

MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
Wednesday 23 February 2022

Venue: via Zoom (<https://cmhealth.zoom.us/j/96794091975>)

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

AGENDA

BOARD ONLY SESSION (9.00 – 9.30am)	
1. GOVERNANCE	
9.30am	1.1 Thank you to Margie Apa (Margie joining from Wellington)
9.45am	1.2 Apologies
	1.3 Disclosures of Interest
	1.4 Specific Interests
	1.5 Gift & Hospitality Register
2. BOARD MINUTES	
9.50am	2.1 Confirmation of Minutes of the Meeting of the Board – 15 December 2021 (Vui Mark Gosche)
	2.2 Action Items Register (Mark Gosche)
	2.3 Disestablishment of Executive Committee (Mark Gosche)
3. EXECUTIVE REPORTS	
10.00am	3.1 Chief Executive’s Report (Peter Watson)
10.10am	3.2 Mana Whenua i Tamaki Makaurau Report – verbal (Barry Bublitz/Robert Clark)
10.20am	3.3 Data on Disabled People (Sanjoy Nand)
4. GENERAL BUSINESS	
10.30am	4.1 Middlemore 75-Year Anniversary Update – verbal (Pete Watson) TBC
5. FOR INFORMATION ONLY	
	5.1 Health & Safety Performance Report
	5.1.1 MIQF Health & Safety Report
	5.2 Corporate Affairs & Communications Report
6. RESOLUTION TO EXCLUDE THE PUBLIC	

CMDHB Board Member Attendance Schedule 2022

Name	Jan	23 Feb	23 Mar	27 Apr	May	8 Jun	30 Jun
Mark Gosche (Chair)**	No Meeting				No Meeting		
Colleen Brown*							
Dianne Glenn*							
Reece Autagavaia*							
Catherine Abel-Pattinson*							
Katrina Bungard*							
Garry Boles*							
Paul Young*							
Tipa Mahuta (Deputy Chair)***							
Lana Perese***							
Pierre Tohe***							
Brittany Stanley-Wishart****							
Tori Ngataki****							
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
23 FEBRUARY 2022

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 23 February 2022

Director having interest	Interest in	Due To	Disclosure date	Board Action

Minutes of the Meeting of the Counties Manukau District Health Board
Wednesday 15 December 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)
Tori Ngataka (Board Observer)
Brittany Stanley-Wishart (Board Observer)

ALSO PRESENT

Margie Apa (Chief Executive)
Margaret White (Chief Financial Officer)
Peter Watson (Chief Medical Officer)
Dr Jenny Parr (Chief Nurse)
Elizabeth Jeffs (HR Manager)
Jarred Heffernan (Manager, External Communications & Engagement)

Lana Roberts (Board Secretary)

APOLOGIES

No apologies received; however, it was noted that some Board members had tabled their lateness and leaving early throughout the meeting.

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There was no media present for the public section of the meeting.

WELCOME

Matua Barry Bublitz opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

There was one Specific Interest noted for the Public Excluded part of this meeting and this has been recorded on the 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 10 November 2021

The minutes were taken as read.

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

That the Minutes of the Board Meeting held on the 10 November 2021 be approved.

Carried

2.2 Action Items Register

Noted.

2.3 Draft Minutes of the Hospital Advisory Committee Meeting 17 November 2021

The minutes were taken as read.

2.4 Draft Minutes of the Community & Public Health Advisory Committee Meetings 17 November 2021

The minutes were taken as read.

2.5 Draft Minutes of the Disability Advisory Committee Meetings 13 October 2021

The minutes were taken as read.

2.6 Report from Mana Whenua i Tamaki Makaurau – verbal update (Barry Bublitz)

Matua Barry Bublitz gave the following update:

- Mana Whenua team have been busy this past month
- Provided support for the following projects: Specialized Business Plan, Northern Regional Plan, Mana Whakahai TOR and GROW Manukau
- Contributing to the new specialized rehabilitation centre project/plans
- There may be changes to Mana Whenua's involvement in 2022 – focusing on transitional pathway
- Transitional plan writer has been appointed
- Regular meetings have been held with key people to help look at best ways of moving forward (with Iwi-collaborative approach)
- Transitional meeting with Maori Health Authority was held last week – great discussion on how the mana of MW group is maintained
- Further updates will be provided at next Board meeting on key changes (as Mana Whenua group moves towards June/July 2022)

Mr Gosche thanked Mr Bublitz, Mr Clarke and the MW whanau for the great work done throughout the year.

3. EXECUTIVE REPORTS

3.1 Chief Executive's Report (Margie Apa)

The paper was taken as read.

Patient Story – a video was shared of patient Mr Graham Smith. Board members were impressed with the video and the huge impact which the patient shared, when he met face-to-face with health workers.

Few items to note from Ms Apa:

- Dose 2 vaccinations reached 90% today
- Dose 1 vaccinations for Pacific almost reached 90%
- Approximately 1500 Dose 1 vaccinations from Maori still needed before we hit 90%
- Manurewa Marae and Papakura Marae were acknowledged for the great work done in the community to get these rates up
- Percentage of patients seen by ED geriatricians and discharged to the community has been trending upwards – with particular focus on over 65s
- SMO work hours were extended - making a huge difference in patient care and turn-around times in admissions (ARHOP team also acknowledged)
- Great work in nursing care (in the wards) was acknowledged
- The team is working on plans to catch up on Child health - B4 school checks
- Breast/Cancer screening – Cancer Control team released a report showing more cancer diagnostic work has been done (despite COVID levels 3 and 4)
- Tiaho Mai Award – congratulations to the Acute Mental Health Project Delivery Team for winning an award at the recent Property Industry Awards 2021

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

That the Board:

Receive the Chief Executive's Report for the period 10 November – 14 December 2021

Carried

3.2 Corporate & Finance Business Report (Margaret White)

The report was taken as read.

- Financial result is presented to end of October 2021
- Trends are continuing year to date due to the ongoing impact of COVID
- Financial perspective has been favourable, some low levels of spend
- Confirmation received of MECA settlements (pay equity included) for NZNO, nurses, midwives, etc

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

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 1 December 2021.

Carried

4. OTHER REPORTS (FOR INFORMATION ONLY)

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

The report was taken as read.

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.

Ms Glenn raised concerns under the Lone Workers Project. An incident happened where a healthcare worker visiting a home wanted to use the alarm device provided, but found it was not working.

Action: Ms Jeffs and Ms Nancarrow to investigate as this is a safety issue.

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

Receive the Health & 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.

Carried

4.2 MIQF Health & Safety Report (Elizabeth Jeffs)

The report was taken as read.

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.

It was noted that Mr Gosche suggested the Board starts meeting face-to-face in the New Year. To ensure large meeting rooms are provided, and COVID rules applied throughout the meetings.

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

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

Carried

4.3 Corporate Affairs & Communications Report (Jared Heffernan)

The report was taken as read.

Ms Glenn shared the Design & Build magazine with the Board, encouraging anyone to grab a free copy as there is an article on one of our projects (MHP buildings) in the recent edition.

Mr Autagavaia acknowledged the children's campaigns out in the community. Comment was made to ensure good messaging goes out around consents. Also ensure data sent out is clear for the public to read and understand.

Mr Gosche thanked Mr Heffernan and the Comms team for the great work they provided, especially the videos that have been shared at Board meetings on various departments/teams.

Mr Heffernan made special thanks to the Management team, namely Ms Apa, Mr Watson, Ms Thorton and the wider team who gave of their time and accessibility, to ensure good information was provided for the Comms team to work with.

Resolution (Moved: Apulu Reece Autagavaia/Seconded: Ms Glenn)

Receive the Corporate Affairs and Communications Report for the period 16 October – 26 November 2021.

Carried

5. CORRESPONDENCE
5.1 Thank you letter – Donna Baker

The letter was noted.

6. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes 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 Hospital Advisory Committee 17 Nov 2021; the Community & Public Health Advisory Committee 17 Nov 2021 and the Disability Support 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.	Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.



	[NZPH&D Act 2000 Schedule 3, S32(a)]	
Specialised Rehabilitation Centre	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial 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>
Build Manukau Package 1 Infrastructure Enabling Works Contract Award	<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>
KiwiRail Middlemore Station Third Rail Proposal	<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>
Relocation MHP Admin	<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>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>



	[NZPH&D Act 2000 Schedule 3, S32(a)]	[Official Information Act 1982 S9(2)(i)(j)]
Final Annual Report 2020 - 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)]	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.
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.



<p>Secure Comms Programme – pager replacement</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</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>
<p>Taylor's Linen and Laundry contract</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</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>
<p>Print Technology and Associated Services contract</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</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>
<p>South Auckland Social Wellbeing Board Report Nov 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>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>

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



C O U N T I E S
M A N U K A U

H E A L T H

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>
Northern Region Information Systems Strategic Plan	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Confidentiality of advice by officials - The disclosure of the information would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials.</p>
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>

Carried

The public meeting closed at 11:30am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 23 FEBRUARY 2022.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 15 DECEMBER 2021.

BOARD CHAIR

DATE

DRAFT

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

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓

Counties Manukau District Health Board

Dis-establishment of Executive Committee of the Board

Recommendation

It is recommended that the Board:

Disestablish the Executive Committee formed on 15 December 2021 (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/New Year Board recess.

Prepared by: Vui Mark Gosche, Board Chairman

Purpose

To disestablish the Executive Committee of the Board that was formed to consider any urgent matters that may have required the Board's attention over the Christmas/New Year recess.

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 15 December 2021 – 22 February 2022.

Prepared and submitted by: Fepulea'i Margie Apa, Chief Executive Officer and Dr Peter Watson, Acting Chief Executive Officer

Introduction

This report covers the period 15 December 2021 – 22 February 2022. This has remained a busy period for CM Health with a large focus on COVID-19 boosters and the 5-11 year olds vaccine rollouts alongside our day to day work caring for our community. We have also been preparing for the omicron outbreak by ensuring that the resources we need are in place should we see an increase in admissions, and supporting our partners in the community. We were pleased that the move to the traffic light system in December enabled some socially distanced Christmas celebrations at the end of a challenging period for all Aucklanders.

This will be the last CEO report to the Board from Margie Apa as she moved into her new role as CEO of Health NZ on 14 February. We held a farewell for Margie before she left the organisation with many current and previous colleagues from CM Health and other partner organisations able to join via zoom to reflect on Margie's time at CM Health, and wish her well in her new role.

Performance

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

Highlights

- Since August 2021 the Maaori and Pacific **8-month old immunisation rates** have improved.
- The Mental Health measure related to **0-24yr olds non-urgent referrals seen within 3 weeks** continues to remain above target for Maaori and Pacific.
- While the **P2 colonoscopy within 42 days** and **P2 gastroscopy within 42 days'** metrics for all ethnicities still remain well below target, there has been an improvement over the last three months.
- The percentage of **patients that rate their overall care as very good or excellent** remained above 80% for all but one month in 2021.
- **ESPI 2** compliance for paediatric medicine has improved over the last two months.

Lowlights

Lowlights commentary obtained from the relevant services confirms that COVID-19 and workforce and capacity constraints are factors impacting performance. In particular, COVID-19 continues to have a

disruptive presence on service delivery. Alert Level 4 and 3 settings maintained through August to November 2021 restricted health providers access to patients and whaanau in the community, and requirements to manage COVID-19 risk in healthcare settings has impacted the delivery of planned care services through delays and reduced production. More detail on the lowlights, the causes and the current mitigations being put in place can be found in appendix 2.

News and Events

Christmas at Counties

We marked the holiday season with decorations across the organisation and socially distanced celebrations.

Congratulations to Jaydah and Rikirangi, new parents to their baby girl Saylor-May, who was the first baby to be at Middlemore Hospital on Christmas Day 2021.

The happy parents and baby were presented with gifts donated by Birthing and Assessment staff and the Middlemore Foundation.



Congratulations also to Elenise and family on the birth of their first baby, who was also the first baby born at Middlemore Hospital on New Year's Day 2022.

To celebrate, a gift basket donated by Birthing and Assessment staff and the Middlemore Foundation was passed to the family by Nicole, a Lead Maternity Carer.

Kia pai to hauora me to koa koa – we wish good health and happiness.

In a true show of our organisational values and celebrating the true spirit of Christmas, 54 staff from the radiology department generously donated their Christmas vouchers to the Middlemore Foundation. The vouchers were distributed through both the Papakura and Manurewa maraes, and the Maaori and Pacific Health teams at CM Health, to help families in need. Lyle Smith, Whaanau Co-ordinator at Middlemore Foundation, explains "Aroha atu aroha mai" - Love received, love returned: - a symbol of the continuous relationship between Middlemore and its community."



Whakaari/White Island tragedy second anniversary

On 9 December we held a commemoration service to mark the second anniversary of the Whakaari/White Island tragedy. The ceremony was an opportunity to not only remember those who died as a result of the eruption, but also those who survived and continue to receive treatment. We also honour the health professionals, including our colleagues at CM Health, who went above and beyond in exceptional circumstances.

Tangata o le Moana mentoring programme

Over the past four years, the Tangata o le Moana programme has sought to empower Maaori and Pacific Physiotherapy and Occupational Therapy students.



In December we celebrated our final year Physiotherapy and Occupational Therapy students - Tinei Nua, Tori Dean, Jacob Gordon, Julian Hafoka, Matthew Jenkinson, Prianna Lal, and Julius Scrivener who successfully completed their final year of studies.

All seven students participated in the Tangata o le Moana mentoring programme. The programme is a clinician-led initiative supported by People and Professional Development.

CM Health Asian Health and Wellbeing Community Network 10 year anniversary

In December we marked the 10th anniversary of the CM Health Asian Health and Wellbeing Community Network (formerly known as Asian Mental Health & Addiction Staff Forum). From having ten members attending the first meeting to now having 470 members, the network has grown substantially, and this success demonstrates people's interest in Asian Health.

Art gift donation to Middlemore Hospital

One of our patients, Shona Kelway, has kindly donated a beautiful piece of art by local artist Julie Robinson. The art is now proudly on display in the Lymphoedema Service waiting area.

Shona is a breast cancer survivor who has been treated here since 2016 by Physiotherapist, Jodie Reynolds, and is dedicated to raising money for the Breast Cancer Foundation New Zealand through her breast cancer group 'The Mawhero Warriors, Pukekohe'.



Lotu for the people of Tonga

On 21 January Counties Manukau Health held a Lotu, or prayer service, for the people of Tonga, following the earthquake explosion and resulting tsunami which hit the country. There were collections during the service for the Tongan Tsunami appeal.

Lotu hufia ma'ae Kainga Tonga na'e uesia he Peau Kula mo e mo'unga afi.
(Prayers for our Tongan Community affected by the Tsunami and volcano explosions).

Lunar New Year

CM Health celebrated Lunar New Year from Monday 31 January to Sunday 6 February. Staff cafeterias at Middlemore Hospital and Manukau Health Park served Asian inspired menus and the eCALD and HR/Organisational Development each hosted a Zoom session with prizes to win. An Asian research group also gave a presentation via Zoom and we had an organisational wide quiz with prizes to be won.



Our People

Local Heroes

Below are our local heroes for November, December and January, with some detail about why they were nominated for the award:

Alicia Rutherford, Marleen Williams and Barry King - COVID-19 Screeners - Manukau Health Park



"They volunteered at the beginning of the latest lockdown (August) to screen patients coming to appointments, often outside and in all kinds of weather. No matter the weather, they're out there with smiles on their faces and are professional, friendly and helpful - living our values"

Bev McClelland - Clinical Nurse Director – Emergency Department



"Bev is kind, welcoming and supportive of staff. Since joining the team a year ago she has been the shining light of the emergency department. Bev's door is always open for a debrief or a chat, she values every staff member and makes sure to tell them so."

Peter Moralista - Registered Nurse Ward 35 North - Plastic Surgery



"Peter is one of a kind - an efficient, caring, well-mannered and calm nurse to work with. Peter is approachable and a good listener, regularly going above and beyond to help his patients out. "

Tom Deane- Physiotherapist - AT&R



"Tom exemplifies both excellence in his work, and kindness to all, whether dealing with patients or colleagues. Time and again Tom has gone above the call of duty to prioritise patient care and support our team to get the best possible result. Tom is an excellent physio, a great person to work with and an example to all staff."

Catherine Letiu - Enrolled Nurse - Ward 33 North



"Catherine brings a cheerful vibe to the workplace, never failing to make everyone smile with her positive energy. Her kindness, patience and understanding is contagious, reminding us to step back and take a breath when things seem impossible. We are truly grateful for her patience, support and understanding."

Amie Hwang - Charge Nurse Manager - Scott Dialysis Unit

"Amie is one of the best Charge Nurse Managers one can ask for! Amie was really supportive and helpful making herself available 24/7 when we had COVID-19 positive patients in our unit, always going the extra mile to help the team. Amie shows an exceptional level of support and leadership towards all of her team members."

Elina Tameifuna - Acting Service Manager and Social Worker Lead - Fanau Ola

"Elina actively demonstrated our organisational values when she interacts with anyone – whether it's team members, external agencies or patients. Elina is kind, inclusive and makes everyone feel valued, which has brought our team closer together.

COVID-19 has thrown us a curveball but Elina is flexible, adaptable and makes sound decisions for the betterment of the team and our wider pacific community, and does this all while handling two roles!"

Julie Yap, Clinical Nurse Specialist - Community Geriatric Service

"Julie is very dedicated Clinical Nurse Specialist, who consistently goes above and beyond for her patients. Julie's approach is very patient centred, working with families and the MDT to explore all options to find the best solution. In addition to her high patient load, Julie always put her hand up to help with projects, offering innovative ideas to improve patient experience."

Jenny Powell – Organisational Development Consultant, Organisational Development & Corinne Tan - Multimedia Designer, Communications Team

Jenny and Corinne were both personally nominated by Margie in recognition of the outstanding contribution they have both made to developing and implementing the Local Heroes programme. Margie says "They were both critical to getting this initiative off the ground and I would like to thank them personally for it. Local Heroes is always a highlight of my month."

Patient Feedback

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

Emergency Department:

"Lockdowns in Auckland have been a struggle for me. I have found myself in Middlemore ED several times. I have a panic condition, which led to alcohol that I did not recognize for some time. I am writing this through my deepest gratitude.

Because of the kindest, generosity and attention your staff continually provided me, I have finally found the trust to reach out and arrange the support I have so desperately wanted but was afraid to ask for. Thank you."

Radiology MRI:

"Special appreciation to the staff at CMDHB from the time we arrived until the end. My appointment was for a full MRI. I went to the old part of the radiology but then a very helpful orderly Kes George escorted us to where we needed to go. Much appreciated.

All the staff at MRI were great, definitely adhering to the CMDHB values - valuing everyone, kind, together and excellent. Thank you again for the excellent customer service and care provided. Thank you."

Pukekohe Rehab Team:

"Thank you so much for the care and encouragement you gave me during my stay with you in Pukekohe. The atmosphere and surroundings are so great. Home has been a challenge. I have physio twice a week and using my walker outside to look at the gardens and get fresh air. Thank you all so very much."

Ward 17:

"Since we arrived everyone has shown empathy, love, kindness and warmth towards myself and especially my mom. We thank all of ward 17 staff. Thanks again for allowing me to stay by mom's side when she was critically unwell. You have made this horrible experience into such a lovely memory and for that I appreciate all of you guys.

God bless and pray for good health and many more years to come, so that you all can continue to do what you guys do the best and that's not only just saving lives but changing them too."

ED, Plastics and Orthopaedics:

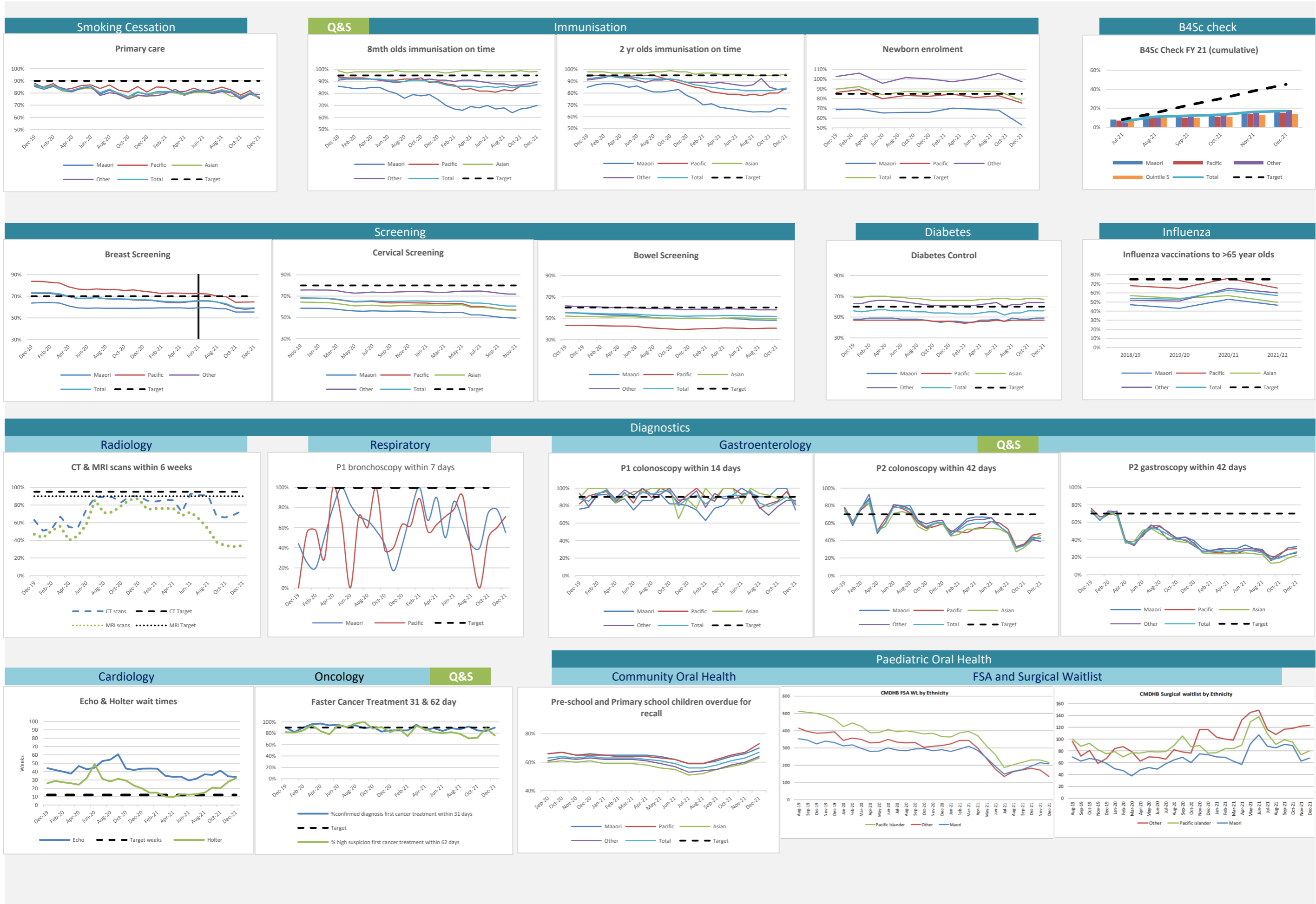
A patient's family member fed back on their behalf. They were concerned that their family member did not receive adequate pain relief or treatment as a result of 'hospital politics', as the Orthopaedics and Plastic Services departments could not decide on a care plan or who would take responsibility for his care. They were also concerned that their family member was placed on a narrow bed that he could not be sufficiently or safely turned on and that he was not cared for in a timely manner when his catheter bag leaked on the bed.

The incident was investigated and a response was provided to the family. It was explained that the patient was under the care of the orthopaedic service and this was clear in his care plan. Unfortunately on arrival, there were no bariatric beds available in ED, however this was ordered and he was moved as soon as possible. There was a slight delay to addressing the catheter leak, it was explained to the family that this was due to the requirement to make sure enough staff were available to safely turn and clean the patient. Many pain relief options were prescribed to the patient, however unfortunately he remained in pain, as a result the patient was referred to the Pain Team for additional support.

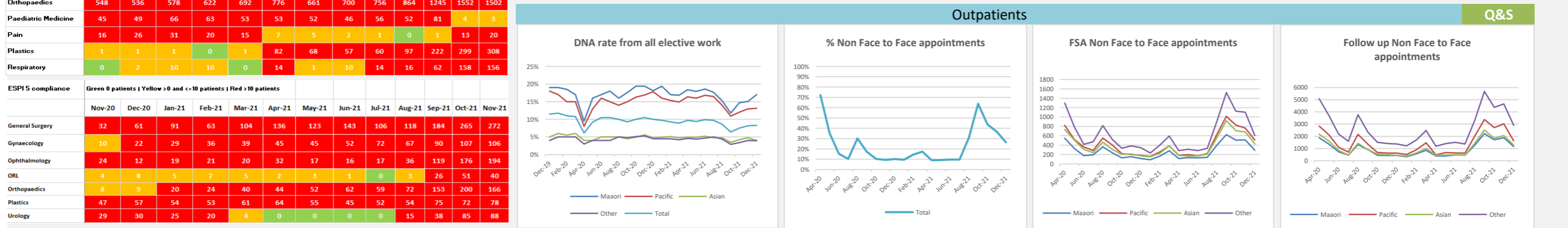
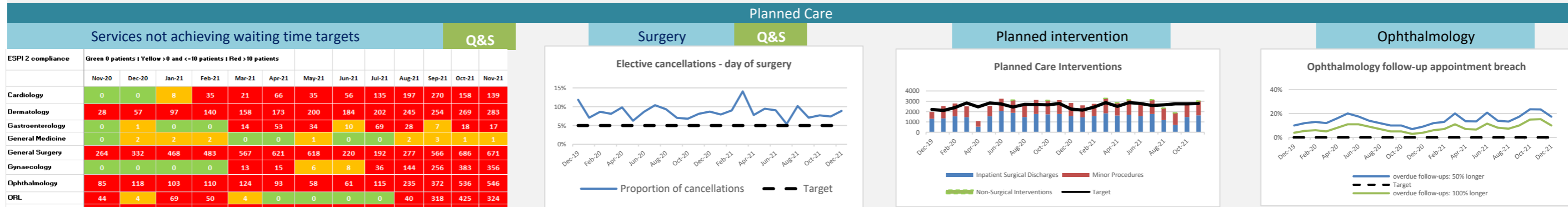
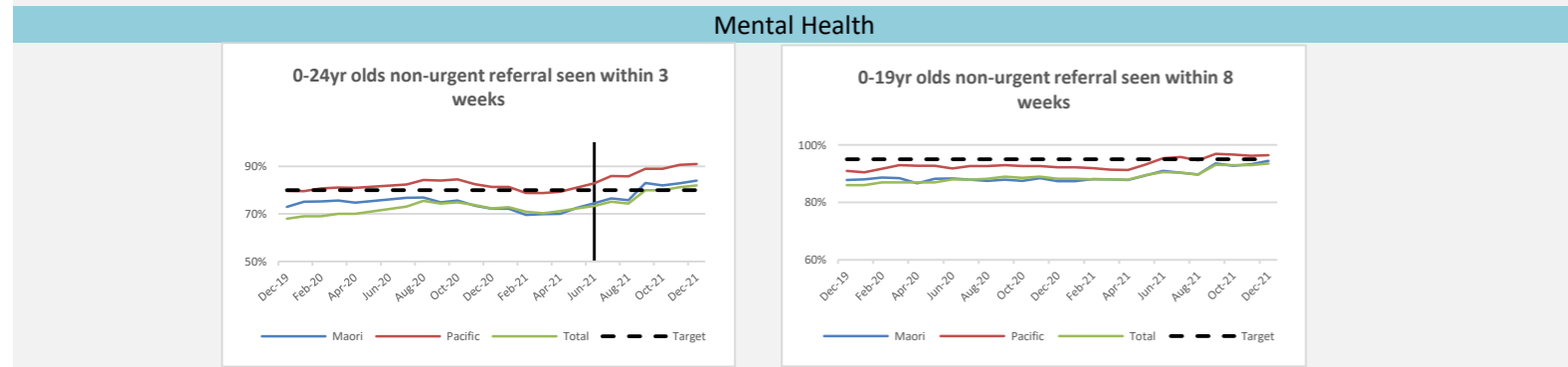
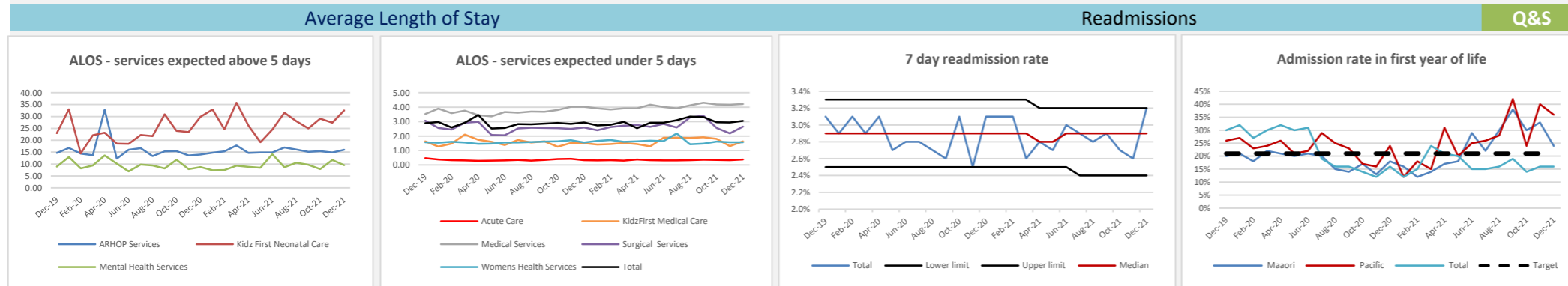
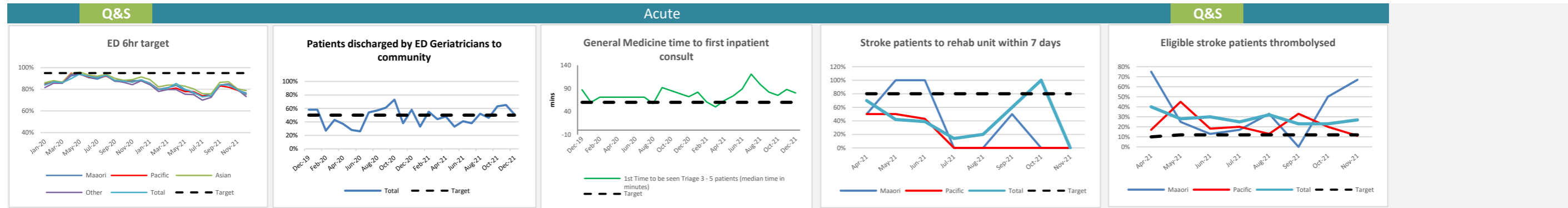
The above has been summarised from feedback.

