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

Venue: **via Zoom** (https://cmhealth.zoom.us/j/97727509862)
Time: **9.00am**

CMDHB BOARD MEMBERS	CMDHB MANAGEMENT
Vui Mark Gosche – Chairman Tipa Mahuta – Deputy Chair Apulu Reece Autagavaia Catherine Abel-Pattinson Colleen Brown Dianne Glenn Garry Boles Katrina Bungard Dr Lana Perese Paul Young Pierre Tohe	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 BOARD OBSERVERS Brittany Stanley-Wishart Tori Ngataki Barry Bublitz Robert Clark

PART 1 – Items to be considered in public meeting

AGENDA

BOARD ONLY SESSION (9.00 – 9.30am)		
	1.	**GOVERNANCE**
9.30am	1.1	Apologies
9.45am	1.2	Disclosures of Interest
	1.3	Specific Interests
	1.4	Gift & Hospitality Register
	2.	**BOARD MINUTES**
9.50am	2.1	Confirmation of Minutes of the Meeting of the Board – 23 February 2022 (Mark Gosche)
	2.2	Action Items Register (Mark Gosche)
	3.	**EXECUTIVE REPORTS**
9.55am	3.1	Chief Executive's Report (Peter Watson)
10.05am	3.2	Mana Whenua i Tamaki Makaurau Report – verbal (Barry Bublitz/Robert Clark)
	4.	**FOR INFORMATION ONLY**
	4.1	Alice Nelson Charitable Trust – Reappointment of Trustee
	4.2	Corporate Affairs and Communication Report
	4.3	Health & Safety Report
		4.3.1 MIQF Health & Safety Report
	5.	**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 Clark#							

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 MARCH 2022

New items in red italics

Member	Disclosure of Interest
Mark Gosche, Chair	• Trustee, Mt Wellington Licensing Trust • Director, Mt Wellington Trust Hotels Ltd. • Director, Keri Corporation Ltd • Trustee, Mt Wellington Charitable Trust • Chair, Kainga Ora Homes & Communities • Director, Housing NZ Build Ltd (subsidiary of KO Homes & Comms) • Director, Housing NZ Ltd (subsidiary of KO Homes & Comms) • Board Member, Health New Zealand
Tipa Mahuta, Deputy Chair	• Councilor, Waikato Regional Council • Chair of Waikato River Authority • Co-Chair, Maori Health Authority
Catherine Abel-Pattinson	• Board Member, healthAlliance NZ Ltd. • Member, NZNO • Member, Nurses Society NZ • Member, Directors Institute • Husband (John Abel-Pattinson) Director & Shareholder (via Trustee entities): ○ 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
Reece Autagavaia	• 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
Garry Boles	• NZ Police Constable

Colleen Brown	• Chair, Disability Connect (Auckland Metropolitan Area) • Member, Advisory Committee for Disability Programme Manukau Institute of Technology • Member, NZ Down Syndrome Association • Husband, Determination Referee for Department of Building and Housing • District Representative, Neighbourhood Support NZ Board • Chair, Rawiri Residents Association • Director and Shareholder, Travers Brown Trustee Limited • Board Member, NZ Neighbourhood Support • Member, MoH Disabled People's Engagement Group
Katrina Bungard	• 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	• Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • Life Member, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women's Watch (NZ) • Member, Auckland Disabled Women's Group • Life Member of Business and Professional Women NZ • Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities. • Member, Lottery Individuals with Disabilities Committee
Lana Perese	• Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust • Director & Shareholder, Perese Wood Investments Limited
Pierre Tohe	• Senior Executive, Tainui Group Holdings
Paul Young	• Director, Paul Young International Ltd • Councillor, Auckland Council
Barry Bublitz, Board Observer	• 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 Clark, Board Observer	• 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
Tori Ngataki, Board Observer	• Chair, Ngāti Tamaoho Trust • Trustee, Second Natures Trust • Trustee, Waikato Endowment College Trust • Member, Te Arataura (Executive Board of Te Whakakitenga o Waikato) • Co-Chair, Appointments Committee for Te Whakakitenga o Waikato • Director, Keep it Māori Ltd • Staff Member, Winstone Aggregates
Brittany Stanley-Wishart, Board Observer	• Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference)

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 March 2022

Director having interest	Interest in	Due To	Disclosure date	Board Action

COUNTIES MANUKAU DISTRICT HEALTH BOARD
GIFT AND HOSPITALITY REGISTER - 2022

**new items added noted in red italics*

Gift declared by	Description of gift, hospitality or benefit	Donor	Approx. Value	Accepted / Declined	What was done with the Gift	Date Declared

As per Board Governance Manual:

Gifts or donations to the CMDHB Board, accepted on the Board's behalf by individual Board members, are the property of the CMDHB Board. The only exceptions are small gifts (e.g. a bottle of wine; a diary) worth less than $50.

Minutes of the Meeting of the Counties Manukau District Health Board

Wednesday 23 February 2022 – 9.00am

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

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT

Vui Mark Gosche (Board Chair)
Tipa Mahuta (Deputy Chair)
Apulu Reece Autagavaia
Catherine Abel-Patterson
Colleen Brown
Dianne Glenn
Garry Boles
Katrina Bungard
Dr Lana Perese
Paul Young
Pierre Tohe
Barry Bublitz (Mana Whenua)
Moana Brown (Mana Whenua)
Tori Ngataka (Board Observer)

ALSO PRESENT

Peter Watson (acting Chief Executive)
Dr Andrew Connolly (acting Chief Medical Officer)
Margaret White (Chief Financial Officer)
Dr Jenny Parr (Chief Nurse and Director of Patient & Whanau Experience)
Anna Jessop (Board Secretary)

WELCOME

Mr Tohe opened the meeting with a karakia.

THANK YOU TO MARGIE APA

Vui Mark Gosche thought that as the Board was not formally informed of Ms Apa's pending new role at the last Board meeting, it was fitting that members of the Board have the opportunity to say a few words of acknowledgement to her at this meeting now that she has departed CM Health for her new role.

The korowai of Mana Whenua is upon Ms Apa. The taonga gifted to her was fashioned from all our people. Tena koe Margie, Malofa Tai.

Ms Apa responded with thanks to the Board for their support, patience, guidance and counsel, and to Vui Mark Gosche for his chairmanship and support. She thanked Mana Whenua for their teachings and counseling on how do we be good partners and acknowledged Dr Watson for stepping into the acting CEO role. Ms Apa gained incredible experience at Counties Manukau and it will shape the way she approaches her new role. She said it was a privilege to serve the community that she grew up in.

APOLOGIES

There were no apologies received.

PUBLIC AND MEDIA REPRESENTATIVES PRESENT
There was no media present for the public section of the meeting.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS
There were two Specific Interests noted for the Public Excluded part of this meeting and these 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 15 December 2021
The minutes were taken as read.

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

That the Minutes of the Board Meeting held on the 15 December 2021 be approved.

Carried

2.2 Action Items Register
None noted.

2.3 Disestablishment of Executive Committee (Vui Mark Gosche)
The paper was taken as read.

Resolution (Moved: Ms Mahuta**/Seconded:** Ms Abel-Pattinson)

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.

Carried

3. EXECUTIVE REPORTS

3.1 Chief Executive's Report (Peter Watson)
The paper was taken as read.

This report covers the period 15 December 2021 - 22 February 2022 and is the last CEO report to the Board from Ms Apa before she moved into her new role as CEO of Health NZ on 14 February.

- The report includes a range of people and whanau feedback.
- There were almost 2 wards full of Covid patients and we are looking at opening another ward soon.

- Hospital in the home is a virtual ward with specialists and nursing staff managing people at home who don't require hospital care. There are presently 23 people there.
- Currently 10% of our staff this morning are not working due to Covid or Covid related and consequently we are reducing non urgent, non prioritised elective and planned care.
- We continue to recognise and celebrate our people much in the same vein as Ms Apa did.

Metrics that Matter
Once through the pandemic, a plan will be made to bring the metrics that matter back into recovery focus.

Tracking Omicron Figures Northern Region
Mr Jackson shared his presentation.

- Omicron case numbers are tracking between the median and low transmission. These estimates have come from Te Pūhana Matatini and extrapolated for each DHB.
- The projection for hospital beds across the Northern Region is 127:
  - 0 in Northland
  - 20 in Waitemata
  - 52 in Auckland
  - 55 in Counties Manukau
- Messaging to the community has changed to try to nuance that most people can look after themselves, but if they can't then there are ways to escalate their care. Likewise with testing, the messaging has changed: you do not need to test if you are asymptomatic. These messages will take time to embed into the minds of the community.

Patient Story
Dr Parr shared a patient story video ("What I Want in a Rohe" by Karōria (Claudia) Johns) that she thought would be useful because it comes from a concept of what is fundamentally important to the people that we serve and to help people understand the importance of whakawhanaungatanga:

> "I want you to see me, not my condition. The human element is very important to me. I may not remember what you said but will remember how you made me feel."
>
> *Karōria Johns*

Action: Dr Parr to forward a link to this video, via Ms Apa, to the Transition Unit localities team.

Resolution (Moved: Ms Abel-Pattinson**/Seconded:** Vui Mark Gosche)

That the Board:

Receive the Chief Executive's Report for the period 15 December 2021 – 22 February 2022.

Carried

3.2 Mana Whenua I Tamaki Makaurau Report - verbal (Barry Bublitz/Robert Clark)
Mr Bublitz gave the following update:

- There is a lot going on with Mana Whenua and the transitional process.
- The establishment steering committee is being formed.

- Transitional plan writer is writing up their plan which is due at the end of March and will incorporate korero with Mana Whenua around the boundary definition. Mana Whenua are not going by Counties Manukau's boundaries, but instead by their own hapu and rohe boundaries which are currently being defined. This is leading to engagement with Waikato Tainui, Waitemata and Auckland writers so the exact areas that this plan is relating to is known.
- Variable time has been spent acknowledging the journey of the last 14-22 years that has contributed to where Mana Whenua are now.
- Following an appointment process, a new stand up Mana Whenua partnership board will be formed by 30 June ready to take over on 1 July. If members of the current Mana Whenua board want to go onto the new board, there is to be a very transparent process.
- There will be a meeting next week with the Transition Unit on Localities. Recently, Ngati Tamaoho joined the Pacifika Otara Village locality prototype to go forward. That was done because that is in their rohe, their whenua.
- Mana Whenua have decided that the parent involvement with the different advisory groups will still be maintained until 30 June. Some of the more recent matters that are yet to be decided on whether to engage in or not as the decisions will most likely lie with the new partnership board.

Vui Mark Gosche commented that it is very encouraging to hear what has been reported in terms of making that progress. The whole interest of all of our community to a degree is carried on the shoulders of the organization and there is a unique opportunity to be that voice of community in the localities prototype model.

3.3 Data on Disabled People (Sanjoy Nand)
The paper was taken as read.

This paper 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.

Dr Perese noted that the DiSAC committee had discussed the limitations and the call from them was to approach the Board to decide how to advocate to the new Ministry or Health NZ with a proposal to prioritize standardization in the connected system for collecting data to be able to monitor and track, etc.

Ms Glenn commented that one of the biggest issues in collecting data on people with disabilities nationally is Statistics NZ and the census. The last disability survey was done in 2013 and there is one due in 2023. The problem is that the previous government reduced the period in where disability data is collected so the current data is out of date, which makes it impossible to quote particularly to the United Nationals and the reporting committee. Ms Glenn sent a submission to the Minister of Finance and the Prime Minister to reinstate the 5-year disability survey from the current 10-year period.

Action: Ms Glenn to liaise with Dr Perese on a letter to Government requesting the disability service survey be reinstated to a 5-year period from the current 10-year period.

Action: Dr Perese to draft a letter of support around improving the collection of data to be signed by Vui Mark Gosche as Chair of the Board and Dr Perese as Chair of DiSAC.

Action: Vui Mark Gosche and Mr Nand to send this report with cover letter to the Secretary at Health NZ and NHA boards requesting it be put in their Resource Centre for Board members and Transition Unit staff to review.

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

That the Board:

Receive the Data on 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.

Advocate for better systems and processes to collect disability data at a national level.

Carried

4. GENERAL BUSINESS

4.1 Middlemore 75-Year Anniversary Update – verbal (Pete Watson)

Dr Watson gave the following update:

- An enthusiastic working group has been formed which includes the communications team.
- A proposal is being planned to mark the transition for the Board and the health system as well to look back and to be able to look forward.
- More details to follow from the working group.

4.2 General Manager, Communications and Engagement

Mr James Ihaka (General Manager, Communications and Engagement) was welcomed to the meeting with karakia by Mr Clark.

5. FOR INFORMATION ONLY

5.1 Health & Safety Performance Report

The report was taken as read.

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

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.

Carried

5.2 Corporate Affairs & Communications Report

The report was taken as read.

Resolution (Moved: Mr Young**/Seconded:** Apulu Reece Autagavaia**)**

That the Board:

Receive the Corporate Affairs and Communications Report for the period 29 November 2021 – 31 January 2022.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

Ms Ngataki, Mr Bublitz, Ms Moana Brown and Mr Clark 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.

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 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	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 organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i)&(j)]
Grow Middlemore, Highbrook & Manukau Station Road Presentations	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 organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i)&(j)]
2022/2023 Budget Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	***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. [Official Information Act 1982 S9(2)(f)(iv)]

Carried

The public meeting closed at 11:07am.

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

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 23 FEBRUARY 2022.

BOARD CHAIR **DATE**

Counties Manukau District Health Board
Action Items Register (Public)

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
23.2.2022	**2.2 Action Items Register**	The Actions Items Register to be put in order for the next Board meeting.	23.3.2022	Vui Gosche/Anna Jessop	*There were no action items hence a blank document.*	✓
23.2.2022	**Patient Story – "What I Want in a Rohe" by Karōria Johns**	The link to this video to be forwarded to the Transition Unit localities team via Margie Apa.	23.3.2022	Jenny Parr	*Deferred to next board meeting for update.*	
23.2.2022	**3.3 Data on Disabled People**	A letter to Government to be drafted requesting the disability service survey be reinstated to a 5-year period from the current 10-year period.	23.3.2022	Dianne Glenn/Lana Perese	*Deferred to next board meeting for update*	
23.2.2022	**3.3 Data on Disabled People**	A letter of support around improving the collection of data to be drafted for signing by Vui Gosche as Chair of the Board and Dr Perese as Chair of DiSAC.	23.3.2022	Lana Perese/Vui Gosche	*Deferred to next board meeting for update*	
23.2.2022	**3.3 Data on Disabled People**	Report with cover letter to be sent to the Secretary at Health NZ and NHA boards requesting it be put in their Resource Centre for Board members and Transition Unit staff to review.	23.3.2022	Vui Gosche/Sanjoy Nand	*Deferred to next board meeting for update*	

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 23 February – 22 March 2022.

Prepared and submitted by: Dr Peter Watson, Acting Chief Executive Officer

Introduction

This report covers the period 23 February – 22 March 2022. The hospital has been continuing to focus on the COVID-19 response over this period as we move through the omicron outbreak. We have seen a stark increase in COVID-19 presentations which has required us to make some changes to the way the organisation operates to ensure we can continue to provide care to those who need it in a safe way. Further detail is included in the report. Taking into account the current position in the organisation's response to the Omicron surge and the redeployment of staff to focus on the response, we have reduced the agenda for this Board meeting.

Performance

I attach for the Board's information the Metrics that Matter for January 2022 (appendix 1).

Highlights

- 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. This measure is also a Health System Indicator, which shows a similar improving trend for other ethnic groups.
- **ESPI 2** compliance for paediatric medicine has improved over the last three months.
- **Adult (45-64) ASH rate** - the equity gap between Maaori/Pacific and other ethnicities appears to be narrowing.

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 impact 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. The current Omicron outbreak continues to disrupt service delivery.

More detail on the lowlights, the causes and the current mitigations being put in place can be found in appendix 2.

News and Events

We have been extremely busy during the Omicron outbreak, which, alongside restrictions on gatherings due to health and safety protocols, has meant that most events over this period have unfortunately been postponed or cancelled.

COVID-19 update

At the time of writing, we are hopeful that the omicron outbreak is reaching its 'peak' in the Auckland region. We have over recent weeks seen an increase in hospital presentations and admissions with COVID-19. Although this increase has put pressure on the hospital, our staff have been incredible in rising to the challenges that the outbreak has presented. Many staff have been redeployed away from their day to day roles to support patients and services in other areas of the hospital as they care for the increased number of COVID-19 patients. Oftentimes staff have been doing jobs which are very different to their usual roles and we are very appreciative of everyone's commitment to ensuring that we are able to continue to provide care to those who need it. Although we have needed to postpone non-urgent services and procedures, all urgent treatment has remained available to the community.

Our People

Local Heroes

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

Charlotte Stanton – Administrator, Te Rawhiti

Charlotte has been recognised for how her whakawhanaungatanga makes a difference to service users' experiences and also supports other staff. She is always approachable and willing to help anyone with a positive attitude and kind nature. She is really appreciated as a member of the Te Rawhiti team.

Fiaapia Iuli – Interpreter, Interpreting Service

Fia recently dealt with a man who was very nervous about attending his appointment, and was immediately put at ease with Fia as his Interpreter. Her ability to accurately read non-verbal communication, cues and gestures was crucial to help facilitate communication. Having Fia at his appointment reduced his anxiety. He felt very cared for, valued and supported.

Fia certainly lives all the organisational values - Manaakitanga, Rangatiratanga, Whakawhanaungatanga and Kotahitanga.

Joan Lau – Advanced Analytics, Health Informatics

Joan is an unsung hero, working behind the scenes and behind the screens to ensure that our organisation has accurate data to drive decision making and keep the engine running.

Joan is always kind and receptive and she often goes above and beyond the call of duty - fielding calls and queries even on her days off to troubleshoot dashboards so that data stays relevant and in use. Joan, you are one of a kind!

Zara Houston, Outpatient Dietician, Diabetes

Zara demonstrates excellence in her clinical skills and has worked tirelessly to provide upskilling in insulin pump therapy for our entire diabetes team. Zara consistently goes above and beyond her clinical duties to improve health outcomes for our patients, constantly strives to motivate and empower patients in their diabetes journey.

Zara is highly knowledgeable and passionate about using technology most effectively to improve diabetes care. Her kindness and compassion is exemplary and full deserving of acknowledgement as our Counties Local Hero.

Fracture Liaison Team

Congratulations to our Fracture Liaison Services team which was recently awarded the Gold Star for Best Practice by the 'Capture the Fracture' Committee. Ours is one of the first Fracture Liaison Service teams to be set up in New Zealand and Clinical Lead, Dr Sunita Paul, says it is a testament to the team's hard work that they have now been recognized globally as a Gold Star rated service.

“Patients who have a fracture are more likely to develop a second fracture and the team's mission is to prevent this from occurring particularly trying to reduce the risk of hip fractures. The team is committed to helping people who are at high risk and will continue to improve our service," says Dr Paul.

Patient Feedback

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

BreastScreen MSC

"So impressed with the friendly and professional staff. Clear, informative and helpful communication."

ED/ICU

"Last weekend I had the unfortunate experience of having one of my own family members in our ED and ICU. I wanted to pass on our heartfelt thanks on behalf of my family. A particular thank you to ICU for arranging for him to be moved into a single room, to provide some privacy while we said our goodbyes. Our ED and ICU teams made an incredibly difficult situation a little more bearable, and their care and compassion was greatly appreciated by my whole family. As tough as it was being on the other side of things, it really made me proud to be part of the Middlemore team."

Gynae Care Unit

"I had a fantastic experience. I especially liked the night shift, the way I was welcomed to the ward by the nurse. The day nurse was extremely busy but made time for me. She gave professional caring to me. I know you are all working above and beyond what your "job" requires. You are amazing."

Kidz First Medical

"We would like to express our heartfelt gratitude to the Kidz First Medical Team. We came on Christmas Eve not expecting we would end up spending Xmas day at the hospital. The team of nurses and doctors are exceptional. We are so glad that our daughter was monitored under the expert guidance. Our daughters first Xmas was made so special with gifts. The nurses have been exceptional. They are generous caring

compassionate, our special thanks to the nurses Caitlyn, Seema, Abbey and all the doctors who saw her. We will be forever grateful."

Visitor screening

A patient's relative was admitted with a bowel obstruction. The surgeon explained that if the patient did not receive surgery they would probably pass away within a few days; due to the patient's age, they decided not to receive surgery. The patient's relative attempted to visit them in hospital but was not allowed entry. After waiting for 30 minutes they followed up and did not receive an answer as to why they were not allowed to visit despite explaining their circumstances, and decided to leave.

The family member felt that the reception and screening staff did not seem to care, and that they were allowing others to enter without any questioning. The patient's relative found the experience to be "disappointing, depressing and distressing", and outlined that they had had a similar experience at Middlemore Hospital when another of their family members received treatment 5 years ago.

The incident was investigated and a response was given apologising for the distress caused to the family member, and outlining more detail about the situation. CCTV footage was reviewed and showed that the Screener had called the ward to check whether the family member could go to the ward, the call was not returned and the screener became busy. It was identified that the Screener could have followed up with the ward earlier to avoid the family member having to wait so long. The Screeners were adhering to a visitors list but unfortunately this had not been updated over the weekend, which meant that it was showing that the family member's visit had not been approved. The CNM of the ward explained that the normal practice is for the visitor list to be updated twice daily, but this did not occur on the weekend in question.

When the family member called the ward on Monday, and explained that they had not been able to enter on the Sunday, the CNM was able to assure them that they would be able to visit on the Monday, and that as the patient was acutely unwell at the time, permission was given for 2 visitors to stay in the patient's room on compassionate grounds. It was also explained that the limitations on visitors to the ward was to adhere to safety and infection prevention protocols.

As a result of the feedback, the CNM on the ward met with staff to discuss the importance of ensuring that the ward visitor list is updated, that nursing staff have a copy of this at the start of their shift, and that at least one family member is allowed visiting access. The Screening Services Coordinator also spoke to the Screener involved about being more proactive in following up with the ward when a visitor is waiting.

The above has been summarised from feedback.

Appendices

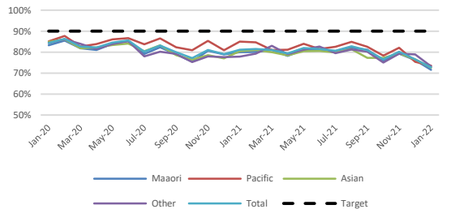
1. Metrics that Matter dashboard January 2022
2. Metrics that matter lowlights – additional information

CM Health Metrics That Matter Summary

Results to 31 January 2022

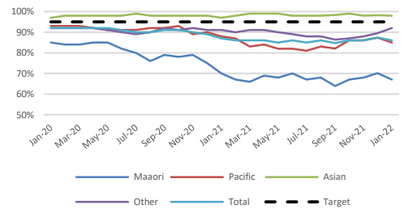
Smoking Cessation

Primary care

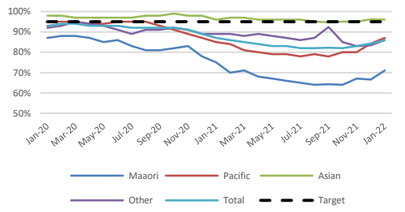


Q&S Immunisation

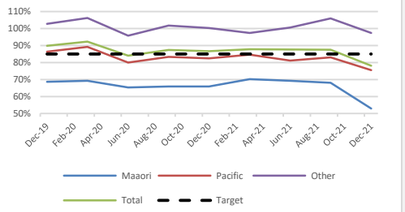
8mth olds immunisation on time



2 yr olds immunisation on time

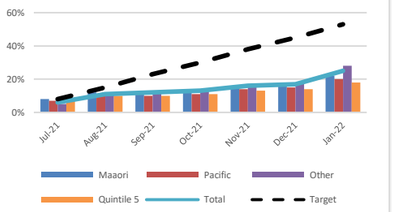


Newborn enrolment



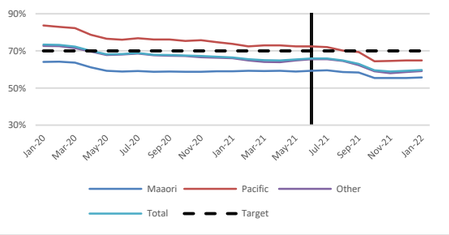
B4Sc check

B4Sc Check FY 21 (cumulative)

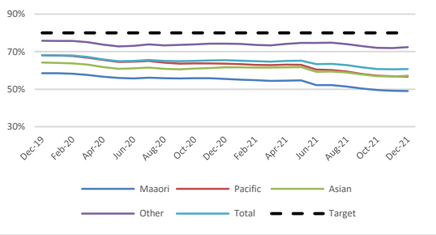


Screening

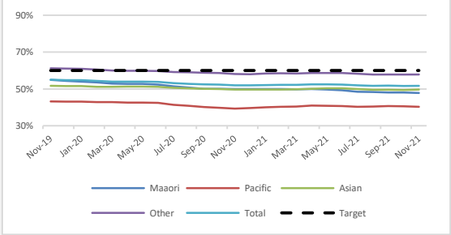
Breast Screening



Cervical Screening

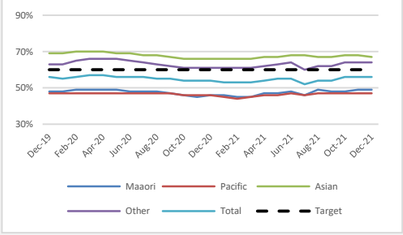


Bowel Screening



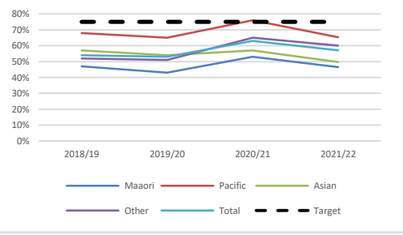
Diabetes

Diabetes Control



Influenza

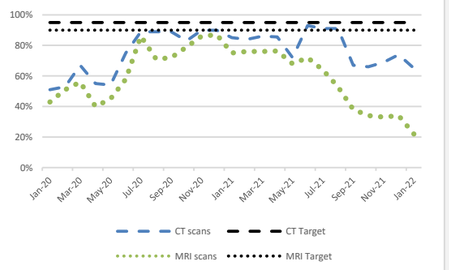
Influenza vaccinations to >65 year olds



Diagnostics

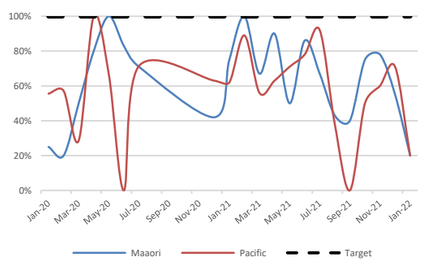
Radiology

CT & MRI scans within 6 weeks



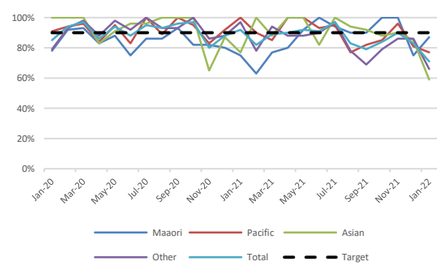
Respiratory

P1 bronchoscopy within 7 days



Gastroenterology

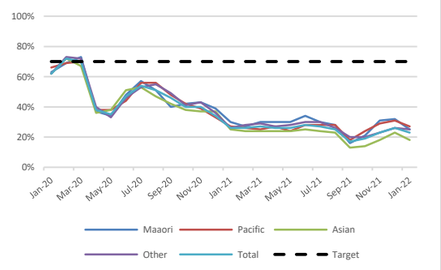
P1 colonoscopy within 14 days



Q&S

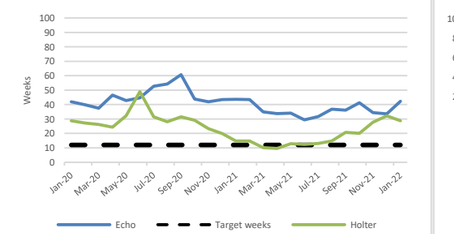
P2 colonoscopy within 42 days

P2 gastroscopy within 42 days



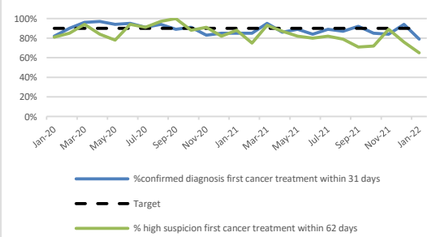
Cardiology

Echo & Holter wait times



Oncology

Faster Cancer Treatment 31 & 62 day

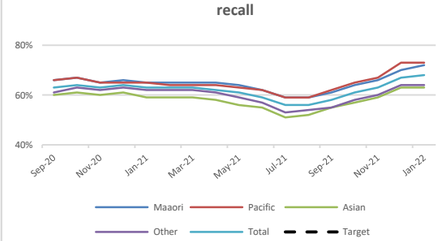


Q&S

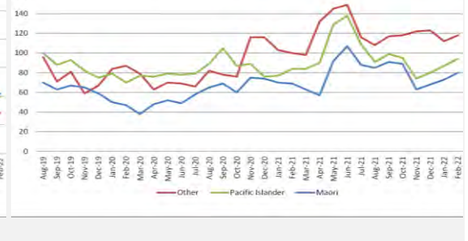
Paediatric Oral Health

Community Oral Health

Pre-school and Primary school children overdue for recall



FSA and Surgical Waitlist



CM Health Metrics That Matter Summary

Results to 31 January 2022

Smoking Cessation

Primary Care

PH04: Percentage of PHO enrolled patients who smoke who have been offered help to quit smoking by a health care practitioner in the last 15 months

Immunisation Q&S

8mth old immunisation

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

2yr old immunisation

CW05: Percentage of two year olds who are fully immunised

Influenza (Annual)

Vaccinations given to over 65 year olds between 1 March and 30 September each year. **Note:** 21/22 data incomplete

B4Sc check

B4Sc check

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

Newborn enrolment

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

Screening

Breast screening

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

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

Cervical screening

Proportion of women aged 25 – 69 years who have had a cervical smear in the last three years **Note**: Data reported is one month in arrears

Diabetes

Diabetes

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

Diagnostics

Radiology

CT&MRI scans within 6 weeks

% of scans completed within 6 weeks of acceptance of referral

Cardiology

Echo & Holter wait times

Maximum wait time for Echo & Holter (target weeks: 12 weeks)

Histology

Histology Turnaround Time

Removed as target met for over 12mths (as of June 2021)

Respiratory

P1 bronchoscopy within 7 days

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

Oncology Q&S

FCT 31&62 days

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

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

Gastroenterology*

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

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

**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

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.

