | Primary Health Organisation |
| IBT | In Between Travel | SMO | Senior Medical Officer |
| IDF | Inter District Flows | YTD | Year To Date |

Purpose

The purpose of this paper is to provide the Board with the analysis of a high level overview of the financial result for the period ended 30 June 2021. The full financial statements and Annual Report will be presented following conclusion of the 2020/21 Audit.

Key Messages

2020/21 Financial result

Counties Manukau DHB has reported a provisional unaudited financial deficit of \$43.827m for the year ended 30 June 2021 (*refer Table 1*). This result includes a \$15m provision to reflect continued cost of non-compliance with the Holidays Act, and a COVID-19 upside of \$1.591m (reversal of 19/20 provision). After allowing for these exceptional items ***the DHB reported an underlying deficit of \$30.419m, being \$540k unfavourable to budget.***

The unfavorable underlying YTD result reflects continued unprecedented demand for acute services causing significant periods of over occupancy, specifically during the last quarter. This acute demand has had a significant impact on planned care recovery volumes meaning the DHB has not been able to deliver volumes lost during the COVID-19 alert levels 2 and 3. An estimated \$3.06m planned care recovery revenue has been lost due to procedures disrupted during these periods (not recovered by year end), this has been coded to COVID-19 as lost revenue.

The DHB's response to COVID-19 through FY 20 and 21 has seen continued deployment of a significant number of DHB staff away from normal roles. The ongoing nature and urgency of this

work has taken its impact on the delivery of the DHB's strategic programmes to achieve best value from the health system, notably the Every \$ Counts (E\$C) sustainability programme. Lower 20/21 savings has been offset by lower demand for primary and community care during the year, and to some degree vacancies. The delay to achieve sustainable savings has resulted in a higher underlying cost structure carried forward into the FY22 year.

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

| Reported Net Result | June 2021 | | | | | | Full Year Bud \$000 |
|---------------------------------|----------------|----------------|--------------|-----------------|-----------------|-----------------|---------------------------|
| | Month | | | Year to Date | | | |
| | Act \$000 | Bud \$000 | Var \$000 | Act \$000 | Bud \$000 | Var \$000 | |
| Provider | (4,712) | (9,802) | 5,089 | (125,637) | (111,441) | (14,196) | (111,440) |
| Funder | 7,220 | 7,246 | (26) | 86,118 | 87,285 | (1,167) | 87,285 |
| Governance | (1,084) | (486) | (598) | (4,309) | (5,723) | 1,414 | (5,723) |
| Reported Net deficit | 1,424 | (3,041) | 4,465 | (43,827) | (29,878) | (13,949) | (29,878) |
| COVID-19 costs not funded | 6,146 | - | 6,146 | 1,591 | - | 1,591 | - |
| Holidays Act remediation impact | 1,250 | - | 1,250 | 15,000 | - | 15,000 | - |
| Underlying result | (3,472) | (3,041) | (432) | (30,419) | (29,878) | (540) | (29,878) |

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

Provider - The Provider Arm produced a \$5m favourable result against budget for the month of June 2021 (YTD \$(14.2m) unfavourable).

Unfavourable 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.
- Higher number of House Officers and Registrars due to closed borders (lower resignations)
- Year End Actuarial valuations (Long Service Leave, retiring gratuity, Sick Leave, ACC)
- Unbudgeted cost of increased Care Partners (watches) in wards.
- Increase in Acute and Planned Care activity (largely funded through the Planned Care additional funding).

Offset by favourable variances:

- Vacancies across the system in difficult to recruit to positions.
- 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 - The Funder Arm produced a \$(26k) unfavourable result against budget for the month of June 2021 (YTD \$(1.1m) unfavourable).

Unfavourable variances:

- Ongoing IDF wash-up exposure (refer below).

Part offset by favourable variances;

- Slower uptake for 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).
- Close out of old Provider provisions now not required.
- Pacific Health NGO spend not yet under way.

Governance - June month 598k unfavourable (YTD \$1.4m favourable). The YTD favourable is primarily due to vacancies in the Governance & Funding division and a lower level of expenditure for outsourced services, affiliation fees, consultancy, travel and catering expenses.

The full Financial Statements and Annual Report will be presented to the Committee following conclusion of the 2020/21 Year End Audit.

2020/21 IDF Washup - Planned net flows, after adjusting for agency transactions, of \$182m were exceeded by \$19.7m. Largely in inpatient activity \$13.7m. Represented by \$8.3m lower inflows and \$5.2m higher outflows. The next significant unfavourable variances were Outpatients \$3.1m and Community Pharmacy \$2m.

Other areas of variance include;

- The continued trend of PCT drug growth, \$624k greater than contract.
- The year saw significant movement in PHO payments as PHOs changed their DHB lead association. These movements are fiscally neutral but create significant cash flow impacts as they move between direct paid(monthly) and IDF paid (quarterly wash up).

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 June 2021.

Note this report was endorsed by the Executive Leadership Team on 3 August to go forward to the Board.

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

Glossary for Monthly Performance Scorecard and Report

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

Glossary

| | |
|----------|---|
| ACC | Accident Compensation Corporation |
| AEP | Accredited Employer Programme |
| ARF | Audit, Risk and Finance |
| 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 June 2021.

Brief July activity update

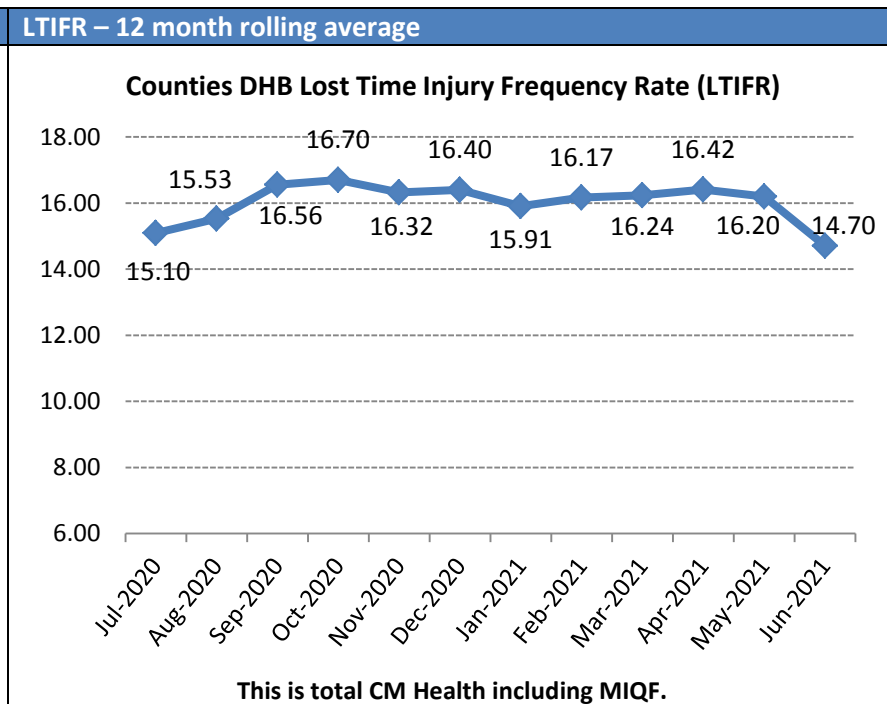
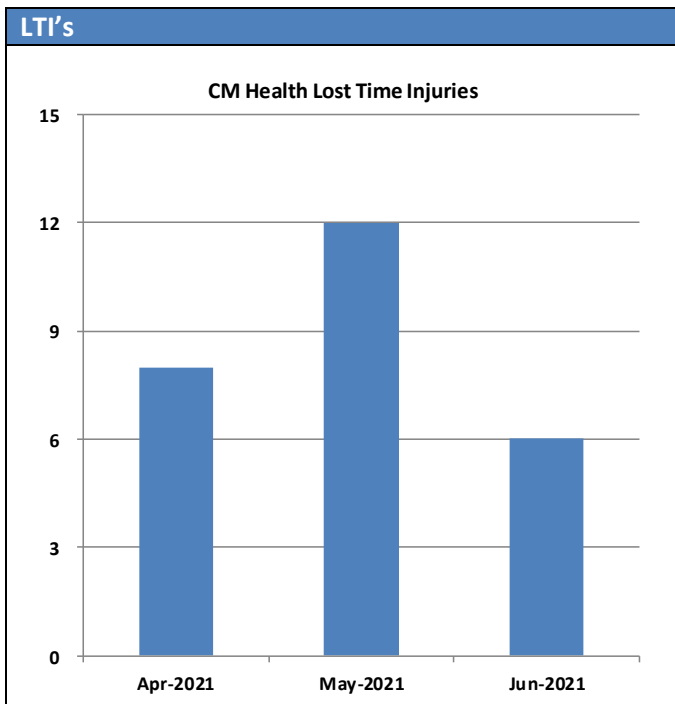
The H&S Business Partner has commenced work supporting MIQFs and Vaccination Centres and has spent time understanding the role, meeting the people she will be working with and arranging HSR training. The CM Health H&S Manager and H&S Business Partner commenced work in early July and are working through their induction.

An analysis of the respiratory mask fit testing program is underway with current data recording 7,298 mask fit test forms/records since the start of the programme. This does not include the group sessions held in the beginning of 2020. The Respiratory Mask Fit Test team are now working through the CM Health annual retest program.

Following on from the COVID-19 workers vaccination program at MMH, the Occupational Health nursing team are in the midst of the annual flu campaign with 2,663 staff members vaccinated up to 30 June 2021, along with 73 Students, contractors and volunteers.

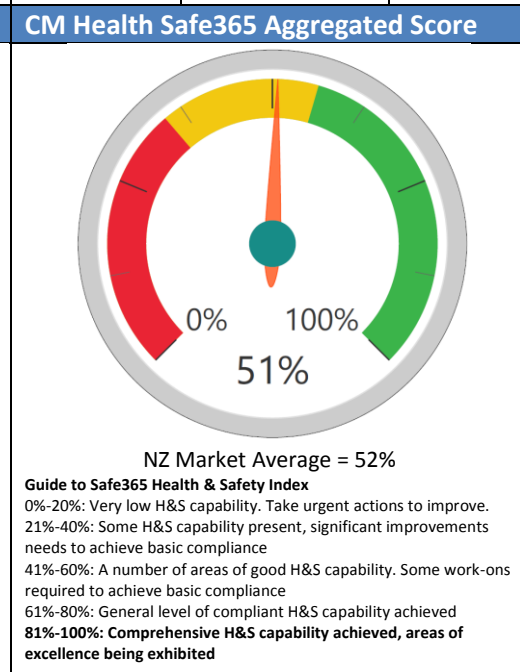
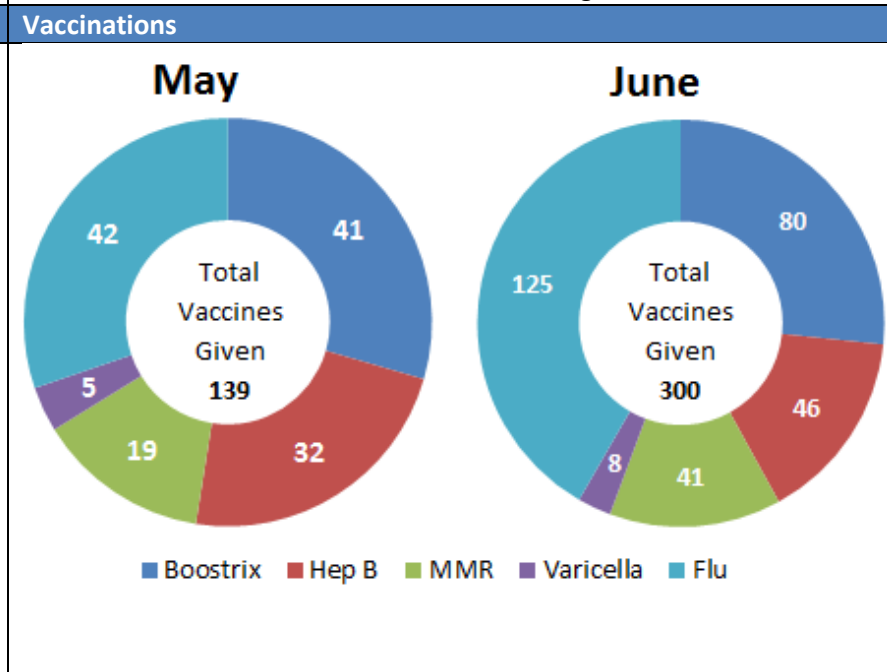
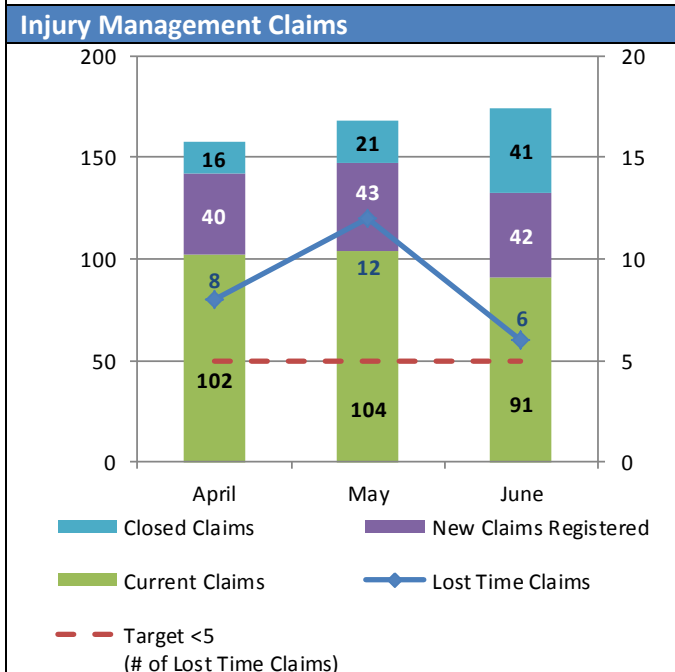
The Health and Safety team have sent out the newly developed manager's online self-assessment tool to all RC Managers with results expected electronically in two weeks time. This activity marks a change in the way OHSS monitor H&S activity in the work areas. The results will enable the OHSS to reach out to areas needing support and also celebrate great H&S activity. In 2022 the OHSS will roll out phase 2 of the new monitoring program with a 1-3 year internal verification audit program.

CM Health H&S Dashboard – June 2021



Critical Risk Incidents

| May | Risk | June |
|-----|-----------------------|------|
| 80 | Violence & Aggression | 70 |
| 25 | Moving & Handling | 34 |
| 20 | BBFE | 13 |
| 19 | Slips, Trips & Falls | 12 |
| 75 | Stress | 105 |



Executive Summary

Occupational Health

Onsite clinics for OHSS physicians were 101 in June when compared to 119 in May. OHSS nurse appointments were 179 in June, increasing significantly from 131 in May. This increase is attributed to the reopening of the staff vaccination clinic to staff that have completed their *Comirnaty (COVID-19) vaccination course and the roll out of the CMH influenza campaign. *Comirnaty refers to the vaccine for preventing coronavirus disease 2019 (COVID-19) in people aged 12 years and older.

Manager referrals in June (37) has decreased from May (43). The main reasons for these referrals in June were fitness to work due to physical health (13), returning to work post illness/ injury (11) and mental health concerns (5).

Contact Trace (CT)

Two contact traces were conducted during June - both were TB contact traces:

- ED and Ward 33N – all casual contacts.
- ED and Ward 7 – all casual contacts.

Occupational Health and Safety

HSR and specialised H&S related Training

HSR training has been advertised across CM Health with good uptake and a programme of training available for the rest of 2021 made available to HSRs. Specific training around joint PCBU responsibilities has been undertaken with key staff members, who oversee the management of contractors at CM Health.

OH&S Management System Audit Tool

The OH&S Management System self-assessment (Phase 1) electronic tool has been trialled within OHSS and was in the final stages of development in June 2021. A pilot was carried out in early July in ARHOP, with release to the rest of CM Health on target for mid-July. The verification audit has been prepared and continues to be planned for implementation in 2022; the possibility of using software to increase efficiency of completion is being investigated.

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. The Toolkit will be presented to HSRs at the Hub which is planned for August 2021.

Respiratory Face Masks

Retesting of staff that only passed the QSi Duckbill P2 respirator mask continued for the month of June. There has been more active participation from staff in attending a retest for alternative respirator masks. This is in conjunction with the additional help received from the three Mask Fit Test Administrators who assisted in streamlining the booking process and recalling of staff. Outstanding lists of staff that were previously contacted and have not rebooked an appointment were escalated to their corresponding managers.

The Mask Fit Team continued their operation despite the disruptions caused by the NZNO strike action. The team was asked to vacate the room allocated for mask fit testing on the week of the NZNO strike. A contingency plan was prepared and mask fit testing sessions were scheduled at ASRU in Otara and Toto Ora Dialysis Unit in Mangere.

The mask fit testers attended two hours of hands on practice using the TSI Portacount machine for 3M reusable respirators. This covered the following:

- Reusable respirator parts and functions
- Probing 3M reusable respirator models
- Type of filters required for the test
- Undertaking a Quantitative Fit Test using the Portacount
- Removing probes from reusable respirator
- Proper cleaning of reusable respirators and Portacount probing kit.

The training ensured that the in-house fit testers are not only competent fit testers for disposable respirators but are also educated in fit testing reusable respirators.

Finding rooms to carry out fit testing has been a constant challenge for the team. The Workspace committee has approved the use of the “fish-bowl room” in Galbraith building on a temporary basis, subject to the space being used “as is”. One further condition on use is that should the space be required down the line for any other purpose, the mask fit team will have to relocate and find existing space within their existing directorate which, should this occur, would pose a problem for the ongoing programme.

To ensure that New Zealand’s health and disability workforce have the N95/P2 respirators that are suitable for them and to service the requirements of New Zealand’s COVID-19 health system response, the Ministry of Health has donated a Portacount machine to CMH. This is with the intent for CMH to work collaboratively with primary and community care services. More work is underway in this space to work collaboratively in developing a protocol/process with Primary Health Organisations. This will require additional administration and support work from the CM Health team.

Since the start of the Respiratory Mask Fit Test programme, a total of 7,298 mask fit tests have been completed by the fit test team. This does not include the group sessions we conducted at the start of the 2020.

Violence and Aggression Project

The meeting of this group in June 2021 agreed that a pertinent review this group could undertake would be to look at verbal abuse occurring at CM Health. Agreement was reached that an organisation wide tallying would be completed. Possible formats for assessing type and frequency of verbal abuse, agreement of definition of verbal abuse and how long a period would be used i.e. two or four weeks.

Lone Workers Project

The Security team are continuing monitoring the app and are following up when activations happen, this process is now embedded and working well, the project team are now looking into who will take the app/project forward regarding training, on boarding and general maintenance, the security team will keep the monitoring and follow up of alerts functions, however an owner of the system needs to be decided on going forward.

Safety First has been adjusted to allow easier reporting of alerts that have involved notification to police.

Community Worker Safety

The WorkSafe Initiatives team / OHSS / Communities team managers have completed the first engagement session with workers at 2 CM Health locations. Feedback has been positive and a further review session will be facilitated to discuss the findings.

Managed Isolation and Quarantine Facilities – COVID-19 work

The OHSS Business Partner role has been appointed with the staff member starting in July. Proactive work has begun to ensure worker participation is integrated into the facilities with HSR training sessions scheduled for the 17 people identified as being interested in the health and safety representatives’ role.

Contractor Management

PCBU workshop took place in June 2021 and was well attended by OHSS, FEAMs and others that manage contractors as part of their roles. The course was facilitated by an EMA trainer and provided insight on the management overlapping duties amongst PCBUs.

