

MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD

Wednesday, 3 February 2021

Venue: Room 107, Ko Awatea, Middlemore Hospital

Time: 8.30 am

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

AGENDA

BOARD ONLY SESSION (8.30 – 9.00am)	
1. GOVERNANCE	
9.05am	1.1 Apologies 1.2 Disclosures of Interest 1.3 Specific Interests
2. DECISION PAPERS	
9.10am	2.1 Disestablishment of Executive Committee (Mark Gosche)
3. BOARD MINUTES	
9.15am	3.1 Confirmation of Minutes of the Meeting of the Board – 9 December 2020 (Mark Gosche)
9.18am	3.2 Action Item Register (Mark Gosche)
9.20am	3.3 Report on the <i>Draft</i> Hospital Advisory Committee Minutes – 16 December 2020 (Catherine Abel-Pattinson)
9.25am	3.4 Report on the <i>Draft</i> Community & Public Health Advisory Committee Minutes – 16 December 2020 (Colleen Brown)
4. PRESENTATION	
9.30am	4.1 Eastcare Petition (Simeon Brown, MP for Pakuranga & Christopher Luxon, MP for Botany)
5. EXECUTIVE REPORTS	
10.00am	5.1 Chief Executive’s Report (Margie Apa) 5.1.1 Patient Story (Jenny Parr)
10.15am	5.2 Health & Safety Performance Report (Elizabeth Jeffs)
10.25am	5.3 Corporate Affairs & Communications Report (Donna Baker)
10.35am	5.4 Finance & Corporate Business Report (Margaret White)
6. FOR INFORMATION ONLY	
	6.1 ARF Paper 18.11.2020 – Implications of COVID19 on Primary Care
7. RESOLUTION TO EXCLUDE THE PUBLIC	
Morning Tea Break (10.40 – 10.50am)	

Board Member Attendance Schedule 2020

Name	Jan	19 Feb	Mar	1 Apr	20 May	24 Jun	July	5 Aug	23 Sept	28 Oct	Nov	9 Dec	
Mark Gosche (Chair)**	No Meeting	✓	No Meeting	✓	✓	✓	No Meeting	✓	✓	✓	No Meeting	✓	
Colleen Brown*		✓		✓	✓	✓		✓	✓	✓		✓	X
Dianne Glenn*		✓		✓	✓	✓		✓	✓	✓		✓	✓
Reece Autagavaia*		✓		✓	X	✓		X	X	✓		✓	✓
Catherine Abel-Pattinson*		✓		✓	✓	✓		✓	✓	✓		✓	✓
Katrina Bungard*		✓		✓	✓	✓		✓	X	X		✓	✓
Garry Boles*		✓		X	✓	✓		✓	✓	✓		✓	✓
Paul Young*		✓		✓	X	✓		✓	✓	X		✓	X
Tipa Mahuta (Deputy Chair)***		✓		✓	✓	✓		✓	✓	✓		✓	✓
Lana Perese***		✓		✓	✓	✓		✓	✓	✓		✓	✓
Pierre Tohe***		X		✓	✓	✓		X	✓	✓		✓	✓
Brittany Stanley-Wishart****	n/a							X	✓	✓	✓		
Tori Ngataki****	n/a							X	✓	X	✓		

*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; **** seconded effective 5.8.2020, until 23.9.2021.