Surgery

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

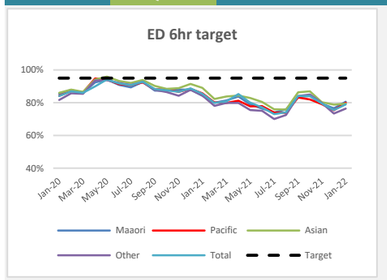
The number of children who are awaiting oral surgery after their FSA determines oral surgery is required.
Data source: ADHB

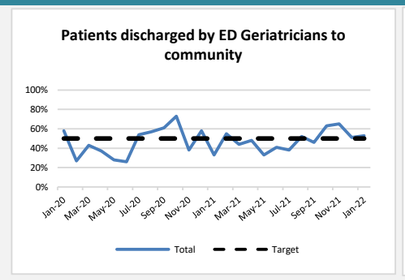
CM Health Metrics That Matter Summary

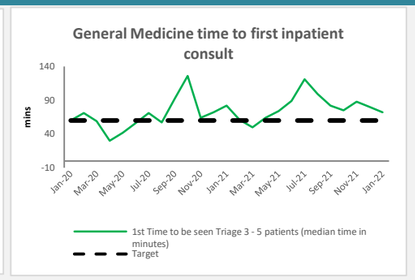
Results to 31 January 2022

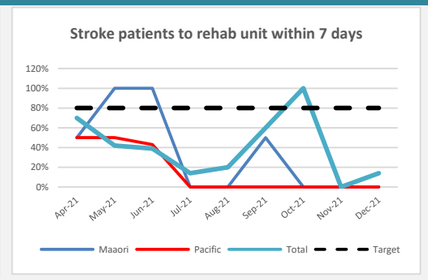
Acute

Q&S

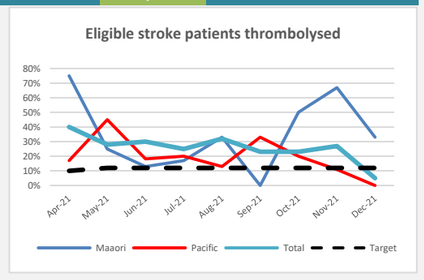




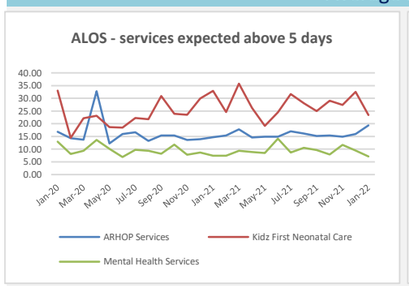


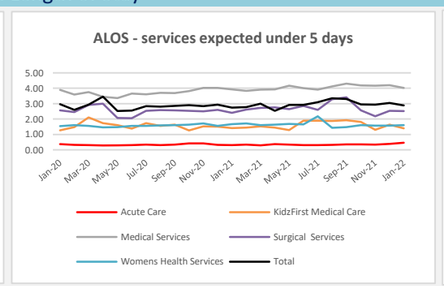


Q&S

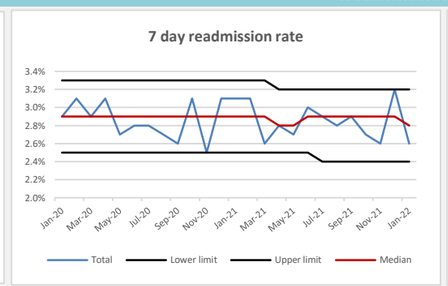


Average Length of Stay

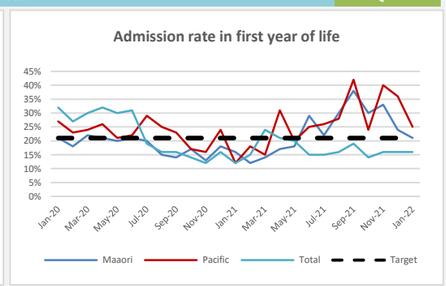




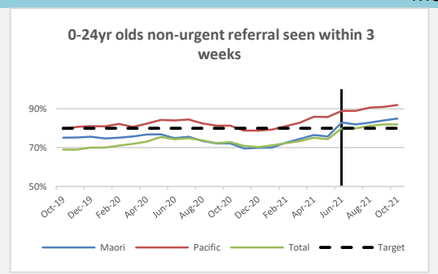
Readmissions

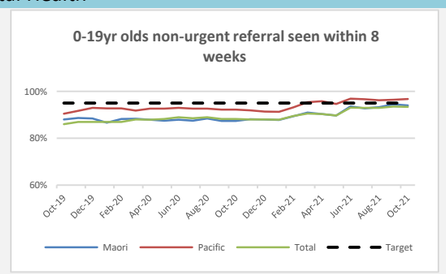


Q&S



Mental Health





Planned Care

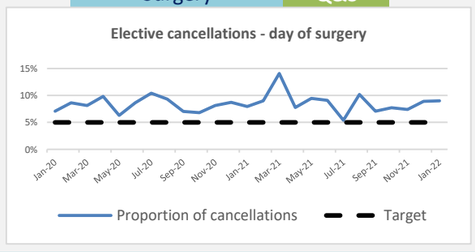
Services not achieving waiting time targets

Q&S

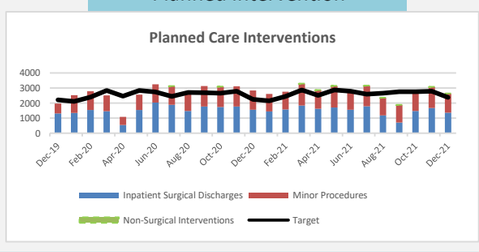
ESPI 2 compliance	Green 0 patients | Yellow >0 and <=10 patients | Red >10 patients												
	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Cardiology	0	8	35	21	66	35	56	135	197	270	158	139	131
Dermatology	57	97	140	158	173	200	184	202	245	254	269	283	266
Endocrinology	0	0	0	0	0	0	0	0	0	0	1	1	1
Gastroenterology	1	0	0	14	53	34	10	69	28	7	18	17	23
General Medicine	2	2	2	0	0	1	0	0	2	3	1	1	0
General Surgery	332	468	483	567	621	618	220	192	277	566	686	671	662
Gynaecology	0	0	0	13	15	6	8	36	144	256	383	356	411
Ophthalmology	118	103	110	124	93	58	61	115	235	372	536	546	544
ORL	4	69	50	4	0	0	0	0	40	318	425	324	277
Orthopaedics	536	578	622	692	776	661	700	756	864	1245	1552	1502	1603
Paediatric Medicine	49	66	63	53	53	52	46	56	52	81	4	3	2
Pain	26	31	20	15	7	5	2	1	0	1	13	20	29
Plastics	1	1	0	1	82	68	57	60	97	222	299	308	386
Respiratory	2	10	10	0	14	1	10	14	16	62	158	156	206
ESPI 5 compliance	Green 0 patients | Yellow >0 and <=10 patients | Red >10 patients												
	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Cardiology	0	0	0	0	0	0	0	0	0	0	1	1	1
General Surgery	61	91	63	104	136	123	143	106	118	184	265	270	292
Gynaecology	22	29	36	39	45	45	52	72	67	90	107	106	102
Ophthalmology	12	19	21	20	32	17	16	17	36	119	176	194	173
ORL	8	5	7	5	2	3	1	0	3	26	51	41	46
Orthopaedics	9	20	24	40	44	52	62	59	72	153	200	166	181
Plastics	57	54	53	61	64	55	45	52	54	75	72	78	87
Urology	30	25	20	4	0	0	0	0	15	38	85	88	94

Surgery

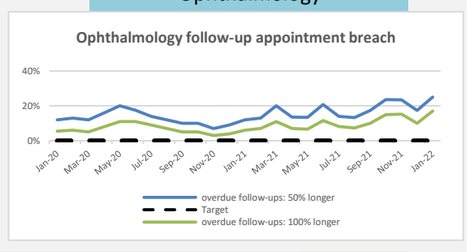
Q&S



Planned intervention

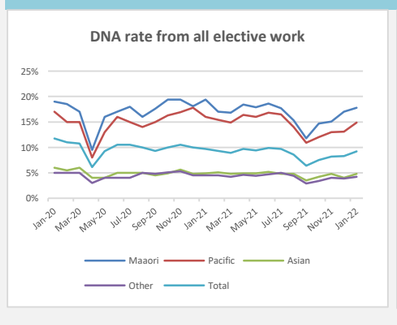


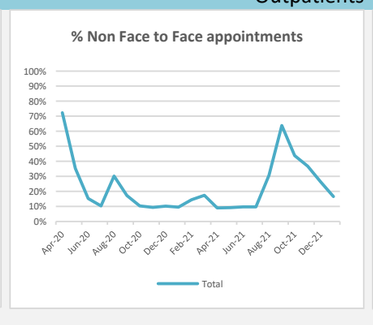
Ophthalmology

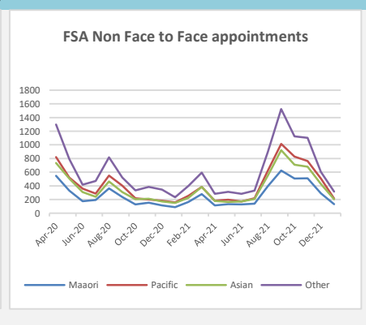


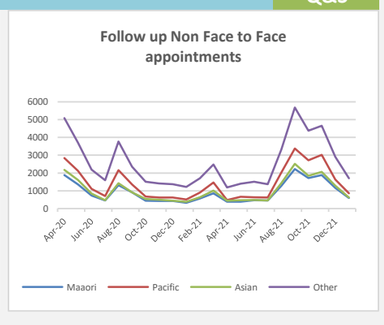
Outpatients

Q&S









CM Health Metrics That Matter Summary

Results to 31 January 2022

Acute

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

Q&S

Eligible stroke patients thrombolysed

% of patients admitted (by admit date) with: admission type of acute; admission method of home/routine; and principal diagnosis of ischemic or non-specified stroke. **Note:** Data reported one month in arrears

Q&S

Average Length of Stay

Average Length of Stay

Time from admission to discharge (includes any person who is admitted and stays longer than 3hrs)

Readmissions

Q&S

7 day readmission rate

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

Admission rate 1st yr of life

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

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. *Numerator: hA Netezza Data warehouse Denominator: 2018 Census* TARGET MET - removed from dashboard

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

ESPI 2 compliance

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

ESPI 5 compliance

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

Note: Services not shown after 2 months of compliance

Surgery

Q&S

Elective cancellations - day of surgery

Planned intervention

Planned Care Interventions

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

Ophthalmology

Ophthalmology wait times

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

Outpatients

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

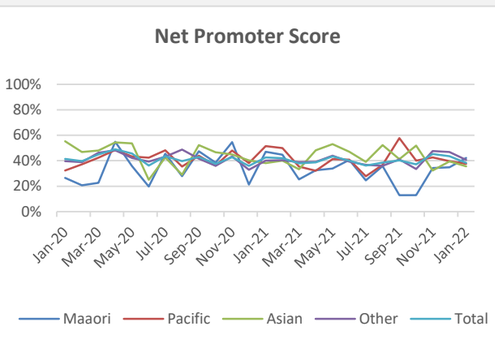
Volume of Follow up assessments which have occurred without the patient being physically present (recorded as Telephone, Video Conference, Non Patient Contact in iPM)

CM Health Metrics That Matter Summary

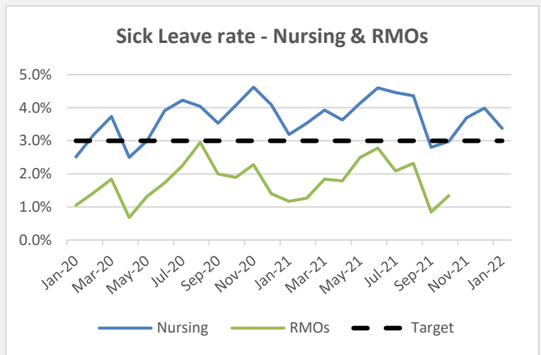
Results to 31 January 2022

Non-clinical performance

Patient Satisfaction — Q&S

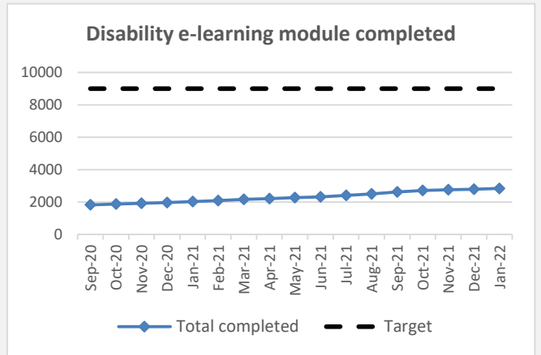


Workforce

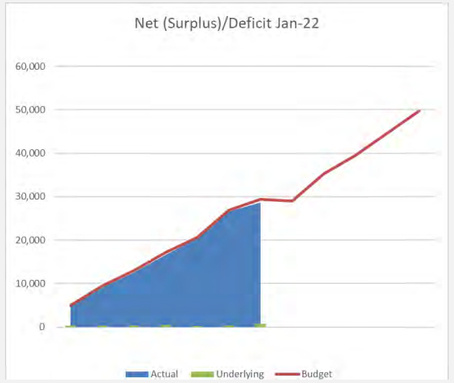


RMO data unavailable

Disability

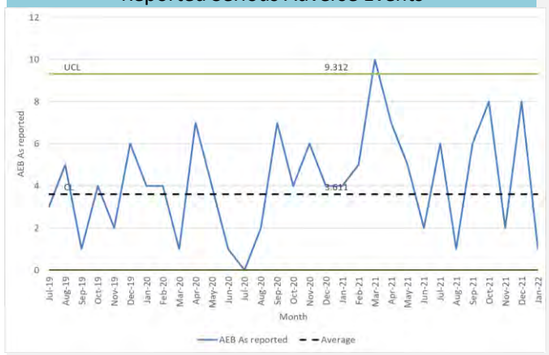


Month end financial result

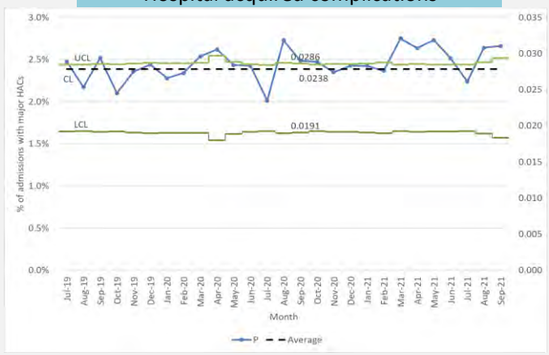


Additional Quality and Safety Measures

Reported Serious Adverse Events

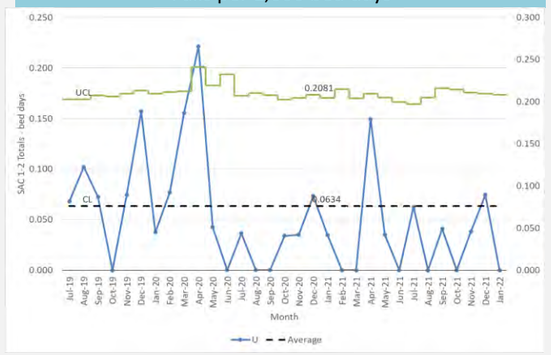


Hospital acquired complications



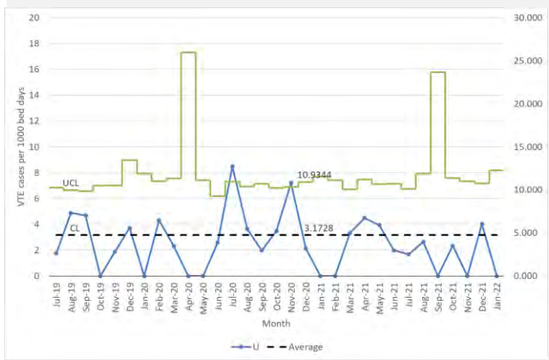
Latest HAC data unavailable

Falls per 1,000 bed days

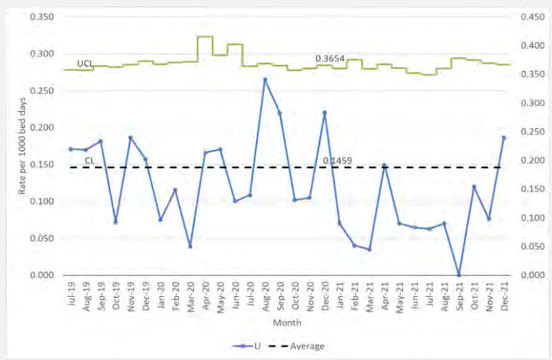


Severe pressure injuries

Provoked VTE cases per 1,000 bed days

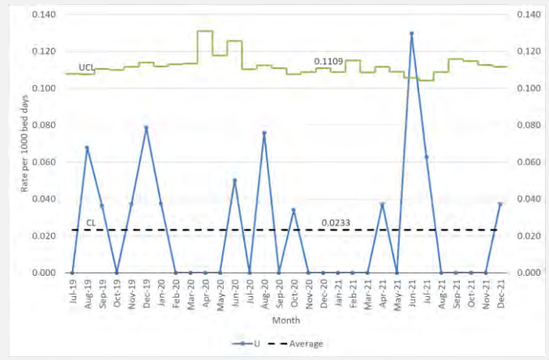


S. aureus bacteraemia per 1,000 bed days



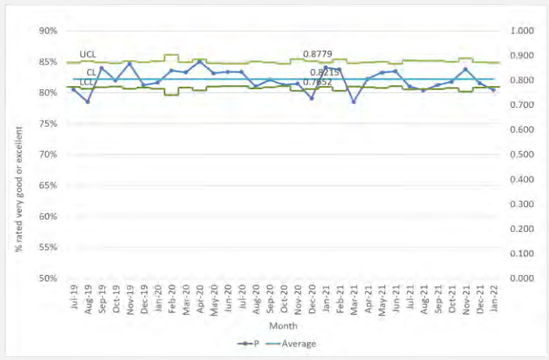
Latest SAB data unavailable

Inpatient CLAB per 1,000 bed days



Latest CLAB data unavailable

Overall care rated very good or excellent



Non-clinical performance

Patient Satisfaction — Q&S

Friends & Family Test

Net Promotor Score

How likely are you to recommend our service to friends and family if they needed similar care or treatment? One month lag.

Workforce

Sick Leave rate - Nursing & RMOs

Sick leave hours in the month divided by total hours in the month expressed as a %. **Note: Nursing chosen as staff group with most robust data available.** Nursing is an important workforce that impacts on hospital flow and is therefore used as a proxy to reflect the wider health workforce.

Disability

Disability e-learning module

% of staff who have completed the disability e-learning module. **Note: Denominator is all staff as this is part of mandatory training.**

Month end financial result

Net result

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

Quality and Safety Measures - 1 month lag

Reported Serious Adverse Events

AEB As Reported

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

Hospital acquired complications

Admitted with hospital acquired complications

% of admissions with hospital-acquired complications (Source: Health Roundtable). Data is only available until Sep 21.

Falls per 1,000 bed days

Falls with major harm

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

Severe pressure injuries

Severe pressure injuries

% of patients with severe pressure injuries (Stage 3, 4, or unstageable) (Source: Safety First - includes hospital and non-hospital acquired pressure injuries)

Provoked VTE cases per 1,000 bed days

Provoked Venous thromboembolism

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

S. aureus bacteraemia per 1,000 bed days

Inpatient SAB

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

Inpatient CLAB per 1,000 bed days

Central Line-associated Bloodstream Infection

Inpatient CLAB rate per 1000 bed days

Overall care rated very good or excellent

Patient care rating

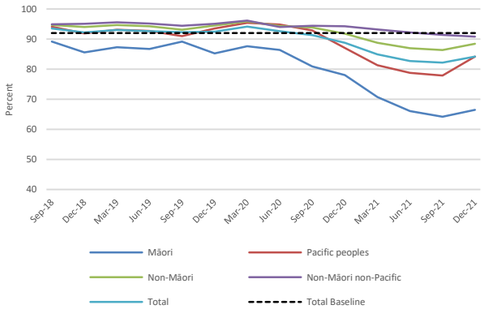
% of patients that rate overall care as very good or excellent (Source: Cemplicity Inpatient Survey)

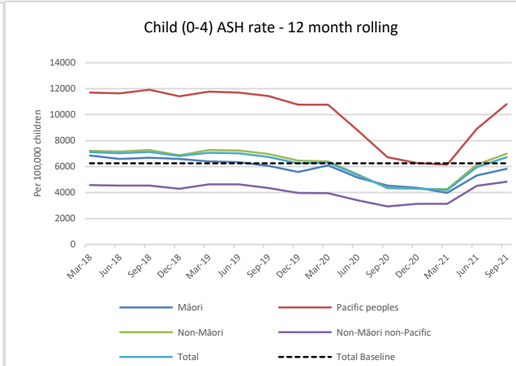
CM Health **Metrics That Matter** Summary

Results to 31 January 2022

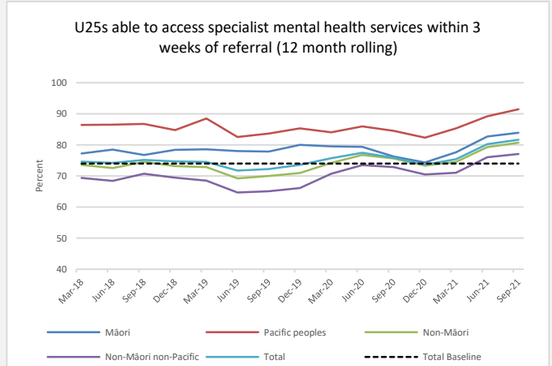
Health System Indicators - Govt. Priorities

Improving **child** wellbeing



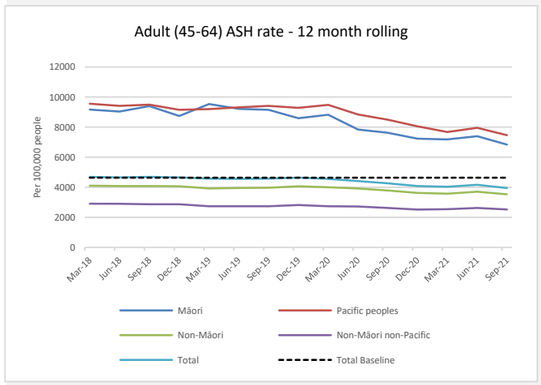


Improving **mental** wellbeing



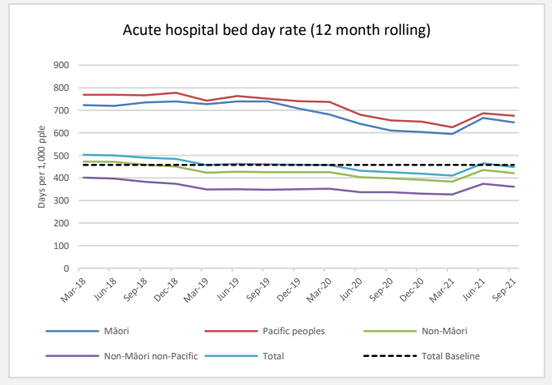
Access to primary health care data
(In development)

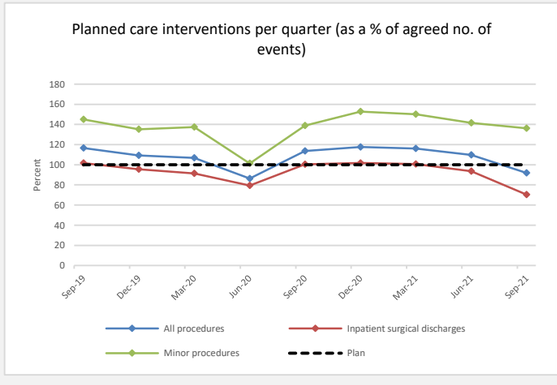
Improving wellbeing through **prevention**



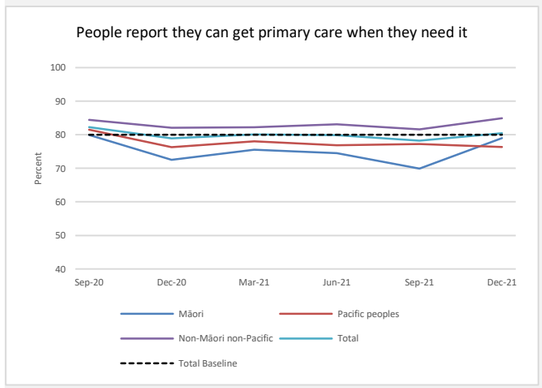
Participation in bowel screening programme
(In development)

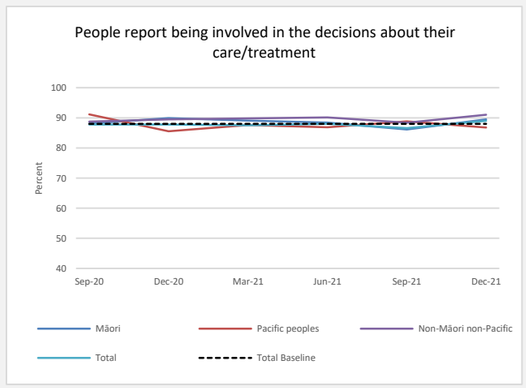
Strong and equitable public health system





Better **Primary health** care (patient experience data)





Financially sustainable health system

Annual surplus/deficit (year end)

Variance between budget/actuals

Link to HQSC Health System Indciators framework

Health System Indicators - Govt. Priorities

Improved child 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

Total Baseline period: Oct-Dec 2019

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
Total Baseline period: 12 months to Dec 2019

Improved mental wellbeing

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
Total Baseline period: 12 months to Dec 2019

Access to primary mental health and addiction services
(In development)

Improving wellbeing through prevention

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
Total Baseline period: 12 months to Dec 2019

Participation in the bowel screening programme
(In development)

Strong and equitable public health system

Acute hospital bed day rate
Number of days spent in hospital for unplanned care including emergencies
Total Baseline period: 12 months to Dec 2019

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

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
Total Baseline period: 12 months to June 2021

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
Total Baseline period: 12 months to June 2021

Financially sustainable health system

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

Appendix 2
Metrics that Matter January – Lowlights

B4 School Check completion rates still remain below target, although there was a noticeable shift in the number of B4 school checks completed in January compared to the previous months.

Cause(s)	**Mitigation/Solution**
Infection control requirements related to COVID Alert Levels 4 and 3 prohibited face to face visits.	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
	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'.

Paediatric oral health - the percentage of pre-school and primary school children who have not been examined according to their planned recall period has been increasing for all ethnic groups since mid-2021.

Cause(s)	**Mitigation/Solution**
ARDS service delivery and capacity were impacted during the recent COVID-19 Delta and Omicron outbreaks to meet infection control requirements.	Recent changes to Dental Council guidelines has eased restrictions on dental care leading to a slow and steady growth in appointment volumes. ARDS has undergone a review of the use of clinical time in appointments to establish where efficiencies could be gained. Planning is underway to re-establish further operating clinics across Auckland, including placement of mobile units into schools in early 2022. This will lead to an increase in appointment volumes for both examination and treatment patients.
	Confounding factors
	The total volume of enrolled patients decreased with the end of year Titanium (ARDS electronic record) process where 21,106 year eight children were discharged from the service.

The performance against the **6 week waiting time for MRI scans** continues to trend lower and remain well below target.

Cause(s)	**Mitigation/Solution**
Production reduced due to workforce vacancies and requirements to meet COVID-19 Alert Level infection control standards. Increased demand, growing waitlist and constrained resources (workforce & budget)	Additional in-house sessions & outsourcing (where resources available). Successful MRT/MRI recruitment (current immigration and MRTB constraints)
	Confounding factors
	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. In particular, gynaecology, ophthalmology, and orthopaedics are seeing an increasing number of people waiting longer than the target wait time for both measures.

Cause(s)	**Mitigation/Solution**
Production reduced in Alert Level 4 & 3 to meet infection control standards.	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
	COVID-19 infection control standards, including reducing theatre capacity/flexibility as a result of a dedicated COVID theatre. Reduced capacity while COVID ward upgrades occurred.

Counties Manukau District Health Board
Alice Nelson Charitable Trust – Reappointment of Trustees

Recommendation

It is recommended that the Board:

Receive this paper which provides an update on the activities of the Alice Nelson Charitable Trust.

Note that the Executive Leadership Team (22 February) endorsed the re-appointment of Jenny Parr, Chief Nurse and Director of Patient and Whaanau Experience, as a trustee of the Alice Nelson Charitable Trust for a further three-year term.

Note the Trust Deed (which provides for the process of reappointment) has been previously endorsed by the Board therefore ELT and CEO endorsement is sufficient when seeking re-appointment of a Trustee nominated by role (rather than a new Trustee).

Prepared and submitted by: Jenny Parr, Director of Patient Care, Chief Nurse and Allied Health Professions Officer.

Background and Proposal

In 2018, following approval by the Board, Attorney-General and Minister of Health, Counties Manukau Health:

- established the Alice Nelson Charitable Trust, primarily to provide financial and other assistance to nurses and midwives who need it due to age, physical or mental ill-health, accident or disability;
- transferred approximately $1,950,000 to the Trust, this amount representing the proceeds of sale of 18 The Parade, Bucklands Beach, Auckland which was bequeathed to one of its predecessor organisations under the will of Edward Nelson dated 1973, less agreed costs; and
- nominated its Director of Patient Care, Chief Nurse and Allied Health Professions Officer, now Chief Nurse and Director of Patient and Whaanau Experience as an initial trustee of the Trust.

In line with the Trust Deed (refer Appendix 1), further trustee nominations were made by Waitemata District Health Board, Auckland District Health Board and the Auckland Nurses and Midwives Rest and Recreation Society Incorporated as follows:

- Waitemata District Health Board – Jocelyn Peach, Chief Nursing Officer.
- Auckland District Health Board – Margaret Dotchin, Chief Nursing Officer.
- Auckland Nurses and Midwives Rest and Recreation Society Incorporated – Jane Lees, President.

Section 8.6 of the Trust Deed states that a Trustee shall hold office for a term not exceeding three years from the date of appointment but shall be eligible for re-appointment for a further term or terms up to a maximum of three terms in total.

On 25 March 2022, the Trustees reach the end of their initial three-year term. Accordingly, this paper sough approval to reappoint its existing nominee, being Jenny Parr, the Counties Manukau Health Chief Nurse Director of Patient and Whaanau Experience, as a trustee of the Trust for a further three-year term.

The Trust Deed (which provides for the process of reappointment) has been previously endorsed by the Board, therefore ELT and CEO endorsement is sufficient when seeking re-appointment of a Trustee nominated by role (rather than a new Trustee).

Discussion

Trust Highlights

The purpose of the Trust (as set out in the Trust Deed) is:

- to provide financial and other assistance to Nurses and Midwives who need it due to age, physical or mental ill-health, accident or disability (the primary purpose);
- to provide financial and other assistance to nurses and midwives and/or their families in financial need (secondary); and
- for other similar charitable purposes (secondary).

Since its establishment, the Trust has:

- Confirmed eligibility, application and selection intended purpose, confirmed reporting and types of assistance for applicants
- Registered as a Charity (December 2019) https://www.register.charities.govt.nz/Charity/CC57208
- Provided annual returns in 2020 and 2021
- Undertaken a process to determine the most suitable investment approach including the development of a Statement of Investment Policy and Objectives (SIPO) and considering an Environmental, Social, and Governance (ESG) analysis of the proposed investments
- Invested the funds after legal costs. A Term Deposit of $150,000 is with BNZ. The balance of $1,750,000 has been invested in an investment portfolio with Saturn Investment in three instalments between June and December 2021.
- Received training from Chapman Tripp (at no cost) about responsibilities of Trustees, the relevant legislation and implications of the Health Reforms.
- Determined that the next step is to confirm practicalities to enable applications to be received, consider options regarding expenditure, the grant making process and approach to preservation of capital**.**

Impact of Health Sector Reforms

The trustees have recently considered the impact of the pending health sector reforms on the Trust, noting that the three Auckland DHBs are specifically named as "nominating bodies" under the Trust Deed, meaning that they each have the right to nominate trustees (along with the Nurses and Midwives Rest and Recreation Society Inc). While the definition of "nominating body" extends to "successors" of the nominating body, it may be appropriate to consider amending this definition once more is known about the ultimate structure of Health NZ.

Importantly, the existing trustees continue until their terms end under the Trust Deed, regardless of the timing of the health sector reforms. In other words, the reforms are not a terminating event.

Equity

The Alice Nelson Charitable Trust, was formed primarily to provide financial and other assistance to nurses and midwives who need it due to age, physical or mental ill-health, accident or disability. To date the activities of the Trust have focused on ensuring the Trust is meeting is fiduciary responsibilities and ensuring the funds are invested wisely. The next steps will enable the Trustees to identify how it can address inequity and Te Tiriti o Waitangi obligations.

Appendix

Appendix 1. Trust Deed

CHAPMANft TRIPPV

Alice Nelson Charitable Trust

Counties Manukau District Healt h Board (the Settler)

Jenny Parr, Jocelyn Peach, Margaret Dotchin and Jane Lees (the Trustees)

I **hereby certify that this is a correct copy of the trust deed or rules of the Alice Nelson Charitable Trust as per section 10(2) of the Charitable Trusts Act 1957.**

Signed by Jenny Parr

as trustee of the Alice Nelson Charitable Trust

Date: 23.4.19

TABLE OF CONTENTS

ALICE NELSON CHARITABLE TRUST

Date: 25 March 2019

PARTIES

Counties Manukau District Health Board *(the Sett/or)*

Jenny Parr, Jocelyn Peach, Margaret Dotchin and Jane Lees *(the Trustees)*

BACKGROUND

A The late Mr Edward Victor Nelson left a bequest under his will dated 1973 to the then Auckland Hospital Board on the condition that his late mother, Alice Nelson, be recognised in relation to the gift. The Settlor has succeeded to the bequest and now intends to settle it upon a charitable trust in the name of Alice Nelson and in furtherance of the original charitable intent of Mr Edward Nelson adapted to modern day purposes.

B The Settlor is in possession of a brass plate made to commemorate Alice Nelson.

C On signing this deed, the Settlor has paid $10 and transferred the brass plate mentioned above to the Trustees to be held upon the trusts and with the powers set out in this deed. It is intended that, following the registration of the Trust the Settlor will transfer the funds representing the bequest less agreed costs to the trustees to hold on the terms of this trust deed.

NOW THIS DEED RECORDS:

1 **DEFINITIONS AND CONSTRUCTION**

1.1 **Defined terms**

In this deed, unless the context requires otherwise:

Balance Date means 31 March or any other date which the Trustees adopt by resolution as the date up to which accounts are to be made in each year;

Brass Plate means the brass plate made to commemorate Alice Nelson which formerly hung in the home of her son, Mr Edward Victor Nelson, at 18 The Parade, Bucklands Beach, Auckland, a photo of which is attached in Schedule 2;

Designated Gift means a gift which is subject to a trust for a specific purpose that comes within the purposes of the Trust Fund;

Income Year means any year or other accounting period ending on a Balance Date;

Nominating Body means the organisations listed in clause 8.3(a) to (d) and includes their successors;

J

Nurses and Midwives means, for the purposes of clause 4, any person who is or has been:

(a) a nurse registered with the Nursing Council of New Zealand; or

(b) a midwife registered with the Midwifery Council of New Zealand,

in each case who has worked in the area covered by the Waitemata, Auckland or Counties Manukau District Health Boards (or their predecessors or successors) and currently resides in that area;

Related Person for the purposes of clause 15.2 and In relation to any business to which section CW42{5) of the Income Tax Act 2007 applies, means a person specified in paragraphs (i) to (iv) of subsection (S)(b) of that section, the persons currently specified being:

(c) a settlor or trustee of the trust by which the business is carried on; or

(d) a shareholder or director of the company by which the business is carried on; or

(e) a settlor or trustee of a trust that is a shareholder of the company by which the business is carried on; or

(f) a person associated with a settlor, trustee, shareholder or director already mentioned in this definition;

Teleconference Meeting means a meeting where the participants are contemporaneously linl<ed by telephone or some other means of instant audio or audio and visual communication;

Trust means the charitable trust created by this deed;

Trust Fund means the sum of $10 and the Brass Plate referred to in Background C of this deed and includes any money, investments or other property paid or given to or acquired or agreed to be acquired by the Trustees after this deed has been signed with the intention that it be held by the Trustees subject to the trusts and other provisions set out in this deed.

1.2 **Construction**

In the construction of this deed, unless the context requires otherwise:

(a) a reference to "this deed" is a reference to this deed as amended from time to **time;**

(b) a reference to "Trustees" is a reference to the trustees for the time being of the Trust Fund, whether original, additional or substituted;

(c) a reference to a person includes a corporation sole and also a body of persons, whether corporate or unlncorporate;

(d) a refer ence to an enactment is a reference to th at enact m ent as ame nde d, or to any enactment that has been substituted for that enactment;

(e) the Schedule forms part of this deed;

(f) headings appear as a matt er of convenience and shall not affect the construc tion of this deed.

2 CREATION OF THE TRUST

2.1 Declaration of trust

The Settlor directs, and the Trustees acknowled ge, that the Trusteesshall hold the Trust Fund upo n the trusts and with the powers and for the purposes set out in th is deed.

2.2 Name of trusts

The t rusts created by this deed are to be known as the "Alice Nelson Ch ar itable Trust " or by such other name as the Trustees may determ ine by resolution from time to time, provided tha t it Is int ended that the name ' Alice Nelson' never be removed from the name.

3 REGISTRATION

3.1 Incorporation under the Charit able Trusts Act 1957

The Trustees may apply under the Charitable Trusts Act 1957 for incorporat ion as a Boar d under the name Alice Nelson Char itable Trust, or under such other name app r oved by the Registrar of Incorporated Societies.

3.2 Registration under the Chariti es Act 2005

If they consider it appro priat e the Trustees or the Boar d (as the case may be) may apply to be registered as a charit able entity under the Charities Act 2005. If and whil e so registered, the Trustees or the Board (as the case may be) will comply with the requirements of that Act.