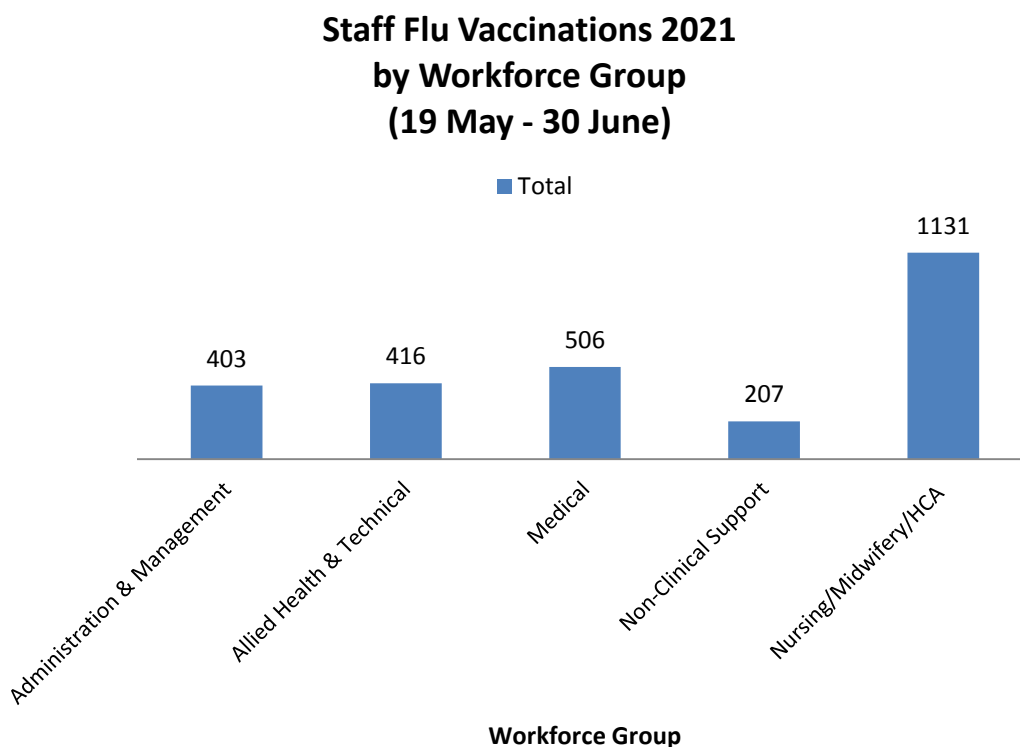
The governance Contractor Management Policy and Procedure is on track for implementation and will replace the existing documentation.

Staff Influenza Vaccination Programme

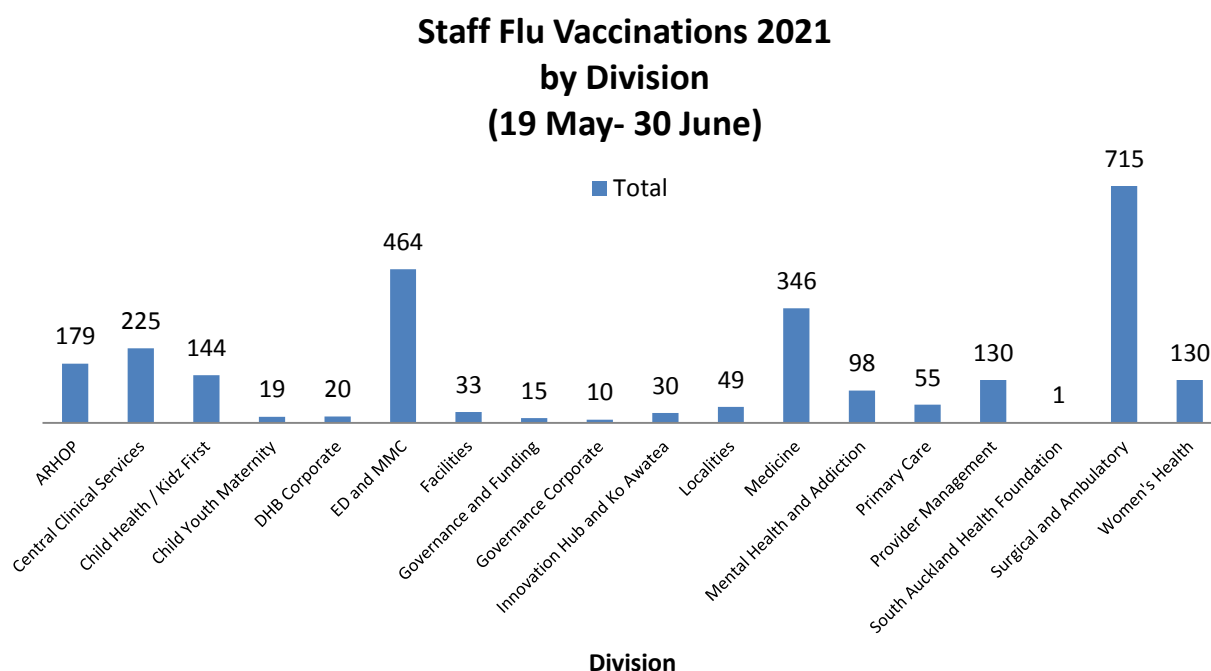
The Staff Influenza Vaccination Programme officially commenced for all staff on 21 May 2021, following a trial run from 19 May. Between the dates 21 May to 11 June flu vaccinations were given at the same location as staff COVID-19 vaccinations (Staff Vaccination Centre, Galbraith Building, Middlemore Hospital), utilising the vaccination team that were coming towards the end of their programme. From 14 to 24 June flu vaccinations became the only vaccine available at this location as the on-site COVID vaccination programmed for staff had finished. On 28 June the flu vaccination booth relocated to the Glass Corridor of Middlemore Hospital, with plans for a secondary booth for Manukau Health Park in July.

Flu vaccinations have also been available by appointment from 21 May at the OHSS Clinic and will continue to be for the entirety of the programme. Peer Vaccinators began to complete their training and Standing Orders from 18 June. Upon completion they are authorised to administer influenza vaccine under the scope of the Standing Order. Peer Vaccinators support the programme by enabling ease of access for staff to receive an annual influenza vaccination who may otherwise have difficulty attending one of our vaccination clinics.

As at 30 June, 2,663 staff members were vaccinated, along with 73 Students, contractors and volunteers. Nursing/Midwifery/HCA is the workforce group with the highest level of staff vaccinations (1,131).



Surgical and Ambulatory is the most vaccinated division with 715 staff, followed by ED and MMC (464), then Medicine (346).



Injury Management

In June, 42 new workplace injury management claims were registered, which is a decrease from May (43). There were six lost time claims reported in June which has decreased from twelve in May. A total of 91 claims were being managed by the Counties Manukau and WellNZ Case Managers in June.

Incident Reporting

During June there were 265 incidents reported which is a significant increase in comparison to May (241). 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 June (105) were stress related which has increased significantly in comparison to May (75). 95 of the 105 reported stress incidents in June related to inadequate/ unavailable staffing. Reported Aggression & Violence incidents for June (70) have decreased in comparison to May (80). Moving and Handling incidents for June (34) have increased in comparison to May (25). Seven of the 18 patient handling incidents reported action or behaviour of patient was a contributing factor and 3 of 18 a contributing factor was awkward position or posture while lifting/ handling or carrying patients.

The BBFE incidents in June (13) decreased significantly from the increase in May (32). This is also a significant decrease in the monthly average of 30. No patterns have been discerned from the BBFE incidents received.

Four MIQF incidents were reported in June, a decrease from seven in May. Of the reported incidents two related to moving and handling, one to aggression and violence, and one to stress. 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.

Event Requiring Notification to WorkSafe

There were no notifiable events in June 2021.

OHSS Communication Topics

The H&S communication for June was:

- Near misses and the importance of reporting to assist with identifying control measures that need to be reviewed to manage the risk.



H&S Communication No. 011: Near Misses



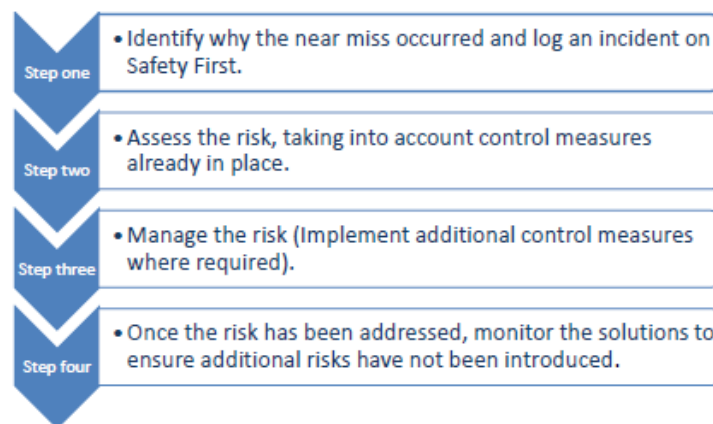
Near misses, or close calls, are events that didn't harm anyone, but could have. They are not accidents, but they could have been accidents if the circumstances had been slightly different. Near misses happen more often than you might think.

A near miss is an indicator that there may be a problem. It might not be a big problem. It could be that something is being used incorrectly. It may be that shortcuts are being taken. It might be an indicator that someone has not been trained on how to use something properly. Or a control measure has failed or is inadequate.

Near misses mean there may be room for improvement. While it may not be possible to eliminate all risks, a near miss is an event that tells us risk might not be suitably controlled. A near miss is an opportunity to consider whether something could be done better.



What to do if a near miss occurs



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;

- Everyone has a responsibility to report incidents, near misses and risks that are identified either through the online tool or a nominated person who will then enter it on the online tool.
The online tool is found here: <https://vmmh1rmp001.healthcare.huarahi.health.govt.nz/RMProWeb/Riskweb3.dl/FrmLogin>

Rangatiratanga - Leadership: Manager's responsibilities

- Managers have a key responsibility to help develop and maintain an environment that encourages reporting through the growth of a just culture.
- Managers need to facilitate the implementation of controls and ensure their effectiveness are monitored.
- Records of the discussion of this communication need to be kept for auditing purposes.

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

- Assist staff and your manager with reporting near misses.
- Assist managers with the facilitation and monitoring of controls.
- Place this communication topic on the staff noticeboard and assist with educating staff on how to report incidents.
- Escalate to the OHSS Team any matters that need to be raised.

Tools needed to communicate this topic;

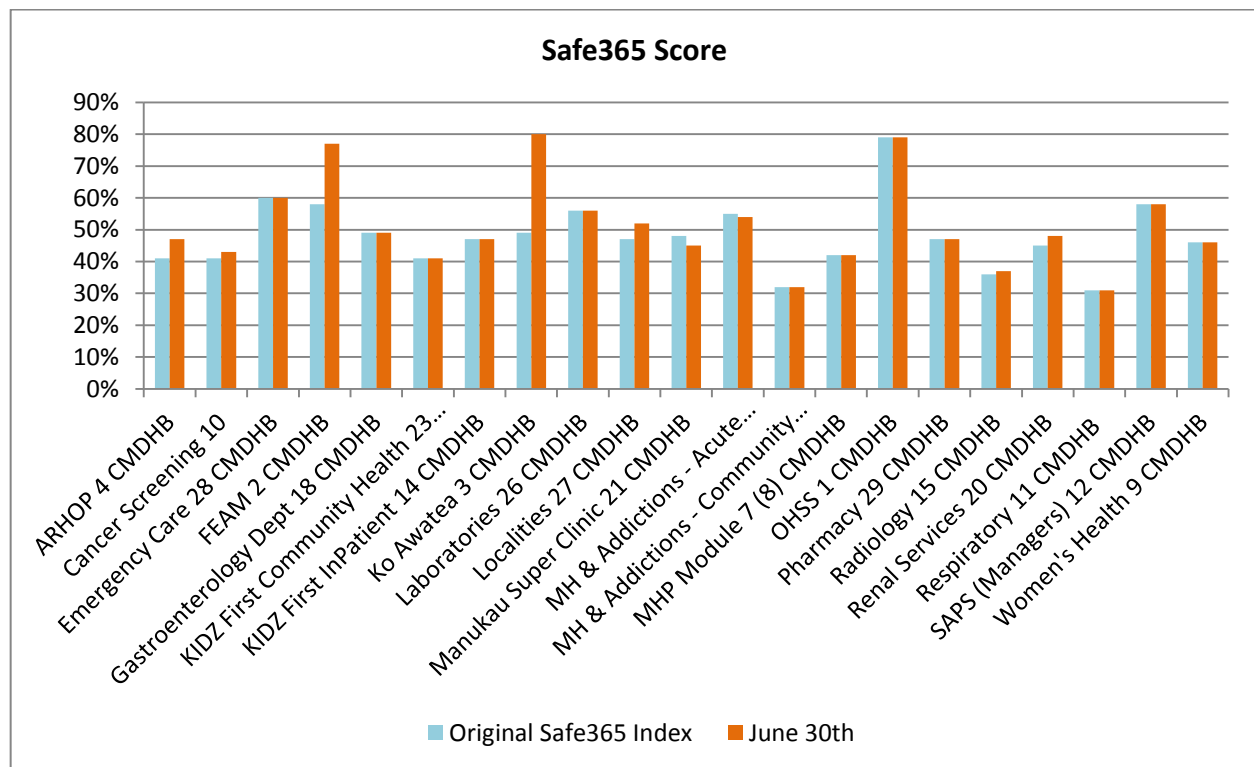
- Refer to the Incident reporting page on Paanui
https://cmhealth.hanz.health.nz/Feedback_Central/incidents/Pages/default.aspx

Figure 1: H&S Communication No. 011: Near Misses

Safe365

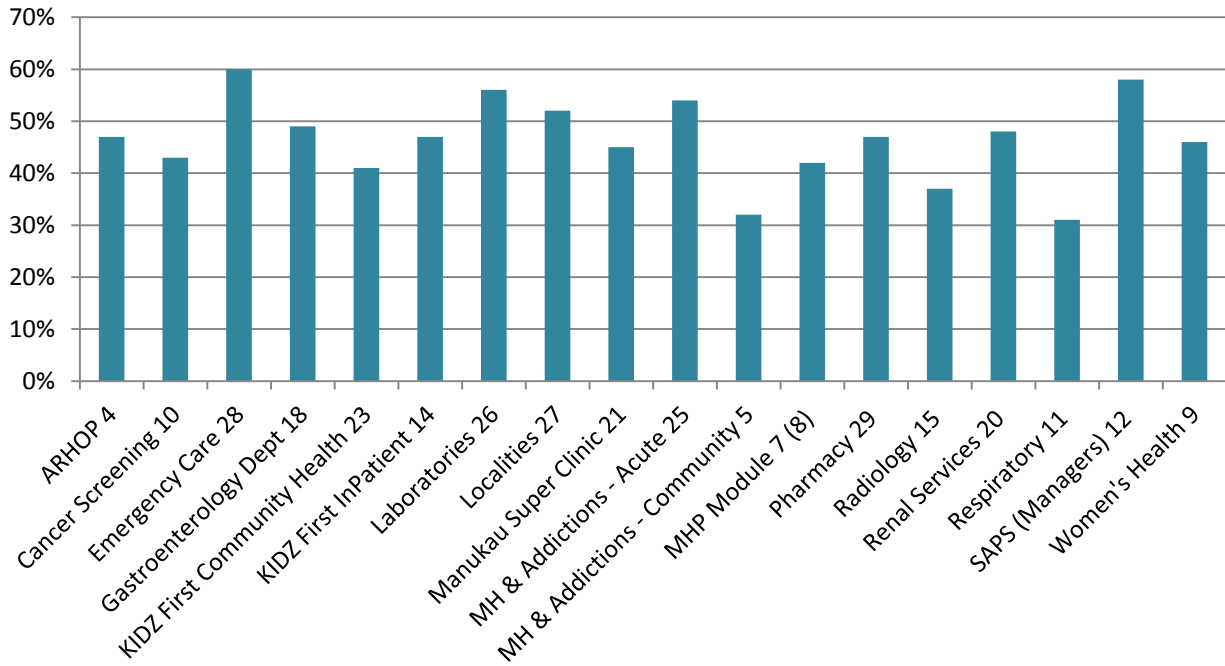
Activity for the period includes meeting with Manukau Health Park management to discuss how their Safe365 account can be most effectively utilised. It was agreed that this account would reflect the shared areas whilst individual modules would come under the accounts of their clinical division.

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.



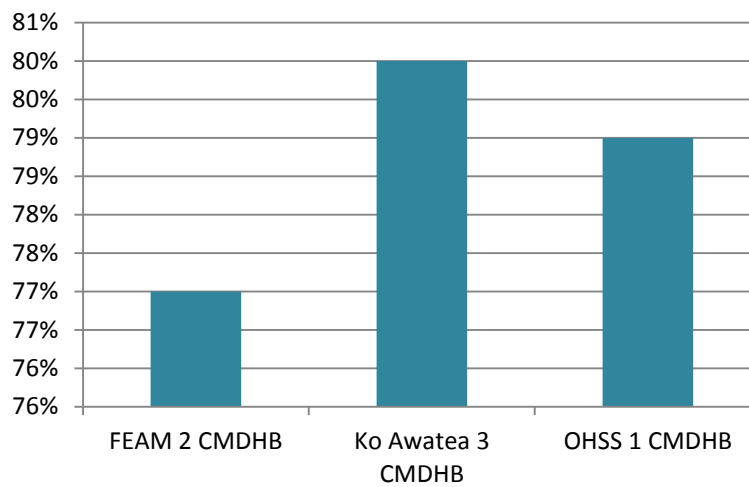
The graph above shows the comparison for each Safe365 account between the original assessment score and the current score as at 30 June 2021

