

MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
Wednesday 15 December 2021

Venue: via Zoom

<p><u>CMDHB BOARD MEMBERS</u> Mark Gosche – Chairman Tipa Mahuta – Deputy Chair Apuhu Reece Autagavaia Catherine Abel-Pattinson Colleen Brown Dianne Glenn Garry Boles Katrina Bungard Paul Young Lana Perese Pierre Tohe Barry Bublitz Robert Clarke</p>	<p><u>CMDHB MANAGEMENT</u> Margie Apa – Chief Executive Officer Margaret White – Chief Financial Officer Dr Peter Watson – Chief Medical Officer Dr Gary Jackson – Director Population Health Dr Jenny Parr – Chief Nurse & Director of Patient & Whaanau Experience Sanjoy Nand – Chief of Allied Health, Scientific & Technical Professions Elizabeth Jeffs – Director Human Resources Jared Heffernan – General Manager Communication & Engagement (acting) Lana Roberts – Board Secretary</p> <p><u>OBSERVERS</u> Brittany Stanley-Wishart Tori Ngataki</p>
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PART 1 – Items to be considered in public meeting

AGENDA

BOARD ONLY SESSION (9.00 – 10.00am)		
1. GOVERNANCE		
10.00am	1.1 Apologies	2
10.02am	1.2 Disclosures of Interest	3-5
10.05am	1.3 Specific Interests	6
10.07am	1.4 Gift & Hospitality Register	7
2. BOARD MINUTES		
10.10am	2.1 Confirmation of Minutes of the Meeting of the Board – 10 November 2021 (Mark Gosche)	8-16
10.15am	2.2 Action Items Register (Mark Gosche)	17
10.20am	2.3 Draft Minutes of the Hospital Advisory Committee Meeting – 17 November 2021 (Catherine Abel-Pattinson)	18-21
10.25am	2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings – 17 November 2021 (Pierre Tohe)	22-25
10.30am	2.5 Draft Minutes of the Disability Advisory Committee (DiSAC) Meeting – 13 October 2021 (Sanjoy Nand)	26-34
10.35am	2.6 Report from Mana Whenua i Tamaki Makaurau – verbal (Barry Bublitz/Robert Clarke)	
3. EXECUTIVE REPORTS		
10.40am	3.1 Chief Executive’s Report (Margie Apa) 3.1.1 Appendix 1 – MTM Dashboard 3.1.2 Patient Story – Graham Smith	35-57
10.50am	3.2 Corporate & Finance Business Report (Margaret White)	58-62
4. OTHER REPORTS (FOR INFORMATION ONLY)		
11.00am	4.1 Health & Safety Performance Report (Elizabeth Jeffs)	63-111
11.10am	4.2 CM Health & MIQF Health & Safety Reports (Elizabeth Jeffs)	112-115
11.20am	4.3 Corporate Affairs & Communications Report (Jared Heffernan)	116-129
5. CORRESPONDENCE		
11.30am	5.1 Thank you letter to Donna Baker, Manager Comms	130
6. RESOLUTION TO EXCLUDE THE PUBLIC		
11:35am – 11:45am BREAK		

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	✓	✓	✓		✓	✓	✓		✓	✓	X
Garry Boles*		✓	✓	✓	✓		✓	✓	✓		✓	✓	
Paul Young*		✓	✓	X	✓		✓	X	✓		✓	✓	
Tipa Mahuta (Deputy Chair)***		✓	✓	✓	✓		✓	✓	✓		✓	✓	
Lana Perese***		✓	✓	✓	✓		✓	X	✓		✓	✓	X
Pierre Tohe***		✓	✓	✓	✓		✓	✓	✓		✓	✓	
Brittany Stanley-Wishart****		✓	✓	X	✓		✓	✓	✓		✓	✓	X
Tori Ngataki****		X	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
15 December 2021

New items in red italics

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

Dianne Glenn	<ul style="list-style-type: none"> • Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • Life Member, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women's Watch (NZ) • Member, Auckland Disabled Women's Group • Life Member of Business and Professional Women NZ • Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities. • Member, Lottery Individuals with Disabilities Committee
Lana Perese	<ul style="list-style-type: none"> • Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust • Director & Shareholder, Perese Wood Investments Limited
Paul Young	<ul style="list-style-type: none"> • Director, Paul Young International Ltd • Councillor, Auckland Council
Pierre Tohe	<ul style="list-style-type: none"> • Senior Executive, Tainui Group Holdings
Reece Autagavaia	<ul style="list-style-type: none"> • Member, Pacific Lawyers' Association • Member, Labour Party • Trustee, Epiphany Pacific Trust • Chair, Otara-Papatoetoe Local Board • Board of Trustees Member, Holy Cross School • Member of the Cadastral Surveyors Board • Assessor of the Creative Communities Scheme South & East Auckland
Tipa Mahuta	<ul style="list-style-type: none"> • Councillor, Waikato Regional Council • Chair of Waikato River Authority • Co-Chair, Maori Health Authority
Brittany Stanley-Wishart, Board Observer	<ul style="list-style-type: none"> • Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference)
Tori Ngataki, Board Observer	<ul style="list-style-type: none"> • Chair, Ngāti Tamaoho Trust • Trustee, Second Natures Trust • Trustee, Waikato Endowment College Trust • Member, Te Arataura (Executive Board of Te Whakakitenga o Waikato) • Co-Chair, Appointments Committee for Te Whakakitenga o Waikato • Director, Keep it Māori Ltd • Staff Member, Winstone Aggregates

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

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 15 December 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 10 November 2021 – 10.00am

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

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT

Mark Gosche (Board Chair)
Tipa Mahuta (Deputy Chair)
Apulu Reece Autagavaia
Catherine Abel-Patterson
Colleen Brown
Dianne Glenn
Garry Boles
Pierre Tohe
Paul Young
Barry Bublitz (Mana Whenua)
Robert Clarke (Mana Whenua)

ALSO PRESENT

Margie Apa (Chief Executive)
Margaret White (Chief Financial Officer)
Peter Watson (Chief Medical Officer)
Jenny Parr (Chief Nurse)
Jarred Heffernan (Manager, External Communications & Engagement)
Lana Roberts (Board Secretary)

APOLOGIES

Apologies were received from Dr Lana Perese, Katrina Bungard, Brittany Stanley-Wishart and Tori Ngataki.

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

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

WELCOME

Matua Robert Clarke opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

There was one disclosure to note and this has been recorded in the Disclosure of Specific Interests register.

GIFT & HOSPITALITY REGISTER

The register was noted with no additions.

AGENDA ORDER AND TIMING

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

2. BOARD MINUTES

2.1 Minutes of the Meeting of the Board 29 September 2021

The minutes were taken as read.

Draft 2022 Board meeting dates: Noted Mr Gosche's request to change the first Board meeting date (9 Feb 2022) to the following week. This is due to a meeting in Wellington that he needs to attend (under his role as Chair of Kainga Ora – Homes and Communities). He would like to be present for the first Board meeting for 2022, hence the request.

Communications Manager Donna Baker left Counties Manukau Health recently, and was acknowledged by the Chair on the great service she provided during her time, especially in the midst of this latest pandemic. Request was made to draft up a letter from the Board to express their thanks and appreciation.

Action: Ms Roberts to amend/reschedule February meeting dates. Acknowledgement letter to be sent on behalf of Board to Ms Baker.

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

That the Minutes of the Board Meeting held on the 29 September 2021 be approved.

Carried

2.2 Action Item Register

Noted.

2.3 Draft Minutes of the Hospital Advisory Committee Meeting 6 October 2021

The minutes were taken as read.

2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings 6 October 2021

It was noted that incorrect minutes (public excluded) were tabled. Correct minutes (public) to be circulated to the Committee after the meeting.

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

That the Minutes of the CPHAC and HAC Meetings held on the 6 October 2021 be approved.

Carried

2.5 Report from Mana Whenua i Tamaki Makaurau (Barry Bublitz/Robert Clarke)

To be tabled at the Board to Board meeting later this afternoon.

3. EXECUTIVE REPORTS

3.1 Chief Executive's Report (Margie Apa)

The paper was taken as read.

COVID Updates

- Vaccination 1st dose - 90% reached last week
- Vaccination 2nd dose – currently at 81%
- Working closely with Maaori and Pacific providers to target vulnerable groups
- Local events will continue to happen in the community to drive up vaccination rates
- Acknowledged the two deaths in the MIQ community last week
- Hospital has been busy – both in the COVID space, as well as other areas of medicine and surgery
- Fewer ICU admissions
- Advance treatments now available
- Management continue to support staff who have been working hard during these times
- Processes are in place to allow social distancing for patients
- Creating more staffing capacity – work in progress

Mr Clarke asked if there was a plan in place to cover the large surge in patient numbers once lockdown levels go down. Ms Apa advised that there has been an increase in outpatient work – also patient consultations are done via Telehealth phone calls and/or video conferencing.

Metrics that Matter

- Mental Health team was acknowledge for their great work – with targets reached
- Tiaho Mai design helped by creating spaces that are flexible for people, including rooms and outdoor spaces for isolation
- Immunisation rates – still a lot of work to be done in the community to increase the number of children getting immunised

Ms Glenn queried the “Stroke patients to rehab unit within 7 days” chart (pg.39 of agenda), stating there was a huge plunge in figures, particularly in Maori patients who suffered strokes.

Mr Tohe queried the “0-24 yr olds non-urgent referral seen within 3 weeks” table which is quoted under the heading: Mental Health (pg.39) and then again under the heading: Improving Mental Wellbeing (pg.43). They seem to cover the same information, however the data looked different. Ms Apa to follow up and advise.

Action: MTM team to check the above tables and advise the Board.

Ms Mahuta asked two questions about the MTM Process Map (pg. 45):

1. HAC/CPHAC column – Is there sufficient concern to escalate to full Board? (red box) – keen to know what this might sound or look like.
2. Overall Process Map – how is equity captured in this flow-chart?

Under Services “Prepares report for HAC/CPHAC to include: Performance graphs, volume data, narrative from relevant services” (blue box) Ms Apa suggested including “Risk” from an equity point of view, which would then flow through the graphs.

International Cleaners Day

- Cleaners in the organisation were profiled and acknowledged for the hard work they do to keep our hospitals clean, including those who look after patient beds, room clean, etc.

Mr Clarke asked if there was anything else we could do to recognise our cleaners and value them for the service they provide. Ms Apa noted there was initiatives in place, ie. Local Heroes – that have showcased and acknowledged members of this team. Open to ideas and suggestions on how we can recognise them further.

NZNO Young Nurse of the Year Award

- Staff member, registered nurse Daniel Mataafa was acknowledged.

Patient Story

A patient video was provided for the meeting – however due to technical issues on the day, the video was unable to be played. A link to the video was sent to Board members to watch. A written copy of the story was also provided. Dr Parr shared how the team (where patient was located) were impressed with his confidence, and being able to be filmed for the video, noting that English was his second language. He did a great job sharing his story.

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

That the Board:

Receive the Chief Executive's Report for the period 29 September – 9 November 2021

Carried

3.2 Corporate & Finance Business Report (Margaret White)

The report was taken as read.

Key messages

- 2021/22 August Month result – the underlying variance for the month of August 2021 is (\$24k) unfavourable against budget (YTD \$282k fav)
- 2021/22 September Month result – the underlying variance for the month of September 2021 is \$126k favourable against vudget (YTD \$408k fav)
- Significant vacancy rate
- Lower uptake of aged residential care – homebased support services

Ms Brown raised concerns around lack of support for people in the disability sector; especially for young people and elderly over 65 years. Some of them are not getting the support they need for vaccinations. Has this impacted on the services we provide?

Ms Brown also asked if there are any plans provided for young people with mental health. Some students wont go back to school next year – are we doing anything about this? How are we meeting those needs, do we have money in the budget; can we use community providers in a different way. Or are we locked in to spending the money as outlined in the report.

Ms Apa advised there is some national work underway with aged care providers and home-based support; however, will check if the scope of that discussion is happening with the disability providers.

Ms White suggested Ms Haggie attend next meeting and provide an overview of the intended investment and the areas of mental health expenditure.

Action: Ms Haggie to provide an overview of the investment and the areas of mental health expenditure at next meeting.

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

That the Board:

Receive the Corporate and Finance Report.

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

Carried

4. OTHER REPORTS (FOR INFORMATION ONLY)

4.1 Occupational Health & Safety Performance Report (Elizabeth Jeffs/Kathy Nancarrow)

The report was taken as read.

Ms Glenn asked about Mental Health Awareness week events, whether staff get time off to attend these events. Ms Jeffs confirmed the staff are well-supported, and there was a good number of attendance at a recent online event.

Mr Tohe asked about the stress levels in staff. Ms Jeff noted an increase in the number of stress claims received, with key topics being stress and fatigue, and there are resolved pathways within the MECA to factor this.

Mr Gosche asked about building contractors being onsite – how are we managing their vaccination status. Ms Jeffs confirmed the mandate covers all checks for anyone entering our sites. HealthSource team is also involved in checking and ensuring everyone is covered and all processes are adhered to.

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

That the Board

Receive the Health & Safety report for the month of September 2021.

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

Carried

4.2 MIQF Report (Elizabeth Jeffs/Kathy Nancarrow)

The report was taken as read.

Mr Gosche asked about concerns with additional staff being provided (due to staff who have returned to their original work areas). Ms Apa advised there is a bit of struggle to get staff onboard; however, processes are in place with ongoing recruitment to cover rosters, shifts, etc.

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

That the Board:

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

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

Carried

4.3 Corporate Affairs & Communications Report (Jared Heffernan)

The report was taken as read.

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

That the Board:

Receive the Corporate Affairs & Communications Report for the period 11 September – 15 October 2021.

Carried

5. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes 29 September 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under	Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.

	<p>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)]</p>	
<p>Public Excluded Minutes of the:</p> <ul style="list-style-type: none"> • Hospital Advisory Committee 6 October 2021 • Community & Public Health Advisory Committee 6 October 2021 	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.</p>
<p>Ratification of Circular Resolution – AHU Fresh Air Modification</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>Delegated Financial Authority Policy Board 10 Nov 21</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>Healthy Together 2025 CSP - draft</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>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>



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

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

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

That the Board:

Receive the resolution to exclude the public.

Carried

The public meeting closed at 11:30am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 15 DECEMBER 2021.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 10 NOVEMBER 2021.

BOARD CHAIR

DATE

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

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
10 Nov 2021	Metrics that Matter	Ms Glenn queried the “Stroke patients to rehab unit within 7 days” chart (pg.39 of agenda), stating there was a huge plunge in figures, particularly in Maori patients who suffered strokes.	15 Dec 2021	Paul Hewitt	Refer item 3.1 of today’s agenda	
10 Nov 2021	Metrics that Matter	Mr Tohe queried the “0-24 yr olds non-urgent referral seen within 3 weeks” table which is quoted under the heading: Mental Health (pg.39) also under heading: Improving Mental Wellbeing (pg.43). They seem to cover same information, however the data looked different.	15 Dec 2021	Paul Hewitt	Refer item 3.1 of today’s agenda	
10 Nov 2021	Corporate and Finance Business Report	<p>Ms Brown raised concerns around lack of support for people in disability sector; especially for young people and elderly over 65 years. Some of them are not getting the support they need for vaccinations.</p> <p>Ms Brown also asked if any plans were provided for young people with mental health. Some students wont go back to school next year – are we doing anything about this? How are we meeting those needs, do we have money in the budget; can we use community providers in a different way. Or are we locked in to spending the money as outlined in the report?</p> <p>Ms White suggested Ms Haggie attend next meeting and provide an overview of the intended investment and the areas of mental health expenditure.</p>	15 Dec 2021	Aroha Haggie	In progress	

Minutes of Counties Manukau District Health Board Hospital Advisory Committee

Held on 17 November 2021 at 1.00pm

Via Zoom

Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland

PART I – Items Considered in Public Meeting

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Mary Burr – General Manager Women’s Health
Peter Watson – Chief Medical Officer
Claire Watts - Communications
Lana Roberts – Board Secretary

1. COMMITTEE ONLY SESSION

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

The DHB Management team joined the meeting at 1.30pm. Matua Riki Minhinnick opened with a karakia.

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 Garry Boles, Colleen Brown, Tipa Mahuta, Margie Apa, Aroha Haggie and Sanjoy Nand.

Public and Media Representatives Present

There was no media present at the meeting.

2.2 Disclosure of Interests

There were no Disclosed Interests to note.

2.3 Disclosure of Special Interests

There were no Disclosed of Special Interests to note.

2.4 Work Plan 2021

Noted.

3. CONFIRMATION OF MINUTES

3.1 Minutes of the Hospital Advisory Committee Meeting – 6 October 2021

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

That the Minutes of the Hospital Advisory Committee held on 6 October 2021 be approved.

Carried

3.2 Action Items Register – Public

Noted.

4. PERFORMANCE REPORTS

4.1 Hospital Services Monthly Executive Summary (Mary Burr)

The report was taken as read.

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

That the Hospital Advisory Committee:

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

Note this report was endorsed by the Executive Leadership Team on 2 November to go forward to the 17 November 2021 Hospital Advisory Committee meeting.

Carried

4.2 Finance Report – CMDHB Provider Arm (Avinesh Anand)

The report was taken as read.

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

That the Hospital Advisory Committee:

Receive the Hospital Advisory Committee Financial report.

Note that this paper was endorsed by the Executive Leadership Team on 9 November 2021 to go forward to the Hospital Advisory Committee.

Carried

4.3 Human Resources Report Sept 2021 (Elizabeth Jeffs)

The report was taken as read.

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

That the Hospital Advisory Committee:

Receive the Human Resources report for the month ending 30 September 2021.

Endorse this report to go forward to the November Hospital Advisory Committee meeting for their information.

5. STRATEGIC DEEP DIVE

5.1 Workforce Transition Through Health Reforms Implications and Planning (Elizabeth Jeffs)

5.1.1 Transition Unit People Plan presentation

The paper was taken as read.

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

That the Hospital Advisory Committee:

Receive the presentation on the Transition Unit People Plan.

Note this report was endorsed by the Executive Leadership Team on 5 October 2021 to go forward to the Hospital Advisory Committee meeting.

6. CORPORATE REPORTS

6.1 Every Hour Counts Quarterly Progress – September Report (Mary Seddon)

The paper was taken as read.

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

It is recommended that the Hospital Advisory Committee:

Receive the Patient Flow ‘Every Hour Counts’ Portfolio Quarterly Progress Report to end September 2021.

Note this paper was endorsed by the Executive Leadership Team on 2 November 2021 to go forward to the Hospital Advisory Committee.

Note this report represents work that is led by CM Health services and is supported or facilitated by the Ko Awatea team.

Carried

7 RESOLUTION TO EXCLUDE THE PUBLIC

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

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

Mr Riki Minhinick and Ms Nanaia Rawiri are allowed to remain for the Public Excluded section of this meeting.

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

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 6 October 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would	Confirmation of Minutes As per the resolution from the public section of the minutes, as

	<p>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>per the NZPH&D Act.</p>
<p>Funder Q1 Report</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Committee to carry out, without prejudice or disadvantage, commercial activities</p>

Carried

The next meeting of the Hospital Advisory Committee will be held on Wednesday, 9 February 2022.

Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 17 November 2021.

Catherine Abel-Pattison
Chair

Dr Lana Perese
Deputy Chair

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

Held on Wednesday, 17 November 2021 at 9.00am
(via Zoom)
Middlemore Hospital, 100 Hospital Road, Otahuhu

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Aroha Haggie, Director Funding & Health Equity
Dr Gary Jackson, Director Population Health
Dr Campbell Brebner, Chief Medical Advisor Primary Care & Community Services
Jess Ibrahim, Executive Advisor
Lana Roberts, Board Secretary
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

No media representatives were in attendance.

WELCOME

Robert Clarke opened the meeting with a karakia.

1. AGENDA ORDER AND TIMING

Items were taken as per the agenda.

2. GOVERNANCE

2.1 Apologies

Apologies were noted from Mr Tohe, Ms Apa, Ms Stanley-Wishart and Ms Ngataki.

2.2 Disclosure of Interests

There was no Disclosure of Interests to note.

2.3 Disclosure of Specific Interests

There were two Disclosure of Special Interests to note and these have been recorded on the Disclosure of Specific Interests register.

2.4 Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 6 October 2021.

Ms Haggie to follow up on action item re. 2022 Work Plan review.

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

That the minutes of the Community and Public Health Advisory Committee meeting held on 6 October 2021 be approved.

Carried

2.5 Action Items Register/Response to Action Items

Noted.

2.6 CPHAC Work Plan 2021

Carried over from previous meeting – Ms Haggie to action.

The latest COVID outbreak has disrupted some programmes on the CPHAC Work Plan, with items being deferred to future meetings. Mr Tohe suggested reviewing what's left on the workplan, whether these can be revised/changed to match the following board priorities agreed recently by the Board:

Board Priorities:

1. Build capacity in Manawhenua I Tamaki Makaurau to enable partnering in commissioning and hospital/specialist provision
2. Accelerate locality development in the district inclusive of joint ventures for primary care provision and submit prototype proposals that cover the whole district
3. Establish Pacific provider and commissioning network in the region to lead growth of provision and engagement of Pacific communities in locality developments
4. Scale up Te Ranga Ora models of care to expand provision of care to vulnerable people with long term conditions
5. Submit a programme case to the MoH and CIC for Grow Middlemore and Tranche 1 business case for the replacement of Galbraith (maternity, inpatient beds, ED & Critical Care Unit)
6. Establish a sustainable community owned Grow our Own Workforce development pipeline in the district with support of partners (ie) Middlemore Foundation
7. With support from the MoH, progress leases for added capacity at Manukau Station Road and Board agreement on financing models to expand car parking at both Manukau and Middlemore sites
8. Lead regional hospital/specialist service developments that will ensure access for Counties Manukau people

Ms Haggie suggested that due to time restraints, it is best for the Work Plan review to be done via email, then bring to November meeting and agree on items for the Work Plan.

Action: Ms Haggie to review Work Plan 2022 and advise which board priorities could be used to align with community feedback input.

3 INFORMATION PAPER

3.1 Alcohol Harm Minimisation Update (Sarah Sharpe, Luisa Silailai, Dr Brebner)

The paper was taken as read.

The committee were supportive of this programme and suggestions were made to write a letter to Ministry of Justice and Ministry of Health seeking support for the programme.

Dr Perese asked if there were any plans to have a Pacific representation on this programme.

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

That the Community and Public Health Advisory Committee:

Receive this report which provides an update on the Alcohol Harm Minimisation Programme 2016-2020 Evaluation and the refreshed Programme for 2021-2023.

Note this paper was endorsed by the Executive Leadership Team on 26 October 2021 to go forward to Community & Public Health Advisory Committee on 17 November 2021.

Note the evaluation report supports continuing and retaining many components of the AHM Programme, including the dual equity focus on addressing the gap in Alcohol ABC Approach delivery in the health system, as well as influencing more upstream determinants of alcohol-related harms (including advocacy for uptake of evidence-based public health interventions and policy change). Key areas for improvement include Maaori governance of the programme to ensure accountability of Te Tiriti o Waitangi commitments and sustainability of partnerships with Maaori, and developing systems and processes to address implicit and explicit biases among staff.

Note that the refreshed programme has been informed by the evaluation and is underway with the same investment as previously (i.e. \$990,000 per year).

Carried

3.2 Metrics that Matter – Monthly Performance Dashboard Sept 2021(Paul Hewitt, Andrew Phillips)
The paper was taken as read.

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

That the Community and Public Health Advisory Committee:

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

Note that measures have been updated to reflect performance as at 30 September 2021 (unless otherwise noted on the dashboard).

Note the immunisation 'snapshot' audit in the Appendix, requested by the ELT, that examines immunisation status for Maaori and Pacific children from the 8 month immunisation target population.

Note the 'Metrics that Matter Process Map' (attached in the Appendix) describes a process that will support ELT to explore and manage any concerning trends in MTM performance measures, and to escalate matters to the Board if required.

Note the 'Metrics that Matter' September 2021 Dashboard, Highlights Lowlights commentary, and process map were endorsed by ELT on 26 October 2021.

Note the 'Metrics that Matter' September 2021 Dashboard, Highlights Lowlights commentary, and updates on the process map and immunisation analysis were incorporated into the Chief Executive's report for the Board meeting on 10 November 2021.

Carried

4.0 Resolution to Exclude the Public

Resolution (Moved: Ms Perese/Seconded: Ms 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:

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
Confirmation of Public Excluded Minutes of CPHAC Meeting 6 October 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, S32(a)]	Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Funding Arrangements to ensure Improved Health outcomes for Vulnerable Whaanau	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)]
Te Ranga Ora Progress Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

Carried

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 17 NOVEMBER 2021.

Colleen Brown
Committee Co-Chair

Reece Autagavia
Committee Co-Chair

Minutes of the Counties Manukau District Health Board Disability Support Advisory Committee

Held on Wednesday, 13 October 2021 at 1.30pm via Zoom
Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Lana Perese (CM Health Board Member & Committee Chair)
Aiga Pouoa (Community Representative)
Catherine Abel-Pattinson (CM Health Board Member)
Dianne Glenn (CM Health Board Member)
Hao (Felix) Lin (Community Representative)
Huhana Hickey (Community Representative)
Tania Kingi (Mana Whenua)

ALSO PRESENT

Sanjoy Nand, Chief of Allied Health, Scientific & Technical Professions, CM Health
Lana Roberts, Board Secretary
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present.

WELCOME

The meeting was opened with a welcome from the Chair Lana Perese and a karakia from Tania Kingi.

1. AGENDA ORDER AND TIMING

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

2. GOVERNANCE

2.1 Attendance and Apologies

Apologies were noted from Margie Apa, Aroha Haggie, Barry Bublitz, Jessica Ibrahim.

2.2 Disclosure of Interests

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

2.3 Disclosure of Specific Interests

There were no Disclosures of Specific Interest to note.

2.4 Confirmation of the Minutes of the Disability Support Advisory Committee meeting held on 4 August 2021.

Further actions to note from previous minutes:

- Aged Residential Care and Home & Community Support Services (item 3.1 pg.7) – Ms Glenn requested if any updates came through from MoH/DHB policies for families and carers – could they be circulated to the committee.

- Ms Kingi made a note that further discussions were needed around Maori/Pacific volunteers who are providing unpaid voluntary care and services in the homes.

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

That the minutes of the Disability Support Advisory Committee meeting held on 4 August 2021 be approved.

Carried

2.5 Action Items Register

Noted.

2.6 DiSAC Work Plan 2021/2022

Once announcement from Ministry of Health is made on the Disability Directorate plans, Ms Adri Isbister will be invited to give an update at the next committee meeting in December.

Action: Mr Nand/Ms Roberts to circulate any further announcements to the committee on what the new Disability support systems will be (if it hasn't already been made public).

3. OPERATIONAL DEEP DIVE PRESENTATION

3.1 Rehabilitation Services (Geoff Green)

The report was taken as read.

Overview:

1. ARHOP and rehabilitation
2. Outcome measures – Stroke
3. Outcome measures – Spinal
4. Future plans for rehabilitation at CMH

Mr Geoff Green, Clinical Director ARHOP tabled the presentation on Rehabilitation Services as follows:

ARHOP stands for Adult Rehabilitation Health of Older People. This unit provides the following services:

- Stroke – Acute, rehab and community
- Spinal unit – acute, rehab and community (is also a regional service which provides spinal rehabilitation services to most of the North Island)
- Adult rehab including amputee
- Ortho-geriatrics (looks after people with fractures)
- Older persons rehab
- Acute care of the Elderly
- Community Geriatric services, Memory team – run by nurse specialists

Other Rehabilitation groups provided by ARHOP include: head injury, multi-trauma, burns, paediatrics. Other services coming will include cancer, rheumatologic rehabilitation.

The group provides seamless stroke service, have a highly skilled spinal team, excellent stroke community rehab service, dedicated staff and skilled nurse specialists.

According to the Stroke Reports April – June 2021

- 80% of stroke patients are admitted to an Acute Strokes Unit within 24 hours of hospital admission. There are currently 16 beds available in the Acute Strokes Unit, with plans to increase the numbers to 20-21 beds. This is supported by the Executive Leadership Team and funding will be received for the beds.

- Thrombolysis/Stroke Clot Retrieval service – current results are 28% (compared to National goal of 12%). This is a highly skilled procedure and our Acute Interventionists teams are working closely with Auckland Hospital team.
- Inpatient Rehab within 7 days – currently achieving 50% with room for improvement
- Community Rehab (seen by a community rehab staff within one week) – currently achieving 65%

The AROC (Australasian Rehabilitation Outcomes Centre) Report (Jan – Dec 2020) was tabled. This measures the outcomes with strokes and spinal cases across Australia and New Zealand – which benchmarks our outcomes against those of similar institutions elsewhere.

Mr Green noted that between 2018–2020, strokes were getting more severe in our Inpatient Rehab unit. According to the report, they were taking in stroke patients that were more severe.

Spinal Cord Impairment Action Plan:

Objective 1: Improve acute clinical outcome for adults requiring acute SCI care

Objective 2: Improve outcomes for children and adolescents

Objective 3: Improve information sharing

Objective 4: Provide nationally consistent SCI rehabilitation services and extend community-based rehabilitation

Objective 5: Review and align the Ministry and ACC processes for access to equipment, housing modifications and transport

Objective 6: Develop peer support services

Objective 7: Build health and disability workforce capability

Objective 8: Support improvements carers taking a cross-agency approach

This Spinal Cord Impairment Action Plan covers: spinal cord registry, acute spinal service, dedicated rehabilitation service, community service, National consistent pathways – ACC vs MOH, tele-rehabilitation, workforce and peer support.

According to the NZ Spinal Cord Injury Registry 2019 report – the following percentages were noted for the causes of traumatic spinal cord injuries:

- Falls : 38%
- Transport : 26%
- Sports : 17%
- Other : 20%

Specialised Rehab Centre

Mr Green advised the committee that a business case was submitted for the new Specialised Rehab Centre, which will be a 60 bed centre to be built at the Manukau Health Park.

Some of the features will include:

- Single rooms with capacity for patients to have rehab in their rooms
- There will be focus on the centre not looking like a hospital environment and patients getting well
- Culturally appropriate
- Transitional to get back into the community

The floor was opened for discussion/questions:

Ms Abel-Pattison asked if there was a system in place where - for every dollar spent, how much money do we get back or save in the long run. Is there a national rule of thumb that she could discuss with people in the community?

Ms Abel-Pattison also noted that as technology improves with more lives saved, this would be a good enough reason to flag with politicians that this is a good investment to support our community and ensure people are able to live quality of life. Rehabilitation budget offered in New Zealand is low,

compared to other countries - we should be investing, ie. for every dollar we put in, we should get x amount of dollars back. This could build a case with politicians where we ask for their support to help fund this programme.

Mr Green advised that there is research available for older people which shows the cost-effectiveness. He noted that older people who were injured would end up in care if they don't go through the rehabilitation programme. This leads onto high costs of care.

Ms Glenn asked whether there would be ongoing support services provided (at the new Specialised Rehab Centre) for brain trauma patients who have completed rehabilitation. There was concern that people with brain traumas have to live with it for the rest of their lives and need someone to talk to from time to time. Can an ongoing support system be provided for them to reach out to, if needed.

It was noted that Mr Green would enquire with ACC and also acknowledge/note this request in the business case for the Specialised Rehab Centre.

Ms Kingi raised concerns about that Plan and the concept of rehabilitation for Maori patients. There were no cultural components available, which responds to the population experiencing highest rates. The culturally appropriate measures are lacking. After rehabilitation, is there a process on how the patients are returned back to their cultural roles within iwi/hapu/whanau? The content, training and delivery of cultural restoration is an important part of rehabilitation but is missing in this plan. Request was made to include this important aspect in the business case.

Mr Green acknowledged the comments raised by Ms Kingi - and advised that the Tiaho Mai building was a place where culturally appropriate people were available to greet our patients. It was also noted that a request for the roles of Cultural Advisors were included in the business case.

Ms Kingi is keen to see some strategies put in the plan to cover the cultural aspect of the programme, and request was made to bring an update back to the committee.

Action: Mr Green to note the request to include strategies in the business case that would cover culturally appropriate services to patients.

Ms Hickey shared her concerns that she has had ongoing issues with regards to accessing rehabilitation services. Why is rehabilitation not available for people regardless of their situations, ie. neurological conditions. South Auckland has no neurologist and there is ongoing discrimination each time Ms Hickey is in hospital or needs rehabilitation.

Ms Pouoa shared that during her time in Spinal Unit for her injury, there were no Pacific organisations available for patients at the Spinal Unit. If Pacific and Maori patients had the highest rate, then why are there no services available for them, to provide support during patients' transition from Spinal Unit to being discharged? This is something that should be provided in the community.

Dr Perese noted that Pacific disability support services such as Vaka Tautua, Homecare Services, etc were available for Pacific patients, and would be good to see how we are engaging the DHB with these Maori/Pacific providers to be able to provide support services.

Dr Perese and Mr Nand thanked Mr Green for the great presentation provided.

4. PRESENTATIONS

4.1 Implications of the Health & Disability system reform on disability services (Adri Isbister)

Mr Isbister presented a verbal update to the committee:

- Government review has been ongoing for several years
- Health and disability system review announced in April

- MoH entity is changing and will not have a commissioning function
- Would go into entity of Health New Zealand
- No matter what happens to Disability, delivery function will no longer be within MoH
- Huge feedback received on enabling good lives
- NZ health survey held Nov last year – they have less good health outcome, including Maori/PI
- Access and improved outcomes for Disabled people
- 43,000 people eligible for disability support services
- Work with 1,000 providers around NZ
- 1.83B appropriation commissioned and funded out to community
- Commissioning and funding of environmental support services provided
- Multiple contracts with providers around NZ

The floor was opened for discussion/questions:

Ms Kingi is keen to know if there is any support provided for disabled Maori. How is disability support services measured, in terms of quality of the work done? This needs to be part of the new reform coming forward.

Ms Isbister and Amanda Bleckmann acknowledged this, and confirmed it is still work in progress – keen to reach out to Ms Kingi in another forum to discuss further.

Ms Abel-Pattison is keen to have a column for Disability included in the Action Plan - to ensure there is equity in the system. Mr Nand noted topics that could be measured were added, ie. stroke, spinal info, vaccination etc. However, it will be difficult to measure and collect information on disabled people, as there is currently no system in place to collect the disability status of a person

Ms Glenn queried the comment from Ms Isbister re. 43,000 people being eligible for disability support services. However, Stats NZ confirmed they were only interviewing 23,000 disabled people across New Zealand. Ms Amanda confirmed there are 1.1 million disabled people identified in New Zealand – with 43,000 people currently accessing funded disability support through MoH.

Action: Mr Nand to investigate how information on disabled people could be gathered and included in the Action Plan; to provide and update at future DiSAC meeting.

Action: Ms Isbister is keen to attend a future DiSAC meeting to give another update on the Health & Disability system reform.

4.2 **Autism Work: Autism/Takiwaatanga – Friendly Hospital Initiative at Kidz First (Ana Smith/Louise Porteous/Dr Teuila Percival)**

Powerpoint presentation was tabled and uploaded to Diligent.

Vision

The vision is to have an Autism/Takiwaatanga – friendly hospital with trained workforce; supported workforce with expertise in each area; physical environment which caters for autistic children; and processes and guidelines to better support whanau.

Background

- Children and young people with autism find interactions with hospital services very difficult – parents describe very poor experiences in many areas of the system
- Staff report “feeling out of their depth” when supporting children with autism and staff requesting training and support
- Clear recognition of need to improve hospital care experiences of children with autism and their whaanau

- Internationally the number of children and young people with Autism continues to increase; local experience supports this
- Literature review revealed very few initiatives or examples internationally of autism friendly hospitals
- Consultation through 2019 within Kidz First services led to Working Group and approaches made to national autism education, information and advisory services and local parent support organisations – led to partnering alliance with Altogether Autism
- Altogether Autism national autism education service, DIAS –consumer including whaanau advisors and cultural advisors

Funding

- Child Wellbeing Budget 2019 – CDS Improvement and Expansion included funding design and piloting of Innovations in line with EGL/GSIL principles
- Contested funding – successful 2020/2021 – 12months \$36,000 with \$5,000 over following 2 years to complete evaluation (small underspend due to COVID rolled over into 21/22 year)
- CDS Innovation work coordinated through NRA to MOH (3 monthly reporting)

Project scope and structure

- Liaison meetings and physical site visits between Altogether Autism, Clinical Champions and other area experts
- Development of one day pilot workshop by Altogether Autism
- Formalisation of Clinical Champion role

Key challenges

- COVID 19 – Auckland
- KF Hospital construction
- Winter – RSV and other respiratory illness
- Staff changes

Going forward

- Completing current evaluation for NRA/MOH
- Adapting to current situation – more virtual training
- Sustainability – funding
- Evaluation to assess changes for patients and whaanau
- “All about Me” initiative

Ms Hickey queried whether a cultural lens could be included in this project/service - to factor in autism patients where Te Reo is their first language. The team have noted this, and will work on something going forward.