4 PURPOSES

4.1 The Trust is established for the following purposes:

(a) to provide financial and other assistance to Nurses and Midwives who have a need for such assistance whether through age, physical or ment al ill- health, accident or disability;

(b) to provide financial and other assistance to Nur ses and Midwives and/ or their families in finan cial need; and

(c) for any other charitab le purposes wit hin New Zealand that are similar in nature to the specific pur poses of the Trust (whet her these be nur sing related, or charities for the relief of the aged and the ill or those in financial need) and which are charitable according to the law of New Zealand.

4.2 The intention is that clause 4.l(a) is the primary charitable purpose of the Trust and that clauses 4.l(b) and 4.l(c) are secondary charitable purposes, Notwithstanding this, the Trustees may further any of the purposes in clause 4.1 at any time, including 4.l(b) and/or 4.l(c) ahead of 4.l(a), if In their absolute discretion they consider it appropriate.

5 INCOME TRUSTS

5.1 Power to pay, apply or appropriate income

The Trustees may pay, apply or appropriate, or decide to pay, apply or appropriate as much of the income arising from the Trust Fund in an Income Year as they thinl< fit for or towards one or more of the purposes of the Trust and if the Trustees so provide for more than one purpose they need not treat each purpose equally.

5.2 Provisions relating to payments, applications and appropriations of income

(a) The Trustees may appropriate any investments for one or more of the purposes of the Trust in anticipation of a payment or application under clause 5.1.

(b) In any Income Year, the Trustees may appropriate all or part of the Income derived or to be derived from the Trust Fund during that Income Year even though, at the time of appropriation, they have not received the income being appropriated.

(c) If the Trustees appropriate any income for any purpose of the Trust the recipient of that income shall take an absolute and indefeasible interest in that income as from the date on which it is appropriated.

5.3 Power to retain income

The Trustees need not distribute all of the income arising from the Trust Fund in an Income Year, but may retain or decide to retain all or part of that income to establish or augment any reserve fund, which may be used at any later time for any purpose for which income arising from the Trust Fund may be used.

5.4 Receipts for payments of income

The receipt of the secretary, treasurer or other person or persons appearing to the Trustees to be authorised to give receipts on behalf of the recipient, of any payment of income made under clause 5.1, shall be a complete discharge to the Trustees for that payment.

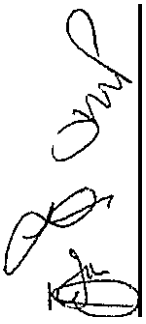
6 CAPITAL TRUSTS

6.1 Power to pay, apply or appropriate capital

At any time the Trustees may pay, apply or appropriate or decide to pay, apply or appropriate as much of the capital of the Trust Fund as they think fit for or towards one or more of the purposes of the Trust and if the Trustees so provide for more than one purpose they need not treat each purpose equally.

6.2 Provisions relating to payments, applications and appropriations of capital

(a) Any payment, application or appropriation of capital may be made either in addition to, or In place of, any payment, application or appropriation of income.



(b) The Trustees may appropriate any investments for one or more of the purposes of the Trust in anticipation of a payment or application under clause 6.1.

6.3 **Receipts for payments**

The receipt of the secretary, treasurer or other person or persons appearing to the Trustees to be authorised to give receipts on behalf of the recipient, of any payment of capital made under clause 6.1, shall be a complete discharge to the Trustees for that payment.

7 RECEIPT OF GIFTS

7.1 **Receipt of gifts**

The Trustees may receive solicited and unsolicited gifts of any real or personal property for the purposes of the Trust or for any specific purpose that comes within the purposes of the Trust.

7.2 **Separate specific trusts**

(a) If the Trustees accept a Designated Gift they must keep that Designated Gift and any income derived from it separate from the general assets of the Trust Fund, and administer it as a separate specific trust in terms of the trust under which it was given.

(b) The Trustees shall not use the assets of any separate specific trust to make good any deficit, loss, damage or breach of trust relating to any other separate specific trust.

(c) Each separate specific trust shall bear its own administration expenses plus a fair proportion (determined by the Trustees) of the administration expenses applicable to the general purposes of the Trust.

7.3 **Trustees may refuse a gift**

The Trustees may refuse to accept any gift if they determine that it is in the best interests of the Trust to do so.

8 TRUSTEES

8.1 **Number of Trustees**

There shall be no fewer than four, nor more than eight Trustees at any time and if the Trustees number less than the minimum number of Trustees the person or persons having the statutory power to appoint new Trustees must promptly appoint such new Trustees.

8.2 **Appointment of new and additional Trustees**

The statutory power of appointment of Trustees shall be vested in the Trustees, but if at any time there are no Trustees then the power shall be vested in the President for the time being of the New Zealand Law Society.

8.3 **Nominating Bodies**

Each of the following Nominating Bodies or their successors has the power to nominate for appointment one Trustee:

(a) The Auckland Nurses and Midwives Rest and Recreation Society Incorporated;

(b) The Counties Manukau District Health Board;

(c) The Waitemata District Health Board;

(d) The Auckland District Health Board,

provided that if any of the Nominating Bodies ceases to exist without leaving an appropriate successor (such decision as to an appropriate successor to be taken by the other Trustees) then the opportunity of that Nominating Body to nominate a person to be appointed a Trustee shall also cease.

8.4 **Nomination**
The means by which a nominee of the Nominating Bodies shall be appointed shall be as follows:

(a) Once the Trustees become aware of an existing or future vacancy they will notify the relevant Nominating Body of the need to put forward a nominee and the necessary timeframe;

(b) The relevant Nominating Body shall determine, in accordance with its internal processes, the name of the nominee to be put forward, having obtained that person's consent, and shall notify the Trustees of the name of the nominee;

(c) The other Trustees shall appoint such nominee as a Trustee.

8.5 **Other Trustees**
The Trustees shall also be able to appoint Trustees not nominated by Nominating Bodies, subject to clause 8.1.

8.6 **Term of office**
A Trustee shall hold office for a term not exceeding three years from the date of appointment but shall be eligible for re-appointment for a further term or terms up to a maximum of three terms in total.

8.7 **Quorum**
A majority of Trustees shall constitute a quorum at meetings of the Trustees.

8.8 **Termination of office**
A Trustee shall cease to hold office if he or she:

(a) retires from office by giving written notice to the Trustees or the secretary of the Trust;

(b) completes his or her term of office without being reappointed;

(c) refuses to act;

(d) is absent without leave from 3 consecutive ordinary meetings of the Trustees;

(e) becomes physically or mentally incapacitated to the extent that in the opinion of the other Trustees, expressed in a resolution, he or she is unable to perform the duties of a Trustee properly;

(f) ceases to qualify as an officer of a charitable entity under section 16 of the Charities Act 2005; or

(g) in the opinion of the other Trustees expressed in a resolution, is for any other reason unfit to carry out the duties of a Trustee,

8.9 **Record of changes of Trustees**

Upon every appointment, retirement, re-appointment or termination of office of any Trustee the Trustees will ensure that an entry is made in the minute book of the Trust to that effect and that any statutory requirements as to the vesting of the Trust Fund in the Trustees are satisfied,

8.10 **Validity of Proceedings**

Where, for any reason, a Trustee is not properly appointed or is disqualified from holding office, anything done by that Trustee (or by a meeting at which that Trustee was present as a Trustee) before discovery of the irregularity, shall be as valid as if that Trustee had been duly appointed or had not been disqualified (as the case may be).

8.11 **Appointment of chairperson**

The Trustees may elect one of their number as a chairperson to chair their meetings, If the chairperson cannot be present, or is not present within 10 minutes of the time appointed for any meeting, the Trustees present may elect one of their number to be the chairperson of the meeting. The chairperson shall not have a casting vote In the event of the voting being declared even.

8.12 **Appointment of secretary and others**

The Trustees may appoint a secretary and any other officers or employees that the affairs of the Trust may require on such terms and conditions as they think fit. The Trustees may also remove and replace any persons so appointed.

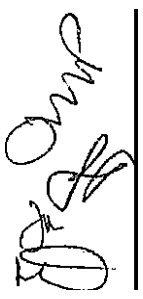
8.13 **Committees**

The Trustees may appoint sub-committees, ad hoc committees or executive committees as they may from time to time think expedient for carrying out the purposes of the Trust. Any such committee may co-opt any other person, whether a Trustee or not, to be a member of that committee. Subject to any directions that the Trustees might give, each committee may regulate its own procedure.

9 TRUSTEE MEETINGS

9.1 **Meetings**

The Trustees shall meet as often as they consider desirable for the efficient and proper conduct of the affairs of the Trust, but in any event at least once in each Income Year.



9.2 **Notice of meetings**

(a) Written notice of every meeting of Trustees shall be either hand-delivered, posted or sent by facsimile or email to each Trustee at least 7 days before the date of the meeting.

(b) Every notice of a meeting shall state the place, day and time of the meeting and may also state the subject-matter of the meeting.

(c) The requirement for notice of a meeting may be waived if all the Trustees give their consent to such a waiver.

9.3 **Adjournment**

If a quorum is not present within 30 minutes after the time appointed for any meeting the Trustee or Trustees present may adjourn the meeting.

9.4 **Resolutions**

(a) Except where this deed provides otherwise a decision is taken and a resolution is validly made when it is passed by a simple majority of those Trustees present and entitled to vote at a duly convened and conducted meeting of the Trustees.

(b) The Trustees may vary or cancel any resolution at a meeting.

(c) A written resolution signed by all the Trustees shall be as effective for all purposes as a resolution passed at a properly convened and conducted meeting of the Trustees. Such a resolution may comprise several duplicated documents, each signed by one or more of the Trustees.

9.5 **Minutes**

(a) The Trustees shall keep a proper record in a minute book of all decisions taken and business transacted at every meeting of the Trustees.

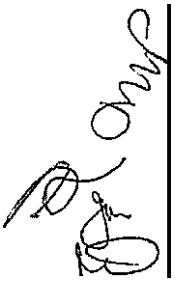
(b) Where minutes of the proceedings at a meeting of the Trustees have been made in accordance with the provisions of this rule then, until the contrary is proved, the meeting shall be deemed to have been properly convened and its proceedings to have been properly conducted.

9.6 **Teleconference Meetings**

(a) A Teleconference Meeting between a number of Trustees who constitute a quorum, shall be deemed to constitute a meeting of the Trustees. All the provisions in this deed relating to meetings shall apply to Teleconference Meetings so long as the following conditions are met:

(i) All of the Trustees for the time being entitled to receive notice of a meeting shall be entitled to notice of a Teleconference Meeting and to be linked for the purposes of such a meeting. Notice of a Teleconference Meeting may be given on the telephone;

(ii) Throughout the Teleconference Meeting each participant must be able to hear each of the other participants taking part;



(iii) At the beginning of the Teleconference Meeting each participant must acknowledge his or her presence for the purpose of that meeting to all the others taking part;

(iv) A participant may not leave the Teleconference Meeting by disconnecting his or her telephone or other means of communication without first obtaining the consent of the chairperson, or if there is no chairperson, the consent of the other participants. Accordingly, a participant shall be conclusively presumed to have been present and to have formed part of the quorum at all times during the Teleconference Meeting unless he or she leaves the meeting with such consent;

(v) A minute of the proceedings at the Teleconference Meeting shall be sufficient evidence of those proceedings, and of the observance of all necessary formalities.

10 AUDIT, ANNUAL REPORT AND FINANCIAL STATEMENTS

10.1 At their first meeting in each Income Year (other than the first Income Year) the Trustees shall present a report dealing with the affairs of the Trust, supported by a statement of the Trust's income and expenditure during the previous Income Year and a statement of its assets and liabilities at the end of that Income Year.

10.2 The Trustees will ensure that they comply with current reporting standards and requirements for an entity with the level of expenditure of the Trust.

10.3 If the Trustees at any time resolve to appoint an auditor to audit or reviewer to review the Trust's financial statements then they will ensure that the financial statements of the Trust for each Income Year are audited or reviewed, as the case may be, by a chartered accountant in public practice within 4 months after the end of that Income Year. The person appointed as auditor or reviewer must not be a Trustee.

11 CONTROL OF FUNDS

All money received by or on behalf of the Trust shall be paid immediately to the credit of the Trust in an account or accounts with a Bank or Banks selected from time to time by the Trustees. All cheques and other negotiable instruments, withdrawal slips and receipts for money shall be signed, drawn, accepted, endorsed or otherwise executed (as the case may be) on behalf of the Trust in such manner as the Trustees decide from time to time.

12 CUSTODY AND USE OF COMMON SEAL

If the Trustees become incorporated as a Board under the Charitable Trusts Act 1957 they shall adopt a common seal and have custody of the common seal. The common seal may be affixed to any document only with the prior authorisation of the Trustees and, once authorised, may be affixed in the presence of any two Trustees who must sign the document.

13 DISCLOSURE OF INTERESTS

13.1 Interested Trustee

(a) A Trustee will be interested in a matter in which the Trust is involved if the Trustee:

(i) is a party to, or will derive a material financial benefit from a transaction with the Trust;

(ii) has material financial interest in another party to a transaction with the Trust;

(Ill) is a director, officer or trustee of another party to, or person who will or may derive a material financial benefit from a transaction with the Trust, not being a party that is wholly owned by the Trust;

(iv) is the parent, child or spouse of a person who will or may derive a material financial benefit from a transaction with or distribution from the Trust; or

(v) is otherwise directly or indirectly interested in a matter involving the Trust.

(b) As soon as a Trustee becomes aware of the fact that he or she is interested in a matter involving the Trust, he or she must disclose to his or her co-trustees:

(i) the nature and monetary value of that inter-est (if the monetary value of the Trustee's interest is able to quantified); or

(ii) if the monetary value of the Trustee's interest cannot be quantified, the nature and extent of that interest.

(c) A disclosure of interest by a Trustee must be recorded in the minute book of the Trust.

13.2 Interested Trustee may not vote

A Trustee who is interested in a matter involving the Trust may not vote on a decision relating to that matter, nor be Included among the Trustees present at the meeting for the purpose of determining a quorum, but may:

(a) attend a meeting of Trustees at which discussion of the matter arises;

(b) sign a document relating to the matter on behalf of the Trust; and

(c) do anything else as a Trustee in relation to the implementation of the matter, as if he or she were not interested.

13.3 Dealing with interested Trustees

Subject to clauses 13.1 and 13.2, each Trustee may act as a Trustee and still contract or otherwise deal with the Trustees in his or her personal capacity or in any other capacity as If he or she had not been appointed as a Trustee.

14 RESTRICTIONS ON PRIVATE PECUNIARY PROFIT AND ON BENEFITS IN BUSINESS ACTIVITY

14.1 No private pecuniary profit of any individual and exceptions

(a) No private pecuniary profit shall be made by any person involved in this Trust, except that:

(i) any Trustee or committee member appointed by the Trustees shall be entitled to be reimbursed out of the assets of the Trust for all expenses which he or she properly incurs in connection with the affairs of the Trust;

(ii) the Trust may pay reasonable and proper remuneration to any officer or servant of the Trust (but not a Trustee acting in that Trustee capacity) in return for services actually rendered to the Trust;

(iii) any Trustee is to be paid all usual professional, business or trade charges for services rendered, time expended and all acts done by that Trustee or by any firm or entity of which that Trustee is a member, employee or associate in connection with the affairs of the Trust;

(iv) any Trustee may retain any remuneration properly payable to that Trustee by any company or undertaking with which the Trust may be in any way concerned or involved for which that Trustee has acted in any capacity whatever, notwithstanding that that Trustee's connection with that company or undertaking is in any way attributable to that Trustee's connection with the Trust.

(b) The Trustees, in determining all reimbursements, remuneration and charges payable in terms of this clause, shall ensure that the restrictions imposed by this clause 14.1 are strictly observed.

14.2 Prohibition of benefit or advantage in business activity

(a) In the carrying on of any business under this deed no benefit, advantage or income shall be afforded to, or received, gained, achieved or derived by any Related Person where that Related Person, in his or her capacity as a Related Person, is able in any way (whether directly or indirectly) to determine, or to materially influence the determination of:

(i) the nature or amount of that benefit, advantage or income; or

(ii) the circumstances in which that benefit, advantage or income is, or is to be, so afforded, received, gained, achieved or derived.

(b) A person who is in the course of, and as part of the carrying on of his or her business of a professional public practice, shall not, by reason only of him or her rendering professional services to the Trust or to any company by which any business of the Trust is carried on, be in breach of the terms of this clause 14.2.

15 TRUSTEES' POWERS

15.1 General power

It is intended that in the exercise of their discretion the Trustees shall have the fullest possible powers in relation to the Trust Fund, and that they may do anything they think necessary, expedient or desirable in furtherance of the purposes of the Trust. However:

(a) this general power does not authorise the Trustees to do anything which may prejudice the charitable nature of the purposes of the Trust; and

(b) all the Trustees' powers, authorities and discretions shall be subject to any direction to the contrary in any instrument evidencing or conferring a gift accepted by the Trustees, whether the gift is a Designated Gift or is generally for the purposes of the Trust Fund.

15.2 Specific powers

Without prejudice to the generality of clause 15.1, or to any of the Trustees' express or implied powers, the Trustees shall have the powers specified in the Schedule and may exercise them either alone or with any other person(s) in furtherance of the purposes of the Trust.

16 ADVICE OF COUNSEL

If the Trustees are In doubt over any matter relating to the administration of the Trust Fund, or over the exercise of any power vested in them, they may obtain and act upon the opinion of a barrister of the High Court of New Zealand of at least 7 years' standing. And they may act upon the barrister's opinion without being liable to any person who may claim to be beneficially interested in respect of anything done in accordance with that opinion. This right to obtain and act upon a barrister's opinion, however, will not restrict the Trustees' right to apply to the High Court of New Zealand for directions.

17 LIABILITY OF TRUSTEES

17.1 Liability for loss

A Trustee shall be liable only for any loss attributable to his or her dishonesty or to his or her wilful commission or omission of an act which he or she knows to be a breach of trust. In particular, no Trustee shall be bound to take, or liable for failing to take, any proceedings against a co-Trustee for breach or alleged breach of trust.

17.2 Standard of care

Where, for the time being, there is more than one person acting as a trustee of the Trust Fund, and one or more, but not all, of them is or are engaged in a profession, employment or business which is or includes acting as a trustee or investing money on behalf of others, then in exercising any power of investment, that trustee or those trustees (as the case may be) shall not be required to exercise the care, diligence and skill that a prudent person engaged in that profession, employment or business would exercise in managing the affairs of others. Rather, that trustee or those trustees (as the case may be) shall be required only to exercise the care, diligence

and skill that a prudent person of business would exercise in managing the affairs of others. This clause 17.2 shall constitute a contrary intention for the purposes of clause 13D of the Trustee Act 1956.

18 TRUSTEE INDEMNITY

A Trustee shall be entitled to exoneration and indemnity out of the assets of the Trust for any liability which that Trustee incurs in relation to the Trust and which is not attributable to that Trustee's dishonesty or to his or her wilful commission or omission of an act which he or she knows to be a breach of trust.

19 WINDING UP

19.1 The Trustees may only wind up the Trust if:

(a) the Trust has no assets and has ceased to operate; or

(b) in any other situation, only with the approval of the Court.

19.2 On the winding up of the Trust under clause 19.l(b) and subject to any direction otherwise from the Court, the Trustees must give or transfer all surplus assets after the payment of costs, debts and liabilities:

(a) to some other charitable organisation or body within New Zealand having similar objects to the Trust; or

(b) if no such organisation exists with a satisfactory reputation or track record, for some other charitable purpose or purposes within New Zealand.

20 ALTERATIONS TO DEED

20.1 Subject to clauses 20.2 and 20.3, this deed (including the Schedule) may be altered only by:

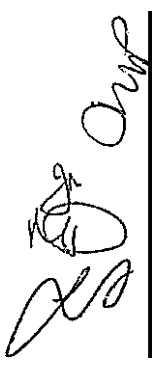
(a) a resolution of Trustees passed at a meeting of Trustees of which written notice specifying the nature of the proposed alteration has been provided to each Trustee at least 7 days before the date of the meeting at which it is to be considered; or

(b) a written resolution of Trustees under clause 9.4(c).

20.2 No alterations can be made to clauses 4.1, 4.2 (charitable purposes) or clause 19 (winding up).

20.3 Any alteration to this deed that prejudices the charitable natur e of the Trust, and in particular the meeting, by the Trust, of all the requirements for any exemptions available to charities under the New Zealand revenue laws, shall be invalid.

(Schedule follows)



SCHEDULE 1: TRUSTEES' SPECIFIC POWERS

Pursuant to clause 15.2, the Trustees have the following specific powers:

1 **To raise funds**

To raise money for any of the purposes of the Trust by all lawful means, including the conduct of fundraising campaigns.

2 **To invest**

2.1 To invest the Trust Fund and the income from it in any form of investment on such terms and for such periods as the Trustees in their absolute discretion determine, and to vary any such investment from time to time.

2.2 To hold one or more investments without any obligation to diversify, or to consider diversifying, between investments or nature or types of investment and without being liable for any resultant loss to the Trust Fund.

2.3 To hold a single investment or to concentrate their capital investment in any single asset (including, but without limitation, shares in a company or group of companies) without being liable for any resultant loss to the Trust Fund.

3 **To appoint an investment manager**

3.1 To appoint any person as an investment manager to invest and manage all or any investments forming part of the Trust Fund on such terms as the Trustees think fit, such terms to include a regular review of the investment manager's management of the investments.

4 **To retain investments**

To retain any investments coming into the Trustees' hands as part of the Trust Fund for as long as the Trustees think proper, even if they are not investments which could be properly made by a trustee.

5 **To sell**

To sell any real or personal property forming part of the Trust Fund in the manner and on the terms and conditions the Trustees think fit, including (without limitation) power to allow such part of the purchase price as the Trustees think fit to remain on loan with or without security or to be payable by instalments.

6 **To postpone sale**

To postpone the sale of any real or personal property forming part of the Trust Fund for as long as the Trustees think fit without being liable for any resultant loss to the Trust Fund.

7 **To let**

To let any real and personal property at such rent and on such terms and conditions (including an option to purchase) as the Trustees think fit and to accept surrenders of any leases and tenancies.

8 **To borrow**

To borrow any money at whatever rate of interest and upon whatever other terms and conditions the Trustees may think fit. For this purpose the Trustees may give security for repayment over the entire Trust Fund or any part of it, whether or not any part over which the security is given benefits from the borrowing.

9 **To carry on business**

9.1 To carry on any business, whether in partnership or otherwise, for as long as the Trustees think fit. They may use any part of the Trust Fund as capital in the business, and may also employ in the business such managers, agents, employees and other persons (including any Trustee other than anyone who for the time being Is the sole Trustee of the Trust Fund) as they think flt.

9.2 The Trustees shall be absolutely Indemnified out of the Trust Fund for any losses which they may sustain in so carrying on any such business.

9.3 Subject to the terms and conditions on which any business is carried on by the Trustees, the net annual profits from any business shall, at the Trustees' discretion, be distributable as income in the Trustees' hands without having to be first applied in making good any earlier business losses. Any business losses for any year, unless the Trustees decide otherwise, shall be borne by the capital of the Trust Fund and not recouped out of later profits.

10 **To accept payment in company securities**

In the sale of any business to a company, to accept payment for all or part of the purchase price in ordinary deferred or preference shares (whether fully paid or partly contributory) or debentures or debenture stock of such company. In exercising this power the Trustees shall not be taken to be exercising a power of Investment.

11 **To promote a company**

To promote a company or companies for the purpose of acquiring any business or the assets of any business.

12 **To act in relation to certain companies**

In respect of any company In which the Trust Fund holds or is the beneficial owner of shares, notes, stock or debentures:

12.1 to act as a director of the company and to receive and retain fees or other remuneration for so acting without having to account to the Trust Fund unless the Trustees otherwise require;

12.2 to provide out of the Trust Fund on such terms as the Trustees think fit further capital for the company either by way of advances, loans, deposits or otherwise (with or without security) or by taking further shares in the company, but only insofar as the Trustees are satisfied on reasonable grounds that the provision of such further capital will contribute to the ability of the Trustees to fulfil the charitable purposes specified in clauses 4.1 to 4.4;

12.3 to concur in the winding up, reconstruction or amalgamat ion of the company or in the modification of its regulations, on whatever terms the Trustees think fit; and

12.4 gener ally to act in relation to the company in whatever manner the Trustees consider to be in the best interests of the Trust Fund.

13 **To subdivide**

To subdivide any real property forming part of the Trust Fund and to meet the costs of subdivision out of the Trust Fund.

14 **To maint ain pr operty**

To maintain, manage and improve property which, or any interest in which, forms part of the Trust Fund, in whatever manner the Trustees think fit. For those purposes, the Trustees may pay and apply any of the capital and income of the Trust Fund as they think fit.

15 **To develop**

To spend any sums out of the capital or income of the Trust Fund the Trustees think fit in developing any real property forming part of the Trust Fund, and to do all things (including dedicating roads) which the Trustees consider necessary or desirable for the proper completion of the development.

16 **To purchase property**

To purchase as an asset of the Trust Fund any property or interest in property which the Trustees consider will benefit the Trust Fund. In exercising this power the Trustees shall not be taken to be exercising a power of investment.

17 **To grant and acquire options**

To grant acquire, dispose of and exercise any option to purchase, lease or exchange any interest in real or personal property of any value, whether the option is incidental to, or independent of, any sale, lease, exchange or other disposition. An option may be granted acquired or disposed of on such terms and conditions as the Trustees think fit, and in respect of a grant, may be granted at a price determined at the t ime of the grant or at such later date as the Trustees think fit. The Trustees shall not be personally liable for any loss arising from their exercise of this power and shall be indemnified accordingly out of the Trust Fund.

18 **To make loans and advances**

To make any loans or advances (with or without security) for any of the purposes of the Trust Fund in such manner and on such terms and conditions as the Trustees think flt.

19 **Capital, income and blended funds**

To determine whether any money is to be considered as capital or income, and which expenses should be paid out of capital and out of income respectively, and also to apport ion blended funds. Each determination or apportionment shall be final and binding on all persons beneficially interested In the Trust Fund.

20 **Depreciation or replacement funds**

To set up and maintain any depreciation or replacement funds for any purpose the Trustees may consider advisable, and in this regard to determine in their discretion:

20.1 the amount of income to be credited from time to time to any of those funds;

20.2 whether those funds are income or capital.

21 **Bank accounts**

To open any bank accounts in any name(s) either on the Trustees own behalf or jointly with some other person(s), and to overdraw any such account with or without giving security. The Trustees may also make arrangements with any bank for any one or more of the following persons to operate on any of the Trustees' accounts at that bank:

21.1 the Trustees; and

21.2 any delegate(s) named in writing by all the Trustees.

22 **To guarantee or indemnify**

To guarantee the liability of any person or corporation or provide an indemnity for the purposes of the Trust Fund and to give security in support of any such guarantee or indemnity, provided that any such guarantee or indemnity directly supports one or more of the charitable purposes of the Trust as set out in clause 4.

23 **To insure**

To insure any building or other insurable property to any amount up to its full insurable value, or at the Trustees' option, up to its full replacement value, against destruction or damage by fire, earthquake, fire following earthquake and such other risks as the Trustees think fit. The Trustees may pay the premiums out of income or capital as they think fit.

24 **To waive debts**

Without being liable for loss, to waive any debts due to the Trust Fund, either absolutely or on such terms as the Trustees think expedient, provided that the Trustees have first used all reasonable effort to recover the debt.

25 **To deposit funds**

To deposit all or part of the Trust Fund in any currency in a savings or other interest *or* non-interest bearing account with any bank, trust, company *or* other financial or investment institution in any jurisdiction in the world. In making any deposit the Trustees shall not be liable for any loss due to devaluation or any foreign exchange *or* other governmental restriction.

26 **To hold the Trust Fund uninvested**

To hold any part of the Trust Fund uninvested and in any currency for as long as the Trustees think fit without being liable for any loss due to devaluation *or* any foreign exchange or other governmental restriction.

27 **To protect or enhance assets**

To enter into any type of contract whatever to protect, maintain or enhance the value of any assets acquired or held by the Trustees or which they have the right to acquire or hold.

28 **To appoint officers or employees**

The Trustees may appoint persons as officers or employees (Including Trustees) of the Trust if, in their opinion, the affairs of the Trust require such appointments, on such terms and conditions as they think fit. The Trustees may also remove and replace any person so appointed.

29 **To delegate collectively administrative functions**

To employ and pay a person or persons to be an agent or attorney of the Trustees and to authorise them to exercise or perform any or all of the functions of the Trustees except Excluded Functions on such terms and conditions as the Trust ees think fit provided that such authorisation Is given in writing and such arrangements are kept under review. For the purposes of this clause, Excluded Functions means a function that is, or Is related to:

(a) the exercise of a discretion to pay, apply or appropriate or decide to pay, apply or appropriate, the whole or any part of the Trust Fund;

(b) the exercise of a disc ret ion to determine whether any payment from the Trust Fund is a payme nt from income or capital;

(c) the exercise of a discretion to determine whether any payment received by the Trustees should be appropriated to income or capital;

(d) a right conferred on Trustees to apply to the Court; or

(e) a right to delegate the exercise of the Trustees' functions.

30 **To enter into contracts and arrangements**

To enter into any type of contract, commitment, arrangement or understanding to assume or reallocate risl<, rewards, rights or obligations on such terms as the Trustees think fit.

31 **To vary contracts and arrangements**

To vary, assign, novate, *waive,* terminate or otherwise deal with on such terms as the Trustees think fit any contract, commitment, arrangement or understanding to which the Trustees are party.

32 **Do all other necessary or desirable things**

The Trustees may do all other lawful things that are necessary or desirable in their opinion for the carrying out of the purposes of the Trust.

SCHEDULE 2: BRASS PLATE

EXECUTION

Counties Manukau District Health Board
as Settlor

Chief Executive Officer

in the presence of:

Name: 01 v\\..C. <::)lQS

Occupation: Ex:- "Kve. \ stcv{\-

Address: lLC::\. flsh-.-o- eat *(2..0]* v---1Cll'1lLu.

Signed **J;_nn** **r** as Trustee

Name: VO *C 18BS*

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Signed by **Mara;t.....-IMltchin** as Trustee

in the presence of:

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Signed by Jocelyn Peach as Trustee

Name: Jol.&>-i,<J 7 uO *Gr& S*

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Signed by Jane Lees as Trustee

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Recommendation

It is recommended that the Board:

Receive the Corporate Affairs and Communications Report for the period 1 February 2022 – 28 February 2022.

Prepared and submitted by: James Ihaka, General Manager Communications and Engagement, and Dr Pete Watson, Chief Executive.

Purpose
This paper provides an update on Corporate Affairs and Communications activity for the period 1 February 2022 – 28 February 2022.

COVID-19 communications

The period under review has once again been an extremely busy one for the Communications team which has continued to actively support our Incident Management Team, the CM Health organisation, the Ministry of Health, TAS, and NRHCC as we manage the impacts of the Omicron surge.

V

COVID-19 Vaccine Outreach and Engagement

Communications and engagement for the COVID 19 vaccine programme continues to be focused around 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 which took place over the last month include:

- Production of a Tamariki brand framework (Tamariki Time) and associated materials to assist with informing parents, children, neuro-diverse tamariki about the vaccine and the vaccination process.
- Production of a Tamariki Time website and information hub – www.tamarikitime.nz.
- Communications to support a series of whaanau friendly events. This includes sponsored social media activity, local print advertising, mail drops, engagement with schools and their communities.
- Further implementing the Street Chats engagement teams to support a total of six events around Manurewa, Otara, Papakura, Pukekohe, Mangere and Papatoetoe.
- Planning is now underway to support mini vaccination events and education campaigns in areas where data shows slower vaccine uptake amongst tamariki. This will involve street level activations to inform, educate and encourage around the vaccine alongside follow up pop up clinics.

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

Over 50 media enquiries were received, answered and closed for the reporting period. The type of media query evolved during the month from Hospital readiness for the Omicron surge to the Hospital status and activation of the CMH Response plan. The number of media query increased significantly as cases and hospitalisation rates increases with up to 12 media queries received in any one day.

In keeping with our objective to provide our community and the wider public with information on all things Omicron, we continue to facilitate interviews with national and local media with a focus on providing CM Health facility and hospital updates, and delivering key public health messages on modelling, isolation, and general health and wellbeing advice.

The positive relationships we have built with key media (especially over the past six months) have enabled us to deliver these key messages via our clinical leaders with a significant degree of consistency and under a framework of greater understanding from the media.

In short, our commitment to be as open and transparent as possible in this space has enabled us to be far more proactive in front-footing potential issues and in positioning our staff members as the subject matter experts they are. We look forward to continuing this positive working relationship with the media, acknowledging that there will always be a positive tension.

We, once again thanks our clinical leaders and spokespeople for their continued willingness to contribute in this space.

During this period CM Health was the topic of over 800 news stories, the majority coming from Stuff.co.nz (86), NZ Herald (85) and the Bay of Plenty Times (47).

Proactive Media

Eight proactive stories were promoted through our external website.
Stories of interest include:

- CM Health Nurse awarded HRC fellowship - One of our very own Registered Nurses, Bobbie Pene was recently awarded a fully funded HRC Māori Health Clinical Training Fellowship. The HRC funding will go towards Bobbie's Ph.D. research in applying a Maaori-centred relational model to fundamental care. To compliment her PhD research.
- Connecting Asian communities - Kitty has been with CM Health since 2005 and is our Asian Health Gain Advisor. Inspired by her own health experiences, Kitty dedicates her time to improving patient experience and engagement for the Asian communities.
- A journey inspired by whaanau and manaakitanga - Shannon Taylor knows the importance of whaanau and it was this special bond that led her to our doors, to help care for her sister. During this time, Shannon also found a job she loves, right here our Emergency Department (ED).

Dr Andrew Connolly has stepped into head the weekly CMO Update, which continues to generate high readership and drive informed media enquiries and media opportunities, achieving reach of over 6200 for Facebook and 4800 for LinkedIn.

These updates and all our stories can be found here.

Portfolios Overview

Clinical

Our support in this space has focused on media management and community engagement to assist our Emergency Department with presentation flow.