Appendices

1. Metrics that Matter dashboard December 2021
2. Metrics that matter lowlights – additional information



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 Care
ESPI 2 compliance Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment Note: Services not shown after 2 months of compliance		ESPI 5 compliance Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days for treatment – elective	Elective cancellations - day of surgery	Planned Care Interventions Number of planned care interventions against agreed service delivery Note: 1mth in arrears	Ophthalmology Ophthalmology wait times % of patients who wait longer than 50% and 100% of the intended time for their follow up appointment
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

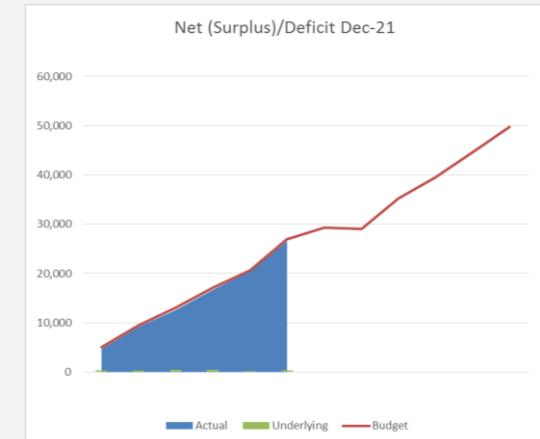
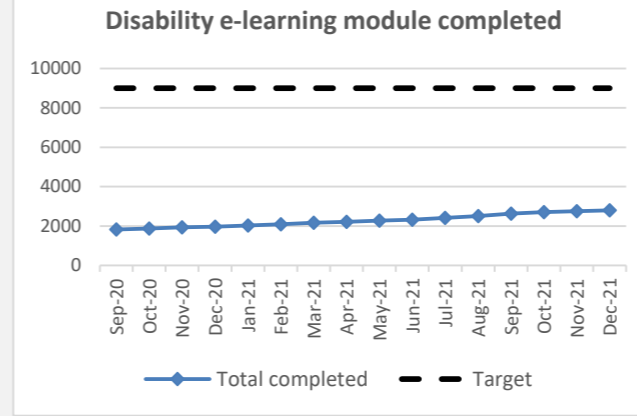
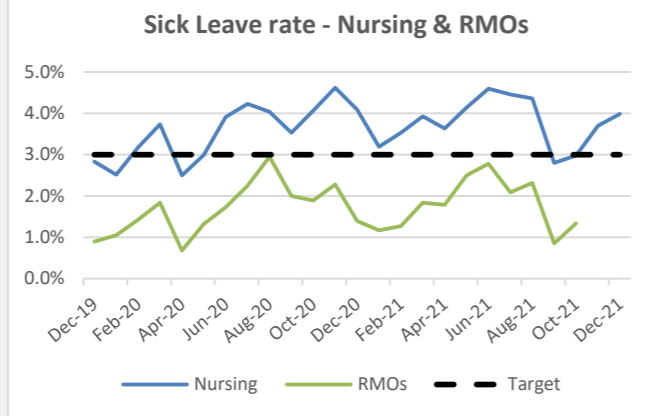
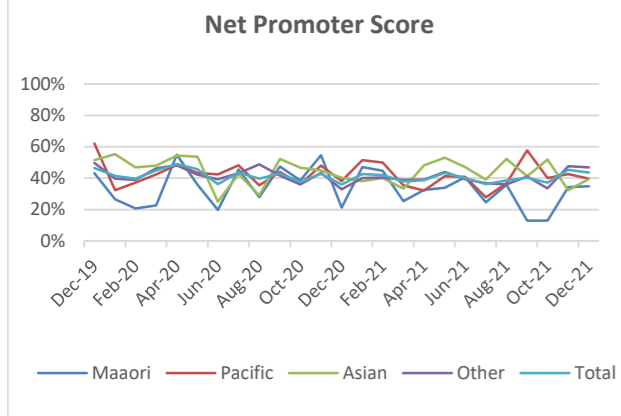
Patient Satisfaction

Q&S

Workforce

Disability

Month end financial result



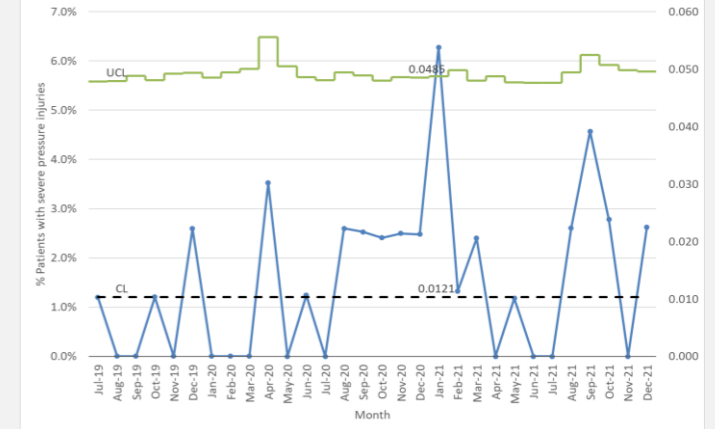
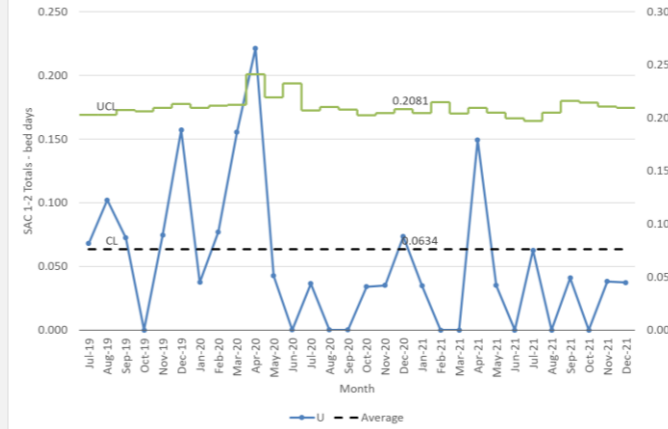
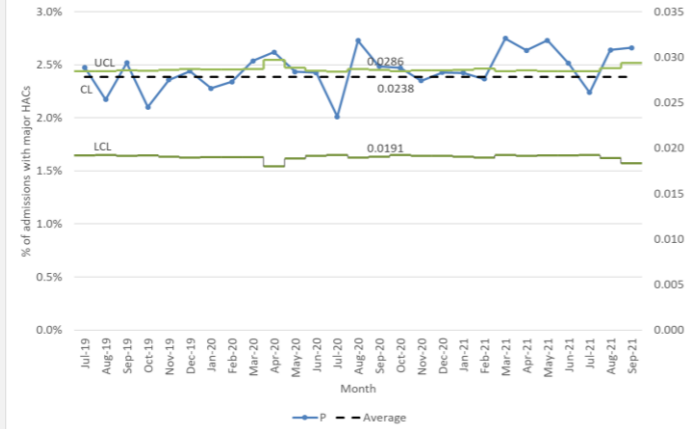
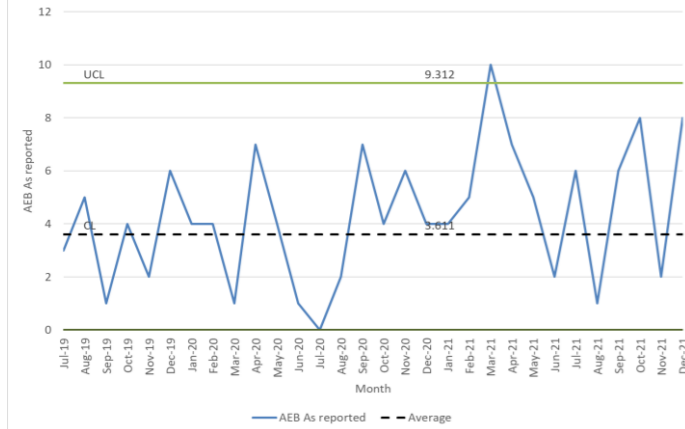
Additional Quality and Safety Measures

Reported Serious Adverse Events

Hospital acquired complications

Falls per 1,000 bed days

Severe pressure injuries

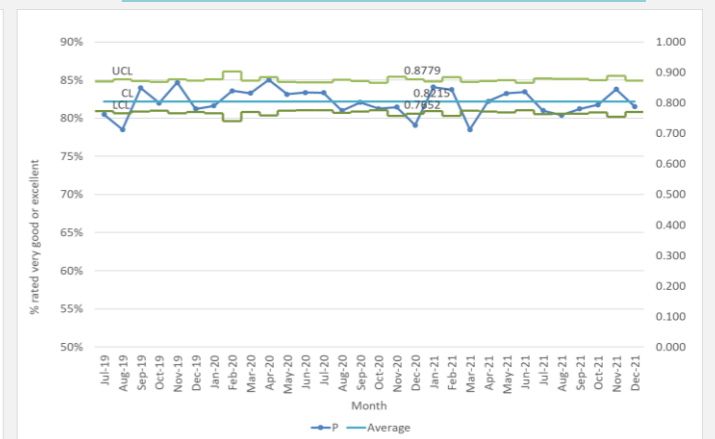
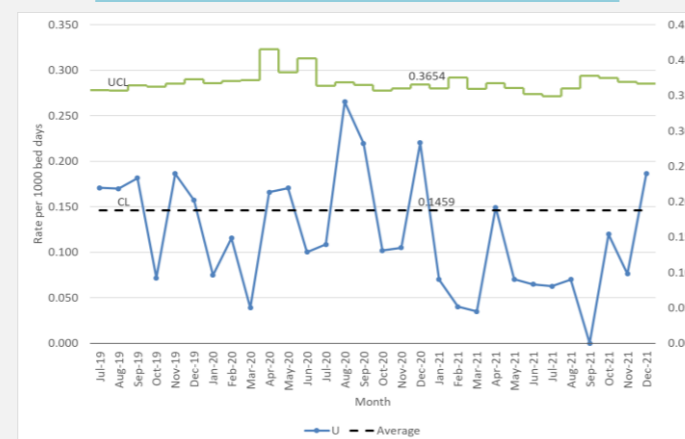
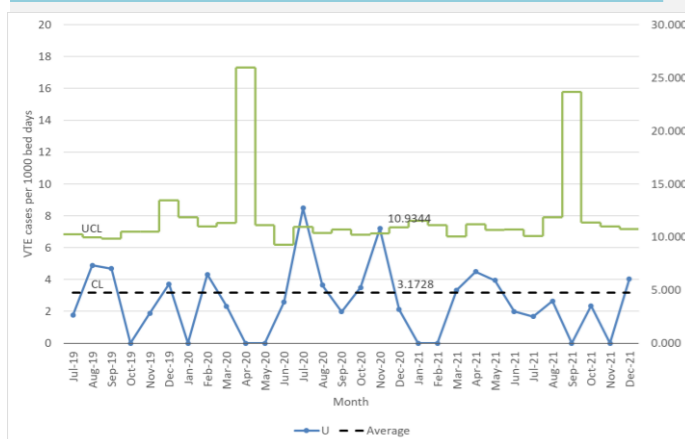


Provoked VTE cases per 1,000 bed days

S. aureus bacteraemia per 1,000 bed days

Inpatient CLAB per 1,000 bed days

Overall care rated very good or excellent



Non-clinical performance				
<p>Patient Satisfaction</p> <p>Friends & Family Test Net Promotor Score How likely are you to recommend our service to friends and family if they needed similar care or treatment? One month lag.</p>	<p>Q&S</p>	<p>Workforce</p> <p>Sick Leave rate - Nursing & RMOs Sick leave hours in the month divided by total hours in the month expressed as a %. Note: Nursing chosen as staff group with most robust data available. Nursing is an important workforce that impacts on hospital flow and is therefore used as a proxy to reflect the wider health workforce.</p>	<p>Disability</p> <p>Disability e-learning module % of staff who have completed the disability e-learning module. Note: Denominator is all staff as this is part of mandatory training.</p>	<p>Month end financial result</p> <p>Net result Actual operating expenditure against budget across CM Health. Note: Actual excludes COVID and Holidays Act</p>
Quality and Safety Measures - 1 month lag				
<p>Reported Serious Adverse Events</p> <p>AEB As Reported Number of Adverse event brief part A (AEB As) reported to the Health Quality and Safety Commission each month</p>	<p>Hospital acquired complications</p> <p>Admitted with hospital acquired complications % of admissions with hospital-acquired complications (Source: Health Roundtable). Data is only available until Sep 21.</p>	<p>Falls per 1,000 bed days</p> <p>Falls with major harm Rate of incidents of falls with major harm per 1000 bed days (Source: Incident Management System)</p>	<p>Severe pressure injuries</p> <p>Severe pressure injuries % of patients with severe pressure injuries (Stage 3, 4, or unstageable) (Source: Safety First - includes hospital and non-hospital acquired pressure injuries)</p>	
<p>Provoked VTE cases per 1,000 bed days</p> <p>Provoked Venous thromboembolism Number of provoked VTE cases (Elective Orthopaedics) per 1000 bed days</p>	<p>S. aureus bacteraemia per 1,000 bed days</p> <p>Inpatient SAB Inpatient rate of Staphylococcus aureus bacteraemia (SAB) per 1000 bed days (Source: surveillance data from IP&C)</p>	<p>Inpatient CLAB per 1,000 bed days</p> <p>Central Line-associated Bloodstream Infection Inpatient CLAB rate per 1000 bed days</p>	<p>Overall care rated very good or excellent</p> <p>Patient care rating % of patients that rate overall care as very good or excellent (Source: Cemplicity Inpatient Survey)</p>	

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

21/22 quarter 2 data will be available from 8 February 2022

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

Metrics that Matter - Lowlights

B4 School Check completion rates remain well below target:

Cause(s)	Mitigation/Solution
Infection control requirements related to COVID-19 Alert Levels 4 and 3 prohibited face to face visits.	<ul style="list-style-type: none"> • Targeted prioritisation of Maaori & Pacific 4 yr olds in early 2022 in order to reach the high needs target. • Additional clinics in high need areas. • Home visits by vision and hearing screeners. • A new B4SC coordinator has joined Plunket.
	Confounding factors
	<ul style="list-style-type: none"> • COVID-19 infection control standards. • Virtual checks were completed over lockdown and now require the physical components (oral health and growth) to be followed up on for each whaanau before these are considered 'complete'.

There continues to be an equity gap of approximately 10 percentage points when comparing Maaori and Pacific **elective DNA rates** to other ethnicities. DNA rates have worsened since October and this correlates with the downturn of non-face to face appointments as lockdowns have lifted and outpatient clinics return to working predominantly face to face:

Cause(s)	Mitigation/Solution
Further in-depth analysis and discussion with individual services is required to understand the <i>specific</i> areas that need targeted intervention	<ul style="list-style-type: none"> • As part of the Referral & Appointment Centre/Customer Services re-design, provide centralised booking and scheduling functions that provide an end-to-end service for the patient (e.g. an online booking portal that allows patients to book their own appointment at a time that suits). • Explore Health Navigator roles to provide wrap around support for high DNA groups. • Increased utilisation of satellite clinics to improve access.

Holter wait times have been trending upwards from August 2021 and the 95th percentile maximum wait time for December was 32 weeks - the target is 12 weeks:

Cause(s)	Mitigation/Solution
Reduction in the number of operational monitors over a two-year period.	<ul style="list-style-type: none"> • New monitors have been sourced and are now available. • Ko Awatea undertaking improvement project on Holter wait times.
	Confounding factors
	<ul style="list-style-type: none"> • COVID-19 infection control standards prevented outpatients from receiving monitors in a timely manner.

The recent Auckland COVID-19 lockdown appears to have adversely affected the proportion of **newborn enrolments** during quarter two of 2021/22:

Cause(s)	Mitigation/Solution
<p>COVID-19 Alert Levels 4 and 3 resulted in reduced general practice visits, which affects enrolment and engagement (with newborns and pregnant women).</p> <p>General Practices are focused on COVID-19 activities (e.g. vaccination, testing, community management).</p>	<ul style="list-style-type: none"> • Wider implementation of The Early Pregnancy Assessment Tool. • Engaging closely with PHOs to track progress, share solutions, and follow up on proven actions (such as a practice pregnancy register, new born enrolment practice champion, review of practice processes).
	Confounding factors
	<ul style="list-style-type: none"> • PHOs/practices have recently experienced temporary NIR data discrepancies.

The performance against the 6 week waiting time for **MRI scans** continues to remain well below target:

Cause(s)	Mitigation/Solution
<p>Production reduced due to workforce vacancies and requirements to meet COVID-19 Alert Level infection control standards.</p> <p>Increased demand, growing waitlist and constrained resources (workforce & budget).</p>	<ul style="list-style-type: none"> • Additional in-house sessions & outsourcing (where resources available). • Successful MRT/MRI recruitment (current immigration and MRTB constraints)
	Confounding factors
	<ul style="list-style-type: none"> • Current additional in-house production insufficient to meet growing demand (19/20 to 20/21 20% increase) • Recovery from post COVID-19 lockdowns (scaling of production limited by staffing/resource constraints). • Limited outsourcing budget.

For the majority of services monitored **ESPI 2 and 5** performance demonstrates that many patients continue to experience delays as they move through the Planned Care system:

Cause(s)	Mitigation/Solution
<p>ALL: Production reduced in Alert Level 4 & 3 to meet infection control standards.</p> <p>Dermatology, Respiratory, Cardiology production constrained by lack of workforce and lack of clinic space.</p>	<ul style="list-style-type: none"> • Outsourcing. • Increasing FTE, primarily SMOs in 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-19 theatre. • COVID-19 ward upgrades reducing capacity.

Counties Manukau District Health Board

Data on Disabled People

Recommendation

It is recommended that Board:

Receive this paper that provides an overview of data on disabled people. It also provides insights on data currently collected and the limitations of the available data to measure performance, outcomes and to make planning decisions on health services accessed by disabled people.

Note this paper was endorsed by the Executive Leadership Team on 1 February 2022 to go forward to the Board.

Note that this information was presented to DiSAC at its 1 December 2021 meeting as background information to support a discussion on what information or data DiSAC would like to receive in its role as an advisory committee to the Board

Note that DiSAC acknowledges the constraints around data availability and noted that there are currently no systems or processes available locally or nationally to collect information on disability status of a patient/service user.

Note that DiSAC found the background information presented in the attached DiSAC paper useful and requested that the Board be advised about the issues on disability data constraints.

Consider advocating for better systems and processes to collect disability data at a national level

Prepared and submitted by: Sanjoy Nand, Chief of Allied health Scientific and Technical on behalf of Lana Perese, Chair of DiSAC

Purpose

This paper is being presented to the Board at the request of DiSAC to bring to the attention of the Board the constraints around data availability on disabled people. The Board is requested to consider the information. DiSAC recommended the Board considers advocating at national level for better systems and processes to collect data on disability status.

Executive Summary

As per the DiSAC work plan for 21-22, DiSAC discussed the issues around data on disabled people at its 1 December 2021 meeting. The attached DiSAC paper provided background information and context to the discussion item.

The committee members were presented with information on what data is currently available and acknowledged the current constraints around data collection as well the limitations around what is available and how it may be used. It noted that the current systems do not routinely collect information on disability status of patients or service users in a manner that could be used to extract data to make meaningful conclusions or comparisons on outputs or outcomes. It noted that this issue is not unique to CMDHB but is a national problem.

DiSAC at its 1 December 2021 recommended that the information and the issues around disability data is provided to the Board. DiSAC acknowledged that the data issues are not unique to this DHB and have been a long standing issue and given the inability determine an accurate denominator for disability for most services, it did not make any recommendations on specific data or measures. DiSAC recommended that the issues are best raised at the national level.

Appendix

1. DiSAC Paper – Data on Disabled People

Counties Manukau District Health Board's Disability Support Advisory Committee Data on Disabled People

Recommendation

It is recommended that DiSAC:

Receive this background paper that provides an overview of data on disabled people. It also provides insights on data collected and the limitations of the data available to measure performance, outcomes and to make planning decisions on health services accessed by disabled people.

Note that the committee is requested to consider the information presented, the relevant contexts and discuss its information/data requirements in its role as DiSAC.

Advice staff on what information/data the Committee would find useful or would like to receive.

Prepared and submitted by: Sanjoy Nand, Chief of Allied Health Scientific and Technical

Glossary

ARC- Aged Residential Care

DSS – Disability Support Services

FSA – First Specialist Assessment

HCSS – Home and Community Support Services

LTS-CHC - Long Term Support – Chronic Health Conditions

PMS – Patient Management System

MoH – Ministry of Health

Purpose

This paper provides background information on the data available to the DHB on disabled people, the context of that data, types of data collected and the current challenges and limitations of this data. The information presented here is to be used to inform the discussion at the DiSAC meeting around what information and data the Committee would like to receive in its role.

Background

The Regional and local DiSAC committees have previously discussed the availability of data on disabled people to understand performance and outcomes for disabled people, including identifying disparities. Data on disabled people is a topic for discussion planned for the December DiSAC meeting. This paper is to provide some information to support the discussion.

Previous discussions have noted the challenges and limitations of data availability and the ability to utilise it to make meaningful conclusions and comparisons. The availability of data, its limitations and challenges include:

- In New Zealand, the disability status of a disabled person is currently not routinely collected in a systematic way in the health setting. If a disabled person presents to a hospital service for healthcare, their disability status while taken into consideration to treat and care for them is not recorded in the same way as ethnicity, gender, age etc in the Patient Management System. The only information that is recorded in the PMS during patient registration related to disability status is if the patient uses sign language as their preferred language (this is an option available under the language field with the patient registration forms)
- Disabled people will interact with hospital services for a disability or health related condition. For the inpatient episode, the data that is collected by the hospital system on care is through clinical

coding. While there are several ICD codes for disability representing the unique type of disability, there are coding rules that define whether the disability status of the patient is coded for an episode of care. The coding practice and rules guide the coders and disability is coded if:

- The presenting complaint is related to the disability and the plan of care indicates that in the clinical notes
- The presenting complaint is not related to a disability, but the plan of care includes intervention or care that takes into account the specific needs of that disability and this is documented in the clinical notes

The disability is not coded if the episode of care is unrelated to the disability and the care plan has not documented that the specific interventions or considerations relevant to disability have been made during care.

- Outpatient contacts are not coded in the same way as inpatient episodes of care
- As the rules are applied differently depending on the care plan and the episode of care it is difficult to determine a true denominator.
- There are pockets of good data collected and available on disabled people accessing certain health and disability support services. These are generally DSS services that the DHB funds and contracts which include Aged Residential Care services, Home Based Support Services and Long-Term Care DSS associated with Chronic conditions. Data is limited to those who are eligible for or are accessing DSS services.
- There is data held by MoH on disabled people who access MoH funded DSS services, however, to date there has been no systematic way to connect this to health service data. A number of disabled people who access MoH DSS services will also be accessing health services. Over the last 2 years, several requests were made to MoH from the metro Auckland DHBs to gain access to this data so we could use it to identify the types of services DSS clients are accessing from health and to get insights into health service utility including understanding unmet need and inequities as well as to support planning. The metro Auckland DHBs were granted this recently and received a point in time data (DSS Clients 2019 and 2020). This data is currently being used to put together a health needs analysis. The data received is not dynamic, therefore its utility on an ongoing basis is limited. We may be able to match NHIs to our PMS records and utilise it to gain insights into health care services to these group of patients.
- Other data that is available and could be used to provide overall insights is collected and held in different services and systems and without a significant undertaking to bring all these together, it is difficult to ascertain the ability to use it to get a fuller picture on health services provided to disabled people and whether the data parameters available could be used to answer questions we may have or to develop metrics
- We acknowledge that the data available may not be robust or complete to provide a full picture as the ability to report on disability status is dependent on the disability being documented. Additionally, this is confounded by individuals choosing to identify or not as having a disability. In addition, data is only available on disabled people if they are accessing a funded service such as DSS or in the case of health if the disability status is coded. If they are not accessing a funded service or not eligible for it e.g. DSS then the data would not be collected. Notwithstanding this, it is acknowledged that a starting point would be useful.
- We note that the issue and challenges with data on disabled people accessing health care is not unique to our DHB or the region. It is a national issue and needs central advocacy and national solutions.

Available Data

Provided below is data sources that are currently available to inform the discussion at the meeting. Several sources have been considered.

Overall Population Based Estimates

Estimates of the number of people living with a disability in the Northern region is provided below. The source of this data is national survey and census.

The NZ Disability Survey 2013 (NZDS) estimates the number of people with any disability, regardless of severity, at 325,000 for metro Auckland (19% or one in five) and at 56,000 (29% or three in ten) for Northland. This is different to the rate for New Zealand overall which is 24% or one in four. The lower rates in Auckland compared to national averages is possibly reflected by the younger age structure of the population. The 2018 census included questions about functional limitation, and although the response rate was only 81%, meaning the data is of poor quality, it still gives minimum numbers of people with each limitation. The questions asked in the survey and census were different.

Overall Prevalence

Northern Region			
NZ Disability Survey 2013 – Projected for 2019		Census 2018	
Disability type	Estimated number of people	Functional area	Number with any difficulty
Hearing	134,000	Hearing	145,700
Seeing	50,000	Seeing	214,500
Mobility	194,000	Walking/climbing steps	158,500
Agility	104,000	Washing all over/dressing	57,800
Intellectual	31,000		Not asked
Psychiatric/psychological	81,000		Not asked
Speaking	43,000	Communicating	69,000
Learning	76,000	Not asked	
Memory	57,000	Remembering/concentrating	189,800
Developmental delay	Suppressed due to small numbers		Not asked
Any disability	381,000	Any Disability	Not Reported

According to NZDS, levels of disability increase with age. The proportion of the population with a disability ranges from 11% of those aged 0-14 years, to 59% of those aged 65 years and over.

Maaori experience higher rates of disability, with 15% of those aged 0-14 years having a disability, rising to 63% of those aged 65+ years. More strikingly, 23% of Maaori aged 15-44 have a disability compared with 16% of the total population, and 43% of Maaori aged 45-64 have a disability (total population 28%) – Data Source NZDS.

Pacific people aged 65 years and over have the highest rate of disability, at 75%.

Asian people have lower rates of disability across all age groups, with a rate of 50% amongst those aged 65+.

The NZ Health Survey found that people with disabilities score worse than the non-disabled population across a range of indicators including self-reported health, diet, exercise, sleep, chronic pain, psychological distress, need for ED visits and unmet need for primary care.