Safe365 - Clinical Scores



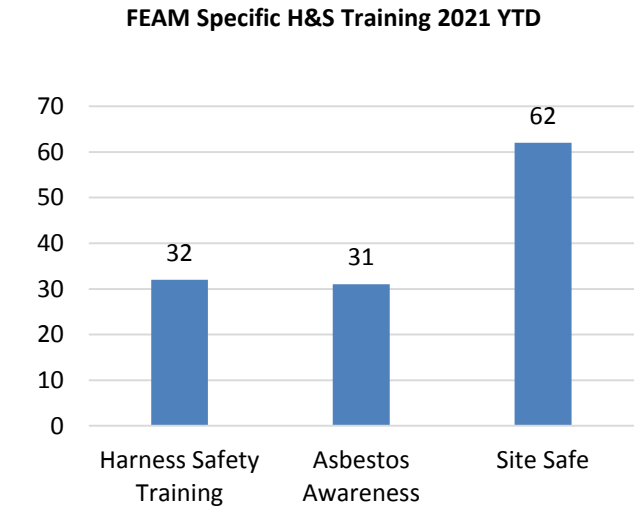
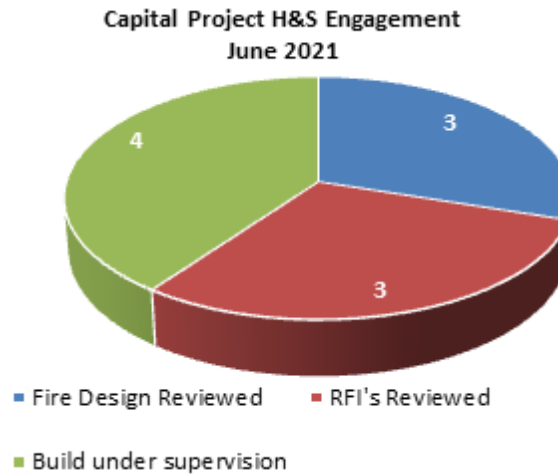
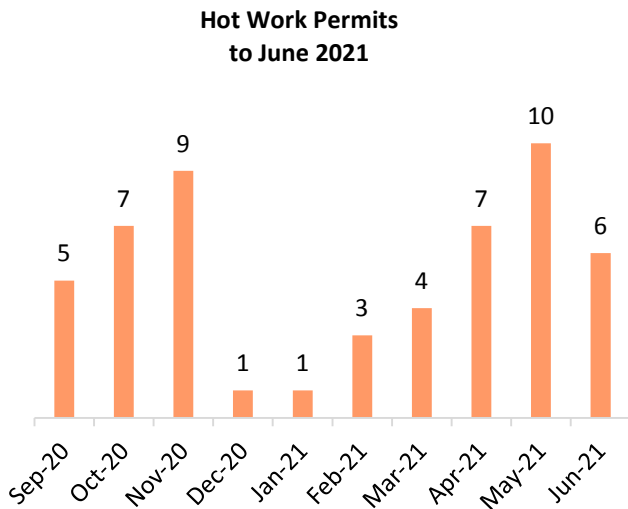
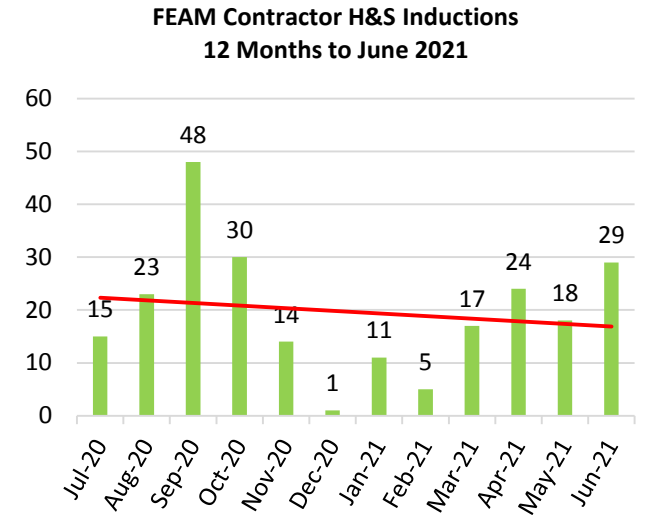
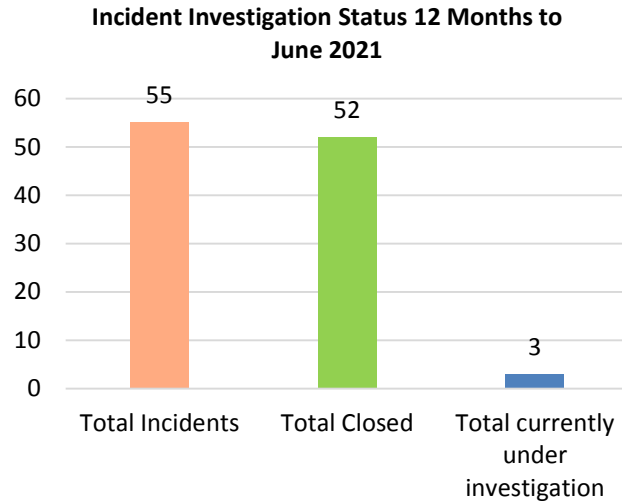
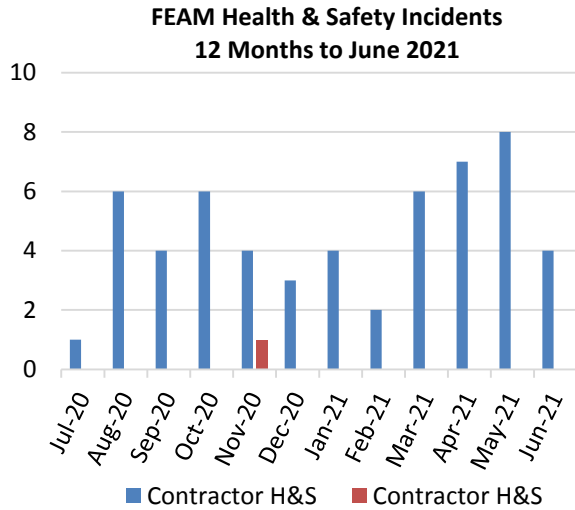
The graph above shows the current Safe365 scores across the clinical areas of CM Health as at 30 June 2021.

Safe365 Support Services

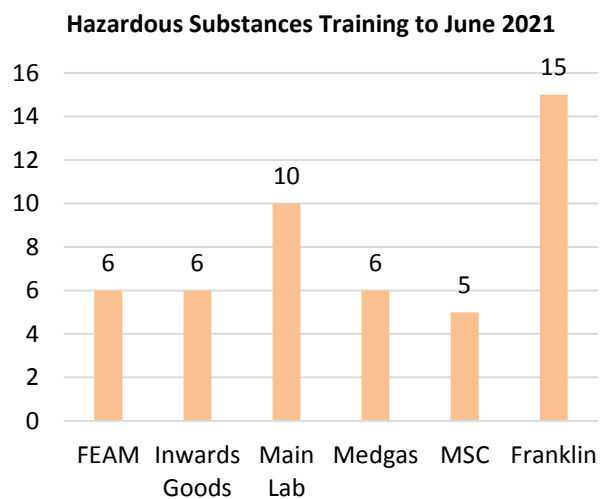


The graph above shows the current Safe365 scores across the support services of CM Health as at 30 June 2021.

FEAM Health & Safety Dashboard



This training is role specific. For example, all trades have completed harness safety in the event they are required to access a roof area



To date, this has been site specific relating to locations where high risk substances are stored.

| CM Health Asbestos Management Status | | Asbestos Rating | Status | BWof Current Status | |
|--------------------------------------|---------------------|-----------------|---------|-------------------------------------|------------|
| No. | Building /Site Name | | | Location | Due |
| 1 | Galbraith | Extreme | WIP | Transport Dental Units | 10/08/2021 |
| 2 | Bray | | | Puhinui School Dental Clinic | 15/08/2021 |
| 7 | Poutassi | | Managed | Chapel Downs School - Dental Clinic | 16/08/2021 |
| 11 | McIndoe | | | Engineering Workshop Building 53 | 17/08/2021 |
| 31 | Colvin Complex | | | Shelly Park - Dental Clinic | 22/08/2021 |
| 27 | F&E Management | High | Managed | No overdue BWof's | |
| 30 | Esmé Green | | | | |
| 40 | Oral Health | | | | |
| 43 | Transformer Room | | | | |

Permits to Work

Hot Work Permits

There has been an increase for requests on hot work permits from February onwards as capital project work progresses. Improvement has been identified through requests coming in a timely fashion and the correct process being adhered to.

As part of our continual improvement, a new monitoring system has been planned and agreed upon, where, there will be improved visibility for all FEAM team members of what hot work permits are currently issued. This will enable all FEAM team members to assist the FEAM H&S team with monitoring. This will be implemented next month.

Other Permits to Work

A review of the FEAM permit to work system is currently underway to ensure there is complete coverage of all high risk activities.

Currently, as an overarching control, no FEAM Team member or contractor is to engage in high risk work, such as that listed below, without a review of associated safety management plan and JSA's occurring prior to commencement. A FEAM permit to work must also be issued prior to commencement. This includes the following:

- Confined Space
- Excavations
- Hazardous Substances
- Hot Work
- Lockout/ Tagout Procedure
- Working at Height
- Asbestos Management Plan
- FEAM Emergency Business Continuity Plan
- High Hazard Electrical and Electrical Isolation
- Plumbing – particularly in combination with hazardous substances and confined spaces

Capital Projects

Minor Capital Projects

FEAM Health & Safety is currently reviewing the project lifecycle with the Minor Capital Works team, with a specific focus on health & safety. This includes identification of specific touchpoints such as review of RFI's (Request for Information) as part of the tender process), safety in design, assessment of safety management plans, monitor & review during the build activity period and close out & contractor performance review. Methods of engagement and collection of relevant data to assist health & safety management are currently being revisited.

Major Capital Projects

FEAM Health & Safety attend the fortnightly FEAM Internal Projects meetings and also the fortnightly Contractor Projects meetings to review progress and also give feedback to the relevant project teams.

FEAM proactively work with contractors to ensure good work site standards are maintained. FEAM is currently working with an onsite contractor to assist them in bringing more consistency to their site health & safety management. There were a number of low level issues identified; fortunately, none of significance or high risk. Those that were identified were confined to internal areas that are sealed and allow no unauthorised access. However, general site management, tidiness and consistency were found to be below that which FEAM expect. Nothing has been identified that could expose patients, CM Health staff, visitors and other persons.

Compliance

Fire Compliance

Passive fire remediation work is continuing for the whole 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. Fire safety training for all shifts has occurred at Tiaho Mai and the Auckland Spinal Rehabilitation Unit.

Asbestos

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.

FEAM is currently commissioning the three yearly update of asbestos surveys as required per the Health & Safety at Work (Asbestos) Regulations 2016. This work is currently being scoped and quotes being sought with potential providers.

Hazardous Substances

In our endeavours to provide assurance of the effectiveness of our risk management controls, an independent Hazardous substances audit is currently being commissioned to assist in identifying current gaps and improvement areas in the CM Health Hazardous Substances Management programme.

Facilities & Engineering Health & Safety

In our endeavours to provide assurance of the effectiveness of our risk management controls, an independent health & safety audit is currently being commissioned to assess the current performance of and further development needs of CM Health FEAM health & safety.

FEAM Health & Safety Training

Training completed to date in 2021

As part of our ongoing efforts to improve our risk management framework, FEAM team members have completed the following health & safety related training during June 2021:

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

4.2 Training currently scheduled

FEAM are currently scheduling confined spaces training and mask fit/ PPE for asbestos management through external providers.

Internal FEAM training on hazard identification & management is planned for August 2021.

Health and Safety Performance Scorecard

| Lagging Indicators | | May 2021 | June 2021 | Target |
|--|--|-------------|------------|------------|
| Reported Incidents | Counties Manukau Staff | 232 | 252 | ~ |
| | healthSource (hS staff working at CM Health sites) | 1 | 1 | ~ |
| | healthAlliance (hA staff working at CM Health sites) | 1 | 0 | ~ |
| | Compass | 0 | 1 | ~ |
| | Contractors | 2 | 2 | ~ |
| | Visitors | 5 | 9 | ~ |
| Near Miss reported Incidents | | 8 | 13 | ~ |
| Injury Claims | New Claims Registered | 43 | 42 | ~ |
| | Current Claims | 104 | 91 | ~ |
| | Declined Claims per month | 2 | 0 | ~ |
| | Closed Claims per month | 21 | 41 | ~ |
| | *Lost Time Claims | 12 | 6 | <5 |
| | *Days lost per month (due to Lost Time Claims) | 52 | 17 | ~ |
| | Lost Time Frequency Rate (LTIFR) | *16.20 | 14.70 | <10 |
| | Lost Time Severity Rate (LTISR) | *389.95 | 128.30 | <630 |
| | Claims costs (monthly) | \$159711.73 | \$74625.51 | ~ |
| Critical risk incidents | BBFE | 32 | 13 | ~ |
| | Aggression & Violence | 80 | 70 | ~ |
| | Moving & Handling | 25 | 34 | ~ |
| | Slips, Trips, Falls | 19 | 12 | ~ |
| | Stress | 75 | 105 | ~ |
| Leading Indicators | | May 2021 | June 2021 | Target |
| Pre-employment | Health screening | 89% | 92.83% | 100% |
| Clinic appointments | Dr & Nurse clinics | 250 | 280 | ~ |
| Vaccinations | Flu, dTap, VZV, Hep B & MMR | 139 | 300 | ~ |
| Safe365 activity and implementation | 30/30 accounts allocated* | 100% | 100% | 100% |
| Training & development (OHSS team) | *See detail below | 17 | 9 | ~ |
| OHSS Communications | June: 011: Near Misses | 1 | 1 | ~ |
| Risk Assessments completed | | ~ | 1 | ~ |
| Workplace Inspections | Workplace inspections were due June 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 June eleven incidents were reported in Safety First by contractors and visitors in total. These pertained to unauthorised access/ activity/ trespassing (6), physical assault (3), vehicle incident/ accident (1) and obstructed access/exit (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 | June LTIFR figure of 14.70 has decreased from May figure of *16.20. The previously reported figure for May was unavailable. <i>*Updated as per the revised reporting methodology implemented in March 2021</i> |
| LTISR | June LTISR figure of 128.30 has decreased significantly from May figure of *389.95. The previously reported figure for May was unavailable. <i>*Updated as per the revised reporting methodology implemented in March 2021</i> |
| Claims costs | Monthly claims costs have decreased significantly from \$159711.73 in May to \$74625.51 in June. The decrease in lost time claims (6 compared to 12 in May) is indicative of the decrease in cost as well as the cost of treatment in May related specifically to complex claims management. |
| Pre-employment Health Screening | *207 out of 223 PEHS for new starters were cleared to start work in June, which equates to 92.83%. 13 of the 16 new starters that haven't been cleared are due to their start dates being in July, August, September and December. |
| Dr & Nurse clinics | Significant increase in Occ Health clinic appointments in June (280) when compared to May (250) figure. This increase can be attributed to the vaccination clinic reopening to staff. |
| Vaccinations | Significant increase of vaccinations administered in June (300) when compared to May (139). This increase can be attributed to the vaccination clinic reopening to staff that have completed their Comirnaty vaccination course and the roll out the CMH influenza campaign. *Comirnaty refers to the vaccine for preventing coronavirus disease 2019 (COVID-19) in people aged 12 years and older. |
| 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. |

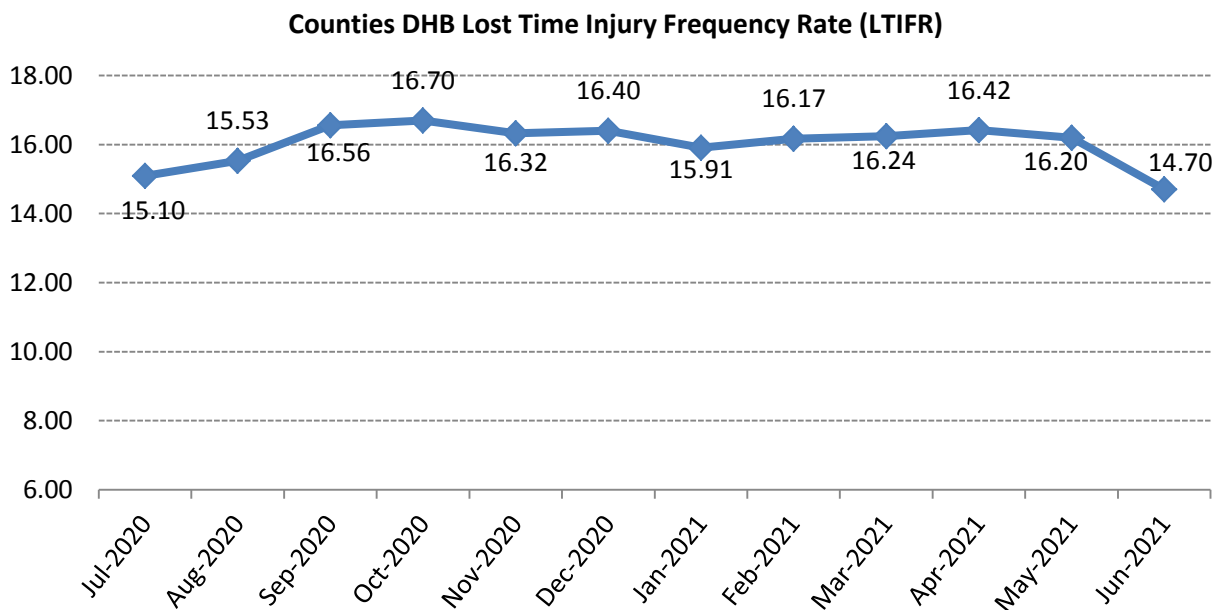
OHSS Training & Development Activity

June:

- H&S Incident Investigation and Prevention (2)
- Phriendly Phishing (2)
- Contractor Management (Shared PCBU) Workshop (4)
- Governance Training For BoDs and ELT (1)

LTIFR

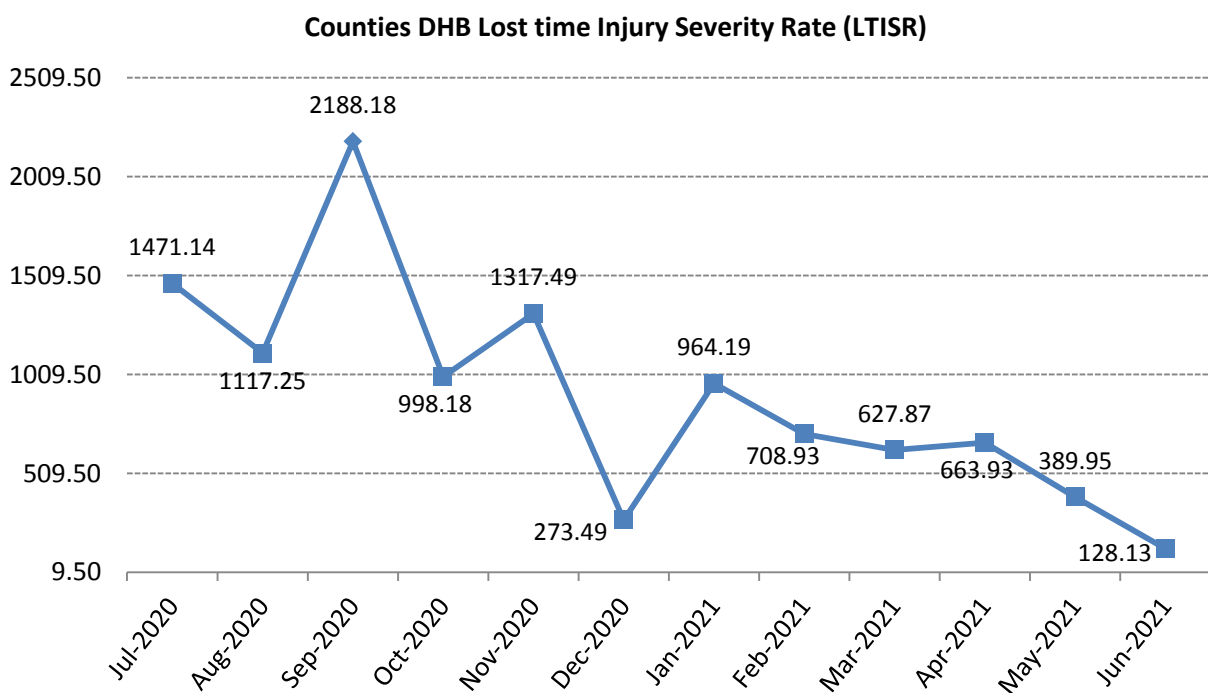
The total CMDHB LTIFR rolling average figure decreased in June to 14.70 from May which was 16.20.