Requests for response from Middlemore clinical leaders were screened as appropriate and when the query and channel provided opportunity for public good and reputation building for Counties Manukau

Health we facilitated, with multiple television, radio and print interviews completed by Doctors Pete Watson, Vanessa Thornton, and Andrew Connolly.

Several interview requests declined for a number of reasons including that in some cases a regional response was more appropriate.

The weekly CMO News article evolved to Clinical News to support the appointment of Dr Andrew Connolly into the position as Chief Medical Officer, and social media was leveraged to deliver educational messages on how to safely isolate, symptoms to expect, importance of monitoring your symptoms, and how to ease COVID symptoms.

Targeted social media advertising was activated to counter misinformation that Middlemore was providing COVID testing to the public. The boosted post achieved a reach of over 123,000 in three days and click through to ARPHS testing station locations of 3%. To help reduce presentations that were not a health emergency at Middlemore we posted an advert on Facebook that achieve reach of over 102,000 over a four-day campaign.

To help manage patient flow several items of collateral were produced for patient hand-outs on how to isolate safely at home, billboards to promote public preparedness and signs to deter people presenting to ED that didn't need to be there.

Community

We continue to support the Manukau Health Park team in managing the new development, which requires significant communications input. Minster Little's impending visit was postponed at the last minute due to the Omicron surge and we are currently waiting for confirmation of a new date from the Ministry with this new visit now planned to include the Minister planting a Pohutukawa tree on the Manukau Health park site.

We have worked with Womens Health to produce an information sheet for pregnant women with COVID which is now loaded onto our website and social media channels. It's also being distributed among LMCs. In this space we are also working on the production and management of a Facebook Group entitled Women's Health Koorero which will enable our teams to communicate with each other faster and more effectively.

We are working with GP Liaisons to ensure MEDINZ messages are relevant and appropriate, agreeing a process for our DHB which will now be implemented and communicated across our organisation and working with other metro DHBs to develop an appropriate regional process.

We are working very closely with our Mental Health teams to ensure patients and visitors can find relevant services easily and know how to access them safely during the outbreak. We are also assessing

how the wider team communicates at a macro level – based on staff feedback – with the intent to enable more effective communications across the services.

We have also worked with the Bowel Screening team to promote their service including ads running on 531PI, Radio Samoa and Radio Tonga.

Corporate

We finalised and agreed an approach with HR to refresh our social media recruitment campaign with "live locally, work locally" and "Make your mahi matter" as key messages and are now focusing on going live with our designed social media posts and ads.

Working with colleagues at NDHB, WDHB and ADHB we lead the development of a consistent communications approach and delivery timeline to support the launch of the new 'Raise' wellbeing check initiative for staff and teams.

We continue to work with the Organisational Development Team to deliver communications around 'Local Heroes' and wellbeing initiatives, including assisting with refreshed content and producing a Wellbeing webinar on anxiety and Omicron, as well as communications around the Schwartz Round.

We also continue to work with Sustainability Manager Helen Polley to provide communications support for upcoming events and initiatives and to assist in facilitating the launch of a sustainability blog.

Customer Experience

The March issue of Connect+ was produced with the theme COVID-19 preparedness and included stories about the Consumer Council, breast screening, the Better Breathing Programme, and Pacific Health. This will begin circulation in mid-March

Working with the non-clinical services team, which includes (but is not limited to) orderlies, cleaners, mail room and phone exchange staff, to support dissemination of internal messaging including the production of a fortnightly hard copy newsletter.

Omicron preparedness and response has been the focus of the patient experience team. New visitor restriction assets were produced and distributed across the organisation including posters at front entrances and patient flyers. The production of a public facing video is underway.
Production of two patient stories – on the Consumer Council and PEAC are underway, and we continue to support the Quality and Safety Markers response to HQSC.

We also continue to support the internal communications related to accessibility and disability support services.

Funding and Health Equity

We continue to manage the ongoing and intense interest in our projections and modelling surrounding Omicron, with numerous media stories (written as well as interviews for radio and television) focusing on the work of Dr Gary Jackson in particular which has resulted in an increased media engagement in regards to providing context to numbers, and doing our best to deliver perspective.

Outreach to media for upcoming stories on Equity work, Population Health, Pacific and Maaori initiatives has commenced.

As part of the Integrated Immunisation Steering Group, which has launched with multiple team members working across the organisation, we have delivered a communications overview, concept and strategy proposal and are now working through refining a clear schedule of activities for March – June 2022 ensuring there is synergy and consistency across the DHB and its partners.

Work is ongoing with the Alcohol Harm Minimisation and MMR Immunisation teams supporting their work and engagement in the community.

Polyfest has made the decision to proceed on the confirmed dates as an online and live-streamed event, screening performances across the four original stages - but with only the school teams and judges present, and no audience. We continue to seek clarity on what is required for delivery of CM Health branded digital collateral and content for their livestream channels continues.

The Middlemore Hospital 75th Anniversary working group has started meeting to refine the various options for events and projects focusing on Middlemore's 75th 'birthday' on 3 May 2022. Communications advice and support is ongoing specifically for proposed the proposed 3 May Anniversary Event, Memorial/Anniversary Garden, 75th Anniversary Badge, 75 stories for 75 years, proposed publications, and initiatives with mana whenua and te ao Maaori.

We have also embarked on a social media strategy - connecting with community providers to share their related (and relevant) focused content on CM Health social platforms.

Paanui News Metrics

Feb 1, 2022 - Feb 28, 2022

Pageviews
9,759
-19.8%

Avg. Session Duration
00:05:13
1.7%

	Page Title	Pageviews ▾	Avg. Session Duration
1.	Guidance for healthcare workers who are COVID-19 cases or contacts - News	666	00:02:34
2.	Boosters are becoming mandatory for health care workers - News	576	00:09:59
3.	Update from Auckland Transport: Changes to Middlemore Train Station - News	398	00:09:03
4.	Farewell Margie Apa - News	391	00:03:30
5.	Hospital status update and Omicron Response Plan Phase Three - News	389	00:03:09
6.	Staff Update 21 February: Critical Information for Healthcare Workers - News	359	00:14:19
7.	Staff Update 18 February: Critical Information for Healthcare Workers - News	357	00:05:26
8.	Bobbie Pene awarded HRC Māori Health Clinical Training Fellowship - News	316	00:04:04
9.	A journey inspired by whaanau and manaakitanga - News	296	00:04:44
10.	Views sought on proposed NZ Income Insurance Scheme - News	294	00:04:50
11.	Electric vehicle charging station available now for staff - News	258	00:03:18
12.	Allied Health, Scientific and Technical staff strike – Friday, 4 March 2022 - News	231	00:05:40
13.	Staff Update 15 February: Critical Information for Healthcare Workers - News	224	00:07:47
14.	CEO Update: It's not farewell, but see you soon - News	218	00:02:15
15.	Brave journey inspires change - News	210	00:02:56
16.	Incident Controller Update - Friday, 28 January - News	204	00:05:53

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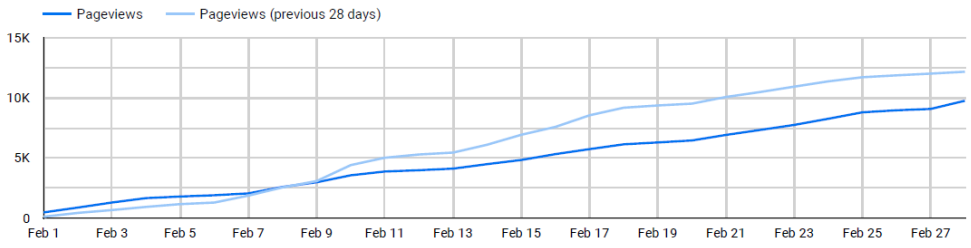


OIA Board Paper Information – 01 February 2022 to 28 February 2022

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.

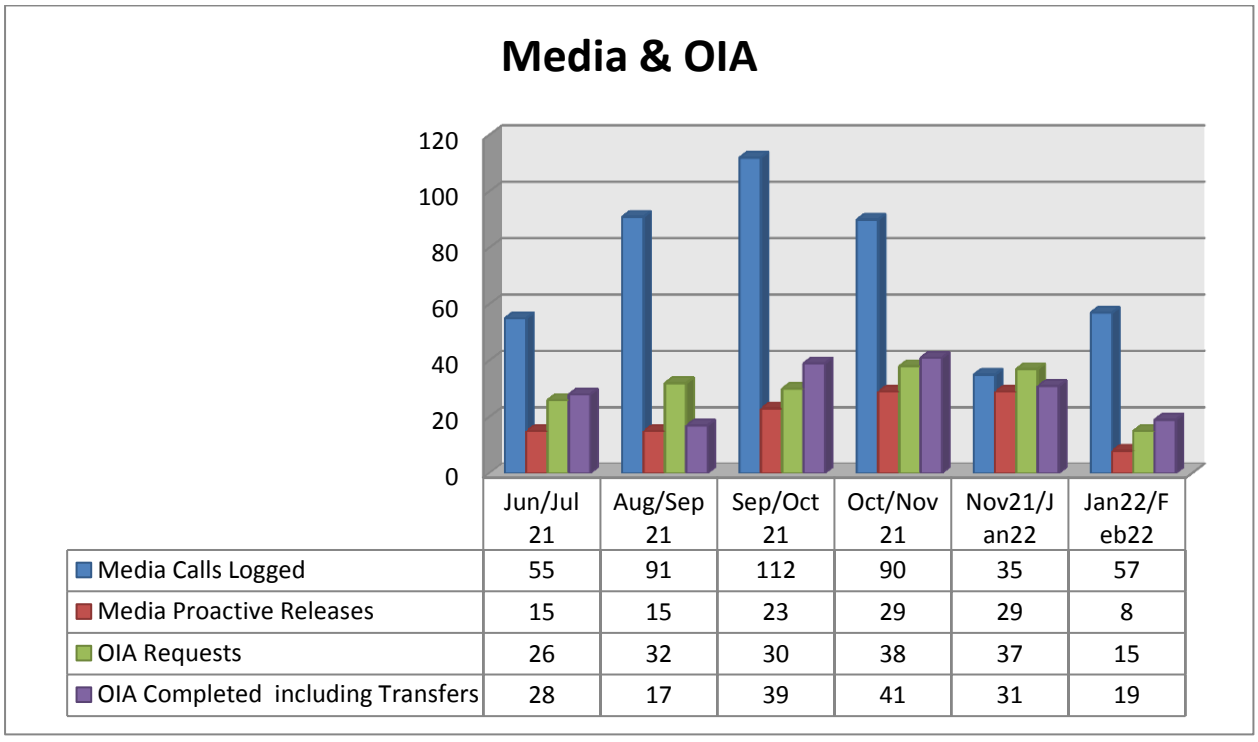
Request Received OIA & Parliamentary Questions (PQ) for period 01/02/2022-28/02/2022		
Division	**OIA**	**Parliamentary Question**
ARHOP	1	
Communications	1	
Covid-19	1	4
Emergency Department	1	
Facilities	1	
Health Intelligence & Informatics	2	
Human Resources	2	
Mental Health	1	
Middlemore Central	3	
Women's Health	2	

Over the above time period we received fifteen (15) OIA requests, these requests were predominantly from media outlets. Four (4) parliamentary questions were received over this time, related to Covid-19 and Rapid Antigen Testing.
Nineteen (19) OIA requests were closed over this time period.
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.

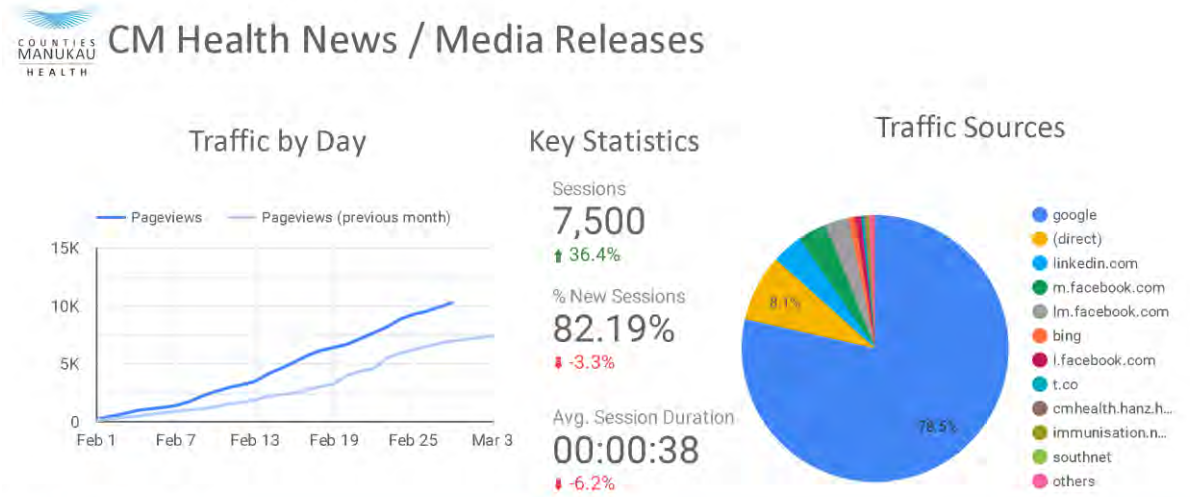
- https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/



	Jun/Jul 21	Aug/Sep 21	Sep/Oct 21	Oct/Nov 21	Nov21/Jan22	Jan22/Feb22
Media Calls Logged	55	91	112	90	35	57
Media Proactive Releases	15	15	23	29	29	8
OIA Requests	26	32	30	38	37	15
OIA Completed including Transfers	28	17	39	41	31	19

Digital Channels

CM Health News and Media Releases



Popular Articles

	Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1.	Seven new pop-up COVID-19 Testing Centres open in Auckland | Counties M...	2,301	94.7%	00:00:25
2.	COVID-19 Testing Centres in our community | Counties Manukau Health	875	91.31%	00:00:42
3.	Connecting Asian communities | Counties Manukau Health	404	88.61%	00:00:28
4.	CMO News 22 February 2022 | Counties Manukau Health	381	97.38%	00:00:21
5.	Margie Apa's appointment to Health NZ celebrated, CM Health's loss is the c...	340	95.88%	00:00:19
6.	CMO News 10 February 2022 | Counties Manukau Health	283	91.17%	00:00:21
7.	CM Health Nurse awarded HRC fellowship | Counties Manukau Health	264	93.56%	00:00:09
8.	What does life at the red traffic light setting mean for your visit to CM Health...	259	91.12%	00:00:36
9.	News - In February, 2022 | Counties Manukau Health	154	89.61%	00:00:00
10.	Page not found | Counties Manukau Health	122	98.36%	00:00:00
11.	News - In 2022 | Counties Manukau Health	115	82.61%	00:14:12
12.	Chief Executives appointed to interim entities Health New Zealand and Māor...	97	96.91%	00:00:30
13.	Holding COVID back at Middlemore Hospital | Counties Manukau Health	93	95.7%	00:00:47
14.	COVID-19 home isolation - update | Counties Manukau Health	85	100%	00:00:35
15.	New CMO reflects on remarkable first few weeks | Counties Manukau Health	84	94.05%	00:01:26
16.	Rapid testing for COVID-19 starts at Middlemore | Counties Manukau Health	74	94.59%	00:01:25
17.	Thank you and farewell to Consumer Council Chair Rosalie Glynn | Counties ...	69	94.2%	00:00:03
18.	Farewell Margie Apa | Counties Manukau Health	66	80.3%	00:00:06
19.	New free taxi service to COVID-19 vax centres, in-home vaccinations availabl...	65	92.31%	00:00:53
20.	Researchers seeking RSV vaccine trial participants | Counties Manukau Heal...	64	90.63%	00:00:36

Social Media overview

Per the typical post-Christmas trend, we see a rise in impressions and engagements, per-post, across all social channels despite having fewer messages sent. Our biggest increase during this time was on LinkedIn where we see per-post engagement double.

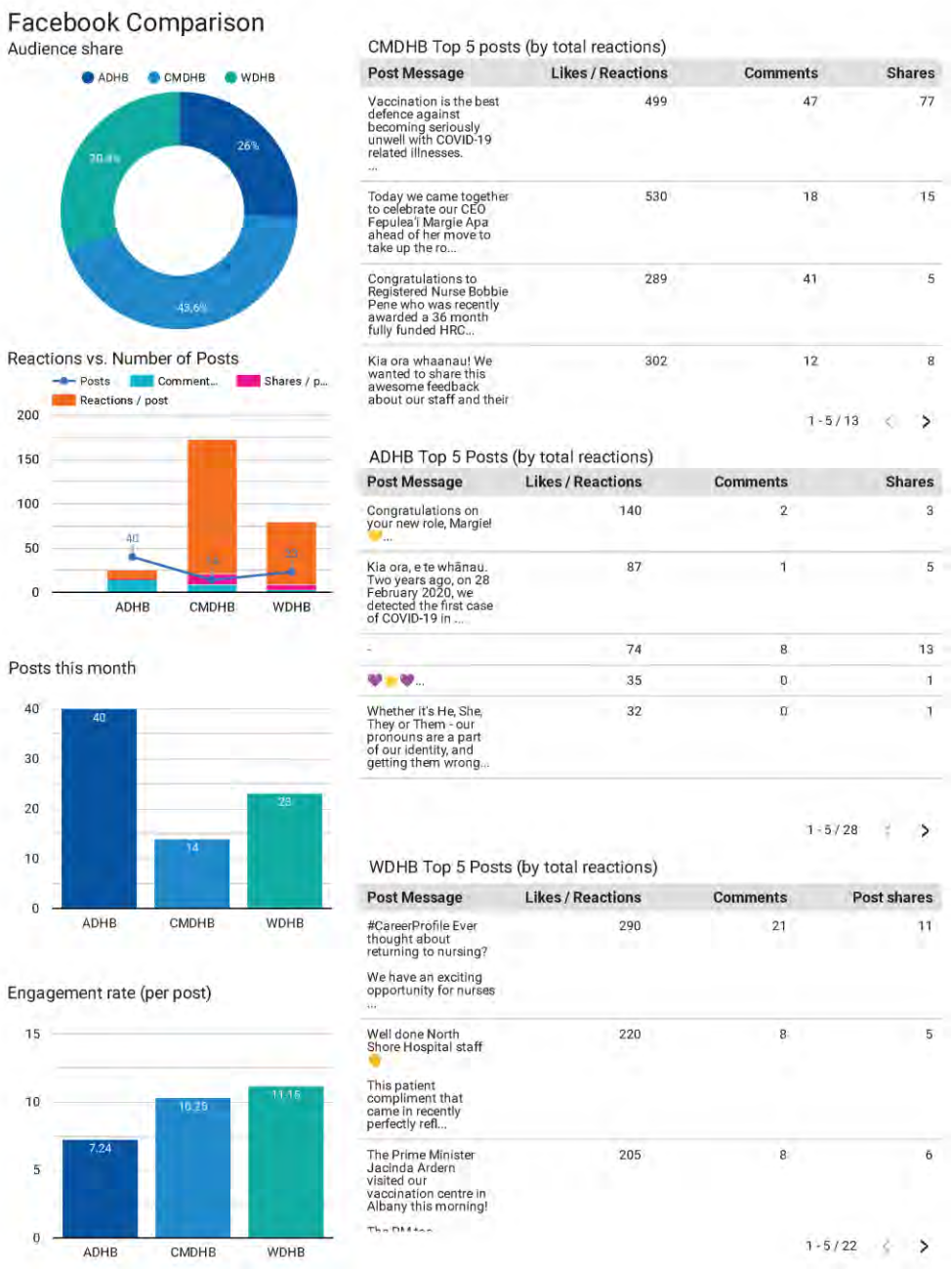
	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	22,617	0.57%	15	26,190	1,746	2,683	178.87	25,195
CM Health Instagram	1,741	0.29%	7	4,550	650	435	62.14	392
CM Health LinkedIn	12,235	1.84%	16	93,213	5,826	12,905	806.56	8,239

Audience Growth

	Totals	Change vs. Last Growth
Total Fans	39,650	
New Facebook Fans	128	455.95%
New LinkedIn Followers	221	-998.21%
New Instagram Fans	5	
Total Fans Gained	354	114.55%

Facebook Comparison (CMDHB / ADHB / WDHB)

This period CMDHB is the clear winner for engaging content, despite having the fewest number of posts, we have the most reactions overall with all of our top posts achieving 300+ total engagements per-post. WDHB, when adjusting for audience size, isn't too far behind us, with three of their top five post achieving 200+ reactions.



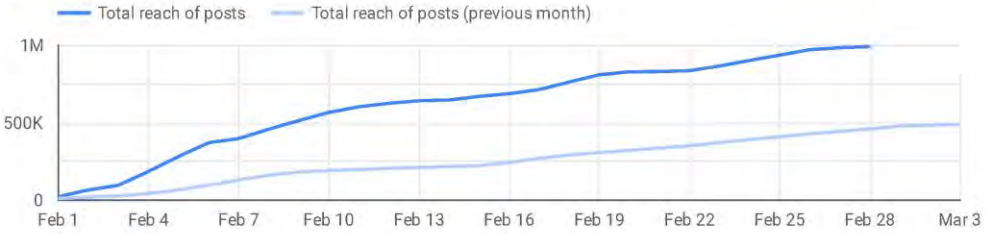
CM Health Facebook

February was a positive period for our Facebook page with metrics up across the board. Our reach has doubled since the last report, partially due to paid ads, to a total of almost one million reach.

Our most engaging posts this period are, once again, all celebratory of our staff and this time includes patient feedback from a prominent member of our community.

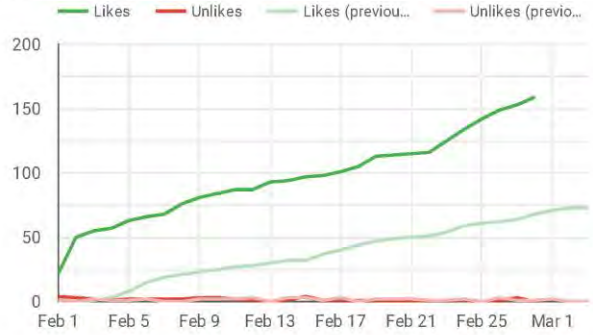
CM Health Facebook Metrics

Post Reach



Total reach of posts
992,884
↑ 103.0%

Follower Growth



Likes
159
↑ 117.8%

Unlikes
43
0.0%

Net likes
116
↑ 286.7%

Reactions Breakdown

Like	1,581 ↑ 175.0%	Love	508 ↑ 177.6%
Wow	2 ↑ 100.0%	Haha	26 ↑ N/A
Sad	2 ↑ N/A	Angry	11 ↑ N/A

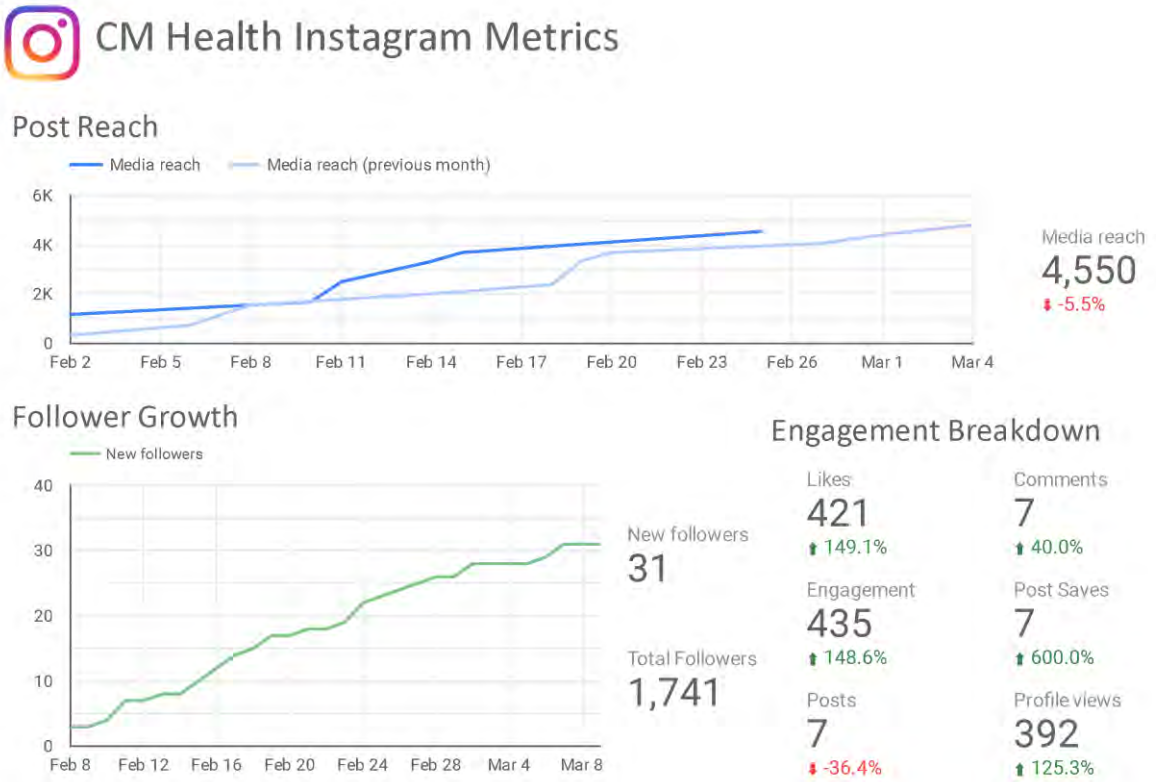
Posts by Engagement Rate

Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Feb 11	It's all about whaanau here at Counties! Today we had a powhiri to welcome our new Tumu Whakahaere - General Manager of Communications and Engagement - James Ihaka. We were honoured to have his whaanau attend the special occasion. Nau mai, Haere mai e hoa		6,228	462	213	2	14.23%
Feb 8	You're Awesome Taamaki Makaurau! Thanks to your generosity, 800 healthcare workers from across the rohe will receive a voucher to say thanks - which they can then use to support a local business. Ka mau te wehi!		6,476	167	1	2	12.99%
Feb 2	Today we came together to celebrate our CEO Fepulea'i Margie Apa ahead of her move to take up the role of CEO of Health New Zealand. Margie was gifted a handmade Taonga on behalf of Mana Whenua to serve as a reminder: "Wherever you go Mana Whenua – the people - are with you." "Health is a team sport and it's a great privilege to be part of this team. I want to acknowledge and thank the staff across all of our services," says Margie. Haere raa Margie. Thank you for your commitment and leadership. Our loss is the country's gain!		17,163	818	47	15	11.13%
Feb 25	Kia ora whaanau! We wanted to share this awesome feedback about our staff and their great mahi - posted by Malcolm Turner on the local Mangere Bridge Community page.		7,640	319	24	8	6.95%

1 - 14 / 14

CM Health Instagram

We see a slight dip in reach this period due to the reduced number of posts, however it is positive to report our engagement metrics are up on the previous period. The post for Margie's farewell was easily our most engaging post this period reaching 1,173 people and achieving an engagement rate of 21%.



Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Feb 2	Today we came together to celebrate our CEO Fepulea'i Margie Apa ahead of her move to take up the role of CEO of Health New Zealand. Margie was gifted a handmade Taonga on behalf of Mana Whenua to serve as a reminder: "Wherever you go Mana Whenua – the people - are with you." "Health is a team sport and it's a great privilege to be part of this team. I want to acknowledge and thank the staff across all of our services," says Margie. Haere raa Margie. Thank you for your commitment and leadership. Our loss is the country's gain!		1,173	250	0	5	21.74%
Feb 25	Kia ora whaanau! We wanted to share this awesome feedback about our staff and their great mahi - posted by Malcolm Turner on the local Mangere Bridge Community page. "I'm currently in Middlemore having an emergency minor operation. I'm not a fan of fearful messages and I felt this as I was approaching the hospital today. Turns out this is one of the nicest places I've been during the pandemic. The nurses are so friendly, the staff all really cheerful towards one another. And the whole hospital in general is off their feet. To fight fear you need courage, encouragement and positive words. I've never been so comfortable, cosy, assured and cared for since the pandemic began. Words have power but also meeting these lovely people does too. Thank you those who work at Middlemore."		863	61	5	0	7.65%
Feb 11	It's all about whaanau here at Counties! Today we had a powhiri to welcome our new Tumu Whakahaere - General Manager of Communications and Engagement - James Ihaka. We were honoured to have his		814	49	2	1	6.39%

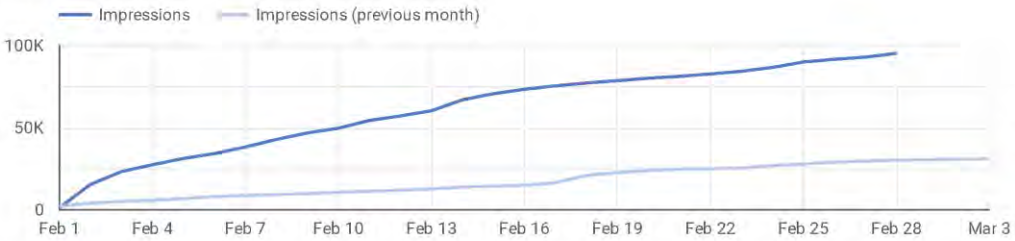
1 - 7 / 7

CM Health LinkedIn

Our celebration of Margie's leadership and warm farewell once again drives our metrics up this reporting period. Receiving more than 50% of the impressions and reactions, Margie's message helps us achieve another period of increased metrics on this channel. It's positive to see our relatively new CMO News articles gain some good traction, reaching almost 5000 people.

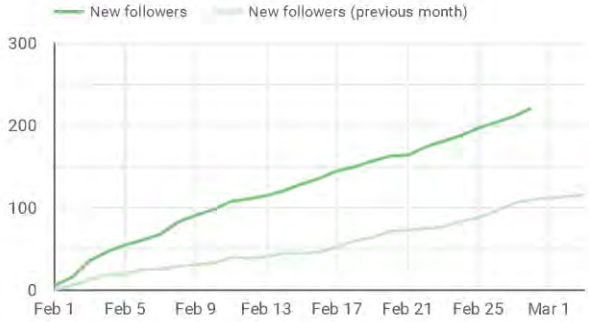
CM Health LinkedIn Metrics

Post Reach



Impressions
95,334
↑ 207.6%

Follower Growth



New followers
221
↑ 90.5%

Total Followers
12,235

Engagement Breakdown

Likes
2,254
↑ 318.2%

Comments
109
↑ 319.2%

Clicks
8,291
↑ 992.4%

Shares
15
↑ 15.4%

Posts
16
↑ 220.0%

Engagement Rate (avg)
8.56%
↑ 107.3%

Post Breakdown

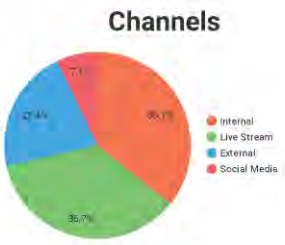
Date	Message	Updat...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate
Feb 2	Today we came together to celebrate our CEO Fepulea'i Margie Apa ahead of her move to take up the role of CEO of Health New Zealand. Margie was gifted a handmade Taonga on behalf of Mana Whenua to serve as a reminder: "Wherever you go Mana Whenua – the people - are with you." "Health is a team sport and it's a great privilege to be part of this team. I want to acknowledge and thank the staff across all of our services," says Margie. Haere raa Margie. Thank you for your commitment and leadership. Our loss is the country's gain! #health #leadership		48,507	1,429	6,873	66	8	17.27
Feb 11	It's all about whaanau here at Counties! Today we had a powhiri to welcome our new Tumu Whakahaere - General Manager of Communications and Engagement - James Ihaka. We were honoured to have his whaanau attend the special occasion. Nau mai, Haere mai e hoa		7,447	132	348	2	0	6.47
Feb 24	Our new Chief Medical Officer Dr. Andrew Connolly speaks about Omicron cases in Counties Manukau community, Middlemore's response, and having a plan for your whaanau when positive for COVID-19.		4,777	112	181	2	0	6.18

1 - 16 / 16

Video Production

CM HEALTH VIDEOS

	Name	Channel	Date Published
1.	CMH COVID-19 Live Stream - 25-02-2022.mp4	Live Stream	Feb 25, 2022
2.	CMH Wellbeing Webinar - 23-02-2022	Live Stream	Feb 23, 2022
3.	Telehealth Clinician Instructional Film	External	Feb 21, 2022
4.	Tamariki Time - Vaccinations.mp4	Social Media	Feb 21, 2022
5.	Telehealth Promotional Film	External	Feb 21, 2022
6.	Telehealth Patient Instructional Film	External	Feb 21, 2022
7.	Transformational Thursday - 17-02-2022	Internal	Feb 18, 2022
8.	CMH COVID-19 Live Stream - 18-02-2022.mp4	Live Stream	Feb 18, 2022
9.	CMH COVID-19 Live Stream - 02-09-2022.mp4	Live Stream	Feb 9, 2022
10.	Fepulea'i Margie Apa - To Staff	Internal	Feb 8, 2022
11.	Margie's Farewell	Live Stream	Feb 8, 2022
12.	Karakia.mp4	Internal	Feb 8, 2022
13.	Transformational Thursday 09-12-2021.mp4	Internal	Feb 3, 2022
14.	Transformational Thursday 02-12-2022.mp4	Internal	Feb 3, 2022



Videos Produced
14

1 - 14 / 14

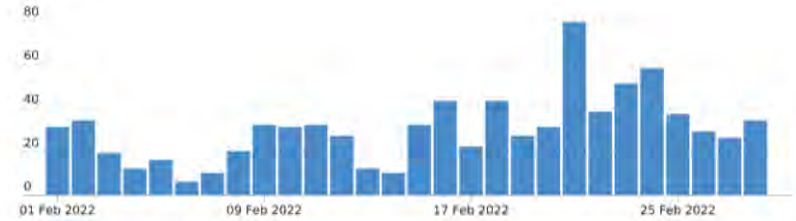
Media Listening

Peaks

- 21 February
    - First reports of Middlemore Hospital being under pressure from Omicron

Contains 842 items within the date range 01/02/2022 - 28/02/2022.