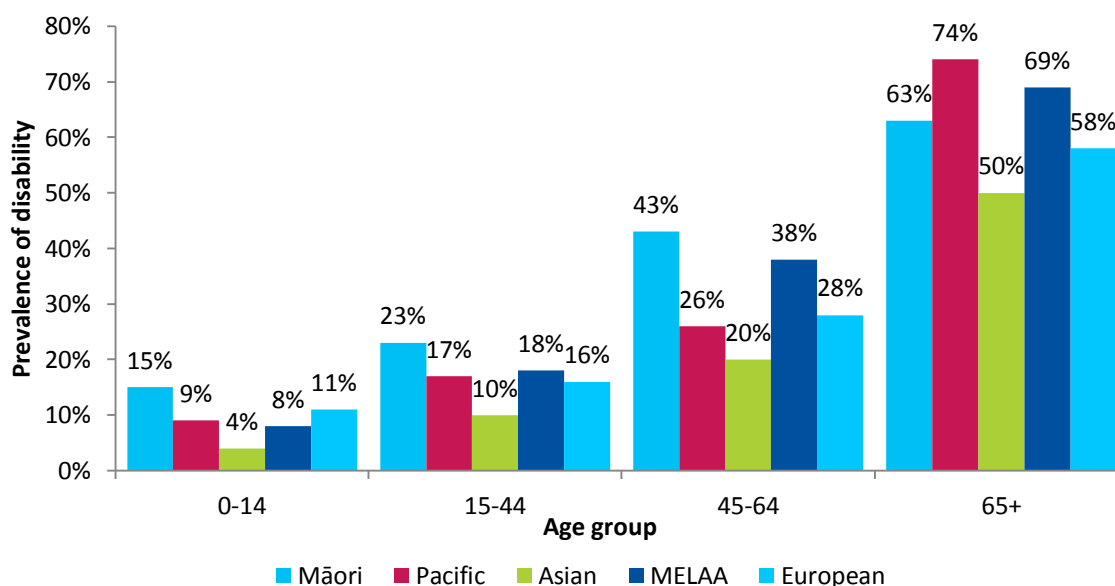
Statistics NZ (census) found that people with disabilities were more likely to have lower incomes and to live in cold, damp or mouldy housing than non-disabled people. They were also less likely to have access to the internet and to a private car. These factors are likely to increase the proportion of disabled people who need health services while reducing the proportion with good access to services.

Selected measures of disability for people in private households: NZDS numbers uplifted to 2019 population projections (note those living in residential care are not included below)

Disability Type	Auckland Region		NZ
	Count	Percentage	
Hearing	113,000	7%	9%
Seeing	50,000	3%	4%
Mobility	164,000	10%	13%
Agility	84,000	5%	7%
Intellectual	31,000	2%	2%
Psychiatric/psychological	72,000	4%	5%
Speaking	37,000	2%	3%
Learning	62,000	4%	5%
Memory	48,000	3%	4%
Developmental delay	S	S	
Total	325,000	19%	24%
Proportion of people in private households		1 in 5	1 in 4

S - figures are suppressed due to small sample sizes, or should be used with caution due to large sampling error.

Prevalence of Disability by age group and ethnicity (NZDS Data 2013) (all of NZ)



Census 2018 - Number of people aged five years and over reporting functional limitation (response rate 81%) -using Washington Group Short Set Questions

		Waitematā	Auckland	Counties Manukau
Difficulty seeing even if wearing glasses	A lot of difficulty	5200	4200	5800
	Cannot do at all	900	1000	1800
Difficulty hearing even if using a hearing aid	A lot of difficulty	4900	3300	4900
	Cannot do at all	900	900	1700
Difficulty walking or climbing steps	A lot of difficulty	8900	6500	9100
	Cannot do at all	2100	1900	2600
Difficulty remembering	A lot of difficulty	6600	4800	6200

or concentrating	Cannot do at all	1100	1100	1700
Difficulty washing all over or dressing	A lot of difficulty	2800	2200	2800
	Cannot do at all	2200	2000	2700
Difficulty communicating using your usual language for example being understood by others	A lot of difficulty	3000	2300	3100
	Cannot do at all	1000	900	1600

Comment: For the purpose of the discussion this data is useful only as indicator for the denominator quantum. Both data sets are a point in time data and based on surveys or census and the accuracy and completeness of information is highly dependent on the individual responses to the questions provided in the surveys or census. Note in 2018 census response rates were only at 81% for the Northern region. Use of such data is common practice in the health setting in NZ and is often used to identify population level statistics. This information would most likely serve as a reference point for planning and getting insights into the different types of disabilities as well as sense checking when triangulating information from other sources.

Data from Support Services

The main sources of data about people receiving disability support services from health are:

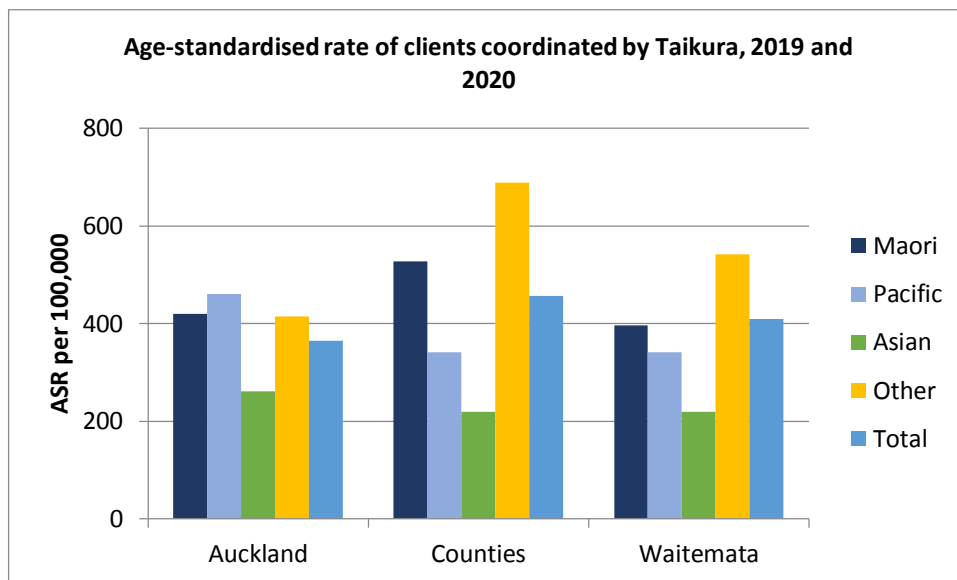
- NASC clients supported by DHBs, for age-related disability and a small group of other disabilities (Long-term support/Chronic health conditions);
- ARC clients
- NASC clients supported by MOH for people under 65 (Taikura NASC services)
- Equipment and modification services

The table below provides information on number of people accessing funded DSS services (point in time)

	Counties Manukau
*HCSS long-term clients FY 20-21	3637
*ARC residents	TBC
*LTS-CHC	110
Taikura NASC 2019 and 2020 (< 65 yrs)	5,013
Equipment and Modification Services (Enable) 2019 or 2020	7,188

**May include duplicates i.e. may have individuals who access EMS services*

Counties has higher rates of disabled people accessing NASC DSS services compared to the other 2 DHBs in the region. This is consistent with the Census 2018 information which reported higher rates of disabilities in the Counties Region.



Patients receiving Service Coordination by Taikura Trust at any time during 2019 or 2020 calendar year, by principle disability

Prioritised Disability	Counties Manukau
Autistic Spectrum Disorder	1,820
Intellectual	2,151
Physical	779
Sensory	125
Multiple (genetic)	63
Neurological	24
Other	51
Grand Total	5,013

Disabled People Receiving EMS Services by Age

Number of clients receiving EMS, by DHB and age band, 2019 and 2020 combined

Age Band	Counties Manukau DHB	Auckland DHB	Waitematā DHB
0-15 years – spectacle subsidy	2,013	1,411	1,870
other	294	157	136
16-64 years	1,044	837	988
65-79 years	2,026	1,464	1,467
80 plus years	1,811	1,476	1,152
Grand Total	7,188	5,345	5,613

EMS by type of service (2019 and 2020 data)

Purpose	Counties Manukau DHB
Hearing assistance only	1,767
Vision assistance only	2,013
Personal care only	1,619
Personal Care/Walking and standing	698
Walking and standing only	561
Personal Care/Wheeled mobility and postural management	150
Wheeled mobility and postural management only	107
Housing modification only	59
Other combination of purposes	214
Grand Total	7,188

For DSS services that CMDHB funds – ARC, HCSS and LTS-CHC, data collected and available includes:

- Number of patients receiving these services by ethnicity
- Average hours per week for HCSS by ethnicity
- Proportion of Cost for HCSS by ethnicity
- Average spend for HCSS by ethnicity

Data Collected by Hospital Services

Clinical Coding Data

As discussed above, data on disability available via Clinical Coding is unable to be used reliably to inform issues on disability or to use it to develop and monitor metrics or make comparisons as not all disabled people receiving health services are coded via the clinical coding. This is largely because clinical coding is done strictly against the coding rules. Coding data may however provide some insights such as what types of services disabled people are using. To understand the extent to which disability may be coded by clinical coding, we ran a report for three types of disabilities coded in a 2-year period. The sample data below confirms our assessment on the limitation of coding data. Given the prevalence data for these disabilities it would be reasonable to conclude that the number of events reported here are low, illustrating that coding data is not complete and may not capture the disability status of all disabled people accessing health services

Hearing Impairment	MMH		MSC		Botany		Franklin		Papakura		Pukekohe		Spinal		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Yes	46	47	80	104							1	1			127	152
No	90508	94839	10446	10860	3312	3139	49	50	2279	2340	1999	2243	139	145	108732	113616
Grand Total	90554	94886	10526	10964	3312	3139	49	50	2279	2340	2000	2244	139	145	108859	113768

Visual Impairment	MMH		MSC		Botany		Franklin		Papakura		Pukekohe		Spinal		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Yes	31	31	3	1							4				38	32
No	90523	94855	10523	10963	3312	3139	49	50	2279	2340	1996	2244	139	145	108821	113736
Grand Total	90554	94886	10526	10964	3312	3139	49	50	2279	2340	2000	2244	139	145	108859	113768

Mobility Impairment	MMH		MSC		Botany		Franklin		Papakura		Pukekohe		Spinal		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Yes	396	386	3	5			1	1			15	15		1	415	408
No	90158	94500	10523	10959	3312	3139	48	49	2279	2340	1985	2229	139	144	108444	113360
Grand Total	90554	94886	10526	10964	3312	3139	49	50	2279	2340	2000	2244	139	145	108859	113768

Data collected by Specific Services or through coded Conditions

There is some data available from specific services or on specific conditions that can be used to provide some information on service outputs and enable us to gain insights into equity of access. These are services that predominately serve patients with disabilities or treat conditions that have a potential to result in a disability if service is not provided. Examples of such services include, audiology, ophthalmology, stroke, spinal rehab, child development services, sign language interpreting, and conditions like Parkinson's disease, dementia and others.

Outlined below is the type of data is collected by some of these services.

Audiology

Audiology service provides:

- diagnostic testing for infants and children who are referred from the newborn hearing screening programme, B4 school screening programme as well as from general practitioners and specialists especially pediatricians and Ear nose throat specialists and speech-language therapists and others
- habilitation/rehabilitation to infants and children who have been diagnosed with hearing loss. The hearing aids are funded through Enable and children continue to be funded until they are 21 years old, provided they remain without a gap in education
- adult diagnostics – e.g. those who are being administered ototoxic medication and those who need a hearing test as part of their ear, nose throat service care
- adult rehabilitation - those with severe hearing loss in each ear and those who meet the Enable dual disability criteria. This includes hearing loss of any size and intellectual disability or hearing loss of any size and vision loss.

Data collected and available includes:

- Number of referrals by ethnicity
- Waitlist information by ethnicity
- Referrals accepted and declined by ethnicity
- Wait times
- DNA rates by ethnicity

Ophthalmology

Largely outpatient services for people with vision disorders, including cataracts, age related macular degeneration (ARMD), glaucoma and visual disorders in children

Types of data collected and available:

- Number of patients referred to ophthalmology for FSA by age and ethnicity
- Number of patients attending ophthalmology FSA outpatients by age and ethnicity yes
- DNA rates for FSA by age and ethnicity
- Referrals declined
- Number of patients referred for cataract by ethnicity
- Number and percent of patients receiving cataract surgery by ethnicity
- Waiting times for cataract surgery by ethnicity
- Waiting list – by ethnicity (proportion)
- Number of patients referred for FSA for ARMD, by ethnicity and proportion
- Waiting time for ARMD FSA by ethnicity
- Waitlist by ethnicity for ARMD
- DNA rates by ethnicity for ARMD

Child Development Service

CDS accepts referrals for all children with a disability (DSS criteria) or at risk of developing a disability (very young babies where there is likelihood of long-term disability). Types of disabilities include:

- Developmental Delay and/or Neurodevelopmental conditions
- Cerebral Palsy
- Chromosomal abnormalities (i.e. Trisomy 21)
- Feeding and swallowing conditions
- Communication – including children with cleft lip and palate
- Autism Spectrum Disorder

Data collected and available includes:

- Referral numbers but these are currently not able to be split by ethnicity
- The number of children who received CDS services (FSA) – Data for FY 21-22 can be split by ethnicity
- Waitlist by ethnicity for FY21-22
- DNA by ethnicity for FY 21-22
- Intervention type eg physiotherapy, speech therapy, occupational therapy etc.

Patient Experience Data

Patient experience data is collected via inpatient surveys (Cemplicity) and these can be reported against several parameters including split by ethnicity. The data is a subset of patients who have been inpatients. We currently use this information to get insights into the experience of patients and to understand if there are any differences in the experience disabled people have compared to people without disabilities. We are also able to use this data to gather qualitative information i.e. what people are actually saying. We have previously presented patient experience reports to DiSAC.

We have also this year included a disability field in the Fundamental of Care audits that we undertake to understand and improve patient experience. These audits are done twice a year. Feedback from disabled people was gathered in the last 2 audit rounds and because the sample size for disabled people was low, we are unable to perform analysis by ethnicity. We can however gain high level insights from this data.

In June 2021, we also added a field in the new database that is used to record our complaints and compliments, which allows us to note whether the feedback has been provided from a disabled person (when this was mentioned within the complaint). This enables us to extract reports on what disabled people are telling us. This information is useful to understand what improvements we can make. Numbers of disabled people recorded in our feedback central database is low, and this could be because in the feedback received people may not always mention that they have a disability. The field is only checked if the feedback has information that indicates that the person has a disability.

Primary Care

Data collected and available is to be confirmed. Primacy care may have the ability to code disability status of patients using Read Codes. Whether this is done routinely or ad hoc needs to be established.

ACC

ACC currently does not routinely record the disability status of claimants. As a result, ACC's visibility of disabled people's access, experiences, and outcomes from the accident compensation scheme is limited. At least one in four ACC claimants is likely to be disabled, based on self-reported disability status in the general New Zealand population.

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 November and December 2021.

Note this report was endorsed by the Executive Leadership Team on 8 February 2022 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 November and

December 2021.

Brief January 2022 activity update

In December planning was underway to ensure the OHSS team were well set up to manage any potential outbreaks and increased COVID-19 activity over this time, following the 13 COVID-19 related contact traces that occurred over November and December. Following an exceptionally busy year, many of the OHSS team were able to have holidays over the end of year break time and a small number of OHSS staff worked through. Recruitment is underway for 2 additional Registered Nurses and Healthcare Assistants as well as 2 H&S Advisors who will work on the COVID-19 resilience work and risk assessments over the next 12 months or so.

In January, OHSS has commenced planning for the following year's business as usual and project activity. An off-site planning day will be held in February 2022. The outcome will be detailed reviews of the incident and injury trends and OHS activity over the last year and subsequent detailed planning.

The Respiratory Mask Fit Test team are planning the activities required for the Ministry of Health withdrawal of the 9320A+ respiratory face mask. This will have a significant impact on the work undertaken by the fit test team over the next few months in what would normally be the annual retest phase as well as increased cost as external fit testers are required to re-test workers.

The Group OHS Manager continues to be involved in the 20DHBs violence and aggression working group where the risk assessment (Bow Tie) is well underway and out for consultation. Establishing Minimum Standard Procedures and plans will form part of the next phase.

Engagement with HSRs continues by the H&S team including providing a detailed H&S Toolkit and planning for their HSR Hub day when this is possible due to COVID-19 restrictions. The HSR training plans continue with an additional 3 specialised training sessions being offered in 2022. Attendance at H&S Executive Committee meetings is working well.

The Risk and Assurance Manager is undertaking a review of how CM Health critical risks in the risk section of this report are presented; aiming for a more concise form of reporting. Part of that process will include trialling the use of a 10x10 risk matrix and more graphics relating to each risk and lead and lag reporting.

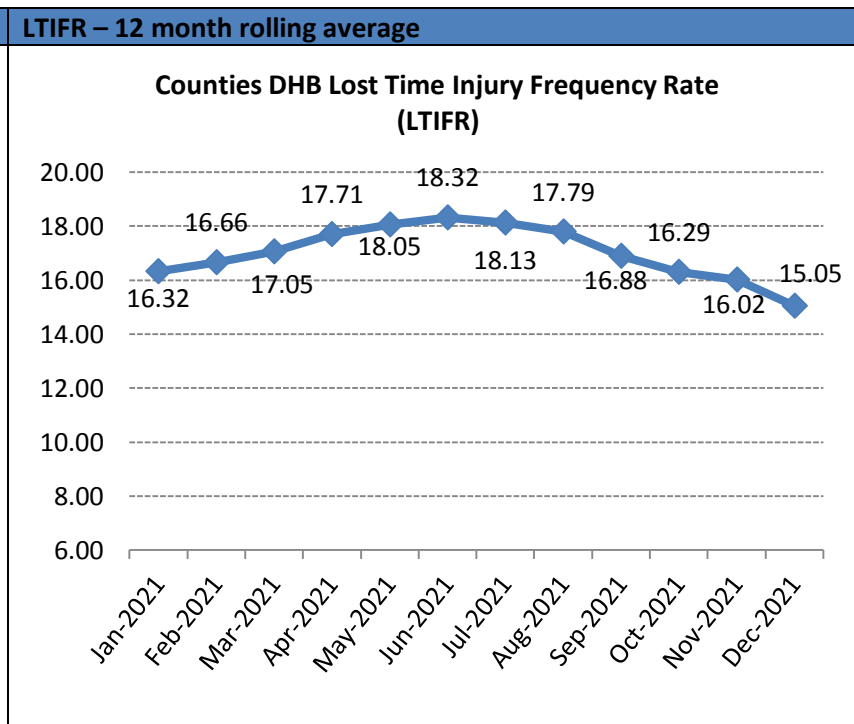
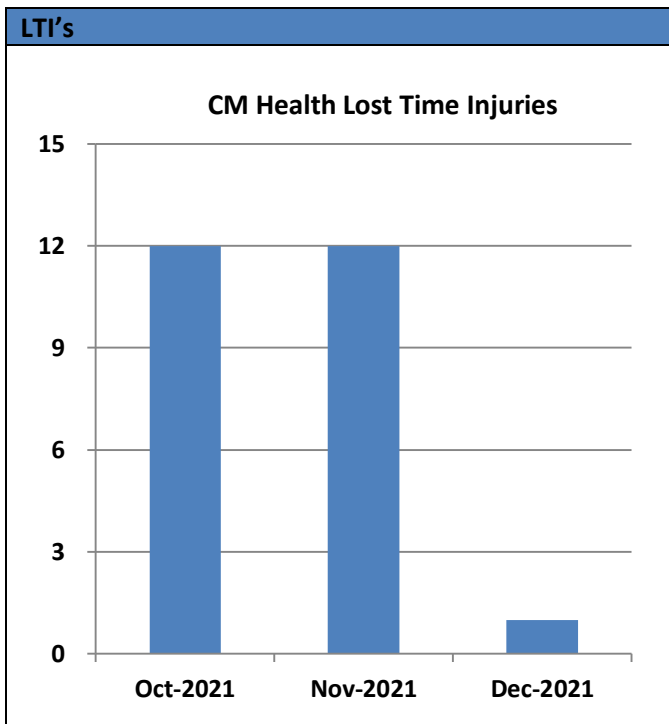
Work is ongoing on violent and aggression incidents; this includes reviewing the 20DHB's H&S Managers' Bow Tie, and working internally and with the regional DHBs on violence and aggression risk initiatives.

Work continues on the SafetyFirst project to transfer, review, update and finalise CM Health's risk profile and operational risk registers in a new format, with the aim to be able to provide these easily as an overview and as individual risk profiles for senior managers to review at a corporate level during the second quarter of 2022.

From November to December CM Health experienced an increase in violent and aggressive incidents reported in SafetyFirst with 38 in November and 58 in December. Code Orange incidents in ED decreased from 12 in October to 8 in November and 8 in December. Aggressive/ threatening behaviour and physical assault were the predominant contributing factors.

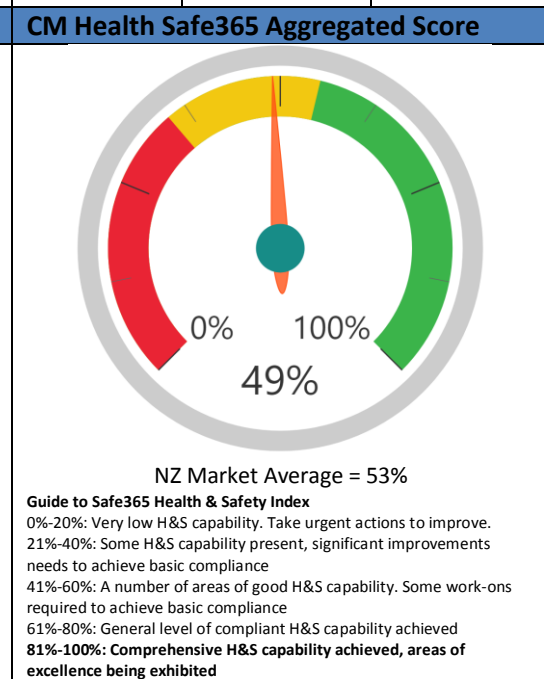
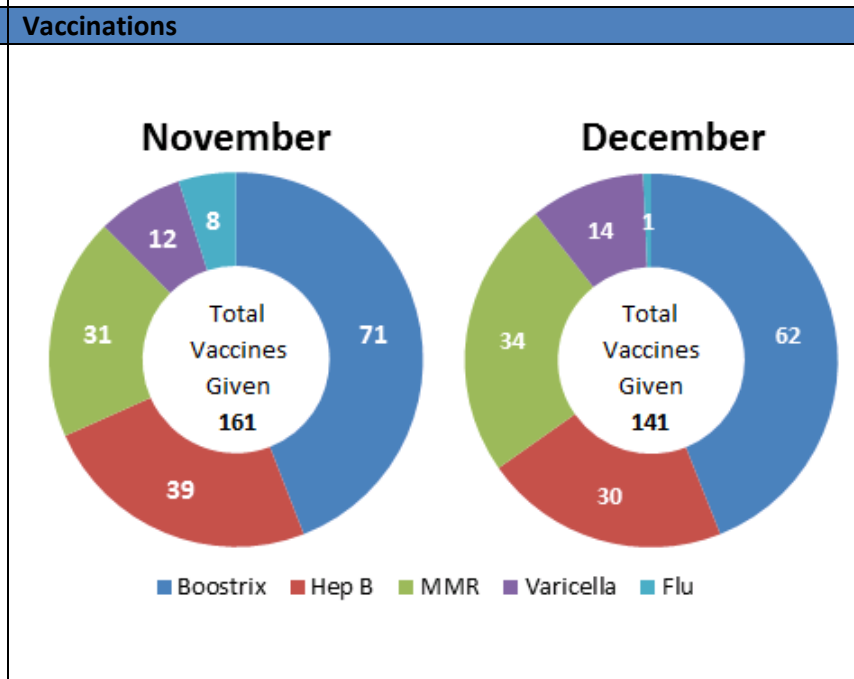
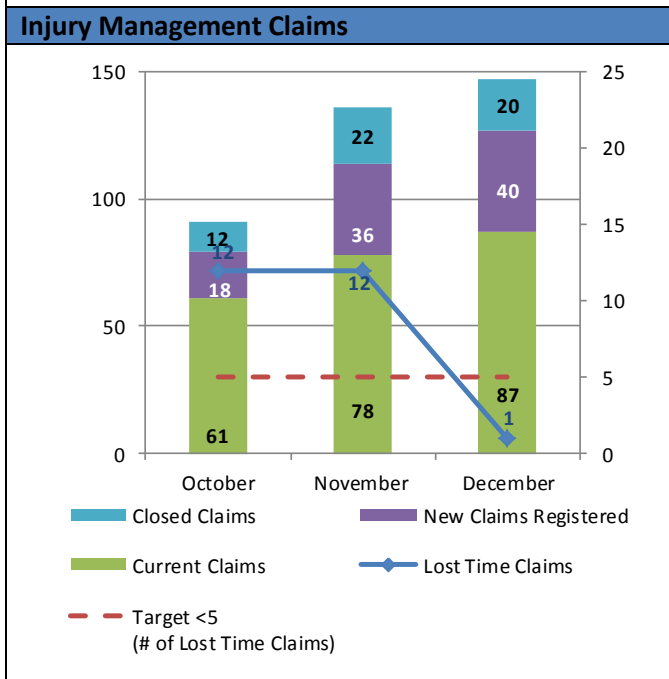
Incidents of stress related to staff shortages increased in November (66) and December (58) from 38 in October.

CM Health H&S Dashboard – November & December 2021



Critical Risk Incidents

November	Risk	December
38	Violence & Aggression	58
20	Moving & Handling	17
27	BBFE	20
17	Slips, Trips & Falls	7
66	Stress	58



Executive Summary

Occupational Health

Onsite clinics for OHSS physicians were 124 in December and 84 in November when compared to 82 in October. OHSS nurse appointments were 100 in December and 125 in November when compared to 103 in October. 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 December (21) and November (27) have remained reasonably consistent in comparison to October (24). The three main reasons for these referrals in December were mental health concerns (5), concerns of health impacting performance (5) and fitness to work due to physical health (5). The three main reasons for these referrals in November were fitness to work due to physical health (9), mental health concerns (8) and returning to work post illness/ injury (4).

Contact Trace (CT)

Occupational Health continues to use the Ministry of Health Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19 matrix when assessing workers who have been exposed to COVID while at work. The matrix is updated fortnightly. This has modified how staff members are classified following contact with a COVID-19 positive individual. Vaccination status and Personal Protective Equipment (PPE) worn is taken into account when assessing risk.

15 contact traces were conducted during November and December:

- 13 contact traces during November and December were due to COVID-19
 - Of these 8 contact traces were in November and 5 in December
 - The COVID-19 cases were notified to Occupational Health by IP&C, Auckland Regional Public Health, managers and the laboratory.
 - Over 130 staff members were deemed casual contacts. This is due to vaccination status and appropriate PPE worn.
 - 5 staff deemed casual plus – required standing down until the result of their day 5 swab.
 - 8 close contact staff members were required to stand down from work for 14 days post last exposure.
- More cases presented to ED that did not require OHSS action due to the PPE worn in ED.
- Occupational Health is also contacted for advice on workers who have been exposed to COVID outside the work environment
- During the delta outbreak there have been no known incidents of CM Health workers acquiring COVID-19 from the work environment
- Two TB contact traces
 - One involved Ward 33E only – all contacts casual (isolated on admission)
 - One involved ED, Ward 1 and Ward 33N – all contacts casual

Respiratory Face Masks

Mask fit testing numbers for the Respiratory Mask Fit (RMF) team were 494 in November and 206 in December when compared to 1045 in October. The decrease is attributed to the easing of the COVID-19 alert level restrictions and the return of the RMF programme to BAU. The use of 2 additional extra mask fit testers at Middlemore Hospital was stopped in October.

Our two internal mask fit testers continued to operate at full capacity but operation is now back from Monday to Friday compared to the additional Saturdays for the month of October. Additional support for outlying areas was extended. An external mask fit tester was deployed at Franklin Memorial Hospital for 2 whole day sessions completing fit testing for 23 staff members.

Since the start of the RMF programme, a total of 10,817 mask fit tests were conducted. This is inclusive of the testing for new staff, annual fit 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 RMF 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 stock levels. Preliminary planning has been developed and more sessions will be setup to target high risk areas.

Regular reports are sent from the RMF team co-ordinator to managers to ensure that staffs are provided the correct N95 masks. The RMF team co-ordinator continues to work closely with the procurement team in planning the 9320A+ retesting requirements.