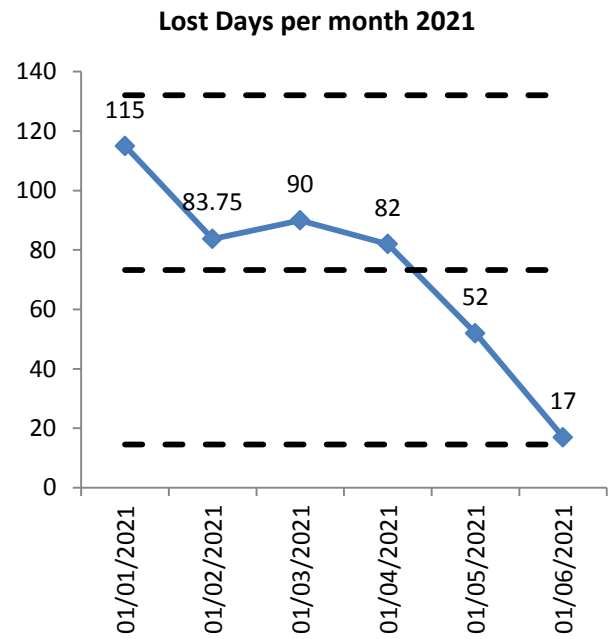
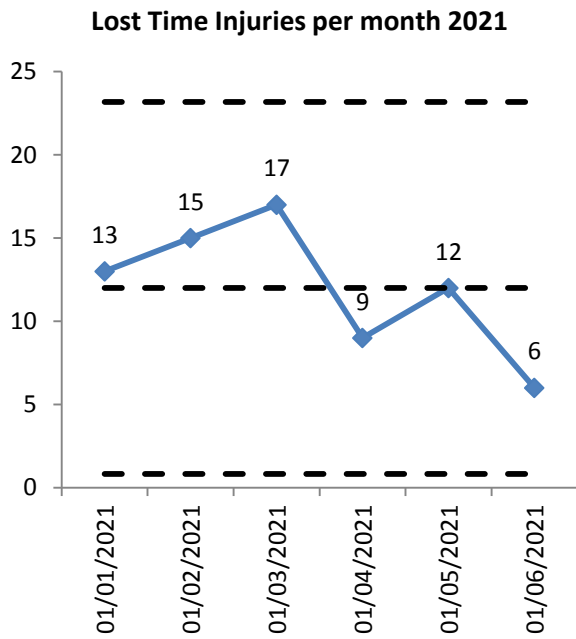
The LTIFR is calculated with the formula: $([\text{Number of lost time injuries in the reporting period}] \times 1,000,000) / (\text{Total hours worked in the reporting period})$. By calculating the rolling average of the LTIFR, the impacts of random, short-term fluctuations over the reporting period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

LTISR

The LTISR figure decreased in June to 128.13 from May which was 389.95.



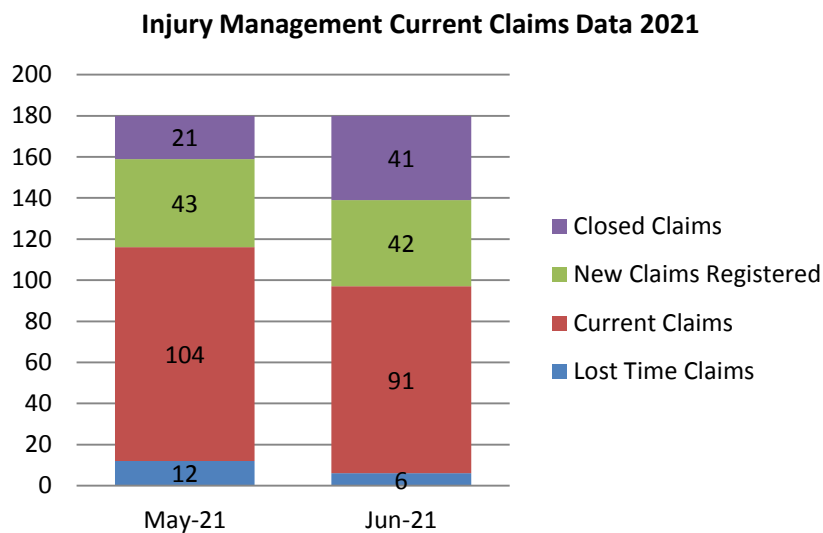
Days lost per month (due to Lost Time Claims) has decreased from 52 (from 12 lost time claims) in May to 17 days (from 6 lost time claims) in June. OHSS adopted a revised reporting methodology to backdate Lost Time Claims and Lost Days per Month totals. It is not uncommon for some LTIs to be reported late and this increase will reflect within the month the LTI/s occurred going forward.



Lost Time Claims June 2021

- 3x Sprain – knee, shoulder and upper arm sprain
- 2x Musculoskeletal – lumbar sprain
- 1x Other – dog bite

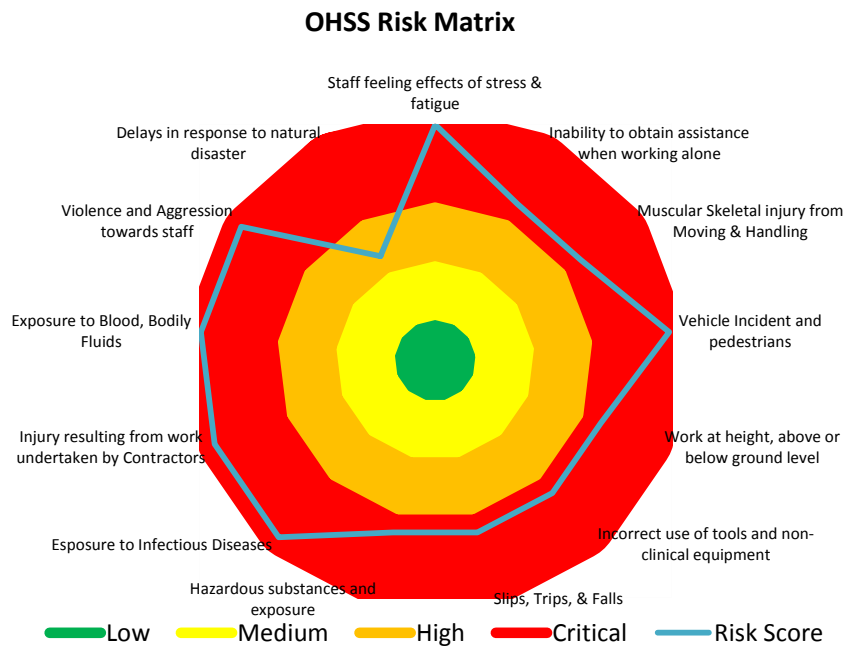
Claims Data (by month)



- In June, 42 new claims were registered with 6 lost time claims, compared with May where there were 43 new claims registered with 12 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 91 as at June 2021.
- There were no declined claims in June (0) compared to May 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.



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

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. The 20DHBs H&S managers continue to meet nationally and are currently working on a document review and Bow Ties risk assessment session with the aim of finalising the violence and aggression risk assessment documentation in preparation for presenting to DHB CEOs. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> The 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 July 2021. The WorkSafe innovations project is progressing with first investigation meeting scheduled for 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. | | | | |

- 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.

New Activity:

- OHSS have been invited to attend one of the “Wellbeing Collaborative” meetings to present on wellbeing support options for staff. This quarterly meeting includes leaders from various services within the ACaCS Division, with the aim of better understanding what options are available to staff and managers/ team leaders to manage staff stress.

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

| | | | | |
|---------------------------------|-----------------------------------|--------------------|----------------|----------|
| Risk Rating: Critical | Review Date: March 2022 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Almost Certain | Likely |
| | | <i>Consequence</i> | Moderate | Moderate |

Active Workflow:

- Occupational Health Nurses with the support of the Physicians follow up with incidents of BBFE that are reported to ensure immediate actions are taken.
- Trends in BBFE are sent on to clinical leaders for learning’s.
- 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:

- No new activity for 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:

- 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, with the annual fit test program being underway.
- Two Occupational Health Nurses were seconded full time during the COVID-19 vaccination program.
- The 2021 influenza campaign commenced in May 2021.

New Activity:

- H&S Business Partner has been seconded to support the MIQFs and vaccination Centres in Auckland

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 | | Current | 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: No new activity | | | | |
| <ul style="list-style-type: none"> • No new activity for this month | | | | |
| Risk: Musculoskeletal injuries sustained whilst moving patients and other manual handling tasks | | | | |
| Risk Rating: High | Review Date: March 2022 | | Current | 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 235 Allied Health Staff, 1520 Nursing Staff and 115 Orderlies. • From July 2020 onwards the scorecard now shows reporting by division with Surgery, Anaesthesia & Perioperative Services at a total of 179 to date, followed by 107 from Medicine/Acute Care/Clinical Sup and Locality Community Health Services on 81. • Update Training Sessions commenced in Sep 2020, total number to date is 38 Allied Health Staff, 124 Nursing Staff and 26 Orderlies. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • One full day orientation and one update sessions cancelled in June due to underutilisation. • Standardisation of equipment and procurement implementation process on-going. • Patient handling & mobility assessment due to go live in e-Vitals in early August. • Working with Clinical Engineering on an installation of ceiling hoists project across multiple wards. • Hosting an SPHM Educators Day (30th July) to update education team on best practice, review equipment options, and maintain professional development standards. | | | | |

| 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 in 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. • 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. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • Shared PCBUs Workshop was facilitated by an EMA trainer on 8 June 2021. It was well attended by OHSS, FEAMs and others that manage contractors as part of their roles. This workshop provided insight on the management overlapping duties amongst PCBUs. | | | | |
| 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. • A slip, trip, fall communication was sent out to HSRs as a reminder to focus on the possibility of wet floors due to the onset of winter. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • No new activity for this month | | | | |

| Risk: Falls from height (above or below ground level) | | | | |
|---|---|--------------------|----------------|--------|
| Risk Rating: *TBA once reassessed | Review Date: *TBA once reassessed | | <i>Current</i> | Target |
| | | <i>Frequency</i> | *Unlikely | *Rare |
| | | <i>Consequence</i> | *Major | *Major |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> FEAMs assess, manage and monitor workers working at heights at CMH sites. FEAMs manage the working at height and below ground level work procedures. Access to work at height areas is strictly controlled by FEAMs. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> Shared PCBU training for those managing / supervising contractors took place on the 8th of June 2021 and was well received. A meeting was held with OHSS and FEAMs in attendance to discuss the incident where a contractor was working on the roof of the Ko Awatea building without appropriate fall from height controls. The roof access was locked out whilst additional controls are being implemented including working with the contractor on safe ways of working. | | | | |
| * This risk will be discussed with FEAMs and a selection of workers and PCBUs before establishing the final risk scores and mitigation | | | | |
| Risk: Suboptimal evidence (through audits and monitoring) of adherence to H&S legislative requirements (legal) | | | | |
| Risk Rating: High | Review Date: September 2021 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Unlikely | Rare |
| | | <i>Consequence</i> | Major | Major |
| Active Workflow (Safe365) | | | | |
| <ul style="list-style-type: none"> Currently 30 Safe365 licences have been set up (as outlined above in the Key Indicators Commentary). The Safe365 information page on Paanui is in draft awaiting roll-out and will provide HSRs with links to resources and tips for increasing their compliance scores. The worker induction booklet has been updated and rolled out to provide current H&S information to workers. A 20 DHBs Safe365 benchmarking exercise has been completed to assist with establishing combined projects for increasing scores. CM Health achieved tertiary status at the ACC AEP audit in February 2021. The OHSS team subscribe to Safeguard magazine and WorkSafe and other industry media releases which provide updates on legislative changes and activity. The H&S self-assessment and audit program is on track to be implemented following the pilot being conducted and will assist in verifying the Safe365 assessment results. The OHSS team attended the Safeguard Conference to ensure they are kept up to date with current legislation and H&S activity. The OHSS H&S Advisor continues to work with service areas to assess and increase their Safe365 scores. The HR Director and OHSS Manager presented an update to SLT members on the current activity with Safe365. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> The managers online self-assessment tool is on track to be implemented in July, as well as the verification audit planned for roll out in 2022. OHSS has commenced the annual self-assessment process and is underway with requesting evidence from CM Health stakeholders. The results from this self-assessment are on track to be presented at the HSR Hub in August 2021. OHSS has appointed a Risk and Assurance Manager to manage the risk, governance H&S documentation (HSWMS) and internal audit program. | | | | |
| *HSRs will be consulted to reassess this risk following the implementation of OHSS self assessments and 3 year audit program | | | | |

| Risk: Lone Workers unable to access immediate assistance during an emergency situation | | | | |
|---|---------------------------------------|--------------------|----------------|----------|
| Risk Rating: High | Review Date: September 2021 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Possible | Unlikely |
| | | <i>Consequence</i> | Major | Major |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> The new app standard operating procedures and the escalation process have been implemented Security monitoring the app 0700 to 1900hrs and the telephony office between 1900 and 0700hrs Pilot phase for Lone Worker app (Get Home Safe) extended to more of the business. The project team are reviewing and developing additional methods to establish usage of app. A survey has been conducted involving users of the app with 99 responses received. Feedback was positive and helpful to the project team. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> Safety First has been amended to allow easier reporting. | | | | |
| Risk: Wellbeing of staff adversely affected by aspects of work | | | | |
| Risk Rating: High | Review Date: September 2021 | | <i>Current</i> | Target |
| | | <i>Frequency</i> | Likely | Possible |
| | | <i>Consequence</i> | Moderate | Moderate |
| Active Workflow: | | | | |
| <ul style="list-style-type: none"> 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. The 'Speak Up' programme refresh was launched in May 2021. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> Two new workshops; Managing Self through Change and Leading through Change have been developed as part of the Team and People Development service offering to complement the range of services and resources | | | | |

| Risk: Failure to have adequate identifiable worker participation in HSW management system (legal) | | | | |
|---|-----------------------------------|--------------------|----------------|--------|
| Risk Rating: High | Review Date: March 2022 | | <i>Current</i> | 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 and have been fully booked for 2021. • 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. • 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. • 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. • OHSS are progressing with the development of a HSR toolkit which will be presented to HSRs attending the planned HSR Hub in August 2021. | | | | |
| New Activity: | | | | |
| <ul style="list-style-type: none"> • HSR specialised H&S Training that took place on the 1st of June (Hazard ID & Risk Management) and the 15th of June (Incident Investigation and Prevention) was well received and attended. <p><i>*OHSS are yet to consult HSRs to reassess this risk due to current controls and activity in place.</i></p> | | | | |

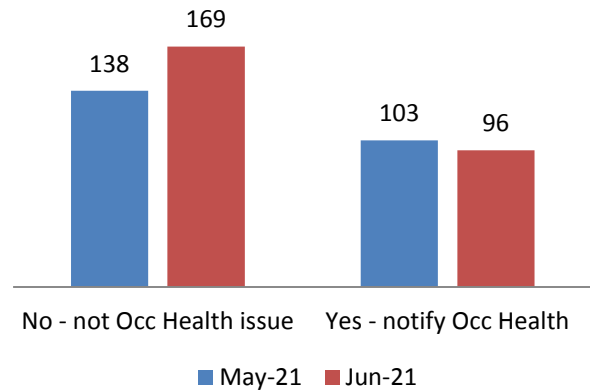
Reported Incidents

Monthly total of incidents reported in June (265) increased significantly in comparison to May (241). These totals include incidents reported by staff, visitors and all contactors (healthAlliance, healthSource, Compass and FEAMs).

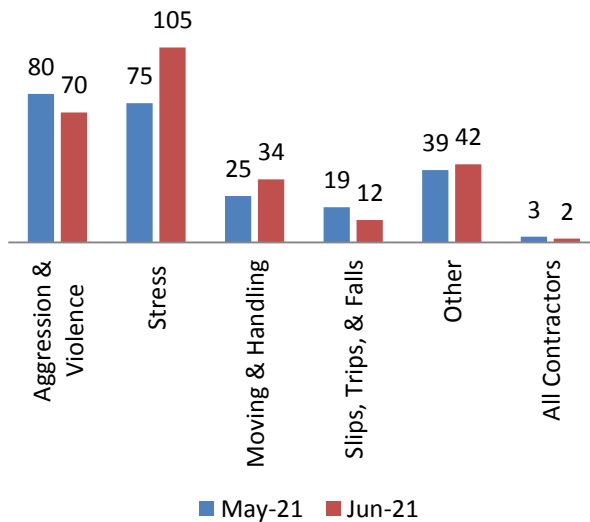
Data on Incidents reported:

- Aggression & Violence:** Remains in the top three incident rates. A decrease in incidents reported observed in June (70) in comparison to May (80).
- Stress:** A significant increase in reporting observed in June (105) in comparison to May (75).
- Moving and Handling:** An increase in reporting in June (34) in comparison to May (25). The proportion in June that related to having occurred during moving / handling of patients (18) has increased when compared to May figure (12).
- Slip/Trip/Fall:** A decrease in reporting in June (12) in comparison to May (19).
- Other:** Reporting in June (42) has remained consistent when comparison to May (39).

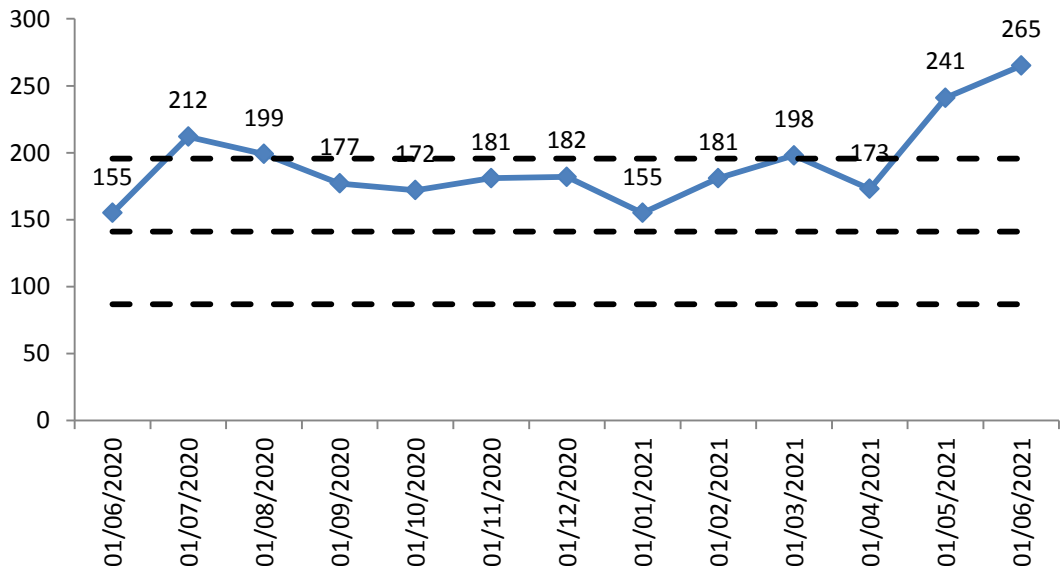
Review of classification by reporting staff of employee incidents, whether an OHSS issue or not, 2021



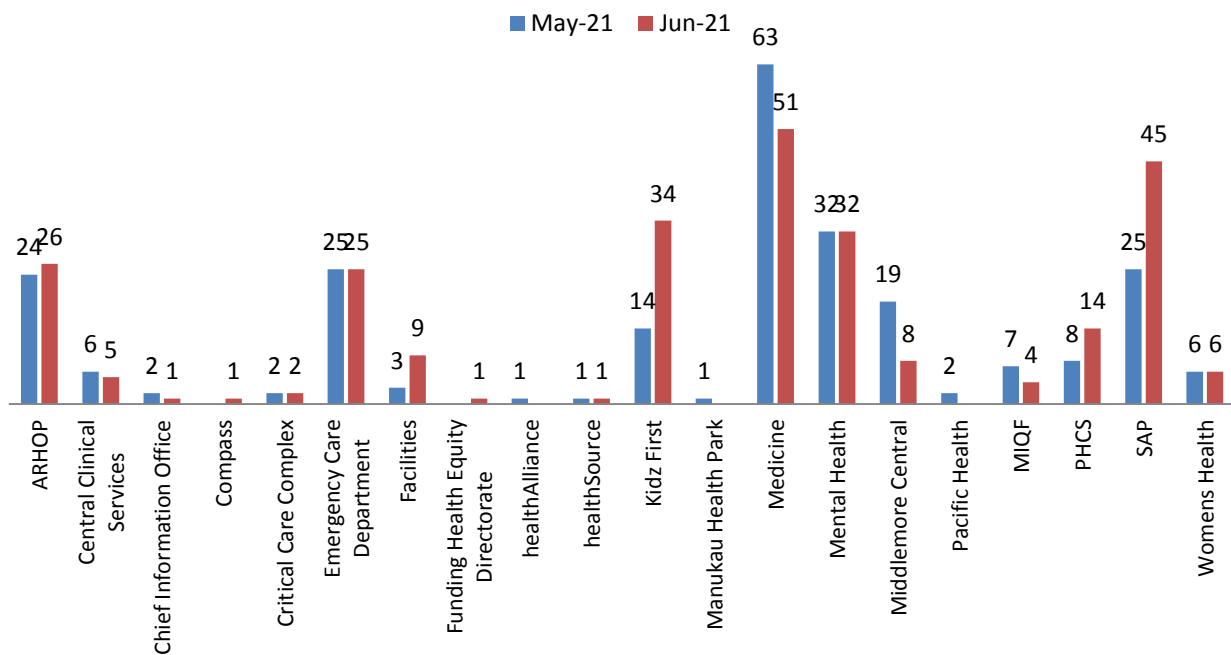
Number of Incidents Reported Related to Type