Volume



Sources

Stuff.co.nz: 86	New Zealand Herald: 85	Bay of Plenty Times: 47
TVNZ: 45	Maori Television: 44	Hawke's Bay Today: 42
Newstalk ZB: 40	Radio New Zealand : 38	Northern Advocate: 36
Rotorua Daily Post: 34	Newshub: 31	SunLive: 29
Rotorua Now: 29	Whanganui Chronicle: 28	The Times Online: 22
NZ Doctor: 21	Pacific Media Network: 15	Otago Daily Times: 15
Radio New Zealand Audio: 14	The Spinoff: 8	Crux: 7
Magic Talk: 7	Waatea News: 7	The Press: 6
Hawke's Bay App: 6	Marlborough Express: 5	Northland Age: 5
The Westport News: 4	Indian Weekender: 4	Tagata Pasifika: 4
Q+A QandA: 4	Re News: 4	Southland Times: 4
One News Breakfast: 4	Papakura Courier: 4	Franklin County News: 3
Auckland Rescue Helicopter Trust: 3	NZ City: 3	Waikato Times: 3
Eastern Courier: 3	Newsroom: 3	Manukau Courier: 2
Gisborne Herald: 2	Nelson Mail: 2	Timaru Herald: 2
Greymouth Star: 2	Manawatu Standard: 2	Taranaki Daily News: 2
University of Auckland: 2	Sunday Star-Times: 2	E-Tangata: 1
Herald on Sunday: 1	Star Media: 1	Western Leader: 1
The Country: 1	Newstalk ZB audio: 1	Dominion Post: 1
Now To Love: 1	Indian News Link: 1	Public Health Expert: 1
The Standard: 1	Newstalk ZB Wellington: 1	New Zealand Parliament: 1
Pharmacy Today: 1	Sunday News: 1	BusinessDesk: 1
North Shore Times: 1	Socialist Equality Group: 1	Rodney Times: 1
Nor-West News: 1	Waikato Herald: 1	New Zealand Police: 1


Content Types
Online: 645
Radio: 62
Media Release: 4
Blog: 2
Newspaper: 102
TV: 23
Advisory: 3
Hansard: 1

Recommendation

It is recommended that the Board:

Receive the Health and Safety report for the month of January 2022.

Note this report was endorsed by the Executive Leadership Team on 15 March 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 capsize; or any other incident declared by regulations to be a notifiable incident.
Notifiable Event	Death of a person, notifiable injury or illness or a notifiable incident.
Pre-Employment	Health screening for new employees.
Worker	An individual who carries out work in any capacity for the PCBU e.g. employee, contractor or sub-contractor, employee of the sub-contractor, employee of labour hire company, outworker, apprentice or trainee, person gaining work experience, volunteer.
Reasonably Practicable	Means that which is or was at a particular time reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters.eg the likelihood of the hazard/risk occurring and the degree of harm resulting, what the person knows about hazard/risk and how to eliminate/ minimise the risk and the cost associated with elimination of the hazard/risk.

Glossary

ACC	Accident Compensation 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 January 2022.

Brief February 2022 activity update

As anticipated work was underway in January and February in preparation for the Omicron surge. Many of the OHS team were able to take a well-deserved rest over December and significant planning has begun for the 2022 year, including the off-site people and portfolio leads planning day which was facilitated in February. Roadmaps are being established for the following year's operational workflow.

The Respiratory Mask Fit Test team with the assistance from external providers are continuing the work to carry out respiratory fit testing for workers who wear N95 face masks. Once the data has been entered into the database the figures will be recalculated and any gaps reported to managers. New workers continue to be fit tested as part of their onboarding.

The Group OHS Manager, H&S Manager and Risk and Assurance Manager are arranging an additional advisory group to address violent and aggressive incidents. This group will include clinical and non-clinical support workers and HSRs and will be the link between the operational Violence and Aggression Working group and the Executive Leaders at CM Health. A terms of reference document is planned and will be finalised at the first group meeting which will be set up in March 2022.

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.

The Risk and Assurance Manager is undertaking a review of how CM Health critical risks in the risk section of this report are presented; this month trialling the use of a 10x10 risk matrix which shows where movement has been made in risk classification based on more detailed likelihood and consequence descriptions. Engagement and discussion with the Executive Leaders will follow with the outcome being a more detailed risk management section presented each month including one critical risk analysed in detail each month.

The SafetyFirst project to transfer, review, update and finalise CM Health's OHS Risk Profile register in a new format continues and it is expected will require significant data input. The aim remains to be able to provide easily as an overview and individual risk profiles for senior managers to review at a corporate level during the second quarter of 2022. There is uncertainty around the functionality of the Operational Risk registers with regards to the ability to migrate issues to the OHS Risk Profile and to prevent duplication of effort in different areas of the business. The Project team is working with the developer around solutions.

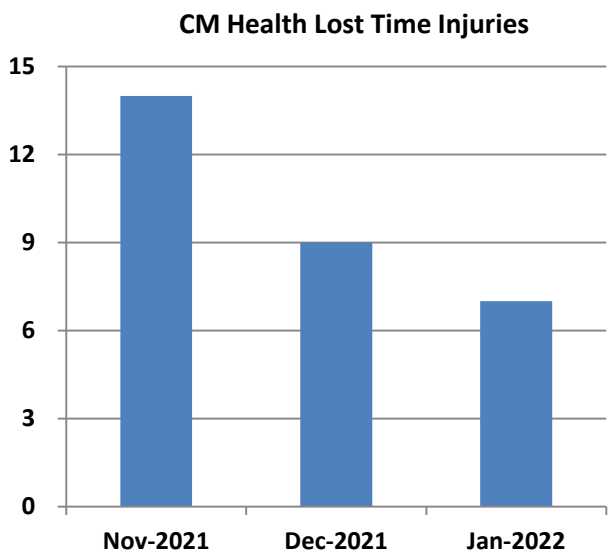
The Occupational Health Physicians (4) are involved in discussions regarding COVID-19 activity and including the RATs processes currently being implemented at CM Health and Nationally. This engagement has further lifted the profile of OHSS and enabled the OHS team to better engage and ensure consistency with the COVID-19 response group and other stakeholders. Challenges have needed to be addressed regarding the many phone calls the OHS has received from workers regarding COVID-19 exposures.

In terms of critical risks, CM Health experienced a slight decrease in violent and aggressive incidents reported in SafetyFirst with 52 in January from 58 in December. Code Orange incidents in ED decreased from 8 in December to 4 in January. Aggressive/ threatening behaviour and physical assault were the predominant contributing factors.

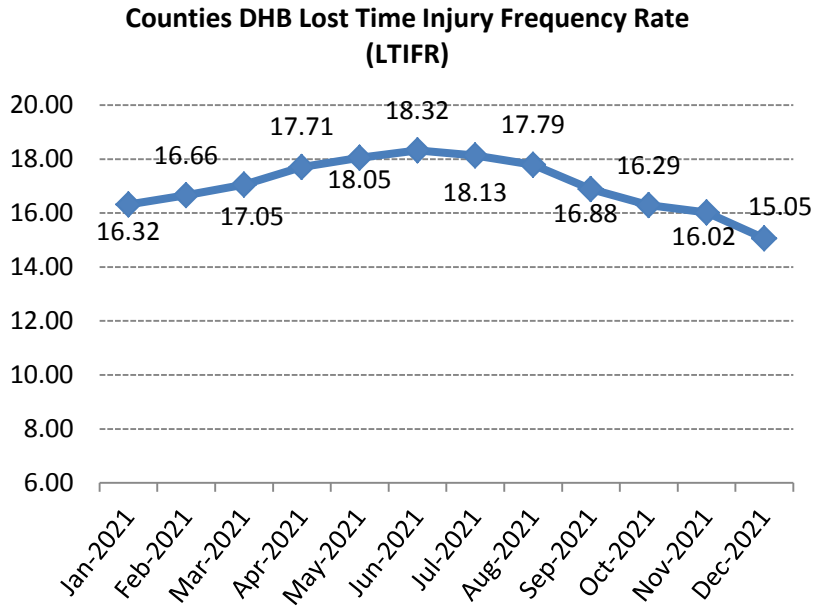
Incidents of stress related to staff shortages increased from December (58) to 76 in January.

CM Health H&S Dashboard – January 2022

LTI's



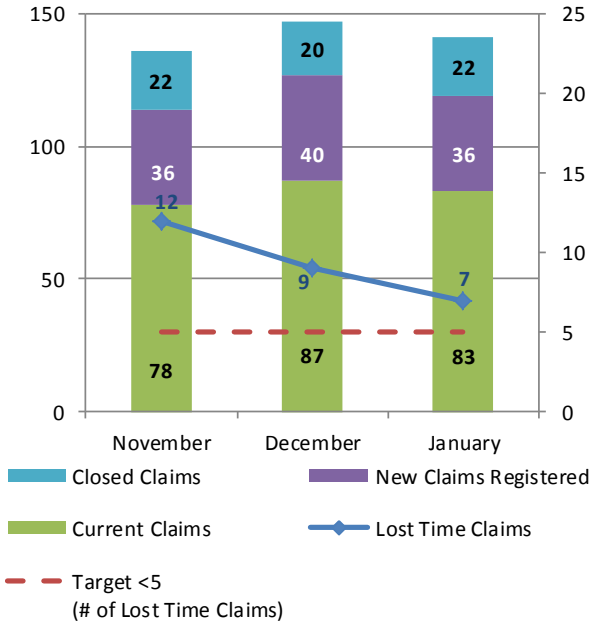
LTIFR – 12 month rolling average



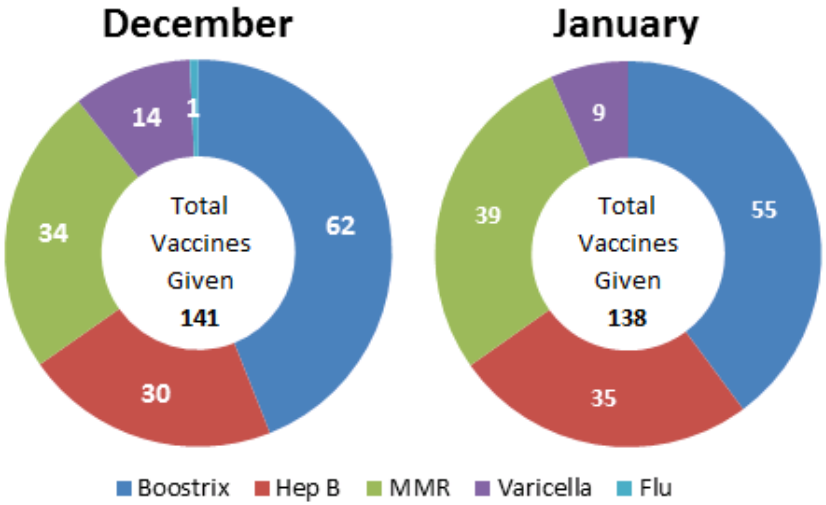
Critical Risk Incidents

December	Risk	January
58	Violence & Aggression	52
17	Moving & Handling	18
20	BBFE	20
7	Slips, Trips & Falls	15
58	Stress	76

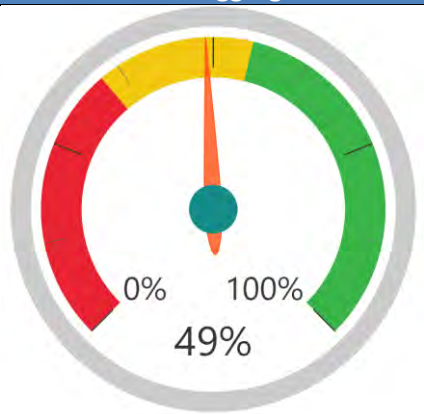
Injury Management Claims



Vaccinations



CM Health Safe365 Aggregated Score



NZ Market Average = 53%

Guide to Safe365 Health & Safety Index

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

Executive Summary

Occupational Health

Onsite clinics for OHSS physicians were 102 and the OHSS nurse appointments were 80 in January. The decrease is attributed to clinics shutting down during December 2021 – January 2022 for the holiday period.

19 Manager Referrals were received in January. The three main reasons for these referrals were mental health concerns (7), fitness to work due to physical health (5) 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 regularly. 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. During January Critical staff were able to return to work if deemed a close contact using the RAT to return process.
14 contact traces were conducted during January:

- 11 COVID-19 contact traces during January
  - The COVID-19 cases were notified to Occupational Health by IP&C, Auckland Regional Public Health, managers and the laboratory.
  - Over 70 staff were deemed casual contacts. This is due to vaccination status and appropriate PPE worn.
  - 13 staff were deemed close contacts and required to stand down from work for 10 days post last exposure, or if critical workers were permitted to RAT test prior to each shift and return to work.
  - All staff identified as close contacts following an exposure in the workplace was with another staff member when correct PPE was not worn in a non-clinical environment ranging from tea rooms to offices
  - More cases presented to ED which did not require OHSS action due to appropriate use of PPE
  - Occupational Health is also contacted for advice on workers who have been exposed to COVID outside the work environment
  - There have been no confirmed incidents of CM Health workers acquiring COVID-19 from patients
- One contact trace due to syphilis – with 5 contacts from both NICU and Birthing and Assessment requiring peace-of-mind follow up
- Two TB contact traces
  - One involved ED and Ward 32 – all contacts casual (due to appropriate use of PPE)
  - One involved ED – all contacts casual (due to appropriate use of PPE)

Respiratory Face Masks

Mask fit testing number for the Respiratory Mask Fit (RMF) team was 350 in January compared to 206 in December. The increase is attributed to the high numbers of new clinical staff who are required to wear respirators, fast tracking of NETP and NESP nurses, annual mask fit testing requirement and re-fit testing requirement due to the limited 9320A+ supply.

Our two internal mask fit testers continued to operate at full capacity. Majority of the work were related to pre-employment wherein mask fit testing has been integrated as a requirement for new staff working in clinical areas with patient contact. Start dates for NETP and NESP nurses were adjusted to an earlier date to help with the COVID-19 workforce plan, this added significant load to the BAU mask fit testing operation but was accommodated to facilitate the need for more staff. Two Manukau Health Park sessions were conducted to enable the annual mask fit testing and 9320A+ re-fit testing. In total our two internal testers conducted 204 individual mask fit tests for the month of January.

Fit testing to 1870+ and the transition away from 9320A+ also started in the month January. Proposed transition plan approved by ELT and risk-based approach applied to target at risk areas with high 9320A+ usage. External

mask fit testers were contracted to setup sessions for the Cleaning and Orderly Services, and Anaesthesia and Pain Medicine team. In total, 146 individual mask fit tests were conducted as part of the shift away from 9320A+.

The RMF team has also supported the continued mask fit testing at Tiaho Mai and Community Mental Health Teams. The RMF team provides constant support and guidance to the two testers conducting the mask fittings for these areas using the hood test. Any staff who failed the hood testing were referred to the RMF team to re-fit test using the PortaCount machine. All mask fit testing records conducted for these areas were returned to the RMF team, however data entry has been slow due to increased work capacities.

Since the start of the RMF programme, a total of 11,167 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 have 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. The proposed plan has been improved and more sessions will be setup to target high risk areas.

Regular reports are sent from the RMF team leader to managers to ensure that staffs are provided the correct N95 masks. The RMF team continues to work with high risk areas to setup dedicated re-fit testing sessions to shift most of our staff to use the 1870+ respirator.

OH&S Risk & Assurance

OH&S Management System Audit Tool
The success of the phase 1 tool has been assessed and provided for ELT review; due to business demands the intention is to repeat this assessment in the third quarter with emphasis on 100% compliance. The verification auditing plan will be developed in the second quarter of this year based on available data.

Restraint & Seclusion Documentation Review
The regional approach to preparation of documentation around elimination of restraint and seclusion in line with the updated NZ standard continues to progress and is likely to meet the implementation requirements for the end of February 2022.

Violence and Aggression Project

Due to demands in the business the HSR V&A group meeting in January was poorly attended and agreement was reached to defer the pilot of the Verbal Abuse survey in February until the next quarter.

OHS Risk & Assurance manager continues to participate in a Regional Violence & Aggression Review group which includes Security and Advisors from the four DHBs, The Northland Violence Prevention Advisor gave a verbal overview of the four year implementation and management plan they have in place and has offered to share an oversight of tools currently being used.

A focus group is being assembled to provide oversight of prevention measures to manage this risk at Counties with terms of reference and reporting systems to coordinate organisational response being developed and align with regional and national responses.

Lone Workers Project

Systems are now embedded for daily management by an administrator based in Feedback Central and monitoring by the Security team. OHSS has reached out to General Managers to discuss usage with the aim of identifying positives and also barriers/reasons for non-usage. Initial discussion has occurred with the administrator on compiling data at local, Service and at Divisional levels to encourage manager/worker dialogue around usage.

Community Worker Safety

The WorkSafe Initiatives team / OHSS / Communities team managers continue to await COVID-19 restrictions before work can recommence on the innovations project with Communities teams. There has also recently been a change in WorkSafe Innovation staff members, but this is not expected to affect the project adversely.

Contractor Management

The OHSS team supported NZ Health Partnership initiating a Notice of Potential Performance and investigation was sent to Compass Group NZ. The circumstances giving rise to this notice were:

- A Compass staff member moved six linked lunch BPod trolleys. Compass' "BPod Standard Operating Procedure" specifies a maximum of three trolleys are to be connected and moved at a time;
- The Compass staff member moved the six linked trolleys through an unofficial part of the Customer's premises; and
- The trolleys overturned leaving one trolley standing.

Compass Group NZ took immediate steps to prevent reoccurrence and are investigating the incident.

Injury Management

In January, 36 new workplace injury management claims were registered and there were seven lost time claims reported. A total of 83 claims were being managed by the CM Health and WellNZ Case Managers in January.

Due to COVID-19, some delays have been experienced in the various lockdowns and phases of the pandemic resulting in difficulty getting specialist appointments for workers on work related ACC. The Wellnz case manager has continued the engagement and offering support with workers over this time. GP and OHS appointments are also available to these workers as required.

Incident Reporting

During January there were 216 incidents reported. 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 number of incident types in January (76) related to Stress. 73 of the 76 reported stress incidents related to inadequate/ unavailable staffing.

Aggression & Violence remains in the top three incident types, with 52 incidents reported in January. 27 of the 52 reported incidents related to physical assault.

In January 18 Moving and Handling incidents were reported. 8 of the 18 reported incidents occurred while handling patients.

The BBFE incidents in January (20) has decreased from the monthly average of 30. In January 6 related to Acts of others, 6 to Inattention, 3 to Job factors, 1 to Defective Tools/Equipment, 1 to Improper Work Techniques, 1 to Inadequate/No Guards/or Removed, 1 to Medical/Personal Issues and 1 to Restraint.

Twelve MIQF incidents were reported in January. Of the reported January incidents five related to aggression & violence, three to the 'other' category, three to stress and one to moving & handling.

Notifiable events to WorkSafe NZ

There were no notifiable incidents during January 2022.

Update on the following incident that was notified to WorkSafe NZ in December 2021:
On November 30th 2021 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.
The investigation has been completed and identified opportunities to improve:

- The routing and securing of air mattress power cables
- The monitoring of contractors in the supply and set-up of electrical equipment

The above recommendations are being implemented by Clinical Engineering.

Health and Safety Support

The Health and Safety team continue to support CMHealth with COVID-19 related queries and issues. The team provided proactive close support to the non-clinical support team through the delivery of risk assessment training and the development and delivery of several 'fundamentals of health and safety' training sessions targeting the non-clinical support team supervisors to enable them to be more effective in their daily roles.

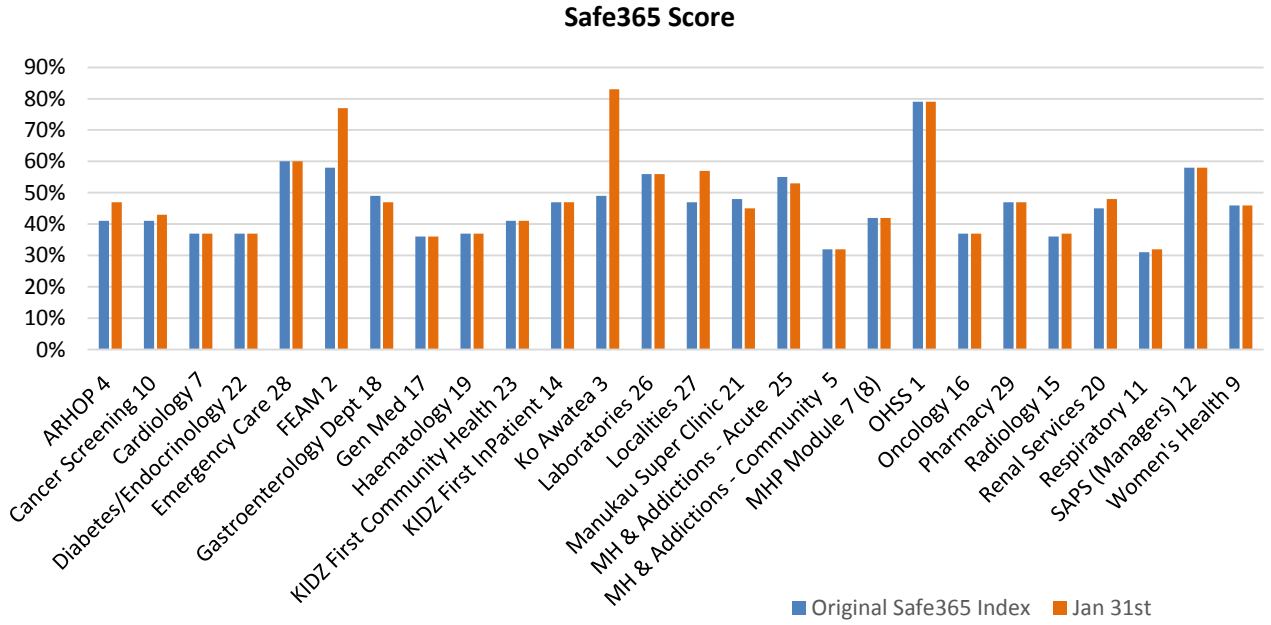
Planning for 2022 was finalised in January with a focus on tasks that will further improve:

- Health and Safety risk management;
- Worker engagement and participation; and
- Safety leadership.

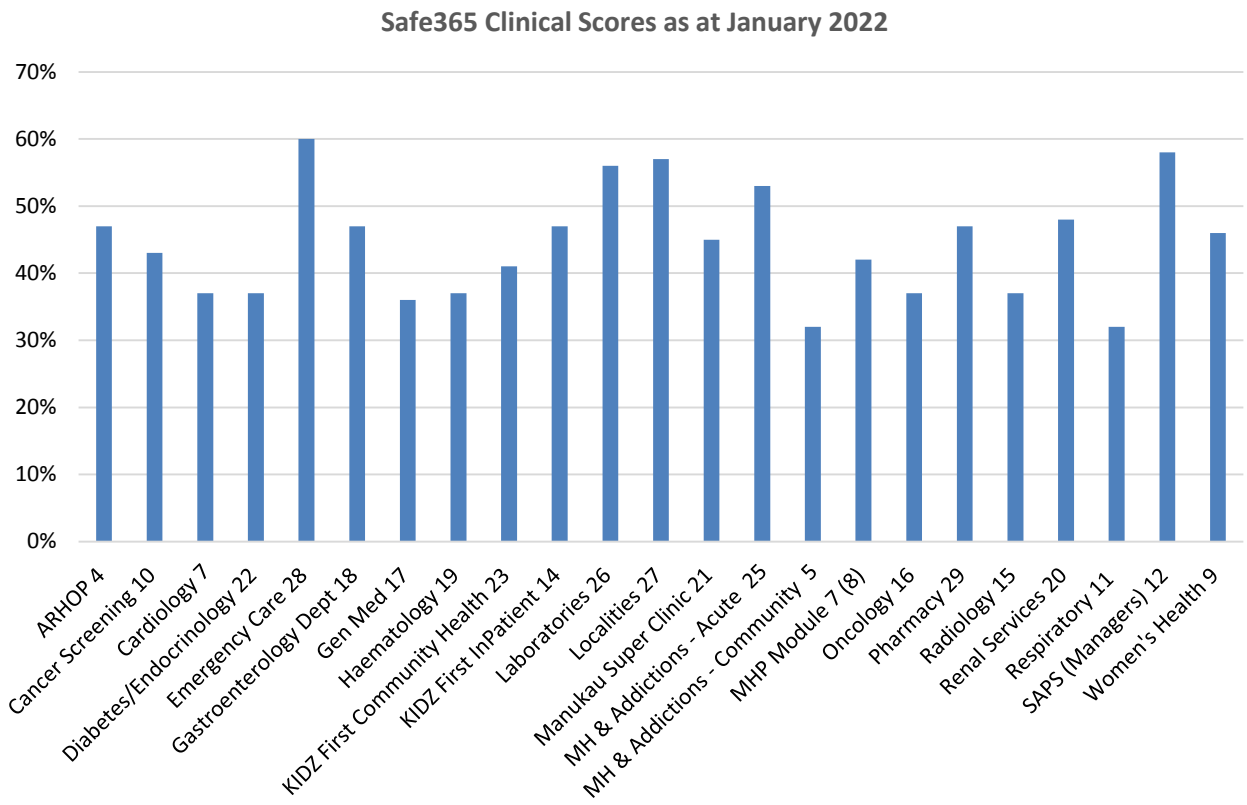
The first quarter of this year will concentrate on supporting all 3 areas above and includes developing health and safety investigation procedures, incident reporting, and commencement of planning for the annual ACC accredited employers programme audit.

Safe365

Health and safety knowledge transfer from leaders and updating of Safe365 accounts will improve the CM Health aggregated safety index score. From December 2021 to January 2022 the Safe365 accounts remain unchanged and the overall CM Health aggregate remains at 49%.



The graph above shows the comparison for each Safe365 account between the original assessment score and the current score as at 31 January 2022.



The graph above shows the current Safe365 scores across the clinical areas of CM Health as at 31 January 2022.

Health and Safety Performance Scorecard

Lagging Indicators		December 2021	January 2022	Target
Reported Incidents	Counties Manukau Staff	187	207	~
	healthSource (hS staff working at CM Health sites)	0	0	~
	healthAlliance (hA staff working at CM Health sites)	0	0	~
	Compass	~	~	~
	FEAM	~	~	~
	Contractors	2	1	~
	Visitors	0	8	~
Near Miss reported Incidents		11	8	~
Injury Claims	New Claims Registered	40	36	~
	Current Claims	87	83	~
	Declined Claims per month	3	1	~
	Closed Claims per month	20	22	~
	*Lost Time Claims	9	7	<5
	*Days lost per month (due to Lost Time Claims)	33	38	~
	Lost Time Frequency Rate (LTIFR)	16.15	15.46	<10
	Lost Time Severity Rate (LTISR)	252.41	324.84	<630
	Claims costs (monthly)	$63,941.24	$58,532.54	~
Critical risk incidents	BBFE	20	20	~
	Aggression & Violence	58	52	~
	Moving & Handling	17	18	~
	Slips, Trips, Falls	7	15	~
	Stress	58	76	~
Leading Indicators		**December 2021**	**January 2022**	**Target**
Pre-employment	Health screening completed	114	150	~
Clinic appointments	Dr & Nurse clinics	224	182	~
Vaccinations	Flu, dTap, VZV, Hep B & MMR	141	138	~
Safe365 activity and implementation	27/30 accounts allocated*	90%	90%	100%
Training & development (OHSS team)	*See detail below	1	1	~
OHSS Communications		1	~	~
Risk Assessments completed	Stress and Fatigue (underway), Unvaccinated Workers (underway) COVID-19 (Updated)	1	0	~
Workplace Inspections	Workplace inspections were due October 2021	✓	~	Bi-monthly
HSW internal audits, self-assessments underway	Planning of the self-assessment pilot underway and gathering evidence for the 2021 ACC audit self-assessment	1	0	~

Key Indicators Commentary	
Reported Incidents	In January nine incidents were reported by contractors and visitors in total. These pertained to aggression & violence (3), walking surface uneven/broken (1), property lost - found (1), blocked/obstructed access/exit (1), hospital acquired infection (1), property damaged (1) and unauthorised activity (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	January LTIFR figure was 15.46.
LTISR	January LTISR figure was 324.84.
Claims costs	Monthly claims cost for January was $58,532.54.
Pre-employment Health Screening	150 out the 170 PEHS for new starters were cleared to start work in January, which equates to 88.24%. 19 of the 20 new starters that haven't been cleared are due to their start dates being in February, March and April 2022.
Dr & Nurse clinics	80 OHN clinic appointments and 102 OHP clinic appointments in January. The decrease is attributed to the clinics shutting down over the December 2021-January 2022 holiday period.
Vaccinations	138 vaccinations were administered in January. The vaccination clinics were shut down over the December 2021-January 2022 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 and SLT.

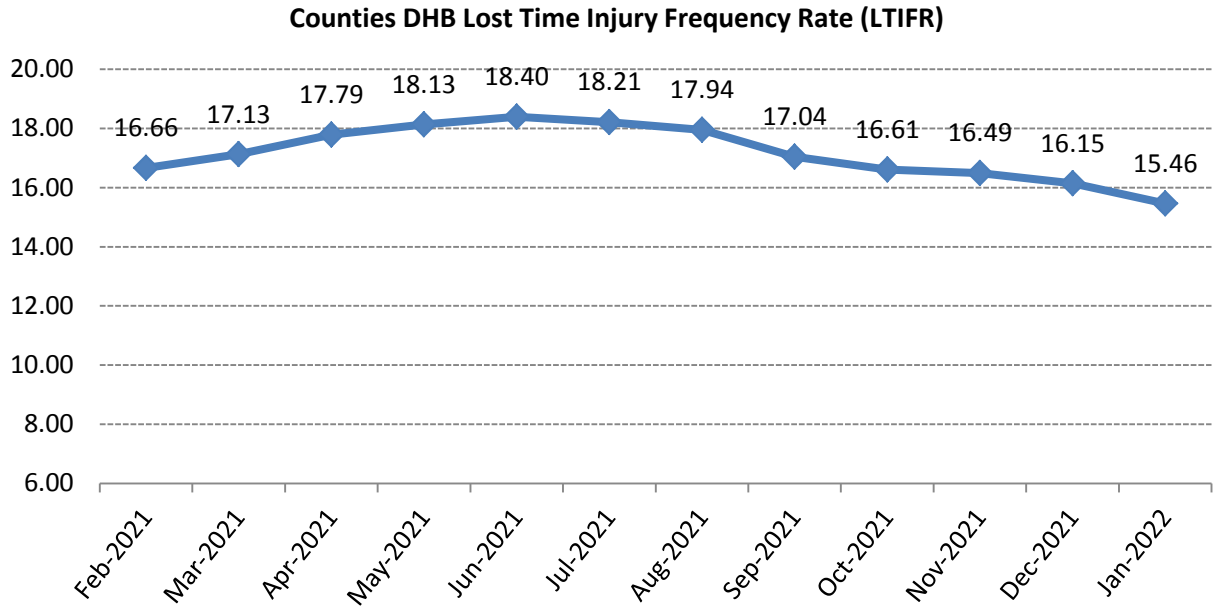
OHSS Training & Development Activity
January:

- People Leader Essentials Course (1)

Some EMA training has been postponed due to the COVID-19 surge but online HSR training will be investigated to avoid delays in getting HSRs trained over this time.

LTIFR

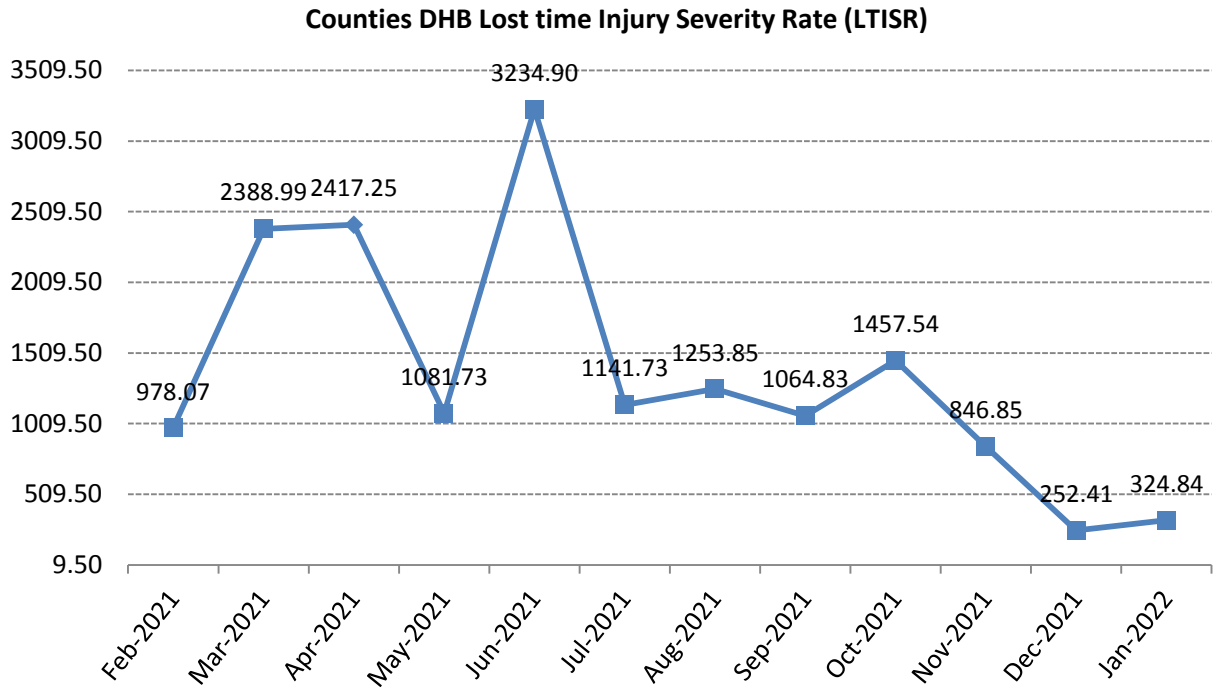
The total CMDHB LTIFR rolling average figure for January was 15.46.



The LTIFR is calculated with the formula: ([Number of lost time injuries in the reporting period] x 1,000,000) / (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.