Ms Abel-Pattison thanked the team for the great presentation. She also made a suggestion, whether something similar could be linked to a shared platform where other nurses around the country can access, and hospitals might be able to look at how they can cater to people with autism.

Mr Sanjoy Nand also thanked the team for showcasing the work that they do, and noted that all this was done with little resources, so very impressed.

4.3 Altogether Autism (Catherine Trezona)

A presentation was tabled and uploaded to Diligent. More information is available at:

<https://www.altogetherautism.org.nz/> Our Journal magazines are also available – free subscription.

Services and support include:

- Trusted information and advice
- Professional development
- Employment support
- Sunflower lanyards

Trusted information – informed by:

- Lived experience
- Clinical best practice
- Published research

The Professional Advisors and Consumer Advisors were introduced. They are autistic advisors who lead the work. Commitment was made at Altogether Autism that the autistic voices should lead their work at a strategic level, and guide what the priorities should be for each year.

Sunflower lanyards scheme

This was created as part of the hidden disabilities programme (panned disability, not just autism). The idea started at in the UK, then Australia – now it is in New Zealand.

Green lanyard – is worn by a person with hidden disability, so when out in the community – people are more aware

White lanyard – is worn by supporters of people with hidden disabilities. It signals awareness when out in public, that the wearer is available to provide support.

These lanyards can be ordered via the Mobility Centre (on Altogether Autism website). Other products available are Sunflower pins and Sunflower Adult Wrist bands. Altogether Autism is an official member of the Hidden Disabilities Sunflower Scheme and as a registered charity, is authorised to sell Hidden Disability Sunflower products.

Mr Nand thanked Catherine for the great presentation. As we have a number of hidden disabilities presented at the hospital on a regular basis, Mr Nand is keen to explore this initiative for Middlemroe and will present a paper at a future DiSAC meeting - requesting consideration for this initiative.

5. DISCUSSION

5.1 Vaccination Plan for Disabled People (Katie Daniel)

Presentation was tabled and uploaded to Diligent.

Progress to date

- All large vaccination sites have had accessibility audit, undertaken by Vivian Naylor from CCS Disability Action.
- Accessibility information is visible on the booking site - people can request additional support, eg. sign language interpreters
- Provided outreach vaccination to people living in disability group homes - all 18 providers have received first dose visit. 14 providers across 22 sites have received second dose.
- Provided vaccination outreach to 11 specialist disability schools - all have received their first dose visit and 8 schools have received their second dose.
- Recent communications sent out to disability sector regarding new transport options; also the in-home vaccination - to ensure the services are well known.
- In-home vaccinations commenced at the end of September - 152 households visited by 8/10/21. 105 additional households will be visited by the end of the week. Provision of free transport to a vaccination site started 1/10/21.
- Maori and Pacific providers are managing the mobile buses, campervans, and opportunistic school vaccination outreach.
- A pop up with Deaf Aotearoa (Avondale and Manukau) was unfortunately cancelled as a result of poor interest

- Taikura are proactively calling unvaccinated MOH funded Maori and Pacific disabled people to ensure they have all the support they need to access vaccination.

Next steps

- Super Saturday - will be promoting our most accessible centres and providing sign language interpreters at four sites across Auckland all day (Albany, Auckland CBD, Westgate and Manurewa marae)
- Proactive calling of MOH funded non-Maori and Pacific disabled people to ensure they have all the support they need to access vaccination by Whakarongarau's disability specialist team. Following this we will also call unvaccinated ACC clients and DHB funded people receiving home care
- Working with organisations including Kainga Ora to provide outreach to their higher density residences – to encourage residents to get vaccinated
- Working on specific initiatives for needle phobic people and understand the range of options available including sedation

Ms Glenn enquired what could be done with people who are afraid of needles. Ms Daniels advised she can arrange an oral sedation with his GP, with vaccination done at home.

Ms Kingi wanted to raise awareness that there's not enough culturally relevant information or support available for the whanau hauaa population, that would convince them to get vaccinated. Some providers have no whanau hauaa vaccination plan, from either DHB or MoH. There are also whanau who don't have access to Taikura services. We need to work more collectively together to make improvements to what is already in place.

Ms Daniels agreed with comments made, to be more creative on ways to encourage whanau to get vaccinated.

6. REPORT

6.1 Disability Action Plan update (Sanjoy Nand)

The paper was taken as read.

- E-learning: mandatory and progress is made - another 160 people signed up to e-learning
- Working on how we can get kaupapa Maori learning onto disability – have a plan to connect with Te Roopu Waiora to discuss what can be done to support
- Developing a staff survey – not the right time to carry out another staff survey due to current COVID-19 outbreak

Action: Work on how we can get kaupapa Maori learning onto disability – Mr Nand to touch base with Te Roopu Waiora and discuss what can be done to support this initiative.

Resolution (Moved: Ms Glenn/Seconded: Mr Hao Lin)

That the DiSAC Committee:

Receive the Disability Action Plan progress report

7. RESOLUTION TO EXCLUDE THE PUBLIC

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

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 Public Excluded Minutes of 4 August 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Confirmation of Minutes – As per the resolution from the public section of the minutes, as per the NZPH&D Act.

Carried

This first part of the meeting concluded at 4.20pm.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD DISABILITY SUPPORT ADVISORY COMMITTEE MEETING OF 13 OCTOBER 2021.

Lana Perese
Chair

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 10 November– 14 December 2021.

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

Introduction

This report covers the period 10 November– 14 December 2021. Throughout this period we have continued to be affected by COVID-19 related restrictions which have continued to impact the way our facilities operate and our volumes of activity. Vaccination has remained a priority as we move into the traffic light system to ensure all of our populations have as high levels of protection as possible.

Performance

I attach for the Board's information the Metrics that Matter for October 2021 (appendix 1).

Highlights

- The Mental Health measure related to 0-24yr olds non-urgent referrals seen within 3 weeks remains above target for Maaori and Pacific.
- The percentage of patients seen by ED geriatricians and discharged to the community (a system integration measure) has been trending upwards since May 2021.
- Over the last year the RMO sick leave rate has remained below target. The nursing sick leave rate dropped below the 3% target for the first time in over a year in September 2021. The movement in the sick leave rate is similar across both groups and thus could be used as a proxy for general sick leave rate movement across the DHB.
- There have been no falls with major harm for three consecutive months.

Lowlights

- Auckland's recent COVID-19 alert level settings have adversely impacted the B4 School Check completion rates, with a widening gap between the percentage of four year olds receiving a B4 School Check and the target rate.

Cause(s)	Mitigation/Solution
Infection control requirements related to COVID Alert Levels 4 and 3 prohibit face to face visits.	<ul style="list-style-type: none">• Targeted prioritization of Maaori & Pacific 4 yr olds on reduction in Alert Levels/within COVID traffic light system.• Additional sessions.
	Confounding factors

	<ul style="list-style-type: none"> • COVID-19 infection control standards. • Additional trained workforce will be required to meet target in 2021/22.
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- The percentage of women aged 45-69 who have received a **breast screen** within the past 24 months is slowly trending downwards for all ethnic groups.

Cause(s)	Mitigation/Solution
Production halted in Alert Level 4 and reduced in Alert Level 3 to meet infection control standards.	<ul style="list-style-type: none"> • Additional mobile unit leased to add capacity. • Additional sessions. • Maori participation prioritised.
	Confounding factors
	<ul style="list-style-type: none"> • COVID-19 infection control standards. • Space constraints on mobile units which limit ability to maximize capacity. • Space constraints in MHP. • Breastscreen Aoteroa are updating the denominator data for coverage reports based on the 2018 census predictions, resulting in an apparent reduction in coverage rates.

- While all ethnicities are below target for the **bowel screening** measure, there remains a noticeable equity gap between Pacific peoples and other ethnicities.

Cause(s)	Mitigation/Solution
<ul style="list-style-type: none"> • Return of test kits reduced in Alert Levels 4 and 3. • Outreach team deployed to other Covid related duties. 	<ul style="list-style-type: none"> • Consistent contact with individuals to encourage return to kits via the Community Health team. • Improve contact data through data matching with GPs.
	Confounding factors
	<ul style="list-style-type: none"> • The National Co-ordination Centre, responsible for “active follow up” when kits are not returned, makes contact with only 40% of the priority population.* • Internal capacity insufficient to complete all follow-up of clients.* • Incorrect contact details on database.* • Programme design poor e.g. invitation letters only in English.* • Influencers in the community e.g. Pacific churches, will not promote collection of foecal samples due to perceived sensitivity within the Pacific culture.

	*Raised with MoH
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- The performance against the 6 week waiting time for **MRI scans** continues to trend downwards.

Cause(s)	Mitigation/Solution
<ul style="list-style-type: none"> Production reduced due to MRT vacancies and due to the need to meet Alert Level 3 infection control standards. 	<ul style="list-style-type: none"> Additional sessions & outsourcing.
	Confounding factors
	Current additional in-house production insufficient to meet demand.

- The **P2 colonoscopy within 42 days** and **P2 gastroscopy within 42 days'** metrics for all ethnicities remain well below target.

Cause(s)	Mitigation/Solution
<ul style="list-style-type: none"> Production halted in Alert Level 4 and reduced in Alert Level 3 to meet infection control standards. SMO leave. 	<ul style="list-style-type: none"> Cover of some of dropped SMO sessions by Fellow. Outsourcing.
	Confounding factors
	<ul style="list-style-type: none"> COVID-19 infection control standards. Increased demand.

- Echo & Holter wait times are beginning to lengthen after a period of improvement from August 2020

Cause(s)	Mitigation/Solution
<ul style="list-style-type: none"> Production reduced in Alert Level 4 & 3 to meet infection control standards. Sonographer and physiologist vacancies. 	<ul style="list-style-type: none"> Outsourcing. Additional echo machine to support echo clinic at Pukekohe.
	Confounding factors
	<ul style="list-style-type: none"> COVID-19 infection control standards. Small sonographer and physiologist recruitment pools due to poor training pipeline. COVID-19 related border restrictions restricting recruitment opportunities.

- The latest monthly **ESPI 2 and 5 compliance** results demonstrate the negative impact the COVID-19 lockdown is having on elective wait times for the majority of services monitored.

Cause(s)	Mitigation/Solution
ALL: Production reduced in Alert Level 4 & 3 to meet infection control	<ul style="list-style-type: none"> Outsourcing. Increasing FTE, primarily SMOs in

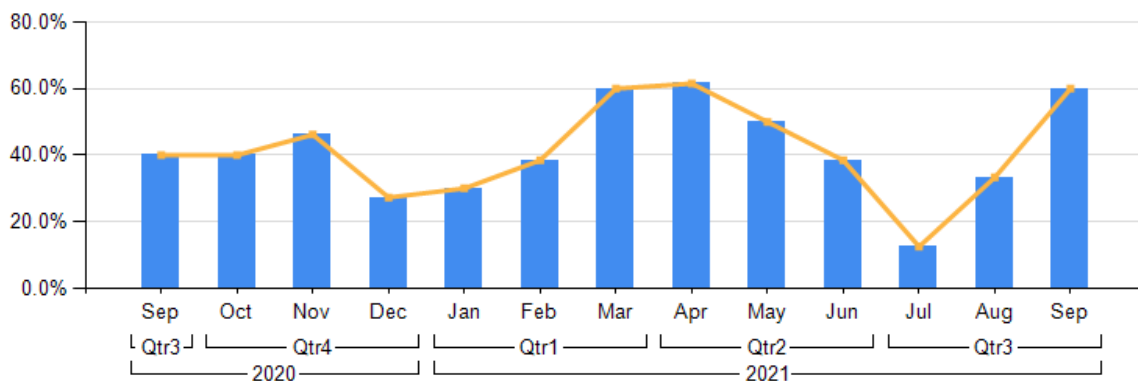
standards. <ul style="list-style-type: none"> • Dermatology, Respiratory, Cardiology production constrained by lack of workforce and lack of clinic space. 	<ul style="list-style-type: none"> • Dermatology, Respiratory and Cardiology. • Increasing facilities for clinics at Mangere, Otara and extensions at MSC. • Additional surgical capacity weekday evenings and weekends.
	Confounding factors
	<ul style="list-style-type: none"> • COVID-19 infection control standards, including reducing theatre capacity/flexibility as a result of a dedicated COVID theatre. • COVID ward upgrades reducing capacity.

At the 10 November meeting, the Board asked for clarity regarding the “stroke patients to rehab unit within 7 days” chart and the “0-24 year olds non-urgent referral seen within 3 weeks” table. The team have provided the following updates:

1. Commentary regarding the ‘decrease in rates of acute strokes being transferred to rehab in 7 days’.

The Ministry of Health target- to transfer 80% of eligible patients within 7 days to inpatient rehabilitation has been well off target at CM Health with the 12 month rolling average at 40%. However, as per the graph below there hasn’t been a generalised decrease in this target. The July figure was an anomaly related to lockdown and the challenges with ensuring COVID-19 negative patient status prior to transfer to rehab, since then there has been an upward trend and September was back being the highest equal month over the last rolling year.

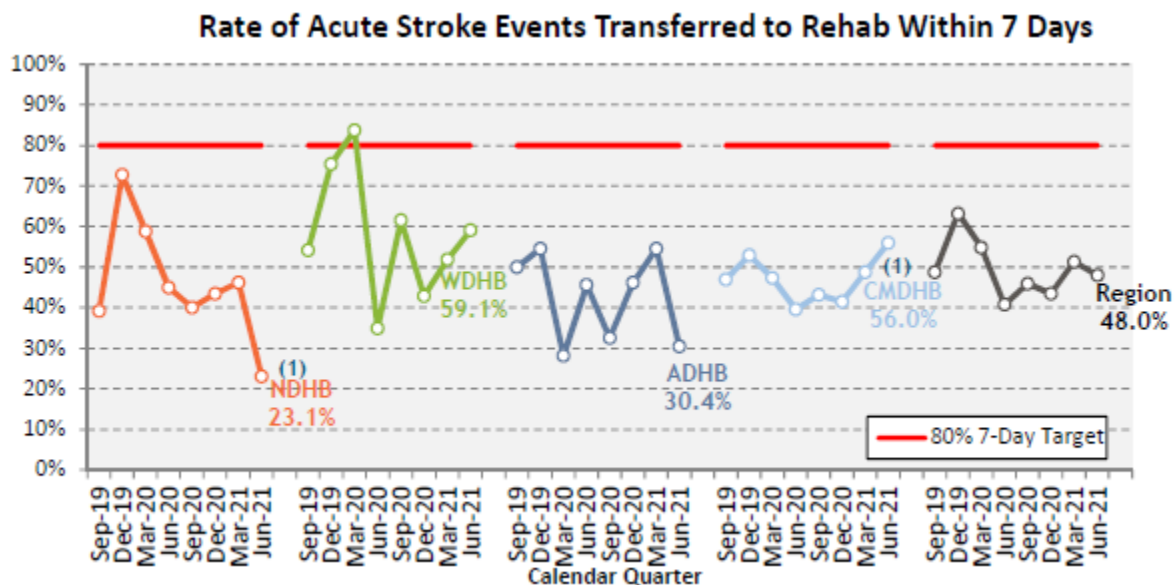
Indicator 5 – Percentage of Acute Stroke Patients transferred to Inpatient Rehabilitation within 7 days



CMH completed a four month retrospective data analysis (over the first third of 2021) to investigate reasons for not meeting the 80% target and acknowledging that our rolling average is 40%. The study demonstrated that 48% of these patients were delayed due to medical/surgical instability or complications in their condition. Rehab reviews on these individuals continued on a regular basis and they were transferred to a rehabilitation ward when stable. There was only one occasion where limited capacity on the rehabilitation ward delayed the transfer, otherwise people transferred on the day of or day following acceptance to rehab.

The results therefore indicated that half of these reasons for not transferring were appropriate. Taking this data into consideration, if CM Health improved on all non-medical reasons for delay, the best that CM Health could achieve would have been 60% for that time period, indicating that the 80% target in itself could be considered an unrealistic target for that time period.

It is worth noting here the Northern Region Alliance (NRA) data below, which demonstrates that the Northern Region DHBS as a whole are failing to meet this target. Relative to the region average CM Health is performing similarly. As a direct comparison, ADHB have an integrated stroke unit which encompasses rehab on the same ward so presumably do not have the challenges of moving patients across the hospital and bed availability, at best they have achieved around 55% with dips to a much lower range ~30%.



The CM Health team met in October 2021 to review the data from our study. Present at this meeting were the clinical heads for Rehab and Stroke, CNMs, Allied Health, service manager ARHOP, bed manager and medical personnel. The purpose of the workshop was to explore whether the remaining (non-medical) reasons for delays to discharge can be influenced at all.

The primary non-medical issue was related to weekends (admissions not occurring in rehab on the weekend). This is a significant challenge that cannot be addressed without considerable additional resource into Senior Medical Officers and Allied Health personnel. The team was unable to see any area that could be influenced in the immediate term and as a longer term strategy would value Board opinion as to whether 'true' 7 day working is an area that the organisation would like to move toward, noting the significant investment that would be required to achieve this.

Conclusion from the workshop was that a plan was made to prospectively start to review the data and to regroup again and review in 2022.

2. Commentary regarding equity with this target, in particular the poorer result for Maori.

Ethnicity data for Maaori and Pacific Island are reported on to MoH and NRA and are frequently reviewed by the team.

When reviewing the data it is important to view the raw data (as below) to see that the numbers are very small, so a change in one patient will make a significant change when viewing as a percentage. E.g. in May 2021 it would read only 50% of Maaori patients didn't reach rehab within 7 days as opposed to June where 100% of patients did. There were only 3 Maaori patients in total who went to rehab over those two months. For this reason we do not focus on monthly or quarterly data and rather prefer to look at 12 month rolling average data to determine trends.

Years			Asian		European		Maori		Other		Pacific Islander		Grand Total
			Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	
2021	Q1	Jan	2	1	5	1	2	1	0	0	1	0	10
		Feb	4	0	4	3	1	0	2	0	2	2	13
		Mar	2	1	4	3	4	2	0	0	0	0	10
		Total	8	2	13	7	7	3	2	0	3	2	33
	Q2	Apr	4	4	4	2	2	1	0	0	3	1	13
		May	3	1	7	3	2	1	0	0	6	4	18
		Jun	1	1	2	0	1	1	2	0	7	3	13
		Total	8	6	13	5	5	3	2	0	16	8	44
	Q3	Jul	1	0	1	1	2	0	0	0	4	0	8
		Aug	2	1	4	2	0	0	1	0	2	0	9
		Sep	2	2	0	0	2	1	0	0	1	0	5
		Total	5	3	5	3	4	1	1	0	7	0	22

Looking instead at the Average figures for 2021 the percentages are as follows. It is noted that Maori are 4% below NZ European for the annual figures.

Asian 52%
 NZ European 48%
 Maaori 44%
 Pacific Island 38%
 Other 0%

When we completed the audit in the first quarter of 2021 the auditor specifically looked at Maaori patient transfers to rehab, and this was discussed at the recent workshop. Though the data was small the auditor did note that the primary reason for delay to discharge for Maaori patients in the first third of this year was related to medical instability. This is fitting with stroke data which indicates that Maaori have higher mortality rates and higher morbidity with stroke than other ethnic groups. Whilst a patient is medically unstable they are safer to be managed on the acute stroke ward than on the rehabilitation ward.

With the prospective data we are now capturing, the team have added a data point to identify if a patient is Maaori and if appropriate to transfer, to proactively look at ways that this could be expedited. We will continue to review this data point with an equity lens.

News and Events

Neonatal Unit Expansion

In November we were very excited to open our new Special Care Baby Unit at our Neonatal Unit in Middlemore Hospital. Even though COVID-19 meant the celebration had to be restricted, a small group was able to gather for the blessing on 29 October 2021. Completion of this work adds much needed capacity that will be well utilised and hugely appreciated by our community



November

Every year many of our staff members take part in Movember – growing a mustache for the month of November to raise awareness and funds for men’s mental health. This year we also held a special Movember Wellbeing Wednesday on 24 November where one of our Health Psychologists facilitated a talk on ‘Understanding and Growing Mental Wellbeing for Men’.

White Ribbon Day

In November we also marked White Ribbon Day, where people wear a white ribbon to show that they do not condone violence towards women and children. The annual campaign shines a light on family harm and raises awareness and funds to try and tackle this difficult issue. This year we ran a competition for staff to find the white ribbon in our usual communications with vouchers on offer.

Tiaho Mai Award

Congratulations to the Acute Mental Health Project Delivery Team who recently won the Warren and Mahoney Civic, Health and Arts Property Award category in the prestigious Property Industry Awards 2021. The Tiaho Mai facility was awarded Excellence with Best in Class.

Judges of the awards cited that Tiaho Mai placed the service users’ dignity and choice at its heart, while maintaining safety and connectedness to culture and the communities of Counties Manukau Health. The innovative and inspirational design of Tiaho Mai supports a tikanga Maaori approach to care offering a welcoming environment for whaanau to visit and be a part of the patient’s healing.

The design harnesses the benefits of light, fresh air and connection to nature, to create a stress-reducing, healing environment.

An outdoor area, where patients can get fresh air, visit with whaanau and friends, relax or play sports, is surrounded by modern open area living spaces. It is a peaceful space promoting taha hinengaro (mental and emotional wellbeing). The marae, Nga Whetu Marama (translates to “the Bright Stars”) is situated alongside Tiaho Mai where whaanau and friends can visit or our patients can use to support their healing journey. We are very proud to be able to offer a gold standard service to our community in this facility.

International Day of Disabled Persons

On Friday 3 December we marked International Day of the Disabled persons. Minister Sepuloni hosted a zoom on the day which staff were invited to join, launching The Empowered Programme “Dream Big, Achieve More’. We also marked the day with a recommitment to the Accessibility Tick, sharing more about our commitment to support accessibility and inclusivity, and promoting a patient story.

Our People

Local Heroes

Below are our local heroes for September and October, with some detail about why they were nominated for the award:

Sifahula Leavai, Registered Nurse, Manukau Community Mental Health



"Sifa is always reaching out to help others and going the extra mile. She is always cheerful and encourages the team. She is hard working and diligent with her work."

Liz Bryce, Infection Control Clinical Nurse Specialist

"Liz has been an absolute superstar when it comes to our COVID-19 response. She demonstrates the values of excellent, kind and together at all times in her work and is a real team player."



Team Award - Rapua Te Ao Waiora's Nursing Team



"We are extremely proud of how this group of mental health nurses demonstrated great speed and agility in standing up drive through IMI clinics, following infection control and traffic management measures to provide safe treatment in safe way."

Stacey Wilson – COVID-19 Response Manager



Stacey was nominated for this award for her tireless efforts throughout the most recent COVID-19 outbreak, supporting staff and services across the organisation.

Highbrook Vaccination Team



“This team was formed by many staff members (a total of over 50) who were brought together from different teams across Counties Manukau Health, with the majority coming from our Public Health Nurses Team. As individuals they should be commended to agreeing to be seconded to take on the task of working in New Zealand's largest and fastest health programme roll outs, offering their clinical skills and can do attitudes and building a cohesive team with chemistry and aroha for each other very quickly, we often get feedback that this team work and act like they have been together for many years. This team is a team of trail blazers, leading the way for the whole Northern Region and gaining a lot of the 'firsts' in the whole programme. This team were the first to set up a super vaccination clinic (SVC), first to achieve vaccinating over 1000 people in a day, first to reach vaccinating 100k people, first to trial and lead work place vaccinations, which started at their vaccination clinic and then pivoted to onsite at local workplaces, they now do many outreach activities looking after whaanau that need extra care and attention including our whaanau living with mental health and addictions. One of the stand outs of their records of 'firsts' was in August when Aotearoa went into lockdown within 24 hours this team agreed within days to put their beloved Highbrook site on pause and the full team moved out to the Airport to set up the first drive through Vaccination site in the Northern Region.”

Annual Staff Awards



Our annual staff awards were held on 6 December. This is another great way to celebrate the fantastic work done by our staff. As we had just moved into the traffic light system we were able to hold the event in person, with a focus on creating a meaningful event whilst observing safety measures. Each winner received a bouquet of flowers along with their prizes and a video message from the sponsors of the awards who were unable to attend in person. As we could not cater the event, each winner was also given a Columbus Gift Card to celebrate with their colleagues/whaanau/friends when they choose to. We also had selfie frames designed and our communications team took pictures of the event to provide some fun and lasting memories.

The winners of the awards were:

Kitty McQuilkin and Summer Hawke - Equity Award



“Summer and Kitty have been tirelessly working to increase immunisation rates for CM Health whaanau with a particular focus on Maaori and Pacific. Their innovative approaches have resulted in improvements in equitable vaccine access to Maaori and Pacific people.”

Raewyn Maguire – Valuing Everyone Award



“In her leadership role as Charge nurse Raewyn is constantly supporting all staff. She welcomes, coaches, debriefs and always provides positive feedback and an afternoon tea when staff leaves.

Retention of staff is not an issue in this ward, primarily because of how the staff feel about Raewyns’ kindness and effective leadership, they just don’t want to leave.”

Krishnaveni (Krishnee) Naidoo – Kindness Award



“Krishnee is a senior Charge Nurse Manager based at Manukau Health Park and has been providing professional leadership and mentorship to a number of charge nurses. I often see junior charge nurses sitting in Krishnee’s office for mentorship and professional guidance. She always makes herself available to those who are in need regardless of whether they belong to the service/department or not.”

Angela Hall – Together Award

“Angela has been part of the ED whaanau for 39 years. She has seen the ED team morph and change over this time. Angela has an enormous amount of organisational knowledge and is happy to share this. If you don’t know something ask Ang!

She is always available to help anyone in need. Nothing is a problem. She will turn her hand to anything. Recently in addition to her substantive role she has offered to be trained as a COVID-19 swabber to help the team in the tent.”

Ambigay Ramsamy

“When looking for sustained excellence, the challenge is not repetition but consistency. Ambigay Ramsamy, Charge Nurse Manager Kidz First Medical is the embodiment of this. An unwavering dedication to her nursing profession, the service, and her peers, have been constant drivers for this exceptional leader, as well as her equity focused child and whaanau centred care delivery mantra.”

Sifa Leavai – Supreme Local Hero Award



“Sifa embodies all the values of Counties Manukau effortlessly. She delivers her work to an excellent standard, always looking out and helping out wherever and whenever, going the extra mile for her clients and colleagues. She exudes kindness especially when it’s not deserved and values everyone.”

Microbiology Team – Laboratory – Chief Executive Award



The microbiology team have dealt with an immense increase in workload over the past few months as they have processed an enormous number of COVID-19 tests. They have done incredible work in keeping up with the demand and making sure that this crucial part of our COVID-19 response has been delivered in a timely way. They are pictured above in a selfie-frame – all team members are part of a work bubble.

Patient Feedback

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

General

"Keep well. Kia kaha - your health and essential workers at the hospital (and I mean all including receptionist, cleaners etc) need more recognition for the incredible work you're doing in incredibly hard times. Keep going."

MSC 1st Floor:

"Excellent Nursing staff for a grumpy old man, I couldn't find anything to complain about."

National Burn Centre:

"Burn unit is a fantastic place, we got 200% care."

SAPS:

"This is the first time being hospitalized in New Zealand. I feel this is the best experience I have ever had. Everyone is accommodating and always happy to help. I am very happy with my stay here."

Ward 31:

"A very big thank you for helping me and looking after me during my stay at Middlemore Hospital. I appreciate it all, the food was good as well. Keep up the four plan strategic goals, you guys are awesome."

Hand Service:

The patient received a letter indicating that they had not made contact or followed up regarding an appointment with the team. They were unhappy with this as they felt that it implied that they had been 'slack'. The patient had received a phone call from the service telling them that a short-notice appointment was available but because at the time they were not having any issues, they did not need an appointment. The patient was advised that if they need an appointment in the future they should follow up with their GP. The patient requested an apology as they felt that the letter contained misinformation and they wanted the information sent to their GP to be rectified.

The service responded to the patient clarifying the error which had occurred, and that they were sent a 'no contact discharge letter' instead of a 'planned appointment discharge letter'. The CNM also spoke to the patient to apologise, and the response letter, outlining the miscommunication and apologising for it, was also forwarded to their GP. The patient was content with the resolution of their complaint.

The above has been summarised from patient feedback.

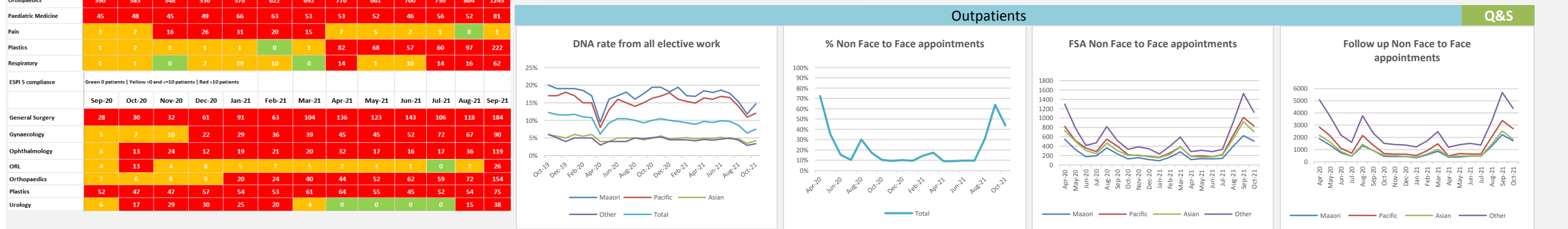
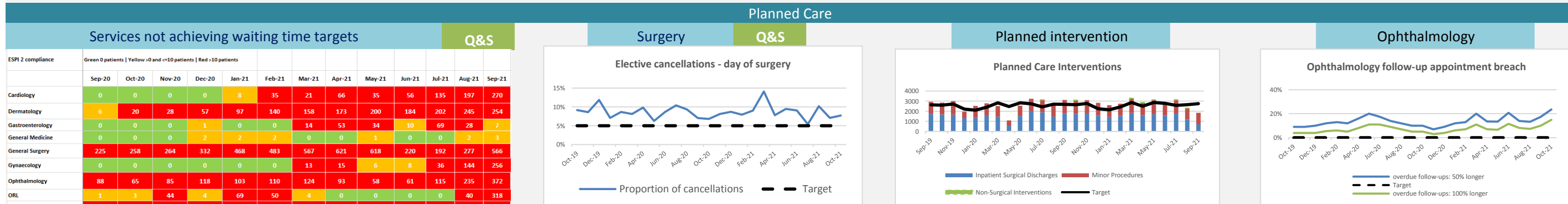
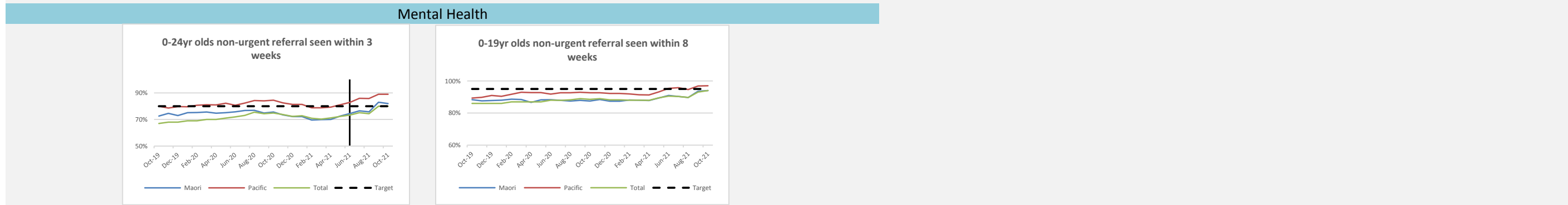
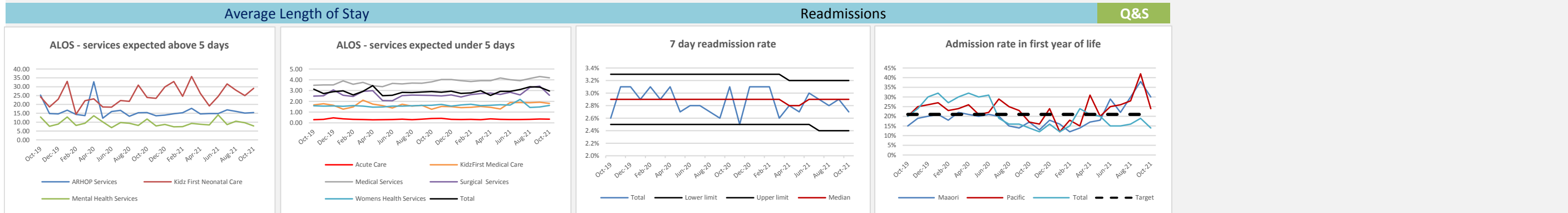
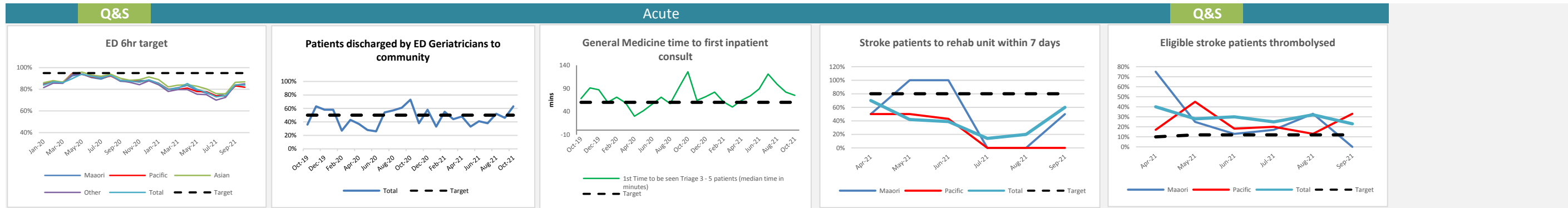
Appendices

1. Metrics that Matter dashboard October 2021



Data unavailable

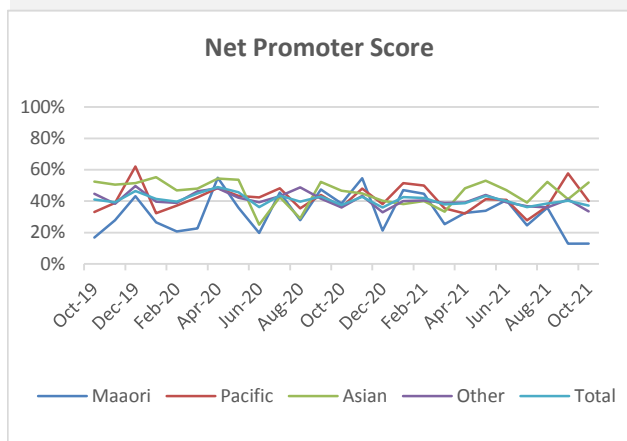
Smoking Cessation		Immunisation		Q&S	B4Sc check
Primary Care PH04: Percentage of PHO enrolled patients who smoke who have been offered help to quit smoking by a health care practitioner in the last 15 months		8mth old immunisation CW05: Percentage of eight months olds who have had their primary course 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 (from July 2021 the age range for this metric changed to 45-69 years in line with MoH's adjusted performance measure for 21/22).		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. Note: Data reported is two months in arrears					
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	*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.		
Oral Health					
Community Oral Health		Surgery			
Children in arrears The percentage of pre-school and primary school children who have not been examined according to their planned recall period (i.e. by the planned recall date set at their previous examination) in DHB-funded dental services. Target of 0% has been set by the Child, Youth and Maternity team - no agreed target has been set regionally.		Paediatric Oral Health FSA waitlist The number of children referred by Community Oral Health Services who are awaiting their First Specialist Appointment. Currently no target for size of waitlist. Data source: ADHB		Paediatric surgery waitlist by DHB The number of children who are awaiting oral surgery after their FSA determines oral surgery is required. Data source: ADHB	