Occupational Health and Safety

COVID-19 Public Health Response (Vaccinations) Order 2021

The COVID-19 Public Health Response (Vaccinations) Order 2021 required workers in the health and disability sector to have received their first dose of a COVID-19 vaccine before the close of 15 November 2021 and to have had their second dose of a COVID-19 vaccine before the close of 1 January 2022. Affected persons include all workers who carry out work at the premises at which health care services are provided.

Verification checks intended to provide a satisfactory level of assurance to CM Health that suppliers/contractors who carry out work at CM Health premises have procedures in place to comply with the requirements of the COVID-19 Public Health Response (Vaccinations) Order 2021 commenced on the 16th November 2021. These checks identified 151 workers from 54 PCBU's were found to be complying with the Order by the end of November 2021. The checks continued during December on a sample basis by Service Managers and FEAM's (for physical works contractors).

OH&S Risk & Assurance

OH&S Management System Audit Tool

The OH&S Management System self-assessment (Phase 1) report has been prepared for submission to ELT with recommendation that managers who did not complete it be asked with senior management support to do so.

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

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. Progress in this preparation is going well with ongoing discussion planned with a wider group for feedback.

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

Violence and Aggression Project

Templates for the verbal aggression survey and format of communications requesting completion were reviewed by 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 ED 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. An audit of usage is planned when services returns to normal hopefully during the second quarter and in the meantime OHS has reached out to General Managers from Mental Health and Communities to see what support they would like from the OHSS.

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 OHSS team are in the process of requesting additional resource to review the management of contractors across CM Health in line with the HSWA. There will be a specific focus on monitoring to gain satisfactory assurance that our H&S obligations and expectations are being met.

Injury Management

In December, 36 new workplace injury management claims were registered, which is consistent to November (40). There was one lost time claims reported in December which decreased significantly with the twelve reported in November. These decreases can be attributed to the shutdown period over the December holidays. A total of 87 claims were being managed by the CM Health and WellNZ Case Managers in December.

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. Once the COVID-19 restrictions ease, Occupational Therapists will work with Case Managers and HSRs on this project.

Incident Reporting

During December there were 190 incidents reported which has decreased in comparison with November (199). This is the combined total of incidents reported by staff, visitors and 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 December (58) were related to Aggression & Violence which have increased significantly in comparison to November (38).

Stress related incidents for December (58) have decreased in comparison to November (66). In December, 57 of the 58 reported stress incidents related to inadequate/ unavailable staffing.

Moving and Handling incidents for December (17) has remained consistent to November (20). In December all 10 patient handling incidents reported awkward position/ posture as the contributing factor. In November 9 of the 13 patient handling incidents reported lifting/ handling/ carrying, action/behaviour of employee/affiliate/patient and awkward position/ posture as the main contributing factors.

The BBFE incidents in December (20) and November (27) increased significantly from October (15). In December 6 related to Job Factors, 5 to Inattention, 3 to Acts of others, 2 to Improper Work Techniques, and 1 to Defective Tools/Equipment, 1 to Incorrect Equipment, 1 to Patient condition and 1 to 'Other' category. In November 10 related to Inattention, 4 to Acts of Other, 4 to Improper Work Techniques, 3 to Job Factors, 2 to Patient Condition, 2 to Unnecessary Haste, 1 to Fatigue/ Tiredness and 1 to 'Other' category.

Four MIQF incidents were reported in December, a decrease from seven in November. Of the reported December incidents two related to the "other" category, one to aggression & violence and one to moving & handling. Of the reported November incidents three related to the "other" category, two to aggression & violence, one to slip/ trip/ falls and one to inadequate staffing/ stress.

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

Notifiable events to WorkSafe NZ

The following incident was notified to WorkSafe NZ:

On November 30th a Registered nurse (RN) responding to a room call bell was informed that an air mattress power cable had been knocked exposing electrical wires. The RN was advised that power to the cable had been turned off at the socket but received an electric shock when an exposed wire touched their left hand. The RN sought medical attention and experienced moderate pain for 2 days, however no further complications have been reported. An investigation is underway to determine the root cause of this incident and identify opportunities for improvement to our processes and procedures.

Health & Safety Communications

The H&S communications for November and December were:

- Safety Communication 003 - ACC AEP Audit Outcome 2021. Informed the HSRs that the auditor has recommended that we retain our tertiary status (the highest level). In the auditor report we received a range of recommendations which included improving the H&S committees and to educate and upskill managers.
- Safety Communication 004 - Safety First Employee Incident Form Updated. The employee incident form has been updated to make it simpler and easier to report H&S incidents.
- Safety Communication 005 - HSR Toolkit Distribution. The H&S Team have put together an HSR toolkit that contains lots of useful information and resources. We requested that all HSRs complete an online form with their location, division and team in order for us to have accurate information about our HSRs and to distribute the toolkit to them.

This work commenced with direct communication between the H&S team and HSR's as a minor project task. Discovery work is continuing to understand our knowledge of HSR's.



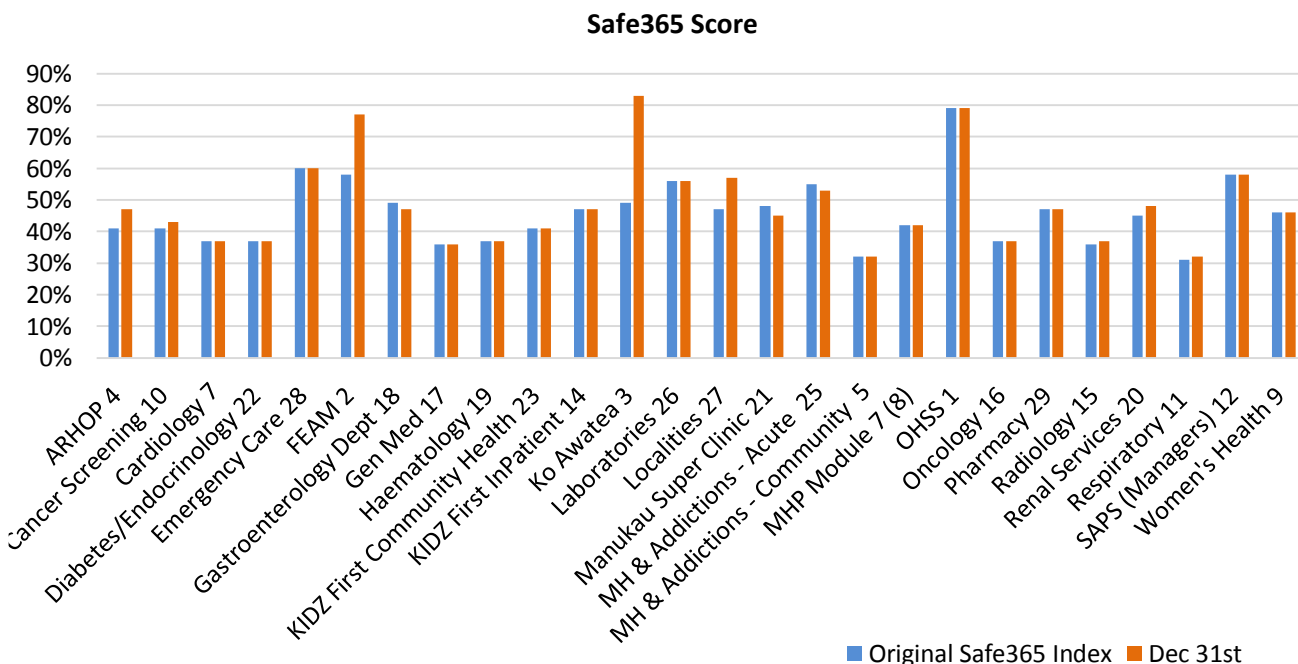
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Safe365

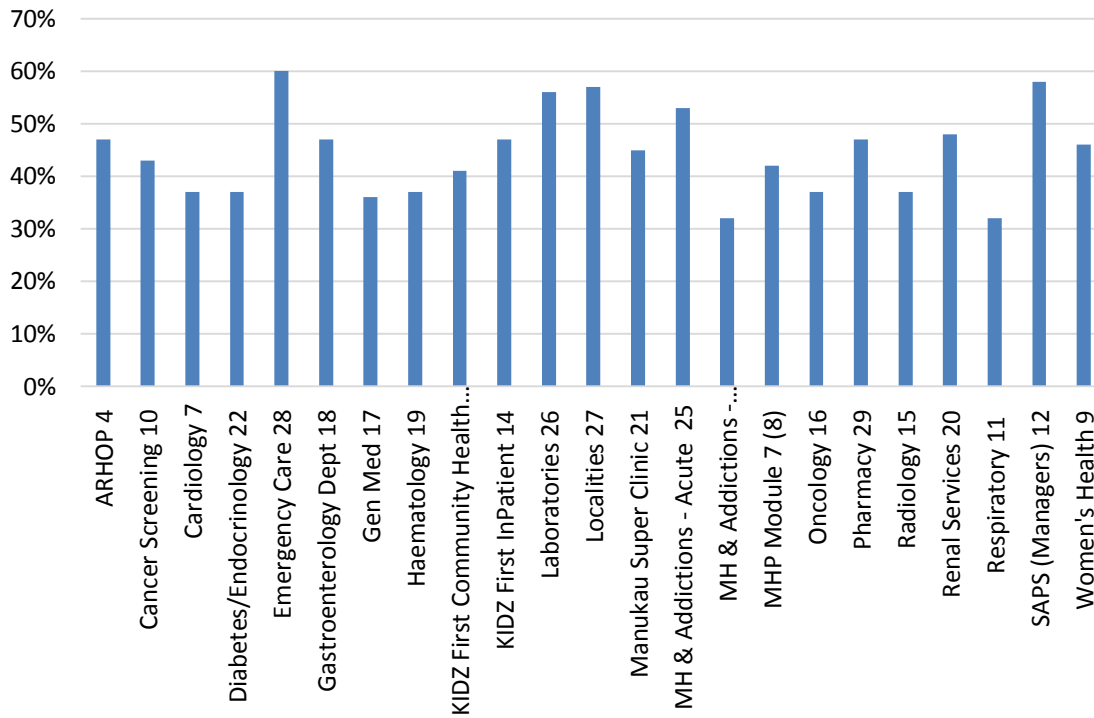
Health and safety knowledge transfer from leaders and updating of Safe365 accounts will improve the CM Health aggregated safety index score. From January to December 2021 five Safe365 accounts have shown improvements. In the current reporting period there has been no change to the Safe365 accounts and the overall CM Health aggregate remains at 49%.

OHSS continues to provide support for service areas and encourage leaders to take all opportunities to increase the health and safety capacity and capability of their teams. 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 31 December 2021.

Safe365 Clinical Scores as at December 2021



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

Health and Safety Performance Scorecard

Lagging Indicators		October 2021	November 2021	December 2021	Target
Reported Incidents	Counties Manukau Staff	186	197	187	~
	healthSource (hS staff working at CM Health sites)	1	1	0	~
	healthAlliance (hA staff working at CM Health sites)	0	0	0	~
	Compass	1	2	~	~
	FEAM	9	~	~	~
	Contractors	1	1	2	~
	Visitors	6	1	0	~
Near Miss reported Incidents		10	11	11	~
Injury Claims	New Claims Registered	18	36	40	~
	Current Claims	61	78	87	~
	Declined Claims per month	0	4	3	~
	Closed Claims per month	12	22	20	~
	*Lost Time Claims	12	12	1	<5
	*Days lost per month (due to Lost Time Claims)	104.5	108.1	4	~
	Lost Time Frequency Rate (LTIFR)	16.29	16.05	15.05	<10
	Lost Time Severity Rate (LTISR)	773.29	759.46	30.67	<630
Claims costs (monthly)	\$69,431.80	\$70,867.63	\$63,941.24	~	
Critical risk incidents	BBFE	15	27	20	~
	Aggression & Violence	58	38	58	~
	Moving & Handling	26	20	17	~
	Slips, Trips, Falls	12	17	7	~
	Stress	38	66	58	~
Leading Indicators		October 2021	November 2021	December 2021	Target
Pre-employment	Health screening completed	134	259	114	~
Clinic appointments	Dr & Nurse clinics	185	209	224	~
Vaccinations	Flu, dTap, VZV, Hep B & MMR	162	161	141	~
Safe365 activity and implementation	27/30 accounts allocated*	90%	90%	90%	100%
Training & development (OHSS team)	*See detail below	6	2	1	~
OHSS Communications	November - Safety Communication 003 - ACC AEP Audit Outcome 2021 - Safety Communication 005 - HSR Toolkit Distribution	3	2	1	~
	December - Safety Communication 004 - Safety First Employee Incident Form Updated				
Risk Assessments completed	Stress and Fatigue (underway), Unvaccinated Workers (underway) COVID-19 (Updated)	2	0	1	~
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	1	1	~

Key Indicators Commentary	
Reported Incidents	In November five incidents were reported by contractors and visitors in total. These pertained to chemical exposures (1), kitchen appliance left on (1), stuck in elevator (1), blocked/obstructed access/exit (1), and skin irritation/rash (1). Total reported incidents for contractors and visitors for December were two. These were behaviour (1), and vehicle incident/accident (1).
Injury Claims	* It is not uncommon for some LTIs to be reported late and this increase will reflect within the month it occurred going forward.
LTIFR	November LTIFR figure of 16.02 and December LTIFR figure of 15.05 has decreased from October figure of *16.29. The previously reported figure for October was 15.03 (prior to updated LTI numbers being received).
LTISR	November LTISR figure of 759.46 and December LTISR figure 30.67 has decreased significantly from October which was *773.29. Previously reported figure for October was 170.91.
Claims costs	Monthly claims costs have remained consistent from \$69431.80 in October to \$70,867.63 in November and decreased significantly to \$63,941.24 in December.
Pre-employment Health Screening	114 out the 289 PEHS for new starters were cleared to start work in December, which equates to 39.45%. 83 of the 85 new starters that haven't been cleared are due to their start dates being in 2022. 259 out of 344 PEHS for new starters were cleared to start work in November, which equates to 75.29%. 86 of the 88 new starters that haven't been cleared are due to their start dates being in December and early 2022.
Dr & Nurse clinics	Significant increase in Occ Health clinic appointments in December (224) when compared to November (209) and October (185) 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 decrease of vaccinations administered in December (141) when compared to November (161) and October (162). This decrease can be attributed to the shutdown of the vaccination clinics over the December 2021 holiday period.
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 being completed and is to be presented to ELT in January 2022.

OHSS Training & Development Activity

November:

- 1:1 Safety First Training (1)
- EMA Level 4 Health and Safety Certificate (1)

December:

- 1:1 Safety First Training (1)

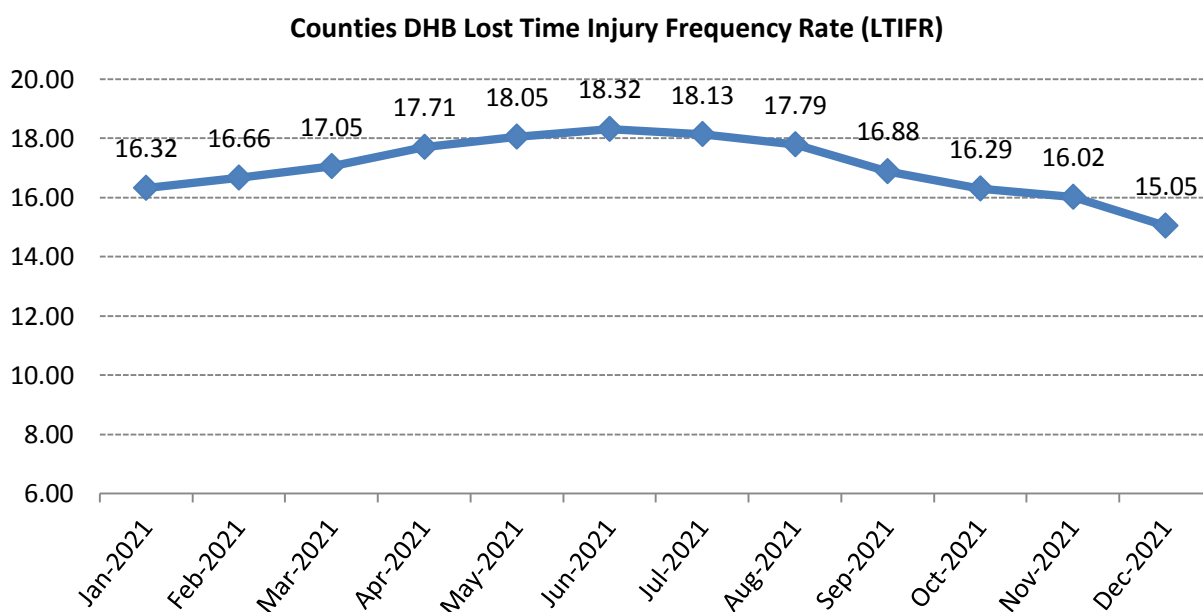
The OHSS team have consulted with HSRs on the options for training in 2022. This training is in the process of being set up and will include the following sessions;

Course	Amount of Sessions in 2021	2022 sessions planned
Contractor Management	1	2
Hazard ID & Risk Management	4	3
HSR Stage 1	4	4
Incident Investigation & Prevention (for HSRs)	3	2
Workplace and Safety Culture (NEW)	~	2
Worker Engagement (NEW)	~	2
Fatigue Management (NEW)	~	2
Managing Safely (people leaders sessions)	3	3
PCBU Governance Training	2	2
Grand Total	17	23

OHSS is also planning Specialised Incident Investigation training in early 2022.

LTIFR

The total CMDHB LTIFR rolling average figure decreased from *16.29 in October to 16.02 in November and 15.05 in December. Previously reported figure for October was 15.03.

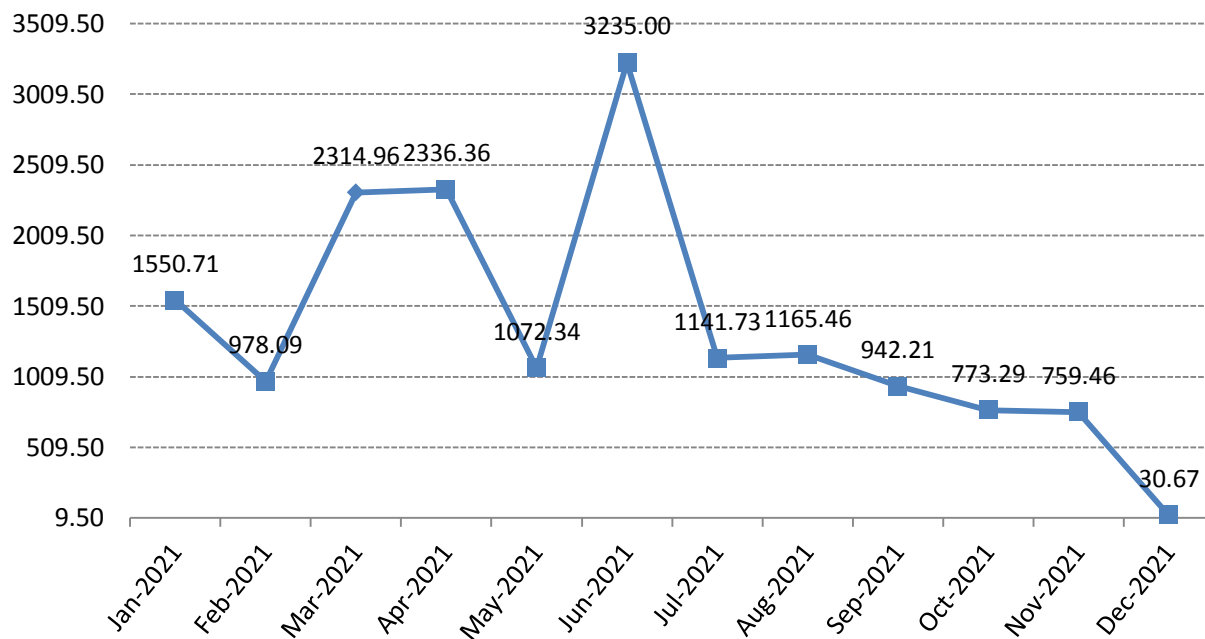


The LTIFR is calculated with the formula: $\frac{([\text{Number of lost time injuries in the reporting period}] \times 1,000,000)}{(\text{Total hours worked in the reporting period})}$. By calculating the rolling average of the LTIFR, the impacts of random, short-term fluctuations over the reporting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

LTISR

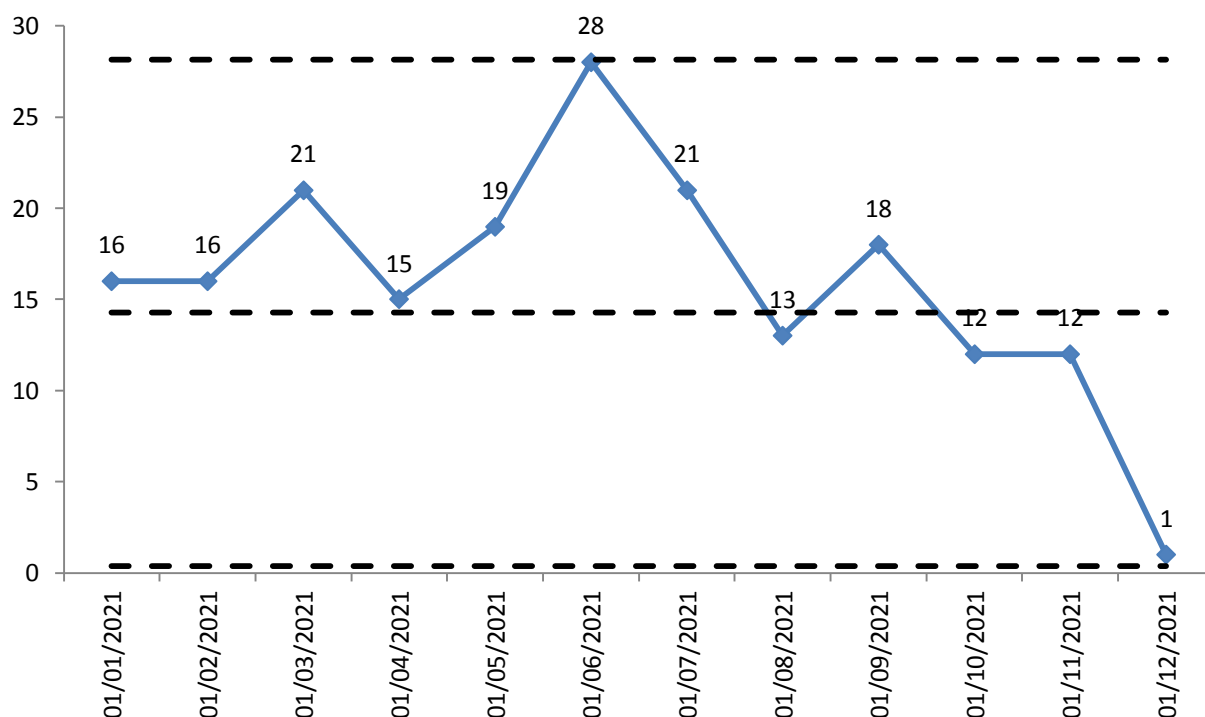
The LTISR figure decreased significantly from *773.29 in October to 759.46 in November and 30.67 in December. Previously reported figure for October was 170.91.

Counties DHB Lost time Injury Severity Rate (LTISR)

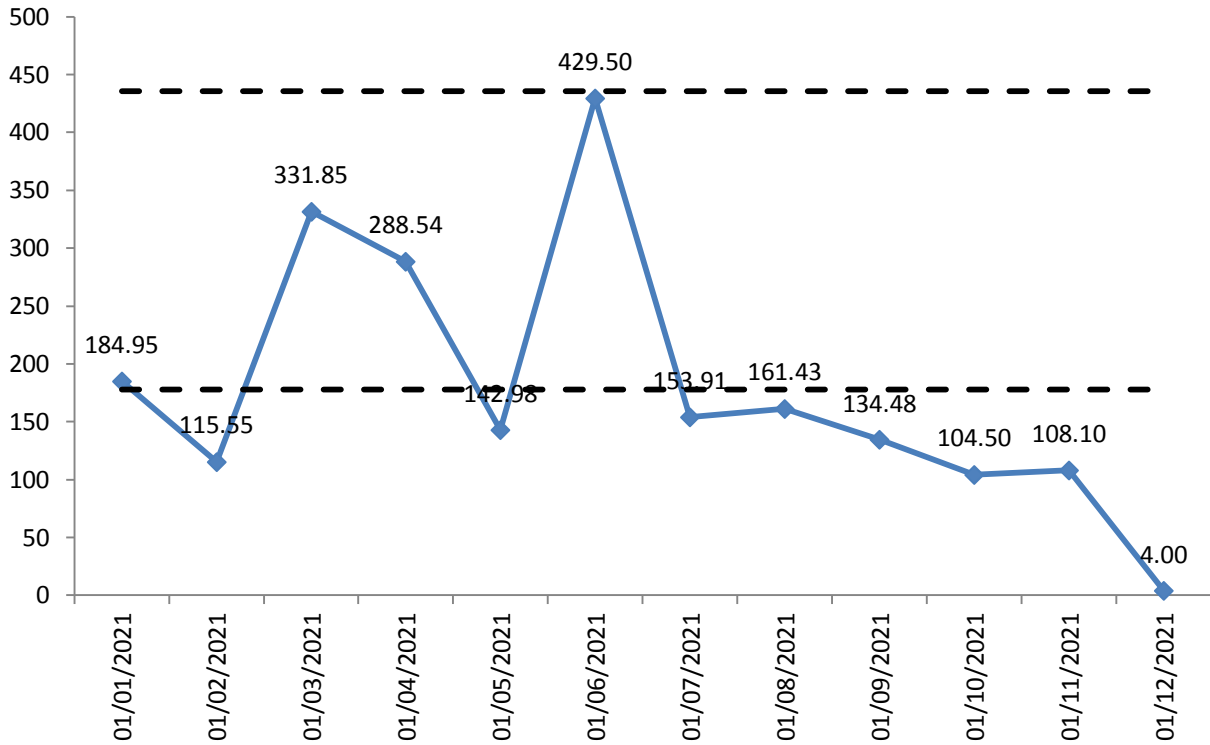


Days lost per month (due to Lost Time Claims) have decreased significantly from 104.5 in October (from twelve lost time claims) and 108.1 in November (from twelve lost time claims) to 4 days (from one lost time claim) in December. Lost Time days reported after this report was written will be captured in the next report.

Lost Time Injuries per month 2021



Lost Days per month 2021



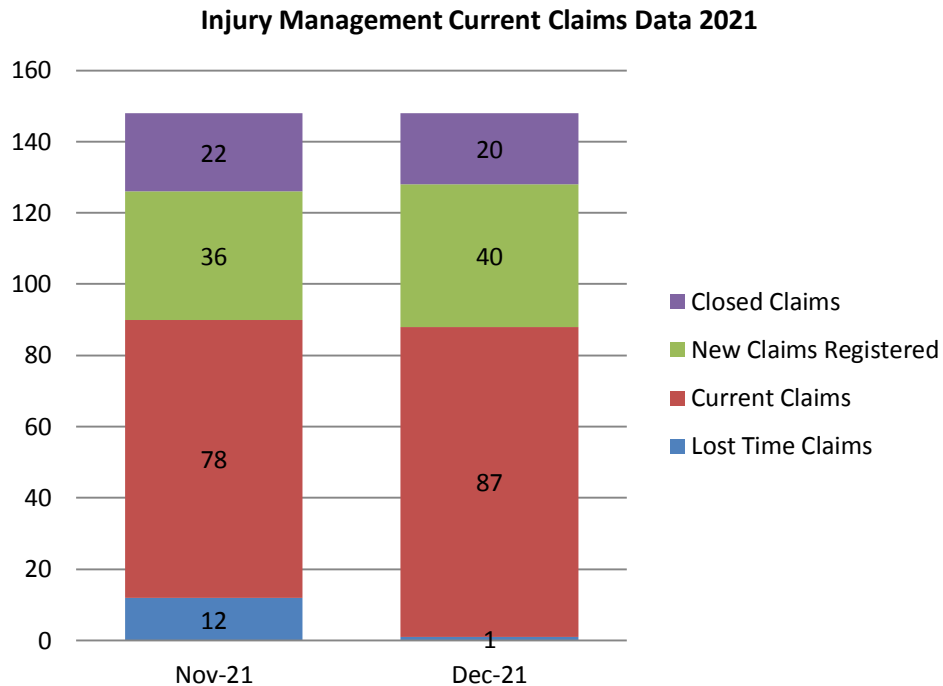
Lost Time Claims November 2021

- 4x Sprain – Two shoulder and upper arm sprain, one wrist ligament sprain and one knee and leg sprain.
- 3x Musculoskeletal – Lumbar sprain.
- 5x Other – One ankle sprain, one hip and thigh contusion, one eyeball contusion, one fingernail contusion and one neck sprain.