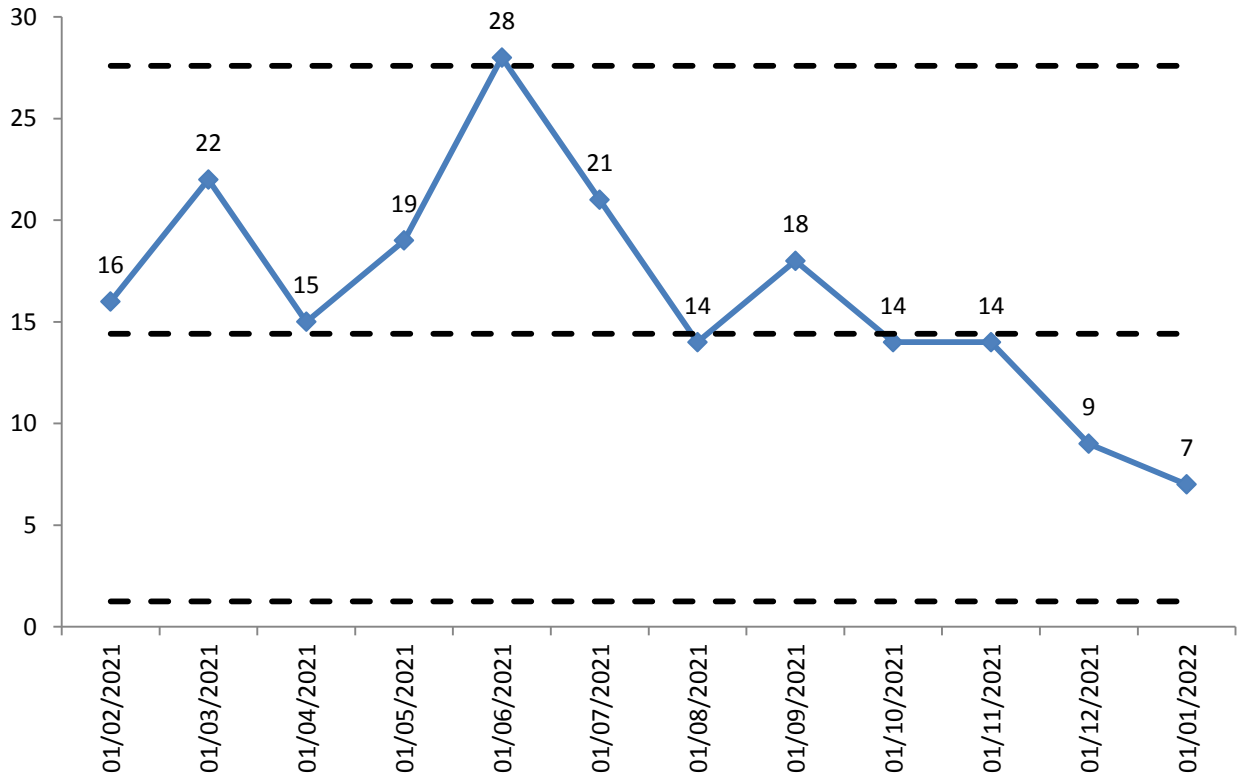
LTISR

The LTISR figure for January was 324.84.

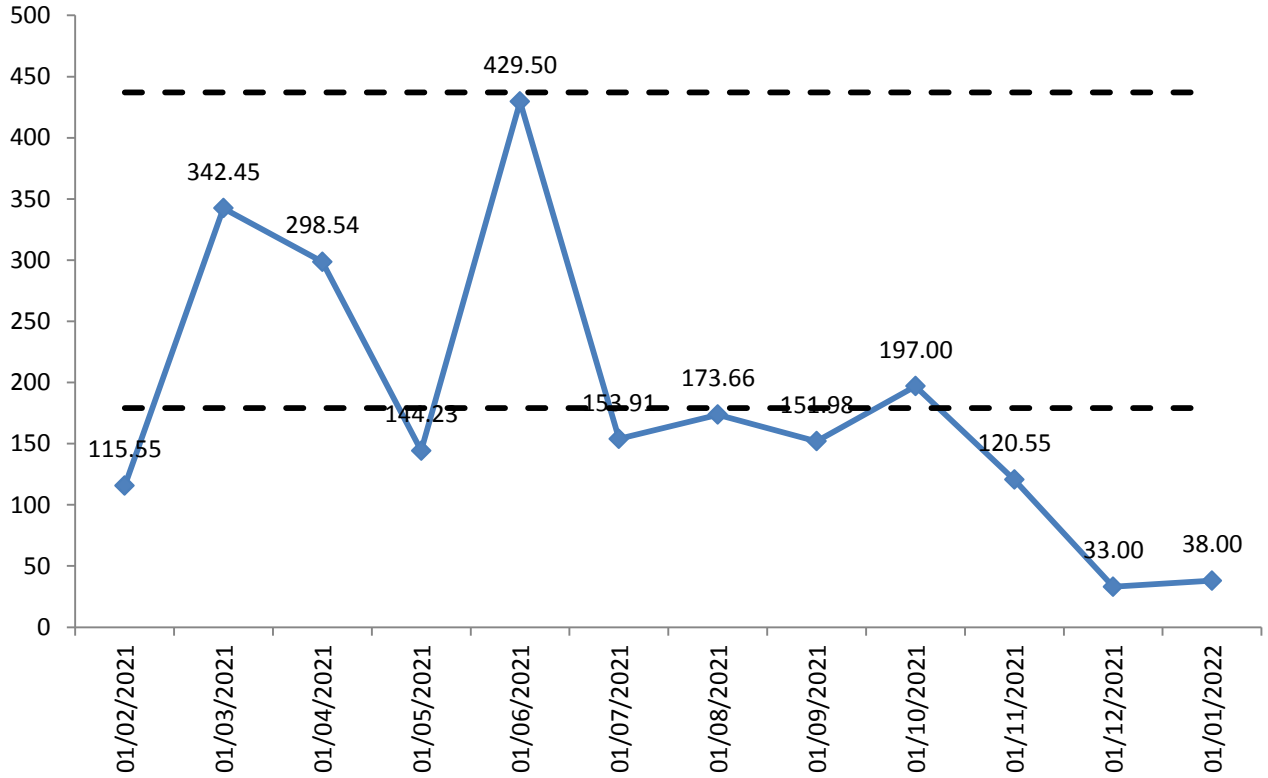


Days lost per month (due to Lost Time Claims) in January were 38 (from seven lost time claims). Lost Time days reported after this report was written will be captured in the next report.

Lost Time Injuries per month 2021/22



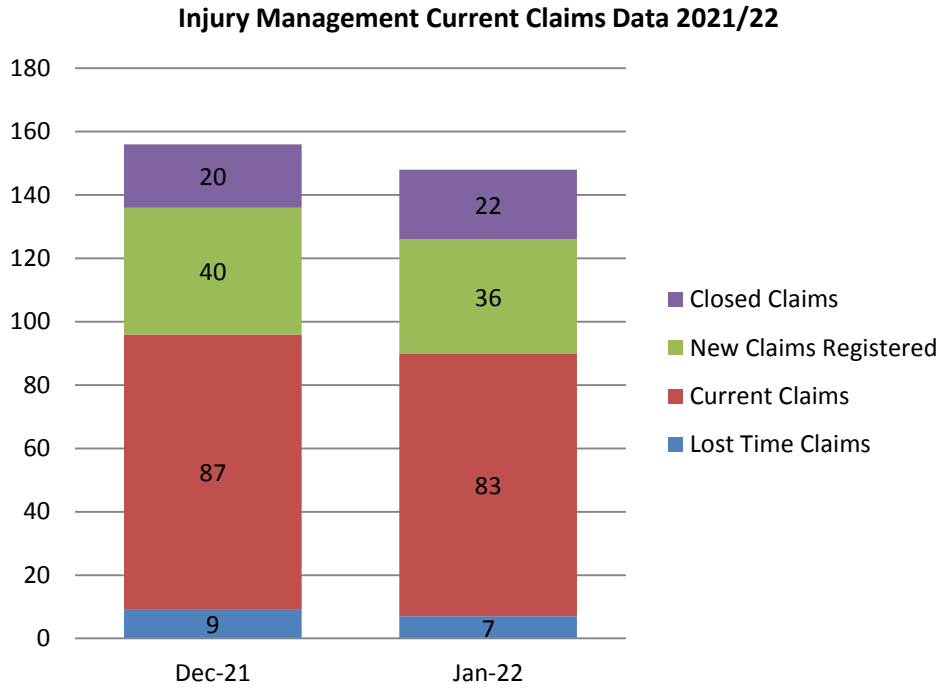
Lost Days per month 2021/22



Lost Time Claims January 2022

- 4x Other – one cheek contusion, one back contusion, one knee contusion, one forehead contusion.
- 2x Sprain – One sprain or partial tear of the lateral collateral ligament in the knee and one thoracic sprain.
- 1x Musculoskeletal – Lumbar sprain.

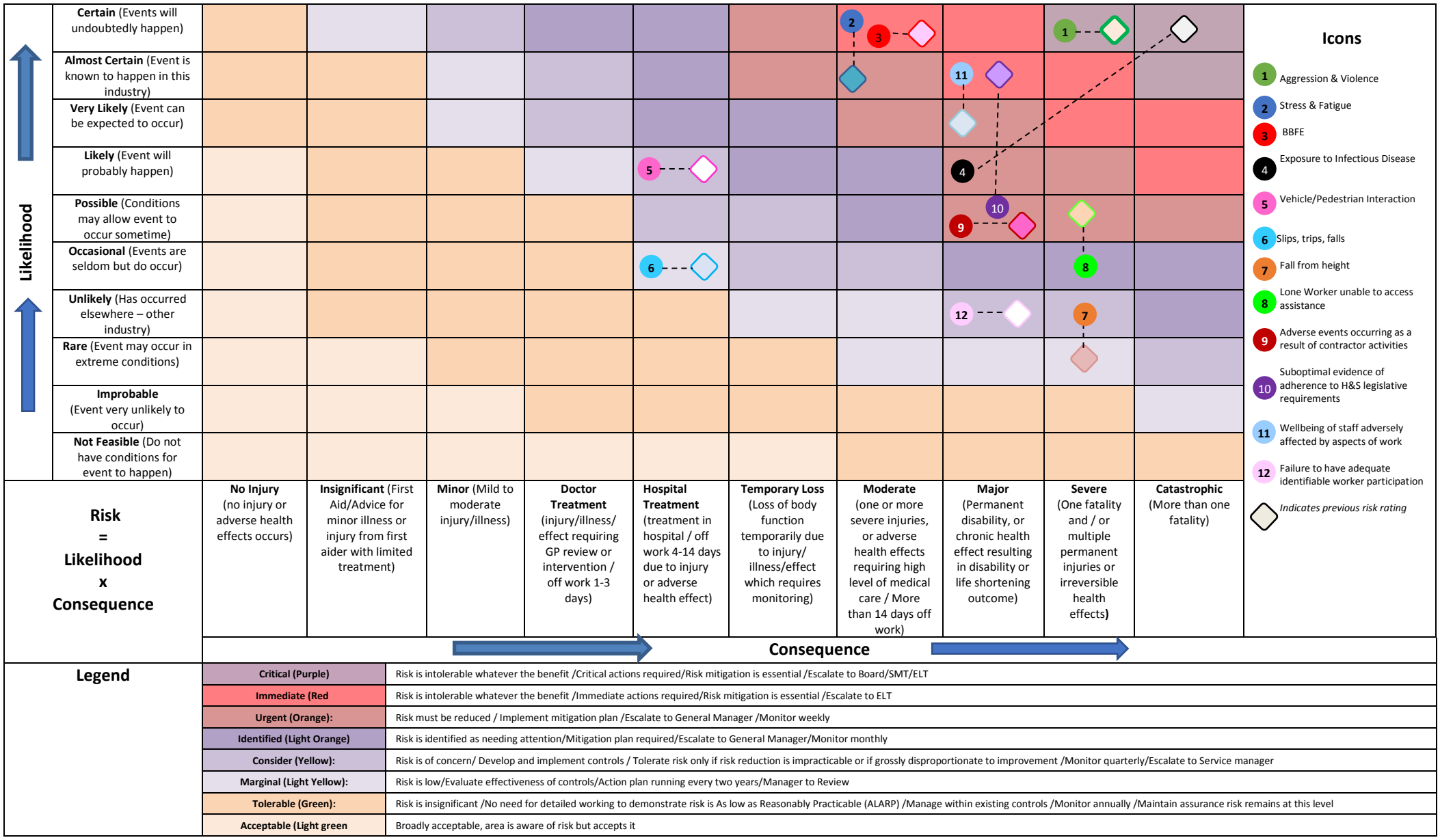
Claims Data (by month)



- In January, 36 new claims were registered with 7 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 83 as at January 2022.
- There was one (1) declined claim in January.

Key Health and Safety Risks and Current Project Activity

Previous Health and Safety reports have included a 5 x 5 matrix, this month OHSS is introducing CM Health Critical H&S risks in a 10 x 10 format to give an at a glance view of risks and movement of these risk at an organisational level. The intent of this risk recording is that you are able to see where risks have moved prior to controls (mitigation) being implemented and with mitigation in place. For example, in regard to lone worker being unable to access assistance the introduction of GHS app is a control that has mitigated this risk.



Legend	
Critical (Purple)	Risk is intolerable whatever the benefit /Critical actions required/Risk mitigation is essential /Escalate to Board/SMT/ELT
Immediate (Red	Risk is intolerable whatever the benefit /Immediate actions required/Risk mitigation is essential /Escalate to ELT
Urgent (Orange):	Risk must be reduced / Implement mitigation plan /Escalate to General Manager /Monitor weekly
Identified (Light Orange)	Risk is identified as needing attention/Mitigation plan required/Escalate to General Manager/Monitor monthly
Consider (Yellow):	Risk is of concern/ Develop and implement controls / Tolerate risk only if risk reduction is impracticable or if grossly disproportionate to improvement /Monitor quarterly/Escalate to Service manager
Marginal (Light Yellow):	Risk is low/Evaluate effectiveness of controls/Action plan running every two years/Manager to Review
Tolerable (Green):	Risk is insignificant /No need for detailed working to demonstrate risk is As low as Reasonably Practicable (ALARP) /Manage within existing controls /Monitor annually /Maintain assurance risk remains at this level
Acceptable (Light green	Broadly acceptable, area is aware of risk but accepts it

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 is in the process of review these risks and providing options to 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		***Current***	Target
		Frequency	Almost Certain	Likely
		Consequence	Major	Major
New Activity:				
• The H&S Manager worked with Feedback Central to review Safety First and the ease of use with changes being made by the end of 2021. Initial feedback on changes have been positive and will continue to be monitored • The HSR (worker) Violence & Aggression project group meeting was due in January 2022 to agree launch of planned verbal abuse survey to be Due to COVID-19 demands a quorum was not achieved and will be delayed until later in the year. • The WorkSafe Innovations project remains temporarily on hold until a change in alert status for Auckland and due to WorkSafe staff changes. • 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 be involved in the 20DHBs project with release for feedback of work so far planned in 2022.				
Risk: Staff experience **stress/fatigue** in the workplace				
Risk Rating: Critical	**Review Date:** March 2022		***Current***	Target
		Frequency	Almost Certain	Likely
		Consequence	Moderate	Moderate
New Activity:				
• Organisational Stress and Fatigue risk assessments have been shared with the wider HR directorate with no negative feedback received. • 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		***Current***	Target
		Frequency	Almost Certain	Likely
		Consequence	Moderate	Moderate
New Activity:				
• No new activity at this stage				

Risk: Exposure to **Infectious Diseases** (note this risk includes diarrhoea & vomiting, respiratory and pandemic illness)				
Risk Rating: Critical	**Review Date:** January 2022		***Current***	Target
		Frequency	Almost Certain	Likely
		Consequence	Moderate	Moderate
New Activity:				
• COVID-19 related work continues including updating of organisational risk assessment to reflect move to traffic light system and Omicron variant dominance. Occupational Health Physicians have worked together to further assess Vulnerable Workers and to make changes to the database to enable for effective use of this system in the future as the pandemic situation evolves. Occupational Health are involved in RATs testing processes across the DHB.				

High Risks:

The following risks are rated as High;

Risk: Injury sustained from use of vehicle or to pedestrians				
Risk Rating: High	**Review Date:** March 2022		***Current***	Target
		Frequency	Possible	Unlikely
		Consequence	Major	Major
New Activity:				
• No New Activity at this stage				

Risk: Musculoskeletal injuries sustained whilst **moving patients and other manual handling tasks**				
Risk Rating: High	**Review Date:** March 2022		***Current***	Target
		Frequency	Likely	Possible
		Consequence	Moderate	Moderate
Active Workflow:				
• 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 with an awareness that training will need to be paused if we see a large surge in Omicron cases and a significant impact on the workforce. • 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 techniques 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 265 Allied Health Staff, 1670 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 247 to date, followed by 146 from Medicine/Acute Care/Clinical Sup, 121 from Middlemore central, and 96 from Locality Community Health Services. ARHOP has had 64 come through the programme, 19 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. There were no Update sessions run in January 2022. • 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 e-vitals platform on Dec 9th, SPHM educators trialling an audit tool to evaluate this. • Working with Clinical Engineering on an installation of ceiling hoists project across multiple wards. Ward 7 work is now complete, and the work is starting in ward 6 now followed by ward 35E. • Exploring ways to support the course participants to embed the skills learned at training into				

practice, including auditing and training being offered on the wards, as covid restrictions allow.

- Finalising the Bariatric equipment RFP. Draft catalogue completed with the quantities of each piece of equipment being sourced, following up with the equipment supplier.
- Implementing and rolling out 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 Jan/Feb and will be distributed to the areas it has been purchased for.
- SPHM incident trends are scheduled to be discussed and presented to the Executive H&S Committee in April 2022

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
		Frequency	Possible	Unlikely
		Consequence	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
		Frequency	Likely	Possible
		Consequence	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
		Frequency	*Unlikely	*Rare
		Consequence	*Major	*Major

New Activity:

- No new activity at this stage

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

Risk Rating: High	**Review Date:** January 2022		***Current***	Target
		Frequency	Unlikely	Rare
		Consequence	Major	Major

New Activity:

- ACC AEP audit was carried out in October 2021 and tertiary accreditation achieved. Actions are underway to address recommendations. Planning will be in shortly for the October 2022 AEP audit.

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

Risk Rating: High	**Review Date:** January 2022		***Current***	Target
		Frequency	Possible	Unlikely
		Consequence	Major	Major

New Activity:

- Discussions held with GMs on perception of usage of GHS app with a view to reviewing usage and reasons for non-usage in second quarter when 'normal' service resumed.

Risk: Wellbeing of staff adversely affected by aspects of work

Risk Rating: High	**Review Date:** January 2022		***Current***	Target
		Frequency	Likely	Possible
		Consequence	Moderate	Moderate

New Activity:

- No new activity at this stage

Risk: Failure to have adequate identifiable **worker participation** in HSW management system (legal)				
Risk Rating: High	**Review Date:** March 2022		***Current***	Target
		Frequency	Unlikely	Rare
		Consequence	Major	Major

New Activity:

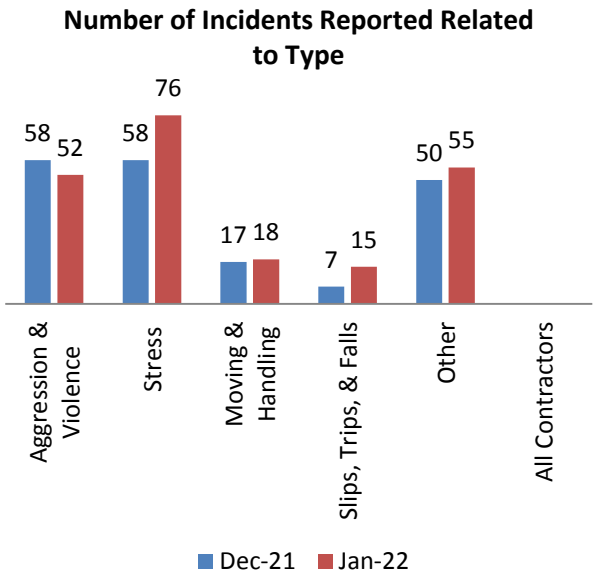
- Distribution under way of HSR toolkit to assist reps in performing their roles.
- HSRs have provided feedback on HSR development training options for 2022 and a suite of training has been developed in conjunction with approved trainer. Advertisement of courses available will be promoted through L&D. Some delays in training are anticipated however where possible training for HSRs core courses will continue.

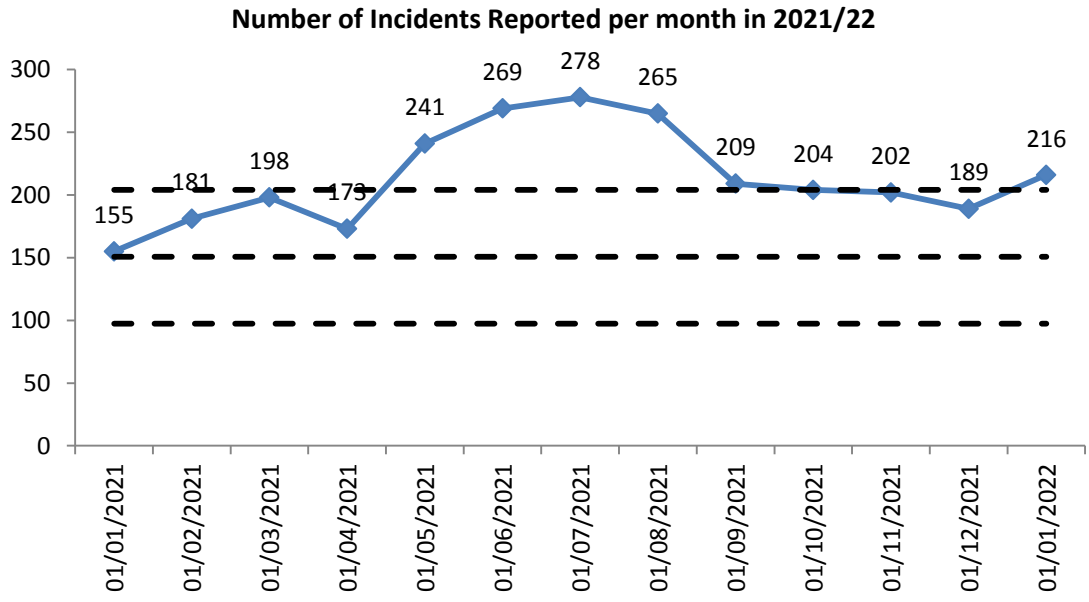
Reported Incidents

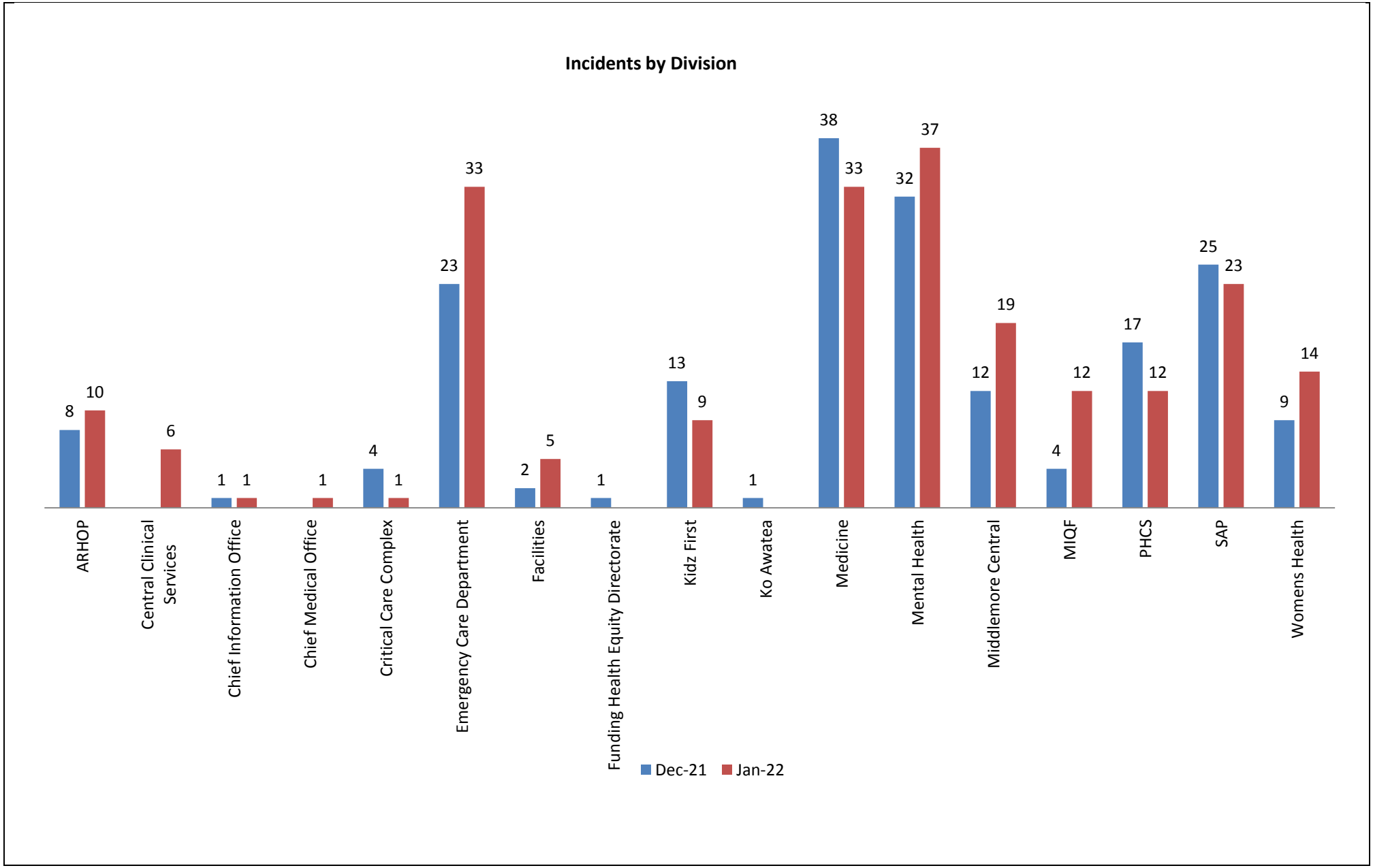
Monthly total of incidents reported in January was 216 from 189 in December. These totals include incidents reported by staff, visitors and all contactors (healthAlliance, HealthSource, Compass and FEAM).

Data on Incidents reported:

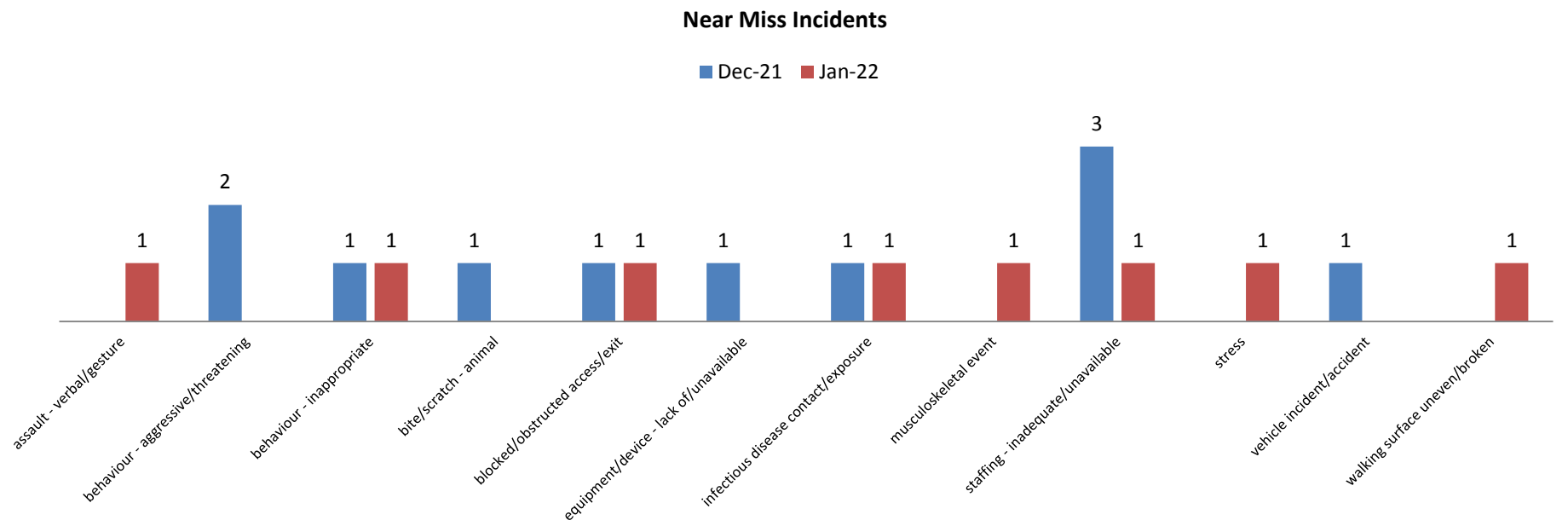
- **Aggression & Violence**: Remains in the top three incident rates. In January 52 incidents were reported from 58 in December.
- **Stress**: In January 76 stress Incidents were reported from 58 in December.
- **Moving and Handling:** In January 18 incidents were reported. In January 8 incidents related to having occurred during moving / handling of patients.
- **Slip/Trip/Fall:** In January 15 incidents were reported from 7 in December.
- **Other:** In January 55 incidents were reported.

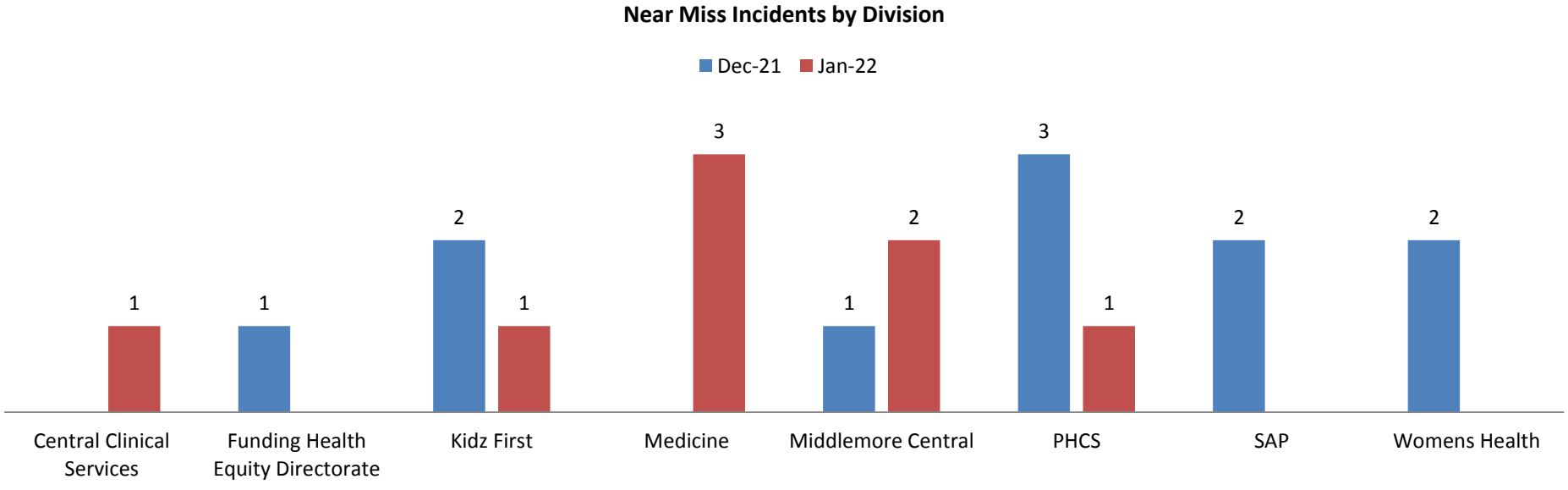





Incidents by Division
8
10
6
1
1
1
4
1
23
33
2
5
1
13
9
1
38
33
32
37
12
19
4
12
17
12
25
23
9
14
ARHOP
Central Clinical Services
Chief Information Office
Chief Medical Office
Critical Care Complex
Emergency Care Department
Facilities
Funding Health Equity Directorate
Kidz First
Ko Awatea
Medicine
Mental Health
Middlemore Central
MIQF
PHCS
SAP
Womens Health
Dec-21
Jan-22

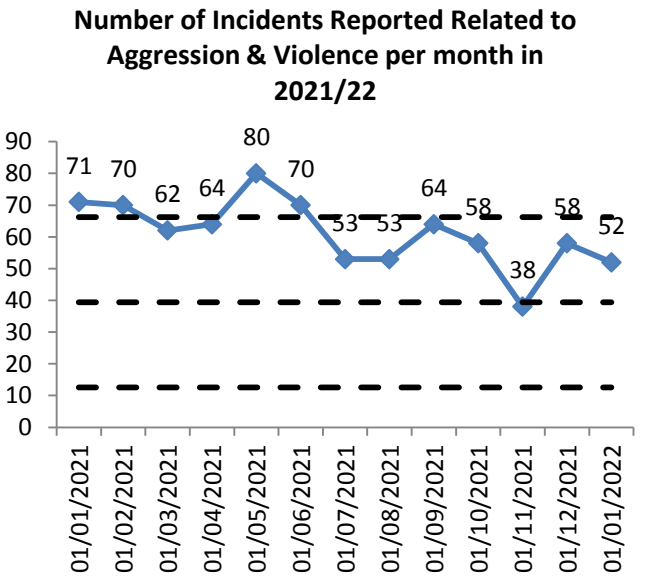
Near Miss Incidents

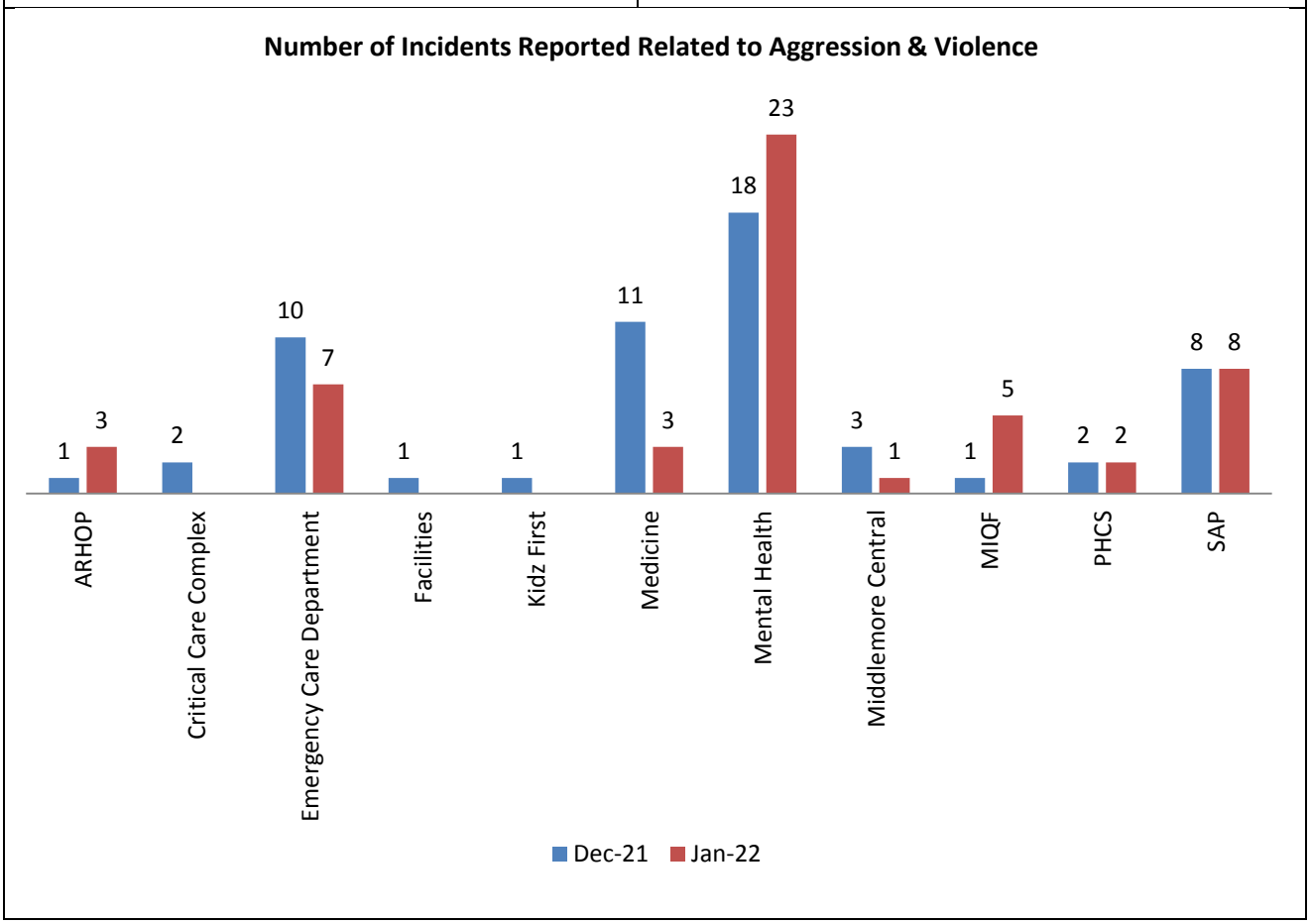




Aggression and Violence

- Aggression and violence monthly figure for January was 52.
- Code Orange (ED)
  - January = 4 – 1 alcohol, 0 drugs involved
- Record of 777 Security Calls
  - January = 40
- Physical assault and aggressive/ threatening behaviour were the predominant contributing factors.
- These numbers are not reflected in the number of SafetyFirst incidents reported.