BOARD MEMBERS' - DISCLOSURE OF INTERESTS

3 February 2021

New items in red italics

Member	Disclosure of Interest
Mark Gosche, Chair	<ul style="list-style-type: none"> • Trustee, Mt Wellington Licensing Trust • Director, Mt Wellington Trust Hotels Ltd. • Director, Keri Corporation Ltd • Trustee, Mt Wellington Charitable Trust • Chair, Kainga Ora Homes & Communities • Director, Housing NZ Build Ltd (subsidiary of KO Homes & Comms) • Director, Housing NZ Ltd (subsidiary of KO Homes & Comms) • Member, Expert Advisory Group to the Retirement Commissioner working on retirement income.
Catherine Abel-Pattinson	<ul style="list-style-type: none"> • Director, healthAlliance NZ Ltd. • Board Member, International Accreditation NZ (IANA) • Member, NZNO • Member, Directors Institute • Husband (John Abel-Pattinson): <ul style="list-style-type: none"> ○ Director, Blackstone Group Ltd ○ Director and Shareholder, Blackstone Partners Ltd ○ Director Blackstone Treasury Ltd ○ Director Bspoke Group Ltd ○ Director, Barclay Management (2013) Ltd ○ Director, AZNAC (JAP) Ltd ○ Director Chatham Management Ltd ○ Director, MAFV Ltd ○ Director Wolfe No. 1 Ltd ○ Director, 540 Great South Motels Ltd ○ Director Silverstone Property Group Ltd ○ Director, various single purpose property owning companies ○ Director and Shareholder, various Trustee Companies related to shareholding in the above
Colleen Brown	<ul style="list-style-type: none"> • Chair, Disability Connect (Auckland Metropolitan Area) • Member, Advisory Committee for Disability Programme Manukau Institute of Technology • Member, NZ Down Syndrome Association • Husband, Determination Referee for Department of Building and Housing • District Representative, Neighbourhood Support NZ Board • Chair, Rawiri Residents Association • Director and Shareholder, Travers Brown Trustee Limited • Board Member, NZ Neighbourhood Support
Garry Boles	<ul style="list-style-type: none"> • NZ Police Constable
Katrina Bungard	<ul style="list-style-type: none"> • Deputy Chairperson MECOSS – Manukau East Council of Social Services. • Elected Member, Howick Local Board • Deputy Chair, Amputee Society Auckland/Northland • Member of Parafed Disability Sports • Member of NZ National Party

Dianne Glenn	<ul style="list-style-type: none"> • Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • <i>Life Member</i>, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women's Watch (NZ) • Member, Auckland Disabled Women's Group • Life Member of Business and Professional Women NZ • Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities. • Member, Lottery Individuals with Disabilities Committee
Lana Perese	<ul style="list-style-type: none"> • Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust • Director & Shareholder, Perese Wood Investments Limited
Paul Young	<ul style="list-style-type: none"> • Director, Paul Young International Ltd • Councillor, Auckland Council
Pierre Tohe	<ul style="list-style-type: none"> • Senior Executive, Tainui Group Holdings • Trustee, Taniwha Marae
Reece Autagavaia	<ul style="list-style-type: none"> • Member, Pacific Lawyers' Association • Member, Labour Party • Trustee, Epiphany Pacific Trust • Trustee, The Good The Bad Trust • Member, Otara-Papatoetoe Local Board • Member, Pacific Advisory Group for Mapu Maia – Problem Gambling Foundation • Board of Trustees Member, Holy Cross School • Member of the Cadastral Surveyors Board • Assessor of the Creative Communities Scheme South & East Auckland
Tipa Mahuta	<ul style="list-style-type: none"> • Deputy Chair, Te Whakakitenga o Waikato • Councillor, Waikato Regional Council • <i>Chair of (tbc)</i>
Ken Whelan, Crown Monitor	<ul style="list-style-type: none"> • Board Member, Royal District Nursing Service NZ • Contracts with Francis Health & GE Healthcare (mainly Australia & Asia) • Crown Monitor, Waikato District Health Board
Brittany Stanley-Wishart, Board Observer	<ul style="list-style-type: none"> • Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference)
Tori Ngataki, Board Observer	<ul style="list-style-type: none"> • Board member , Ngāti Tamaoho Trust 2016 to 2020 (restanding) • Board member , Second natures trust 2016 to 2021 • Marae Rep, Te Whakakitenga o Waikato Inc 2017 to 2021 (<i>restanding</i>) • Director, Keep it Māori Ltd (social enterprise) 2019

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 3 February 2021

Director having interest	Interest in	Due To	Disclosure date	Board Action

Counties Manukau District Health Board

Dis-establishment of Executive Committee of the Board

Recommendation

It is recommended that the Board:

Disestablish the Executive Committee formed on 9 December 2020 (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/New Year Board recess.

Prepared by: Vui Mark Gosche, Board Chairman

Purpose

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

Minutes of the Meeting of the Counties Manukau District Health Board
Wednesday 9 December 2020

Held at Counties Manukau DHB, Room 107, Ko Awatea, Middlemore Hospital, Hospital Road, Otahuhu

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT

Mark Gosche (Board Chair)
Apulu Reece Autagavaia
Catherine Abel-Patterson
Dianne Glenn
Garry Boles
Katrina Bungard (*by zoom*)
Dr Lana Perese (*by zoom*)
Pierre Tohe (*by zoom*)
Tipa Mahuta
Brittany Stanley-Wishart (Board Observer)
Tori Ngataki (Board Observer)

ALSO PRESENT

Margie Apa (Chief Executive)
Margaret White (Chief Financial Officer)
Peter Watson (Chief Medical Officer)
Jenny Parr (Chief Nurse)
Dinah Nicholas (Board Secretary)
Donna Baker, GM Communications & Engagement
Jared Heffeman, External Communications Manager

APOLOGIES

Apologies were received and accepted from Colleen Brown, Paul Young and Ken Whelan (Crown Monitor).