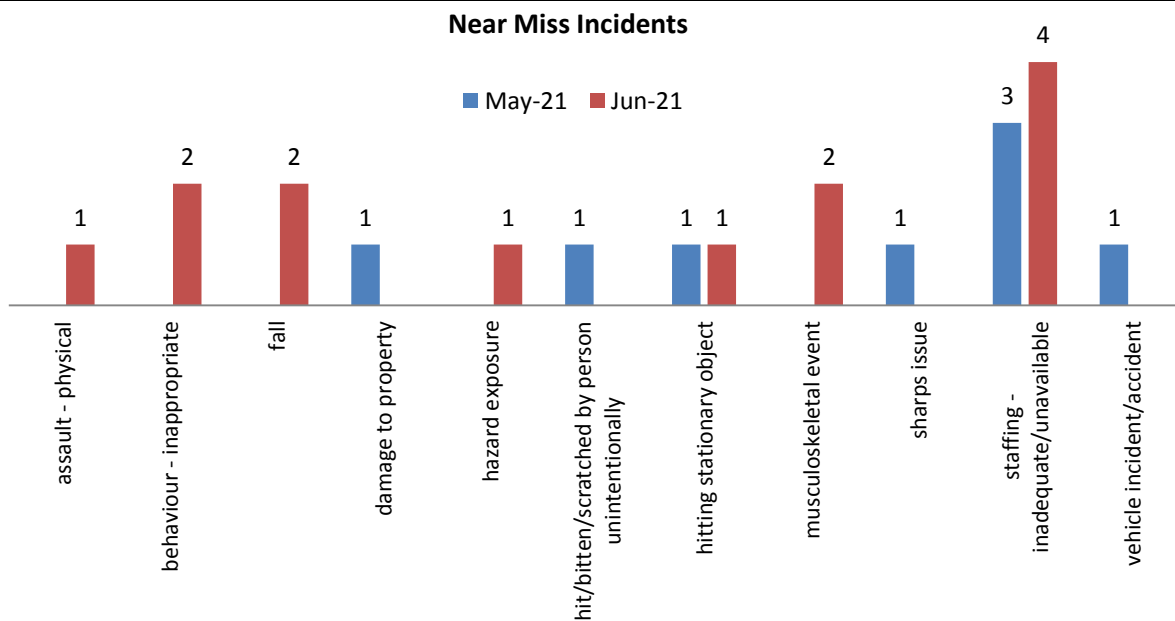
Number of Incidents Reported per month in 2020/21



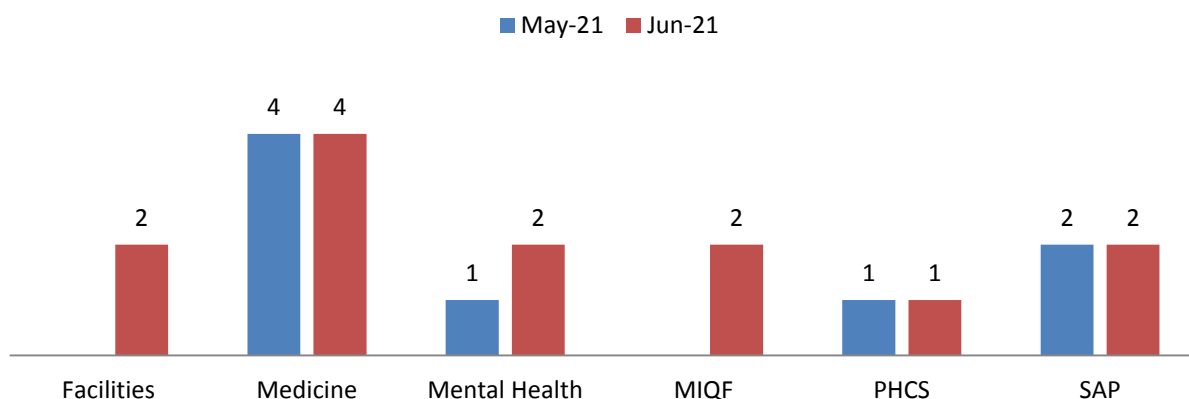
Incidents by Division



Near Miss Incidents



Near Miss Incidents by Division

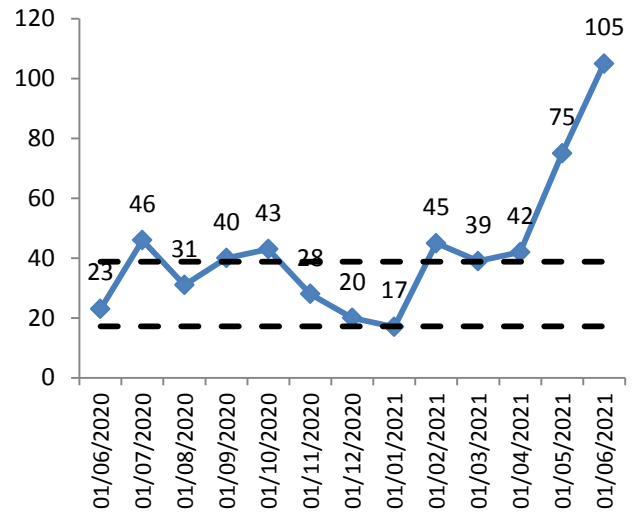


Staffing inadequate/unavailable, Stress

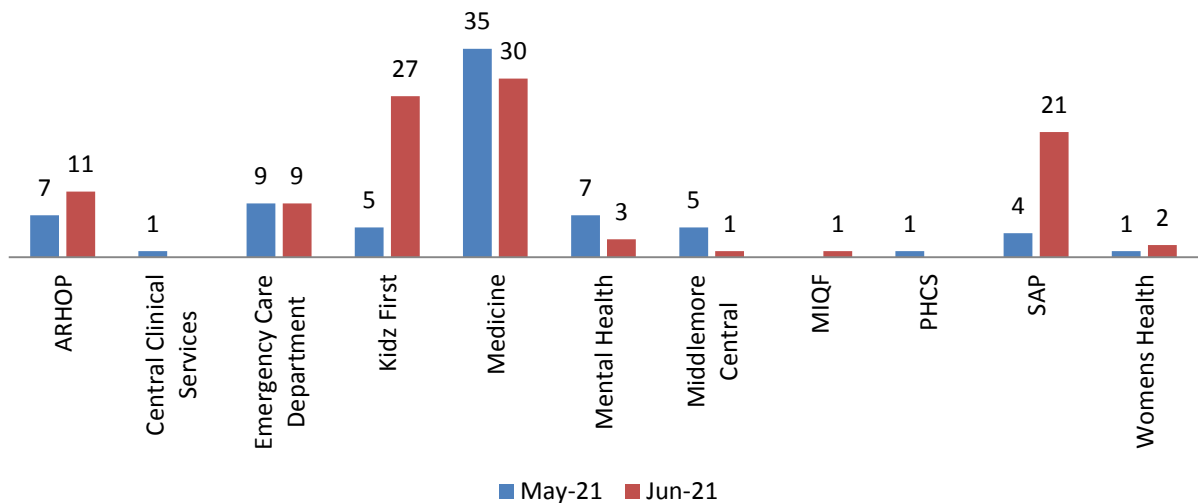
- Reports of staffing inadequate/stress in June (105) have increased significantly from May (75).
- Majority of incidents reported from Medicine and Kidz First.
- Main contributory factors reported in June were insufficient availability of staff, sickness/absence of staff, assistance unavailable and acuity / mix of patients.

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

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



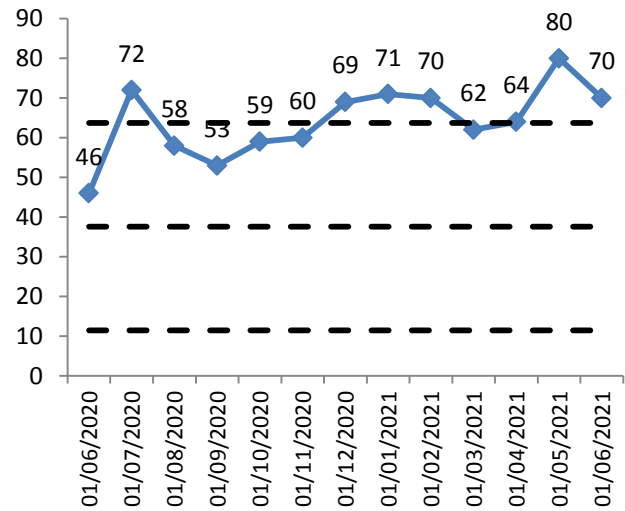
Number of incidents Reported Related to Staffing Inadequate/Stress by Divison



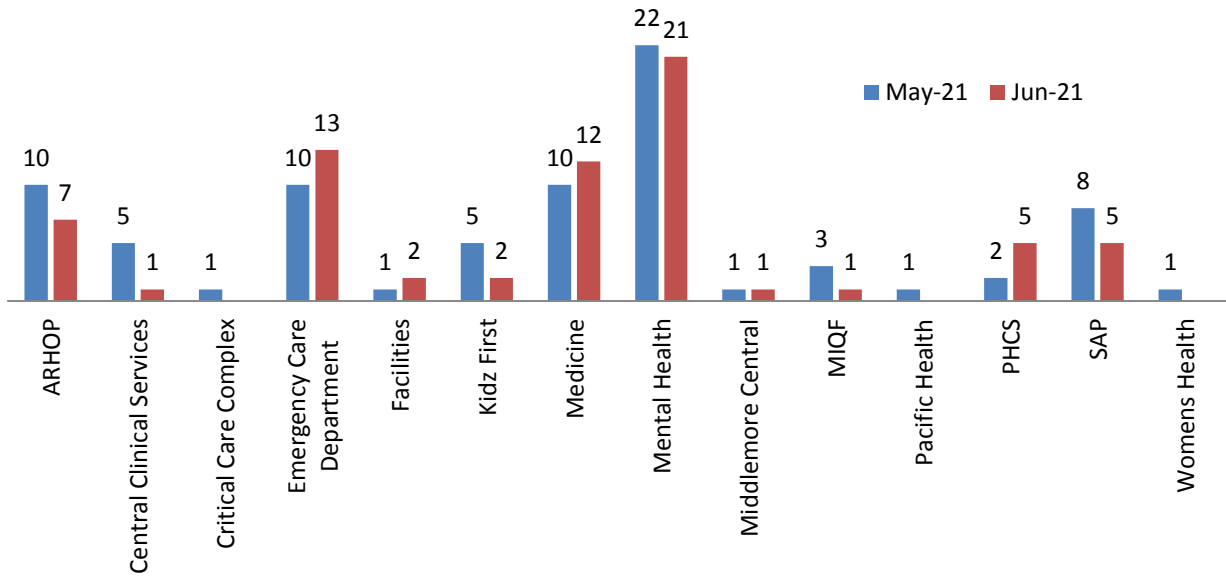
Aggression and Violence

- Aggression and violence monthly figure for June (70) have decreased in comparison to May (80).
- Code Orange (ED)
 - June = 3 – 1 alcohol, 0 drugs involved
- Record of 777 Security Calls
 - June = 54
- Aggressive/ threatening behaviour and physical assaults were the contributing factors.

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



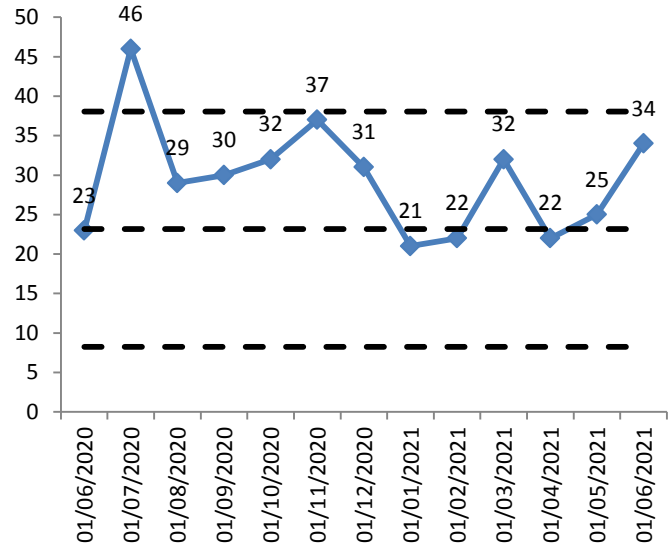
Number of Incidents Reported Related to Aggression & Violence



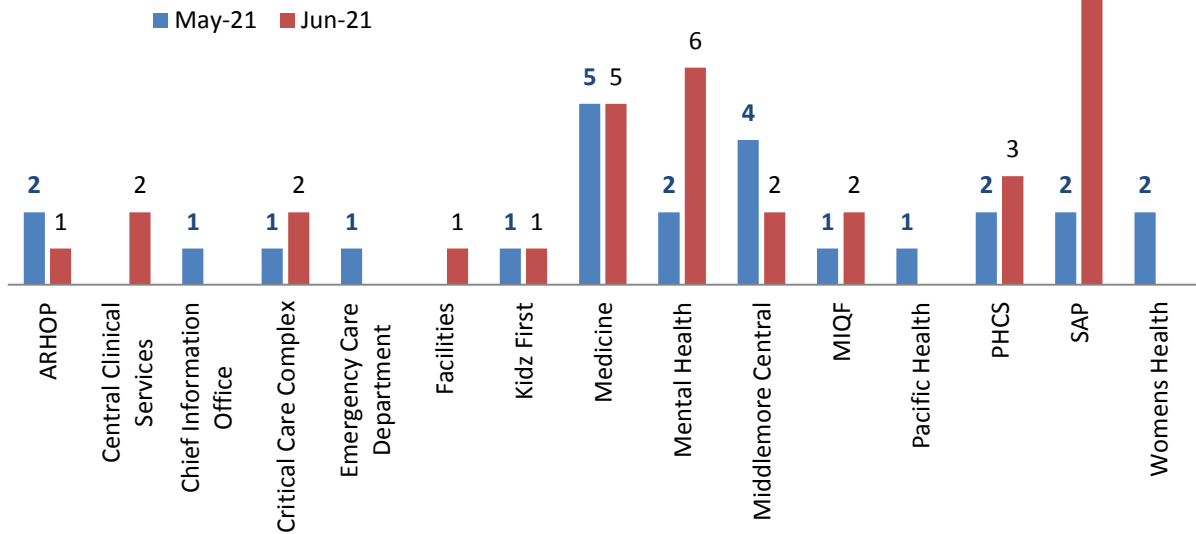
Moving and Handling

- June (34) figures have increased slightly in comparison to May (25).
- 18 injuries reported in June occurred while moving / handling a patient, an increase from the figure in May (12).
- The majority of patient handling incidents reported were related to the action or behaviour of patient/ employee.
- The majority of non-patient handling incidents were reported as being due to awkward position/posture.

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



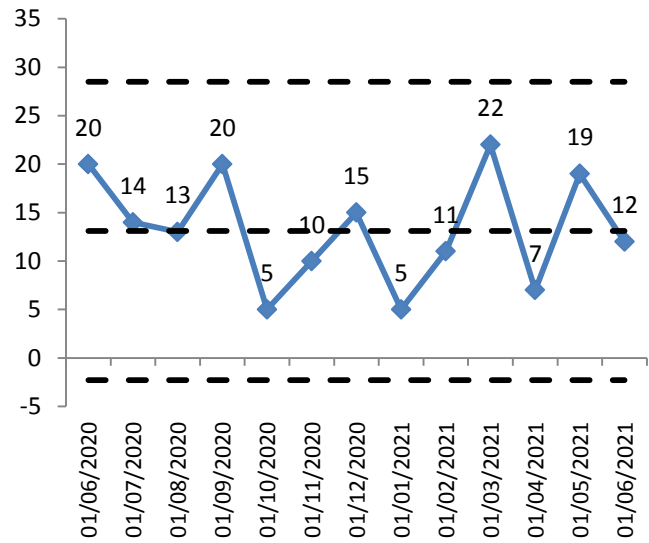
Number of Incidents Reported Related to Moving & Handling



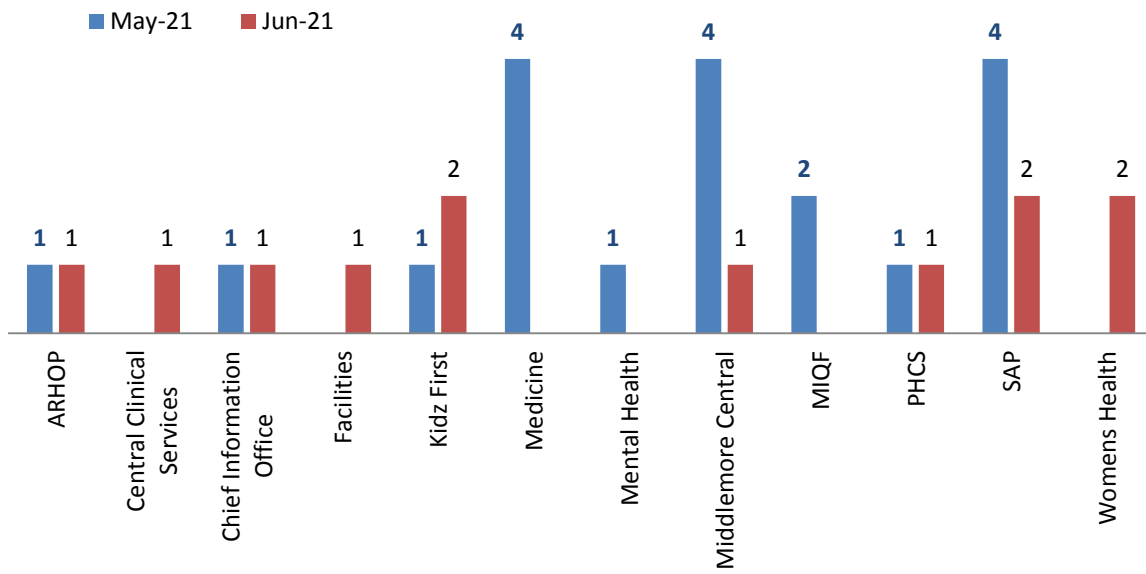
Slips, Trips and Falls

- Slips, Trips and Falls monthly figures in June (12) have decreased from May (19).
- Slip/ tripped/ stumbled and slippery/ wet surfaces were listed as the predominant contributory factors.
- The H&S Team included information on the risks of slip, trip and falls over the wetter months in the monthly communication email, reminding workers to wear sensible shoes, be aware of the surfaces they walk on and report all STF incidents and near misses.