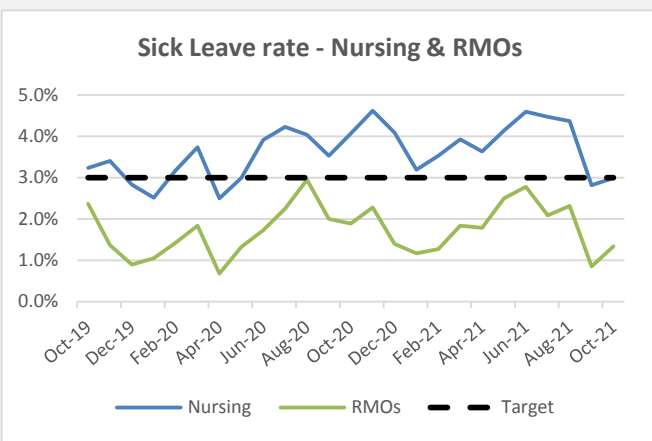
Q&S		Acute		Q&S	Q&S
ED 6 hr target % of patient presentations to the ED with an ED length of stay of less than six hours from the time of presentation to the time of admission, transfer and discharge.	Patient discharged by ED Geriatricians to community % Patients Seen by ED Geriatrics discharged to Community (inc Respite and POAC)(not admitted)	Time to first inpatient consult 1st Time a Triage 1 & 2 or a Triage 3-5 patient attending ED with General Medicine recorded as the first specialty is seen by a physician upon referral (median time in minutes)	Stroke patients to rehab unit Number of patients with an admission for a subsequent rehabilitation inpatient event within 7 days of the acute event's admission date. Note: Data reported one month in arrears	Eligible stroke patients thrombolysed % of patients admitted (by admit date) with: admission type of acute; admission method of home/routine; and principal diagnosis of ischemic or non-specified stroke. Note: Data reported one month in arrears	
Average Length of Stay		Readmissions		Q&S	
Average Length of Stay Time from admission to discharge (includes any person who is admitted and stays longer than 3hrs)		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.	
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					
Annual data only - removed from dashboard until July 2022					
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 TARGET MET - removed from dashboard</i>	0-24yr 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. From July 2021 the age range for this metric changed from 0-19 to 0-24 years in line with the new Health System Indicator - this change is denoted by the vertical line on the graph.	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	Q&S	Surgery	Q&S	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	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	
Note: Services not shown after 2 months of compliance					
Outpatients					
		Q&S			
		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

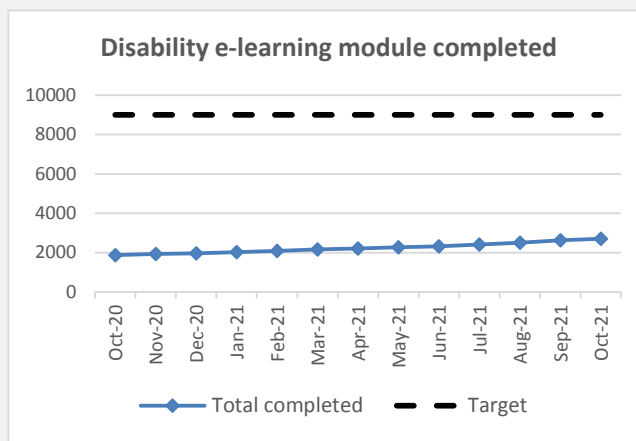
Patient Satisfaction **Q&S**



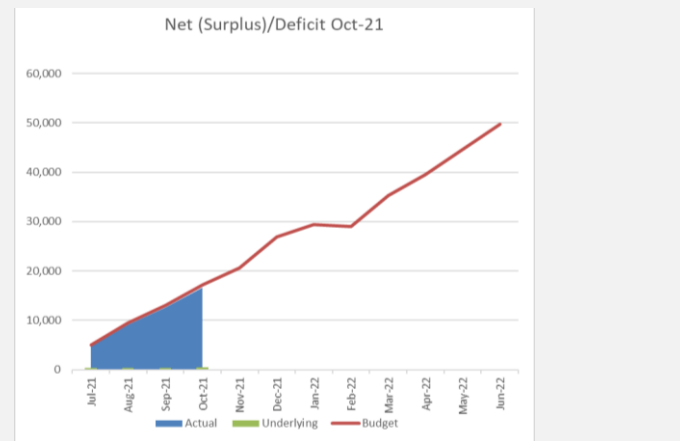
Workforce



Disability

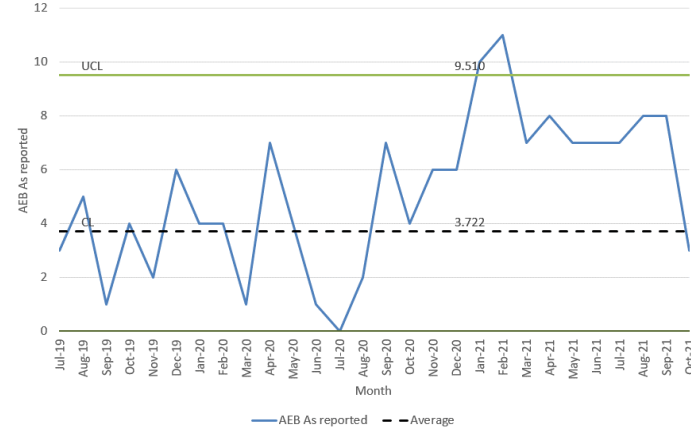


Month end financial result

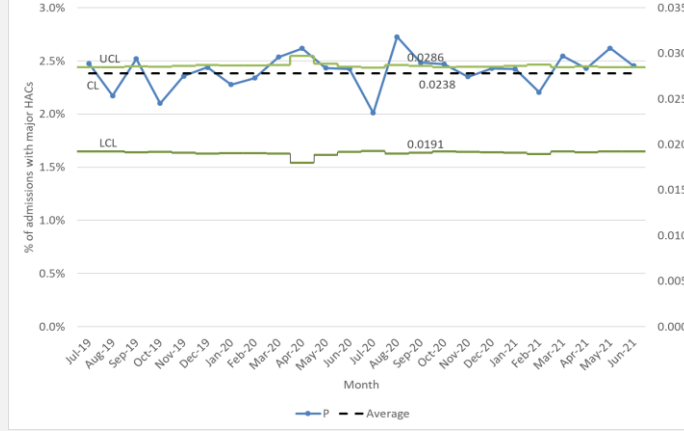


Additional Quality and Safety Measures

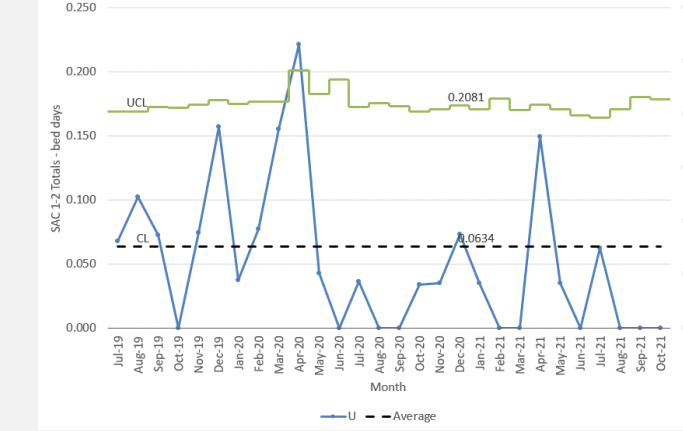
Reported Serious Adverse Events



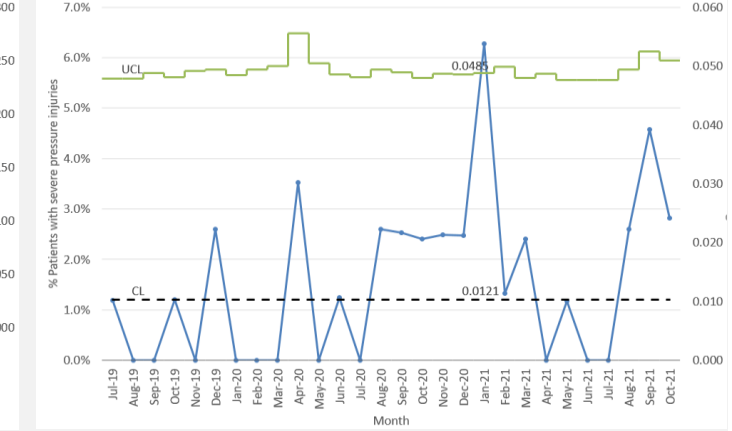
Hospital acquired complications



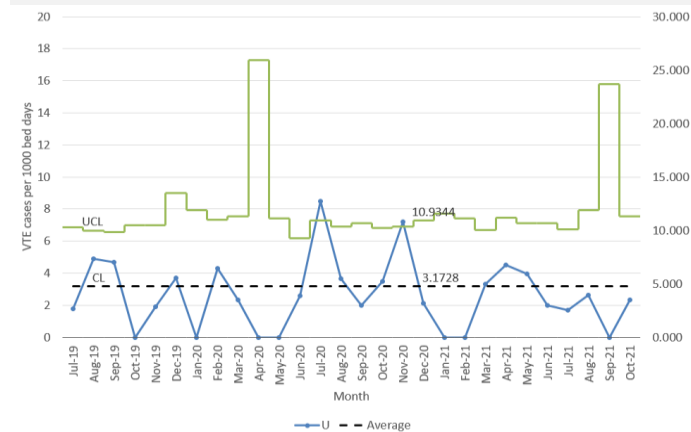
Falls per 1,000 bed days



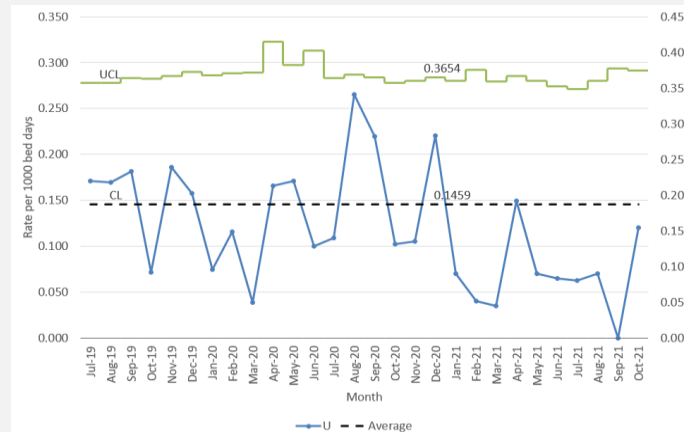
Severe pressure injuries



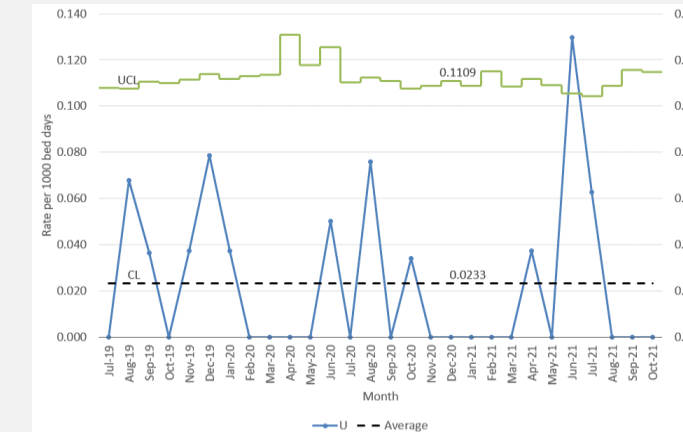
Provoked VTE cases per 1,000 bed days



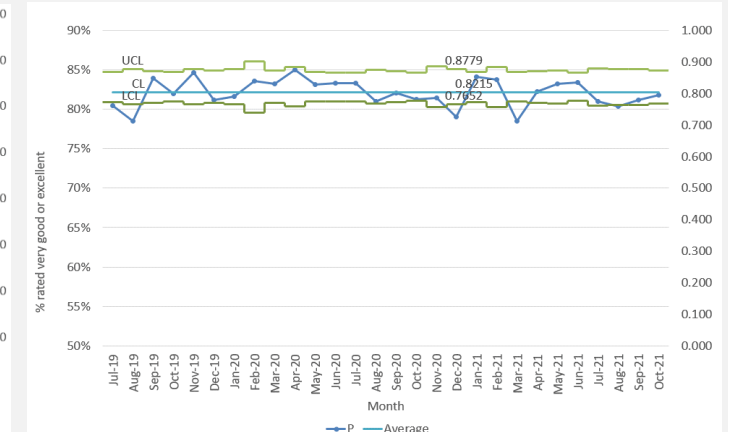
S. aureus bacteraemia per 1,000 bed days



Inpatient CLAB per 1,000 bed days



Overall care rated very good or excellent



New HAC data unavailable

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

Health System Indicators - Govt. Priorities

Improving **child** wellbeing

Improving **mental** wellbeing

2 yr old immunisation rate

0-4 ASH rate data

Under 25s access to MH services < 3 weeks

Access to primary health care data

Improving wellbeing through **prevention**

Strong and equitable public health system

45-64 ASH rate data

participation in bowel screening programme

Acute hospital bed day rate

Access to planned care data

Better **Primary** health care

Financially sustainable health system

Patient experience data

% getting prim. care when needed

% involved in care decisions

Annual surplus/deficit (year end)

Variance between budget/actuals

Next reporting date end of 21/22 quarter 2 (Dec)

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

Patient Story – the context

Graham Smith



Quality of communication persistently rates as one of the top three domains that impacts either positively or negatively on patient experience. It is at the crux of many of our patient and whaanau complaints.

Effective communication is also the essence of quality therapeutic relationships and practice.

Graham's story is all about the power of listening well and the profound impact finally being heard has on every patient.

It took 2 years to confirm a diagnosis for Graham and develop a care plan with him that addressed his underlying health and wellbeing challenges. This could have been accelerated if a trusting relationship had been established earlier on.

Tanya Crompton the Senior Medical Officer that took the time to connect to Graham in a way that Graham identified with, was a relieving doctor for that day's Adult Rehabilitation & Health of Older People (ARHOP) clinic. That day, Graham felt heard.

In Graham's case, great communication was all about recognising some core Tikanga Maori concepts that gave Graham the confidence to trust the doctor and tell her the full scope of his wellbeing story.

These concepts are simple, yet difficult to deliver consistently:

- Kanohi te ki kanohi – face to face communication, that gives the person your full attention
- Korero mai – taking the time to ask Graham for his opinion
- Taha Wairua – our wellbeing is multidimensional and needs to be considered in a holistic way

This story has been shared with the Patient Experience Advisory Committee and will be utilised as a training tool in the following forums:

- Celebratory tool for the ARHOP team, plus a reminder that telehealth or phone consults are not suitable for everyone
- Patient story and discussion at Grand Rounds for doctors
- Patient story and discussion at Transformational Thursdays for nurses
- Addition to the CM Health Welcome Day Orientation

Counties Manukau District Health Board

Corporate and Finance Report

Recommendation

It is recommended that the Board:

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

Note the financial result was presented to the Audit Risk and Finance Committee meeting on 1 December 2021.

Submitted by: Margaret White, Chief Financial Officer

Glossary

ACC	Accident Compensation Corporation	IDF	Inter District Flows
BAU	Business As Usual	iPM	Integrated Project Management
BOY	Balance of Year	MBIE	Ministry of Business, Innovation & Employment
CCDM	Care Capacity Demand Management	MHP	Manukau Health Park
CIC	Capital Investment Committee	MoH	Ministry of Health
CER	Capital Expenditure Request	PBFF	Population -Based Funding Formula
COVID	Coronavirus Disease	PCT	Pharmaceutical Cancer Treatment
E\$C	Every Dollar Counts	RMO	Resident Medical Officer
EOT	Extension of Time	SMO	Senior Medical Officer
ESPI	Elective Services Patient Flow Indicator	SSE	Shared Service Entities
FPIM	Finance Procurement & Information Mgmt	TRO	Te Ranga Ora
FTE	Full Time Equivalent	WIES	Weighted Inlier Equivalent Separations
HOP	Health of Older People	YTD	Year To Date

Purpose

The purpose of this paper is to provide the Board with an overview of the latest Financial result.

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

2021/22 October Result (refer to Table 1):

- **The underlying variance for October 2021 is \$79k favourable to budget (YTD \$488k favourable).** The Reported variance for October 2021 is \$4.662m favourable to budget (YTD \$8.185m favourable), which is primarily attributable to a COVID-19 variance of \$4.583m favourable (YTD \$7.697m favourable).
- The ongoing nature of the COVID response has had a direct impact on the DHBs ability to deploy capacity investments planned for 2021/22, including the ability to fill vacancies. From a financial perspective this has offset delays to secure savings.

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

Reported Net Result	October 2021						
	Month			Year to Date			Full Year
	Actual \$000's	Budget \$000's	Variance \$000's	Actual \$000's	Budget \$000's	Variance \$000's	Budget \$000's
Provider	(2,912)	(3,135)	223	(12,646)	(12,803)	157	(36,944)
Funder	(975)	(1,027)	52	(4,043)	(4,108)	65	(12,323)
Governance	(189)	7	(196)	26	(240)	266	(456)
Underlying Result	(4,076)	(4,155)	79	(16,663)	(17,151)	488	(49,723)
COVID-19 Costs not Funded	4,583	0	4,583	7,698	1	7,697	0
Reported Surplus / (Deficit)	507	(4,155)	4,662	(8,965)	(17,150)	8,185	(49,723)

Summary Commentary is presented in the following Table 2. Where explanations follow the year to date variance unless specified explanation is provided for the month.

Table 2: High level Explanation of month and YTD variance by division for the period ended 31 October 2021

	Month Variance Favourable / (Unfavourable) \$000's	YTD Variance Favourable / (Unfavourable) \$000's	Explanation
Provider	223	157	
	(59)	2,764	Personnel and Outsourcing mostly attributed to net vacancies in difficult to recruit to positions.
	315	734	Infrastructure efficiencies across the services, reflects the impact of lower volumes/patients i.e. cleaning, & laundry, together with red travel and transport.
	994	0	Reversal in October of the depreciation attributable to the \$75m June 2021 Building revaluation.
	(1,349)	(1,349)	Unbudgeted provision for Diabetes initiative (Weight Management Specialty Service) accrued for in the month.
	(499)	(1,309)	Impact of COVID-19 border closure on Non-residents which are expected to continue in the long term.
	409	(683)	Other.
Funder	52	65	
	400	409	PHO enrolments under budget. YTD adjustment in month, previously being accrued to budget.
	(115)	(460)	IDF Additional Revenue (Inflow) targets not met.
	(46)	116	Other.
Governance	(196)	266	
	(151)	301	Timing, Personnel Vacancies and mix variation to budget.
	(45)	(35)	Other.
Underlying Result	79	488	
COVID-19	4,583	7,697	
	5,283	12,519	Net favourable laboratory testing revenue.
	(1,207)	(7,809)	Net impact of costs not funded (lost planned care revenue).
	507	2,987	Other.
Reported Surplus / (Deficit)	4,662	8,185	

Consolidated Variance Report for October 2021 Report

Table 3: Consolidated Variance Report for October 2021 (Month and Cumulative YTD)

CMDHB October 2021	Month Result					Year to Date Result					FY Budget	FY Budget	
	Statement of Financial Performance	Underlying Actual \$000's	Underlying Budget \$000's	Underlying Variance \$000's	COVID Variance \$000's	Reported Variance \$000's	Underlying Actual \$000's	Underlying Budget \$000's	Underlying Variance \$000's	COVID Variance \$000's	Reported Variance \$000's	Full Year Budget \$000's	FY Savings Budget \$000's
Revenue													
Government	172,356	172,212	144	44,341	44,485	692,069	689,072	2,997	111,382	114,379	2,066,754	1,500	
Patient/Consumer Sourced	421	1,034	(613)	0	(613)	2,373	4,140	(1,767)	0	(1,767)	12,422	0	
Other Income	2,614	2,591	23	(222)	(199)	11,009	10,379	630	(889)	(259)	31,973	0	
Total Revenue	175,391	175,837	(446)	44,119	43,673	705,451	703,591	1,860	110,493	112,353	2,111,149	1,500	
Personnel													
Medical	20,954	21,892	938	72	1,010	85,269	87,330	2,061	261	2,322	260,464	(2,017)	
Nursing	27,706	27,122	(584)	(1,606)	(2,190)	106,421	106,864	443	(7,459)	(7,016)	322,352	(3,302)	
Allied	8,649	9,400	751	(322)	429	34,966	38,329	3,363	(1,328)	2,035	114,078	(1,043)	
Support	3,675	3,525	(150)	(152)	(302)	14,732	14,037	(695)	(554)	(1,249)	43,398	(1,026)	
Management & Admin	8,849	8,992	143	(733)	(590)	35,145	37,557	2,412	(3,225)	(813)	110,702	(1,805)	
Total Personnel	69,833	70,931	1,098	(2,741)	(1,643)	276,533	284,117	7,584	(12,305)	(4,721)	850,994	(9,193)	
Outsourced Personnel													
Medical	872	488	(384)	(78)	(462)	3,272	1,962	(1,310)	(518)	(1,828)	5,867	0	
Nursing	369	126	(243)	(800)	(1,043)	1,635	501	(1,134)	(2,246)	(3,380)	1,500	(1,000)	
Allied	41	19	(22)	0	(22)	254	78	(176)	0	(176)	233	0	
Support	109	0	(109)	0	(109)	247	0	(247)	0	(247)	0	0	
Management & Admin	947	475	(472)	(287)	(759)	3,674	1,900	(1,774)	(477)	(2,251)	5,700	(60)	
Total Outsourced Personnel	2,338	1,108	(1,230)	(1,165)	(2,395)	9,082	4,441	(4,641)	(3,241)	(7,882)	13,300	(1,060)	
Total Personnel & Outsourcing	72,171	72,039	(132)	(3,906)	(4,038)	285,615	288,558	2,943	(15,546)	(12,603)	864,294	(10,253)	
Other Direct Costs													
Outsourced Clinical Service	2,834	3,794	960	(313)	647	13,536	15,213	1,677	(681)	996	45,485	(2,142)	
Outsourced Corporate Service	4,766	4,924	158	0	158	19,221	19,694	473	0	473	59,082	0	
Clinical Supplies	12,348	11,549	(799)	(1,348)	(2,147)	48,626	46,499	(2,127)	(2,112)	(4,239)	139,216	(1,761)	
Infrastructure	6,892	7,189	297	(1,959)	(1,662)	29,874	28,731	(1,143)	(3,952)	(5,095)	86,679	(2,298)	
Provider Payments	75,615	74,726	(889)	(32,010)	(32,899)	301,902	298,906	(2,996)	(80,505)	(83,501)	896,718	(5,600)	
Total Other Direct Costs	102,455	102,182	(273)	(35,630)	(35,903)	413,159	409,043	(4,116)	(87,250)	(91,366)	1,227,180	(11,801)	
Total Expenditure	174,626	174,221	(405)	(39,536)	(39,941)	698,774	697,601	(1,173)	(102,796)	(103,969)	2,091,474	(22,054)	
Total Operating Surplus / Deficit	765	1,616	(851)	4,583	3,732	6,677	5,990	687	7,697	8,384	19,675	23,554	
Finance													
Depreciation	2,814	3,808	994	0	994	15,232	15,232	0	0	0	45,695	0	
Interest	15	20	5	0	5	59	72	13	0	13	192	0	
Capital Charge	2,012	1,943	(69)	0	(69)	8,049	7,837	(212)	0	(212)	23,511	0	
Total Finance Costs	4,841	5,771	930	0	930	23,340	23,141	(199)	0	(199)	69,398	0	
Net Surplus / (Deficit)	(4,076)	(4,155)	79	4,583	4,662	(16,663)	(17,151)	488	7,697	8,185	(49,723)	23,554	

Explanation of Underlying Variance from Consolidated Variance Report:

Table 4: Explanation of Major contributors to YTD Consolidated Variance Report
(Variance explanation relates to the YTD position unless specified otherwise)

Opex Description	Month Variance Favourable / (Unfavourable) \$000's	YTD Variance Favourable / (Unfavourable) \$000's	Explanation
Government Revenue	143	2,997	
(Funder)	144	2,943	Additional revenue to match additional PHO costs relating to non- devolved services including VLCA, Careplus, and Performance Measurement Programme (PMP) performance payments. Offset in Provider Payments.
(Funder)	(115)	(460)	IDF Inflow Savings targets not met.
(Provider)	114	514	Other.
Patient / Consumer Sourced Revenue	(613)	(1,767)	
(Provider)	(499)	(1,309)	Impact of COVID-19 border closure on Non-residents AND Tahitian Burns Revenue which are expected to continue in the long term. Lost contribution margin is costed to COVID.
(Provider)	(114)	(458)	Other.
	(613)	(1,767)	
Other Income	23	630	
(Provider)	175	556	Higher Haumanu Pharmacy Revenue offset against cost of sales.
(Provider)	(152)	74	Other.
	210	507	
Personnel & Outsourcing	(132)	2,943	Detailed below:
Personnel Costs	1,098	7,584	Net vacancies in difficult to recruit to positions, offset by engagement of care partners (watches). A lower uptake of AL has been offset by lower level of spend across divisions. e.g. change in skill mix and lower uptake of superannuation.
Outsourced Personnel	(1,230)	(4,641)	Attributable to locum vacancy cover and external agencies engaged to cover roster gaps and vacancies.
Outsourced Clinical Service	960	1,677	
	417	1,428	Funded contract cost underspends due to delayed / slower implementation. Offset by Revenue.
	543	249	Other.
	960	1,677	

Opex Description	Month Variance Favourable / (Unfavourable) \$000's	YTD Variance Favourable / (Unfavourable) \$000's	Explanation
Clinical Supplies	(799)	(2,127)	
	(1,349)	(1,349)	Provision for unbudgeted Diabetes related initiative (Weight Management Specialty Service).
	550	(778)	Other.
Infrastructure	286	(1,139)	
(Provider)	(104)	(758)	Unbudgeted Grow MHP costs.
(Provider)	(178)	(526)	Haumanu Pharmacy Cost of Goods, (offset Other Revenue).
(Provider)	568	145	Other.
Provider Payments	(889)	(2,996)	
(Funder)	(144)	(2,943)	Primary Health Organisation (PHO) costs relating to non-devolved services including Very Low cost Access (VLCA), Careplus, U14 extra funding and Performance Measurement Programme (PMP) performance payments (offset Government Funding).
(Funder)	(379)	(379)	IDF Inflow wash up variance due to Practice movements.
(Funder)	(366)	326	Other.
Depreciation	994	0	Reversal of YTD provision for depreciation.
Capital Charge	(69)	(212)	Variance in Actual P&L and equity Injections v Budget.

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 October 2021.

Note this report was endorsed by the Executive Leadership Team on 30 November 2021 to go forward to the Board.

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

Glossary for Monthly Performance Scorecard and Report

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

Glossary

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

Purpose

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

Brief November activity update

October and November have continued to be focused on the COVID-19 response and what resources and systems are required as we move to a change in the COVID-19 levels and how that impacts our workers and the OHSS team.

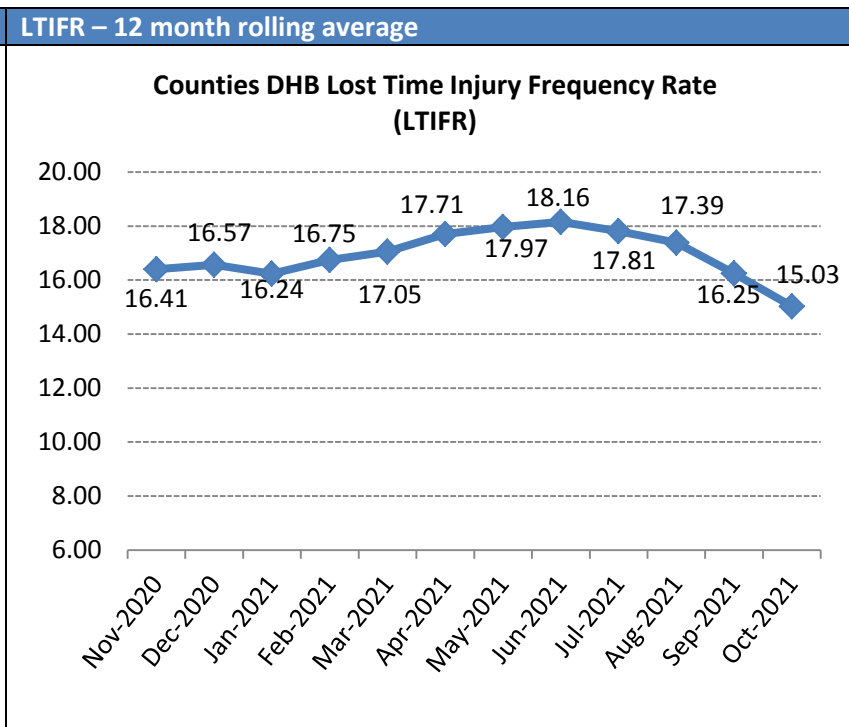
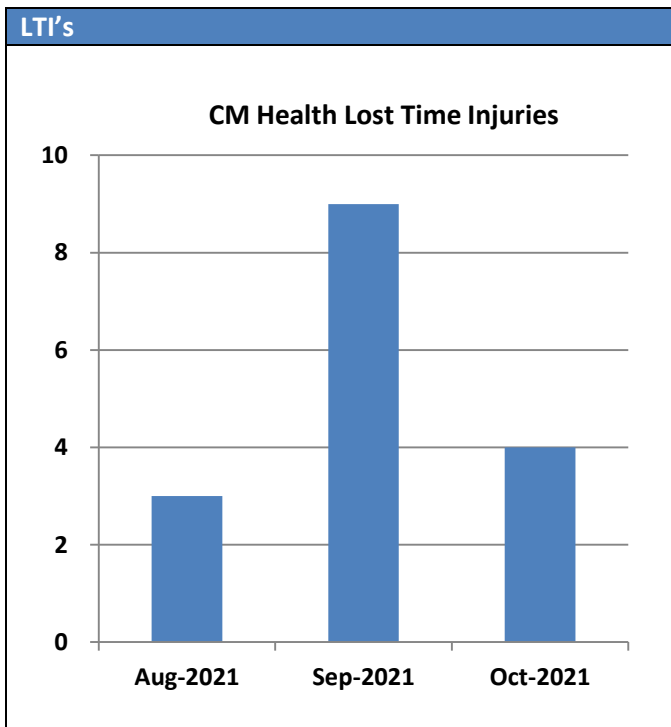
The ACC AEP audit is now completed for the 2021 year and the OHSS is awaiting confirmation from ACC that we retain our tertiary status. Work is underway on the recommendations from this audit.

Respiratory mask fit testing remains an additional focus as we continue to ensure all workers who need to wear a respiratory mask are appropriately fit tested. CM Health has received notification from MoH that one of the mask types we are currently using will be phased out. This will result in the need to re-test a number of workers into a new mask type. OHSS is fit testing for 2 mask types at each session to reduce this impact in the future.

HSR Violence & Aggression Focus Group met in November as planned having postponed the September meeting, group agreed to pilot a verbal aggression survey using a tally system in February 2022 with a roll out to the whole organisation in March 2022.

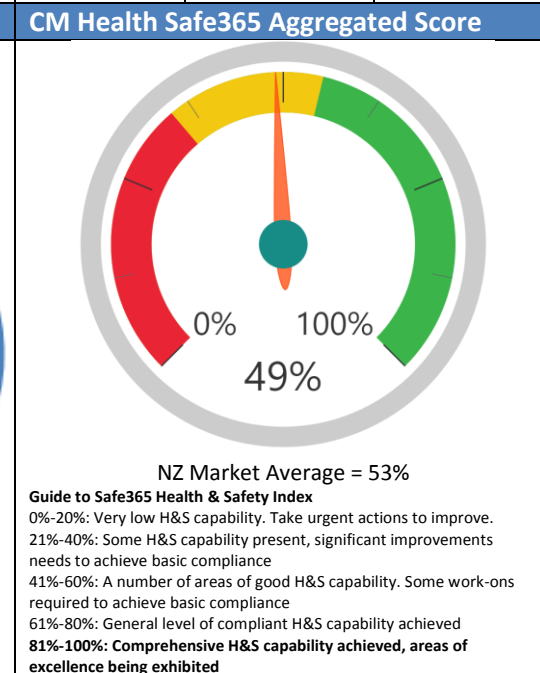
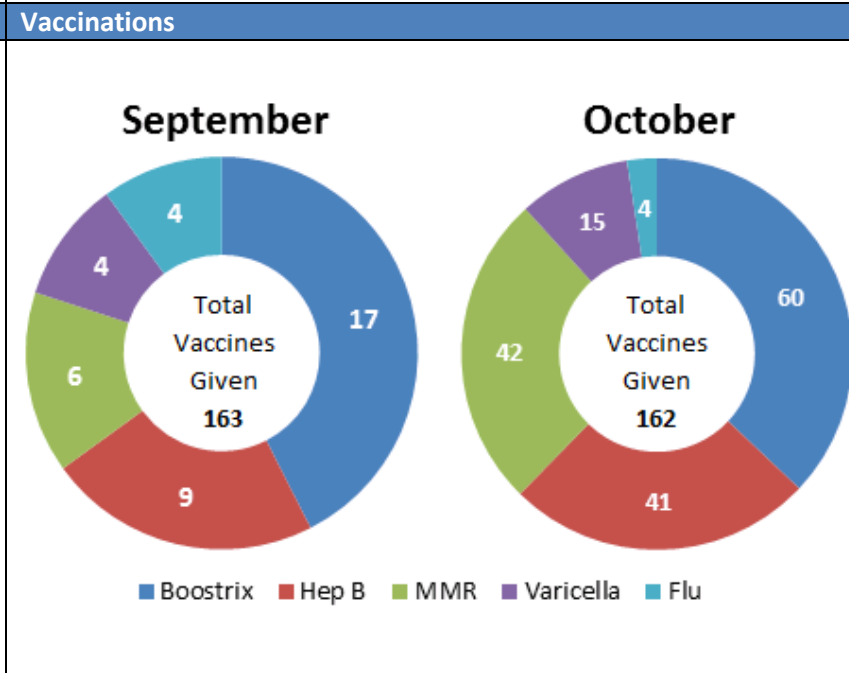
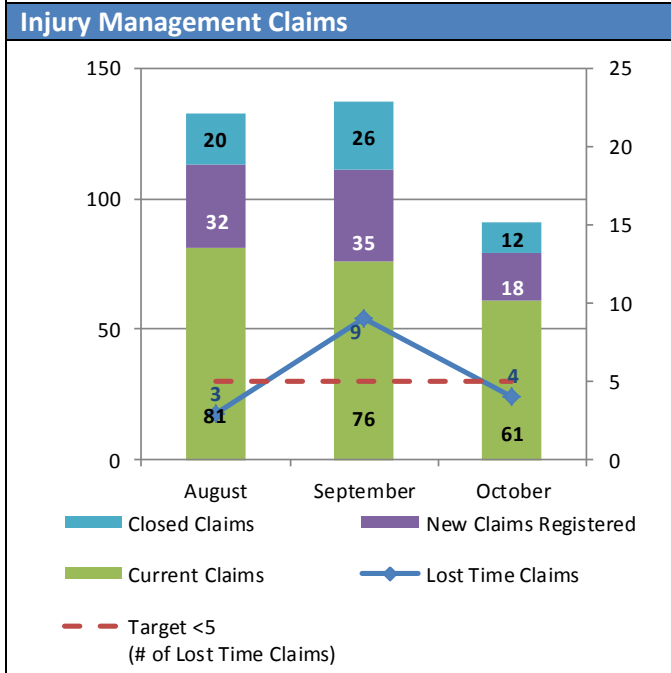
The OHSS H&S Manager is working with HealthSource and other account managers to ensure the CM Health contractors are compliant with the COVID-19 Vaccination Order. Further work has been underway to ensure contractors carry their vaccination passports with them and to date the H&S Manager has no concerns to report.

CM Health H&S Dashboard – October 2021



Critical Risk Incidents

September	Risk	October
64	Violence & Aggression 	58
28	Moving & Handling 	26
27	BBFE 	15
16	Slips, Trips & Falls 	12
24	Stress 	38



Executive Summary

Occupational Health

Onsite clinics for OHSS physicians were 82 in October when compared to 79 in September. OHSS nurse appointments were 103 in October, which increased significantly from 20 in September. The increase is attributed to clinics reopening due to the COVID-19 alert level restrictions easing and the additional Occ Health Physician that commenced employment in October.