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

Ms Maea Marshall was present for the public section of this meeting.

WELCOME

Apulu Reece Autagavaia opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

Ms Glenn advised that she is now a Life Member of Friends of Auckland Botanic Gardens.

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

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 28 October 2020

The minutes were taken as read.

Mr Gosche confirmed that Ms Abel-Pattinson had expressed interest to be on the local Disability Advisory Support Committee along with Ms Glenn, Ms Brown, Ms Bungard and Dr Perese.

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

That the Minutes of the Board Meeting held on the 28 October 2020 be approved.

Carried

2.1 Action Item Register

Noted.

2.3 Draft Minutes of the Meeting of the Hospital Advisory Committee 4 November 2020

The minutes were taken as read.

2.4 Draft Minutes of the Meeting of the Community & Public Health Advisory Committee 4 November 2020

The minutes were taken as read.

3 EXECUTIVE REPORTS

3.1 Chief Executive's Report (Margie Apa)

The paper was taken as read.

PSA Clerical Pay Equity – on 30 November, an initial agreement was reached between the 20 DHBs and the PSA in a significant milestone towards finalising a pay equity settlement for 8,700 DHB clerical and administrative workers. This workforce is 92% female and the agreement reached is an acknowledgement that this workforce has historically been undervalued. This is excellent news for our clerical and administrative staff who make an important contribution to our health services.

[Jenny Parr arrived at 9.28am]

South Auckland Social Wellbeing Board – schedule a deep dive into the SWB work programme for CPHAC next year.

Board Secretary to send letters of congratulations from the Board to all Award winners.

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

That the Board:

Receive the Chief Executive's Report for the period 28 October – 8 December 2020.

Carried

3.2 Health & Safety Performance Report (Elizabeth Jeffs & Kathy Nancarrow)

The report was taken as read.

Mr Boles advised of the heightened risk in the community of armed violence. Ms Apa advised that the hospital does have escalation procedures that lays out difference levels of alertness, how lockdown is automatically initiated, and have discussed with NZ Police how we might lock down Hospital Road if needed, manage the site and constrain visitors. We do constantly need to keep reviewing these procedures and this will be on the new Head of Security's work plan.

The Board asked that the DHBs escalation procedures are checked with the NZ Police for assurance that they are sufficient/what we might need to improve and report back in the next CEO report to the Board.

Contractor Compliance – it was noted that contractors engaged by FEAM are asked to provide a plan detailing the steps they will take to mitigate risks. The Board asked to be kept informed of compliance with this.

Management of risks needs to be more joined up for the Board. Talk to Kianga Ora about the work they are doing in relation to Director responsibilities for contractors under the law - are we meeting them, are we asking the right questions, are we getting the right information and report back in the next H&S Performance Report. At the very least the Board need to know that if you are asking contractors to have a plan, that they have a plan.

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

That the Board:

Receive the Health & Safety Performance Report for the period to 31 October 2020.

Carried

3.3 Corporate Affairs & Communications Report (Donna Baker)

The report was taken as read.

Measles – pushing the free pharmacy vaccinations for 15-30 year olds and looking whether CTCs could be put in place.

Annual Report – preparing an interactive video review of the year which won't go live until the Annual Report is tabled in January.

Breastscreening - October was Breast Cancer Awareness month with a focus on Maaori waahine. Include the results from this campaign in the next Communications report.

Community Christmas Tree – the Christmas tree in the Main Hospital Reception area has a lot of messages from the community pinned to it. A lot are messages of thanks to the staff and are quite impelling to read.

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

That the Board:

Receive the Corporate Affairs & Communications Report for the period 1 October – 15 November 2020.

Carried

3.4 Finance & Corporate Business Report (Margaret White)

The report was taken as read.

Financial Result - the underlying variance for October is \$80k unfavourable against budget and \$176k unfavourable YTD.