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



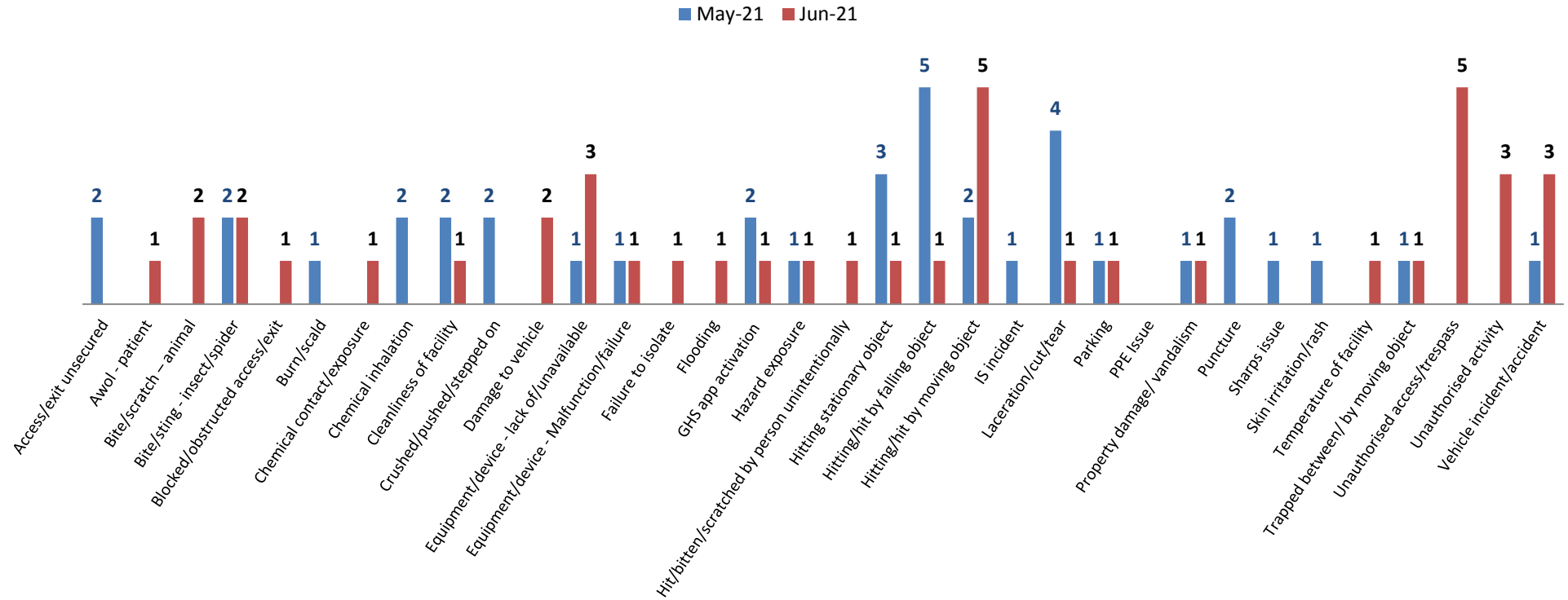
Number of Incidents Reported Related to Slips, Trips & Falls



Other incidents

Other incidents in June (42) have increased in comparison to May (39).

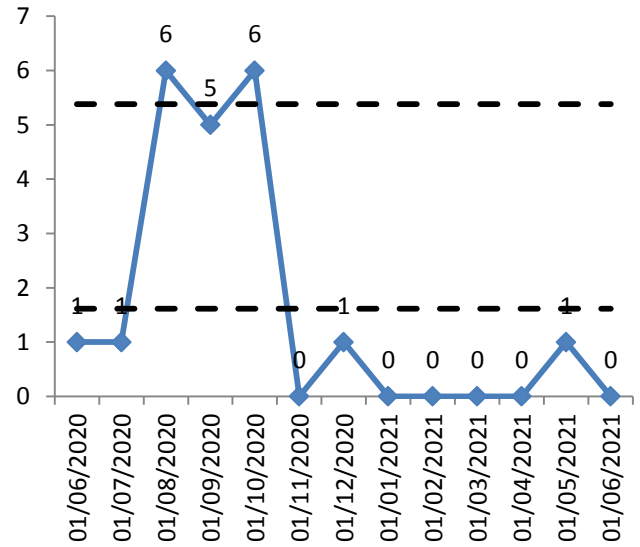
Number of Incidents Reported Other than Those in Five Identified High Risks



healthAlliance Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There was no Hazard/Incident reported for June, compared to one in May.

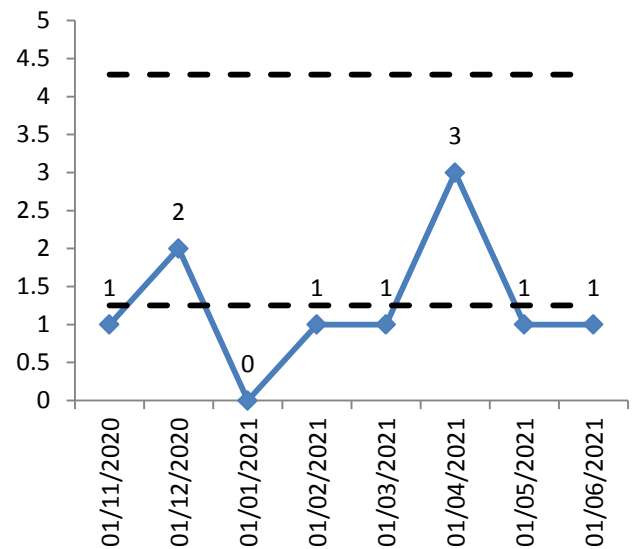
Number of Reported healthAlliance Incidents per month in 2020/21



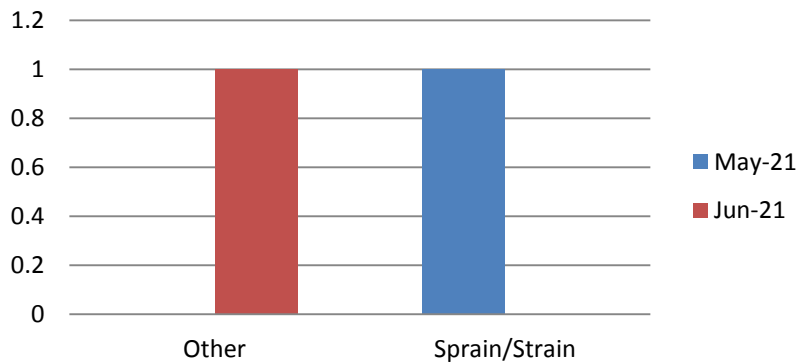
HealthSource Incidents

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

Number of Reported HealthSource Incidents per month in 2020/21



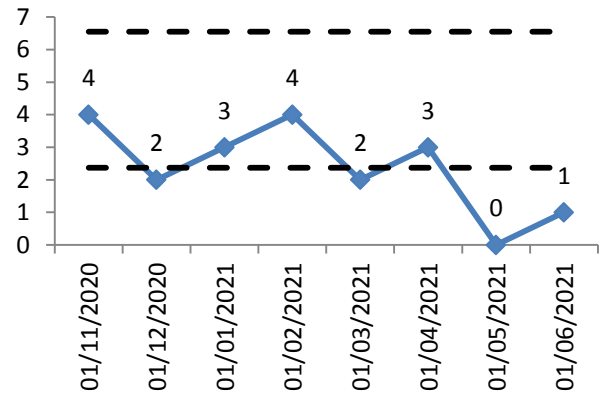
HealthSource Incidents by Type



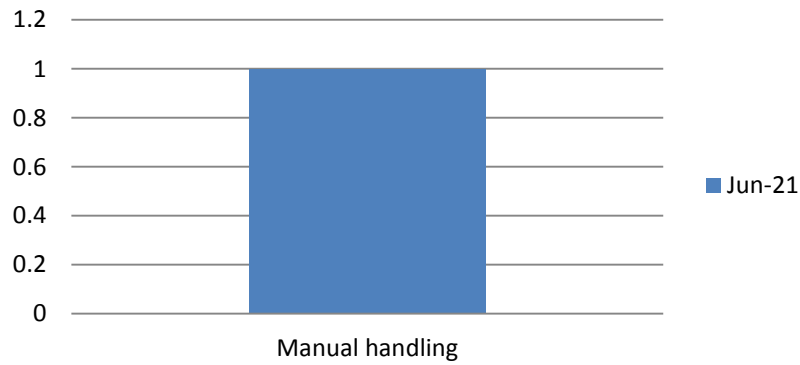
Compass

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
There was one Hazard/Incident reported for June.

Number of Reported Compass Incidents per month in 2020/21



Compass Incidents by Type

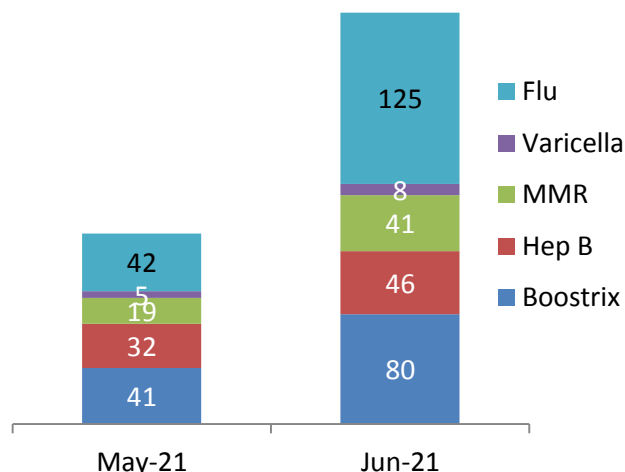


Occupational Health Service Update

Vaccinations:

There has been a significant increase in vaccinations administered in June due to the vaccination clinic reopening following staff completing their Comirnaty vaccination. Influenza vaccination is also offered to all staff who come to Occupational Health for a vaccination.

Vaccinations Data 2021



Clinic Appointments:

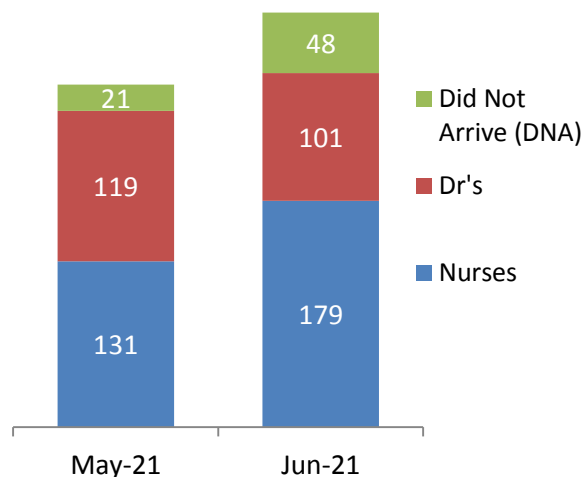
There were 179 OHN clinic appointments in June in comparison to 131 in May. This increase is due to the clinic opening up for staff vaccinations following the completion of their Comirnaty (COVID-19) vaccination courses.

OHP clinic appointments in June (101) decreased from May (119).

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

There were 48 DNA’s for June compared to 21 in May.

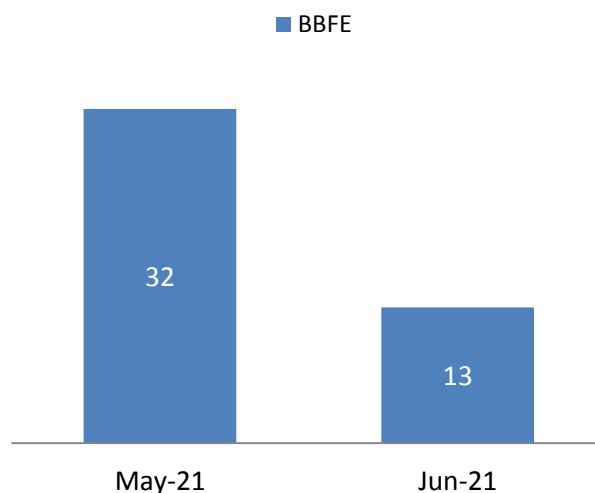
Clinic Appointments Data 2021



Blood Bodily Fluid Exposure:

BBFE for June (13) has decreased significantly in comparison to May (32). This is also a significant decrease in the monthly average of 30. No patterns have been discerned from the BBFE incidents received. Incidents are investigated and managed by the Occupational Health nursing team.

BBFE Incidents 2021



Manager Referrals:

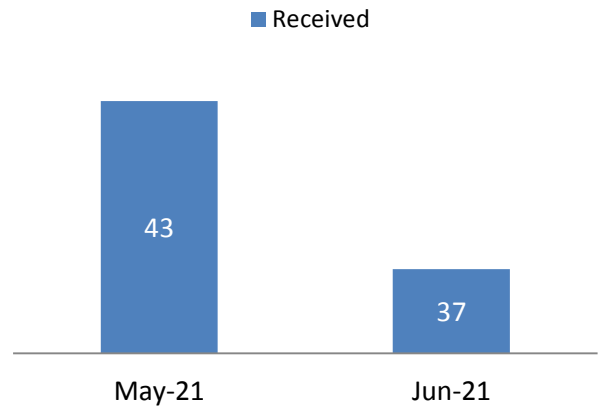
Manager referrals for June (37) has decreased in comparison to May (43).

Contact Tracing:

There were 2 contact traces conducted during June and 4 in May.

Both contact traces were for tuberculosis (TB) and involved the Emergency Department, Ward 7 and Ward 33 North.

Manager Referrals 2021

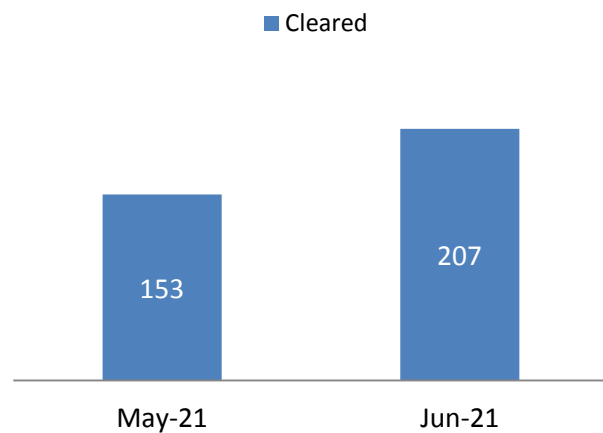


Pre-employment Health Screening:

Pre-employment Health Screening for new starters commencing employment in June (207) has increased significantly in comparison to May (153).

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

Following an increase in staff shortage/stress incidents being reported, OHSS are carrying out a review of this risk. A risk assessment is underway. The following graphs represent incidents reported in SafetyFirst and Raise (EAP) counselling sessions up to June 2021.

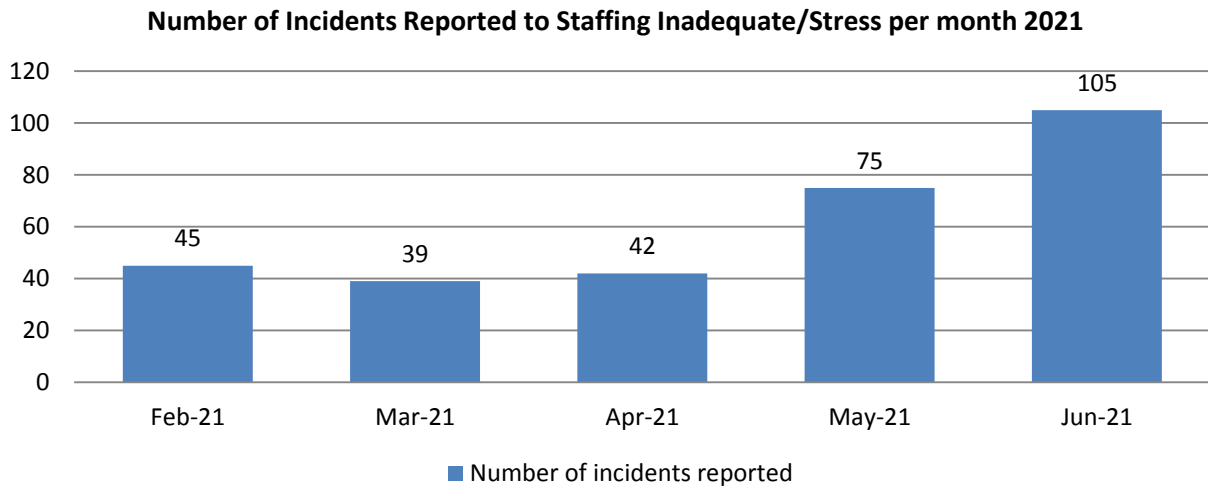


Figure 2: Safety First - Number of Incidents Reported to Staffing Inadequate/Stress per month 2021

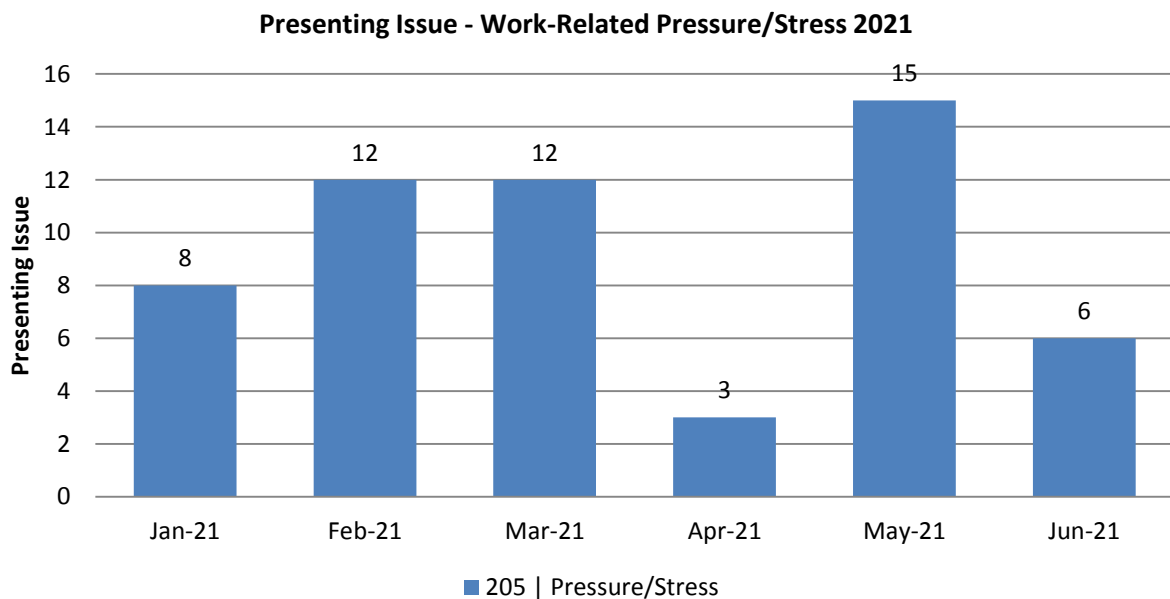


Figure 3: Raise (formerly EAPworks) Presenting Issue – Work Related Pressure/Stress 2021

Appendix 2

EAP reporting (June 2021)