Lost Time Claims December 2021

- 1x Other – Finger contusion.

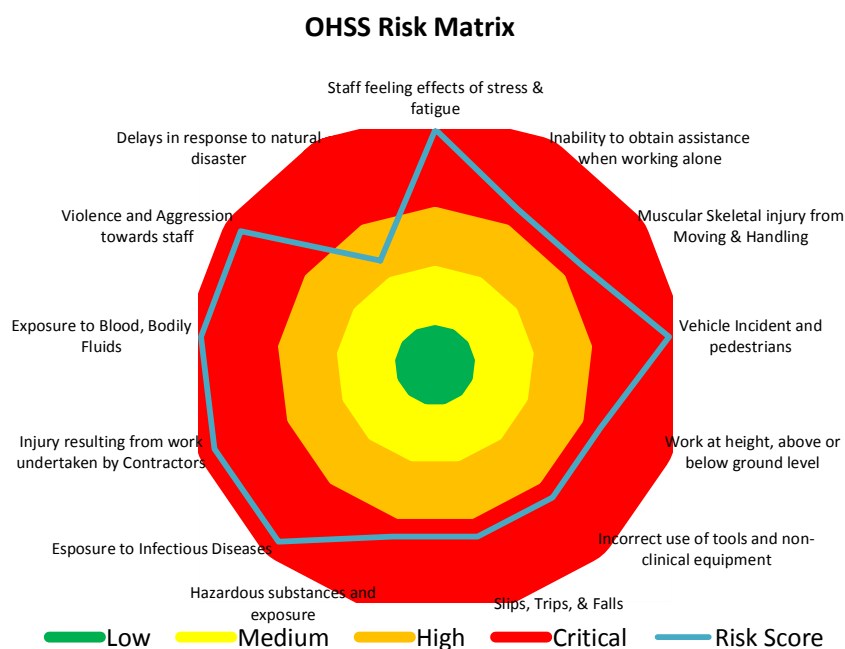
Claims Data (by month)



- In December, 40 new claims were registered with 1 lost time claim, compared with November where there were 36 new claims registered with 12 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 87 as at December 2021.
- There were three (3) declined claims in December, compared to November figure (4).

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					Critical
	Possible		Medium	High		
	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: March 2022		<i>Current</i>	Target
		<i>Frequency</i>	Almost Certain	Likely
		<i>Consequence</i>	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 was held in November with agreement reached on format of a planned verbal abuse survey to be piloted in February 2022 prior to release to wider organisation in March 2022 • 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. • Group Manager continues to have involvement in the 20DHBs project with release for feedback of work so far planned for early 2022. 				
Risk: Staff experience stress/fatigue in the workplace				
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"> • Organisational Stress and Fatigue risk assessments have been developed and are currently being shared with the wider HR directorate before sharing with the business. • Plan to share with HSRs in 1st quarter of 2022 				

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"> 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: January 2022		<i>Current</i>	Target
		<i>Frequency</i>	Almost Certain	Likely
		<i>Consequence</i>	Moderate	Moderate
New Activity:				
<ul style="list-style-type: none"> COVID-19 related work continued in November and December including updating of organisational risk assessment to reflect move to traffic light system. Occupational Health Physicians have worked together on a process to further assess Vulnerable Workers and to make changes to the database to enable for effective use of this system in the future. 				

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"> No New Activity at this time 				
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. Training has recommenced in Dec 2021 with training days for 2022 being released. A video library has been 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. These will provide an excellent resource for the moves taught at training. 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 258 Allied Health Staff, 1645 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 245 to date, followed by 133 from Medicine/Acute Care/Clinical Sup, 121 from Middlemore central, and 95 from Locality Community Health Services. ARHOP has had 56 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, 150 Nursing Staff and 23 Orderlies. Continually working with Clinical Engineering on equipment upgrading and installation of ceiling hoists. 				
New Activity:				

- Standardisation of equipment and procurement implementation process on-going.
- Patient handling & mobility assessment went live throughout the organisation in the Evitals platform on Dec 9th.
- Working with Clinical Engineering on an installation of ceiling hoists project across multiple wards. This work is being focused on ward 7 currently with a view of starting in ward 6 in the new year followed by ward 35E.
- Exploring ways to support the course participants to embed the skills learned at training into practice.
- Finalising the Bariatric equipment RFP. Draft catalogue completed with the quantities of each piece of equipment being sourced.
- Finalising the implementation of the new air assist lateral transfer devices. Working with the implementation team and health source to finalise a roll out plan.
- Capex request for equipment has been processed and purchase orders organised. Equipment arriving in late Dec/early Jan and will be distributed to the areas it has been purchased for.

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

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

New Activity:

- OHSS are planning a review of Contractor Management in 2022. Additional resource has been requested for this project.

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

Risk Rating: High	Review Date: January 2022		Current	Target
		<i>Frequency</i>	Likely	Possible
		<i>Consequence</i>	Moderate	Moderate

New Activity:

- No new activity at this stage

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: January 2022		Current	Target
		<i>Frequency</i>	Unlikely	Rare
		<i>Consequence</i>	Major	Major

New Activity:

- ACC AEP audit was carried out in October 2021. OHSS are awaiting the final results of this audit from ACC. Actions are underway to address recommendations

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

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

New Activity:

- No new activity at this time

Risk: **Wellbeing** of staff adversely affected by aspects of work

Risk Rating: High	Review Date: January 2022		<i>Current</i>	Target
		<i>Frequency</i>	Likely	Possible
		<i>Consequence</i>	Moderate	Moderate
New Activity:				
<ul style="list-style-type: none"> Created the wellbeing article: 8 Steps to Energise Your Mind, Body and Soul Over the Festive/Summer Break. Created the Self-Care Over the Festive Season article to support employees wellbeing over the holiday season. Created and delivered a new zoom wellbeing session – “Living with Uncertainty in a COVID World” throughout November and December 2021. Created a new zoom and face to face group session - Kick-start Your Career & Personal Wellbeing for 2022 - Practical Steps for Career & Life Satisfaction. This will be delivered throughout January and February 2022. Designed and launched the new “Living Well in Summer Wellbeing” Pages on Paanui that is designed to provide a holistic approach, focused on improving the wellbeing of whaanau (families) and addressing individual needs within a whaanau context during the summer months. To support our frontline health professionals through the COVID-19 Pandemic, we have designed and facilitated a number of bespoke team wellbeing sessions across November and December. Coordinated and delivered the Movember Wellbeing Day which included a range of resources to support the wellbeing of our men’s mental health needs. This included the Understanding and Growing Mental Wellbeing Session facilitated by Jessee Fia’Ali’I, Health Psychologist from CM Health. 				
Risk: Failure to have adequate identifiable worker participation in HSW management system (legal)				
Risk Rating: High	Review Date: March 2022		<i>Current</i>	Target
		<i>Frequency</i>	Unlikely	Rare
		<i>Consequence</i>	Major	Major
New Activity:				
<ul style="list-style-type: none"> Distribution under way of HSR toolkit to assist reps in performing their roles. HSRs asked to provide feedback on HSR development training options for 2022 				

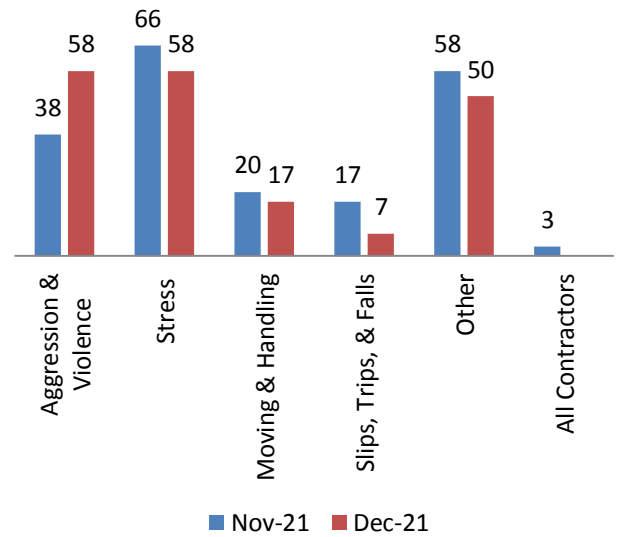
Reported Incidents

Monthly total of incidents reported in December (189) has decreased from November (202). These totals include incidents reported by staff, visitors and all contactors (healthAlliance, HealthSource, Compass and FEAM).

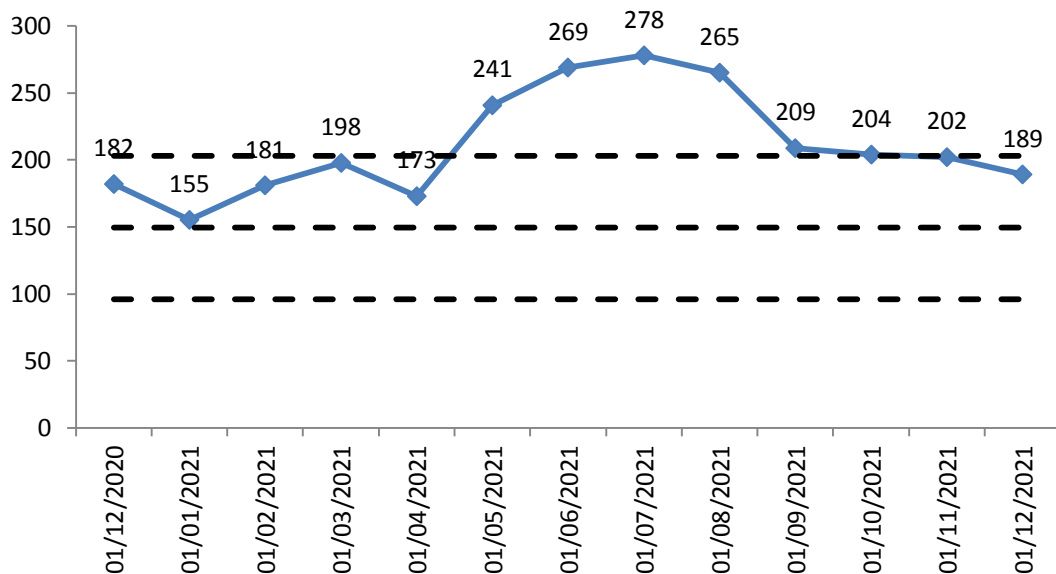
Data on Incidents reported:

- Aggression & Violence:** Remains in the top three incident rates. Incidents reported in December (58) has increased significantly in comparison to November (38).
- Stress:** Incidents reported in October (58) has decreased in comparison to November (66).
- Moving and Handling:** Incidents reported in December (17) remains consistent in comparison to November (20). The proportion in December that related to having occurred during moving / handling of patients (10) has remained consistent when compared to November (13).
- Slip/Trip/Fall:** A significant decrease in reporting in December (7) in comparison to November (17).
- Other:** Incidents reported in December (50) has decreased in comparison November (58).

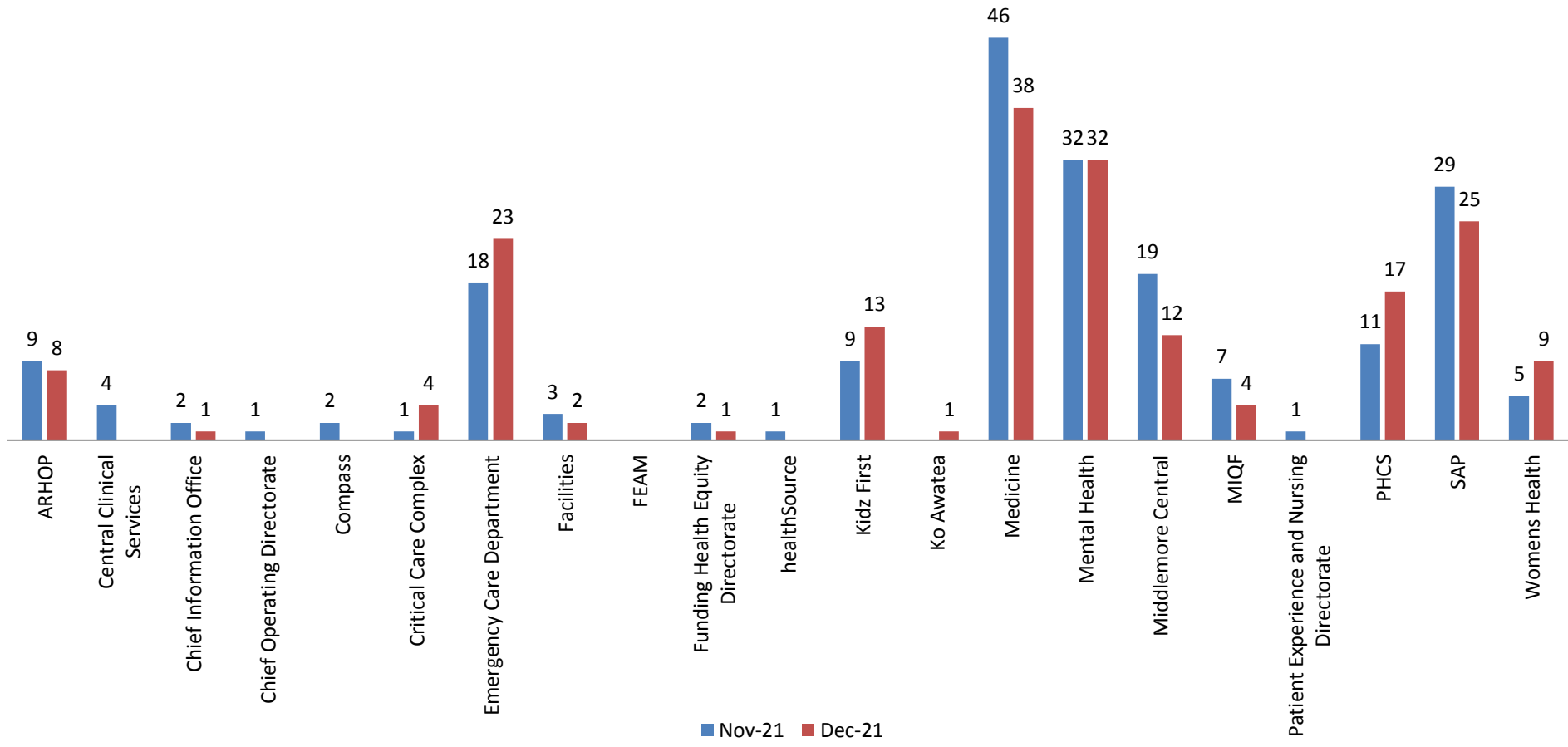
Number of Incidents Reported Related to Type



Number of Incidents Reported per month in 2020/21



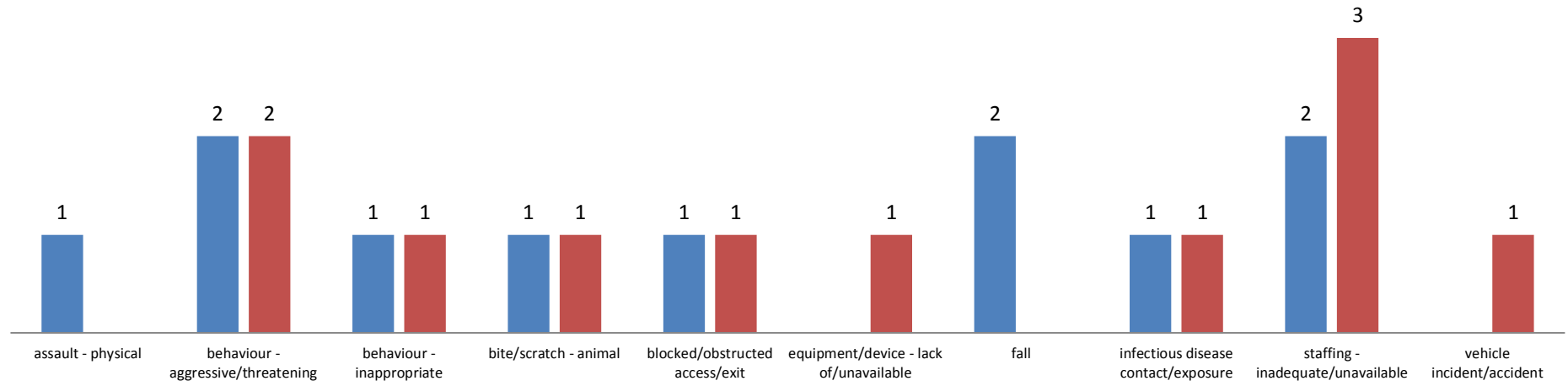
Incidents by Division



Near Miss Incidents

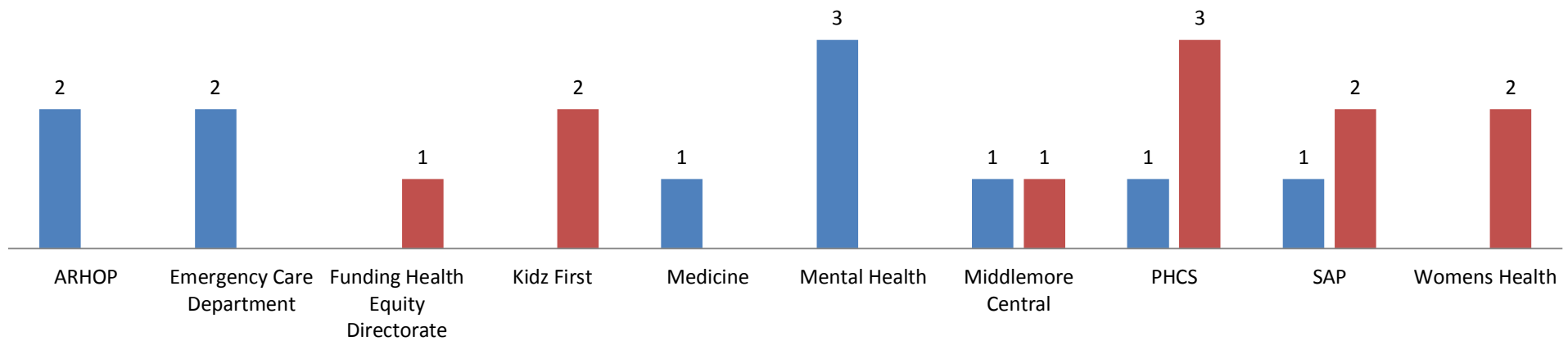
Near Miss Incidents

■ Nov-21 ■ Dec-21



Near Miss Incidents by Division

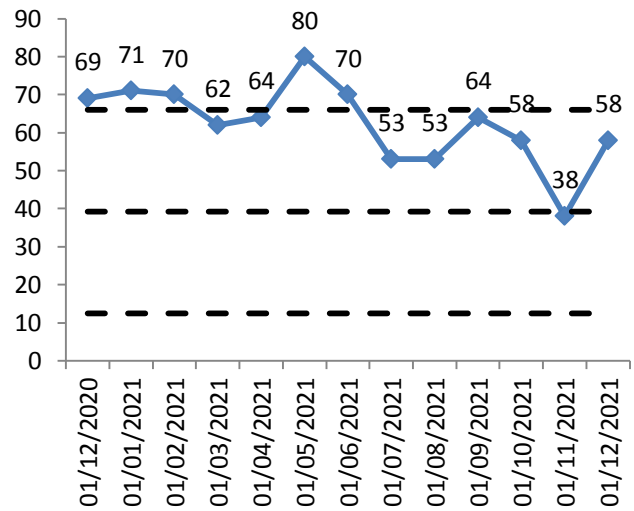
■ Nov-21 ■ Dec-21



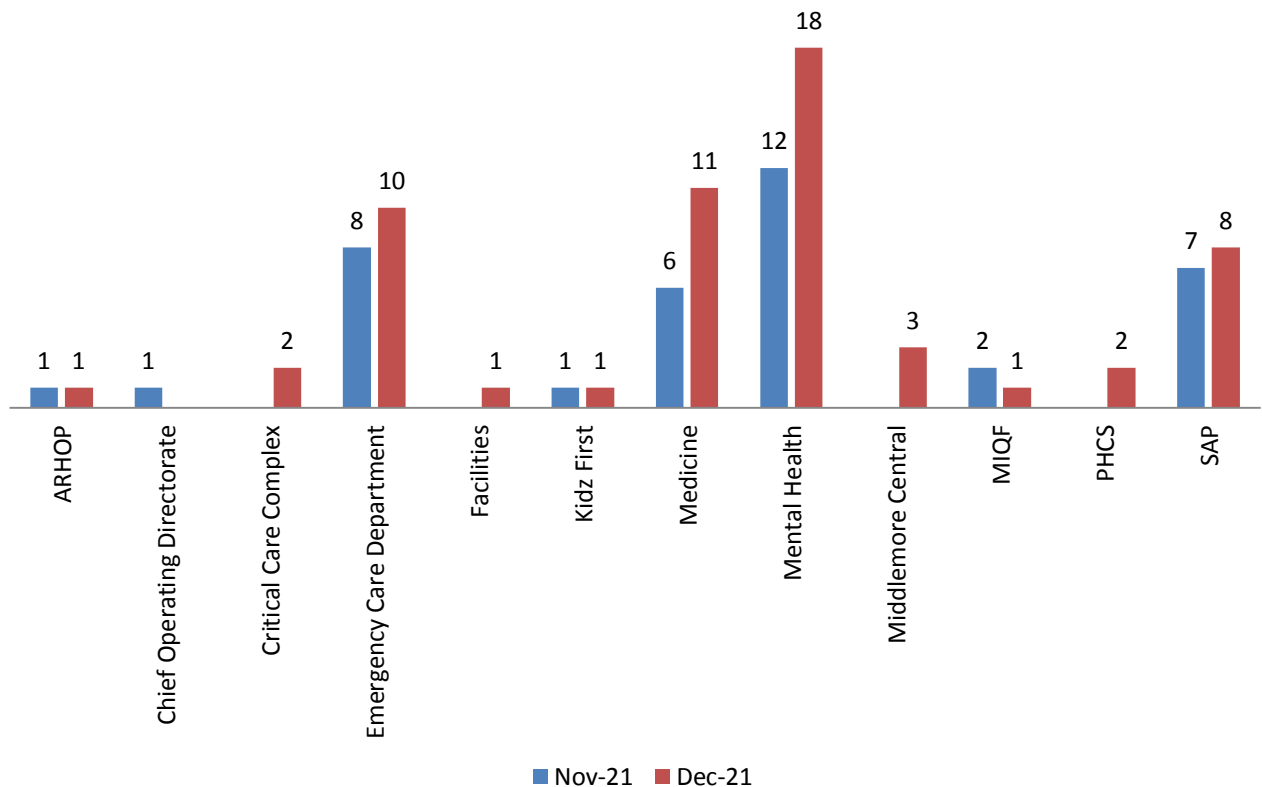
Aggression and Violence

- Aggression and violence monthly figure for December (58) have increased significantly in comparison to November (38) and is consistent with October (58).
- Code Orange (ED)
 - November = 8 – 0 alcohol, 0 drugs involved
 - December = 8 – 0 alcohol, 0 drugs
- Record of 777 Security Calls
 - November = 64
 - December = 54
- 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



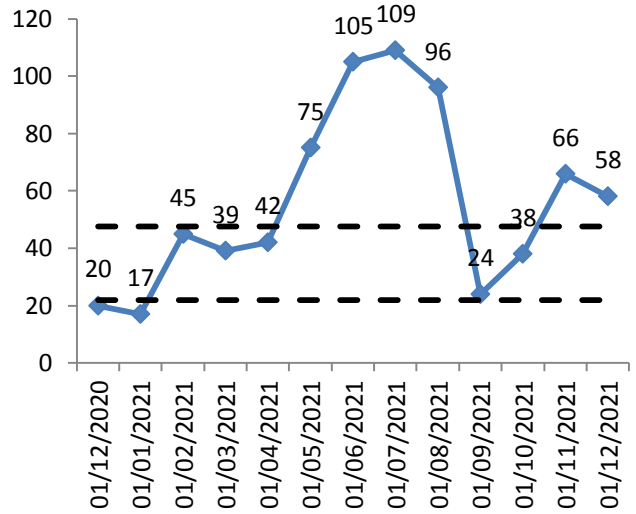
Number of Incidents Reported Related to Aggression & Violence



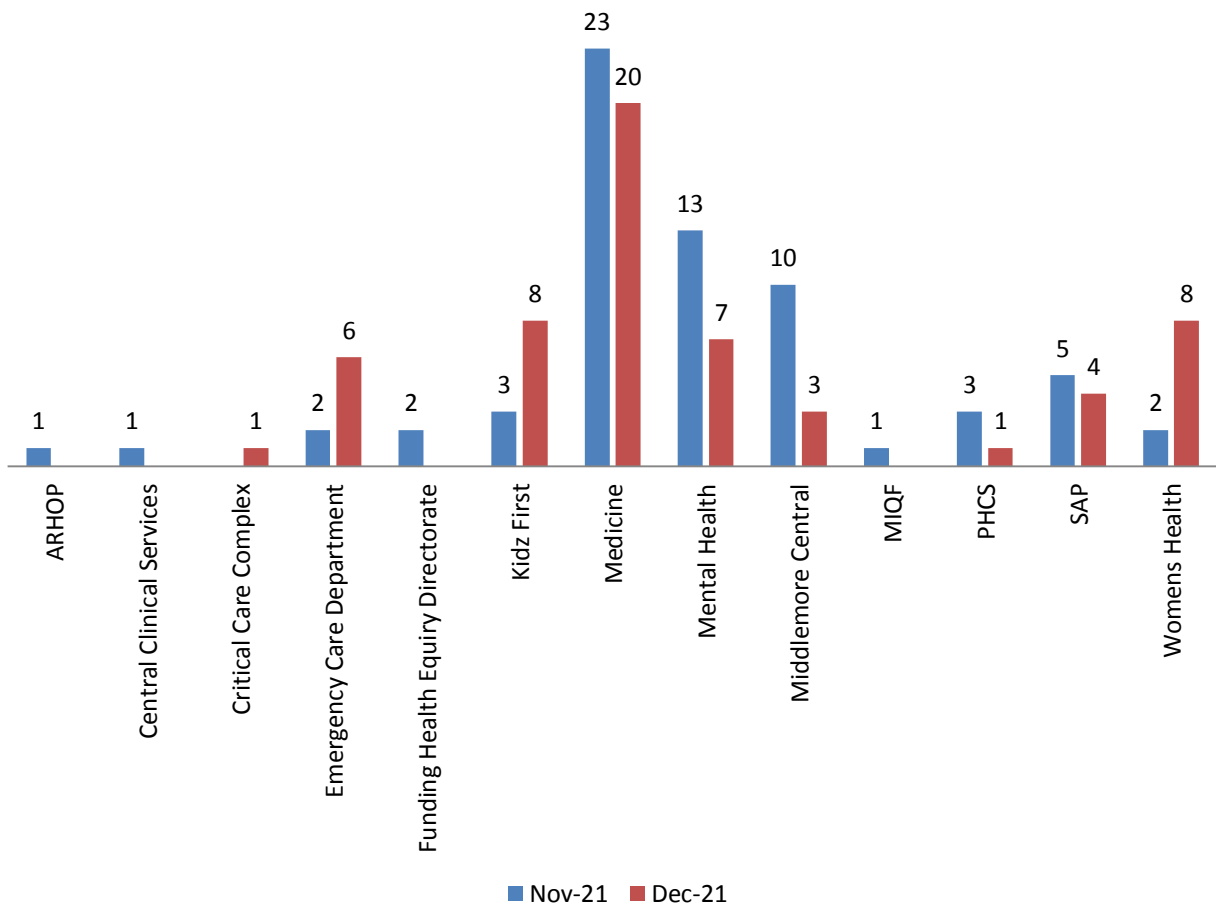
Staffing inadequate/unavailable, Stress

- Incidents reported in November (66) have increased significantly since October (38) and decreased in December (58).
 - Majority of incidents were reported from Medicine and Mental Health.
 - Predominant contributory factors reported were inadequate staffing.
- *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



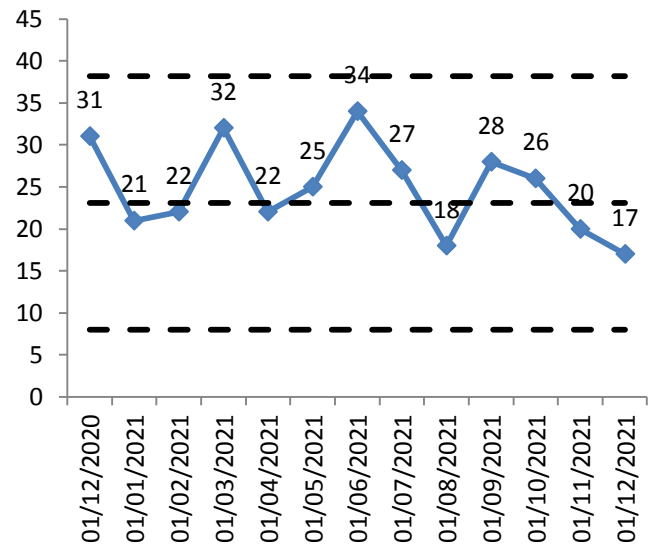
Number of incidents Reported Related to Staffing Inadequate/Stress by Divison



Moving and Handling

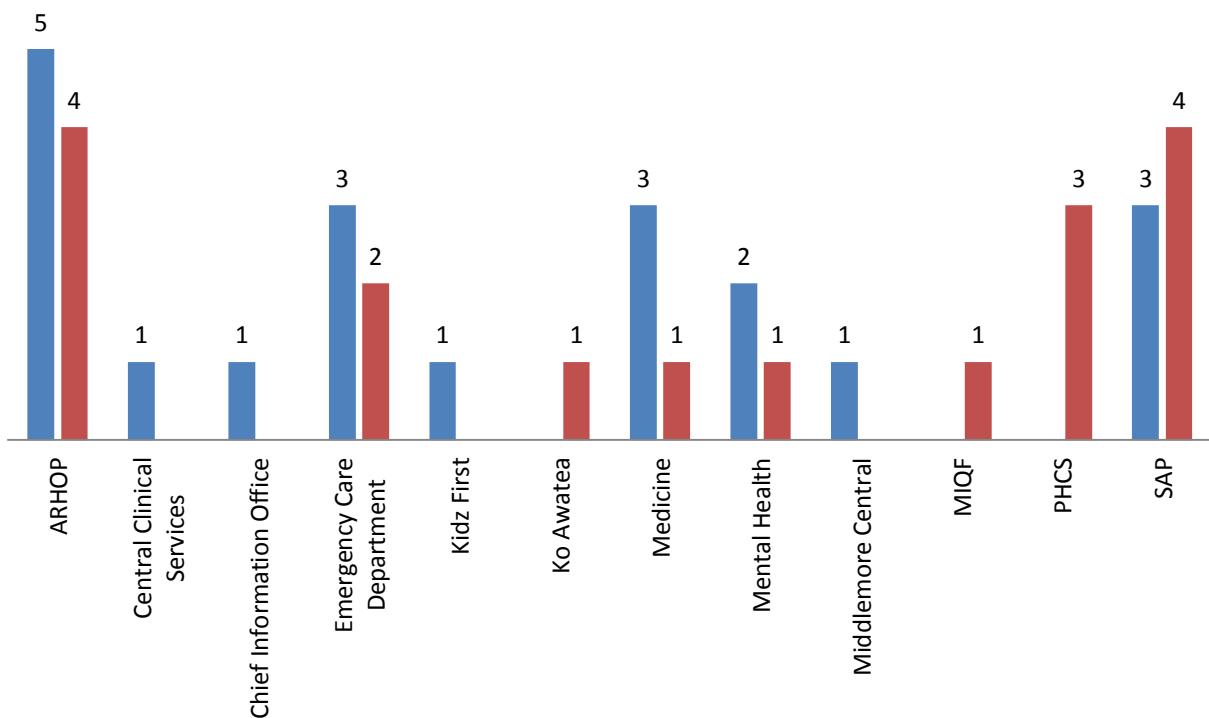
- Incidents reported in December (17) have decreased in comparison to November (20).
- 10 injuries reported in December occurred while moving / handling a patient, which remained consistent in comparison to the figure in November (13).
- The majority of patient handling incidents reported were related to awkward position/posture and lifting/ handling/ carrying.
- The majority of non-patient handling incidents were reported as being due to awkward position/ posture and lifting/ handling/ carrying.