Rolling 5-Year Forecast– preparatory work is underway to review the current five-year financial forecast against the 2020/21 operating trends and known outer year commitments. A first draft will be complete mid-December to inform 2021/22 planning.

Savings Programme – the focus is back on the savings programme with good progress being made, albeit a slow burn.

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

That the Board:

Receive the Finance Report to 30 October 2020.

Carried

3.5 Smokefree Policy & Designated Vaping Area (Dr Gary Jackson, Basil Fernandes and Dr Sarah Sharp)

The paper was taken a read.

In consultation with the Tiaho Mai leadership team, a location has been found for a designated vaping area to be trialed during the summer months of 2020/21. This is in a discreet place within the fenced grounds of Tiaho Mai and will only be for use by Tiaho Mai patients from the Low Dependency Unit. No other vaping areas in hospital grounds will be available at this stage however, if this trial goes well, we could look to introduce a further vaping area for non-mental health inpatients.

The Board asked that at the end of the trial, the results are reported back to the Hospital Advisory Committee and that any resultant changes to the Smokefree Policy are brought back to the Board for approval.

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

That the Board:

Receive the Smokefree Policy & Designated Vaping Area paper.

Carried

5. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

Ms Ngataki & Ms Brittany Stanley-Wishart is allowed to remain for the Public Excluded section of this meeting.

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 28 October 2020	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.
Cardiac Cath Lab & Renal Dialysis Extension Construction Budget	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

T-DOC Single Instrument Tracking Implementation Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]
e-Ward Whiteboard Implementation Business Case	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]
Data Warehouse & Qlik	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]
2019/20 Annual 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)]	Confidentiality of advice by officials The disclosure of the information would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials. [Official Information Act 1982 S9(2)(f)(iv)]
Bad Debt Write Offs	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Privacy The disclosure of information would not be in the public interest because of the need to protect the privacy of natural persons. [Official Information Act 1982 S9(2)(a)]

Insurance – National Disaster Risk Sharing Proposal	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
FPIM Programme Service Agreement	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Draft DiSAC ToR	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Appointment of ARF Chair	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Spinal Rehabilitation Service Requirements	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>

Chief Executive's Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Public Interest</p> <p>The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)(ii)]</p>
Changing the Age of Eligibility for Breastscreening	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Age Extension in the National Bowel Screening Programme	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Strategy & Infrastructure Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities and Negotiations</p> <p>The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i) & (j)]</p>

Risk Management Report	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Public Interest The disclosure of the information is necessary to protect information that would be likely to otherwise damage the public interest.</p> <p>[Official Information Act 1982 S9(2)(ba)]</p>
Northern Region Service Plan 2020/21	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Confidentiality of advice by officials The disclosure of the information would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials.</p> <p>[Official Information Act 1982 S9(2)(f)(iv)]</p>
Grow Manukau Concept Design	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
Subway Lease Extension	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities and Negotiations The disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations.</p> <p>[Official Information Act 1982 S9(2)(i)&(j)]</p>

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

Carried

The public meeting closed at 10.20am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 3 FEBRUARY 2021.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 9 DECEMBER 2020.

BOARD CHAIR

DATE

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

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
9 December 2020	Chief Executive's Report	Age Extension in the National Bowel Screening Programme – provide an update on whether there have been any actions/reponses from the Ministry in relation to changes in the Bowel Screening programme that the DHB has been advocating for, for escalation to Ministers, if necessary.	3 February	Margie Apa	Refer Item 5.1 on today's agenda.	✓
9 December 2020	Health & Safety Performance Report	Escalation Plans - check with NZ Police for assurance that our escalation plans are sufficient/what we might need to improve and report back in the next CEO report.	3 February 2020	Margie Apa	Refer Item 5.1 on today's agenda.	✓
		Contractors – talk to Kianga Ora about the work they are doing in relation to Director responsibilities for contractors under the law – are we meeting them, are we asking the right questions, are we getting the right information and report back in the next H&S Performance Report.	3 February 2020	Elizabeth Jeffs/ Kathy Nancarrow	Refer Item 5.2 on today's agenda.	✓
9 December 2020	Corporate Affairs & Communication Report	Breastscreening – October was Breast Cancer Awareness Month. Report back on the results from this campaign in the next Communications Report.	3 February 2020	Donna Baker	<u>3.2.21</u> – a verbal update will be provided at the meeting.	✓