Manager referrals in October (24) has decreased compared to September (28). The three main reasons for these referrals in October were mental health concerns (6), returning to work post illness/ injury (5) and fitness to work due to physical health (4).

Contact Trace (CT)

During October Occupational Health received the new MoH Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19 matrix. This has modified how some staff members are classified following contact with a COVID-19 positive individual. Vaccination status is taken into account when assessing risk.

16 contact traces were conducted during October:

- 14 contact traces in October were as a result of COVID-19
- The majority of COVID-19 cases were notified to Occupational Health by IP&C.
- More cases presented to ED that did not required OHSS action due to the PPE worn in ED.
- Over 400 staff members were deemed casual contacts. This is due to vaccination status and appropriate PPE worn.
- 16 staff deemed casual plus – required standing down until the result of their day 5 swab.
- 22 close contact staff members were required to stand down from work for 14 days post last exposure.
- Two TB contact traces: Both cases involved ED and Ward 33E. The first case has been closed as appropriate PPE was worn and the patient was placed in a negative pressure room, which resulted in all staff being considered casual contacts.

Staff Influenza Vaccination Programme

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

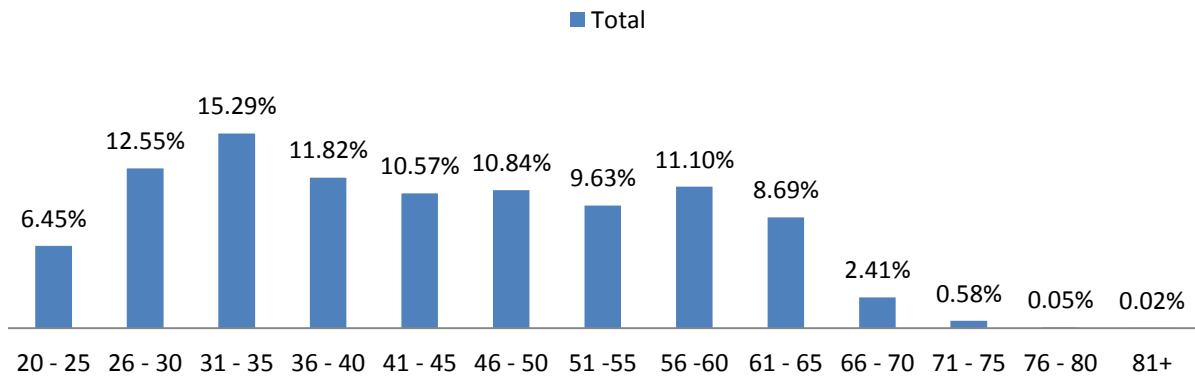
When Auckland entered Alert Level 4 the OHSS Clinic closed for vaccinations while the Occupational Health Team was focused on COVID-19 related tasks. During this time Influenza Vaccinations were not on offer for staff. In Level 3, the clinics have re-opened for vaccinations.

To date 4828 vaccinations have been administered, of which 508 have been administered to students and contractors. As at the close of the programme (30 September 2021) 4320 vaccinations have been administered to staff.

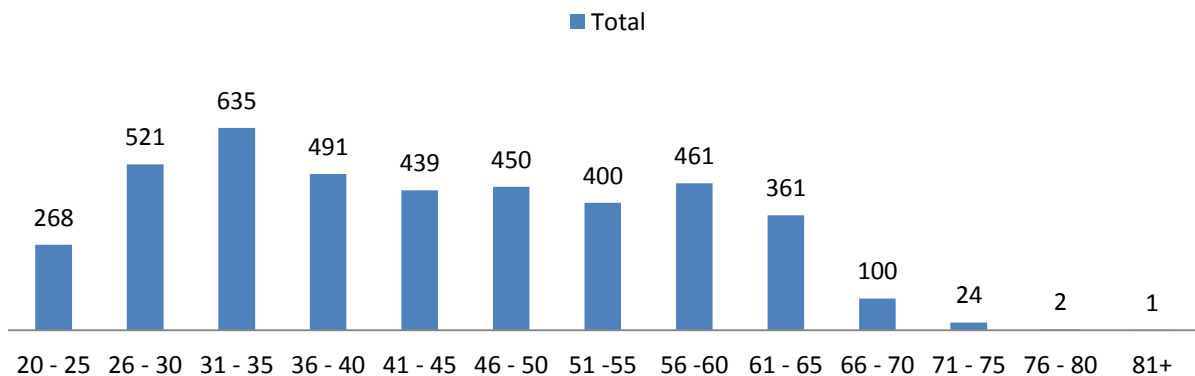
The age brackets with the highest staff vaccination uptake percentage were 31 -35 (15.29%) and 26 -30 (12.55%). The age brackets with the lowest staff vaccination uptake percentage uptake were 81+ (0.02%) and 76 – 80 (0.05%).

These percentages are reflective upon the number of staff we currently employ within said age brackets and are based upon the total amount of vaccinations administered during the programme. We have less employees working for the organisation that are aged 66 – 81+, hence their uptake reflects as lower than the remaining age brackets. The over 65 age group is likely to be targeted by their GPs; therefore the numbers are not necessarily reflective of the actual vaccination rate in this age group.

**Staff Flu Vaccinations 2021
by Age
(19 May - 4 November)**



**Staff Flu Vaccinations 2021
by Age
(19 May - 4 November)**



The graph above provides the number of workers within each age group.

Respiratory Face Masks

The Respiratory Mask Fit (RMF) team continued to be busy for the month of October. The team is heavily involved in the COVID-19 response action plan and increased mask fit testing catchment area due to changes in PPE recommendations under Alert Level 3. The continued fast evolving nature of the COVID-19 and decreasing lockdown restrictions means that CM Health has to fast track mask fit testing for its on-site staff and community health care workers. As such, 1045 mask fit testing sessions were conducted on-site for the month of October, which is 12% higher than the number of mask fit testing conducted for the month of September (934). This was made possible by employing more external mask fit testers to cover mask fitting requirements for community health care workers and extending the operating days for our two internal mask fit testers.

Our two internal mask fit testers continued to operate at full capacity and have extended operating days to also cover Saturdays. This is to ensure that weekend rostered staff can be mask fit tested and to capture overflow appointment requests. External mask fit testers were contracted to cover the community health services team. In total there were 9 sessions setup located at Mangere, Otara, Manukau, Botany and Franklin.

Since the start of the RMF programme, a total of 10,117 mask fit testing sessions were conducted. This is inclusive of the testing for new staff, annual testing requirements, retesting requirements when there are significant physical changes for our staff and/or new model of masks. It should be noted that there has been multiple retesting sessions since the start of the programme due to the duckbill mask recall and shortages of certain masks. The RMF team has now been tasked to shift most of CMH's staff to 1870+ by the Ministry of Health to align with the current N95 stocks. A risk-based approach will be utilised and high risk areas will be targeted to ensure that COVID-19 response is not disrupted in the event of N95 mask shortage.

Regular reports are sent from the RMF team co-ordinator to managers to ensure their staffs are provided with the respiratory mask fit testing and OHSS continue to maintain the database for testing with the aim to establishing a way of determining the denominator for total mask fit testing required across the organisation. Preliminary work has been established to integrate mask fit testing within the OHSS pre-employment process.

Occupational Health and Safety

ACC Accredited Employer Programme (AEP) Annual Audit

The annual ACC AEP virtual audit was carried out on 18th/19th October with a focus on injury management and a site visit to Western Campus. This was a renewal Accredited Employer Programme audit for CMDHB and the auditor has recommended to ACC that CMDHB remains at tertiary level in the Accredited Employer Programme as a result of the audit. CM Health is currently awaiting confirmation from ACC of the final result. The recommendations from the auditor are being worked through.

OH&S Risk & Assurance

OH&S Management System Audit Tool

The OH&S Management System self-assessment (Phase 1) report is being prepared. The OHSS team will work with managers and HSRs to plan improvements where required. The phase 2 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.

Restraint & Seclusion Documentation Review

As restraint and seclusion have implications for worker safety and wellbeing the OHS Risk & Assurance manager is participating in a regional approach to preparation of documentation around elimination of restraint and seclusion in line with the updated NZ standard which comes into force in February 2022.

The OHS Risk & Assurance manager is also part of the newly formed Restraint Oversight Group (ROG) providing OHS lens/viewpoint.

Violence and Aggression Project

Templates for the verbal aggression survey have been prepared and format of communications requesting completion for the HSR V&A group meeting in November.

OHS Risk & Assurance manager participated in a Regional Violence & Aggression Review group which includes Security and Advisors from the four DHBs, comparison of experiences showed that fluctuation in demand is similar across whole region and September was difficult for all DHBs with length of stay in EC seen as an exacerbating factor by all.

Lone Workers Project

An administrator based in Feedback Central is taking over day to day management of training, on boarding and general maintenance; the security team continue with monitoring and follow up of alerts functions.

The app provider has advised of an update to the system will occur at the end of November; no down time of the app is expected. A graph with false alarm activation incidents is included in the incident section of this report.

Community Worker Safety

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

Contractor Management

The extended COVID-19 Public Health Response (Vaccinations) Amendment Order 2021 came into effect at 11.59pm on 25 October, requiring workers who face a high risk of exposure to COVID-19 and who work in the health and disability sector to be fully vaccinated. The Order extends to workers employed or engaged by certified providers and carry out work at the premises at which health care services are provided. Planning commenced, led by the OHS H&S Manager, to engage with our suppliers/contractors to outline our expectations of compliance with the Order. The H&S team and additional support workers carried out a series of spot checks in November to verify compliance to the Order.

Injury Management

In October, 18 new workplace injury management claims were registered, which is a significant decrease from September (35). There were four lost time claims reported in October which decreased significantly with the fifteen reported in September. These decreases can be attributed to the COVID-19 alert restrictions. A total of 61 claims were being managed by the CM Health and WellNZ Case Managers in October.

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

The CM Health ACC Case Manager and Wellnz Case Manager are working collaboratively on a project to establish suitable alternate duties for workers who are able to return to work. This project will provide additional options and assist in workers who are going through work related and non-work related recovery.

Incident Reporting

During October there were 204 incidents reported which is consistent with September (209). This is the combined total of incidents reported by staff, visitors and new to this report; contractors who have staff working full time for or at CM Health (healthAlliance, healthSource and Compass and FEAM).

The highest numbers of reported incident types in October (58) were related to Aggression & Violence which have decreased in comparison to September (64).

Stress related incidents for October (38) have increased significantly in comparison to September (24). In October, 37 of the 38 reported stress incidents related to inadequate/ unavailable staffing.

Moving and Handling incidents for October (26) has remained consistent to September (28). In October 9 of the 14 patient handling incidents reported awkward position/ posture, lifting/ handling/ carrying and load size/ weight were the contributing factors.

The BBFE incidents in October (15) decreased significantly from September (27). 4 related to Job Factors, 3 to Inattention, 2 to Acts of others, 2 to Unnecessary Haste, 2 to Improper Work Techniques, 1 to Fatigue/ tiredness and 1 to Incorrect Equipment).

Ten MIQF incidents were reported in October, an increase from five in September. Of the reported incidents four related to aggression & violence, four to the “other” category and two to moving & handling.

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

Event Requiring Notification to WorkSafe

There were no notifiable events in October 2021.

Health & Safety Communications

The H&S communications for October were:

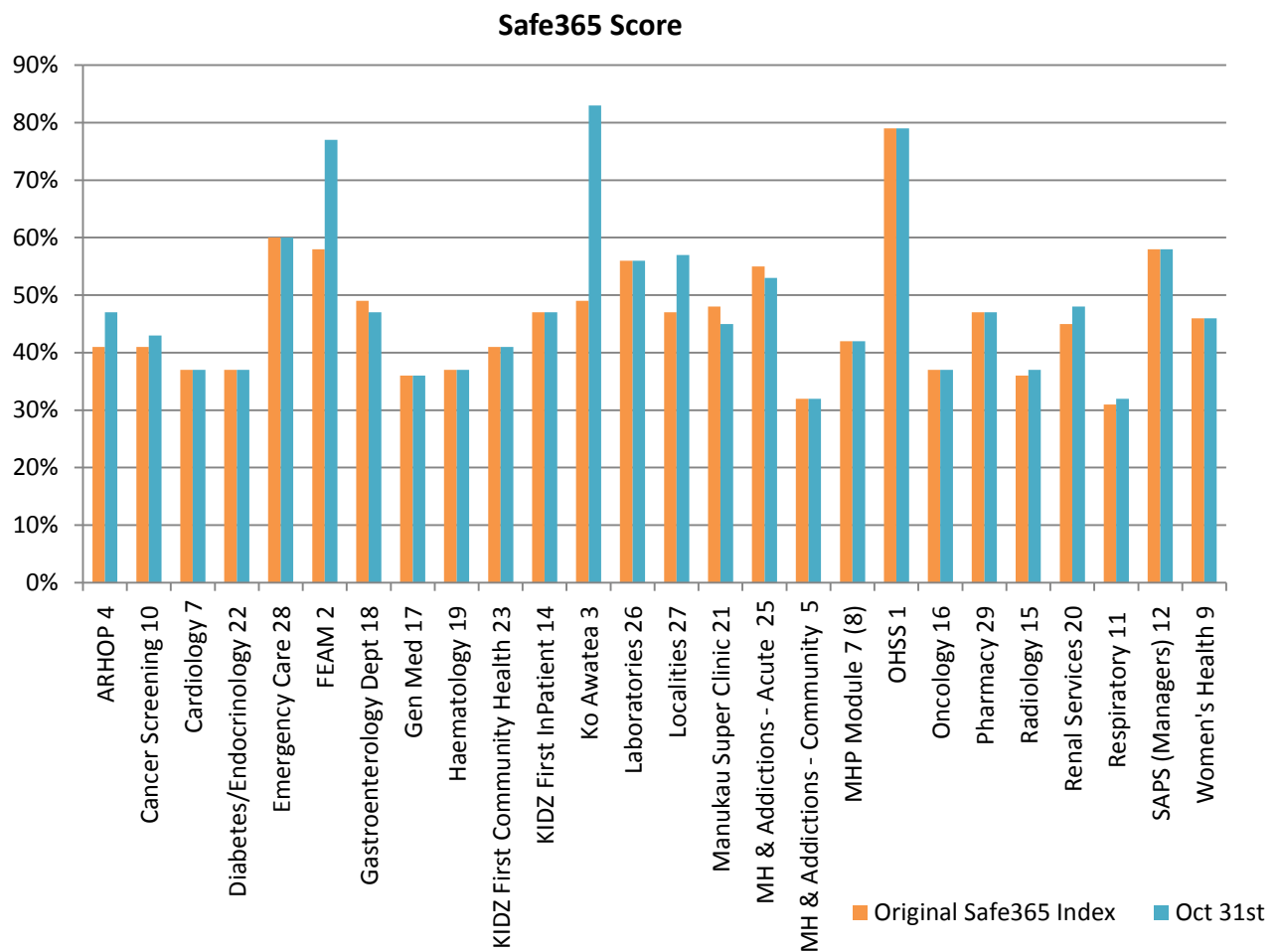
- Health and Safety Rep training – have your say. Consultative communication that was sent to HSRs to engage with us about the elective training that would be beneficial for them to attend.
- Safety Communication 001 – Health and Safety Representative (HSR) Drop in and Education Sessions. Over the coming weeks we will be running a range of education and drop in sessions for CM Health HSRs. These virtual sessions will include the following topics:
 - Introduction to the HSR role at CM Health
 - General Drop In to answer any questions the HSRs have
 - Risk management education session
- Safety Shared Learning 001 – Slips Trips and Falls. Over the past few months there have been an increase in slip, trip and fall incidents. This topic was shared as a reminder to staff to have spills cleaned up, clutter removed and uneven surfaces reported to help keep us all safe and to report all slip, trip and fall incidents, injuries and near misses.

Safe365

Health and safety knowledge transfer from leaders and regular updating of Safe365 accounts will improve the CM Health aggregated safety index score. Over 2021 five Safe365 accounts have shown improvements. In the current reporting period the Localities score has improved from 55% to 57%, resulting in the overall CM Health aggregate increasing from 48% to 49%.

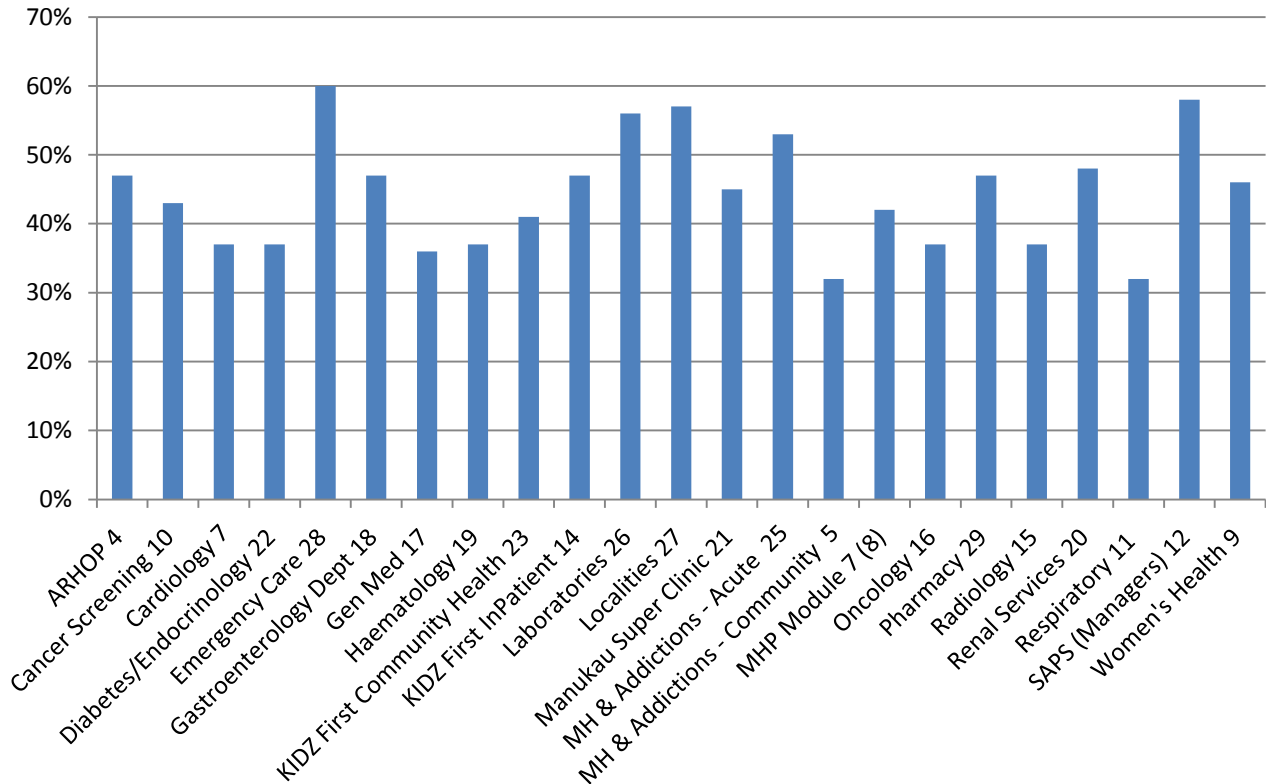
OHSS continues to provide support for service areas and it has been recognised that Safe365 coupled with the managers self-assessment is designed to drive an improvement along with support from the H&S team where required.

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



The graph above shows the comparison for each Safe365 account between the original assessment score and the current score as at 31st October 2021.

Safe365 Clinical Scores as at October



The graph above shows the current Safe365 scores across the clinical areas of CM Health as at 31st October 2021.

New Zealand ShakeOut

CM Health registered to participate in New Zealand Shakeout. This is a national earthquake drill that took place 9:30am on Thursday 28 October. Teams were advised to practice the right action to take during an earthquake - Drop, Cover, Hold.



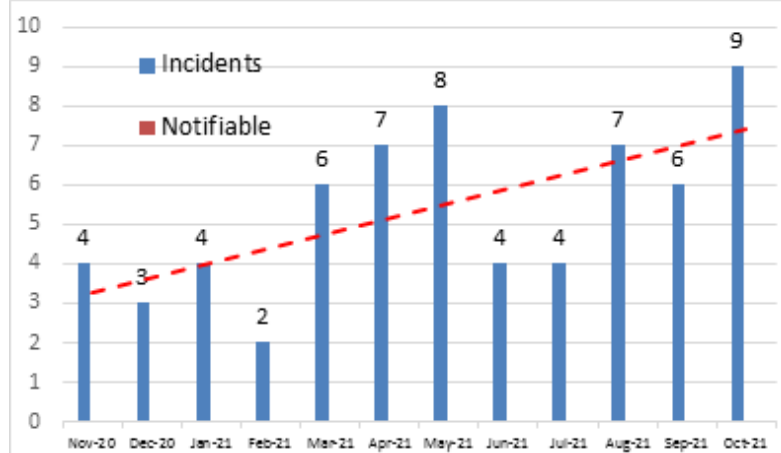
The outcome provided some good learning's and work that was undertaken to repair a fault identified in the Emergency Warning and Intercommunication System (EWIS). The plan is that CM Health facilitate a similar exercise in 3-6 months to test the EWIS again and assess the CM Health response now that the system is fully functional.

Facilities & Engineering Health & Safety October 2021 Monthly Report

Dashboard

FEAM Health & Safety Incidents 12 Months to October 2021

(Graph 1)



Health & Safety Incidents October 2021

(Table 1)

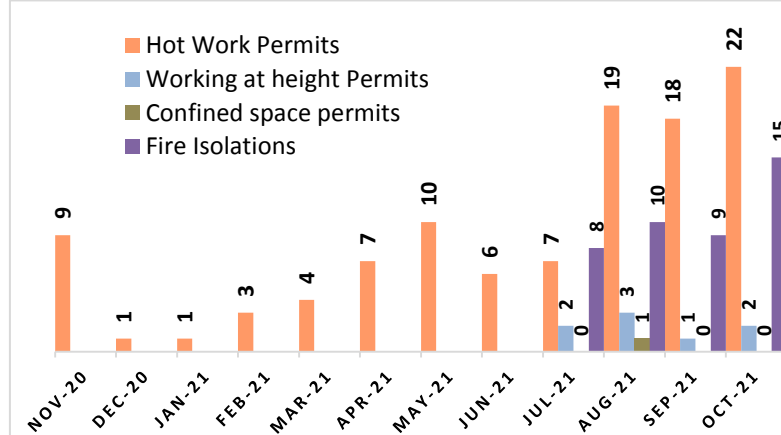
Worker Incidents	8
Contractor Incidents	1
Total Incidents	9
Lost time injuries	Nil
Notifiable injuries, illness or incidents	Nil

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

Total Contractors on FEAM Pre-qualification panel	45
Total Prequalification's completed to date	24
Outstanding Contractor Pre-qualifications	21
Pre-qualifications carried out in the month of October	3
Contractor employee inductions (October)	88

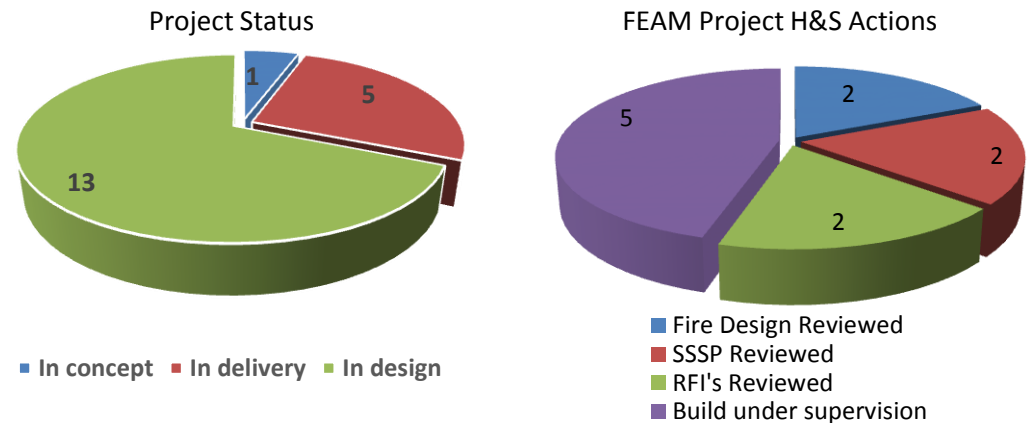
Permits to Work & Fire Isolations issued 12 Months to October 2021

(Graph 2)



Capital Projects Health & Safety Engagement as at October 2021

(Graph 3)



Incident and Hazard Management

(See Graph 1 & Table 1)

Reported incidents are trending upwards. However, there is no indication that the seriousness of these incidents have increased. Work is continuing to increase communication with contractors and drive improvements in health & safety standards.

Specific actions include:

- Follow up of all outstanding contractor health & safety pre-qualifications.
- Working with the FEAM Engineering team to improve health & safety management, including review of job safety analysis (JSA) and feedback to FEAM Maintenance Managers and contractors.
- Site visits.
- Mandatory permits to work for specific types of tasks, e.g. working at height and hot work.
- Monitoring of the VisTab sign in system for visibility on who is on site and that contractor employees who have signed in have been through the CM Health Contractor Health & Safety Induction process within the previous 12 months.

October Incidents

No significant incidents occurred during October 2021. However, the following trends were demonstrated:

Roof leak (various locations)	4
Trip hazard	2
Dust	1 (minor quantity created when light fitting was installed))
Failure of swipecard access	1
Contractor (minor incident)	1 (cut finger)

Contractor Management

COVID-19 Management

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

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

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

Contractor Employee Inductions

(See Table 1)

October 2021	
Vistab Sign In #'s	94
Completed Contractor Employee Inductions	88
Variance - Unknown	06

94 contractor employees signed in to site at Middlemore. 88 of these individuals have completed a CM health site health & safety induction in the last 12 months.

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

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

Frequent reviews of Vistab sign-ins and follow up as part of the current contractor pre-qualification process will assist in ensuring the above variances are being managed.

Contractor Health & Safety Pre-qualifications and Assessments (See Table 2)

The purpose of the FEAM contractor health & safety pre-qualification is to ensure that each Contractor PCBU conducting work for CM Health has the required level of health & safety standards. This includes ensuring the necessary level of compliance under the Health & Safety at Work Act 2015, PCBU historic performance, sufficient experience and training for key staff, systems and processes.

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

The balance of 21 pre-qualifications outstanding will be completed prior to year end. Other contractors will be prequalified as work arises.

Permits to Work

Hot Work Permits and Fire Isolations (See Graph 2)

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

- No electrical or plumbing isolations are to occur unless authorised by a FEAM technician
- No fire isolations are to occur without authorisation from the CM Health Fire Safety Officer or a member of the FEAM Health & Safety team.

Other Permits to Work (See Graph 2)

During the month of October, there were 22 Hot Work permits issued, 2 Working at Height and 15 Fire isolations.

A review of the FEAM permit to work system has been completed to ensure complete capture of all high risk activities. All FEAM team members have been instructed as to when a permit to work is required and have been provided with the permit to work template. Where isolations are requested, a job safety analysis is reviewed prior to the isolation being actioned and where required, a permit to work is also completed.

Monitoring of work where permits to work are required continues to improve through utilising this mandatory process:

- No work in the following areas is to occur unless authorised by the FEAM Engineering Group Manager, a member of the FEAM Health & Safety team or their nominated person.
 - Working at height
 - Confined spaces
 - Excavations

- Hazardous substances
 - Working in asbestos contaminated areas
 - Electrical, where exposure to mains or high voltage may occur
 - Plumbing, where significant risk may occur, such as exposure to biohazards or working in confined spaces
 - Hot Work, such as welding, brazing
- No fire isolations are to occur without authorisation from the CM Health Fire Safety Officer or a member of the FEAM Health & Safety team.

Capital Projects

Capital Projects health & safety engagement year to date

(See Graph 3)

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 too significant.

There is an acute awareness that the programme of works for CM Health capital projects will be increasing over the next year and therefore, FEAM Health & Safety are ensuring the focus on health & safety processes for capital projects and management of capital works is well established and consistent prior to future projects coming on line. This includes:

- FEAM Health & Safety involvement in the tender process and involvement in the assessment of RFI health & safety responses.
- Involvement in fire design meetings and in safety in design to support the consent process (for fire compliance) and wider project objectives.
- Review of SSSP's, traffic management and site access plans prior to commencement of builds.
- Overview of independent audits of construction sites.
- Review of contractor health & safety documentation during the build phase, including, but not limited to: updates to SSSP's and traffic management plans, permits to work & isolations and JSA's.
- Support of, and health & safety advice to, the CM Health project teams.

Compliance

Fire Compliance

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

There are two aspects to this work:

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

There was a third aspect for fire compliance reported in previous reports as follows. This has been confirmed as up to date:

- i. The annual building Warrant of fitness is current at all times for all CM Health buildings, i.e. being compliant with Auckland Council building regulations and the Building Code 2004.

As reported last month, a summary of specified services for each building is contained in the Building Compliance Schedule issued by Auckland Council.

Specified services include fire alarms, smoke detectors, lifts, ventilation and fire separations, to name a few.

Actions:

- The FEAM Health & Safety team, FEAM Group Engineering Manager and FEAM Group Asset Manager have reviewed the Building Compliance schedule for Galbraith and Manukau Health Park to assess the current state of each specified service within these buildings. The following has been confirmed:
 - Inspections by the independently qualified person (inspector) are occurring as scheduled.
 - All passive fire defects have been identified and a programme of works has been implemented to remediate these defects.
 - FEAM is still working on ensuring inspections are carried out with sufficient notice prior to the BWoF being due. Progress in this context includes now having a monthly meeting with Assetcare to discuss defects, upcoming inspections and due dates for annual BWoF's.

To date, Building Warrant of Fitness log books have been issued to each CM Health building. These are to be signed by the independently qualified person (inspector) as evidence that the inspection has been conducted and that any defects are reported in a timely manner.

Hazardous Substances

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

Progress on this had been interrupted due to the COVID-19 lockdown, but has since recommenced.

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

- Procurement
- Inventory
- Signage, labelling & storage
- User safety including training & PPE
- Hazardous substances waste disposal
- Emergency management

Locations included in the Hazardous Substances audit are:

Middlemore Hospital & Manukau Health Park for all hazardous substances including laboratories.

All bulk storage locations (diesel, gas, etc.) including Middlemore Hospital & Manukau Health Park and other CM Health localities.

Facilities & Engineering Health & Safety

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

FEAM Health & Safety Training

Training completed to date 2021

As Auckland moves out of lockdown, health & safety training providers are tentatively offering training dates for course. FEAM are looking to have key persons complete confined space training prior to year-end.

Training currently scheduled

- FEAM had scheduled confined spaces training and mask fit/ PPE for asbestos management through external providers.
This had been put on hold due to the COVID-19 lockdown; however, dates are now being reconfirmed as lockdown restrictions have sufficiently eased.

Health and Safety Performance Scorecard

Lagging Indicators		September 2021	October 2021	Target
Reported Incidents	Counties Manukau Staff	197	186	~
	healthSource (hS staff working at CM Health sites)	0	1	~
	healthAlliance (hA staff working at CM Health sites)	0	0	~
	Compass	1	1	~
	FEAM	6	9	~
	Contractors	2	1	~
	Visitors	3	6	~
Near Miss reported Incidents		14	10	~
Injury Claims	New Claims Registered	35	18	~
	Current Claims	76	61	~
	Declined Claims per month	2	0	~
	Closed Claims per month	26	12	~
	*Lost Time Claims	15	4	<5
	*Days lost per month (due to Lost Time Claims)	99.38	23	~
	Lost Time Frequency Rate (LTIFR)	16.25	15.03	<10
	Lost Time Severity Rate (LTISR)	696.36	170.91	<630
Claims costs (monthly)	\$67088.08	\$69431.80	~	
Critical risk incidents	BBFE	27	15	~
	Aggression & Violence	64	58	~
	Moving & Handling	28	26	~
	Slips, Trips, Falls	16	12	~
	Stress	24	38	~
Leading Indicators		September 2021	October 2021	Target
Pre-employment	Health screening	83.77%	68.72%	100%
Clinic appointments	Dr & Nurse clinics	99	185	~
Vaccinations	Flu, dTap, VZV, Hep B & MMR	40	162	~
Safe365 activity and implementation	27/30 accounts allocated*	90%	90%	100%
Training & development (OHSS team)	*See detail below	5	6	~
OHSS Communications	October: <ul style="list-style-type: none"> - Health and Safety Rep Training - Safety Communication 001: Health and Safety Representative (HSR) Drop in and Education Sessions - Safety Shared Learning 001: Slip Trips and Falls 	1	3	~
Risk Assessments completed	Stress and Fatigue (underway), Unvaccinated Workers (underway)	0	0	~
Workplace Inspections	Workplace inspections were due October 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	0	0	~

Key Indicators Commentary	
Reported Incidents	In October eighteen incidents were reported by contractors and visitors in total. These pertained to roof leaks (4), inappropriate behaviour (2), harassment (1), aggressive/threatening behaviour (1), verbal assault (1), slip trip fall/ trip hazard (3), blocked/obstructed access/exit (1), dust (1), failure of swipecard access (1), laceration (1), 'other' category (1) and hit by object (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	October LTIFR figure of 15.03 has decreased from September figure of *16.25. The previously reported figure for September was 15.14 (prior to updated LTI numbers being received).
LTISR	October LTISR figure of 170.91 has decreased significantly from September which was *696.36. Previously reported figure for September was 273.64.
Claims costs	Monthly claims costs have remained consistent from \$67088.08 in September to \$69431.80 in October.
Pre-employment Health Screening	134 out of 195 PEHS for new starters were cleared to start work in October, which equates to 68.72%. 59 of the 61 new starters that haven't been cleared are due to their start dates being in November, December and 2022.
Dr & Nurse clinics	Significant increase in Occ Health clinic appointments in October (185) when compared to September (99) figure. This increase can be attributed to the COVID-19 alert level restrictions easing and the additional Occ Health Physician that commenced employment in October.
Vaccinations	Significant increase of vaccinations administered in October (162) when compared to September (40). This increase can be attributed to the COVID-19 alert level restrictions easing.
Safe365	*CM Health has 30 Safe365 accounts, all of which had been allocated. Three accounts have since been relinquished from two different divisions and one account has not been assessed. Currently the CM Health aggregate score is calculated from 26 accounts and OHSS is in the process of determining what to do with the remaining accounts.
H&S Self-assessment tool	Analysis of data and preparation of Phase 1 report for 2021 is underway.