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



Number of Incidents Reported Related to Moving & Handling

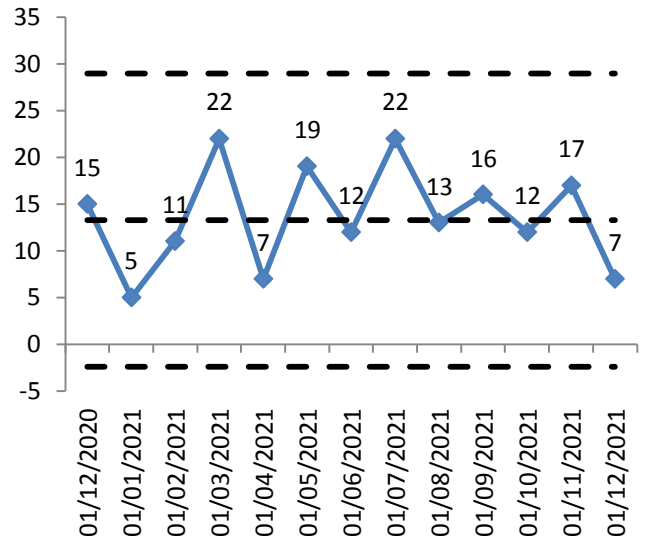
■ Nov-21 ■ Dec-21



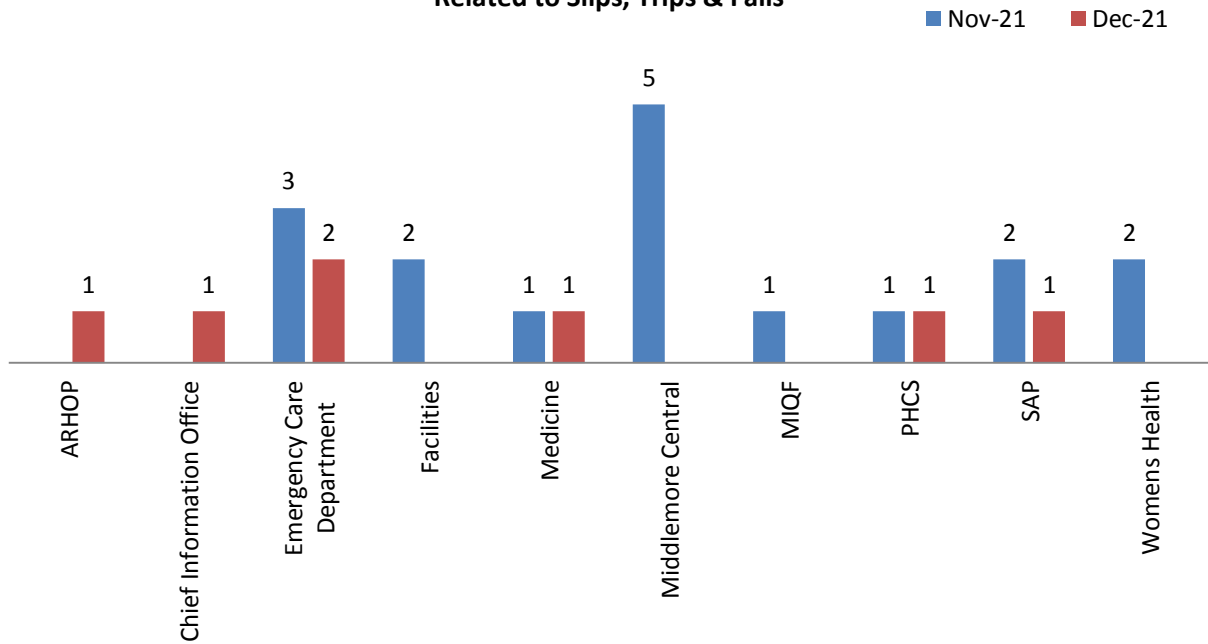
Slips, Trips and Falls

- Slips, Trips and Falls monthly figures in December (7) have decreased significantly from November (17).
- Slippery/ wet surfaces and human factors were listed as the predominant contributory factors.

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



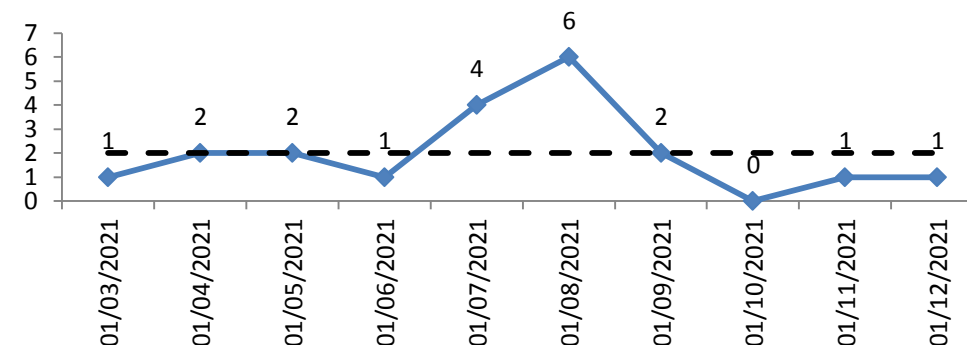
Number of Incidents Reported Related to Slips, Trips & Falls



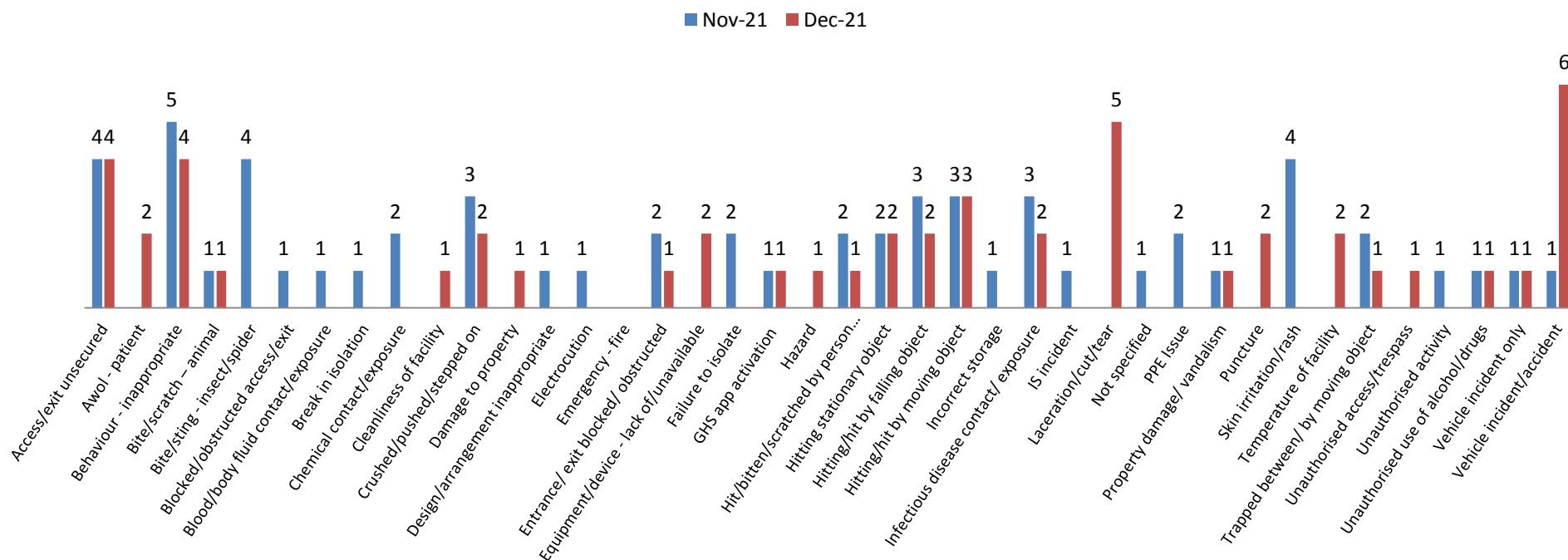
Other incidents

- Other incidents in December (50) decreased in comparison to November (58).
- Get Home Safe (GHS) App Activation is included in the “Other” category.
 - Reported incidents in December (1) remained consistent compared to November (1).
 - 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 2021

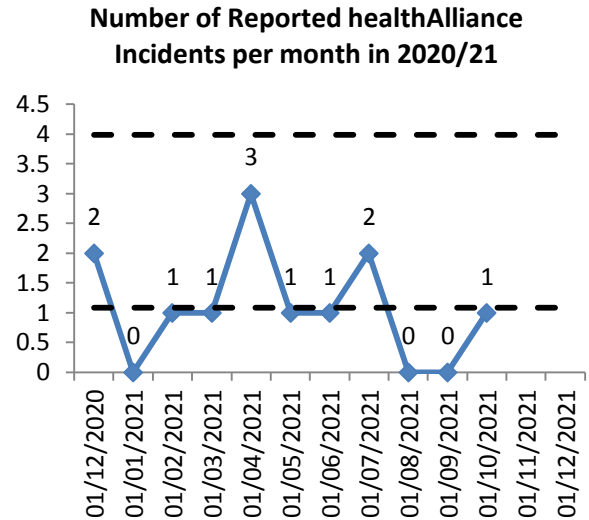


Number of Incidents Reported Other than Those in Five Identified High Risks



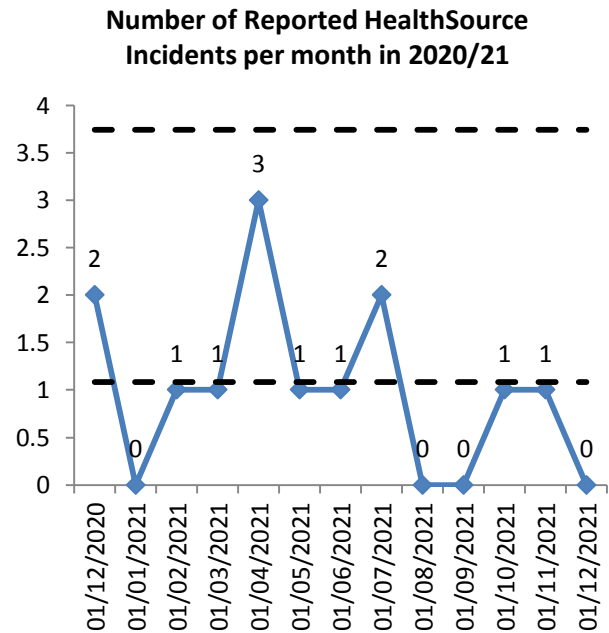
healthAlliance Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There were no Hazard/Incidents reported for December, and none in November.

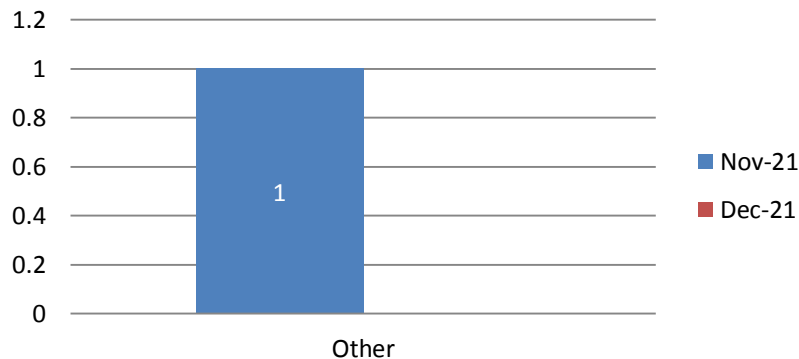


HealthSource Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There were no Hazard/Incidents reported in December and one November.



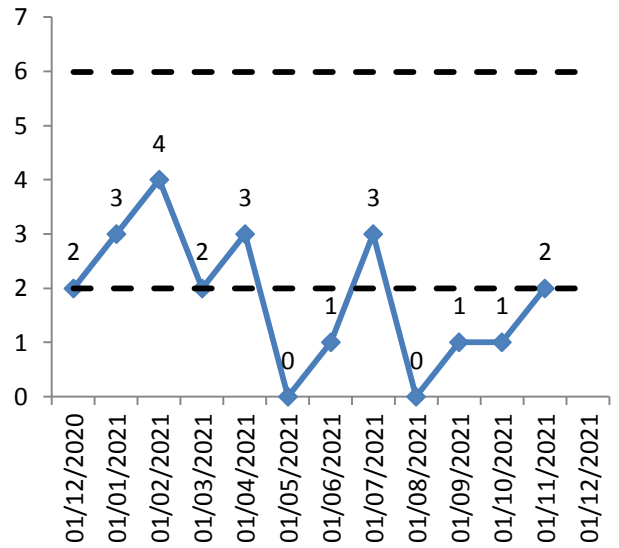
HealthSource Incidents by Type



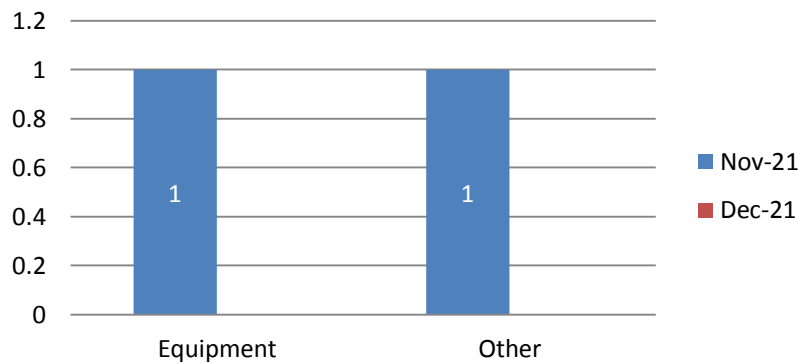
Compass

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There were no Hazard/Incidents reported in December and two in November.

Number of Reported Compass Incidents per month in 2020/21



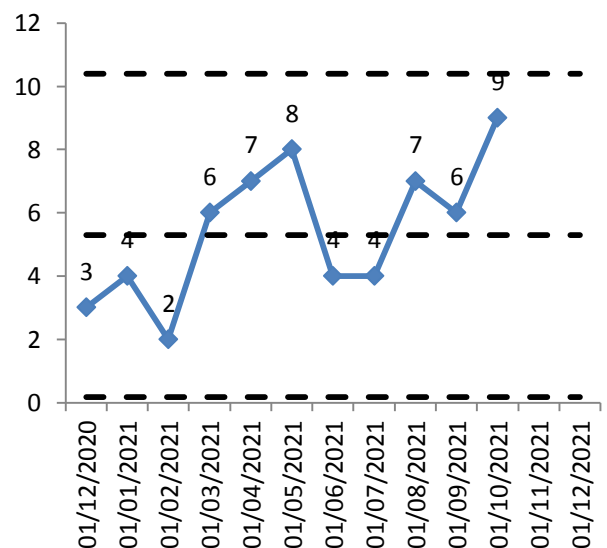
Compass Incidents by Type

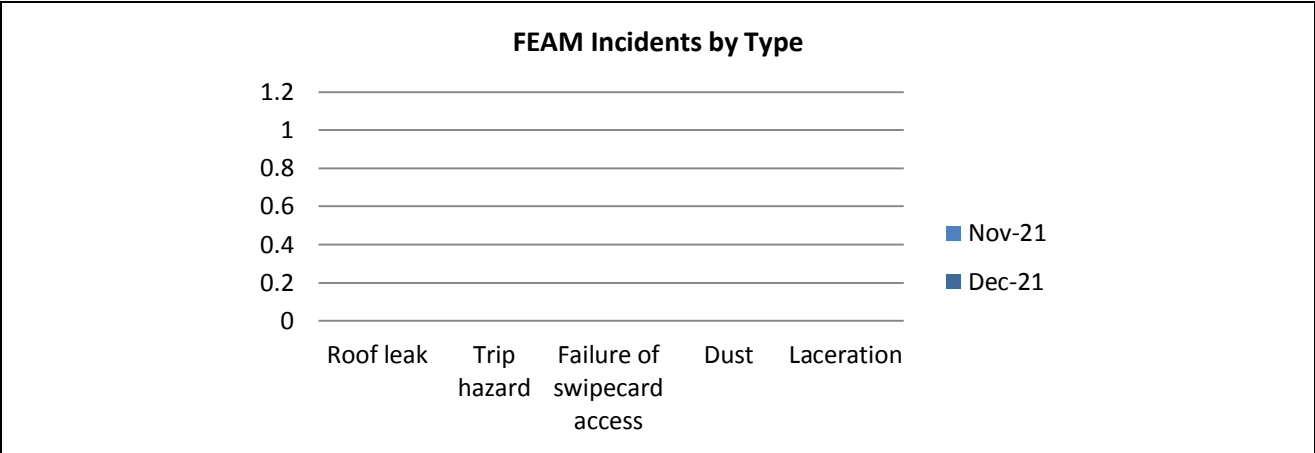


FEAM

The FEAMs H&S report had not been received at the time of reporting, any incidents will be included in the January report.

Number of Reported FEAM Incidents per month in 2020/21





Occupational Health Service Update																									
<p>Vaccinations:</p> <p>There was a significant decrease in vaccinations administered in December (141) in comparison to November (161) and October (162). The decrease is attributed to the shutdown of the vaccination clinics over the December 2021 holiday period.</p>	<p style="text-align: center;">Vaccinations Data 2021</p> <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>Oct-21</td> <td>60</td> <td>41</td> <td>42</td> <td>15</td> <td>4</td> </tr> <tr> <td>Nov-21</td> <td>71</td> <td>39</td> <td>31</td> <td>12</td> <td>8</td> </tr> <tr> <td>Dec-21</td> <td>62</td> <td>30</td> <td>34</td> <td>14</td> <td>1</td> </tr> </tbody> </table>	Month	Boostrix	Hep B	MMR	Varicella	Flu	Oct-21	60	41	42	15	4	Nov-21	71	39	31	12	8	Dec-21	62	30	34	14	1
Month	Boostrix	Hep B	MMR	Varicella	Flu																				
Oct-21	60	41	42	15	4																				
Nov-21	71	39	31	12	8																				
Dec-21	62	30	34	14	1																				
<p>Clinic Appointments:</p> <p>There were 100 OHN clinic appointments in December and 125 in November in comparison to 103 in October.</p> <p>124 OHP clinic appointments in December and 84 in November in comparison to 82 in October.</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 29 DNA's for December and 51 in November compared to 37 in October. 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 either telephonically or virtually due to the COVID-19 alert level restrictions.</p>	<p style="text-align: center;">Clinic Appointments Data 2021</p> <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>Oct-21</td> <td>103</td> <td>82</td> <td>37</td> </tr> <tr> <td>Nov-21</td> <td>125</td> <td>84</td> <td>51</td> </tr> <tr> <td>Dec-21</td> <td>100</td> <td>124</td> <td>29</td> </tr> </tbody> </table>	Month	Nurses	Dr's	Did Not Arrive (DNA)	Oct-21	103	82	37	Nov-21	125	84	51	Dec-21	100	124	29								
Month	Nurses	Dr's	Did Not Arrive (DNA)																						
Oct-21	103	82	37																						
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Dec-21	100	124	29																						

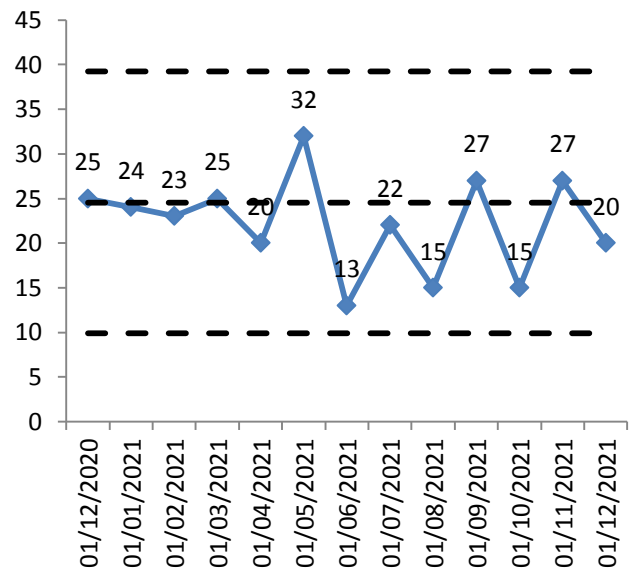
Blood Bodily Fluid Exposure:

BBFE for December (20) and November (27) has increased in comparison October (15).

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

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

BBFE Incidents 2020/21



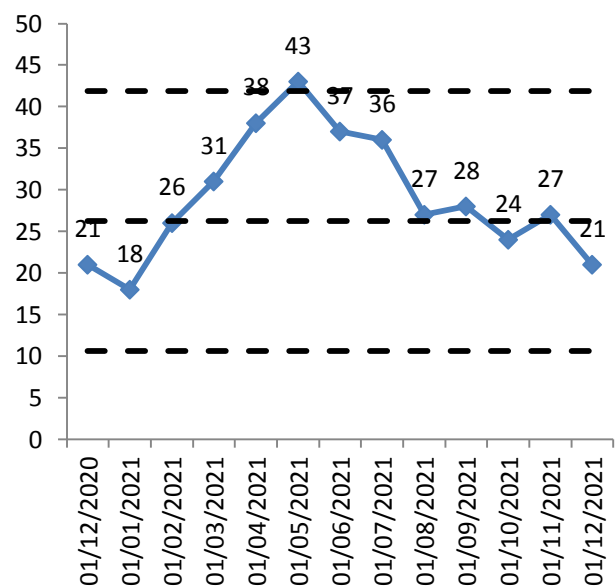
Manager Referrals:

Manager referrals for December (21) and November (27) has remained reasonably consistent in comparison with October (24).

Contact Tracing:

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

Manager Referrals 2020/21

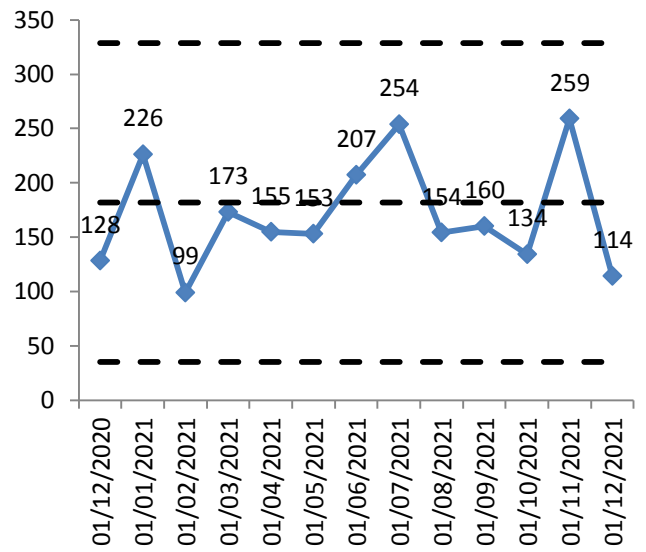


Pre-employment Health Screening:

Pre-employment Health Screening for starters commencing employment in December (114) decreased and November (259) increased significantly in comparison to October (134). The decrease in December can be attributed to the holiday period shut-down of Recruitment.

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 December 2021.