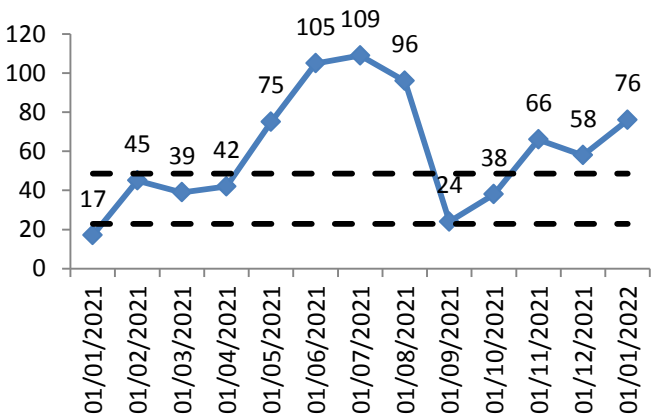




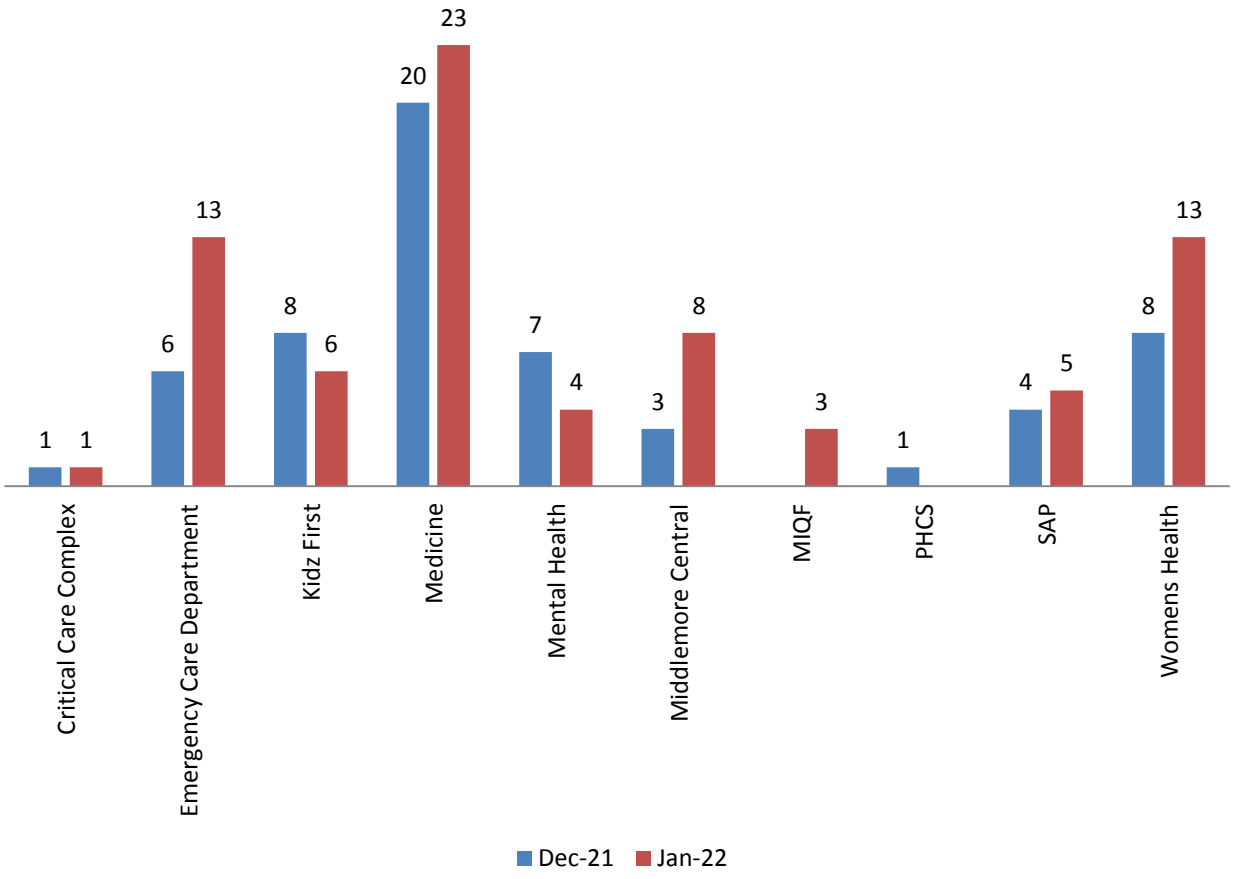
Staffing inadequate/unavailable, Stress

- Staffing inadequate/ stress monthly figure from January was 76, up from 58 in December.
- Majority of incidents were reported from Medicine, ED and Women's Health.
- Predominant contributory factors reported were inadequate staffing.

Number of Incidents Reported Related to Staffing Inadequate/Stress per month in 2021/22

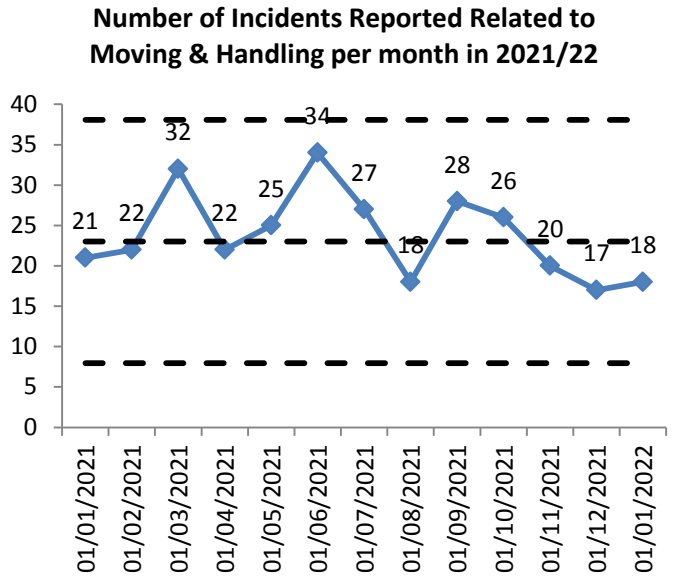


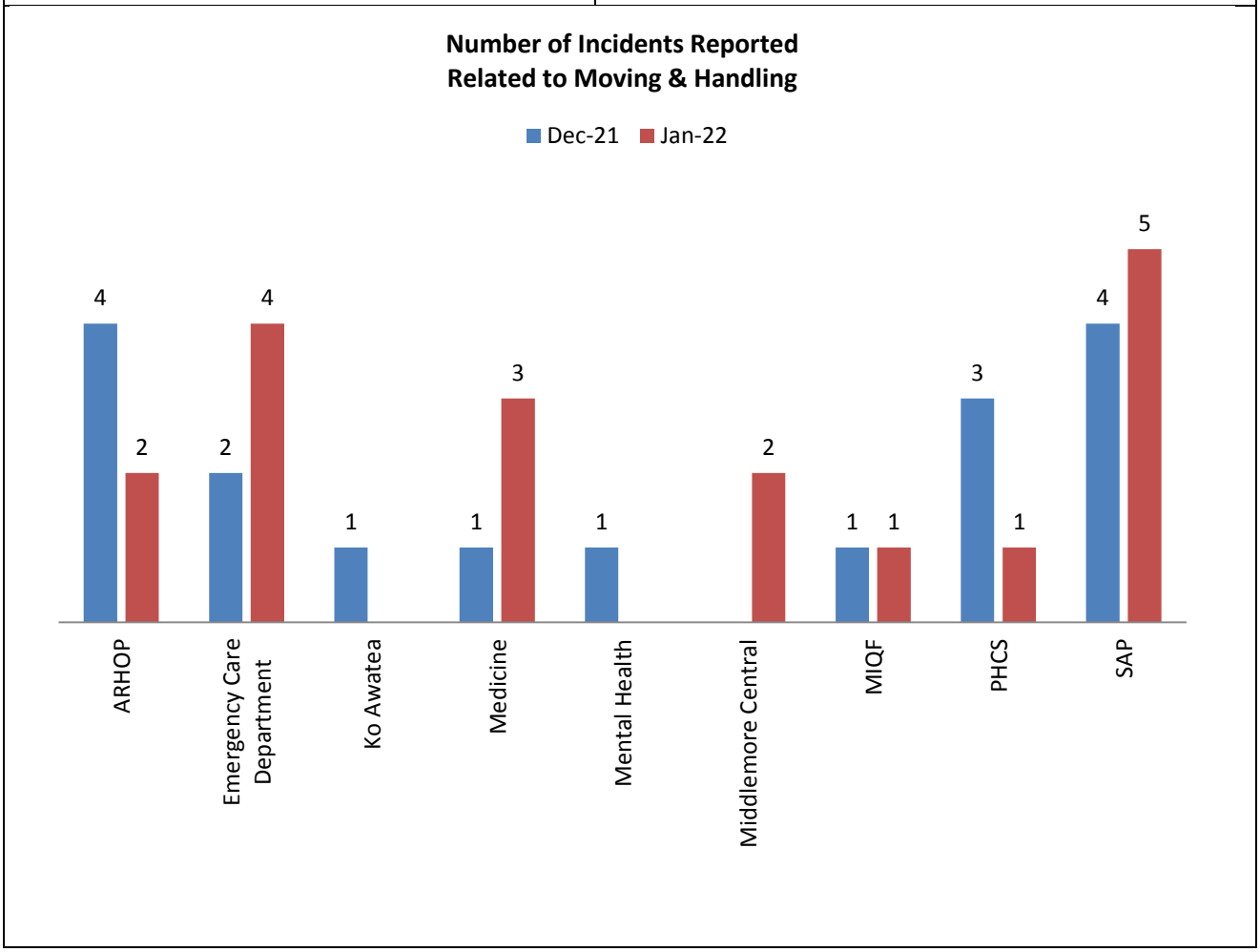
Number of incidents Reported Related to Staffing Inadequate/Stress by Divison



Moving and Handling

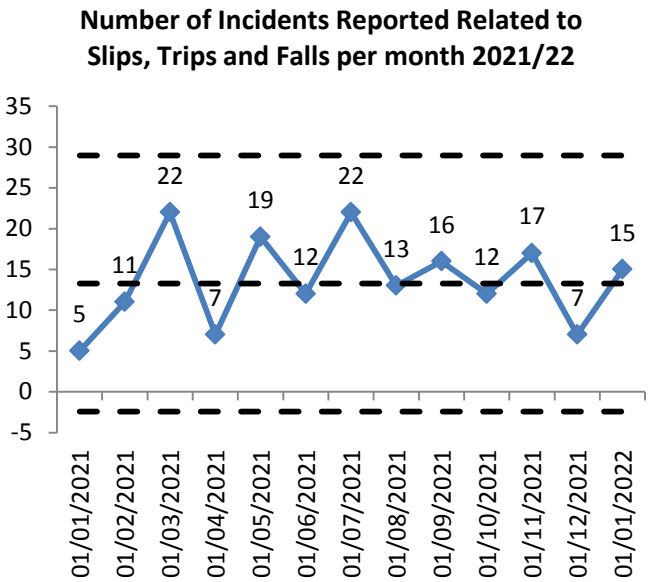
- Moving and handling monthly figure for January was 18.
- 8 injuries reported in January occurred while moving / handling a patient.

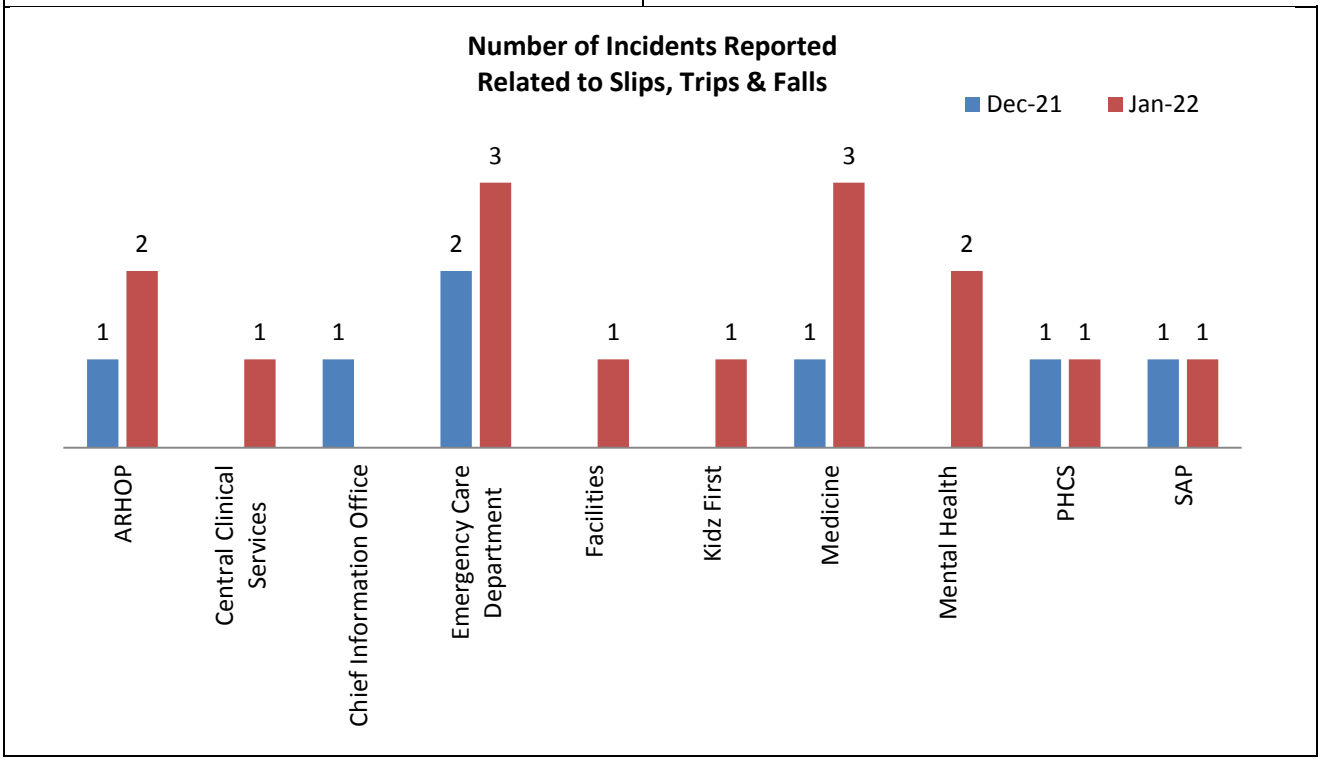




Slips, Trips and Falls

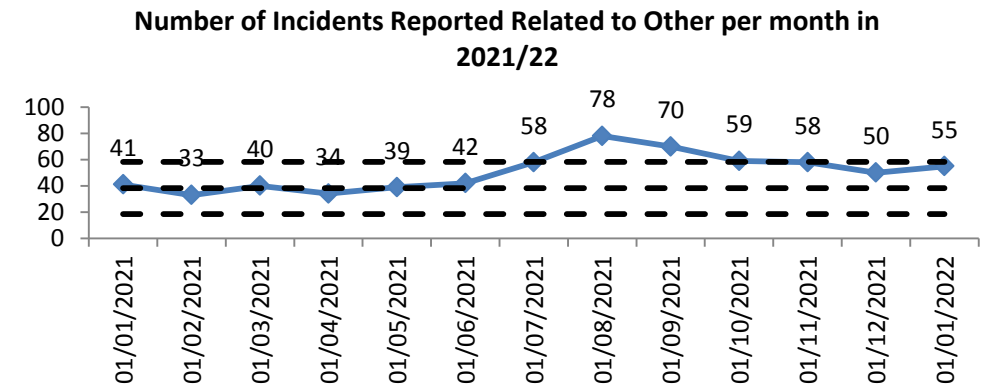
- Slips, Trips and Falls monthly figures for January was 15.

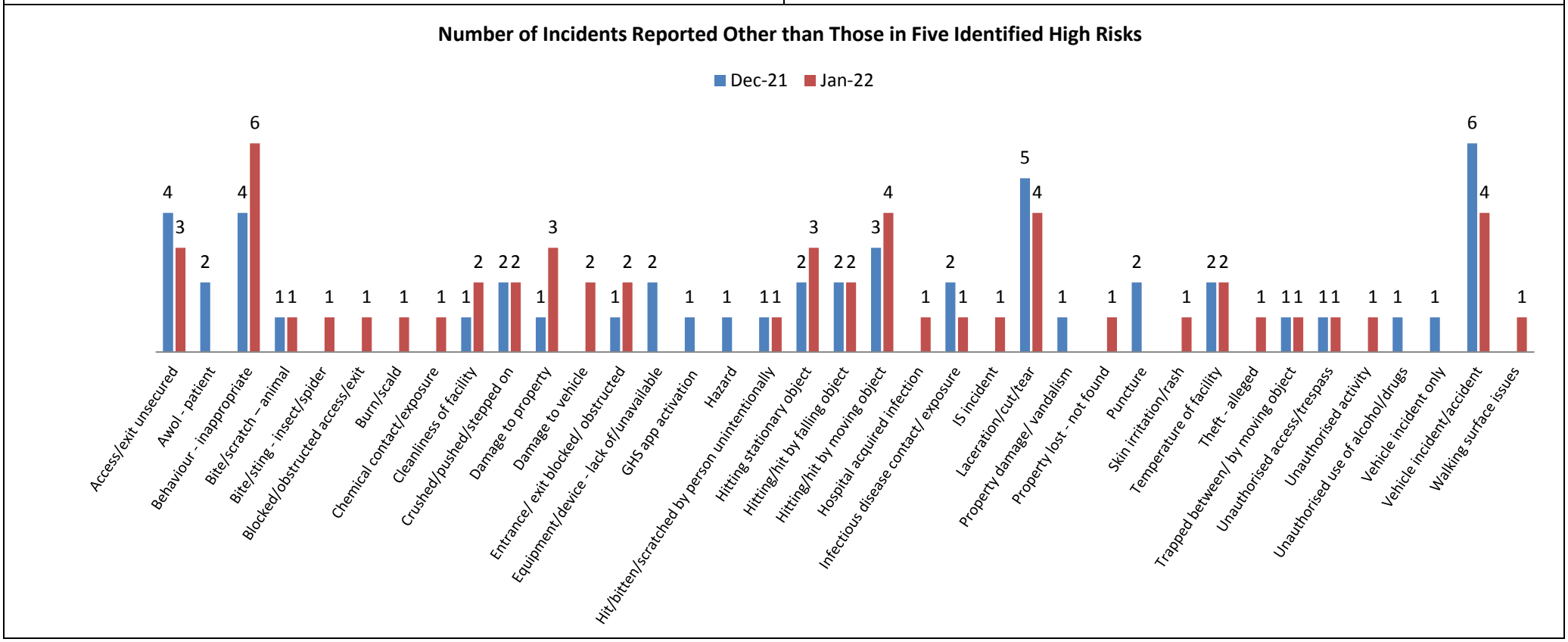




Other incidents

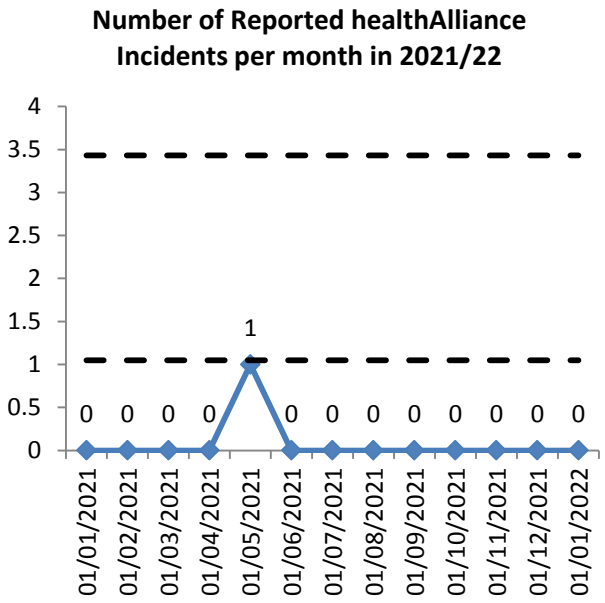
- 'Other' category monthly figure for January was 55.
- Get Home Safe (GHS) App Activation is included in the "Other" category.
  - There were no reported incidents in January.





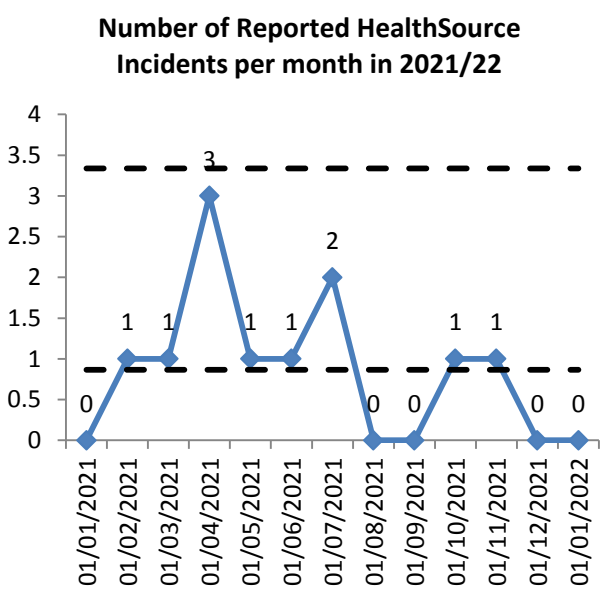
healthAlliance Incidents

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



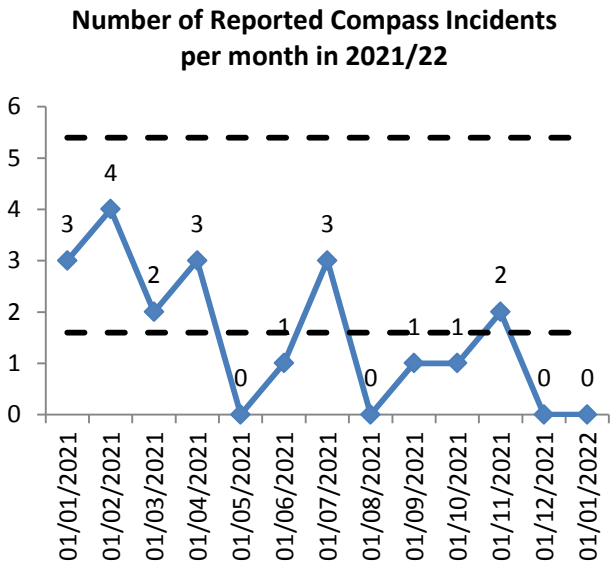
HealthSource Incidents

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



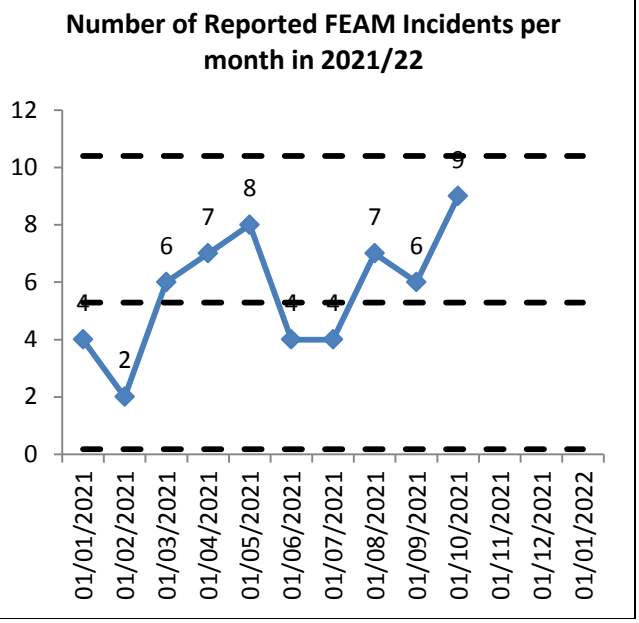
Compass

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



FEAM

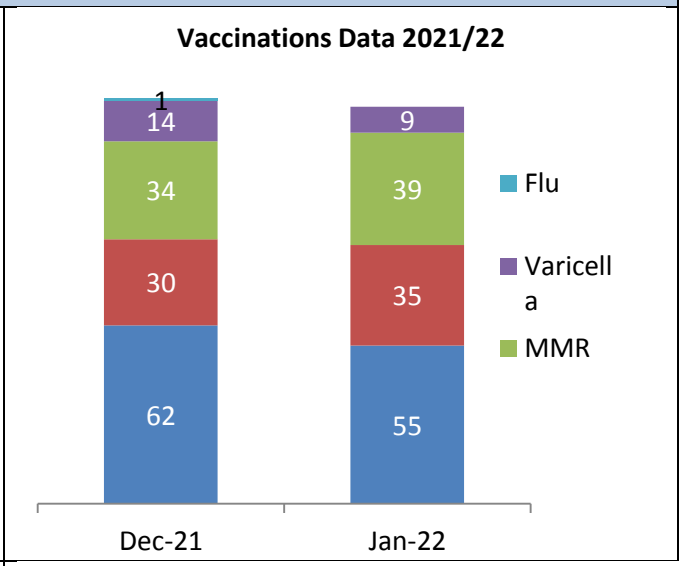
The FEAMs H&S report had not been received at the time of reporting, any incidents will be included in the February report.



Occupational Health Service Update

Vaccinations:

138 vaccinations were administered in January. The vaccination clinics were shut down over the December 2021-January 2022 holiday period.



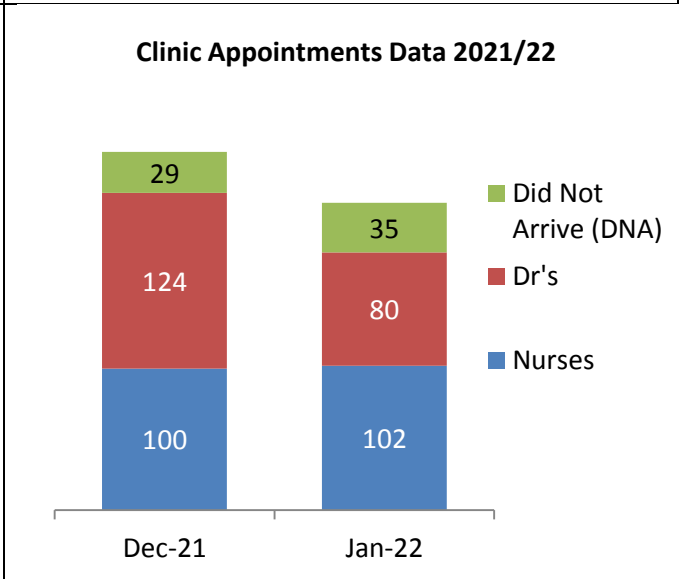
Clinic Appointments:

There were 80 OHN clinic appointments and 102 OHP clinic appointments in January.

The decrease is attributed to the clinics shutting down over the December 2021-January 2022 holiday period.

There were 35 DNA's for January. This increase is attributed to staff being unwell or not being available to attend the virtual or telephonic appointment due to various reasons.

The Occ Health Physician consultations continue to be conducted either telephonically or virtually due to the COVID-19 alert level restrictions. Face to Face consultations have been conducted upon request occasionally.

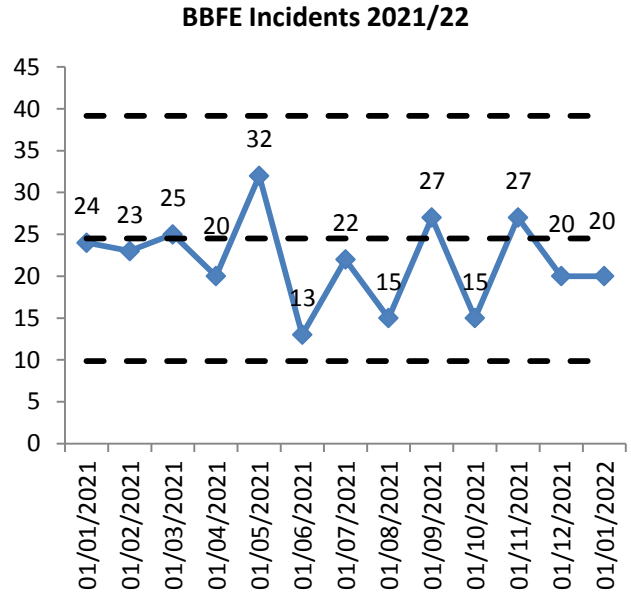


Blood Bodily Fluid Exposure:

There were 20 BBFE incidents in January. This has decreased from the monthly average of 30.

Acts of others and inattention/ distraction being the most prevalent causation in January.

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

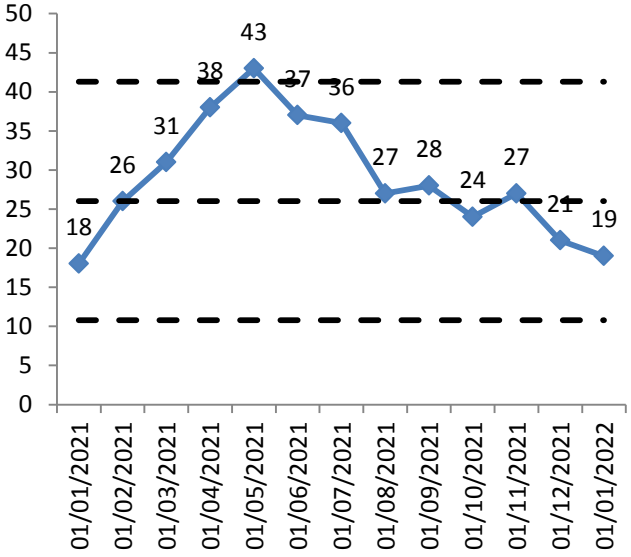


Manager Referrals:

19 Manager Referrals were received in January.

Contact Tracing:

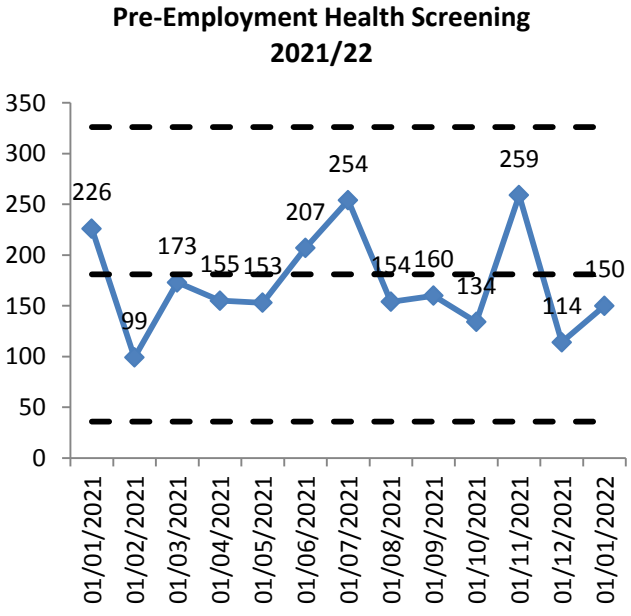
There were fourteen contact traces conducted during January. Eleven of these were for COVID-19. One for syphilis. Two for tuberculosis.



Pre-employment Health Screening:

150 Pre-employment Health Screening for starters commencing employment in January received clearance. The increase is attributed to the increase in Pre-employment volume due to the bulk intakes for New Grad Nurses and House Officers in January and February 2022.