Minutes of Counties Manukau District Health Board Hospital Advisory Committee

Held on 16 December 2020 at 1.30pm
Ko Awatea Room 101, Middlemore Hospital
100 Hospital Road, Otahuhu, Auckland

PART I – Items Considered in Public Meeting

BOARD MEMBERS PRESENT

Catherine Abel-Pattinson - HAC Chair
Dr Lana Perese - HAC Deputy Chair
Colleen Brown - CMDHB Board Member
Dianne Glenn - CMDHB Board Member
Katrina Bungard - CMDHB Board Member
Paul Young - CMDHB Board Member
Apulu Reece Autagavaia - CMDHB Board Member
Robert Clark - Mana Whenua (joined the meeting at 3pm)
Brittany Stanley-Wishart - Observer

ALSO PRESENT

Avinesh Anand - Deputy CFO Provider
Dr Jenny Parr - Chief Nurse and Director of Patient and Whaanau Experience
Jessica Ibrahim - Executive Advisor, CEO's Office
Mary Burr - General Manager Women's Health
Dr Peter Watson - Chief Medical Officer
Sanjoy Nand - Chief of Allied Health, Scientific & Technical Professions
Teresa Opai - Secretariat

1. COMMITTEE ONLY SESSION

The Committee only session commenced at 1.30 pm. The DHB Management team joined the meeting at 2.00pm. Mr Autagavaia opened the meeting with a Karakia.

2. AGENDA ORDER AND TIMING

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

Apologies/Attendance Schedule

Apologies were received from Garry Boles, Barry Bublitz, Tipa Mahuta and Tori Ngataki (Observer).

2.1 Disclosure of Interests

There were no Disclosed Interests to note requiring update.

2.2 Disclosure of Special Interests

There were no Disclosed Special Interests to note requiring update.

3. CONFIRMATION OF MINUTES

3.1 Minutes of the Hospital Advisory Committee Meeting – 4 November 2020

The Secretariat confirmed that she had received out of session approval from the Committee of those motions and action points that were minuted during the absence of a quorum at the 4 November 2020 meeting, specifically item 7 of the Public Meeting and the entirety of the Public Excluded meeting. A copy of the email requesting out of session approval is attached to these Minutes.

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

That the Minutes of the Hospital Advisory Committee held on 4 November 2020 be approved.

Carried

3.2 Action Items Register – Public

Noted.

Dr Watson confirmed that item 6.1 CCA Impact of Covid on Cancer Services reports would continue to be provided to the Committee as and when they become available and asked that this item be removed from the register.

Action: Secretariat to remove item 6.1 CCA Impact of Covid on Cancer Services reports from the action register.

Ms Glenn noted that item 5.1 HPV Self-testing was discussed at the CPHAC meeting earlier in the day, with an action for Ms Christine McIntosh to respond to the next CPHAC meeting. As Dr Mathy is due to report to HAC at the 27 January meeting, she wished to ensure a coordinated response. Dr Watson advised that he would liaise with Ms McIntosh and Dr Mathy with the joint response being presented to the next CPHAC meeting. Action point to be removed from the HAC action register.

Action: Dr Watson to liaise with Ms McIntosh and Dr Mathy and coordinate a response to the next CPHAC meeting.

Action: Secretariat to remove item 5.1 HPV Self-Testing from the HAC action register.

4. PROVIDER ARM PERFORMANCE REPORT

4.1 Executive Summary (Mary Burr)

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

- All references are to the month of October 2020.
- The hospital remained at Covid-19 level 1 throughout the month. Covid-19 activities focussed on recovery and planning for any resurgence.
- Priority 1 national targets for cardiology angiography, colonoscopy and gastroscopy were achieved in October.
- Total Planned Care delivery for September confirmed by the Ministry at 112.1%. The indicative Planned Care result for October is at 111.5%.
- Acute Stroke team continues to exceed the Thrombolysis target with the 12-month average being 10.9% relative to the 10% target.