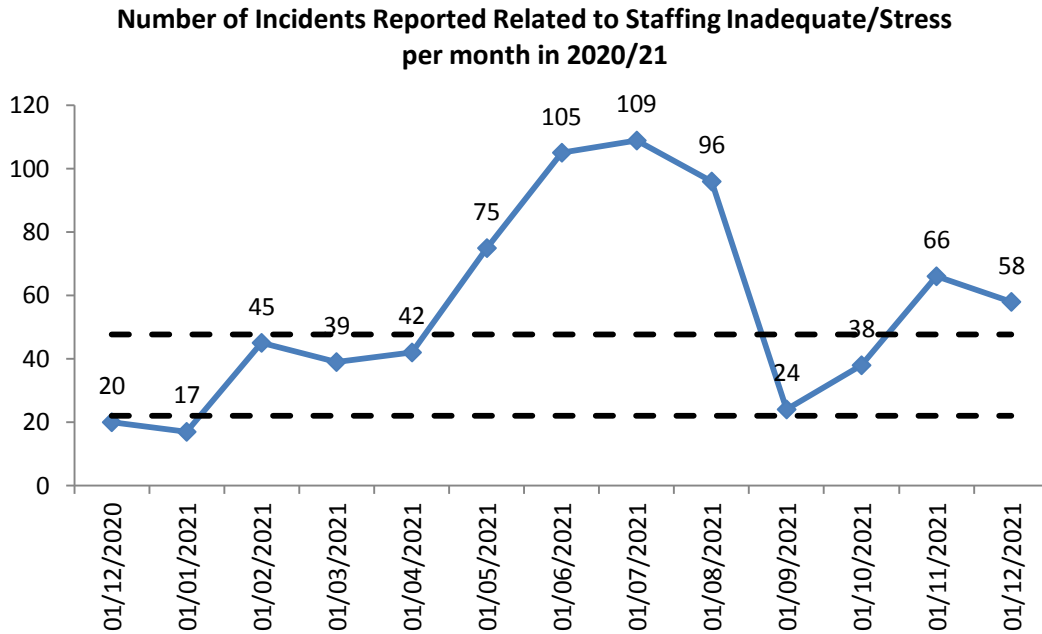


Figure 1: Safety First - Number of Incidents Reported to Staffing Inadequate/Stress per month 2020/21

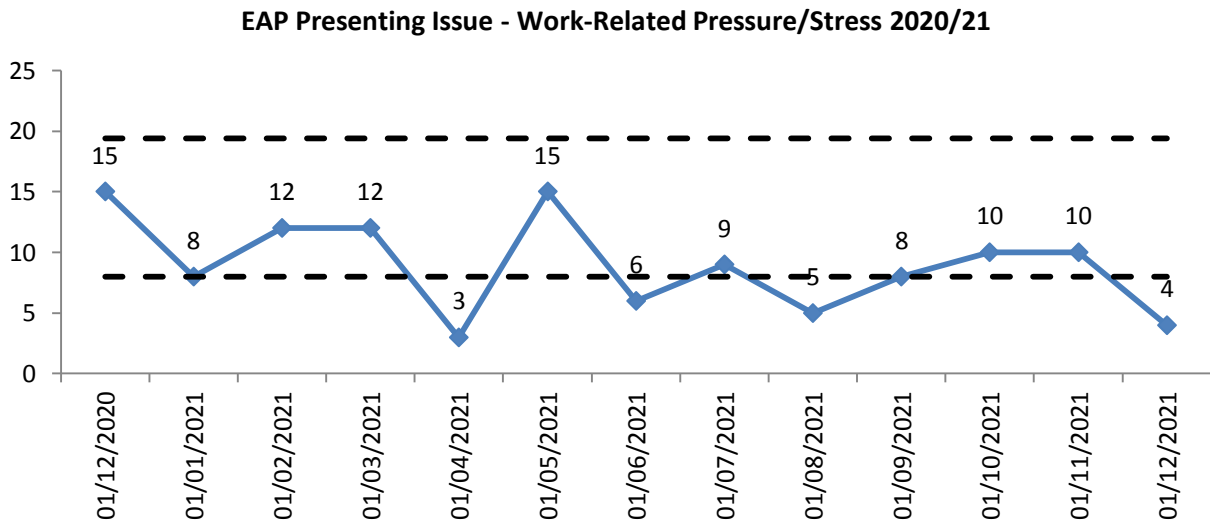


Figure 2: Raise (formerly EAPworks) Presenting Issue – Work Related Pressure/Stress 2020/21

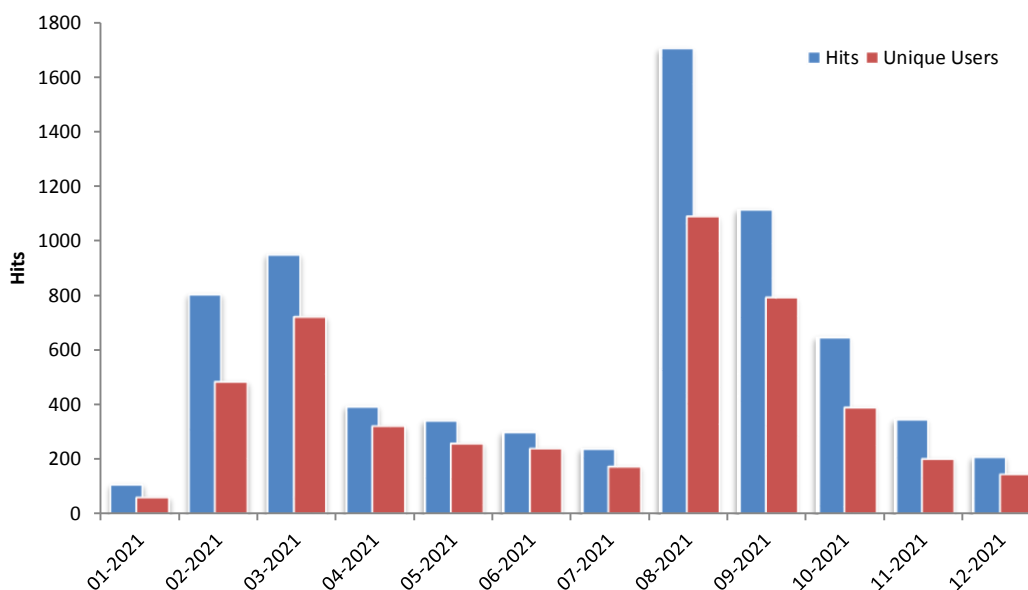
Appendix 2

Wellbeing Report – December 2021

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

Schwartz Rounds
<ul style="list-style-type: none">• Session conducted face-to-face and via zoom on Thursday 16 December.• The theme was “Uplifting Moments” and was facilitated by Marie Young – Health Psychologist and Kiralee Schache – Health Psychologist• Approximately 50 participants attended
Wellbeing Support to Specific Teams
<p>Ward 1</p> <ul style="list-style-type: none">• Ongoing OD work with them has morphed into identifying and offering wellbeing related support. <p>Department of Anaesthesia and Pain Medicine (Technicians)</p> <ul style="list-style-type: none">• Facilitated a ‘Living with Uncertainty in a COVID World’ session for the Anaesthesia technician team. 9 employees participated. <p>Localities Southern Community Health Team</p> <ul style="list-style-type: none">• Facilitated ‘Self-Care in a COVID World’ Part 2 on 2 December with 25 employees attending. <p>Orderlies and Cleaners</p> <ul style="list-style-type: none">• Prepared the Living Well in Summer Guide, which includes links to national and community organisations, articles, hand-outs, videos, online learning, apps, blogs and podcasts. These resources are designed to provide a holistic approach focus on the wellbeing of whaanau during the summer months in particular. <p>Matariki - Community Mental Health Services - Mangere/Otara</p> <ul style="list-style-type: none">• Held the first of two facilitated sessions with the team to understand some of the potential solutions for, and barriers to the wellbeing of team members.
COVID Wellbeing and Support – Paanui Information
<ul style="list-style-type: none">• Continued to review, refresh and update contents of the COVID Wellbeing & Support Paanui page, including highlighting the “Wellbeing Wednesday”, the new ‘Living Well in Summer’ page.

**Covid Wellbeing Page
Monthly Users Jan 2021 - Dec 2021**



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

Stress First Aid (SFA)

- The pilot roll-out for Emergency Department (ED) launched on Monday 29 November. 5 face-to-face workshops were run and 21 ED staff were trained as peer responders. A follow-up session will be run in January.
- Training consists of 1 hour online followed by a 2-hour face-to-face workshop.
- We will conduct a pilot implementation review of the ED roll-out in late January. This will help us improve the implementation experience of other directorates who implement in 2022.

“Wellbeing Wednesday”

Wellbeing Wednesday – 1 December

Sessions	Participants
Enhancing Civility in the Workplace	1
Conversations that Matter	3
Summer Wellbeing Check - up	3
R U OK?	1
Total Participants	8

Wellbeing Wednesday – 15 December

Sessions	Participants
Getting Through the Festive & Holiday Season Without Languishing	0
Living Well in Summer Wellbeing Pages	2
Energising Your Summer Wellbeing	1
Total Participants	3

Resources

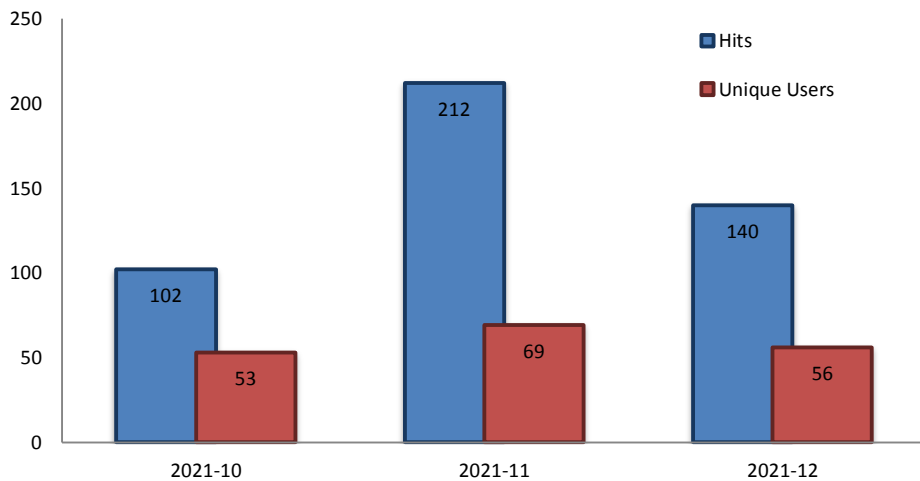
As part of “Wellbeing Wednesday” in December we provided copies of the following resources to employees and teams:

- Doing What Matters in Times of Stress Guides x 6
- “Ways to Look after Your Wellbeing at Christmas” x 6
- “8 Steps to Energising Your Mind, Body and Soul over the Festive/Summer Break” x 6

Seasonal Wellbeing Programme

- Launched the “Living Well in Summer” Wellbeing page on Paanui on 9 December.
- Developed the ‘Kick-start Your 2022 – Practical Steps for Career and Life Wellbeing’ session for employees coming back from the Christmas/Summer break. Aiming to facilitate the first session on Wellbeing Wednesday on 26 January.

**Seasonal Wellbeing Page
Monthly Usage Oct - Dec 2021**



Appendix 3

OHSS Risk Matrix:

OHSS Consequence table (for reference)

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

OHSS Likelihood table (for reference)

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

Counties Manukau District Health Board

MIQF Health & Safety Report – November/December 2021

Recommendation

It is recommended that the Executive Leadership Team:

Receive the MIQF Health and Safety report for the months of November/December 2021

Prepared and submitted by: Pauline Sanders, General Manager; 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
BCMS	Border Clinical Management System
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
IP&C	Infection Prevention & Control
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
NRHCC	Northern Region Health Coordination Centre
NZDF	New Zealand Defence Force
NZQA	New Zealand Qualifications Authority
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 MIQF Health and Safety report is to provide monthly reporting of health, safety and wellbeing performance including compliance, indicators, issues, risks, and project activity to the Counties Manukau District Health Board. This report covers Health and Safety performance statistics for the months of November and December 2021.

January 2022 update

Acts of aggression continue to be reported due to returnee frustrations. Support is being provided through EAP and wellbeing resources. Guidance from the Ministry of Health (MoH) on the management of historical positive cases and the splitting of bubbles is being finalised. This information will allow the facilities to be more efficient and effective when dealing with complex variables such as the allocation of rooms and transportation of returnees between sites.

A non-health staff member tested positive for Covid-19 at the Stamford Plaza. A joint PCBU investigation is underway to determine the pathway of transmission. The MoH have advised the current IP&C guidelines remain suitable and do not require changing to date. The IP&C Clinical Nurse Specialists are carrying out on-site refresher PPE training for all staff on sites, and communications have been sent to all health staff who require annual respirator mask fit testing. The MoH IP&C audits commence at the end of the month through to February 2022. All staff are actively being encouraged to receive their booster vaccination before the stipulated dates.

A decision from the University of Auckland, Faculty of Medicine, to apply a two-week standdown period for any medical students who have worked in a MIQF has resulted in the loss of several people who were working as part of the swab squad and in other areas. This had increased the pressure on staffing to fill the gaps created. The General Manager and Human Resource team engaged with the Faculty of Medicine who withdrew the decision and work is underway to re-engage the lost workforce.

MBIE have begun scheduling HSR training through their provider. Work is underway to ensure all Health HSRs are trained. To date, 60% of the group have completed the NZQA standard training. There has been some turnover of staff which resulted in the loss of trained HSRs. Replacements have been identified and are being enrolled for training.

Executive Summary - Managed Isolation and Quarantine Facilities (MIQF)

This Health & Safety report aims to highlight the incident status for November and December 2021 in Managed Isolation and Quarantine Facilities in addition to the current updates. Furthermore, the report talks about some work in fit testing requirements and ongoing workforce challenges.

Northern Managed Facilities (NMF) took over Community Self-Isolation and Quarantine management just before Christmas break 2021. This change allowed the team to have a broader overview of the COVID-19 situation in the MIQF and Community to plan better COVID-19 case management.

Changes in workforce unavailability locally and regionally have added additional pressure on the healthcare workforce. Lastly, 23 and 27 incidents were reported for November and December 2021 respectively. Communication inadequacies and delayed swab results have been the top incidents reported. A Project Manager and Clinical Process Improvement Advisor have been appointed to manage and monitor the processes.

OH&S Risk & Assurance

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. It has been undertaken to manage the acts of aggression faced by staff on site in.

Staff reported a rise in verbal aggression from returnees who had their length of stay increased from 7 days to 10 days due to the introduction of Omicron at the border in December. Group and individual EAP sessions continue to be provided to staff. Posters were created with the messaging targeted at reminding the returnees that their actions would have an impact on staff. Strategies on how these interactions can be further managed are being developed with the other PCBUs during the monthly CM Health organised Health & Safety PCBU meetings.

The removal of the requirement to have a dedicated workforce at MIQF has allowed for MIQF health workforce to be supported by the wider health system workforce, however, a shortage of staff remains an on-going risk. Additional support was provided by medical students who created a 'swab squad' and acted as mobile swab testers for the sites as well as filling other roles.

Emailed self-declaration daily checks via BCMS were introduced on sites to reduce the time staff need to spend face to face with returnees and to reduce the administration of the checks. There is also a flow on effect of reduced irritation from returnees as they are not disturbed during their day to have their checks completed.

Worker Participation

The November MIQF Health & Safety Representative meeting presentation focused on incident reporting. The aim was to highlight the importance of reporting near misses, risks, hazards, and incidents and how HSRs could contribute to the process of incident management.

The presentation in December was designed to reinforce the HSR's knowledge about risk assessments and empower them to carry out the process themselves on site.

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

Three staff members have been trained to carry out quantitative respirator mask fit testing using the Portacount machine. Qualitative testing continues to be used as an acceptable alternative during surge or emergency situations.

Over 100 people have been respirator mask fit tested in November and December. They were a mixture of newly onboarded staff and staff requiring their annual respirator mask fit testing. Work continues to ensure all staff are appropriately fit tested in a timely manner.

Incident Reporting

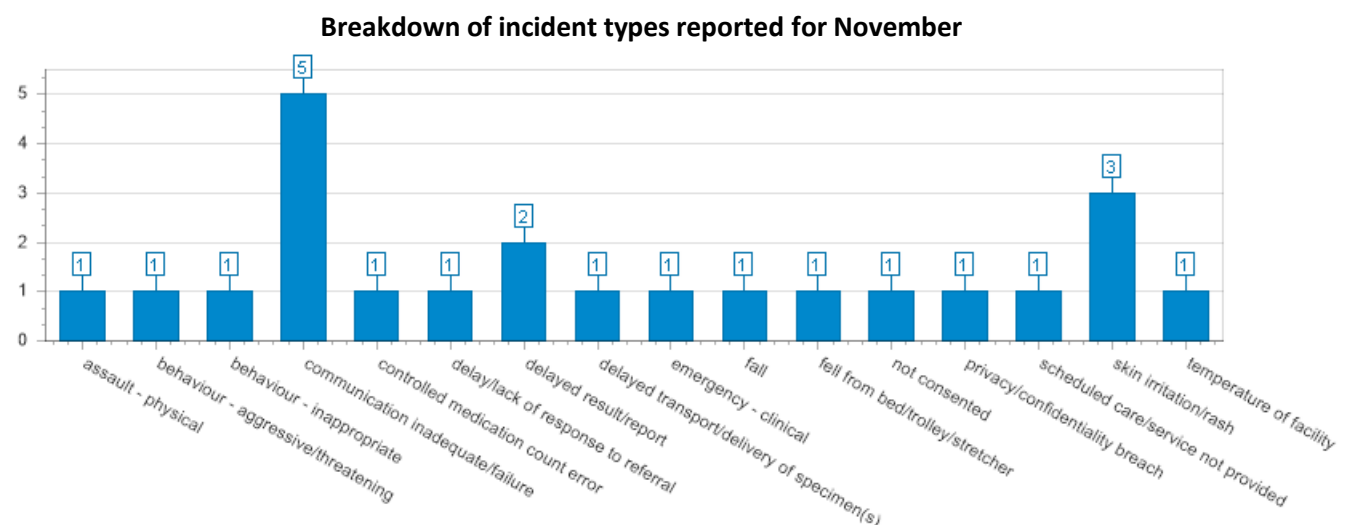
Incident report numbers increased over November and December. This can be attributed to the rapid changes that occurred within the MIQF environment which resulted in community and returnee frustrations as well as the need to adopt new processes quickly.

There has also been a rise in awareness of how incident reporting functions as part of the health and safety system that was introduced during the HSR meeting.

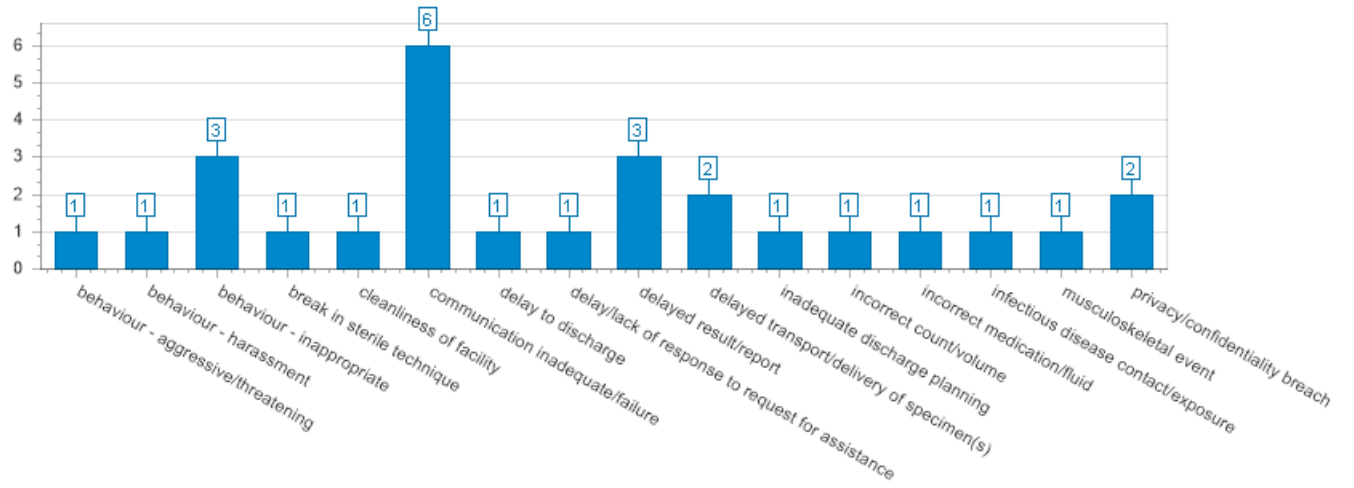


Staff reported increased frustration with their technology systems which is impacting their workload and resilience. This is highlighted within the descriptions of the incidents and is reflected in the high number of communication errors reported. Process and procedures continue to be refined to address the incidents that have administrative errors at their root cause.

Discussions continue with the Ministry of Health to provide access to the non-alcoholic hand sanitiser for staff who are developing or have developed dermatitis. A second letter, written by the CM Health Occupational Health Physicians was provided to MoH outlining the efficacy of the product and the risks to hand hygiene of not having a variety of products on site. Hand lotion was approved for use by the MoH in December which will assist in the management of skin irritations.



Breakdown of incident types reported for December



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 29 November 2021 – 31 January 2022.

Prepared and submitted by: Jared Heffernan, acting General Manager Communications and Engagement, and Peter Watson, acting Chief Executive.

Purpose

This paper provides an update on Corporate Affairs and Communications activity for the period 29 November 2021 – 31 January 2022.

COVID-19 communications

The period under review has again been an extremely busy one for the Communications team as we continue to actively support our wider organisation, the Incident Management Team, the Ministry of Health, TAS, and NRHCC especially with regard to the expected Omicron surge.



COVID-19 Vaccine Outreach and Engagement

Communications and engagement for the COVID-19 vaccine programme has been focused on supporting CM Health's initiatives relating to tamariki rollout and utilising our channels to communicate updated messages around booster shots. Some of the key milestones and activities taking place over the last month include:

- Development of a communications strategy, messaging and materials to promote six school vaccination events in February (Papakura, Mangere, Manurewa, Otara/Papatoetoe, Pukekohe, Flatbush/Howick/Pakuranga).
- Scaling-up the Street Chats programme to include Kootuitui (Papakura) and starting conversations with the provider to cover the wider Manurewa rohe. The Street Chats teams will be focused on supporting school events and setting up info sessions with schools to inform parents and tamariki about the vaccine (safety, side effects etc.).

- Working with the NRHCC to ensure further vaccine related campaign content is pushed through CM Health channels. The main emphasis is around encouraging booster shots while also encouraging first and second doses.
- Working with the Middlemore Foundation and NRHCC to weave in messaging and information around home isolation, ensuring that we offer more holistic 'COVID 19 wellbeing' messaging when engaging the public around the vaccine.

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 36 media enquiries were received, answered and closed for the reporting period which was a steep drop compared to previous reporting windows where enquiries up to and in excess of 100 were the norm.

A portion of this drop can be attributed to the Christmas/New Year break, with most news agencies not ramping up production until mid-January.

Despite the drop in the numbers of requests for this reporting period, it is important to note that as the media's understanding of COVID-19 increases, many of the enquiries have been of greater substance than in the past and as such have required more in-depth answers and access to key CM Health clinicians.

The main areas of media interest in relation to COVID-19 have shifted to hospital readiness for the expected Omicron surge as well as those for modelling figures/data.

As such we have continued to facilitate a number of COVID-related interview requests and remain focussed on answering questions specific to our facilities, processes, and patients in a meaningful, considered manner.

This has manifested itself in several features on Middlemore – in relation to its COVID readiness - appearing on TVNZ News. This proactive undertaking has enabled us to get out in front of enquiries and provide the community with information on and confidence in the systems we have in place.

We look forward to continuing to build on these relationships with key media and work to mutually beneficial outcomes.

During this period, CM Health was the topic of over 1800 news stories, the majority coming from the NZ Herald (210), Stuff (161), TVNZ (88) and RNZ (85).

Proactive Media

A total of 29 proactive stories were promoted through our external website, a number of which continue to be lifted in their entirety for use in other publications and by the Ministry of Health.

Stories of interest include:

- [Margie Apa's appointment to Health NZ celebrated, CM Health's loss is the country's gain](#) - The news that Counties Manukau Health Chief Executive, Fepulea'i Margie Apa has today been appointed Chief Executive of Health New Zealand has been met with delight by the Counties Manukau Health Board and Mana Whenua.
- [Hospital and homes need to be prepared for Omicron](#) - While the health system prepares for a surge in COVID-19 cases it is equally important people plan for what they will do and how they will rest and recover at home if they get COVID-19.
- [It's all about connection](#) – feature on Karen Molyneux, one of our Allied Health Triage Clinicians based at Community Central and recently elected President Tangata Whenua for Occupational Therapy New

Zealand, Whakaora Ngangahau (OTNZ WNA).

- [Celebrating whaanau and whakawhanaungatanga this International Day of Disabled People](#) – Darcelle, a strong and capable mother of three, a member of the Counties Manukau Health consumer council, a board member of the Wiri Licensing Trust, and works at The Pride Project Charitable Trust in Manurewa shares the story of her whaanau this International Day of Disabled People.
- [Counties Manukau Health wins Climate Action Award](#) - CM Health has won the Toitū Brighter Future Award in the category of 'Climate Action (large organisation).' The Toitū Brighter Future Awards acknowledge their certified organisations that are leading the way in environmental sustainability.
- [Social Worker Rere Toru's passion for people](#) - For Rere Toru the core of her work people. Rere discusses her journey to become a Social Worker in CM Health's Fanau Ola team.

Dr Peter Watson's weekly CMO Update continues to generate high readership and drive informed media enquiries and media opportunities, achieving reach of over 6000 on Facebook and over 4000 per post on LinkedIn.

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

Portfolios Overview

Clinical

Communications continued to provide targeted clinical content specific to COVID-19 and encouraged audiences to get health and wellbeing plans on track post Auckland's lockdown.

Media focus has been on hospital readiness for the Omicron surge, support for patients isolating at home, the impact of COVID-19 on elective surgery and health services delivery. Multiple television, radio and print interviews were completed by Doctors Pete Watson, Vanessa Thornton, John Keneally, Nic Randell, and Stuart Jones.

We maximised media attention to deliver a social campaign to encourage our community to 'be prepared and have a plan for when COVID-19 finds you.' The campaign achieved total reach of over 200,000 in December and included messages to our community to monitor symptoms, safely isolate, find a support person, get vaccinated etc. Our content is now being leveraged for national campaigns and centralised Ministry of Health collateral.

We produced and released several videos for our workforce including one which was we released to all DHBs "Sharing the COVID-19 experience at Middlemore". We received positive feedback for its help in building confidence and readiness in other DHB workforces, particularly those who had not yet activated their pandemic response, COVID patient pathways or IP&C practices.

Work is also underway to support Medicine and Integrated Care to deliver communications focussing on overcoming barriers to healthy outcomes and creating understanding of the reality of living with some preventable diseases.

Community

We have continued to work closely with the Manukau Health Park project team and recently organised a blessing ceremony for the MHP construction with Mana Whenua Te Aakitai Waiohua, other local Iwi and DHB representatives.

We are currently organising a ceremony, scheduled for Friday, 25 February to mark the start of construction at MHP, which Minister Andrew Little has indicated he will attend.

We ran a campaign for the bowel screening service, which also touched on the cervical and breast screening services, that has already resulted in an awareness article and video being produced for Stuff with more media opportunities and publicity scheduled.

We continue to provide communications support to enable our Mental Health team to better communicate and with their wide-spread team and to proactively acknowledge and offer support given the high workload the team continues to experience.

Corporate

Working with the Middlemore Foundation, we facilitated the 'You're Awesome' campaign which in conjunction with Stuff featured stories from 18 healthcare workers from across the metro-Auckland DHBs and offered the public the chance to show their appreciation by gifting them a voucher from a small business.

The campaign which featured all metro-Auckland DHB's garnered 800 vouchers overall for frontline staff, with 50% of donations going to CM Health, this reinforces the public's appreciation for the significant contribution our team makes to the community. You can read more about the campaign [here](#).

This project has enabled us to build a strong relationship with the team at the Middlemore Foundation and we look forward to working collaboratively on mutually beneficial opportunities.



We continue to work on developing a recruitment branding campaign – implementing a fresh approach to recruitment communications with updated social media tiles which include a strong call to action as well as regular “Humans of New York” style profiles of real people in real roles.

Work continues with the Sustainability and Health & Safety teams to create appropriate communications plans which drive key messages and utilise channels which will achieve cut through to the target audiences, and we continue to work closely with the Organisational Development team and as a member of the Wellbeing Steering group to support organisational wellbeing objectives.

Customer Experience

We have facilitated the creation of an Auckland Spinal Rehabilitation Unit three phase telehealth trial case study. This is to be incorporated in CM Health's telehealth experience submission to the Ministry of Health.

We have assisted the patient experience team with Omicron preparedness and response, focussing on the development and dissemination of the regional visitors' policy. This has included the creation of posters for all CM Health facilities, patient and visitors' leaflets, and social media tiles.

The policy continues to be amended to reflect changes in risk and may require further communication of any changes in messaging.

We have worked to develop and distribute patient communication cards across internal channels. The cards are designed to support communication with non-English speakers when a translator is not readily available.

We continue to support the Consumer Council recruitment through a targeted campaign to replace several members (terms of these members, including the chair, have come to an end).

In addition, we have crated four profession-specific videos on assisted dying which have been published internally to support staff understanding of their responsibilities as both a health professional and CM Health employee.

Funding and Health Equity

Work in the Equity space has stepped up with ongoing external media engagement on Omicron modelling and population health.

We are in the process of launching a vodcast (video-based podcast) series with episode #1 edited and ready to publish, pre-production on episodes #2 and #3 underway, and episode #4 organised to take place in March.

We envision these vodcasts (which can be listened to via iTunes etc.) to add to our existing comms channels by catering for those staff members who do not have regular access to work computers.