Work-Related / Personal Issues

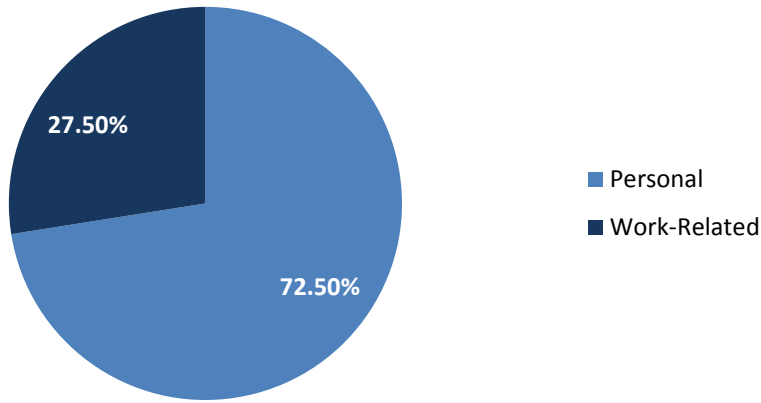


Figure 4: Work related v personal issues June 2021

By Presenting Issue

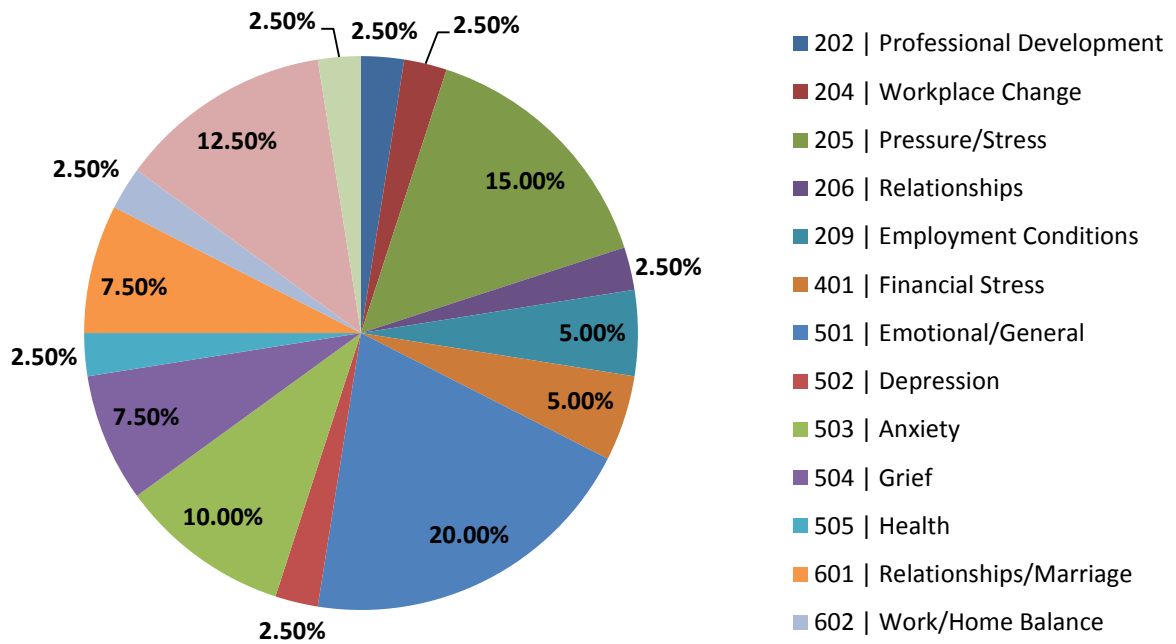


Figure 5: Presenting issue June 2021

By Gender

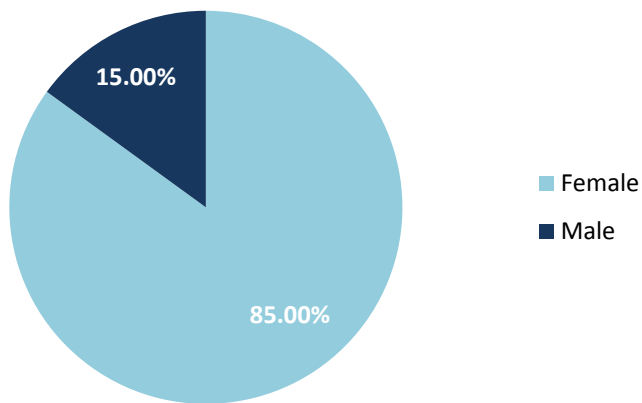


Figure 6: Reporting by gender June 2021

By Ethnicity

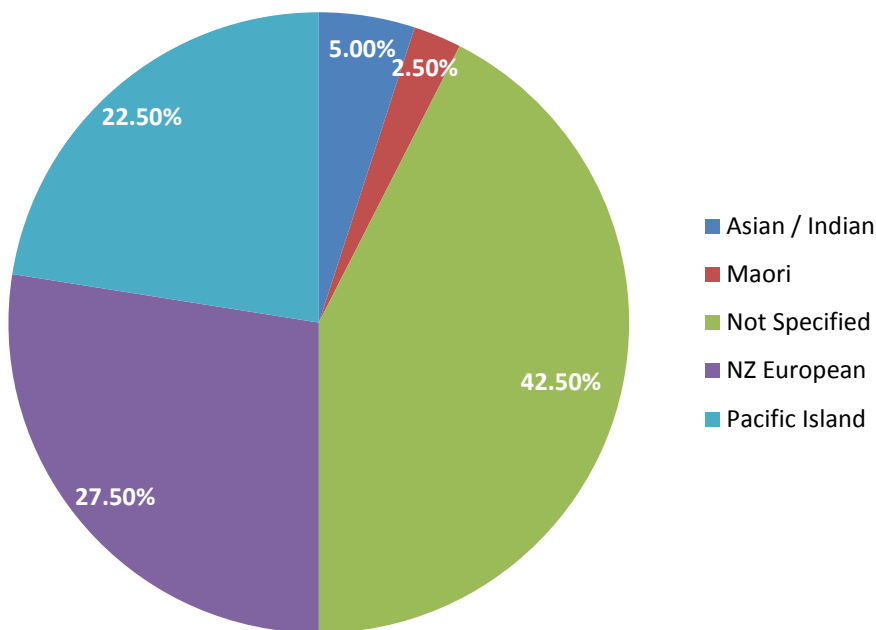


Figure 7: Reporting by ethnicity June 2021

Referrals by Month

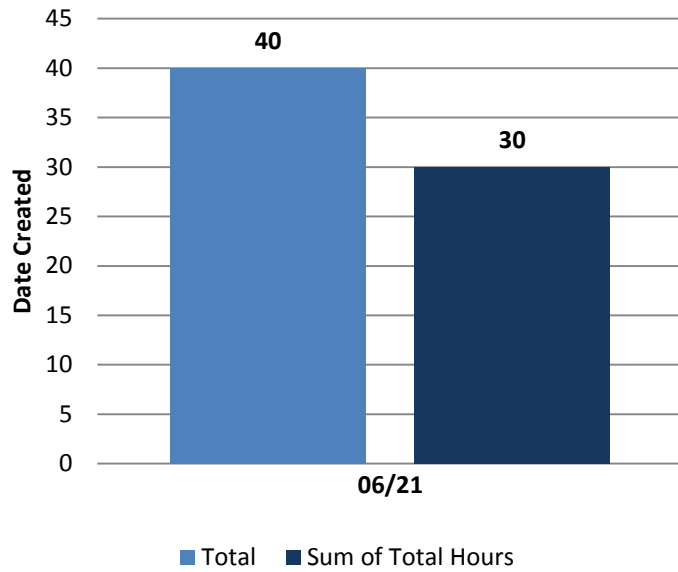


Figure 8: Referrals June 2021

*There has been a significant increase in Did Not Attends (DNAs) for booked Raise (formerly EAPworks) appointments. OHSS are liaising with Raise to discuss solutions to this matter.

Appendix 3

OHSS Risk Matrix:

OHSS Consequence table (for reference)

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

OHSS Likelihood table (for reference)

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

Counties Manukau District Health Board Corporate Affairs and Communications Report

Recommendation

It is recommended that the Board:

Receive the Corporate Affairs and Communications Report for the period 16 June – 31 July 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 16 June – 31 July 2021.

Communications

The Communications and Channels teams have recently undergone a restructure and recruitment has been taking place for a Group Manager Communications, and Communications Portfolio Leads for Corporate, Clinical, Community, Funding & Health Equity, and Patient Experience.

All roles are expected to be recruited and in position by end August. This will enable the Communications team, in particular, to work in a different way, focusing on all communications activities across portfolios and all channels instead of working in silos, i.e. internal, external, community engagement etc.

COVID-19 communications



The communications programme for the COVID 19 vaccine rollout has continued during this period, and has been further developed to focus on face-to-face engagement and community outreach with an emphasis on reaching Maaori and Pacific audiences.

While we are continuing to deliver social media content and advertising at key milestones, the most effective tactic is having teams directly engage with people at markets, sports clubs and community events.

More recently, while the team has been out and about, they have also been booking people into the appointment system. This outreach programme will be further scaled up to include Countdown Supermarkets, Westfield Shopping Centres and SME work places from August.

The work place engagement activity will include staff transport to vaccine clinics.

NRHCC will provide budget and resource support for CMDHB event and outreach activity moving forward. This enables our teams to continue momentum as the rollout enters into the Group 4 phase.

A snapshot of recent activity includes:

- A total of six community outreach events including Otara Markets, Papatoetoe Night Markets, Ori Fest (MIT) and Pakuranga Night Markets.
- More than 200 people directly booked into appointments as a result of three of these events.
- We are forecasting approximately 20 events or activations for August – October .
- Working with Te Kaha to deliver activations at Westfield Manukau (Maaori focused engagement).
- Bus shelter advertising for two weeks in August.
- Six weeks of sponsored Facebook content targeted various Asian and MELAA communities which have seen more than 500,000 people have been reached.
- Roll-out of work place ‘book a bus’ activity targeting SMEs with high Maaori and Pacific workforce to encourage group vaccinations.
- Working with MMR team to jointly attend events and activations.



Dr Fionna Chan MSc, Middlemore Hospital

Are you an older Maaori or Pasifika person?
Over 65 years old?
Or do you have an underlying health condition or disability?

You're eligible for your two FREE COVID-19 jabs!

If you would like more information or have not received an invite phone **0800 28 29 26**

Find out more at [Covid19.govt.nz](https://www.covid19.govt.nz)
New Zealand Government

COUNTIES MANUKAU HEALTH

Unite against COVID-19

We will continue to work with NRHCC and regional providers to align our respective plans while ensuring momentum is maintained within our communities.

Media Enquiries

A total of 55 media enquiries were received, answered and closed for the period between 16 June and 31 July 2021. The main areas of media interest related to RSV (15), the Fiji COVID patient transfer (10 – includes 3 related to the PPE breach at Middlemore Hospital), and Emergency Department (3).

In addition to this we received numerous patient status update requests. 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.

A number of interview requests were also managed and, by and large, facilitated.

Proactive Media

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

- [Hepatitis C 'Test and Treat' service](#) is being launched in selected community pharmacies across the Northern Region. This is a New Zealand-first service.
- A life membership to Podiatry NZ Award was made to [Roger Grech](#), Senior Podiatrist at CM Health.
- [Lawrence Kingi](#), Diabetic Podiatrist, was awarded the Leadership Award at the National Podiatry Conference.
- [Mr Earle Brown](#), former registrar and surgeon in Plastics presented his book on pioneer Sir William Manchester.
- Bowel Screening Nurse Specialist [Hannah Gleeson](#) is determined to break down the social barriers around bowel cancer and bowel health.

Winter campaign

The multimedia winter campaign is now active. Starting in July, it will continue through August and September 2021.

The two key messages in order of priority are:

- Keep the Emergency Department FREE to deal with emergencies; and
- Get vaccinated (Flu, MMR, COVID).

We have adapted existing campaign collateral from 'The right care for you' but re-developed into a singular design which more accurately captures, presents, and strengthens the messages we need our community to receive.



The winter campaign will be visible across our community with a heavy weight on digital which will enable us a greater reach relative to budget. The following channels have been used:

- Radio interviews (Margie Apa and CMO/Deputy CEO Pete Watson)
- Radio adverts (translated to Samoan and Tongan).
- Social media both organic and paid (targeted to audiences)
- FB posts on Radio Waamea and Radio 531PI.
- Mall Washrooms – 20 posters total in Hunters Plaza, Pukekohe Plaza, Takanini Shopping Centre, and Manukau Super Centre. 12 weeks of activity.
- Bus Shelters – 12 posters strategically placed in close proximity to key traffic areas in CM Health region. 2 weeks of activity.
- Internal creative: posters, screensaver, large screen display in Wishbone café.
- Digital adverts (Stuff.co.nz and Herald.co.nz).
- Counties Manukau Website tools for kiwis: brochures (translated), Facebook banner, Poster, Screensaver.
- Car park posters – Hunters Plaza, Clendon Shopping Centre, Botany Town Centre. 4 weeks of activity.

MERGED CAMPAIGNS: Right Care For you, Flu and Immunisation





As part of our winter wellness campaign, staff were also invited to get their free flu vaccination. Walk in clinics were held in the Glass Corridor at Middlemore Hospital and at Manukau Health Park, peer vaccinators were available and bookings can be made at the OHSS Vaccinations clinic.

Matariki

Matariki was celebrated at CM Health the week starting Monday, 5 July. Events included a breakfast, which was open to all CM Health staff, and four Matariki Workshops which include koorero of Matariki and Maramataka.

To assist with promotion, Communications worked with the Maori Health Team to create collateral which informed staff of Matariki and the associated events, and shared our Matariki stories on our social media platforms.

The breakfast was well-attended with attendance in the hundreds, and the workshops proved to be very popular. The respective posts had a cumulative engagement and reach of approximately 20,000 which was a great outcome for organic posts.



Dry July

This annual competition was put up a level this year with staff teams entering to battle against the executive team to take out the Dry July prizes. The heavily contested winners will be announced shortly. We held two activations at Middlemore with educational activities such as an opportunity to wear



goggles that give the feeling of being drunk, tasting of non-alcoholic mocktails (and a competition to create their own), a pin the organ on the human game where people were taught which organs are affected by alcohol and more. We also ran community and staff surveys and will be releasing those results shortly.

Also to support Dry July, a team of staff from People and Professional Development made up a team “The High Sobriety Club”. By supporting them staff were able to raise funds for people affected by cancer so that they can access services and care that help make life better.

Kiribati Language week (11 – 17 July)

The theme this year for Kiribati (pronounced Kir-e-bus) Language Week is 'Maubonian te teei i nanon te mwenga bon karekean te maiuraoi, te ongotaeka ao te tangira', which means 'the home is where we nurture our children towards a healthy, responsible, loving, and prosperous future'. The theme acknowledges the important role of the Kiribati mothers, both within their families and the wider community. It also reflects the overarching 2021 Pacific Language Week theme of wellbeing by linking the importance of language to overall wellbeing.



"Te Mauri, Te raoi ao Te tabomoa" is also the nation's motto which means "Health, peace and prosperity"

Falls Awareness Week (19 – 23 July)

The theme for this year's Falls Awareness Week was 'Anyone can prevent a fall from happening'. To celebrate there were presentations, competitions, posters and videos.

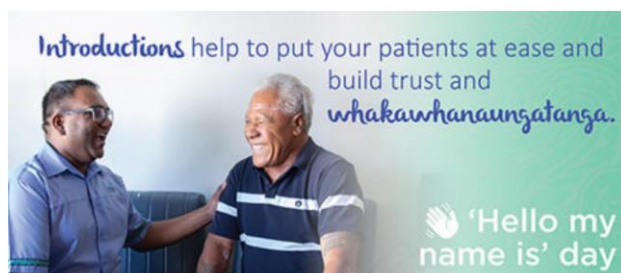


This year we ran two competitions, one was a spot the difference, where staff were encouraged to list the things they spotted were hazards. We had many excellent entries and we're yet to choose an overall winner.

Secondly, we asked staff to develop or revamp their resource board about falls. ED won the competition, but we also want to acknowledge ward 24 who made an exceptional effort.

#Hellomynameis

Friday 23 July is international #hellomynameis day. This simple and natural conversation opener is the key first step in building a relationship with our patients. The campaign was inspired by Dr Kate Granger MBE, who after receiving a terminal cancer diagnosis as a RMO noticed that this was often missing when clinicians came to speak to her. Kate sadly passed away on 23 July 2016 and this is a great way to remember Kate's personal story and to connect with the reason building relationship with our patients as people first is at the core of compassionate care. To mark the day, we talked to staff members, about what the day means and how to incorporate the sentiment into jobs everyday – such as talking to the patient, not the carer and seeing the person – not their illness.

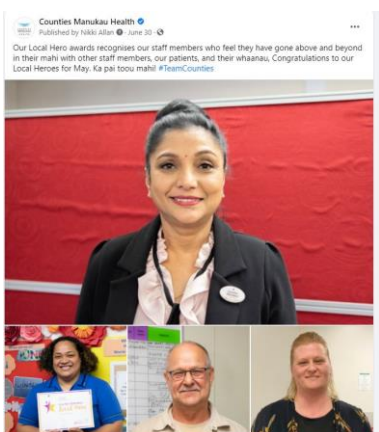


Cardiologist wins NZ Cardiac Medal

Andrew Kerr, CM Health Cardiologist, was awarded the New Zealand Cardiac Medal at the National Cardiac Society Annual Scientific Meeting on 17 June. This news was shared externally and internally and was fourth most-read story for the period.

Podiatrist Awards

Two of our staff members, Lawrence Kingi, Diabetic Podiatrist, and Roger Grech, Senior Podiatrist, received awards at the National Podiatry Conference 2021. We produced a feature on each of them, both of which ran internally and externally, and on our social media channels with especially high engagement via the latter platform.



Local Hero Award

Our Local Hero competition again proved popular, with our social media post announcing winners on 30 June reaching 10,756 people with 1,092 engagements.

The winners were:

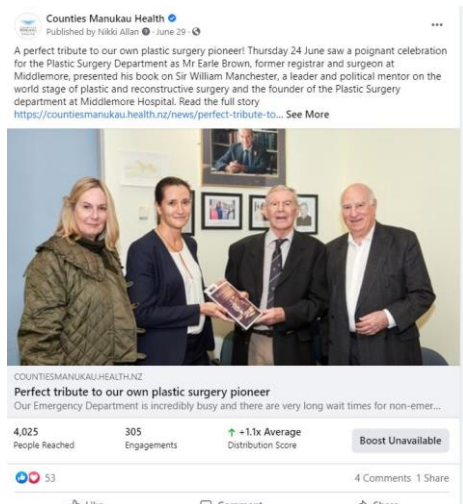
- Indra Dutt - Diabetes Nurse Specialist, Manukau SuperClinic
- Tanya Hooper - Roster Coordinator, Emergency Department
- Pieter Mans - Maintenance Technician, FEAM
- Kuini Puleitu - Registered Nurse, Assessment Treatment & Rehabilitation

Ward 23

Tribute to our own plastic surgery pioneer

We interviewed Mr Earle Brown, former registrar and surgeon at Middlemore, who was presenting a copy of his book 'Perfection – the life and times of Sir William Manchester', co-authored by Michael F. Klaassen - also a former registrar at CM Health.

<https://cmhealth.hanz.health.nz/News/Lists/Posts/Post.aspx?ID=1166>



Paanui News Metrics

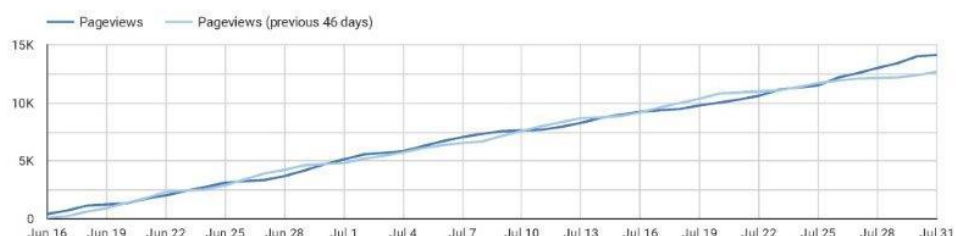
Jun 16, 2021 - Jul 31, 2021

Pageviews
14,130
 ↑ 11.4%

Avg. Session Duration
00:04:56
 ↓ -10.4%

| | Page Title | Pageviews | Avg. Session Duration |
|-----|---|-----------|-----------------------|
| 1. | Car parking increase from 1 July 2021 - News | 845 | 00:08:10 |
| 2. | Local Hero - May 2021 winners announced - News | 608 | 00:04:16 |
| 3. | Free Financial Wellbeing Seminars - 16-21 July - News | 525 | 00:03:24 |
| 4. | CM Health Cardiologist awarded the New Zealand Cardiac Medal - News | 507 | 00:03:56 |
| 5. | Surgical Pharmacist on deployment to Pacific Islands - News | 501 | 00:04:52 |
| 6. | Local Hero - June 2021 winners announced - News | 472 | 00:05:34 |
| 7. | Perfect tribute to our own plastic surgery pioneer - News | 471 | 00:07:15 |
| 8. | Get ready for Money Week - 9 - 15 August 2021 - News | 467 | 00:04:01 |
| 9. | Things that Matter - be in to win a double pass - News | 432 | 00:07:05 |
| 10. | Take the Dry July Staff Quiz and be in the draw to win! - News | 423 | 00:05:40 |
| 11. | Swipe card doors system upgrade commencing Monday 26 July - News | 409 | 00:04:08 |
| 12. | ACaCS Long Service Awards - News | 377 | 00:02:29 |
| 13. | What's on during Matariki? - News | 301 | 00:06:41 |
| 14. | Friday Feedback - 25 June 2021 - News | 281 | 00:04:09 |
| 15. | A family affair - Mother and daughter graduate together! - News | 276 | 00:06:05 |
| 16. | A huge thank you to our dedicated volunteers! - News | 266 | 00:02:39 |

1 - 100 / 318



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.