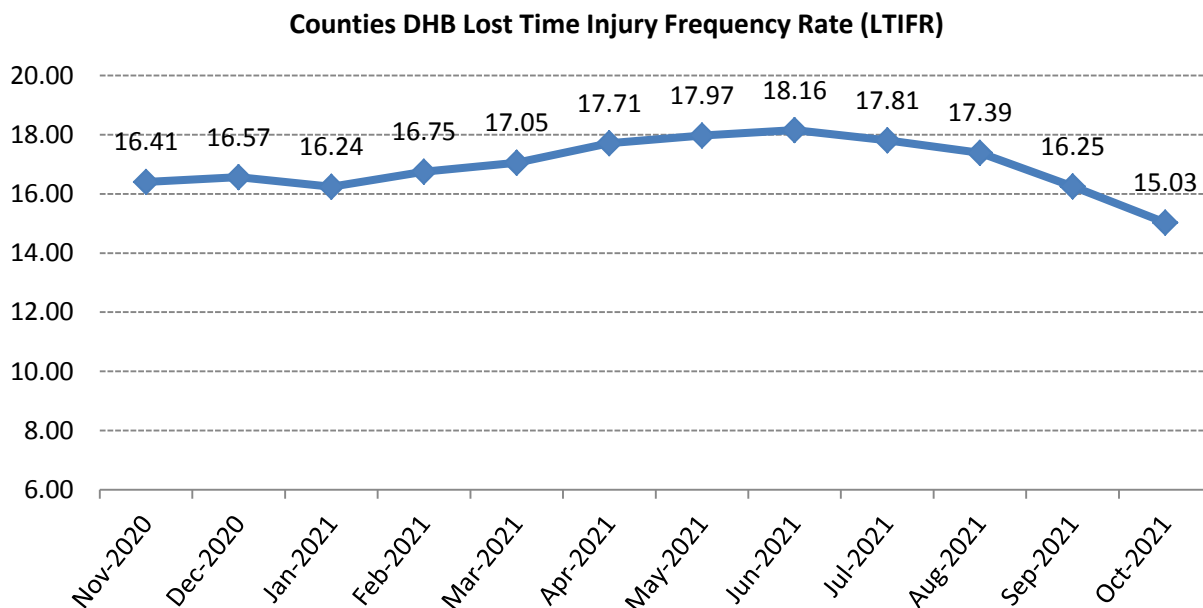
OHSS Training & Development Activity

October:

- New Zealand Occupational Health Nurse Association (NZOHNA) Substances Hazardous to Health (4)
- Good fellow - COVID-19 vaccination programme in the metro Auckland (1)
- EMA Level 4 Health and Safety Certificate (1)

LTIFR

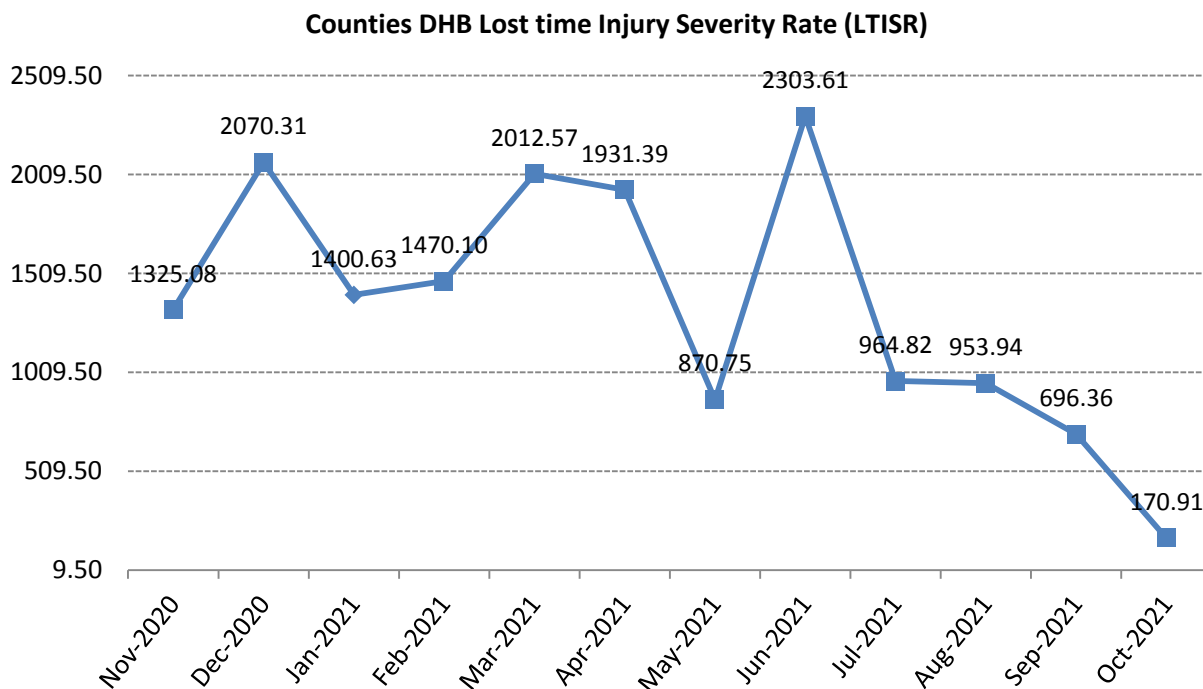
The total CMDHB LTIFR rolling average figure decreased in October to 15.03 from September which was *16.25. Previously reported figure for September was 15.14.



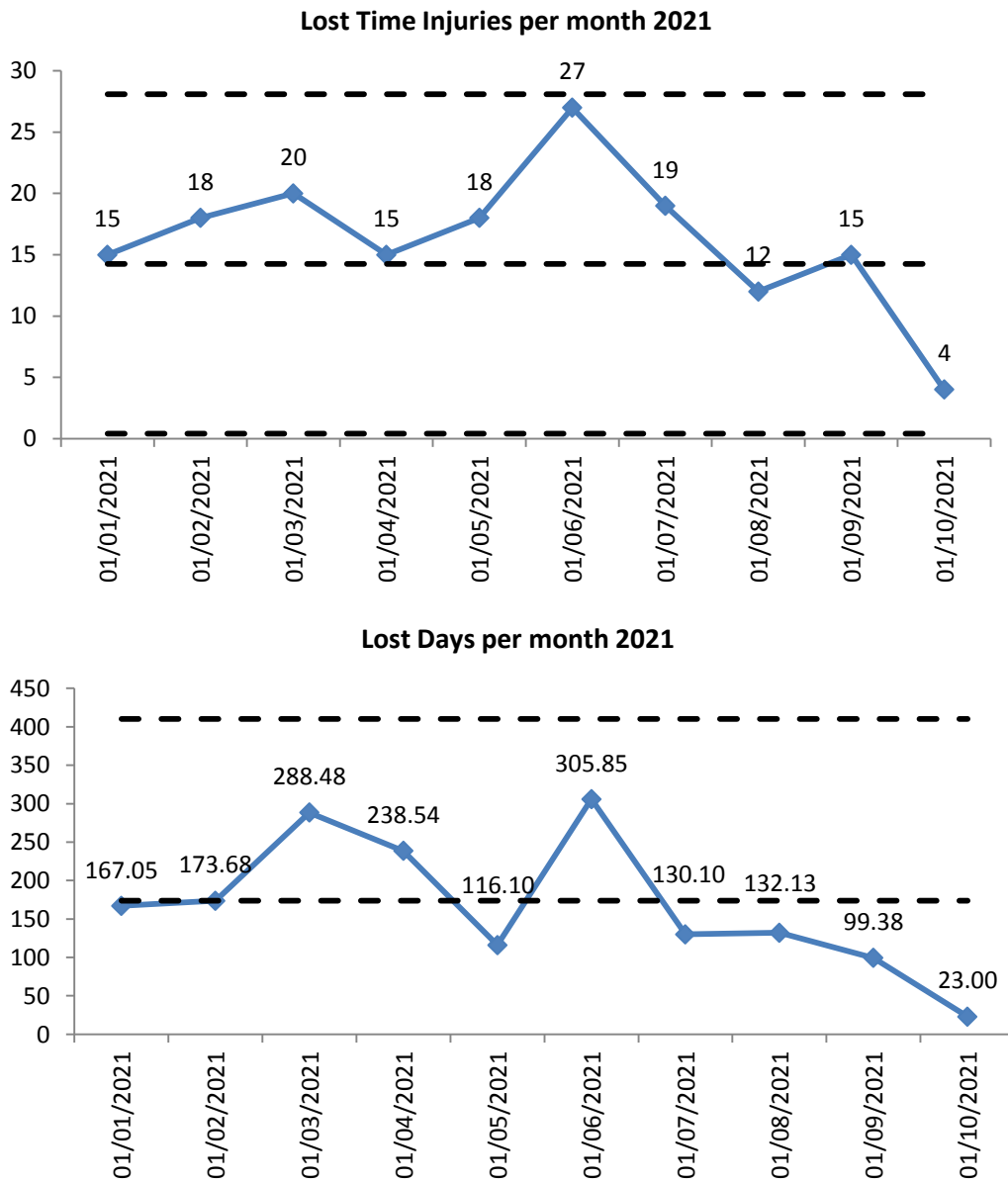
The LTIFR is calculated with the formula: $([\text{Number of lost time injuries in the reporting period}] \times 1,000,000) / (\text{Total hours worked in the reporting period})$. By calculating the rolling average of the LTIFR, the impacts of random, short-term fluctuations over the reporting period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

LTISR

The LTISR figure decreased in October to 170.91 from September which was *696.36. Previously reported figure for September was 646.26



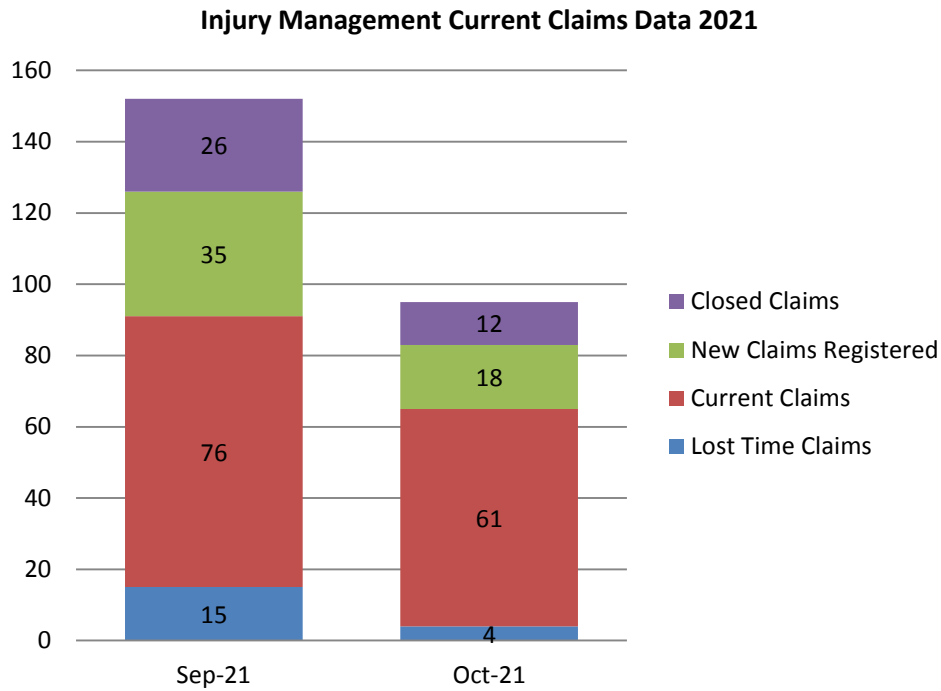
Days lost per month (due to Lost Time Claims) have decreased from 99.38 (from fifteen lost time claims) in September to 23 days (from four lost time claims) in October. OHSS adopted a revised reporting methodology to backdate Lost Time Claims and Lost Days per Month totals. It is not uncommon for some LTIs to be reported late and this increase will reflect within the month the LTI/s occurred going forward.



Lost Time Claims October 2021

- 2x Sprain – Head injury and shoulder and upper arm sprain
- 1x Musculoskeletal – lumbar sprain
- 1x Open Wound – open fracture of the proximal humerus

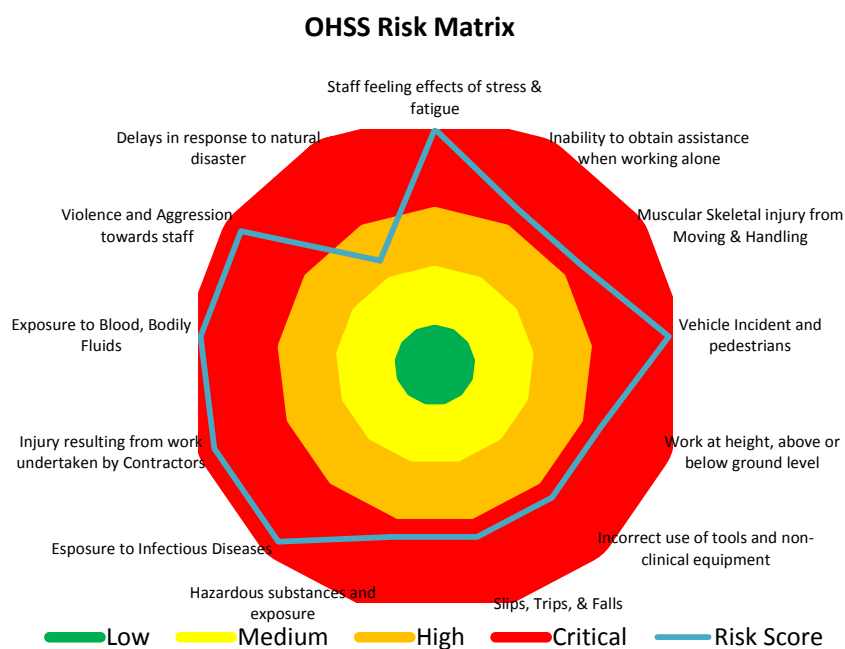
Claims Data (by month)



- In October, 18 new claims were registered with 4 lost time claims, compared with September where there were 35 new claims registered with 15 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 61 as at October 2021.
- There were no (0) declined claims in October, compared to September 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					
	Likely			High		Critical
	Possible		Medium			
	Unlikely	Low				
Rare						

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

Critical Risks

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

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

The OHS Risk and Assurance Manager in the process of purchasing Bow Tie software and will ensure the review of these risks is undertaken and revamp this risk section in due course.

Risk: Staff and others exposed to Aggression and Violence at the workplace				
Risk Rating: Critical	Review Date: November 2021		Current	Target
		Frequency	Almost Certain	Likely
		Consequence	Major	Major
New Activity:				
<ul style="list-style-type: none"> • The H&S Manager is working with Feedback Central to review Safety First and ease of use with changes being made by the end of 2021. • The HSR (worker) Violence & Aggression project group meeting has been rescheduled to November 2021. • The WorkSafe Innovations project is underway with two investigative fact finding meetings occurring with positive feedback received. Further actions in this project are temporarily on hold until a change in alert status for Auckland. • Members of the OHSS continue to be active in groups to embed the new NZ standard which includes the management of restraint and seclusion, providing a focus on staff safety and wellbeing. 				
Risk: Staff experience stress/fatigue in the workplace				
Risk Rating: Critical	Review Date: November 2021		Current	Target
		Frequency	Almost Certain	Likely
		Consequence	Moderate	Moderate
New Activity:				
<ul style="list-style-type: none"> • Organisational Stress and Fatigue risk assessments have been developed and are currently being shared with the wider HR directorate before sharing with the business. • No new activity at this time. 				

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
New Activity:				
<ul style="list-style-type: none"> Occupational Health Nurses with the support of the Physicians follow up with incidents of BBFE that are reported to ensure immediate actions are taken. Trends in BBFE are sent on to clinical leaders for learning’s. 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. No new activity at this time 				
Risk: Exposure to Infectious Diseases (note this risk includes diarrhoea & vomiting, respiratory and pandemic illness)				
Risk Rating: Critical	Review Date: October 2021		<i>Current</i>	Target
		<i>Frequency</i>	Almost Certain	Likely
		<i>Consequence</i>	Moderate	Moderate
New Activity:				
<ul style="list-style-type: none"> Due to COVID-19 level 3 lockdown, significant work continued in October with regards to COVID-19 (Respiratory Mask Fit testing, Vulnerable Worker assessments, Contact Tracing). 				

High Risks:

The following risks are rated as High;

Risk: Injury sustained from use of vehicle or to pedestrians				
Risk Rating: High	Review Date: March 2022		<i>Current</i>	Target
		<i>Frequency</i>	Possible	Unlikely
		<i>Consequence</i>	Major	Major
New Activity:				
<ul style="list-style-type: none"> The updated policy on mobile communications has been published and provides more guidance on mobile phone usage when driving. 				
Risk: Musculoskeletal injuries sustained whilst moving patients and other manual handling tasks				
Risk Rating: High	Review Date: March 2022		<i>Current</i>	Target
		<i>Frequency</i>	Likely	Possible
		<i>Consequence</i>	Moderate	Moderate
Active Workflow:				
<ul style="list-style-type: none"> The SPHM group have a detailed roadmap of activities and initiatives which continues to the completed monthly. SPHM Orientation and Update Training days continue to be offered across the organisation. All training days after August 17th have been cancelled due to COVID-19 level restrictions. Training will recommence in once COVID-19 restrictions allow. A video library is currently being created as an additional resource in Ko Awatea Learn to allow participants who have attended either Orientation or Update to directly access all the videos on demand. Reported incidents continue to be reviewed and monitored by both OHSS and SPHM teams. Since programme commenced in Sep 2018, the total number of trained staff to date is 257 Allied Health Staff, 1620 Nursing Staff and 115 Orderlies. 				

- From July 2020 onwards the scorecard now shows reporting by division with Surgery, Anaesthesia & Perioperative Services at a total of 236 to date, followed by 122 from Medicine/Acute Care/Clinical Sup, 121 from Middlemore central, and 94 from Locality Community Health Services. ARHOP has had 51 come through the programme, 18 from Kidz First and finally 10 from Mental Health.
- Update Training Sessions commenced in Sep 2020, total number to date is 40 Allied Health Staff, 145 Nursing Staff and 21 Orderlies.
- Continually working with Clinical Engineering on equipment upgrading and installation of ceiling hoists.

New Activity:

- Providing bespoke training to areas requesting SPHM education for their new staff while the courses are closed. Courses will reopen once COVID-19 restrictions allow.
- Standardisation of equipment and procurement implementation process on-going.
- Feedback received and reviewed following go live of Patient handling & mobility assessment on 25 August 2021 on Wards 4,5, 23,24 and 31. Expected to go live organisation wide before the end of Nov.
- Working with Clinical Engineering on an installation of ceiling hoists project across multiple wards. This work has been halted due to hospital preparations of COVID wards and difficulty having rooms available for the work to be carried out. Monitoring hospital levels and will restart work as soon as possible.
- Exploring ways to support the course participants to embed the skills learned at training into practice.
- Finalising the Bariatric equipment RFP. Draft catalogue and quantity of equipment under review.
- Finalising the implementation of the new air assist lateral transfer devices following evaluation.

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

Risk Rating: Critical	Review Date: October 2021		Current	Target
		<i>Frequency</i>	Possible	Unlikely
		<i>Consequence</i>	Major	Major

New Activity:

- The OHSS H&S team are working with contract managers to discuss the work undertaken at CM Health and their processes in regards to management of the COVID-19 response.

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

Risk Rating: High	Review Date: September 2021		Current	Target
		<i>Frequency</i>	Likely	Possible
		<i>Consequence</i>	Moderate	Moderate

New Activity:

- Safety Shared Learning about Slip Trips and Falls circulated on 31 October 2021.

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

Risk Rating: *TBA once reassessed	Review Date: *TBA once reassessed		Current	Target
		<i>Frequency</i>	*Unlikely	*Rare
		<i>Consequence</i>	*Major	*Major

New Activity:

- No new activity at this time

Risk: Suboptimal evidence (through audits and monitoring) of adherence to H&S legislative requirements (legal)

Risk Rating: High	Review Date: September 2021		Current	Target
		<i>Frequency</i>	Unlikely	Rare
		<i>Consequence</i>	Major	Major

New Activity:

- ACC AEP audit was carried out in October 2021 with final results pending.

Risk: Lone Workers unable to access immediate assistance during an emergency situation				
Risk Rating: High	Review Date: October 2021		Current	Target
		<i>Frequency</i>	Possible	Unlikely
		<i>Consequence</i>	Major	Major
New Activity:				
<ul style="list-style-type: none"> • A dedicated coordinator based in Feedback Central is in position (0.5 FTE) to manage administrative functions of app. • Notification has been received from app owner of an upgrade to the system in late November 2021. 				
Risk: Wellbeing of staff adversely affected by aspects of work				
Risk Rating: High	Review Date: October 2021		Current	Target
		<i>Frequency</i>	Likely	Possible
		<i>Consequence</i>	Moderate	Moderate
Active Workflow:				
<ul style="list-style-type: none"> • 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. • 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. • A 1 hour Wellbeing Seminar has been developed to be facilitated throughout the year. • A COVID-19 Lockdown and our Circle of Influence & Control Seminar has been developed for COVID-19 lockdown periods. 				
New Activity:				
<ul style="list-style-type: none"> • Established "Wellbeing Wednesday" which is designed to equip employees with some practical wellbeing tools, resources and strategies to use in their work and personal lives and to boost their holistic wellbeing. • Delivering weekly series of wellbeing zoom sessions for all staff members • Sharing weekly wellbeing videos or articles for all staff members • Created a new zoom session on "Self-Care in a COVID World" to be delivered on Wellbeing Wednesday • Sharing with employees and teams the "Doing What Matters in Times of Stress Guide" which is a World Health Organisation stress management guide for coping with adversity 				
Risk: Failure to have adequate identifiable worker participation in HSW management system (legal)				
Risk Rating: High	Review Date: March 2022		Current	Target
		<i>Frequency</i>	Unlikely	Rare
		<i>Consequence</i>	Major	Major
New Activity:				
<ul style="list-style-type: none"> • The Hazard ID and Risk Management Training scheduled for October was facilitated via Zoom. This session was well attended and well received by the participants. • This month OHSS consulted with the HSRs about possible elective training options to determine which courses we will offer in 2022. • HSR drop in sessions were scheduled for November. • A refresh of the HSR H&S communications took place and new topics are being prepared. 				

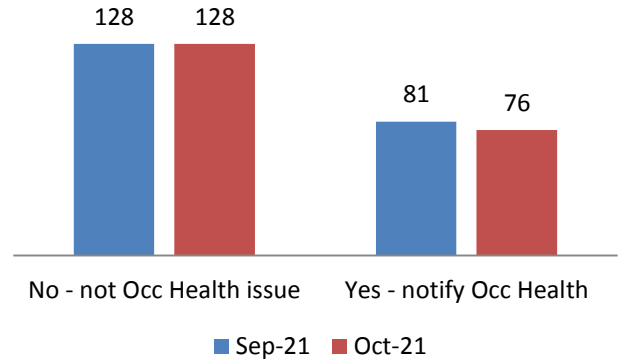
Reported Incidents

Monthly total of incidents reported in October (204) remains consistent with September (209). These totals include incidents reported by staff, visitors and all contactors (healthAlliance, healthSource, Compass and FEAM).

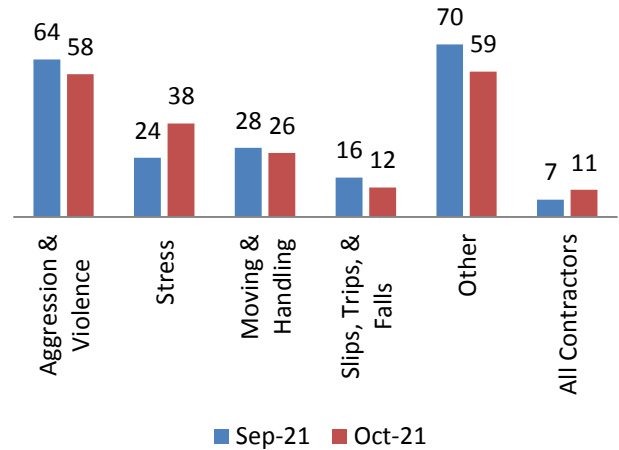
Data on Incidents reported:

- Aggression & Violence:** Remains in the top three incident rates. Incidents reported in October (58) has decreased in comparison to September (64).
- Stress:** Incidents reported in October (38) has increased significantly in comparison to September (24).
- Moving and Handling:** Incidents reported in October (26) remains consistent in comparison to September (28). The proportion in October that related to having occurred during moving / handling of patients (14) has remained consistent when compared to September (12).
- Slip/Trip/Fall:** A decrease in reporting in October (12) in comparison to September (16).
- Other:** Incidents reported in October (59) has decreased significantly in comparison September (70).

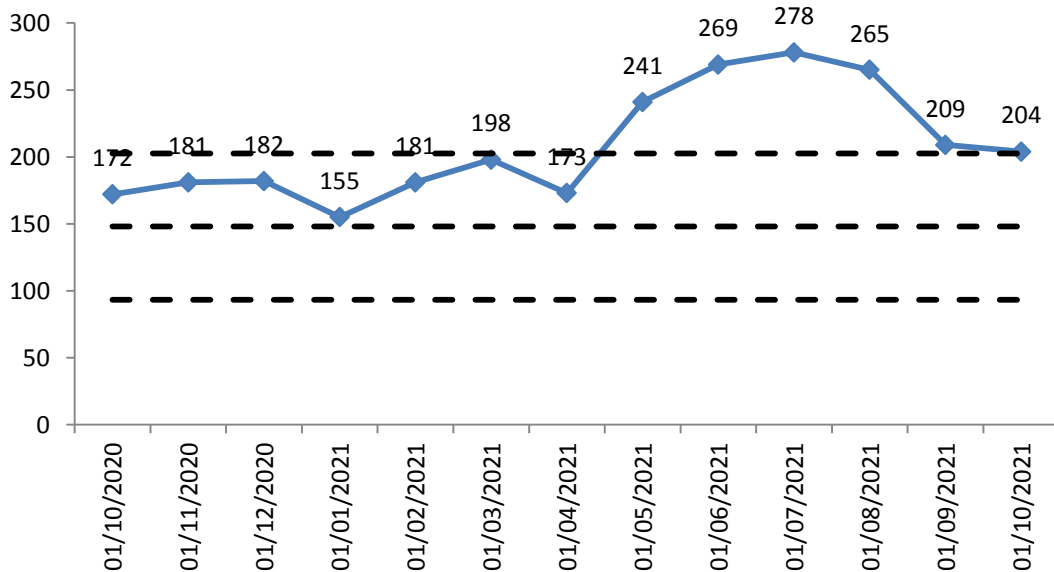
Review of classification by reporting staff of employee incidents, whether an OHSS issue or not, 2021



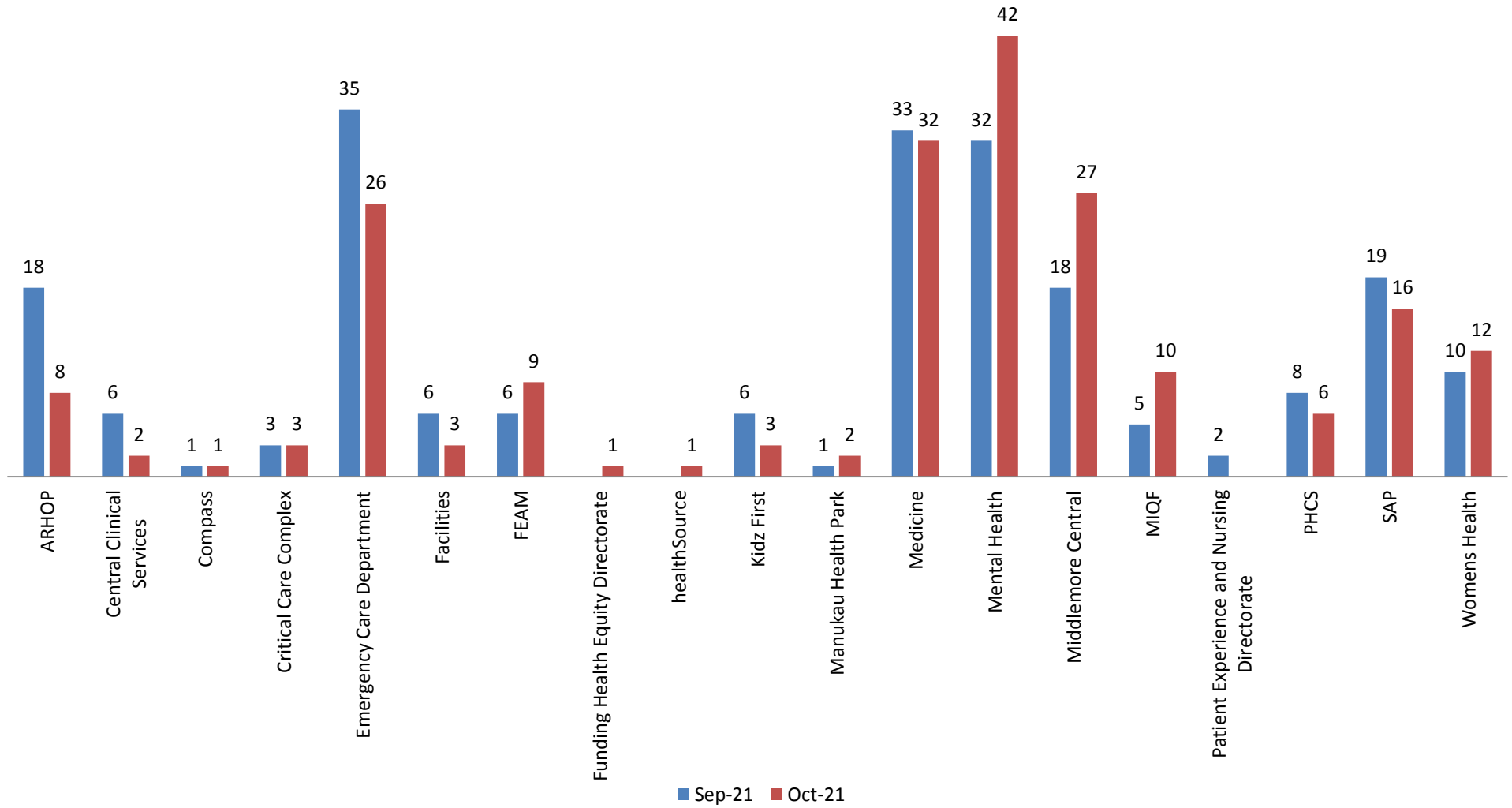
Number of Incidents Reported Related to Type



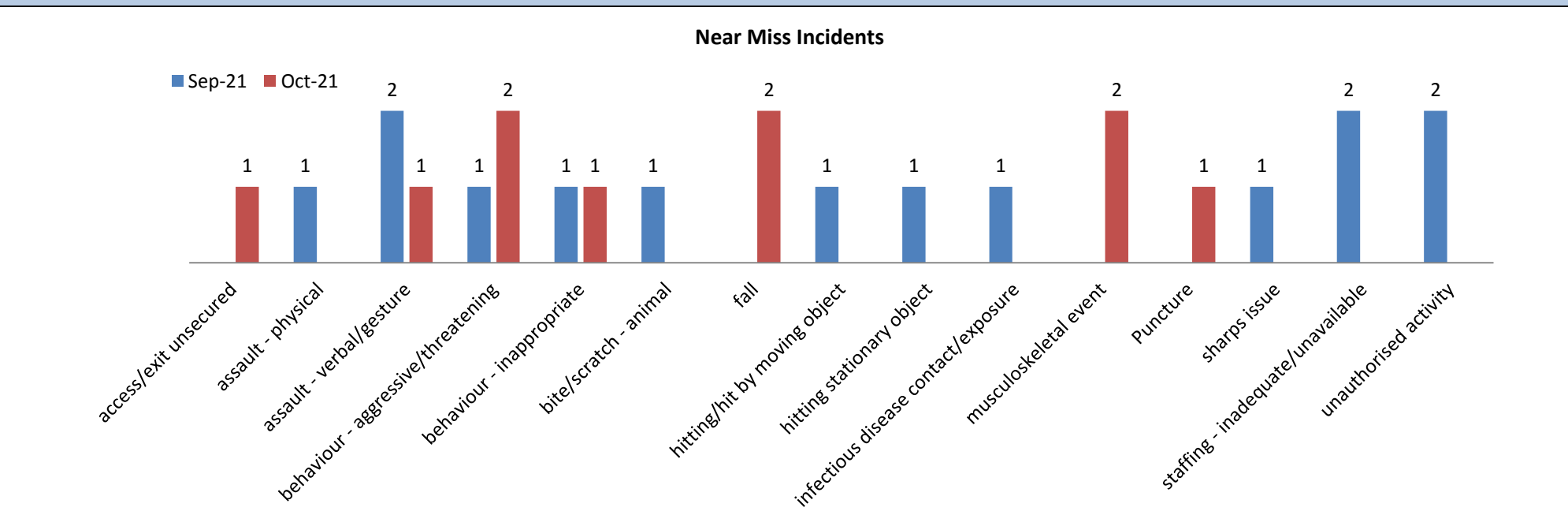
Number of Incidents Reported per month in 2020/21



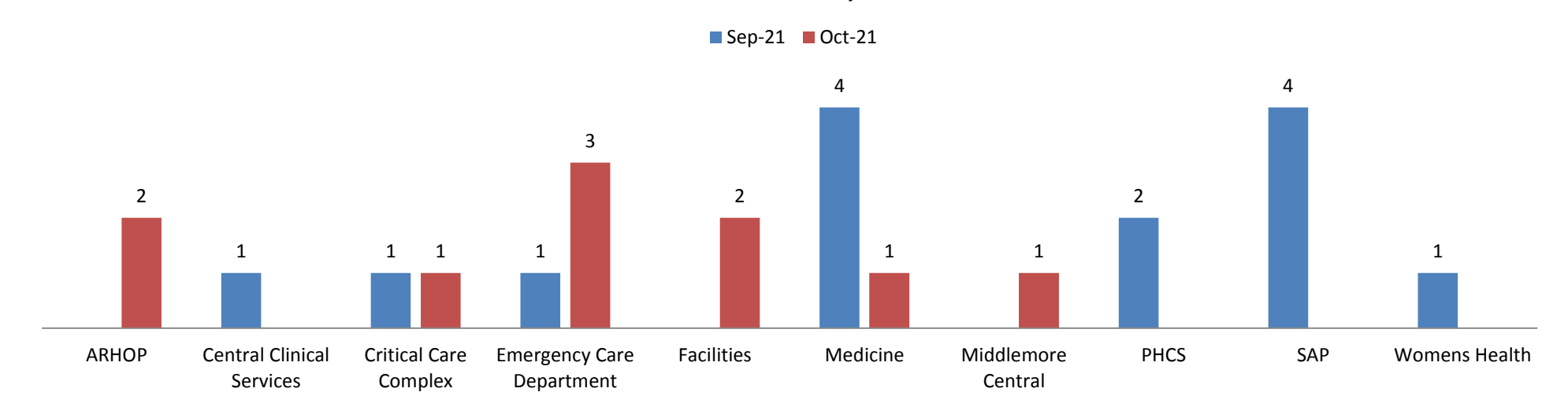
Incidents by Division



Near Miss Incidents



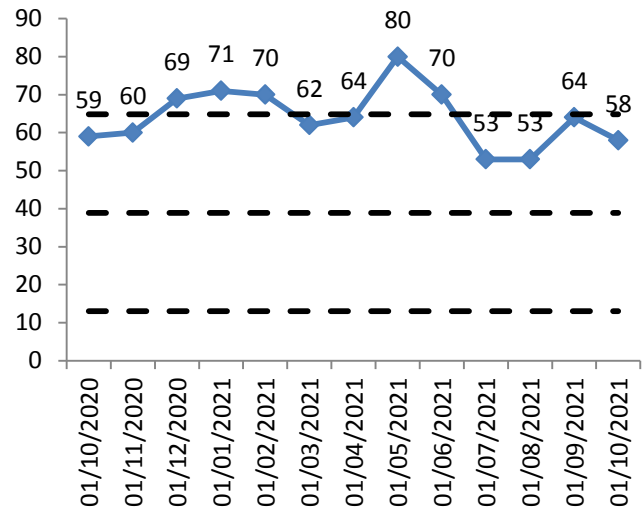
Near Miss Incidents by Division



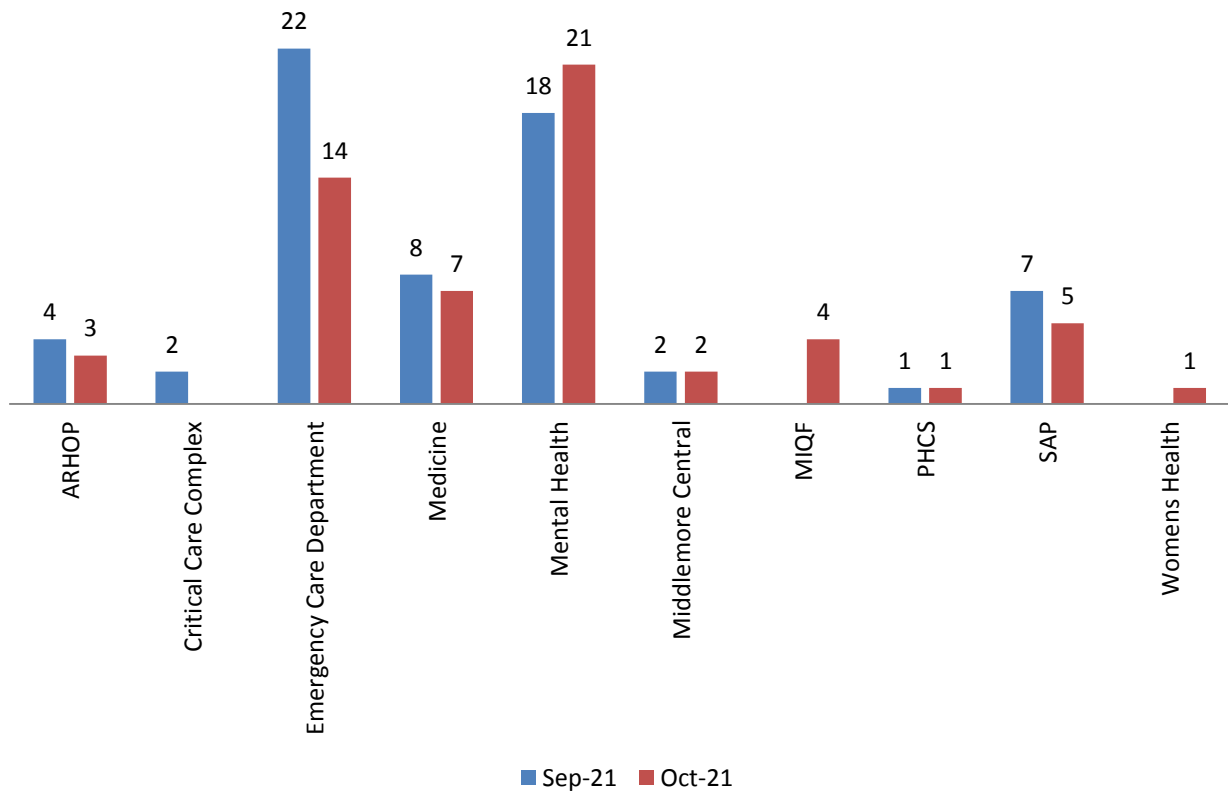
Aggression and Violence

- Aggression and violence monthly figure for October (58) have decreased in comparison to September (64).
- Code Orange (ED)
 - September = 6 – 0 alcohol, 2 drugs involved
 - October = 12 – 2 alcohol, 0 drugs involved
- Record of 777 Security Calls
 - September = 76
 - October = 53
- Aggressive/ threatening behaviour and physical assault were the predominant contributing factors.
- These numbers are not reflected in the number of SafetyFirst incidents reported.