We continue to work with the Polyfest team to not only plan for the event but, given the advent of Omicron, provide our clinicians' views and guidance on the viability of it going ahead given the likely spread of COVID-19 peaking in March/April.

We also continue to work with the Pacific Team and Maaori health teams to provide communications support and guidance as well as work on campaigns on Alcohol Harm reduction and integrated immunisations.

Paanui News Metrics

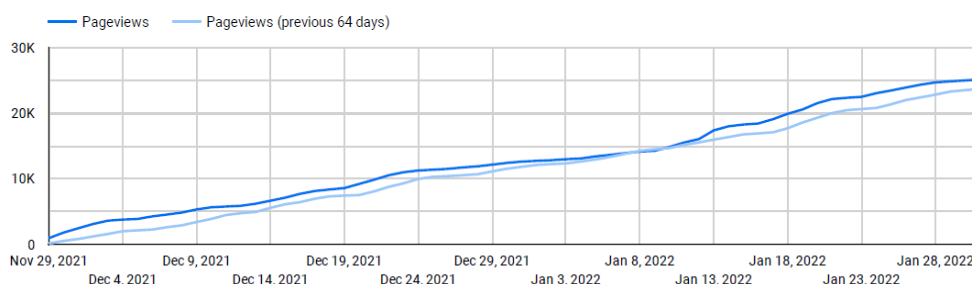
Nov 29, 2021 - Jan 31, 2022

Pageviews
25,158
 ↑ 6.1%

Avg. Session Duration
00:05:01
 ↑ 9.6%

Page Title	Pageviews	Avg. Session Duration
1. Preparing for Omicron - News	1,895	00:04:45
2. Visitors parking - rate increase - News	1,367	00:08:20
3. Staff COVID-19 vaccine booster clinic - starting 29 November - News	1,119	00:07:02
4. Christmas 2021 and New Year 2022 Staff Pay Information - News	1,089	00:03:51
5. Christmas competition winners announced - News	974	00:08:12
6. What life at the orange 'traffic light' setting will mean for CM Health - News	718	00:03:45
7. Wishbone Cafe - News	696	00:06:40
8. Free Double Passes to the Cricket at Eden Park on 22 January! - News	645	00:06:26
9. An Officer ... and a Gentleman! - News	612	00:04:48
10. PSA - Notice of initiation of bargaining for National Clerical Admin multi-employer collective agreement - Ne...	590	00:04:34
11. COVID-19 staff vaccine booster clinics close Thursday - News	572	00:05:49
12. Congratulations to our Annual Staff Values Award Winners! - News	538	00:06:12
13. Christmas decoration competition - Be in to win! - News	469	00:04:18
14. Free Double Passes to the Cricket - 22 January! - News	455	00:07:12
15. Payroll notice - Auckland Anniversary Day - News	442	00:08:38
16. Local Hero winners - November 2021 - News	441	00:04:12

1 - 100 / 493



OIA Board Paper Information – 29 November 2021 to 31 January 2022

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

Request Received OIA & Parliamentary Questions (PQ) for period 29/11/2021 to 31/01/2022		
Division	OIA	Parliamentary Question
ARHOP	2	
Central Clinical Services	2	
Chief Executive Office	1	
Chief Medical Officer	4	
Covid-19	9	3
DHB	2	
Emergency Department	1	
Engineering	1	
Health Intelligence & Informatics	3	
Hospital Services	2	
Human Resources	1	
Medicine	3	
Mental Health	2	
Middlemore Central	2	
Women's Health	2	

Over the above time period we received thirty-seven (37) OIA requests, these requests were predominantly from media outlets and members of the public. Three (3) parliamentary questions were received over this time, related to Covid-19.

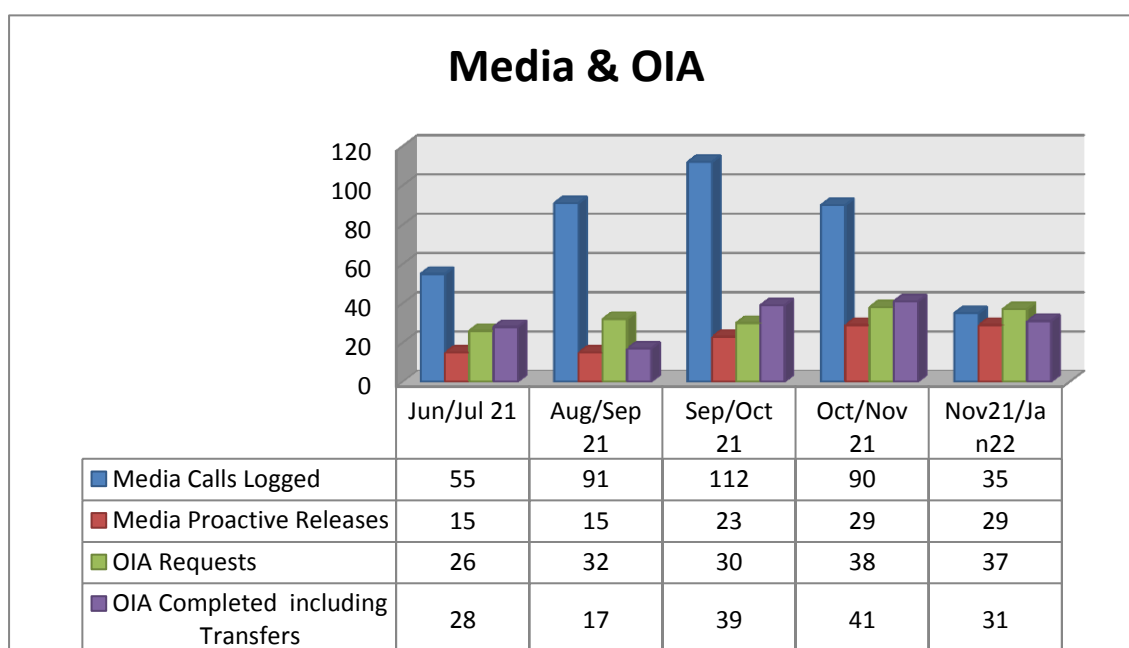
Thirty-one (31) OIA requests were closed over this time period, this included two transfers. The two transfers were related to Covid-19 and were transferred to the Northern Region Health Coordination Centre and Technical Advisory Services (TAS).

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.

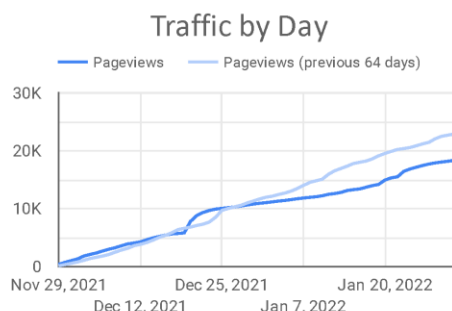
- <https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/>



Digital Channels CM Health News and Media Releases



CM Health News / Media Releases



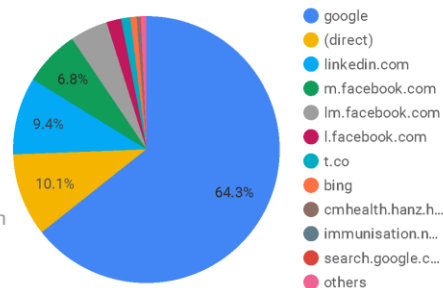
Key Statistics

Sessions
13,959
↓ -12.1%

% New Sessions
82.48%
↑ 2.3%

Avg. Session Duration
00:00:36
↓ -18.7%

Traffic Sources



Popular Articles

	Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1.	Margie Apa's appointment to Health NZ celebrated, CM Health's loss is the c...	3,488	95.84%	00:00:14
2.	What does life at the red traffic light setting mean for your visit to CM Health...	2,941	95.07%	00:00:23
3.	Seven new pop-up COVID-19 Testing Centres open in Auckland Counties M...	1,307	94.64%	00:00:28
4.	COVID-19 Testing Centres in our community Counties Manukau Health	459	90.2%	00:00:42
5.	What does life at the Orange traffic light setting mean for your visit to CM He...	346	92.77%	00:00:35
6.	End of year message Dr Jenny Parr Counties Manukau Health	329	95.44%	00:00:13
7.	CMO News 13 January 2022 Counties Manukau Health	273	96.7%	00:00:15
8.	Celebrating whaanau and whakawhanaungatanga this International Day of...	261	94.25%	00:00:10
9.	New free taxi service to COVID-19 vax centres, in-home vaccinations availabl...	221	91.86%	00:00:44
10.	Award winning Tiaho Mai places dignity and choice at its heart Counties M...	192	91.15%	00:00:47
11.	COVID-19 home isolation - update Counties Manukau Health	187	94.65%	00:00:33
12.	New CEO announced for Counties Manukau Health Counties Manukau He...	177	94.35%	00:00:27
13.	Traditional fare on the menu at Middlemore Hospital Counties Manukau H...	163	84.05%	00:01:25
14.	Page not found Counties Manukau Health	149	100%	00:00:07
15.	Middlemore's visitor policies slightly relaxed under COVID Level 1 Counties ...	144	93.75%	00:01:04
16.	News - In 2022 Counties Manukau Health	142	90.14%	00:00:32
17.	Visitor car park rates increase at Middlemore Hospital Counties Manukau ...	135	85.19%	00:01:55
18.	Counties Manukau Health's commitment to accessibility and inclusivity Co...	120	90%	00:00:33
19.	Social Worker Rere Toru's passion for people Counties Manukau Health	110	94.55%	00:00:26
20.	Rapid testing for COVID-19 starts at Middlemore Counties Manukau Health	108	89.81%	00:00:30

Social Media overview

As is on trend for the Christmas period we see a dip in most metrics across all channels, the only exception was our impressions on LinkedIn which, due to some popular posts, was up around 300% on the last reporting period.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	22,492	0.12%	19	43,804	2,305	3,393	178.58	22,875
CM Health Instagram	1,734	0.12%	10	4,261	426	171	17.10	174

CM Health LinkedIn	11,982	0.98%	5	32,865	6,573	2,004	400.80	798
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Audience Growth

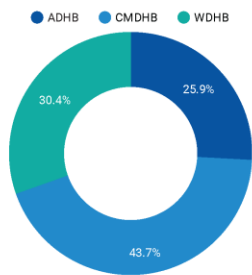
	Totals	Change vs. Last Growth
Total Fans	39,257	
New Facebook Fans	26	271.31%
New LinkedIn Followers	116	-50.53%
New Instagram Fans	2	
Total Fans Gained	144	-7.10%

Facebook Comparison (CMDHB / ADHB / WDHB)

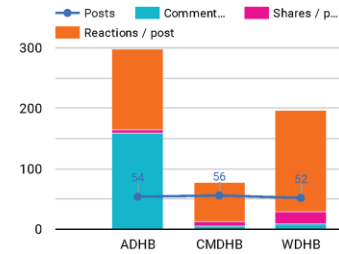
This period we see some highly engaging content from ADHB as they lead the way in the Engagement space. Even when adjusted for audience size, CMDHB did not perform as well as our counterparts this period.

Facebook Comparison

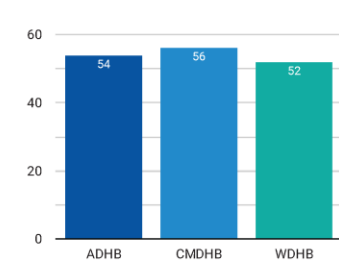
Audience share



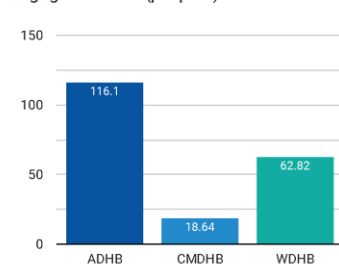
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

Post Message	Likes / Reactions	Comments	Shares
Middlemore's ED is incredibly busy at the moment. We need your support to keep it free for those wit...	863	49	104
Kia ora Whaanau 🍌 🍌	603	105	59
Approval has been given for tamariki (children) between the ages of 5-11 to re...			
We are incredibly proud that our CEO, Fepulea'i Margie Apa has today been appointed Chief Executive ...	628	73	45
We are very proud to have our own Dr Lindsay Mildenhall, Neonatologist,	320	54	4

ADHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Shares
Huge thanks to Columbus Coffee, New Balance NZ, Jamaica Blue NZ, Paper Plus, An Organised Life, Auck...	1,080	72	96
Dr Barry Snow, Director of Adult Services, talks about how we're keeping people safe at our sites.	696	0	120
...			
Great news today! Auckland's eligible Pacific population has successfully reached 90% first dose vac...	672	48	72

WDHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Post shares
🔥 Major announcement! 🔥	1,274	105	83
Today, the Government announced Waitakere Hospital is getting a new Inten...			
To make sure we're providing the best care possible to all patients this holiday season, we are enco...	1,018	63	134
A big congratulations to our Pasifika communities! 🎉 🎉	1,099	45	30
Figures show 90% of our region's eligible Pac...			

CM Health Facebook

As you can see from the trend below, our Facebook channel benefitted from a few strong performing posts with a plateau over the Christmas/Holiday period. Our strongest performing posts this period included pre-Christmas 5-11-year-old vaccine messaging and the announcement of Margie’s appointment to Health New Zealand CEO.

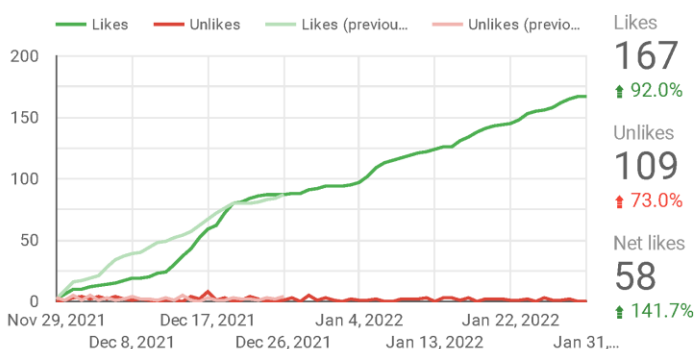
CM Health Facebook Metrics

Post Reach



Post reach
318,813
↑ 151.5%

Follower Growth

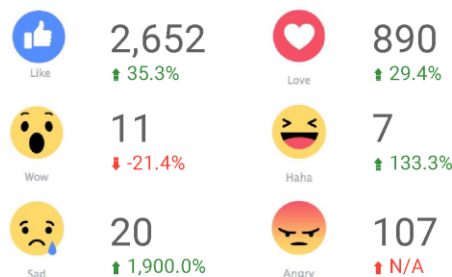


Likes
167
↑ 92.0%

Unlikes
109
↑ 73.0%

Net likes
58
↑ 141.7%

Reactions Breakdown



Posts by Engagement Rate

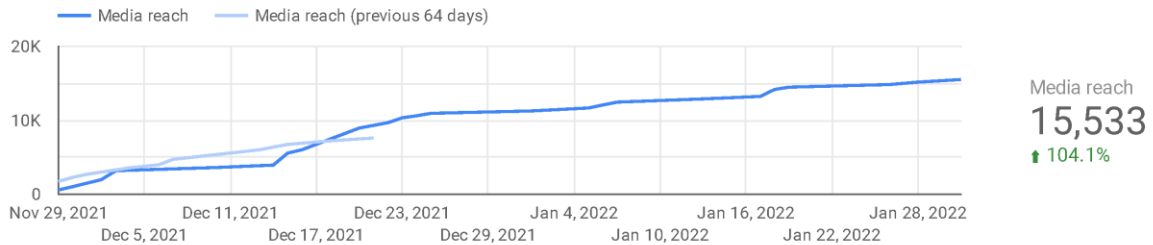
Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Dec 23	Kia ora Whaanau 🙌🍷 Approval has been given for tamariki (children) between the ages of 5-11 to receive their Pfizer COVID 19 vaccine from January. This is good news because it means kiwi kids will join the millions around the world that can access this important layer of protection against COVID19. We will give plenty of opportunity to ask questions and korero about the vaccine through schools, local community events, GP clinics, pharmacies and other locations in the build up to the tamariki vaccine being available in January. For now, here's a bit of information that can help you start the korero within your whaanau 🙌🍷 More info about tamariki vaccinations can be found at https://bit.ly/3q83uCQ		53,144	657	428	60	21.8%
Dec 20	We are incredibly proud that our CEO, Fepulea'i Margie Apa has today been appointed Chief Executive of Health New Zealand. After 14 years of service to CM Health, our loss is the country's gain and we celebrate the fact the Margie will be playing an extremely important role in the future of New Zealand's health. It is also an incredibly proud moment for the Pasifika and wider Counties Manukau community – to have one of our own, born and bred, lead the largest organisation in New Zealand is incredibly inspiring. I'm sure you will join us in congratulating Margie.		14,233	1,123	143	46	13.01%
Jan 17	Orderlies like Rochelle Cruller are an integral part of the hospital, cheerfully taking patients wherever they need to be. We think Rochelle is awesome - check out the article to find out more. https://www.stuff.co.nz/national/health/coronavirus/12735		2,319	137	47	3	11.21%

CM Health Instagram

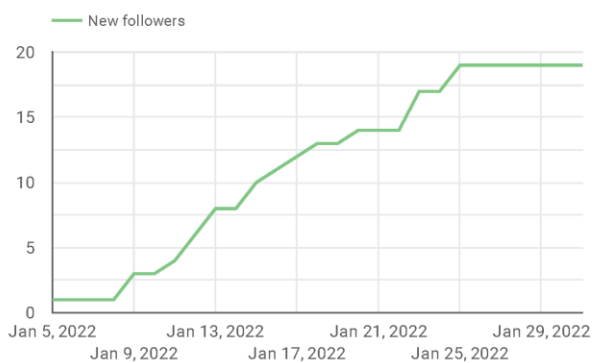
Similar to Facebook we see our metrics boosted by a couple of high performers this period. However, we see a less notable plateau over the Christmas period on Instagram, instead seeing a gradual rise from 10k-15k media reach.

CM Health Instagram Metrics

Post Reach



Follower Growth



Engagement Breakdown

Likes	1,338	↑ 124.1%	Comments	59	↑ 490.0%
Engagement	1,435	↑ 133.7%	Post Saves	38	↑ 442.9%
Posts	28	↑ 115.4%	Profile views	789	↓ -33.0%

Posts by Engagement Rate

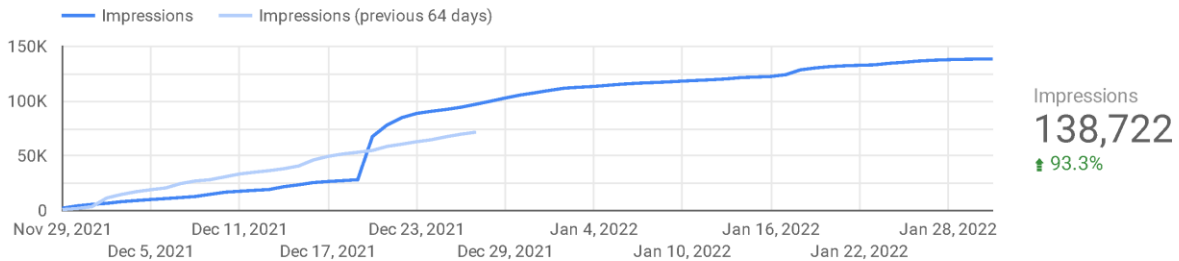
Date	Media caption	Media	Reach	Likes	Comments	Saves	Engagement Rate
Dec 20	<p>We are incredibly proud that our CEO, Fepulea'i Margie Apa has today been appointed Chief Executive of Health New Zealand.</p> <p>After 14 years of service to CM Health, our loss is the country's gain and we celebrate the fact the Margie will be playing an extremely important role in the future of New Zealand's health.</p> <p>It is also an incredibly proud moment for the Pasifika and wider Counties Manukau community – to have one of our own, born and bred, lead the largest organisation in New Zealand is incredibly inspiring.</p> <p>I'm sure you will join us in congratulating Margie.</p>		2,942	903	51	27	33.34%
Jan 18	<p>We are very proud to have our own Dr Lindsay Mildenhall, Neonatologist, recognised in the New Year Honours List 2022 and appointed an Officer of the New Zealand Order of Merit for his services to neonatal intensive care and resuscitation training.</p> <p>Lindsay specialises in the care of newborn babies and recently held the position of Clinical Head of Kidz First's Neonatal Intensive and Special Care Service at Middlemore Hospital.</p> <p>Congratulation Lindsay.</p>		939	105	5	0	11.71%
Nov 29	<p>Congratulations to Karen Molyneux, one of our Allied Health Triage Clinicians who was recently elected President Tangata Whenua for Occupational Therapy New Zealand, Whakaora Ngangahau (OTNZ WNA).</p> <p>Karen has lived most of her life in South Auckland and says she enjoys the rich cultural diversity that is a part of this region. She strongly identifies with the community she serves and says it is a highlight of working at Counties Manukau Health.</p> <p>Congratulations on your great achievement Karen</p>		565	34	0	1	6.19%

CM Health LinkedIn

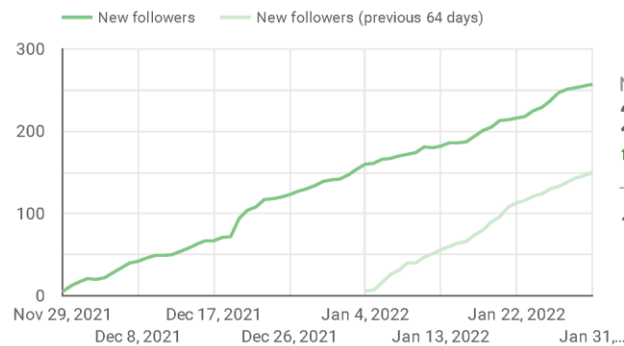
Our announcement of Margie’s appointment to the role of CEO, Health New Zealand is a clear disruptor to metrics. Not only do you see a large spike in the graph, but the sheer popularity of this post sees it receive 10x as many impressions than our second-place post.

in CM Health LinkedIn Metrics

Post Reach



Follower Growth



New followers
257
↑ 71.3%

Total Followers
11,983

Engagement Breakdown

Likes: **2,982** (↑ 111.3%)
Comments: **224** (↑ 314.8%)
Clicks: **4,224** (↑ 76.5%)
Shares: **48** (↑ 92.0%)
Posts: **16** (↓ -11.1%)
Engagement Rate (avg): **4.26%** (↓ -20.1%)

Post Breakdown

Date	Message	Update...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate
Dec 20	<p>We are incredibly proud that our CEO, Fepulea'i Margie Apa has today been appointed Chief Executive of Health New Zealand.</p> <p>After 14 years of service to CM Health, our loss is the country's gain and we celebrate the fact the Margie will be playing an extremely important role in the future of New Zealand's health.</p> <p>It is also an incredibly proud moment for the Pasifika and wider Counties Manukau community – to have one of our own, born and bred, lead the largest organisation in New Zealand is incredibly inspiring.</p> <p>I'm sure you will join us in congratulating Margie.</p>		74,850	1,905	2,688	176	21	6.4
Dec 21	<p>You can read the end of year message by Dr Jenny Parr who leads the Counties Manukau Health nursing workforce, a team who have continued to serve our community with willingness and compassion through another year of challenges during the COVID-19 pandemic.</p>		7,066	118	299	3	1	5.96
Jan 24	<p>Are you a community minded person that loves helping people?</p> <p>Start your healthcare journey and learn as you earn on our Healthcare Assistant (HCA) training programme at Counties Manukau Health.</p> <p>You'll gain hands on experience working as an HCA at Middlemore Hospital while</p>		2,067	45	64	0	6	5.56

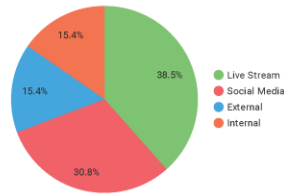
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Video Production

CM HEALTH VIDEOS

Name	Channel	Date Published
1. Farewell.mp4	Internal	Jan 28, 2022
2. ED - Omicron 1.mp4	External	Jan 26, 2022
3. ED - Omicron SOCIAL.mp4	Social Media	Jan 26, 2022
4. ED - Omicron 2.mp4	External	Jan 26, 2022
5. CMH COVID-19 Live Stream - 18-01-2022	Live Stream	Jan 18, 2022
6. Readiness for Omicron 12-01-2022	Live Stream	Jan 12, 2022
7. CEO Update	Internal	Dec 17, 2021
8. 90%.mp4	Social Media	Dec 13, 2021
9. CEO Update - Meri Kirihimeti	Social Media	Dec 8, 2021
10. Annual Awards.mp4	Live Stream	Dec 8, 2021
11. Staff Forum - 06-12-2021.mp4	Live Stream	Dec 6, 2021
12. Visitor Policy Video Update.mp4	Social Media	Dec 3, 2021
13. CMH COVID-19 Live Stream - 02-12-2021.mp4	Live Stream	Dec 2, 2021

Channels



Videos Produced

13

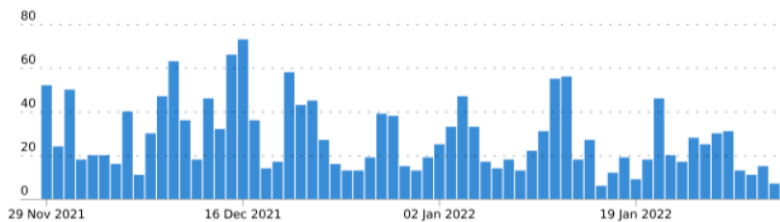
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Media Listening

CM Health

Contains 1,803 items within the date range 29/11/2021 - 31/01/2022.

Volume



Sources

New Zealand Herald: 210	Stuff.co.nz: 161	TVNZ: 88
Radio New Zealand : 85	Bay of Plenty Times: 84	Rotorua Daily Post: 77
Newstalk ZB: 77	Northern Advocate: 76	Maori Television: 73
Hawke's Bay Today: 62	SunLive: 60	Otago Daily Times: 60
Newshub: 59	Whanganui Chronicle: 57	Rotorua Now: 49
Times Online: 39	NZ Doctor: 37	Pacific Media Network: 31
Waatea News: 28	Indian Weekender: 21	Dominion Post: 20
Radio New Zealand Audio: 19	Taranaki Daily News: 19	Magic Talk: 18
The Press: 17	NZ City: 15	Waikato Times: 15
Timaru Herald: 12	Manawatu Standard: 12	The Spinoff: 12
Southland Times: 12	Nelson Mail: 10	Gold FM: 9
Marlborough Express: 8	The Westport News: 8	Greymouth Star: 8
Re News: 8	Sunday Star-Times: 7	Manukau Courier: 6
Hawke's Bay App: 6	Sunday News: 6	Newsroom: 6
Herald on Sunday: 5	Crux: 5	Northland Age: 5
New Zealand Police: 5	Gisborne Herald: 4	Asia Pacific Report: 4
Indian News Link: 4	Voxy: 4	Papakura Courier: 4
Franklin County News: 3	Western Leader: 3	Newstalk ZB audio: 3
Ben Heather: 3	The Standard: 3	Giorgia Giorgioni: 3
Meredith Barker: 3	East & Bays Courier: 3	Eastern Courier: 3
Te Ao: 3	Rodney Times: 3	Ashburton Guardian: 3
Emily Barrett: 2	Manawatu Guardian: 2	Otaihanga Second Opinion: 2
The Country: 2	The Aucklander: 2	Newstalk ZB Wellington: 2
Luke Chivers: 1	Jennifer Porter: 1	Bay Chronicle: 1

Peter Abernethy : 1	Auckland Rescue Helicopter Trust: 1	Blair Cunningham: 1
Liz Brown: 1	Tindall Foundation: 1	Architecture Now: 1
Tagata Pasifika: 1	Sam Fraser-Baxter: 1	The Daily Blog: 1
Northern Regional Health Coordination Centre: 1	North Harbour News: 1	Whangarei Leader: 1
Wanaka App: 1	SciBlogs.co.nz: 1	National Business Review: 1
Danya Levy: 1	Will Edmonds: 1	Supplied PR: 1
Northern Region Health Coordination Centre: 1	North Shore Times: 1	University of Auckland: 1
Kaikoura Star: 1	Nor-West News: 1	One News Breakfast: 1
The Conversation: 1		

Content Types



Counties Manukau District Health Board Resolution to Exclude the Public

Resolution

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

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

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes 15 December 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 Special Board Meeting 20 December 2021, Special People & Culture Sub-Committee 22 December 2021, the Audit Risk & Finance Committee meetings 1 December 2021 and 2 February 2022	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.
Chief Executives' Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Public Interest The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest. [Official Information Act 1982 S9(2)(ba)]

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