- NBSP has diagnosed 126 cancers since the programme commenced in July 2018. The DHB completed its first 2-year screening round last month. This month kits will be sent to those who completed screening 2-years ago as well as those turning 60 years and who are now eligible.
- Ophthalmology has continued to make inroads particularly in cataracts and reduction in patients waiting longer than 120 days for a first specialist appointment (FSA) and a reduction in the number of patients waiting greater than or equal to 50% longer than intended for a follow-up appointment.
- Kidz First ED attendances increased for the month but were still 16% less than the previous year and 41% less YTD than the previous year. Paediatric medicine discharges were also higher for the month but 29% less than the previous year and 50% less YTD than the previous year.
- Neonatal resourced cots increased from 34 to 36 cots from 1 September yet the DHB still saw 100% occupancy in September and in October occupancy averaged 107%. YTD occupancy is sitting at an average of 108% with the Kidz First C-pod being used to accommodate the overflow.
- An additional 5.3FTE have been appointed on fixed term contracts to provide adequate staffing in the laboratory for Covid-19 testing.
- MRI waiting list is reducing due to weekend and evening hours increasing the production volumes. The sustainability depends on staffing levels. Four trainees are coming through to provide support.
- Mental Health Child and Adolescent South team have appointed 6 new clinicians including 1.0 FTE permanent SMO. Recruitment activities continue to be focussed on the SMO, psychology and nursing vacancies.
- ED presentations are higher than in 2019 for older than 15-year old patients resulting in higher than 100% occupancy on many days. Despite this, ED results for the first quarter for short stay ED places the DHB in the top 10 performers and in the top 3 for the larger DHBs.
- Visitor Screening policy at Level 1 has changed to allow more visitors into the hospital with visitor numbers increasing from 40,339 in September to 70,903 in October. A review of the process is currently underway.
- Faster Cancer Treatment (FCT) not achieved at 88% for the month down from 100% in September. Urology Service constrained in clinical capacity and operating theatres, predominantly affecting the FCT 31-day patient group but also impacting 62-day group access to outpatient appointments.
- Acuity and complexity of patients presenting to General medicine continues to increase.
- Community Stroke Rehab Service continues to remain busy with a high proportion of patients being transferred to the service, making it difficult for the team to meet the 7-day target due to high caseload.
- The 6-hour ED target was not achieved at 87% and was met only 5 times in October.
- Seven of the eight major building projects are underway and stated as 'green' with no significant issues.

Ms Glenn queried the NBS programme and the success of the two days of presentations at the marae. Ms Burr advised it is a great outreach programme achieving positive engagement.

Ms Glenn noted that approximately 3-4 years ago, a discussion was held regarding having a pharmacy in each of the three centres contracted to supply all medications to community facilities in Pukekohe, Manukau, and Botany. Ms Abel-Pattinson recalled that the contract was awarded to one big provider. Ms Burr to check with the contracts team for an update of what happened to the programme.

Action: *Ms Burr to check with the contracts team for an update on the contract for supplying all medications to community facilities in Pukekohe, Manukau and Botany and provide an update at the next meeting.*

Dr Perese asked how the urology service risks were being mitigated. Ms Burr advised that the service is working with Surgical Services to ensure that the most urgent cases are given priority on theatre lists. Dr Watson noted that prioritisation, reallocation (which looks at the entire theatre suite and how best to utilise it) and outsourcing of the lower priority work was being applied. Longer term, the DHB has plans for additional theatre capacity through the Grow Middlemore and Manukau Health Park projects.

Ms Abel-Pattinson noted the work being carried out by members of the Stroke team, clinical and non-clinical, and asked that a letter of thanks from the Committee be sent to members.

Action: *Secretariat to prepare a letter of thanks from the Committee to members of the Stroke team and apply the Chair's electronic signature.*

4.2 Finance Results – CMDHB Provider Arm (Avinesh Anand)

The report was taken as read. Mr Anand provided key points:

- Financial report content has been revised with volumes being reported separately and exceptional items being removed to reflect true underlying results for the provider arm.
- (\$3.8)M unfavourable results against budget for the month of October 2020 and (\$5.3)M unfavourable YTD. Consolidated DHB variance to budget of (\$5.4)M for the month and (\$7.8)M YTD.
- Underlying result excluding Covid-19 net costs and the Holidays Act adjustment is (\$15)K unfavourable for the month, YTD \$540K favourable.
- Funding agreement for management of MIF agreed and community testing funding is close to being agreed.
- ED volumes for November back to pre-Covid levels at 102%.
- Admission into wards from ED has increased and is sitting at 36%, reflecting an increase in sick patients presenting from ED.
- Summer bed plan is currently being reviewed.

Ms Abel-Pattinson expressed her thanks to Mr Anand and the finance team for the quality of the report, acknowledging a very busy year. Ms Abel-Pattinson asked that a letter of thanks from the Committee be sent to members of the finance team.