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



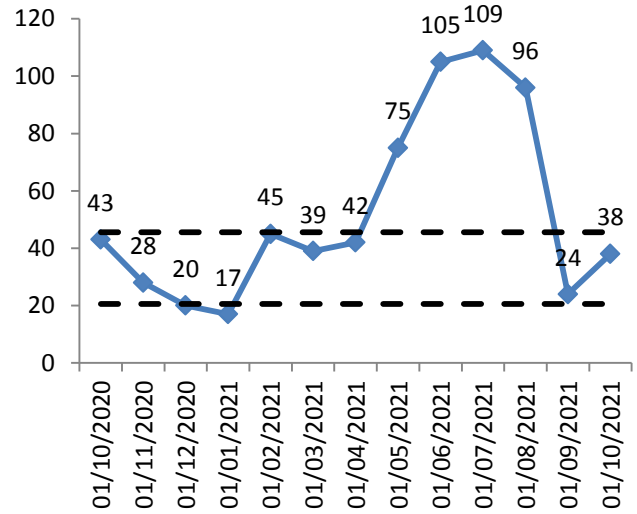
Number of Incidents Reported Related to Aggression & Violence



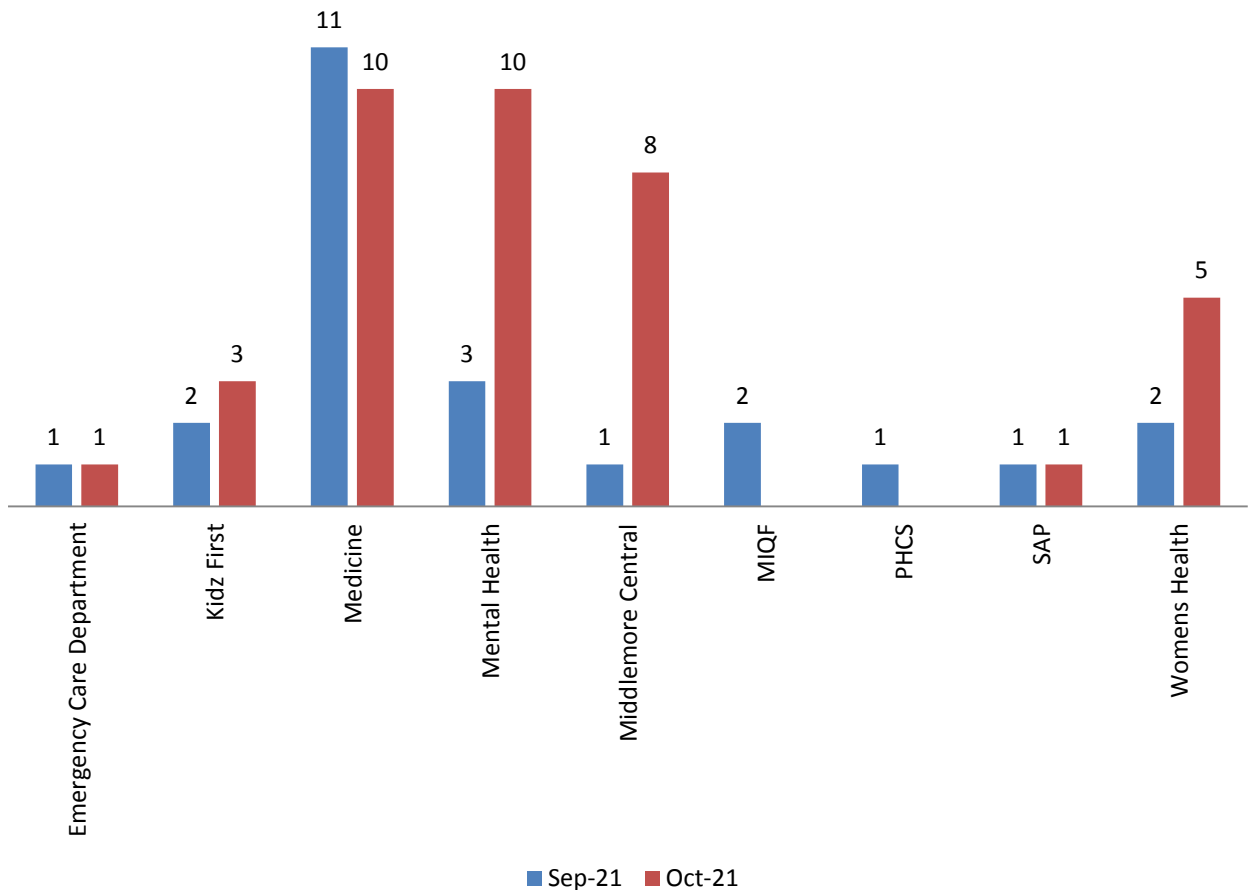
Staffing inadequate/unavailable, Stress

- Incidents reported in October (38) has increased significantly in comparison to September (24). The increase may be attributable to the COVID-19 alert level restrictions easing.
 - Majority of incidents were reported from Medicine and Mental Health.
 - Predominant contributory factors reported were insufficient availability of staff and assistance unavailable.
- *OHSS are in the process of conducting a collaborative project review of stress and fatigue, including a risk assessment and this work will continue as level 3 restrictions permit.

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



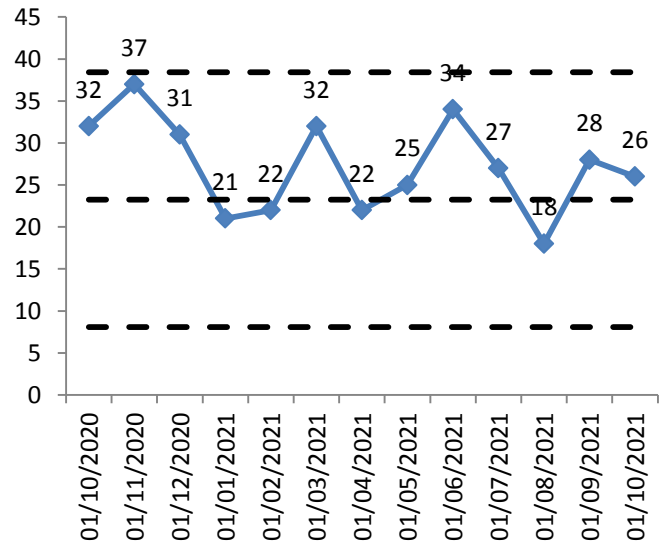
Number of incidents Reported Related to Staffing Inadequate/Stress by Divison



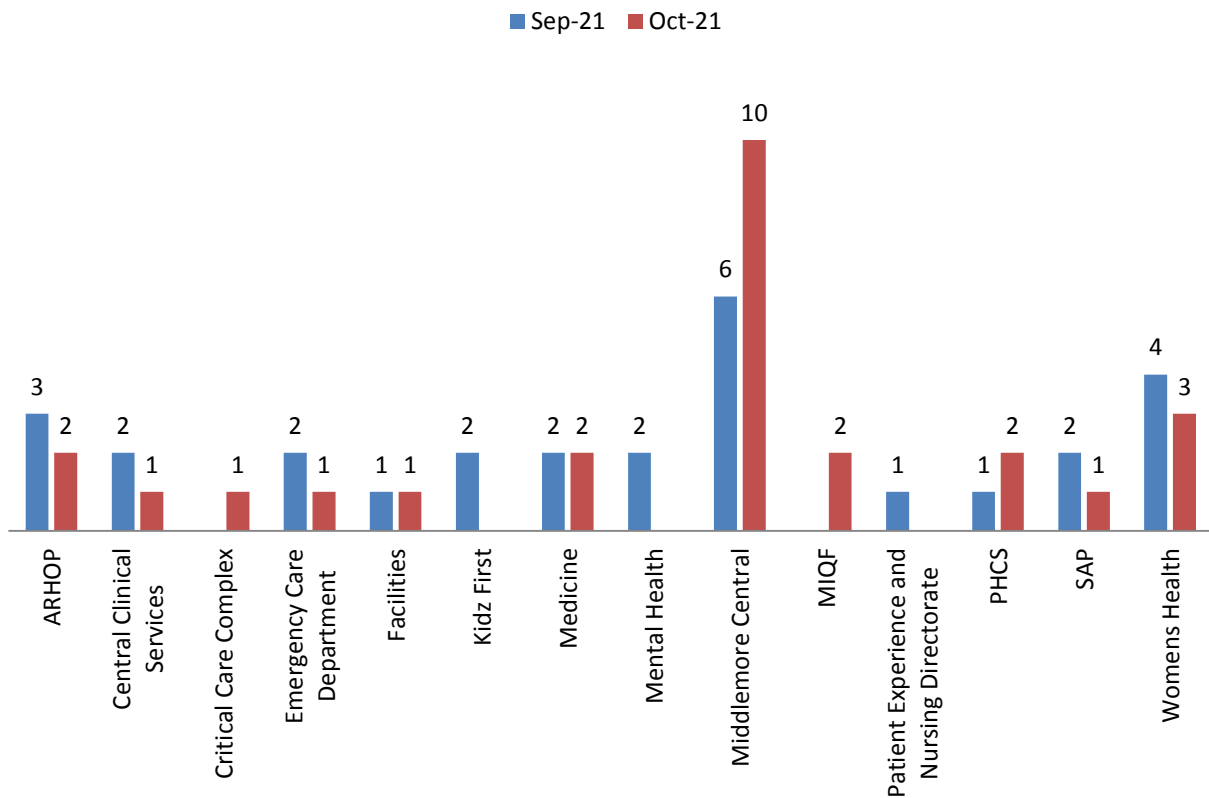
Moving and Handling

- Incidents reported in October (26) remained consistent in comparison to September (28).
- 14 injuries reported in October occurred while moving / handling a patient, which remained consistent to the figure in September (12).
- The majority of patient handling incidents reported were related to awkward position/posture, lifting/ handling/ carrying and load size/ weight.
- The majority of non-patient handling incidents were reported as being due to awkward position/ posture, sustained position/ posture and human factors.

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



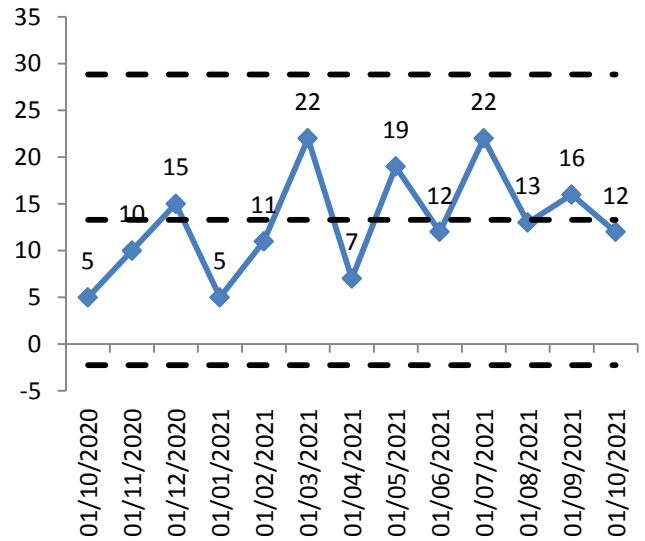
Number of Incidents Reported Related to Moving & Handling



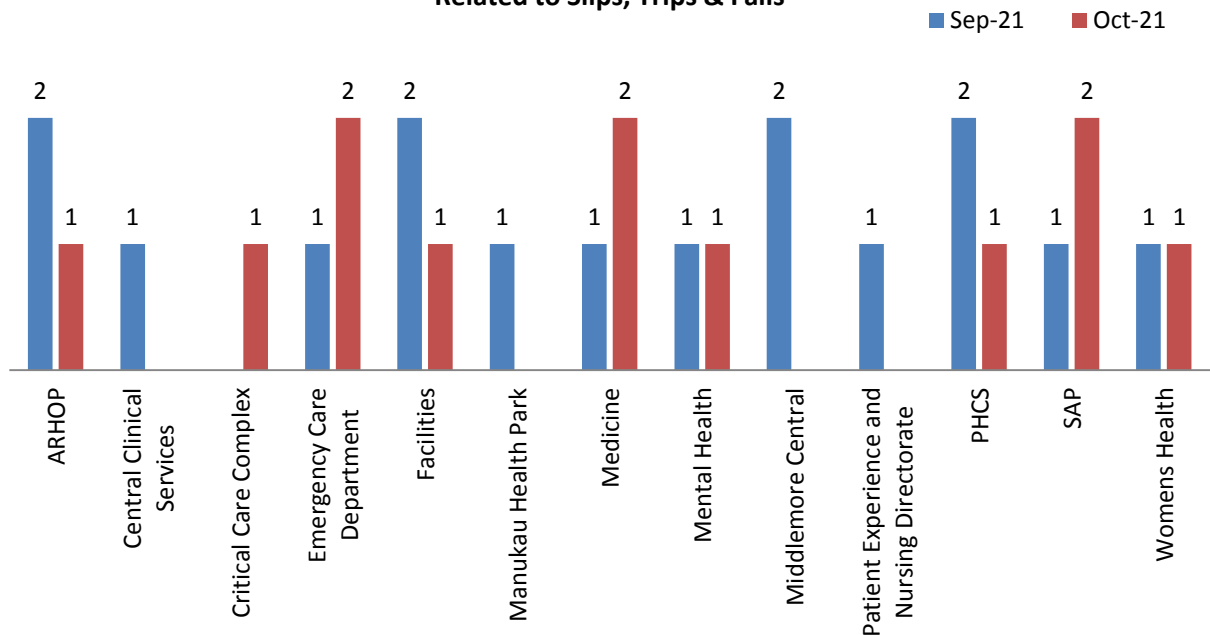
Slips, Trips and Falls

- Slips, Trips and Falls monthly figures in October (12) have decreased from September (16).
- Slippery/ wet surfaces, equipment malfunction and human factors were listed as the predominant contributory factors.

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



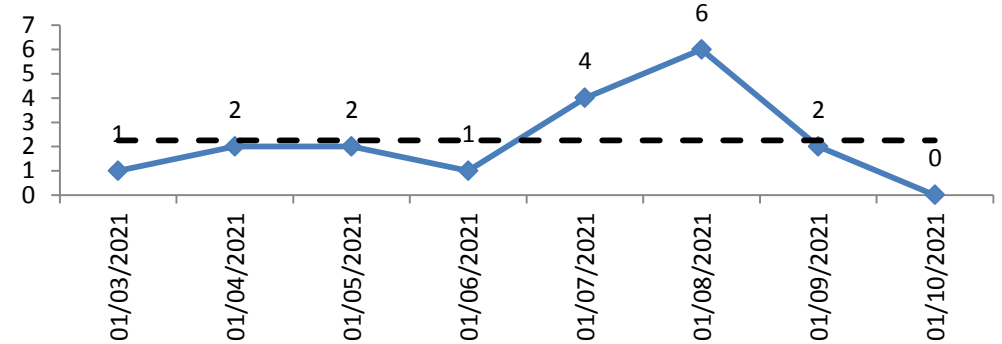
Number of Incidents Reported Related to Slips, Trips & Falls



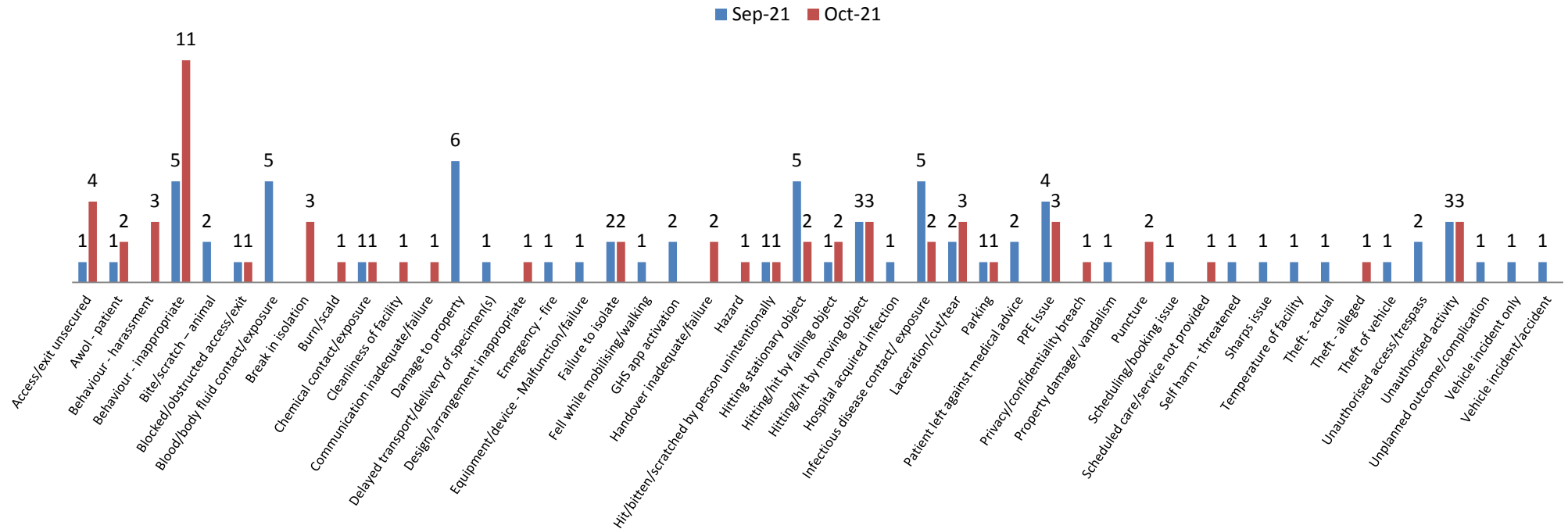
Other incidents

- Other incidents in October (59) decreased significantly in comparison to September (70).
- Get Home Safe (GHS) App Activation is included in the “Other” category.
 - Decrease in the reported incidents in October (0) compared to September (2).
 - These incidents are logged into SafetyFirst when an overdue alert is received from a lone worker in the community resulting in the police being contacted.
 - There was no risk of harm to these workers, and individuals were contacted by the Project Team and encouraged to keep using the app.

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



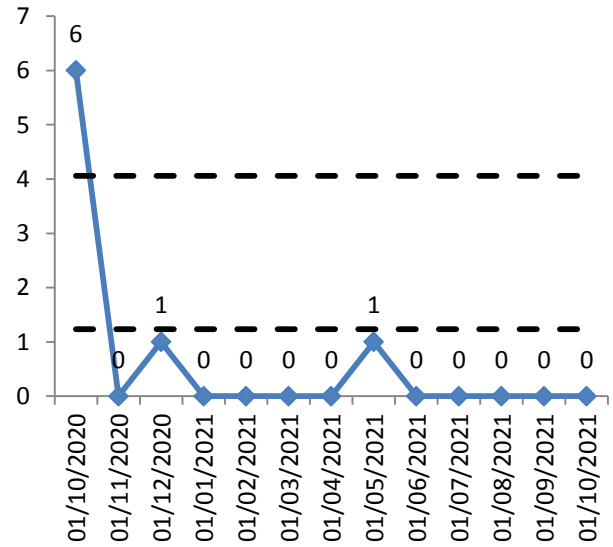
Number of Incidents Reported Other than Those in Five Identified High Risks



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 October.

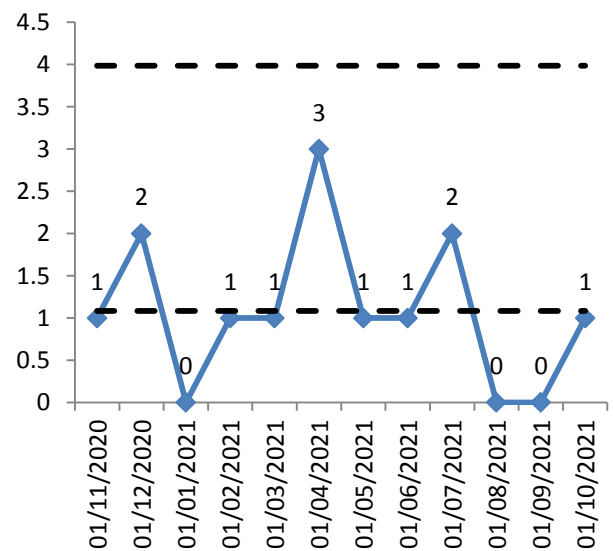
Number of Reported healthAlliance Incidents per month in 2020/21



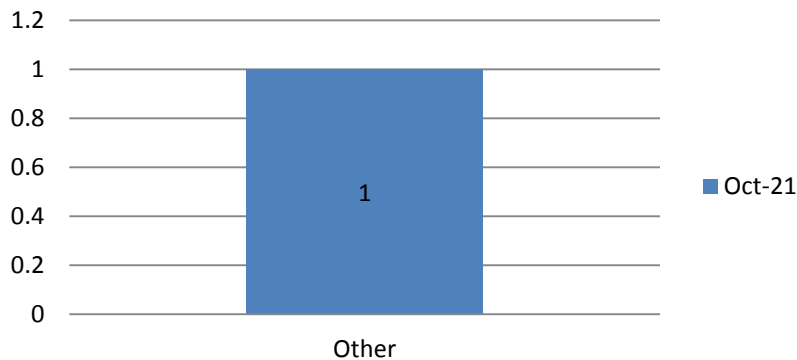
HealthSource Incidents

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

Number of Reported HealthSource Incidents per month in 2020/21



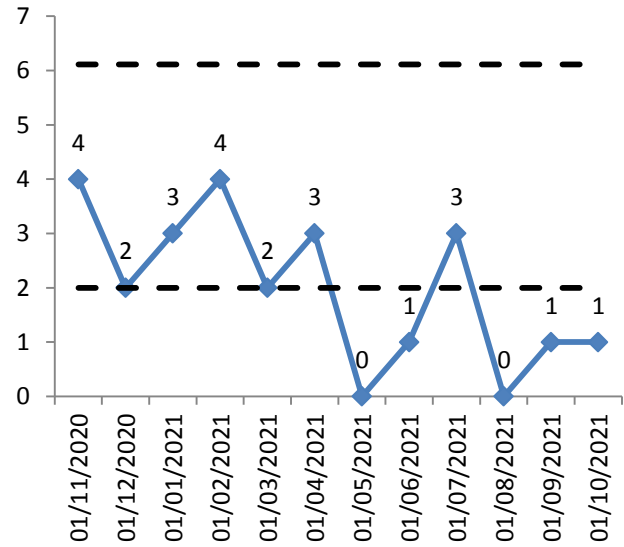
HealthSource Incidents by Type



Compass

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

Number of Reported Compass Incidents per month in 2020/21



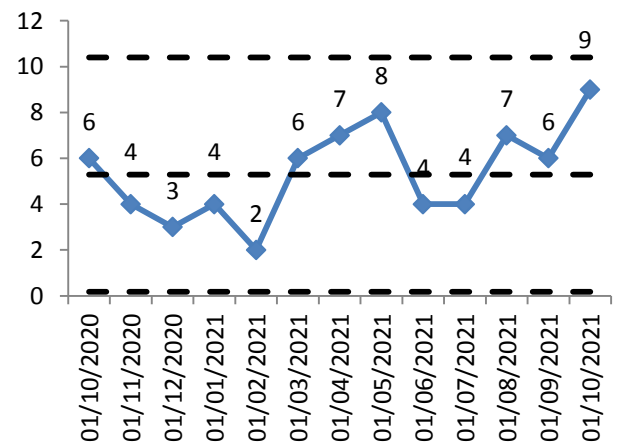
Compass Incidents by Type

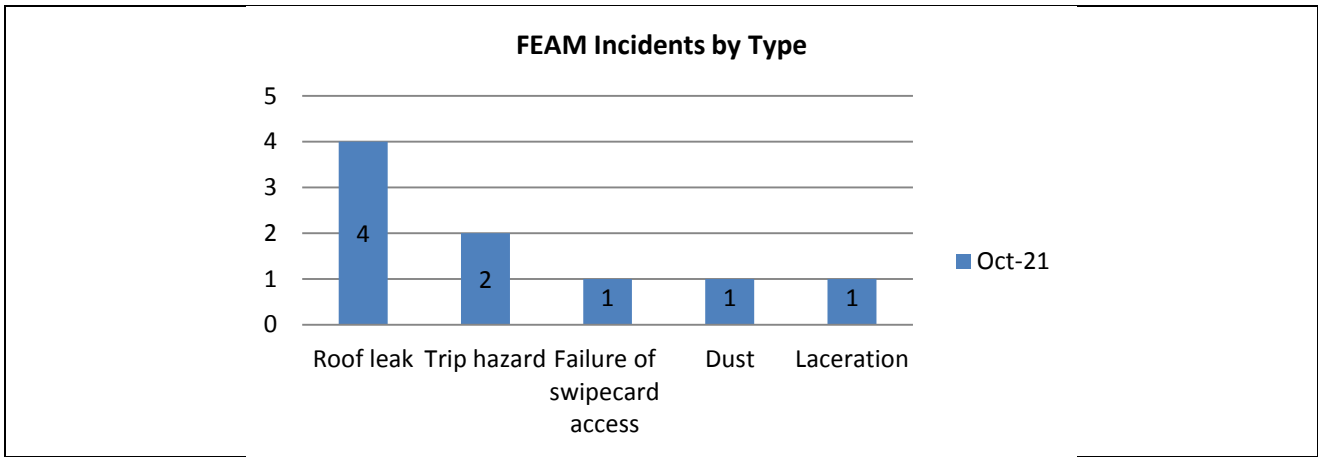


FEAM

There were 9 Incident reported in October which is consistent to 6 in September.

Number of Reported FEAM Incidents per month in 2020/21





Occupational Health Service Update																			
<p>Vaccinations:</p> <p>There was a significant increase in vaccinations administered in October in comparison to September. The increase is attributed to the vaccination clinic reopening due to the COVID-19 alert level restrictions easing.</p>	<h4 style="text-align: center;">Vaccinations Data 2021</h4> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Month</th> <th>Boostrix</th> <th>Hep B</th> <th>MMR</th> <th>Varicella</th> <th>Flu</th> </tr> </thead> <tbody> <tr> <td>Sep-21</td> <td>17</td> <td>9</td> <td>6</td> <td>4</td> <td>4</td> </tr> <tr> <td>Oct-21</td> <td>60</td> <td>41</td> <td>42</td> <td>15</td> <td>4</td> </tr> </tbody> </table>	Month	Boostrix	Hep B	MMR	Varicella	Flu	Sep-21	17	9	6	4	4	Oct-21	60	41	42	15	4
Month	Boostrix	Hep B	MMR	Varicella	Flu														
Sep-21	17	9	6	4	4														
Oct-21	60	41	42	15	4														
<p>Clinic Appointments:</p> <p>There were 103 OHN clinic appointments in October in comparison to 20 in September.</p> <p>82 OHP clinic appointments in October in comparison to 79 in September.</p> <p>The increase is attributed to clinics reopening due to the COVID-19 alert level restrictions easing and the additional Occ Health Physician that commenced employment in October.</p> <p>There were 37 DNA's for October compared to 12 in September. This increase is attributed to staff being unwell or not being available to attend the virtual or telephonic appointment due to various reasons.</p> <p>The Occ Health Physician consultations continue to be conducted telephonically or virtually due to the COVID-19 alert level restrictions.</p>	<h4 style="text-align: center;">Clinic Appointments Data 2021</h4> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Month</th> <th>Nurses</th> <th>Dr's</th> <th>Did Not Arrive (DNA)</th> </tr> </thead> <tbody> <tr> <td>Sep-21</td> <td>20</td> <td>79</td> <td>12</td> </tr> <tr> <td>Oct-21</td> <td>103</td> <td>82</td> <td>37</td> </tr> </tbody> </table>	Month	Nurses	Dr's	Did Not Arrive (DNA)	Sep-21	20	79	12	Oct-21	103	82	37						
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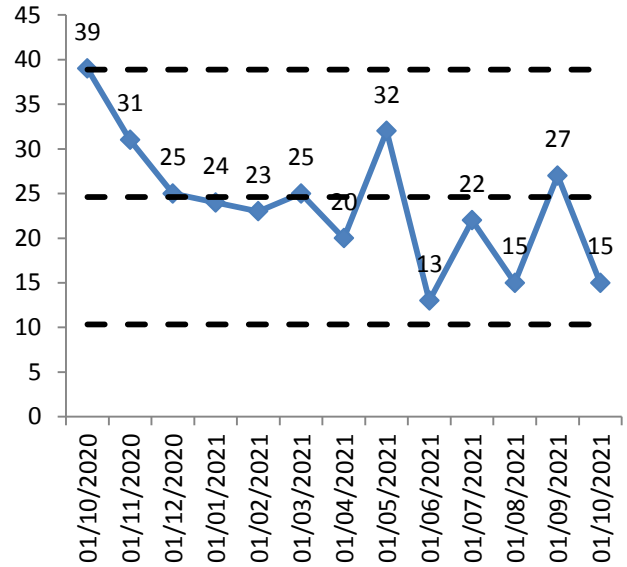
Blood Bodily Fluid Exposure:

BBFE for October (15) has decreased significantly in comparison September (27). This has decreased from the monthly average of 30.

Job factors and inattention/ distraction being the most prevalent causation in October.

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

BBFE Incidents 2020/21



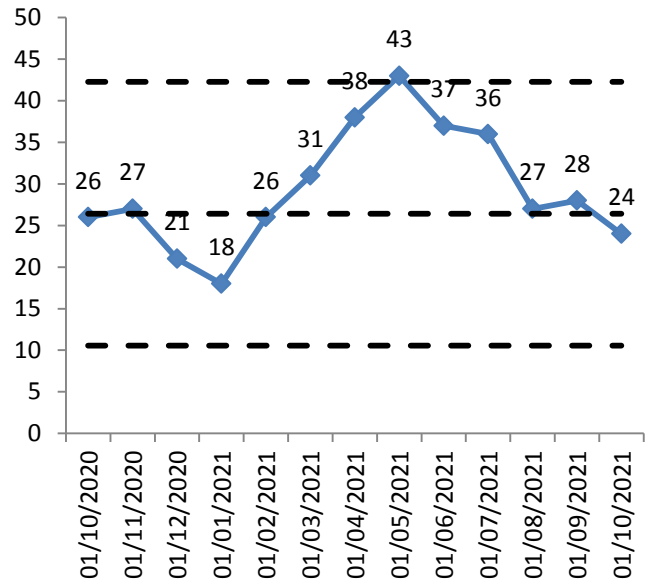
Manager Referrals:

Manager referrals for October (24) has decreased in comparison with September (28).

Contact Tracing:

There were sixteen contact traces conducted during October. Fourteen of these were for COVID-19. Two for tuberculosis.

Manager Referrals 2020/21

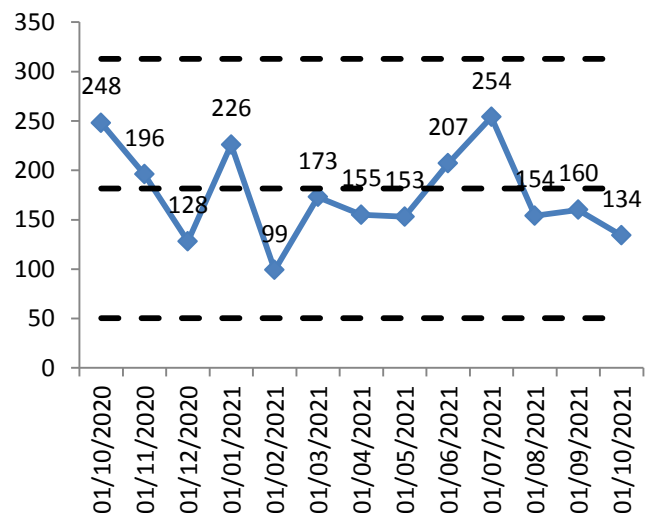


Pre-employment Health Screening:

Pre-employment Health Screening for starters commencing employment in October (134) has decreased in comparison to September (160).