Pre-employment Health Screening is also conducted for Managed Isolation Facilities and Quarantine Facilities staff.



Appendix 1

Stress and Fatigue Analysis

The following graphs represent incidents reported in SafetyFirst and Raise (EAP) counselling sessions up to January 2022.

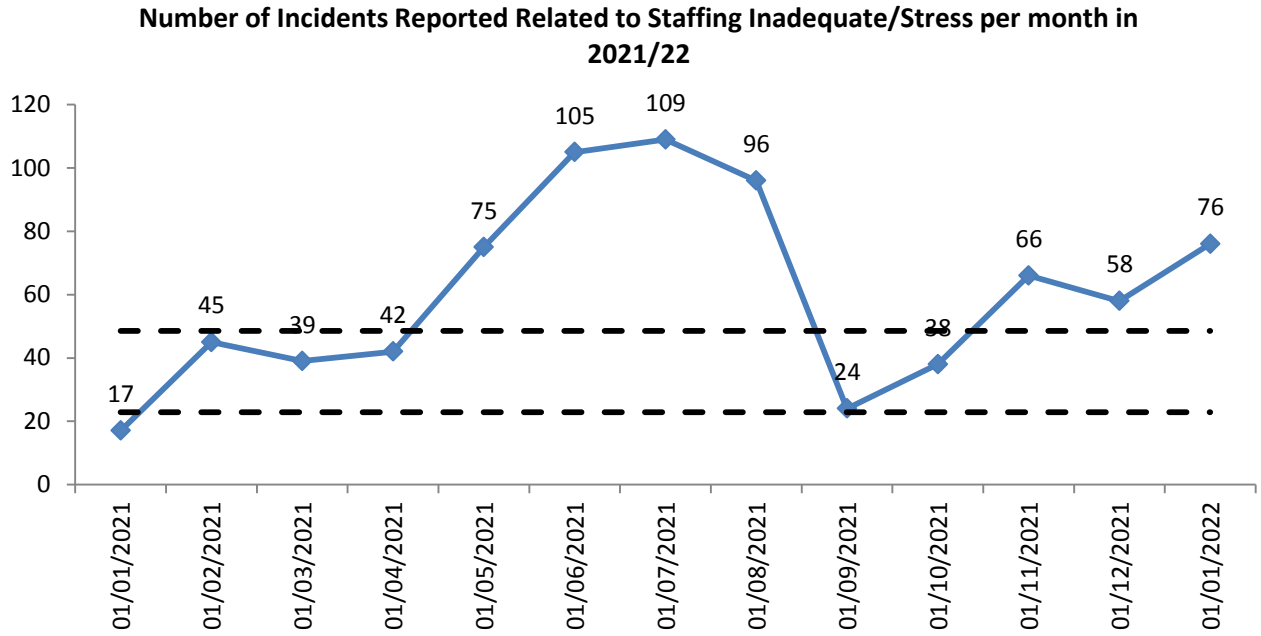


Figure 1: Safety First - Number of Incidents Reported to Staffing Inadequate/Stress per month 2021/22

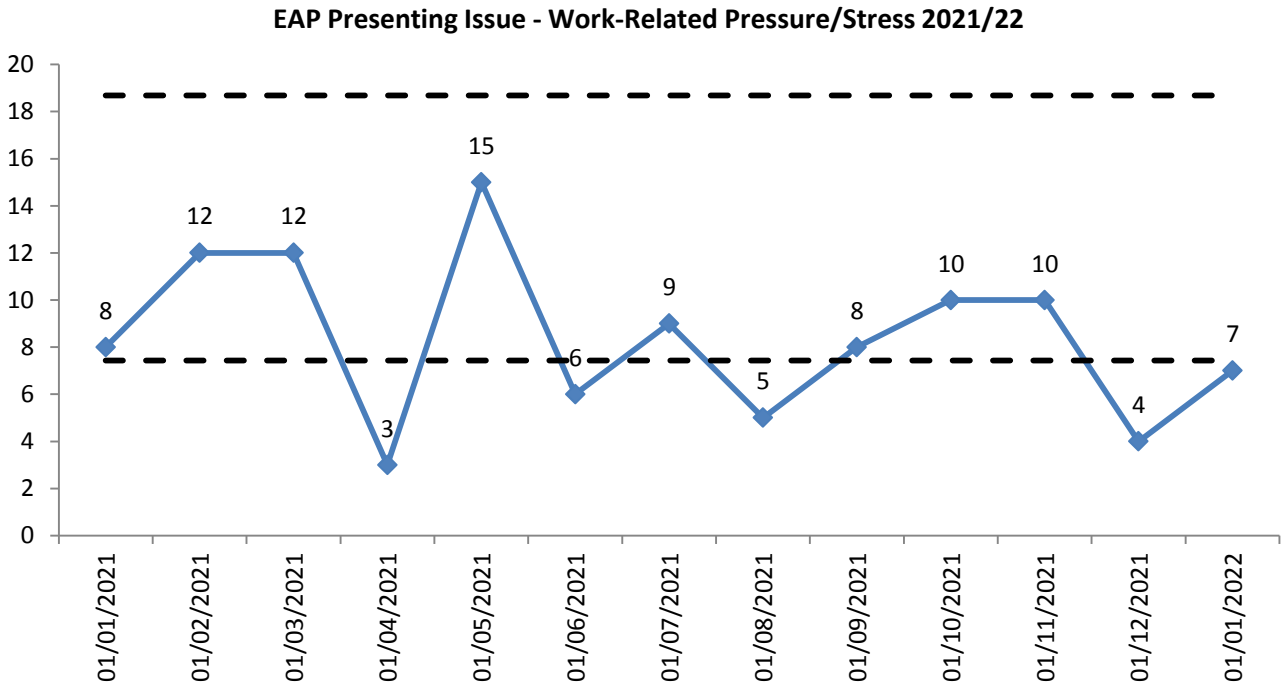


Figure 2: Raise (formerly EAPworks) Presenting Issue – Work Related Pressure/Stress 2021/22

Appendix 2

EAP reporting (January 2022)

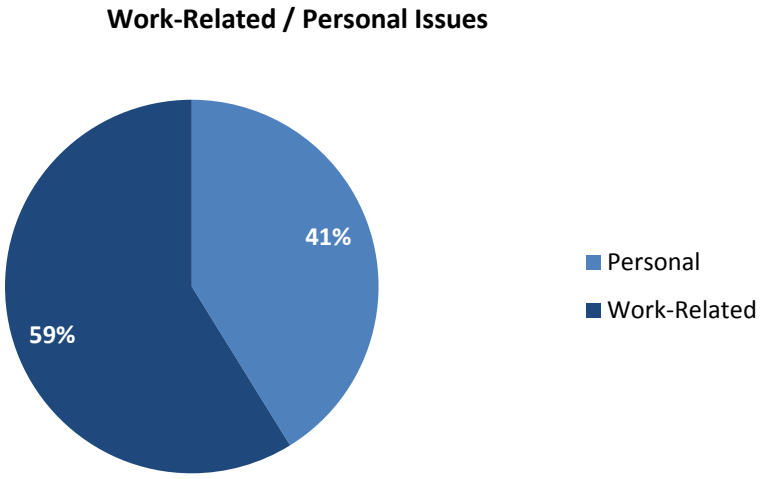


Figure 3: Work related v personal issues January 2022

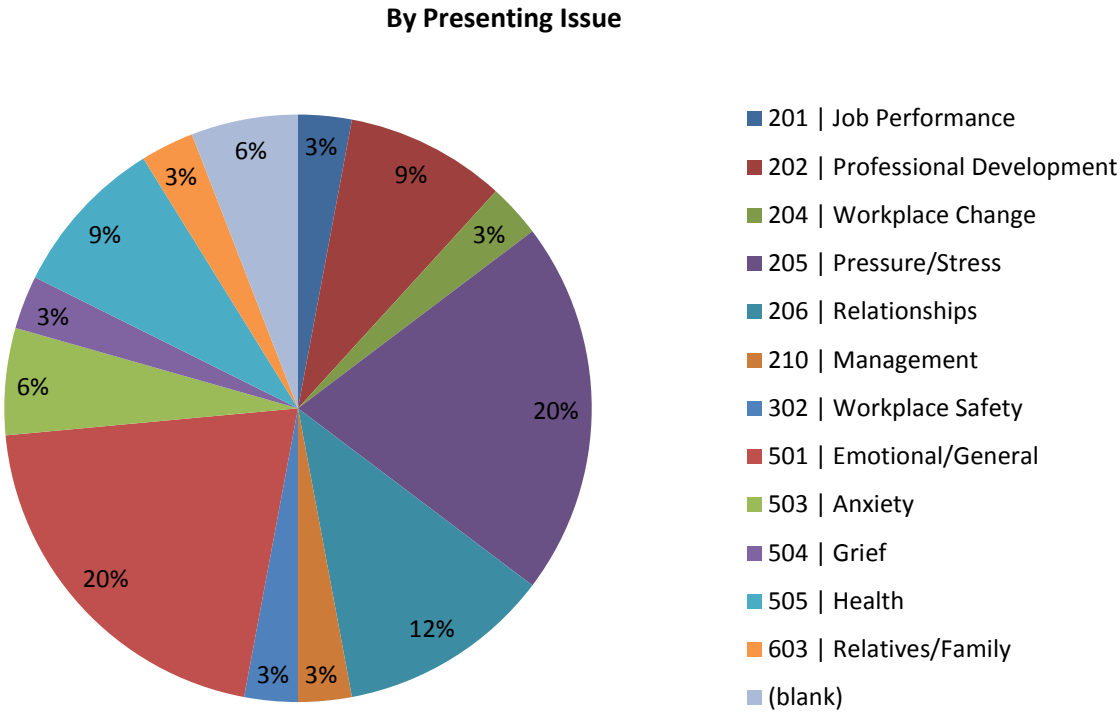


Figure 4: Presenting Issue January 2022

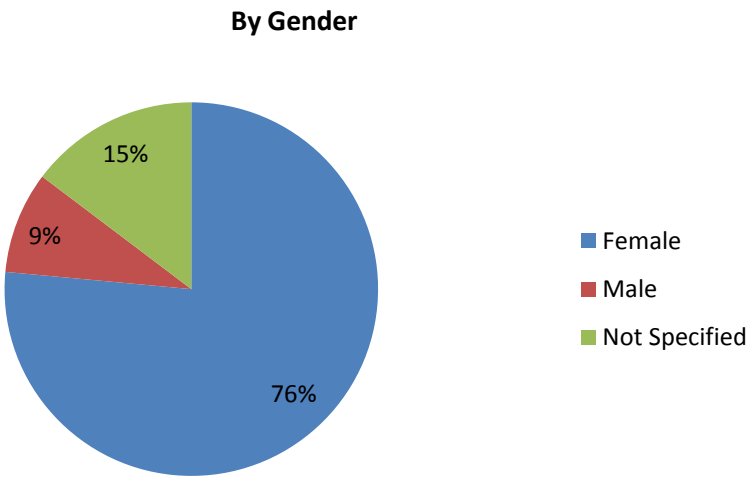


Figure 5: Reporting by gender January 2022

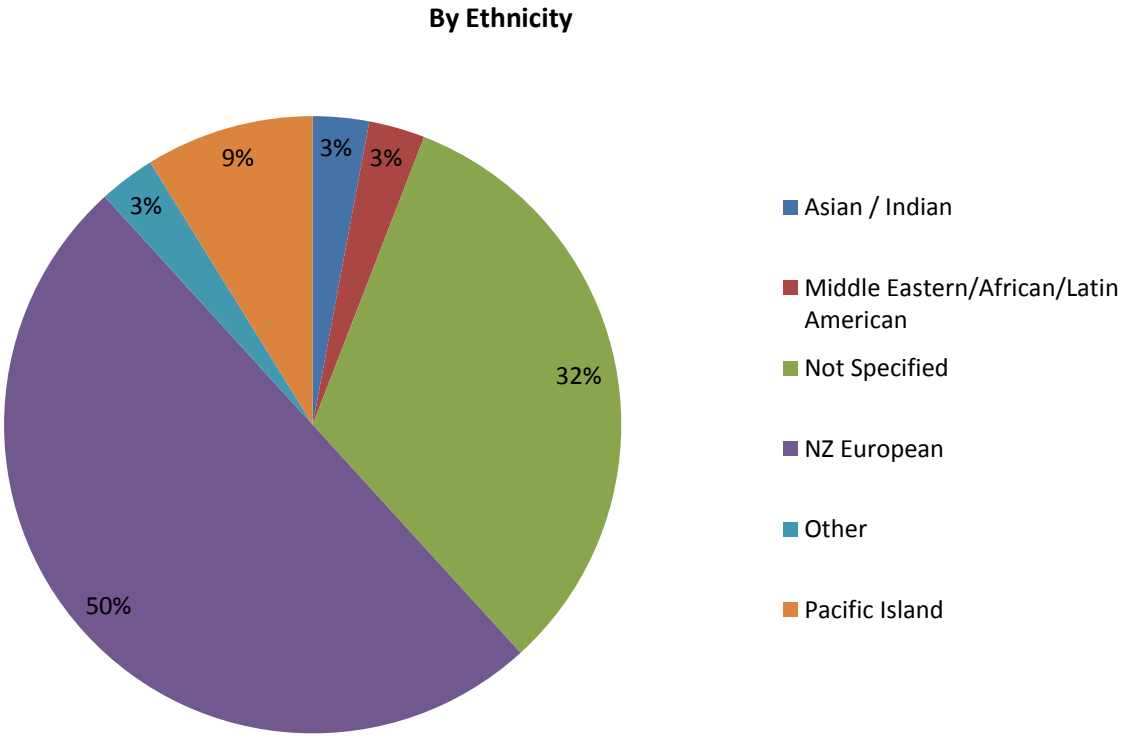


Figure 6: Reporting by ethnicity January 2022

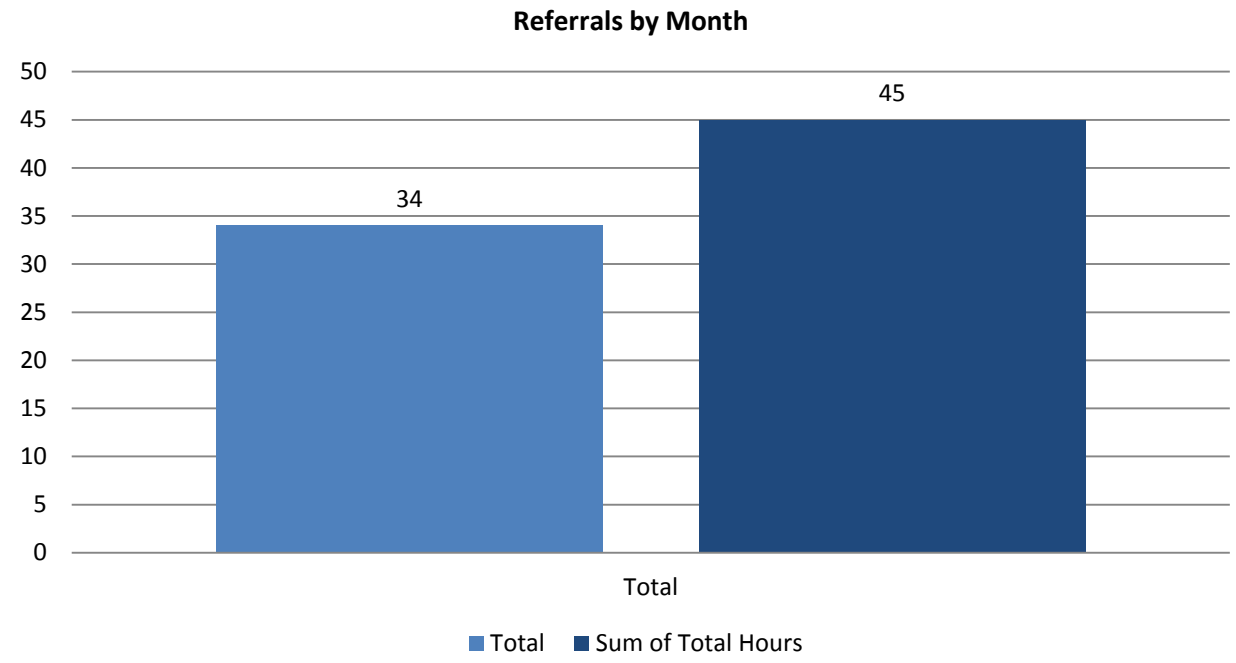


Figure 7: Referrals January 2022

Appendix 3

Wellbeing Report January 2022 (Human Resources)
Prepared by: Dr Jo Sinclair, Consultant Anaesthetist & SMO Wellbeing Lead; Kathy Nancarrow, Group Health & Safety Manager; Jeremy Caird, Group Organisational Development Manager and Kevin Walls, OD Wellbeing Lead

Schwartz Rounds

- Planning undertaken for a Schwartz Round on 4 March: 'Small gains with big impacts – celebrating the wins on the acute spinal cord injury journey'

Wellbeing Support to Specific Teams

Ward 1
- Ongoing OD work with them has morphed into identifying and offering wellbeing related support.

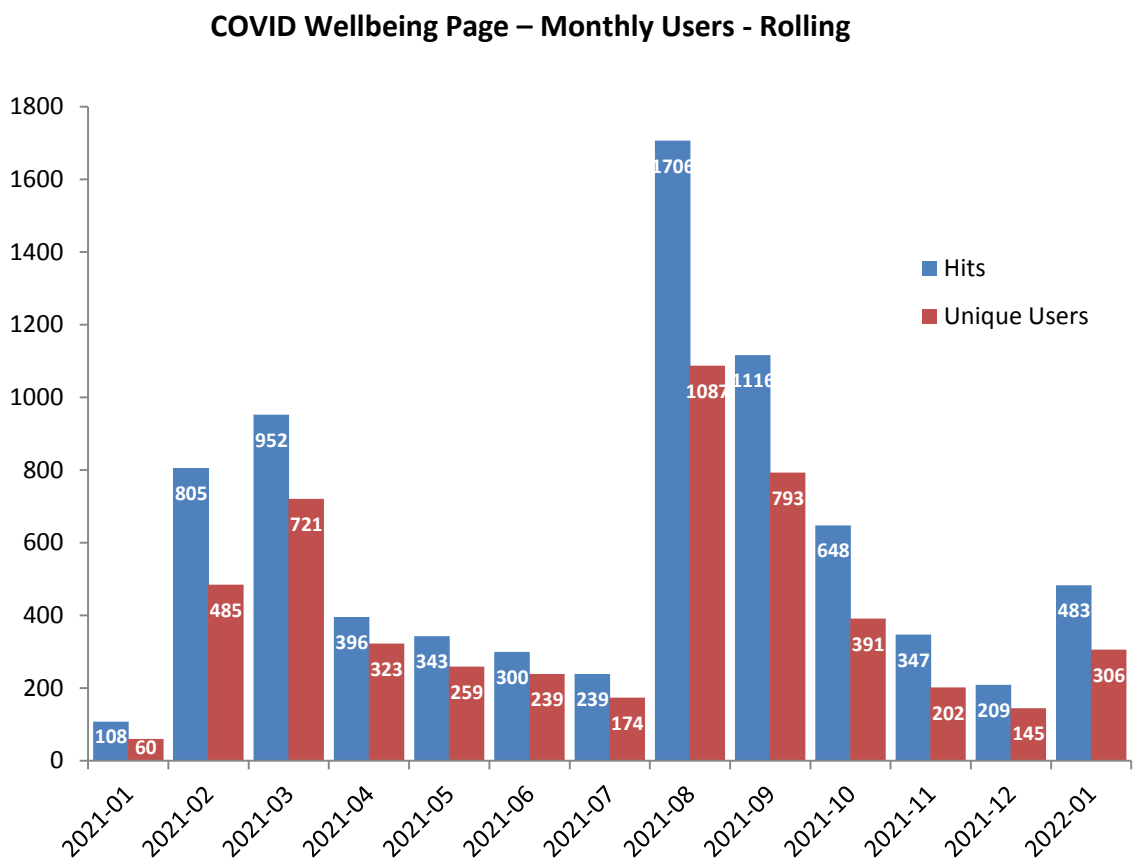
Department of Anaesthesia and Pain Medicine (Technicians)
- At the request of the SAPs Service manager, scheduled sessions on six different wellbeing topics across 2022 for SAPS staff.

Matariki - Community Mental Health Services - Māngere/Ōtara
- 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.

ACNM Perioperative Care Unit Team
- Facilitated the Living with Uncertainty in a COVID World session on the 25 January with 7 employees attending

Covid Wellbeing and Support – Paanui Information

- New "myWellbeing" page for Paanui under action. It is designed to provide consolidated, easy-to-access information on wellbeing topics including, Covid Wellbeing Support, Schwartz Rounds, Well-being Index, Stress First Aid, and Seasonal Wellbeing initiative.
- Continued to review, refresh and update contents of the COVID Wellbeing & Support Paanui page, including highlighting the 'Wellbeing Wednesday' initiative and articles.
- Provided ongoing support and checks-ins to some people leaders and managers.



Stress First Aid (SFA)

- We conducted a post-implementation review of the ED pilot programme. We are adjusting and improving the training session to improve the experience of other directorates who implement during 2022.
- We have approached the SAPs Service Manager, Charge Nurse Manager and Nurse Educators about running training workshops for perioperative staff on theatre education days in 2022 and planning is underway for those.

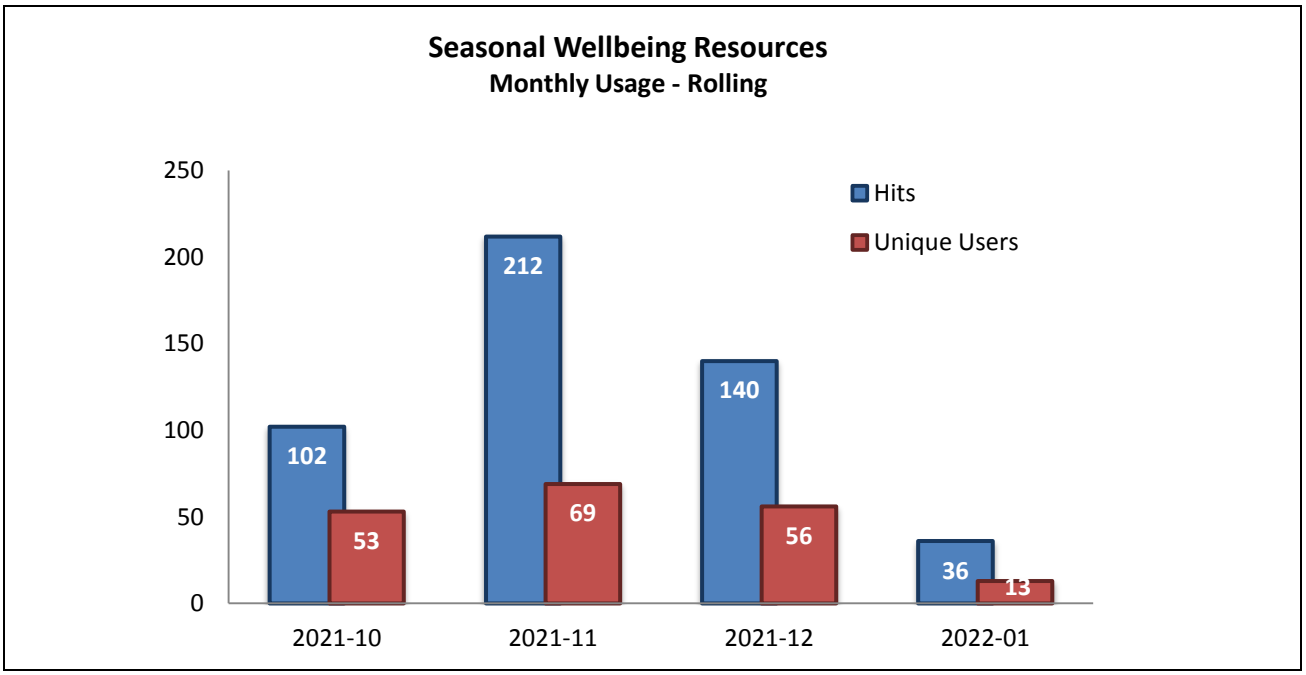
"Wellbeing Wednesday"

26 January

Sessions	Participants
Enhancing Civility in the Workplace	2
Kick-Start Your Career & Personal Wellbeing for 2022	6
R U OK?	0
Total Participants	**8**

Living Well in Summer Initiative and Wellbeing Page

- Continued to review, refresh and update contents of the 'Living Well in Summer' page.


Seasonal Wellbeing Resources
Monthly Usage - Rolling
250
200
150
100
50
0
Hits
Unique Users
102
53
212
69
140
56
36
13
2021-10
2021-11
2021-12
2022-01

Appendix 4

OHSS Risk Matrix:

OHSS Consequence table (for reference)

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

OHSS Likelihood table (for reference)

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

Counties Manukau District Health Board
Occupational Health and Safety Performance Report
MIQF Health & Safety Report – January 2022

Recommendation

It is recommended that the Board:

Receive the MIQF Health and Safety report for the month of January 2022.

Note this report was endorsed by the Executive Leadership Team on 8 March 2022 to go forward to the Board.

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
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
OHSS	Occupational Health and Safety Service
PCBU	Person Conducting a Business or Undertaking
POI	Person of Interest
PPE	Personal Protective Equipment
RATs	Rapid Antigen Tests
SIQ	Community Self Isolation and Quarantine
Whaanau HQ	Whaanau Home 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 anuary 2022.

February 2022 update

Executive Summary - Managed Isolation and Quarantine Facilities (MIQF)

This Health & Safety report provides a summary and highlights for January 2022 in Managed Isolation and Quarantine Facilities and the updates for the current month, February 2022. The report also highlights the swift rise of incidents in the MIQF due to the ongoing operational changes onsite.

Northern Managed Facilities (NMF) team is now joined by MIQ referral, and the Whaanau HQ team focused on COVID-19 positive cases in the community and their welfare management. Staff redeployment has been a recurring theme over the past 6-8 weeks to support the growing workload in the community-focused and testing teams.

Incident management has been the focus for NMF management to close some of the longstanding open cases and provide rational outcomes for the logged incidents. Incident management is expected to improve with clinical governance formation and clarity around processes management in the coming months. NMF leadership is working closely with clinical leadership onsite to promptly close, manage and close daily operational incidents with the improvement lens.

OH&S Risk & Assurance

The rapid changes experienced during the month has highlighted the need for clearer pathways of communication between the MoH and the PCBUs managing the operations within MIQFs. Delays in receiving national guidance on the management of splitting bubbles and the processing of information on the management of weak positive and historical Covid-19 cases resulted in staff having to manage increases in complaints and negative behaviours from returnees. The PCBUs are working together to develop interim regional guidance.

Information Technology faults were a contributing factor to delays in providing care to returnees which increased the negative behaviours experienced by staff. BCMS system errors and slow data transfers between systems saw returnees swab results being delayed or loaded incorrectly. Faults were logged with the system providers and work was undertaken to improve operations.

Regular testing routines, vaccinations, PPE, fitted respirator masks and rigorous IP&C controls continue to mitigate the risk of infection to staff working within MIQF. To date, no Health staff have become infected while working within the facilities. Teams are reminded to continue to use the Covid-19 contact tracing application and maintain good IP&C practices while out in the community and at home.

Worker Participation

CM Health's MIQF H&S Business Partner continues to work with the MBIE Senior H&S Advisor on the MBIE plan to imbed worker participation within the sites.

High staff turnover during the holiday period as seen the loss of some trained HSRs, however, replacements have been identified. Charge Nurse Managers are coordinating with the MIQF H&S Business Partner to book training with the MBIE facilitator. Due to the change to red status, spaces are limited to 10 people per session.

To continue to build the risk management skills of the HSRs, the January topic during the monthly meeting focused on details to provide within incident reporting and how these linked to incident investigations.

Two training sessions were provided to the Charge Nurse Managers during their weekly meeting. The topics covered were how to carry out a H&S risk assessments and the importance of H&S incident reporting. The Occupational H&S Clinical Charge Nurse and Health & Safety Manager attending a session to answer questions on how CM Health worked with NMF and to provide background on the relationship between the areas.

Respirator Mask Fit Testing

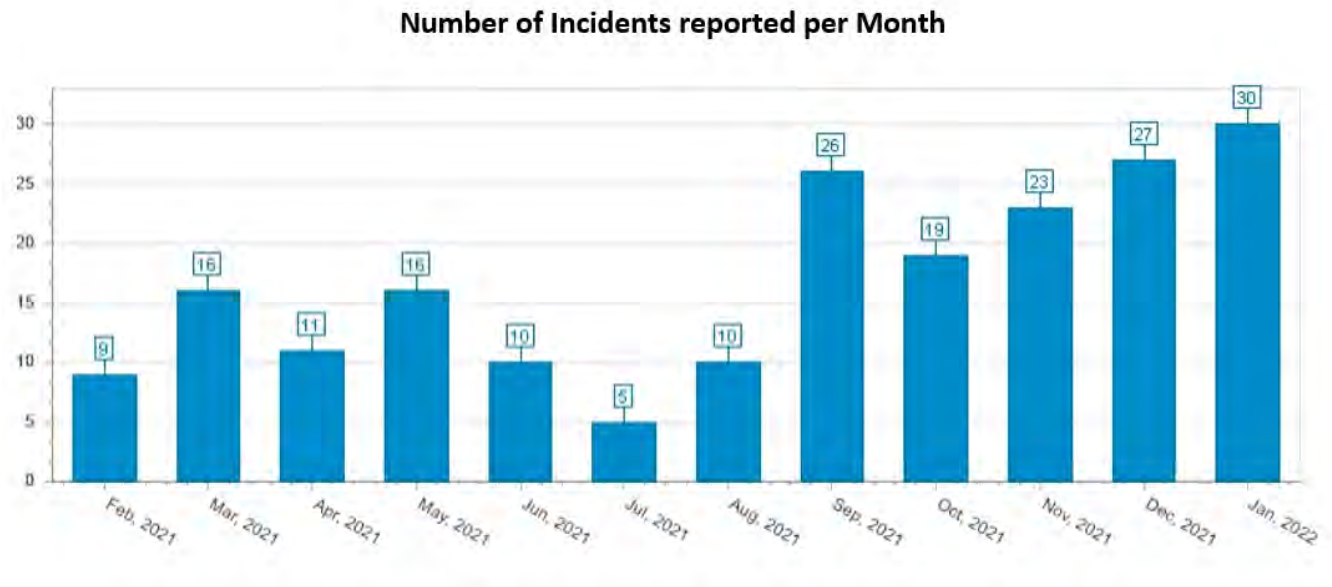
Work is underway to retest the people identified as being fit tested to wear the 9320+ respirator mask. A proposal has been written to release the three trained respirator mask fit testers to carry out a dedicated fit testing programme.

In the interim, mask fit testing continues every Wednesday at the Crowne Plaza with a quantitative fit tester available from 9am to 1pm. CNMs have been advised to manage staff and allow time for them to leave for testing.

Incident Reporting

Incident report numbers continue to increase. This can be attributed to the continued changes that have occurred within the MIQF environment which resulted in returnee frustrations as well as the need to adopt new processes quickly. Technology faults and communication errors were identified as contributing factors to the increase in reports. This is reflected in the second graph showing the breakdown of incident types.

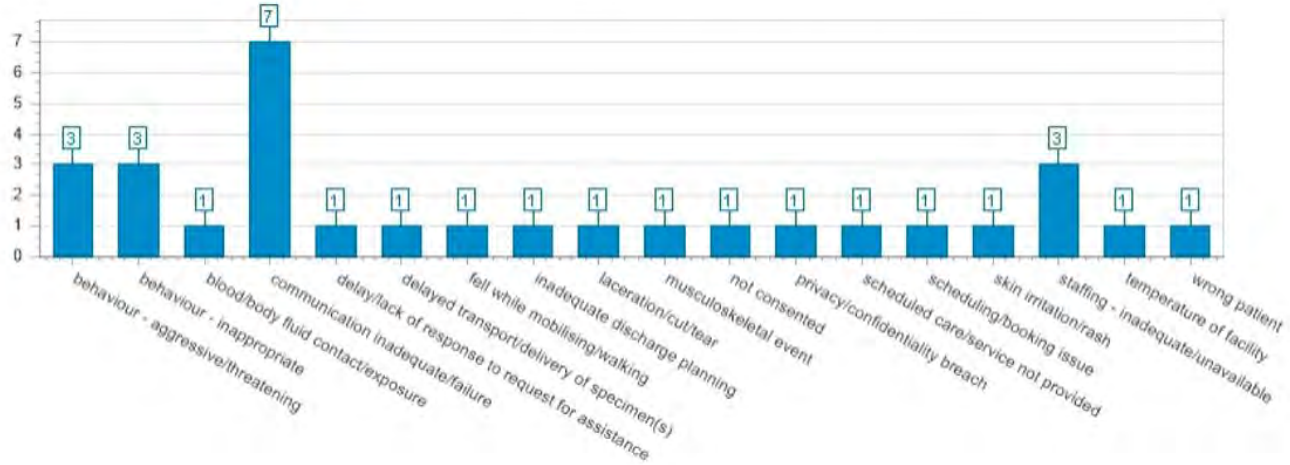
There has also been a rise in awareness of how incident reporting functions as part of the health and safety system that was introduced during the HSR meeting.



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.

Acts of aggression are being managed with assistance from the Police and MIQF managers. Perpetrators of aggression are given verbal reminders of the behaviours expected of them during their stay within the facilities and when required, warnings are issued.

Breakdown of incident types reported for January



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 Tori Ngataki, Ms Brittany Stanley-Wishart, Mr Barry Bublitz and Mr Robert Clark 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 23 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.
Draft minutes of the Audit Risk & Finance Committee meeting 2 March 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.
Ratification of Circular Resolution – Middlemore Core Infrastructure Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	***Commercial Activities*** The disclosure of information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [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)]
NRHCC COVID-19 Decision Log	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	***Confidentiality of advice by officials*** The disclosure of information 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. [Official Information Act 1982 S9(2)(f)(iv)]
Mental Health Planned Investments	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 organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations. [Official Information Act 1982 S9(2)(i)
Whanau HQ	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	***Confidentiality of advice by officials*** The disclosure of information 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. [Official Information Act 1982 S9(2)(f)(iv)]

2022/23 Budget Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	***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. [Official Information Act 1982 S9(2)(f)(iv)]