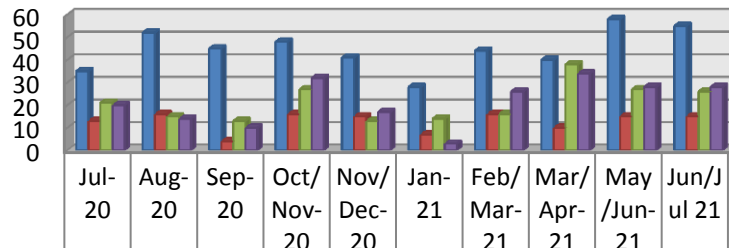
Over the 16 June - 31 July 2021 period we received 26 OIA requests, the majority of which were from media outlets. Six parliamentary questions were received over this time, related to converted clinical spaces, information technology and digital platforms and cancer oncology information.

Twenty-eight OIA requests were closed over this time period, including four transfers. Two transfers were to the Northern Region Health Coordination Centre relating to COVID-19, one to ADHB in relation to multiple sclerosis, and one to the Department of Corrections relating to a request for information.

| Request Received OIA & Parliamentary Questions 16 June – 31 July | | |
|--|-----|-----|
| Division | OIA | PQs |
| Central Clinical Services | 1 | |
| COVID-19 | 2 | |
| Communications | 2 | |
| Child, Youth & Maternity | 1 | |
| Chief Information Office | 2 | 1 |
| Emergency Department | 1 | |
| Finance | 1 | |
| Health Intelligence & Informatics | 3 | |
| Hospital Services | 1 | |
| Human Resources | 3 | |
| Kidz First | 1 | 2 |
| Medicine | 1 | 3 |
| Middlemore Central | 1 | |

| | | |
|-------------------------|---|--|
| Planning & Funding | 1 | |
| Primary Care | 1 | |
| Regional | 1 | |
| Request for Information | 2 | |
| Women's Health | 1 | |

Media & OIA



| | Jul-20 | Aug-20 | Sep-20 | Oct/Nov-20 | Nov/Dec-20 | Jan-21 | Feb/Mar-21 | Mar/Apr-21 | May/June-21 | Jun/Jul 21 |
|-----------------------------------|--------|--------|--------|------------|------------|--------|------------|------------|-------------|------------|
| Media Calls Logged | 35 | 52 | 45 | 48 | 41 | 28 | 44 | 40 | 58 | 55 |
| Media Proactive Releases | 13 | 16 | 4 | 16 | 15 | 7 | 16 | 10 | 15 | 15 |
| OIA Requests | 21 | 15 | 13 | 27 | 13 | 14 | 16 | 38 | 27 | 26 |
| OIA Completed including Transfers | 20 | 14 | 10 | 32 | 17 | 3 | 26 | 34 | 28 | 28 |

Digital Channels

CM Health News and Media Releases



CM Health News / Media Releases



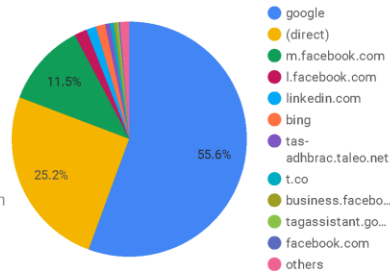
Key Statistics

Sessions
4,514

% New Sessions
77.32%

Avg. Session Duration
00:01:11

Traffic Sources



Popular Articles

| Page Title | Pageviews | % Unique Pageviews | Avg. Session Durati... |
|---|-----------|--------------------|------------------------|
| 1. Covid-19 vaccine invitations to be issued to all over 65s in Auckland region t... | 734 | 91.01% | 00:01:23 |
| 2. Protecting tamariki the priority as Kidz First changes visitor policy Countie... | 395 | 92.15% | 00:00:19 |
| 3. A family affair - Mother and daughter graduate together! Counties Manuka... | 365 | 96.16% | 00:00:10 |
| 4. Perfect tribute to our own plastic surgery pioneer Counties Manukau Health | 309 | 89.64% | 00:00:21 |
| 5. A huge thank you to our dedicated volunteers! Counties Manukau Health | 239 | 82.01% | 00:00:22 |
| 6. Older people in CM Health community to begin receiving COVID vaccination ... | 234 | 93.59% | 00:00:43 |
| 7. Peer Support - a journey of partnership and relationship building Counties ... | 209 | 85.17% | 00:01:36 |
| 8. Visitor car park rates increase at Middlemore Hospital Counties Manukau ... | 190 | 84.21% | 00:01:59 |
| 9. Seven new pop-up COVID-19 Testing Centres open in Auckland Counties M... | 179 | 91.62% | 00:00:34 |
| 10. Bowel screening nurse specialist hopes to break down barriers around bowel... | 160 | 97.5% | 00:00:27 |
| 11. Advice for treatment of colds provided as unprecedented demand impacts E... | 150 | 88% | 00:02:04 |
| 12. Middlemore's visitor policies slightly relaxed under COVID Level 1 Counties ... | 148 | 96.62% | 00:01:34 |
| 13. Sick or injured and not sure where to go? Check out this guide Counties Ma... | 121 | 93.39% | 00:00:06 |
| 14. Page not found Counties Manukau Health | 115 | 98.26% | 00:07:36 |
| 15. Middlemore Emergency Department experiencing high volumes, long wait ti... | 106 | 94.34% | 00:00:46 |
| 16. COVID vaccination advice for pregnant women Counties Manukau Health | 99 | 94.95% | 00:00:19 |
| 17. New Dental facility for Counties Manukau Counties Manukau Health | 96 | 83.33% | 00:02:04 |
| 18. COVID-19 Vaccination Rollout info Counties Manukau Health | 77 | 87.01% | 00:01:08 |
| 19. CM Health podiatrist receives Leadership Award Counties Manukau Health | 69 | 88.41% | 00:01:36 |
| 20. News - In 2021 Counties Manukau Health | 67 | 91.04% | 00:00:11 |

Social Media overview

We see a big jump in Facebook metrics for the reporting period with impressions and engagement both doubling the previous reporting period. Instagram and LinkedIn are performing per our expectations for these channels.

| | Total Followers | Follower increase | Messages Sent | Impressions | Impressions per Post | Engagements (incl. post clicks) | Engagements per Post | Post Clicks |
|---------------------|-----------------|-------------------|---------------|-------------|----------------------|---------------------------------|----------------------|-------------|
| CM Health Facebook | 21,821 | 0.68% | 32 | 182,321 | 5,698 | 6,142 | 191.94 | 37,719 |
| CM Health Instagram | 1,516 | 2.57% | 22 | 10,612 | 482 | 717 | 32.59 | 459 |
| CM Health LinkedIn | 11,178 | 1.07% | 15 | 41,858 | 2,791 | 5,568 | 371.20 | 3,970 |

Audience Growth

| | Totals | |
|------------------------|--------|--------------------------|
| Total Fans | 37,473 | Change (vs. last growth) |
| New Facebook Fans | 148 | -19.81% |
| New LinkedIn Followers | 118 | -150.73% |
| New Instagram Fans | 39 | |
| Total Fans Gained | 305 | 7.77% |

Facebook Comparison (CMDHB / ADHB / WDHB)

Reactions vs. Number of Posts

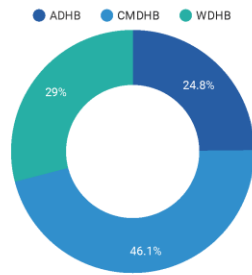
Inspecting the graph, you can see that CMDHB has the highest overall engagement. The majority of our engagement this period is made up of reactions (likes). Auckland DHB has a pretty even engagement-split, with about 50% of their engagement being comments.

Engagement Rate (per post)

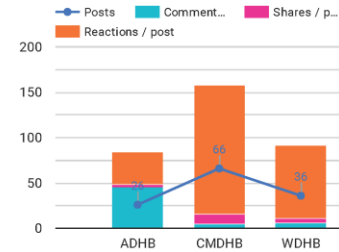
Counties Manukau DHB posts performed very well this period, with average engagement more than doubling that of the other DHBs. We were also the most active on Facebook with 66 posts compared to WDHB's 36 and ADHB's 26.

Facebook Comparison

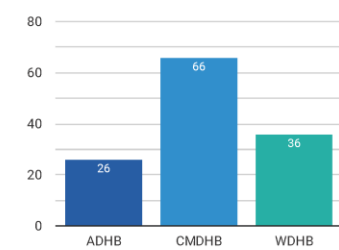
Audience share



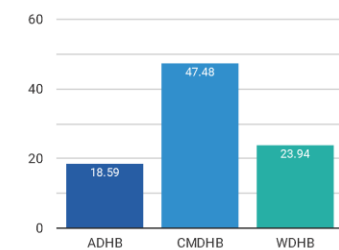
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

| Post Message | Likes / Reactions | Comments | Shares |
|--|-------------------|----------|--------|
| Have you had an awesome Vaiaaso o le Gagana Samoa - Samoa Language Week so far? Want to learn more ab... | 4,589 | 85 | 198 |
| We need your support whaanau to keep ED free for those who really need it. | 623 | 20 | 59 |
| Please don't leave it to... | | | |
| We need your support whaanau to keep ED free for those who really need it. | 435 | 16 | 56 |
| Remember whaanau - plea... | | | |
| Cute therapy dog alert! | 403 | 41 | 14 |

ADHB Top 5 Posts

| Post Message | Likes / Reactions | Comments | Shares |
|--|-------------------|----------|--------|
| *Update 8 July 2021, 9.45am* Kia ora whānau. There are currently visitor restrictions in place at St... | 184 | 8 | 125 |
| Last week we welcomed a very special guest when Helen Harris, nee Arnold - the first person to have ... | 205 | 8 | 11 |
| It's International Security Officers' Day! | 194 | 14 | 4 |
| Our Healthcare Security Officers work to keep us, our p... | | | |
| Congratulations to Dr Oliver Kannangara | 102 | 6 | 1 |

WDHB Top 5 Posts

| Post Message | Likes / Reactions | Comments | Post shares |
|--|-------------------|----------|-------------|
| Congratulations to House Officer of the Month for July 2021 - Dr Reuben Cash. Here's what his coll... | 236 | 20 | 5 |
| #SneakPeek Not all doctors wear lab coats, some wear collars! Okay...Koopaa the Golden Retriever might ... | 231 | 18 | 10 |
| We celebrated International Security Officers' Day this weekend! 🎉 | 210 | 25 | 7 |
| Our security teams provide a piv... | | | |
| One of our surgical registrars, Jamie-Lee | 177 | 5 | 7 |

CM Health Facebook

Despite a strong period for Facebook we were unable to match the reach of our Samoan Language Week post last reporting period. This period we see the winter challenges start to surface as two of our top three posts are around the increasing demand of ED.

Our most popular post this period was Mygo, the therapy pup, visiting wards 4 and 5.



CM Health Facebook Metrics

Post Reach



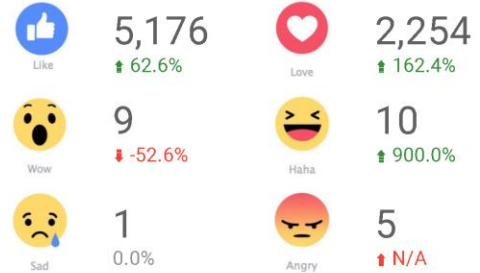
Post reach
331,799
↑ 65.1%

Follower Growth



Likes
428
Unlikes
91
Net likes
337

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% |

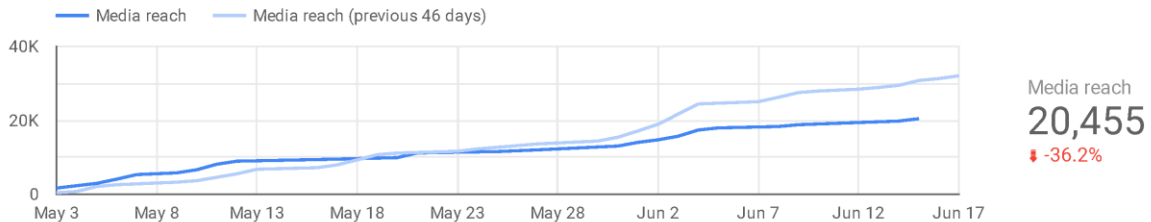
1 - 20 / 42 < >

CM Health Instagram

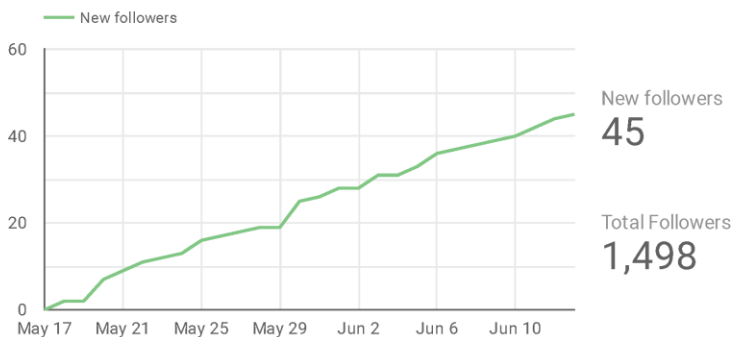
A quieter period for Instagram with metrics trending down across the board – this is likely due to a reduced number of posts this period. When we look at per-post metrics they are very similar to the previous reporting period. Our three high-performing posts this period were all celebratory of staff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

CM Health Instagram Metrics

Post Reach



Follower Growth



Engagement Breakdown

| | | | |
|------------|--------------|---------------|------------|
| Likes | 1,486 | Comments | 21 |
| Engagement | 1,548 | Post Saves | 41 |
| Posts | 38 | Profile views | 820 |

↓ -36.3% ↓ -61.1%
↓ -37.5% ↓ -55.9%
↓ -26.9% ↓ -41.9%

Posts by Engagement Rate

| Date | Media caption | Media | Reach | Likes | Comments | Saves | Engagement Rate |
|--------|---|-------|-------|-------|----------|-------|-----------------|
| May 11 | Last week our @wearefou 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 @wearefou. #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 Vaiaso 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% |

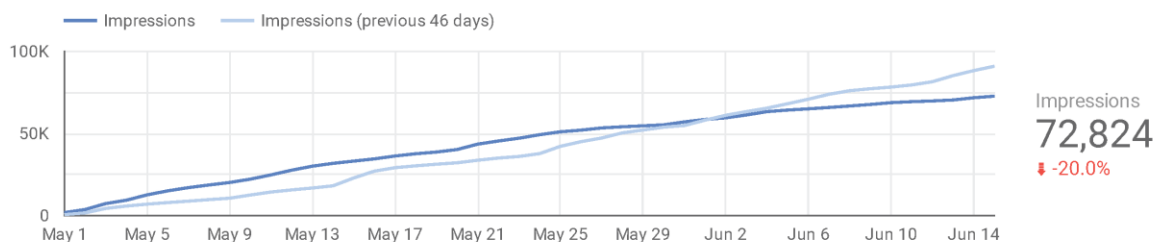
1 - 20 / 40 < >

CM Health LinkedIn

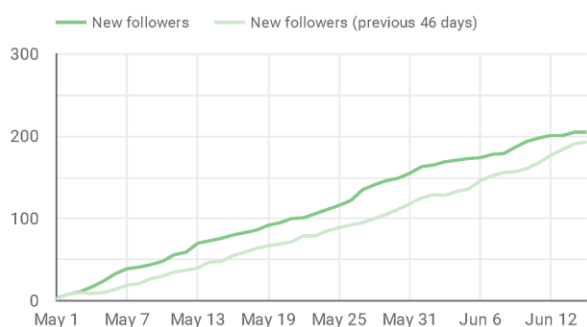
Despite a downward trend in overall metrics – which, in similar fashion to Instagram, is due to a reduction in the number of posts – we have some very high-performing posts. It’s clear what type of messaging works on this channel with our top 3 posts all celebrating our staff and all achieving a 34%+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

in CM Health LinkedIn Metrics

Post Reach



Follower Growth



Engagement Breakdown

| | | | | | |
|--------|--------|----------|-----------------------|--------|----------|
| Likes | 1,276 | ↓ -27.0% | Comments | 40 | ↓ -50.0% |
| Clicks | 10,224 | ↓ -8.2% | Shares | 32 | ↓ -36.0% |
| Posts | 30 | ↓ -21.1% | Engagement Rate (avg) | 13.98% | ↑ 2.3% |

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 |

1 - 30 / 30 < >

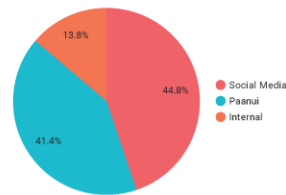
Video Production

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 |

1 - 29 / 29 < >

Channels



Videos Produced

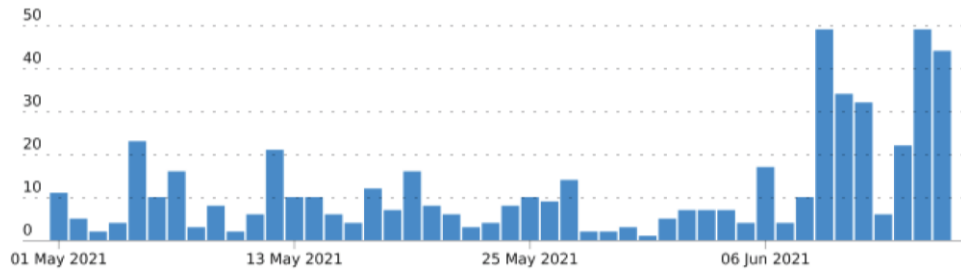
29

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 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 7 July 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 14 July 2021, Community & Public Health Advisory Committee 14 July 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. |
| Ophthalmology Operating Theatre Lease Contract | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Activities & 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)] |

| | | |
|---|---|---|
| Home & Community Support Services Contract Renewal | 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 Position The disclosure of the information would be likely to prejudice the commercial position of the person who supplied or who is the subject of the information. [Official Information Act 1982 S9(2)(b)(ii)] |
| Metro Auckland DHB Holidays Act Remediation Business Case | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)] |
| Laboratory Automation System Upgrade | 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)] |
| Clinical Photography | 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)] |
| Replacement Chiller #2 at MHP | 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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| Grow Middlemore SEED funding | 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 Position The disclosure of the information would be likely to prejudice the commercial position of the person who supplied or who is the subject of the information. [Official Information Act 1982 S9(2)(b)(ii)] |
| National Breast Screening Services – New Contract | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Activities & 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)] |
| Ratification of Circular Resolution – COVID19 Vax Programme | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Negotiations The disclosure of 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)(j)] |
| Smokefree Aotearoa 2025 Goal | 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)] |
| Position Statement on the sale and Supply of Alcohol Act | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)] | Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)] |
| Chief Executives' 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 | Public Interest The disclosure of information is necessary to protect information that would be likely to otherwise damage the |

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

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| Cyber Letter | <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> |
| Pharmac Letter | <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> |