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 2020/21



Appendix 1

Stress and Fatigue Analysis

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

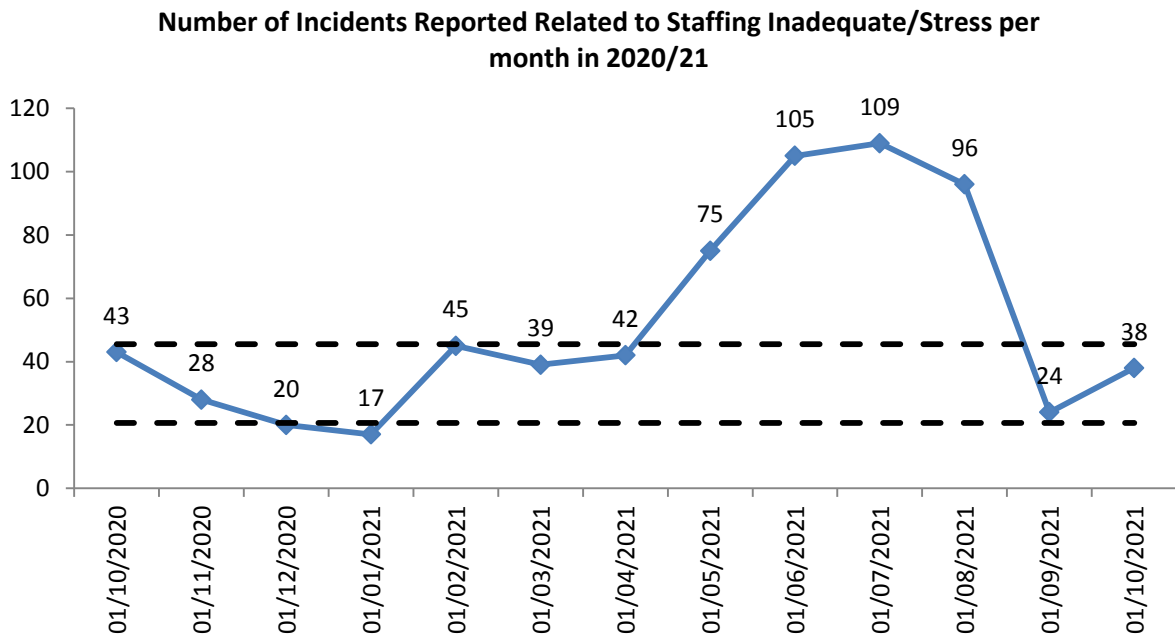


Figure 1: Safety First - Number of Incidents Reported to Staffing Inadequate/Stress per month 2021

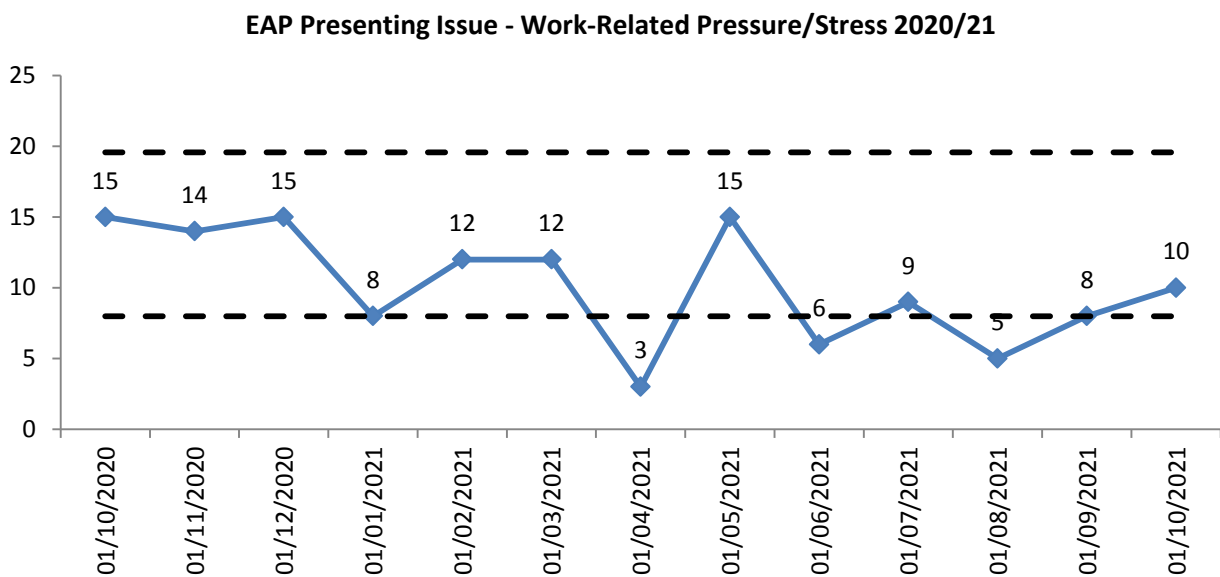


Figure 2: Raise (formerly EAPworks) Presenting Issue – Work Related Pressure/Stress 2021

Appendix 2

EAP reporting (October 2021)

Work-Related / Personal Issues

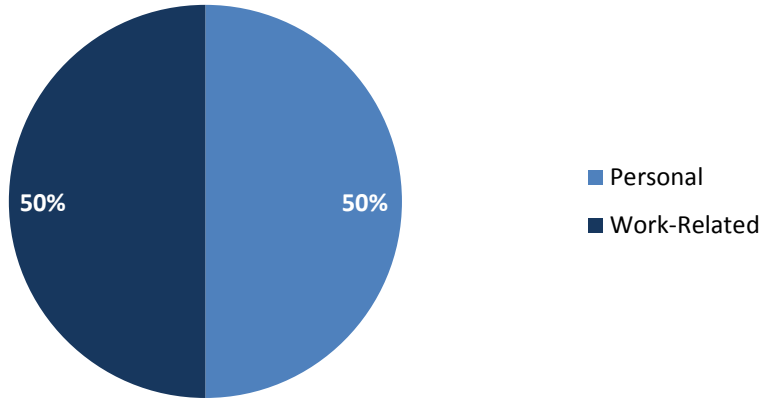


Figure 3: Work related v personal issues October 2021

By Presenting Issue

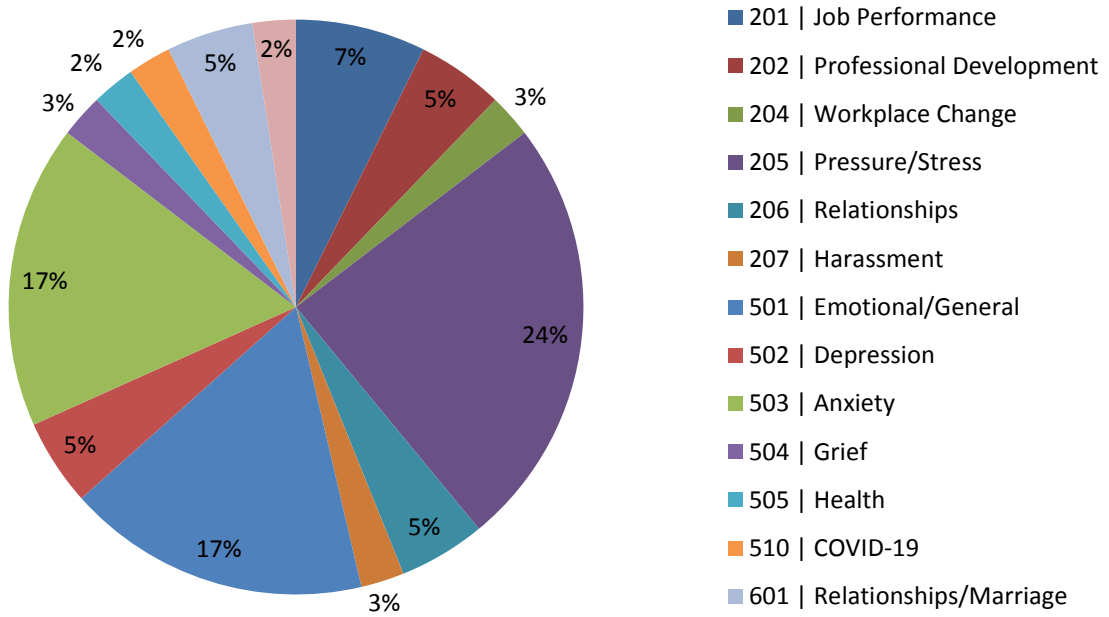


Figure 4: Presenting Issue October 2021

By Gender

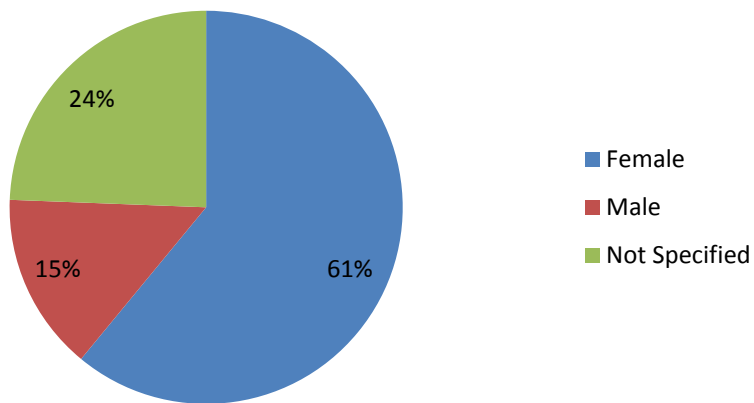


Figure 5: Reporting by gender October 2021

By Ethnicity

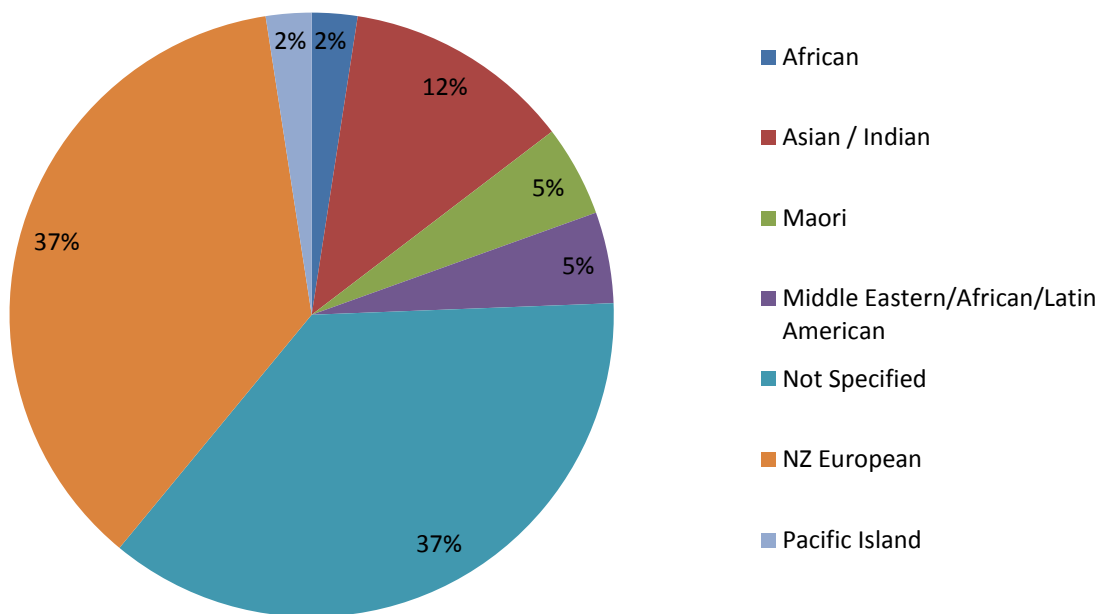


Figure 6: Reporting by ethnicity October 2021

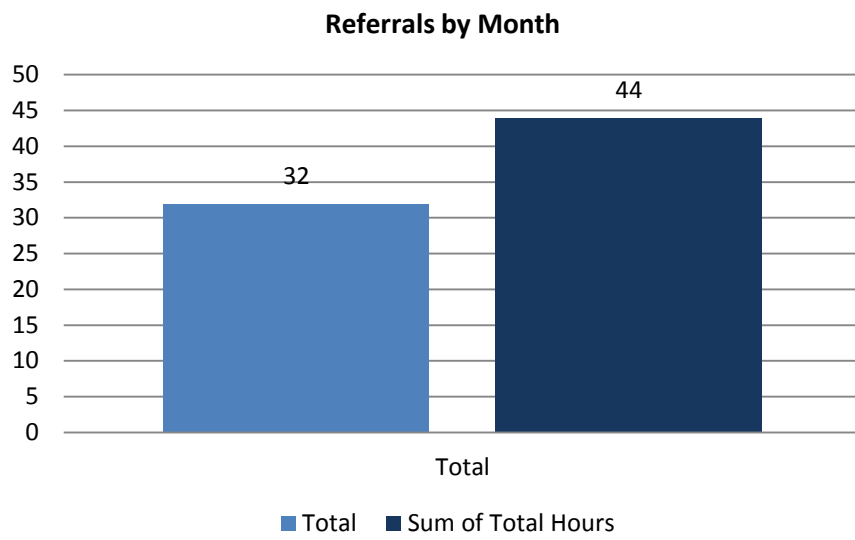


Figure 7: Referrals October 2021

Appendix 3

Wellbeing Report – October 2021

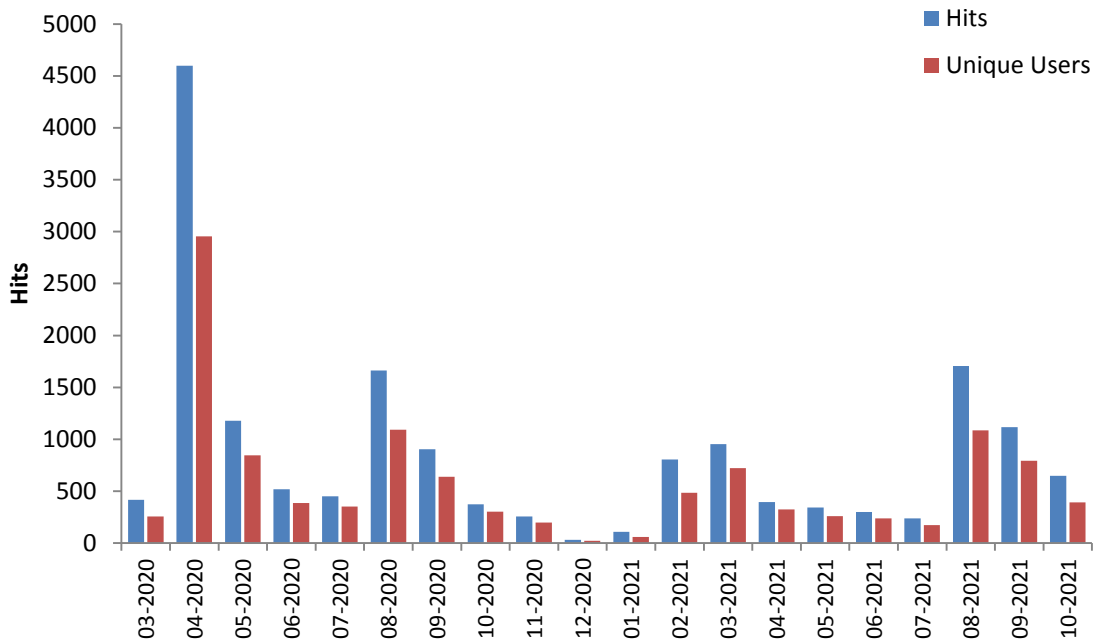
Prepared by: Dr Jo Sinclair, SMO Wellbeing Lead; Kathy Nancarrow, Group Health & Safety Manager; Jeremy Caird, Group Organisational Development Manager

Schwartz Rounds
<ul style="list-style-type: none">• Session conducted on Thursday 21 October. This was our first virtual session.• The session focussed on personal and professional reflections on our journey with COVID so far.• 70 participants
Wellbeing Support to Specific Teams
<p>Pharmacy</p> <ul style="list-style-type: none">• Scheduled to conduct 2 wellbeing workshops on the 16 and 30 November. <p>Orderlies and Cleaners</p> <ul style="list-style-type: none">• Conducted a road show for these staff (27 group sessions in total).• Met > 125 staff between 2 November to the 9 November to share the range of wellbeing resources and explore how best to support them. <p>Ward 1</p> <ul style="list-style-type: none">• Ongoing OD work with them has segued into identifying and offering wellbeing related support. <p>Healthy Together Technology team</p> <ul style="list-style-type: none">• Programme Director reached out after attending an Enabling Leaders session.• Will conduct a 'Leading for Wellbeing' session for all IT people leaders (not just HTT) on Monday 22 November. <p>Occupational Therapy Students</p> <ul style="list-style-type: none">• Introduced and summarised the wellbeing resources available to them at Counties. <p>Department of Anaesthesia and Pain Medicine (Technicians)</p> <ul style="list-style-type: none">• Will facilitate a 1 hour wellbeing session sometime in December for the technicians. <p>Localities</p> <ul style="list-style-type: none">• Conducting some wellbeing sessions for Integrated Care North. <p>Otara / Mangere Community Health Team</p> <ul style="list-style-type: none">• Conducting 5 'Living with Uncertainty in a COVID World' workshops for District Health Nurses, HCAs, allied staff, and admin <p>Emergency Department</p> <ul style="list-style-type: none">• Facilitating a Psychological Safety session for ED ACNMS on Tuesday 23 November.

COVID Wellbeing and Support – Paanui Information

- Continue to review, refresh and update contents of the COVID Wellbeing & Support Paanui page, including introducing **In-Focus** section to highlight the “Wellbeing Wednesday” initiative and relevant wellbeing articles and videos.

**COVID Wellbeing Page
Monthly Users Mar 2020 - Oct 2021**



- Provided ongoing support and checks-ins to some people leaders and managers on a weekly basis during lockdown.

Stress First Aid (SFA)

- Launch of pilot programme scheduled with Emergency Department (ED) for Monday 29 November
- 25 staff from across ED have expressed interest in being a Peer Responder.
- Mixed training: 1 hour online followed by a 2 hour face-to-face workshop. ED will support staff to attend the workshop during their shift.

Wellbeing Steering Group

- Background: Following the first COVID-19 period in 2020 a steering group made up of senior clinical and support staff was formed. The purpose of this group is to provide thought leadership on wellbeing, and to ensure CM Health’s wellbeing initiatives are ‘joined up’ and coordinated.
- The Wellbeing Steering Group met on 28 October – the meeting notes are shown in Appendix A below.

“Wellbeing Wednesday”

- Established the “Wellbeing Wednesday” initiative to equip our employees with practical tools and strategies to use in their work and personal lives and to boost their wellbeing.
- Created a series of 4 short wellbeing sessions for the launch of “Wellbeing Wednesday” on the 20 October (see table below).
- Created a new session on “Self-Care in a COVID World” for the “Wellbeing Wednesday” initiative.

Wellbeing Wednesday - 20th October

Sessions	Participants
R U OK?	8
Enhancing Civility in the Workplace	12
Spring Clean Your Wellbeing	12
Living with Uncertainty in a COVID World	10
Total Participants	42

- Resources: as part of “Wellbeing Wednesday”, we provided 30 ‘Doing What Matters in Times of Stress Guides’ to employees and teams; and, 35 Mental Health Foundation Korero Card Sets.

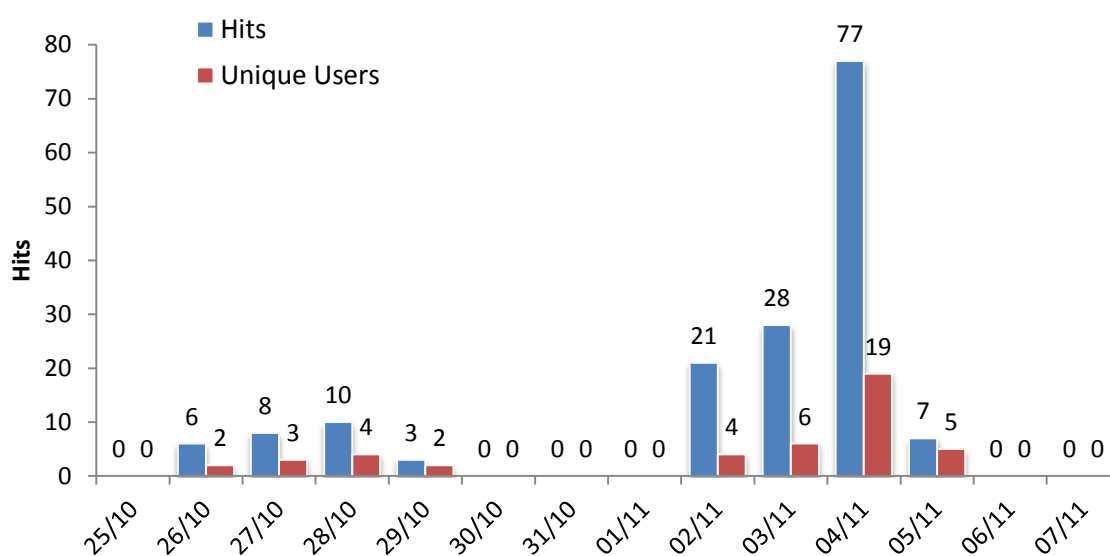
Wellbeing Wednesday - 27 October

- Shared “**Sleep is Your Superpower**” video by Matt Walker. Content includes information about the sleep's impact on learning, memory, and immune system. And included some helpful tips for sleeping better.

Seasonal Wellbeing Programme

- We continue to refresh and update contents of the ‘**Spring Clean Your Wellbeing**’ seasonal wellbeing programme. The summer programme will come on stream in December.

**Spring Clean Your Wellbeing
Daily October - November 2021**



Mental Wellbeing

World Mental Health Day

- As a follow on from the Mental Health Awareness Week and in recognition of World Mental Health Day (10 October), the OD team facilitated a series of interactive Zoom Sessions on Wednesday 13 October. These were designed to equip employees with some practical tools and strategies to support and boost their mental health and overall wellbeing.

Sessions	Participants
Conversations that Matter	14
Spring Clean your Wellbeing	10
Enhancing Trust & Respect	13
R U OK?	20
Coping with Uncertainty in a COVID World	20
Total Participants	77

Appendix A: Wellbeing Steering Group, Meeting Notes – Thursday 28 October 2021

Present: Jeremy Caird, Dr Jo Sinclair, Kathy Nancarrow, Bev McClelland, Kathryn Russell, Marie Young, Sarah Tora

Note: inputs, ideas, and feedback has been grouped for easier reading

How are staff going?

- There are some fears creeping in, e.g. about redeployment and changes in job expectations, e.g. becoming “people turners”.
- There’s some anger at the politics around COVID / lockdowns
- People are tired – including living with it outside of work. People are carrying a lot, e.g. missing their families.
- There’s increased reporting of stress coming through OH&S.
- People haven’t lost hope and are able to verbalise their needs.
- People acknowledge and are appreciative of our wellbeing offerings.
- There’s a gap for managers in understanding their level of authority, e.g. what they can approve.

What would help?

- More contact with front-line people leaders to ensure they are aware of importance of check-ins with the team. Wellbeing needs to be on the agenda – this can be achieved by checking-in with the team at handovers (these can be regular and quick).
 - Others can also help with these: OD, EAP
- Understanding the views of front-line staff.
- Ensure wellbeing offering for those not accessing computers (and therefore can’t read Dose, Paanui, etc.)
- Stand up 3 full-time wellbeing officers over the next 3 months (to cover the period of increased hospitalisation of COVID patients).

What fundamental needs can we meet?

- Basic needs need to be met first – this is supported by articles from overseas experience in dealing with COVID.
- Something to eat and drink for staff in extremely busy locations and overnight when usual sources unavailable (similar to what was done with Ward 7).
 - Decent food needed overnight.
- Sometimes dedicated people won’t stop, and risk crashing. Food and drink makes a difference.
- Rest breaks – including rests from mask wearing (to avoid rashes, etc.)
- Somewhere to sleep if required to be on call and on site overnight.
- The ED trolley (with snacks) has been very well received.
- No cutlery or plates in some tea rooms. Service Managers too busy and/or are unclear on their authority to buy, and/or have budget concerns.
- There appears to be an issue with what managers can approve – therefore the accountability and the authority to spend on genuinely needed food and drink, needs to be affirmed and committed to.
- Do a bite-sized session for managers to clarify and confirm what they can approve.

Communications

- Communications around wellbeing have done well over the last year. It's transformed over the last 12 months. CEO and other messages all very good.
- ELT need to be talking and communicating about wellbeing, and encouraging it to be discussed.
- We need a Schwartz Round Paanui page.

Longer term solutions

- A wellbeing officer in each area.
- Spending time with units to understand needs and issues (as help and support, not to replace managers and people leaders). To advocate WB needs for people.

END

Appendix 4

OHSS Risk Matrix:

OHSS Consequence table (for reference)

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

OHSS Likelihood table (for reference)

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

Counties Manukau District Health Board

Occupational Health and Safety Performance Report

MIQF Health & Safety Report – October 2021

Recommendation

It is recommended that the Board:

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

Note this report was endorsed by the Executive Leadership Team on 30 November to go forward to the Board.

Prepared and submitted by: Pauline Sanders, Clinical Nurse Director, Northern Managed Facilities; Leena Thakersi, Occupational Health & Safety Business Partner; Kathy Nancarrow, Group Occupational Health and Safety Manager; and Elizabeth Jeffs, Director Human Resources

Glossary for Monthly Performance Scorecard and Report

Worker	An individual who carries out work in any capacity for the PCBU e.g. employee, contractor or sub-contractor, employee of the sub-contractor, employee of labour hire company, outworker, apprentice or trainee, person gaining work experience, volunteer.
Reasonably Practicable	Means that which is or was at a particular time reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters.eg the likelihood of the hazard/risk occurring and the degree of harm resulting, what the person knows about hazard/risk and how to eliminate/ minimise the risk and the cost associated with elimination of the hazard/risk.

Glossary

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

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 October 2021.

November 2021 update

The introduction of the Community Self Isolation and Quarantine (SIQ) programme managed by Whakarongorau (formally Homecare Medical) has resulted in fewer community cases within MIQ. Where cases are unable to isolate at home, a Joint Intelligence Group (JIG) is being established with participants from relevant PCBUs to provide an informed position for operations and ensure staff in the facilities have the necessary information and support to manage their health and safety. This an evolution from the original Person of Interest model.

Approximately 1750 returnees who have completed 7 days in isolation will be released to self-isolate at home as per governments requirements on Sunday 14th November 2021. Additional staff have been onboarded to assist with the increased swabbing test demands over this period.

The continued impact of the change in operations with shorter stays will be monitored to determine if there are any changes to the health & safety risk profile.

A change in the Required Testing Order has seen MBIE introduce saliva testing stations within the facilities. All MIQF staff are actively being encouraged to adopt the alternative methods of testing to ease the demands on Health staff.

Executive Summary - Managed Isolation and Quarantine Facilities (MIQF)

NMF managed referral process for isolation in the community and quarantine for the month of October and started the handover process in November. This Occupational H&S report highlights the transition of the community isolation process to the primary care healthcare organisation.

The report will provide an update on incident management and PCBU's H&S Meeting and the participation by the key stakeholders to address the concerns raised in the meeting. In addition, to address the delay in onboarding new staff because of fit testing, NMF has successfully secured the required equipment and ran a trainer workshop for selected NMF staff.

Lastly, incident reporting showed that behavioural issues still need management and addressing at the facilities. A pilot decompression session run by EAP was organised for clinical leadership to understand the level of support required.

OH&S Risk & Assurance

Acts of aggression were identified as a shared risk across the PCBUs at the third CM Health organised Health & Safety PCBU meeting held on Wednesday 27th October 2021. The risk is being managed through a joint approach with input from Community Health Care divisions, NZ Police, NZDF and MBIE with a focus on risk assessments of Persons of Interest (POI). Health staff are updated on POIs daily and individual security provided for these stayers.

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

Representatives from NZDF and AVSEC are investigating pathways to share training resources with the other PCBUs.

Worker Participation

To acknowledge the important role HSRs play with the health and safety system, each person was sent a gift pack and an email of appreciation. To facilitate participation in HSR meetings, the meeting schedule has been shared for the next 3 months. CM Health's MIQF H&S Advisor continues to work with the MBIE H&S Advisor on the MBIE plan to imbed worker participation on sites to improve worker participation in H&S.

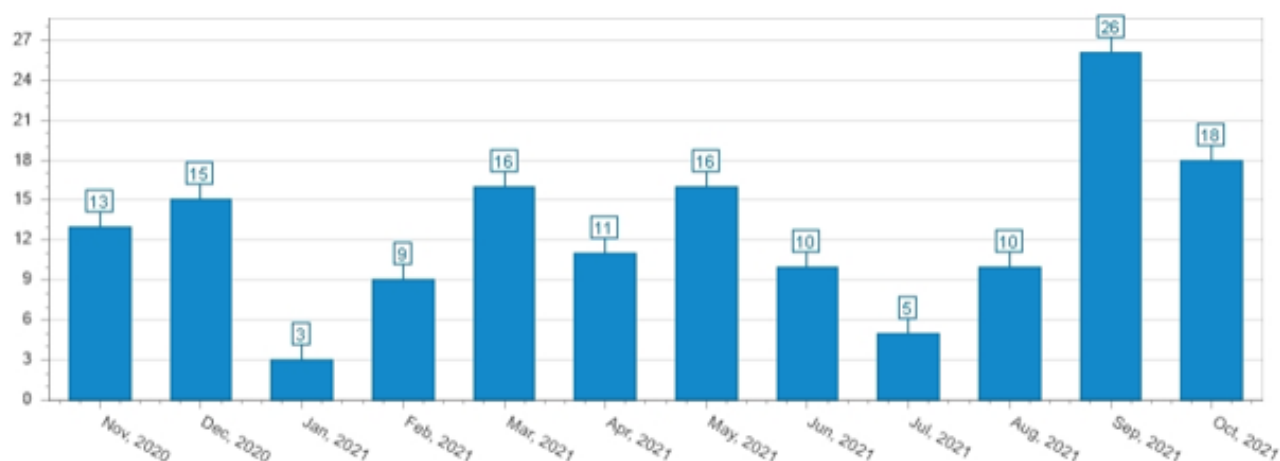
Respirator Mask Fit Testing

Quantitative testing will be introduced to MIQF as a Portacount machine has been procured with three people trained to operate it. This is beneficial to the respirator mask fit program as quantitative testing is faster and more acceptable to the person being tested. Qualitative testing will continue to be used as an acceptable alternative during surge or emergency situations.

Incident Reporting

The overall number of Incident reports have decreased in October. This can be attributed to improvements in the referral process for community cases when entering MIQF which has meant fewer communication failures occurring.

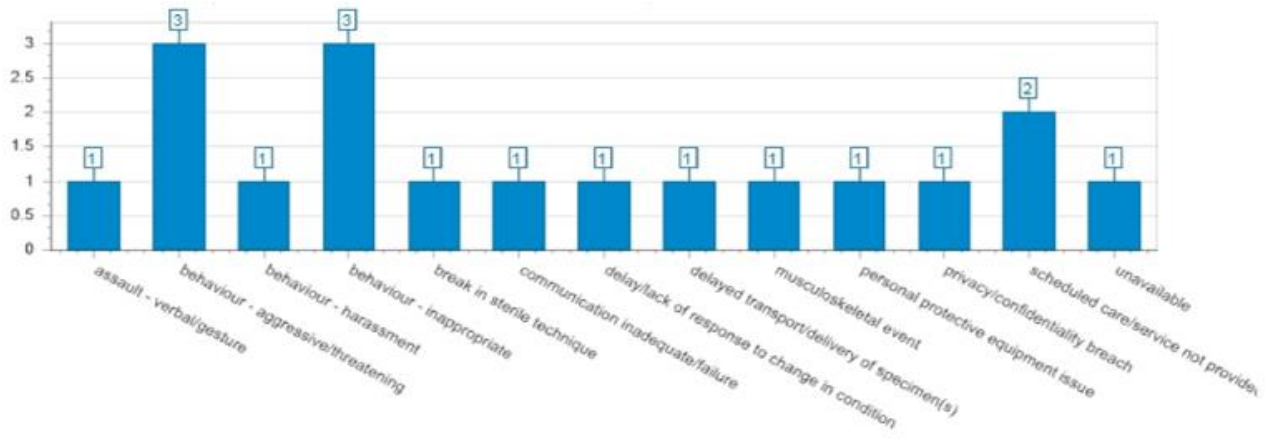
Number of incidents reported per month



Acts of aggression were the dominate type of incidents reported in October. This is reflected in the breakdown of incidents reported. Sites have been encouraged to participate in decompression sessions provided through the Employee Assistance Program (EAP) to help counter the effects from these interactions. Positive feedback has been received from the sites that have used the service. Individuals are also able to book individual appointments with an EAP counsellor. Wellbeing resources are being shared in the newsletters with information about the Wellbeing Wednesday activities held by CM Health.

Process and procedures are being refined to address the incidents that have administrative errors at their root cause. The removal of the requirement for a dedicated MIQF health workforce has been beneficial to the recruitment process and rosters continue to be managed to balance staff wellbeing and the correct skill mix at each site.

Breakdown of incident types reported



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 October – 26 November 2021.

Prepared and submitted by: Jared Heffernan, General Manager Communications and Engagement (acting), and Margie Apa, Chief Executive.

Purpose

This paper provides an update on Corporate Affairs and Communications activity for the period 16 October – 26 November 2021.

COVID-19 communications

The period under review has again been an extremely busy one for the Communications team which has continued to actively support our Incident Management Team, the Ministry of Health, TAS, and NRHCC.



COVID 19 Vaccine Outreach and Engagement

The approach throughout November has focused on engagement initiatives to finish the final 'high priority' schools and workplaces, launch the new 'Street Chats' campaign and commence detailed planning for the rollout of booster and tamariki vaccine services.

Additional work includes the continued promotion of key messages through CM Health channels and supporting NRHCC regional campaigns as required. At a tactical level, the key milestones this month include:

- Continuing to provide relevant content and messaging to school communities about vaccine pop ups in their area. The focus has been on utilising school social media and digital channels with the aim of having students and community leaders provide advocacy messages via video content.
- Working with the Ministry of Health to deliver a local text communications campaign targeting unvaccinated rangatahi and young whaanau in Manurewa. Work is underway to deliver this campaign in other high priority suburbs.
- Launching the Street Chats campaign with I AM Mangere and Urban Neighbours of Hope. This involves door knocking and street level activations focused on NGO workers having open, non-judgmental korero with vulnerable communities around the vaccine. Part of this included development of a motivational interviewing toolkit and training manual to ensure teams are equipped to have genuine and informed conversations.

- Work has started to widen the scope of motivational interviewing training on the vaccine with other CM Health community teams and providers to ensure as many teams with a face-to-face presence in the community are well trained in vaccine information.
- Working with NRHCC and Maaori communications teams on development of a campaign for 5-11-year olds.
- Supporting the vaccine project team on the rollout of information around the closure of Highbrook Vaccine Centre.
- Supporting provider-led outreach activities by broadcasting information through DHB social media channels.

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

Media Enquiries

A total of 90 media enquiries were received, answered and closed for the reporting period. The main area of media interest continued to be related to COVID including vaccination, hospital readiness, mental health, exposure events – making up 75% of requests.

We continue to facilitate a number of COVID-related interview requests and remain focused on answering questions specific to our facilities, processes, and patients in a meaningful, considered manner.

The authentic, knowledgeable way in which our people have presented themselves has not only enabled us to tell our stories in a COVID setting but has positioned us well to be heard when speaking to other operational issues.

This is of note as towards the end of the reporting period we began to see a meaningful shift away from exclusively COVID-related queries to more BAU/operational enquiries, with facilities and infrastructure, mental health, women’s health, as well as other vaccinations (measles/MMR) featuring prominently.

We look forward to continuing our positive working relationship with the media and acknowledge the significant role our CM Health spokespeople continue to play in this space.

Over this period CM Health / Middlemore Hospital / CMDHB appeared in over 1650 news articles. The most were in NZ Herald (183), Stuff.co.nz (128) and TVNZ (94).

Proactive Media

A total of 29 proactive stories were promoted through our external website. The lift in the calibre of the writing in this space is noticeable and this anecdotal review is reinforced by a number of media enquires being driven directly from these stories and in some cases the stories themselves being lifted in their entirety for use in other publications and by the Ministry of Health.

This includes a series of videos of our clinical leaders giving an overview of what it takes to care for acute COVID-19 patients at Middlemore Hospital:

- [What it means to be in ICU with COVID-19 at Middlemore](#) Dr Anna Mulvaney, Clinical Head, Critical Care Complex
- [The ongoing care Middlemore provides COVID-19 patients](#) Dr Cameron Sullivan, SMO
- [Curious about the care Middlemore Hospital provides COVID-19 patients?](#) Dr Stuart Jones, Clinical Head of Respiratory Medicine

Also, of note is Dr Peter Watson’s recently introduced weekly CMO Update which has had high readership and driven a number of informed media enquiries:

- 4 November: [Latest News: Chief Medical Officer](#)
- 11 November: [Latest News: Chief Medical Officer](#)
- 18 November: [Latest News: Chief Medical Officer](#)

Other stories of interest include:

- [Award winning Tiaho Mai places dignity and choice at its heart](#)
Tiaho Mai is now an award-winning facility, taking out the [Warren and Mahoney Civic, Health and Arts Property Award](#) category in the prestigious Property Industry Awards 2021. It was awarded Excellence with Best in Class.
- [COVID-19 Hospital in the Home](#) As COVID-19 community cases and hospital admissions increase across Auckland, a COVID-19 Hospital in the Home service has been established.
- [26 years of service celebrated](#) Fale Suemai has been with Counties Manukau Health for 26 and half years as an Orderly Driver at Auckland Spinal Rehabilitation Unit and is retiring on 26 November.
- [The spirit of Counties](#) Manukau Health is proud to have one of former staff members, Dr Mataroria Lyndon, appointed to the Māori Health Authority, taking a leadership role in the health reforms, Hauora Māori and equity across Aotearoa.
- [Clinical research making impacts at Middlemore](#) Clinical research plays a huge role in improving patient care and health outcomes. Middlemore Clinical Trials (MMCT) is giving health professionals at Counties Manukau Health more opportunities than ever to be involved in extraordinary innovation right on their doorstep.
- [Board Members leading the way with vaccination](#) In support of the Government's decision requiring healthcare workers to be vaccinated against COVID-19, we are proud to announce all of our Board Members are fully vaccinated.

These and all our stories can be found [here](#).

Portfolios Overview

Clinical

Work continued in responding to COVID-19 media requests and the proactive release of content to support the vaccination drive, create awareness of COVID-19 clinical pathway and patient experience, and improve understanding of hospital surge planning.

The communication intent was to build confidence in our readiness to respond to increased community cases, educate the community on actions they can take to prevent and prepare for COVID-19 infection, and to counter negative media coverage on specific topics such as ICU capacity and hospitalisation rates.

Multi-channel content has been published profiling Middlemore's ICU and Respiratory Ward, the preparation for COVID-19 hospitalisation surge, and profiling clinical expertise (respiratory and intensivists) as community cases increased during this reporting period.

As noted above, we launched a weekly CMO News article to broaden audience perspective on COVID-19 and to publish content on clinical topics beyond COVID-19.

Other support delivered included the production of staff testimonial (SMO, Registered Nurses) videos for sharing with other DHBs workforces, profiling the establishment of COVID-19 Hospital in the Home service, and campaign development of 'Be Prepared and Have a Plan' (for when COVID finds you).

Community

We have worked closely with the Manukau Health Park project team and local Iwi to plan the blessing ceremony and determine the best way to tell our story through the platforms the ceremony will provide us. We have also hired an external contractor - that all Iwi approve of - to tell the story of site's history and have organised for a billboard to be built on site which will advertise the new facilities that are being constructed.

The Mental Health and addictions team has been overwhelmed during the COVID response and we have worked closely with them to respond to some particularly in-depth media queries and guide through some effective ways in which they can communicate meaningfully with their wider team during a trying time.

We have also worked with stakeholders to develop resources and messaging across key projects including Safe Sleep Awareness Week, SUDI Awareness, COVID 19 Vaccination in Pregnancy and Hepatitis C.

Corporate

A strong focus continues on providing support to the HR team around the staff vaccine mandate implementation, including drafting comms to People Leaders, impacted staff, internal comms to all staff and regular updates to intranet page as well as working with other DHBs and TAS on media responses.

We are working with the Middlemore Foundation, Mental Health Foundation as well as Comms Leads at Waitemata and ADHB to bring to life a campaign called 'You're Awesome' which acknowledges the mahi of our health workers and gives the public the chance to show their appreciation by gifting them a voucher from a small business that's also doing the hard yards.

Partnering with SOS Business to provide the gift vouchers, donors will also be supporting one of over 2000 local small businesses when they need it most. Healthcare workers in a range of roles across all three Metro DHBs will be profiled in a "Humans of New York" style social media campaign with Stuff, pointing readers to a campaign microsite where they can donate. The campaign will be led by an interview with Margie.

We continue to provide strategic and tactical comms advice to the Organisational Development team to support initiatives centred around wellness and capability such as Stress First Aid pilot, Wellbeing Wednesday, World Kindness Day and Te Arawhiti/ Public Service Act requirements around building cultural capability.

Customer Experience

The End of Life Choice Act 2019 came into effect on November 7. This month we developed conversation flowcharts to support staff in their responses to requests for assisted death. Four area-specific (Medical, Nursing, Allied Health, Non-clinical) videos were produced to inform and help staff understand their role.

We continue to develop patient stories with two completed this month for future dissemination; community and in-hospital experiences with themes of compassion, responsiveness and communication.

Patient safety day was this month, with a theme of culturally responsive maternal and new-born care. An internal and external story was written, alongside social media. An internal and external story was produced to celebrate the work of Middlemore Clinical Trials, their 20th anniversary and annual report. We provided additional support to assist MMCT to increase their social media engagement.

Funding and Health Equity

Work in the Equity space has continued with multiple meetings, engagement and project planning for 2022 across the hospital. The primary focus remains on establishing enduring relationships, connections and trust with all stakeholders, working with the Maaori and Pasifika units and the Population Health team to develop initiatives, and reach out to community providers, researchers, experts, media and commentators.

Weekly work is ongoing with a regional Maaori team on communications initiatives and planning for 2022, and outreach has been initiated with the CM Health Maaori team to facilitate a new podcast series, mana whenua stories, as well as support Tiktok video production.

Communications support has been provided to Pacific collective stakeholders to support better messaging around the Pasifika SUDI programme - It Takes a Village. Work also continues on a number of Equity and Population Health stories including diabetes, the MMR programme, COVID modelling, Alcohol Harm Minimisation, and planning for Polyfest 2022.

Awareness Days

International Cleaners Day - 20 October 2021

We shared stories from a few of our cleaners about [why they work at CM Health](#). We shared a group photo of some of our cleaners on social media to celebrate the day and it was well received with 39 comments, 11 shares and 849 reactions.



Pharmacy Technicians Day 19 October 2021

We interviewed two [pharmacy technicians](#) from Haumanu Pharmacy. The story highlighted the awareness day, why they enjoy the work they do, and why they enjoy working at CM Health.

International Day of Radiology - 8 November 2021

We thanked our [200 strong team of Radiology staff](#) and provided an overview of the roles they undertake.



White Ribbon Day - 25 November

The Child Protection Service ran a [competition](#) in the Dose to find the white ribbon in the Thursday issue. They were very happy with the entries received with the winner to be announced in the Dose.

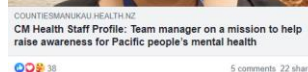
Aotearoa Patient Safety Day 2021

The theme for this year's campaign was maternal and new-born safety, focusing on safe and culturally responsive care and providing culturally responsive maternal and new-born care.

Niue Language Week 17- 23 October

This year's theme for Faahi Tapu he Vagahau Niue – Niue Language Week was Kia Tupuolaola e Moui he Tagata Niue which means May the Tagata Niue thrive.

As part of the language week did a [CM Health Staff Profile: Team managers mission to help raise awareness for Pacific people's mental health](#). This was posted as an external story and on social media.



Tokelau Language Week 24-30 October

The theme this year for Tokelau Language week was Tokelau! Tapui tau gagana ma tau aganuku, i te manaola ma te lautupuola which means Tokelau! Preserve your language and culture, to enhance spiritual and physical wellbeing. We recognised the week on our internal channels posting on Paanui and the Dose

November 2021

This year we [profiled a staff member taking part in Movember](#) who spoke about the important issue of men's health and how in his community men feel its taboo to share their health problems. The story appeared on both internal and social media and was well received with 489 engagements, 28 comments and 2 shares.





Diwali 2021

To celebrate Diwali, the staff café offered a Diwali menu. We advertised in the Dose and created a Paanui story photos of the [highlights](#). We also utilised a screensaver to raise awareness of the celebration and have an article in the upcoming Connect+ December issue with a recipe for readers to make at home. The social media post has 577 engagements, nine comments and two shares.

COVID-19

We installed a COVID-19 billboard to encourage Maaori in our community to get their COVID vaccination. We featured Bobby Nepia, a CM Health staff member who was happy to help spread the word. This was also used on social media and featured in the Super Saturday video.

For consistency we also updated our Facebook banner with the same image as billboard artwork.

We also interviewed a former [patient with COVID-19](#) for an external story which was picked up by the NZ Herald.



Paanui News Metrics

Pageviews
15,988

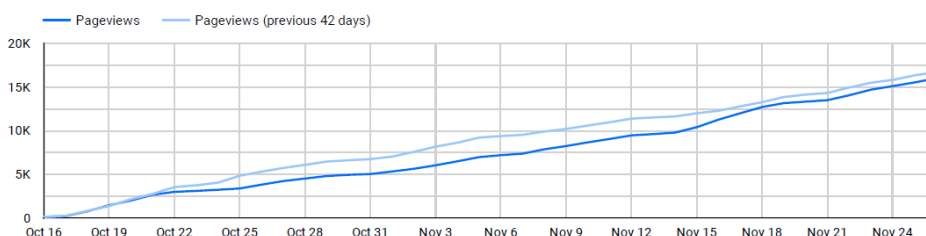
↓ -4.2%

Avg. Session Duration
00:04:42

↓ -0.4%

Page Title	Pageviews	Avg. Session Duration
1. MECA implementation - indicative timeframes - News	714	00:05:56
2. 26 years of service celebrated - News	709	00:05:51
3. Hospital update as COVID-19 cases continue to climb: 15 November - News	494	00:04:47
4. Blessing ceremony for the new Kidz First Neonatal Unit Expansion - News	464	00:03:30
5. Be in to win when you walk to work! - News	385	00:02:17
6. Patrick Long – The road home - News	378	00:03:09
7. Take the Cyber Smart Week Quiz and win! - News	362	00:05:54
8. Diwali highlights 2021 - News	360	00:02:39
9. Staff Values Awards - nominations closing soon - News	350	00:11:02
10. Staff COVID-19 testing changes - News	331	00:04:50
11. The spirit of Counties! - News	331	00:05:47
12. Papakura midwife gets stuck in with vaccination - News	330	00:05:06
13. Scrub Amnesty – please return dark blue and light blue scrubs - News	329	00:04:34
14. CM Health Symptomatic and Asymptomatic testing - News	329	00:11:08
15. COVID-19 Public Health Response (Vaccinations) Order 2021 updated to include Healthcare workers - News	303	00:03:33
16. COVID-19 COVID Protection Framework - News	260	00:05:14

1 - 100 / 398 < >



OIA Board Paper Information – 16 October to 26 November 2021

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

Request Received OIA & Parliamentary Questions (PQ) for period 16/10/2021-26/11/2021		
Division	OIA	Parliamentary Question
ARHOP	1	
Central Clinical Services	3	
Covid-19	18	9
DHB	3	
Finance	1	
Kidz First	1	
Manukau Health Park	1	
Mental Health	3	
Middlemore Central	2	
Planning & Funding	1	
Surgical Services	1	
Women's Health	3	

Over the above time period we received 38 OIA requests, these requests were predominantly from both media outlets with some from members of the public. Nine parliamentary questions were received over this time, related to Covid-19 and Lab Testing.

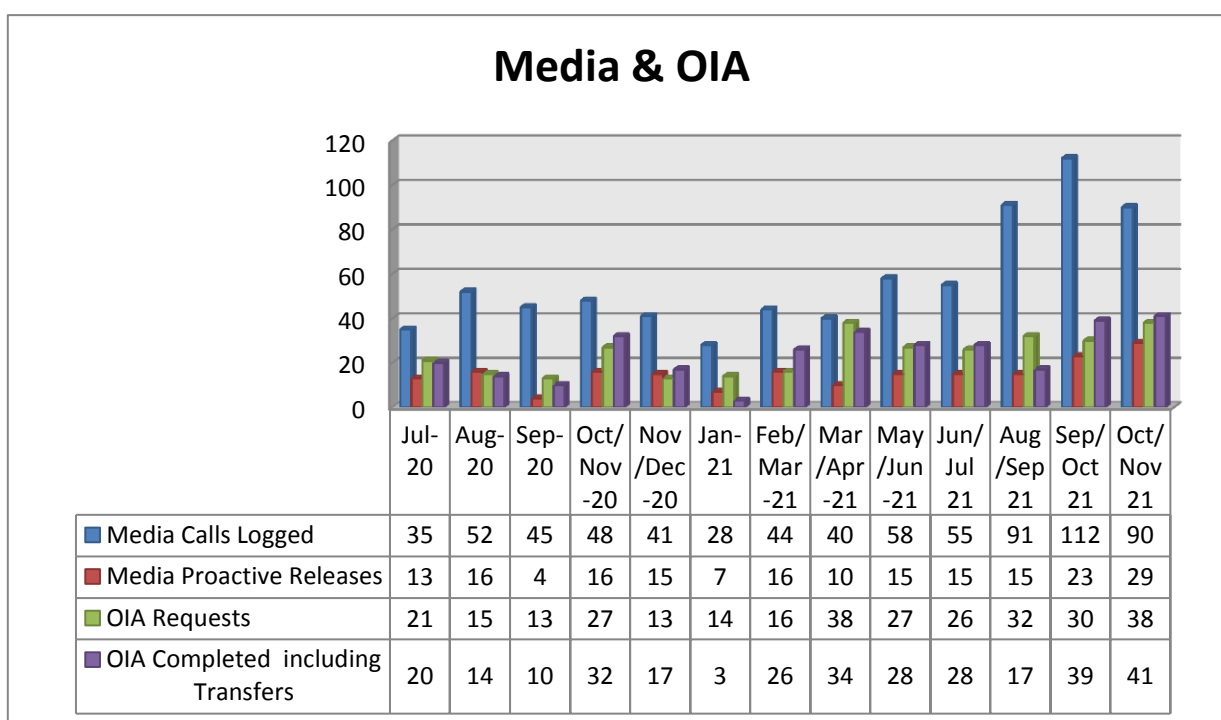
Forty-one OIA requests were closed over this time period, this included six transfers and one withdrawn request. The six transfers were related to Covid-19 and were transferred to the Northern Region Health Coordination Centre.

More information on the OIA process and a form to submit requests is available:

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

Copies of recent OIA releases on common topics are also now on the website.

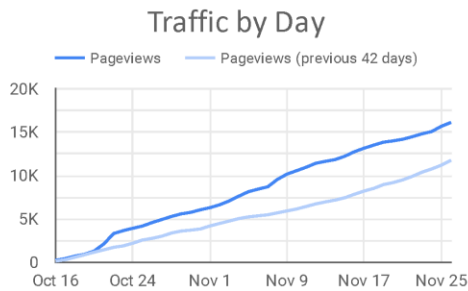
- <https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/>



Digital Channels CM Health News and Media Releases



CM Health News / Media Releases



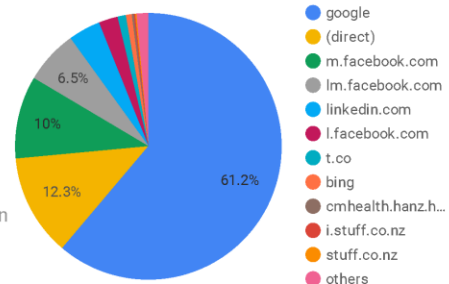
Key Statistics

Sessions
11,236
↑ 48.4%

% New Sessions
80.26%
↓ -0.8%

Avg. Session Duration
00:00:41
↓ -24.1%

Traffic Sources



Popular Articles

	Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1.	Seven new pop-up COVID-19 Testing Centres open in Auckland Counties M...	1,586	93.76%	00:00:27
2.	Curious about the care Middlemore Hospital provides COVID-19 patients? ...	1,262	93.66%	00:00:22
3.	COVID-19 survivor on a mission! Counties Manukau Health	786	95.8%	00:00:22
4.	COVID-19 home isolation - update Counties Manukau Health	649	91.06%	00:00:29
5.	New free taxi service to COVID-19 vax centres, in-home vaccinations availabl...	557	89.95%	00:00:39
6.	CM Health Staff Profile: Team manager on a mission to help raise awarenes...	410	92.44%	00:00:28
7.	Be prepared and have a plan Counties Manukau Health	405	93.83%	00:00:11
8.	New COVID-19 Protection Framework delivers greater freedoms for vaccinat...	382	94.5%	00:00:23
9.	Rapid testing for COVID-19 starts at Middlemore Counties Manukau Health	364	93.41%	00:00:23
10.	26 years of service celebrated Counties Manukau Health	348	88.51%	00:00:25
11.	Latest News: Chief Medical Officer Counties Manukau Health	337	94.66%	00:00:11
12.	COVID-19 Testing Centres in our community Counties Manukau Health	281	91.46%	00:00:33
13.	Mentoring through equity lens Counties Manukau Health	254	94.09%	00:00:02
14.	The ongoing care Middlemore provides COVID-19 patients Counties Manuk...	219	90.41%	00:00:27
15.	Holding COVID back at Middlemore Hospital Counties Manukau Health	218	93.12%	00:00:45
16.	The spirit of Counties Counties Manukau Health	200	94%	00:00:20
17.	Award winning Tiaho Mai places dignity and choice at its heart Counties M...	168	91.67%	00:00:33
18.	Community VAX Heroes Come Together Counties Manukau Health	148	95.27%	00:00:20
19.	Latest News: Chief Medical Officer 18 November 2021 Counties Manukau ...	116	93.97%	00:00:05
20.	Do you want a rewarding career that makes a positive impact to the woman...	112	84.82%	00:02:31

Social Media overview

In this period, we see LinkedIn and Instagram recover after a slow reporting period in September-October. LinkedIn was our biggest winner with 370% increase in 'likes' over the October-November reporting period. Facebook remained relatively steady as we focus our efforts on propping up our other channels.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. clicks) post	Engagements per Post	Post Clicks
CM Health Facebook	22,434	0.31%	43	125,303	2,914	5,924	137.77	13,198
CM Health Instagram	1,704	2.58%	22	16,857	766	1,596	72.55	916
CM Health LinkedIn	11,710	1.19%	18	46,262	2,570	3,445	191.39	1,491

Audience Growth

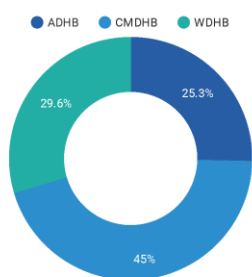
	Totals	Change vs. Last Growth
Total Fans	38,874	
New Facebook Fans	70	-76.18%
New LinkedIn Followers	138	-147.65%
New Instagram Fans	44	
Total Fans Gained	252	-43.50%

Facebook Comparison (CMDHB / ADHB / WDHB)

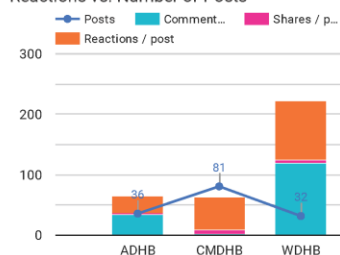
This period we see some highly engaging content from WDHB as they lead the way in the Engagement space. When adjusted for audience size, CMDHB is not too far behind. CMDHB leads the way with number of posts, 81 in this period, with ADHB in second place with 36.

Facebook Comparison

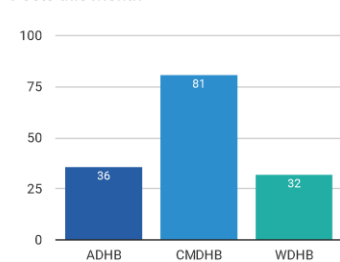
Audience share



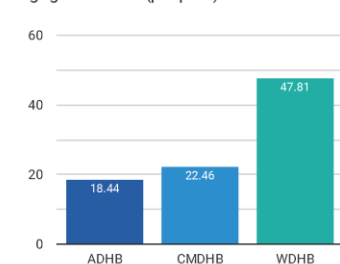
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

Post Message	Likes / Reactions	Comments	Shares
Today is International Cleaners Day! Cleaners are vital in our organisation and today is an ideal ...	445	38	11
Tuala Tagaloa Tusani was cared for here in Middlemore Hospital with the COVID-19 DELTA variant. No...	304	6	42
Awesome mahi team #supersaturday...	279	1	4
Shot bro! Counties Manukau Health's Mahaki Albert and Pete Watson joined Mayor Phil Goff, Hon. Will...	187	10	18

ADHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Shares
It's Thank Your Cleaner Day! Our cleaners do such amazing mahi in and around our hospitals every day...	269	25	5
Congratulations to Dr Roy Spires – House Officer of the Month! Roy is a very enthusiastic docto...	152	12	3
Awesome mahi Aoteora! #supersaturday...	104	0	1
Dr Michelle Wise, Senior Medical Officer, Obstetrics and Gynaecology at	58	0	35

WDHB Top 5 Posts

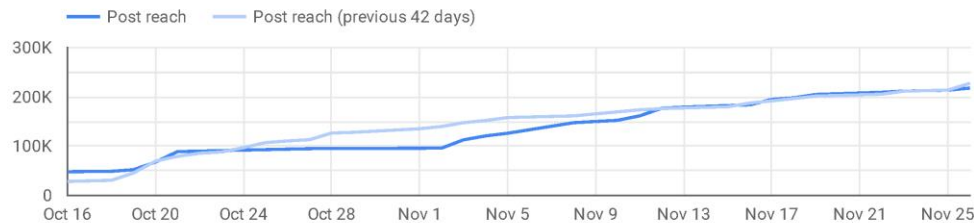
Post Message	Likes / Reactions	Comments	Post shares
Well done, Auckland!!! 126,813 jabs and counting! Our region's vaccination sites were a flurr...	346	7	14
Super Saturday is nearly here! Saturday 16 October. The Maternity staff at North Shore Hospital ar...	251	16	37
Calling all Hibiscus Coast residents! You can now head	240	13	46

CM Health Facebook

For our October-November period Facebook was fairly steady as we focus our effort on bringing back up the metrics on Instagram and LinkedIn. It's positive to see an increase in reactions despite similar reach. Our most engaging content this period was positive stories about our staff, with a story around our COVID-19 response taking out the top spot.

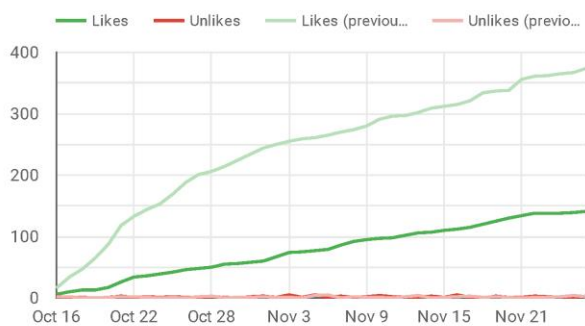
CM Health Facebook Metrics

Post Reach



Post reach
217,984
↓ -4.2%

Follower Growth

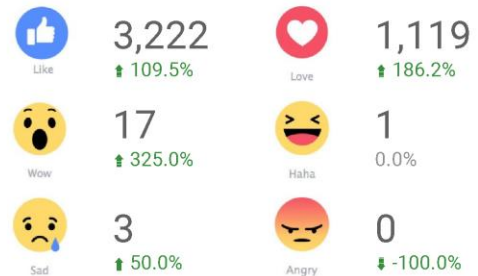


Likes
141
↓ -62.3%

Unlikes
78
↑ 27.9%

Net likes
63
↓ -79.9%

Reactions Breakdown



Posts by Engagement Rate

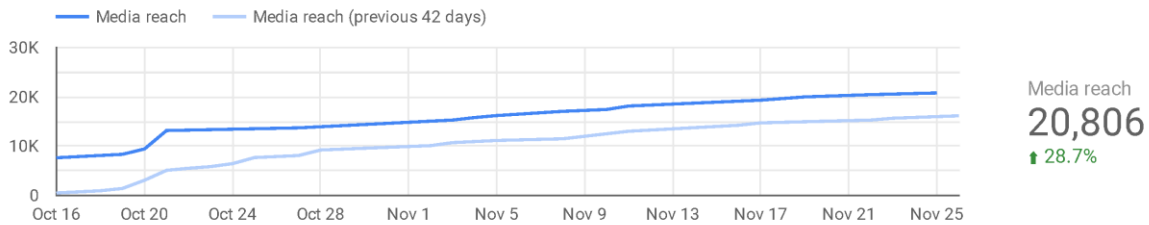
Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Nov 8	As the number of COVID-19 cases increases throughout New Zealand, more people are curious about the care Middlemore Hospital provides COVID-19 patients. We've filmed some of our clinical leaders about the medical pathways at Middlemore for COVID patients.		5,248	124	11	27	12.4%
Oct 16	A message from our team to yours Whaanau ❤️ We've got this #supersaturday 🍷		1,746	67	7	5	10.54%
Nov 3	Fale Suemai has been with us for 26 years as our Orderly/Driver at Auckland Spinal Rehabilitation Unit. On the 26 November 2021, he will be saying farewell to his Counties Manukau Health whaanau. His supervisor Brenda Lawson says his contributions to his team have been greatly valued and well respected. His generosity, kindness, loyalty, and great sense of humour are a motivation for us all in our team. Fale embodies our CM Health value of Kotahitanga (together) including everyone as part of the team. Thank you for your mahi Fale. We hope you enjoy your well-earned retirement! https://www.countiesmanukau.health.nz/news/26-years-of-service-celebrated/		6,401	439	38	7	9.9%
Oct 20	Today is International Cleaners Day! Cleaners are vital in our organisation and today is an ideal opportunity to thank our cleaners for their hard work, especially during COVID-19. Happy International Cleaners Day to all of our lovely cleaners. Ngaa mihi!		6,221	472	42	11	9.79%
Oct	Tuola Teapoo Tuwai was cared for here in Middlemore		12,421	370	11	44	9.26%

CM Health Instagram

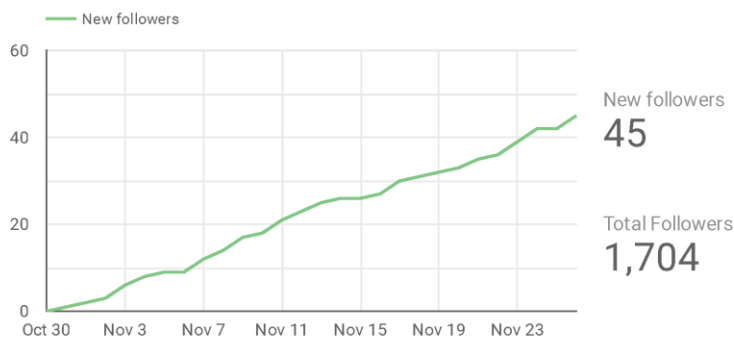
It is great to see an increase in metrics this period following a disappointing September-October period. Our most engaging posts this period were centred around COVID-19 and celebrating the success of our region's vaccine programme.

CM Health Instagram Metrics

Post Reach







Follower Growth



Engagement Breakdown

Likes	1,923	Comments	27
↑ 116.8%		↑ 145.5%	
Engagement	2,020	Post Saves	70
↑ 120.8%		↑ 311.8%	
Posts	29	Profile views	747
↓ -3.3%		↓ -67.0%	

Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Comments	Saves	Engagement Rate
Oct 21	Tuala Tagaloa Tusani was cared for here in Middlemore Hospital with the COVID-19 DELTA variant. Now on the road to recovery he has embarked on a crusade to spread the message - especially in the Pacific community - that COVID-19 is real and how important it is to get your aiga vaccinated. "It is way, way worse than the flu!" says Tuala Tagaloa Tusani. "I wouldn't wish it on anyone, even an enemy." Great work Tuala. Read the full story here: https://www.countiesmanukau.health.nz/news/covid-19-survivor-on-a-mission/		3,739	594	5	42	17.14%
Nov 8	Thanks for the mahi whaanau 🙌 90% of you (or more than 430,000) in Counties Manukau have received at least one dose of the vaccine. If you haven't received your jab and would like more info on clinic locations or to speak with a health professional, please visit covid19.govt.nz or contact your GP. Let's keep going team 🤝		858	133	3	2	16.08%
Oct 20	Today is International Cleaners Day! Cleaners are vital in our organisation and today is an ideal opportunity to thank our cleaners for their hard work, especially during COVID-19. Happy International Cleaners Day to all of our lovely cleaners. Ngaa mihi!		1,086	167	4	1	15.84%
Nov 3	Fale Suemai has been with us for 26 and half years as our Orderly/Driver at Auckland Spinal Rehabilitation Unit. On the 26 November 2021, he will be saying farewell to his Counties Manukau Health whaanau. His supervisor Brenda Lawson says his contributions to his		794	110	1	1	14.11%

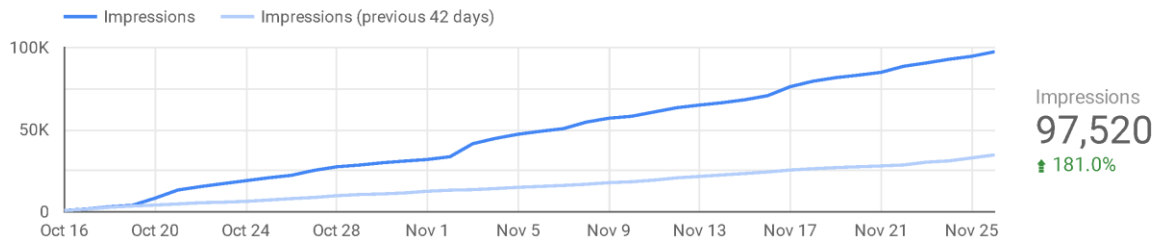
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CM Health LinkedIn

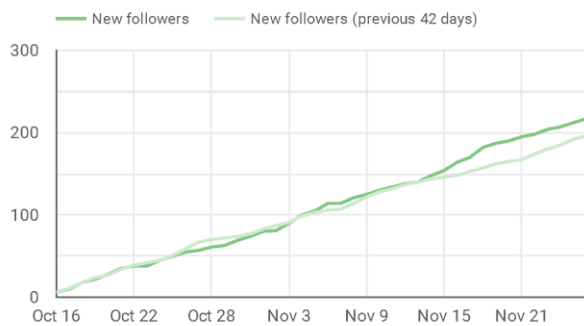
A very strong period for LinkedIn with metrics up significantly across the board. Again, the popular flavour on this channel is stories about our staff, and in this instance, we see a more personal staff-story take out the number one spot within just four days – a brilliant result. Our aim will be to publish more of these stories showcasing a more personable, relatable side of our staff.

CM Health LinkedIn Metrics

Post Reach





Follower Growth



Engagement Breakdown

Likes	2,008	Comments	73
Clicks	3,203	Shares	50
Posts	26	Engagement Rate (avg)	5.41%
	↑ 378.1%		↑ 329.4%
	↑ 196.0%		↑ 72.4%
	↑ 36.8%		↑ 28.8%

Post Breakdown

Date	Message	Updat...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate
Nov 22	<p>Patrick describes coming back to CM Health as 'returning home' and we wanted to find out - what else apart from his work drives Patrick – the answer – a 1965 Oldsmobile Cutlass named "Tammy".</p> <p>Patrick bought Tammy last year, not long after he returned to CM Health in 2019 as Project Director – Service Delivery and now as the General Manager for Infrastructure Development.</p> <p>"I was called back for a 'quick' piece of work on the 'Grow Manukau' project and within a week I was fully immersed back 'home'. Patrick says.</p> <p>Read the full story here: https://lnkd.in/gp9HqvUY</p> <p>Are you keen to be part of the part of our team where your mahi matters?</p> <p>Check out our clinical and non-clinical roles here: https://lnkd.in/gQsf2Mi</p>		3,393	61	309	3	0	10.99
Nov 12	<p>Congratulations to our Local hero winners for September, Sifahula, Liz, and the Rapua Te Ao Waiora's Nursing Team.</p> <p>Local Heroes is an initiative designed to recognise and reward staff members who others feel have gone above and beyond in their service to other staff members, our patients, and their whaanau.</p> <p>If you know a staff member who fits the bill, you can nominate here https://lnkd.in/gkQqxUn</p>		2,606	45	167	3	2	8.33

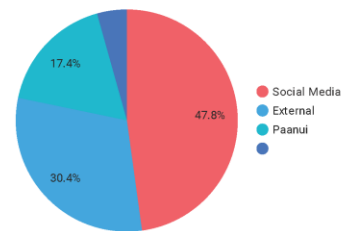
1 - 24 / 24 < >

Video Production

CM HEALTH VIDEOS

	Name	Channel	Date Published
1.	Transformational Thursday - 14-10-2021.mp4	Paanui	Oct 19, 2021
2.	A message from Pasifika O&G and midwife	Social Media	Oct 20, 2021
3.	Nic Randell - COVID Stories.mp4	Social Media	Oct 20, 2021
4.	My Why Covid Vax	Social Media	Oct 21, 2021
5.	Anna - COVID Stories.mp4	Social Media	Oct 21, 2021
6.	COVID Stories - Cameron Sullivan	Social Media	Oct 25, 2021
7.	Transformational Thursday - 21-10-2021.mp4	Paanui	Oct 26, 2021
8.	Rosehill Vaccinations.mp4	External	Oct 26, 2021
9.	Visiting Policy Video OCT26	Social Media	Oct 26, 2021
10.	Hearing Clinic Orientation.mp4	External	Oct 27, 2021
11.	Mangere College.mp4	External	Oct 28, 2021
12.	COVID Stories - Stuart Jones	Social Media	Oct 31, 2021
13.	Visiting Policy Video NOV01 Bobbie	Social Media	Nov 3, 2021
14.	COVID Vaccinations - Community.mp4	Social Media	Nov 5, 2021
15.	CMH COVID-19 Live Stream - 5/11/2021	Paanui	Nov 9, 2021
16.	Pacific Health Expo	External	Nov 9, 2021
17.	Ward 7 Footage for Media.mp4	External	Nov 10, 2021
18.	90% Vaccinations.mp4	Social Media	Nov 10, 2021
19.	Ward 7 - First Interview.mp4	External	Nov 16, 2021
20.	Get Vaccinated.mp4	Social Media	Nov 17, 2021
21.	COVID Testimonials	External	Nov 22, 2021
22.	CMH Stress First Aid Training Programme - Part 1,Version 1	Paanui	Nov 24, 2021
23.	null	null	Oct 17, 2021

Channels



Videos Produced

23

1 - 23 / 23 < >

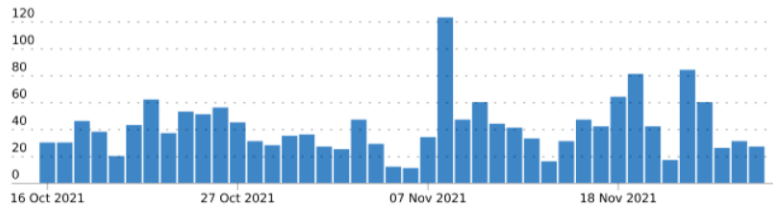
Media Listening

Peaks:

- 8 November
 - Stories about Auckland's move to Alert Level 3.2 and what it means for DHB's / vaccine rates.
- 19 November
 - Auckland reaches 90% vaccination rate
- 22 November
 - Announcement of Auckland's move to the Traffic Light System

Contains 1,742 items within the date range 16/10/2021 - 26/11/2021.

Volume



Sources

New Zealand Herald: 183	Stuff.co.nz: 128	TVNZ: 94
Radio New Zealand : 78	Northern Advocate: 70	Rotorua Daily Post: 69
Newstalk ZB: 67	Maori Television: 66	Bay of Plenty Times: 62
Whanganui Chronicle: 60	Newshub: 55	SunLive: 49
Hawke's Bay Today: 43	Rotorua Now: 41	Times Online: 40
Gold FM: 38	NZ Doctor: 36	Otago Daily Times: 33
Radio New Zealand Audio: 32	Indian Weekender: 24	The Press: 22
Newsroom: 20	Pacific Media Network: 17	The Spinoff: 17
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Content Types



6 December 2021

Donna Baker
(via email)

Dear Donna

On behalf of all the Board members I would like to thank you for your valuable contribution to Counties Manukau Health.

If I reflect on your time here it seems it was largely spent dealing with one major issue after another with the measles outbreak quickly followed by Whakaari and then straight into COVID-19 – never a dull day.

That you were able to manage these with such skill in the face of ever increasing pressures is a testament to you, and you can rest assured that your efforts in this space are recognised for what they are - of immense value to CM Health and our community.

Communications is an oft overlooked yet absolutely vital service for any organisation and perhaps your greatest legacy is the highly capable communications team you have built and left us with.

Our loss is certainly Palmerston North's gain and I wish you all the very best as you move onto your next chapter, I am sure you will continue to excel.

Sincerely



Vui Mark Gosche
Board Chair
Counties Manukau Health

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 10 November 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Public Excluded Minutes of the: <ul style="list-style-type: none"> • Hospital Advisory Committee 17 Nov 2021 • Community & Public Health Advisory Committee 17 Nov 2021 • Disability Advisory Committee 13 Oct 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.
Specialised Rehabilitation Centre	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)]

<p>Build Manukau Package 1 Infrastructure Enabling Works Contract Award</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 Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(j)]</p>
<p>KiwiRail Middlemore Station Third Rail Proposal</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 Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry on, without prejudice, or disadvantage, negotiations.</p> <p>Legal Professional Privilege Withholding of the information is necessary to maintain legal professional privilege.</p>
<p>Relocation MHP Admin</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>Final Annual Report 2020 - 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>Confidentiality of advice by officials Withholding the information is necessary to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by officials.</p>

Buildings Reclad Business Case - Seed Funding Approval	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)]
Targeted Lift Replacement Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities & 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)]
Write Off Debt Collection	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Privacy The disclosure of information would not be in the public interest because of the need to protect the privacy of natural persons.
Secure Comms Programme – pager replacement	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)]
Taylors Linen and Laundry 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	Commercial Activities & Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board

	<p>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>to carry out, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)(j)]</p>
Print Technology and Associated Services contract	<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>
South Auckland Social Wellbeing Board Report Nov 2021	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities 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>
CCDM Update Board December 2021	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Public Interest The disclosure of the information is necessary to protect information that would be likely to otherwise damage the public interest.</p>

hANZ Director Appointment	<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>
Delegation COVID-19 to chairs 2021	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Chief Executives' Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Public Interest</p> <p>The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)(ii)]</p>
Localities of interest for prototype	<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 – disclosure of the information is necessary to protect information that would be likely to otherwise damage the public interest.</p>

Budget 2022/2023 update	<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 would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials.</p>
Delegation of Authority to the Audit, Risk and Finance Committee	<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>