Action: *Secretariat to prepare a letter of thanks from the Committee to members of the Finance team and apply the Chair's electronic signature.*

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

That the Hospital Advisory Committee:

Note and receive the reports.

Carried

5. CORPORATE REPORTS

5.1 Patient Safety and Quality Report (Dr Peter Watson)

The report was taken as read.

5.1.1 Quality Dashboard

The report was taken as read.

5.1.2 QSM Local Report Apr-Jun 2020

The report was taken as read.

Dr Watson provided key points:

- The DHBs quality and safety indicators generally compare favourably compared to peer DHBs.
- Lower numbers of falls, pressure injuries and VTE results probably reflect the significant reduction in elective orthopaedic activity during Covid-19 lockdown.
- The main source of Staphylococcus aureus bacteraemia (SAB) is intravenous lines and wound infection. The rate of infection is slightly higher in Māori patients and the risk of infection increases with age. The national data reflects an increase across the country that is also being experienced at the DHB and both locally and nationally is the focus on increased quality improvement activity.
- Patient Experience reflects a sustained improvement in performance.

Ms Abel-Pattinson requested that the next report includes details of the drug resistant bacteria. Dr Watson confirmed this would be possible and that it is one of the DHBs 13 major corporate risks..

Action: Dr Watson to include details of the SAB drug resistant bacteria in the next QSM report.

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

That the Hospital Advisory Committee:

Note and receive the reports.

Carried

5.2 Faster Cancer Treatment (Catherine Tracy)

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

- Q1 performance is 91% against the 62-day target for this period (1% above target of 90%). The 90% target has been achieved in four of the last six months.
- Despite improved performance over the last quarter, Gynaecology remains well below target and is a key focus for improvement.
- The last quarter has focussed on overcoming the backlog from Covid-19 and contingency planning should another lock down occur.
- Nationally prostate, haematological and breast cancer have seen a decrease in registrations whereas for this DHB, while breast and prostate cancers have also decreased, haematological cancer has increased.
- Noticeable decrease (7%) in radiotherapy attendances, presumably because patients were reluctant to leave their homes.

- For the six months Apr-Sep, the DHB has achieved 91% of 62-day target (1% above target) and 93% of 31-day target.
- Theatre access for women requiring surgery with a BMI of 40 or more is causing delays in the cancer pathway.

Dr Watson noted the 62-day performance graph is commendable given everything the DHB has been through this year and suggested that the Committee write a letter of thanks to the cancer team to recognise their efforts.

Action: *Secretariat to prepare a letter of thanks from the Committee to members of the Cancer team and apply the Chair's electronic signature.*

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

5.3 Patient Flow – Every Hour Counts (Dr Mary Seddon)

The report was taken as read. Dr Seddon provided key points:

- Testing on Ward 33N of new virtual team of subject matter experts (the HOP squad) to provide support and guidance of patients identified as having a complex discharge plan.
- MRI 180-day waiting list is at zero, down from 240, with systems in place to guard against future blow-out.
- New diabetes in pregnancy model introduced to identify low risk women with gestational diabetes mellitus (GDM), removing the need to see an Endocrinologist. This has the potential to remove approximately 500 unnecessary appointments per annum.

Ms Glenn noted the success of the nurse ward coordinator trial. Dr Seddon advised that this was a pilot this winter and the DHB was looking to evolve it further next year. Running it year round was dependent on divisional funding.

Dr Perese shared her experience of Tele-health during Covid-19. Dr Seddon advised that most of the DHBs tele-health was via phone, but is looking at a co-design with the Pacific team where patients are called the day prior and contacted via text on the morning of the appointment. The DHB is also looking at the feasibility of setting up community hubs where patients can attend to use the internet for their appointment and to having interpreters join the call. The aim is for the first appointment to be face-to-face to build the relationship.

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

5.4 HR Quarterly Updated (Elizabeth Jeffs)

The report was taken as read.

Ms Brown queried how the reason for leaving was monitored across our volunteer team and whether they were part of the HR reporting. Ms Jeffs advised that the Volunteer team was not included in HR reporting as they have a separate agreement. Dr Parr advised that the Volunteers are managed by the Patient Experience team, and that a number of them were stood down during Covid-19 due to age and lockdown restrictions. The DHB is currently trying to build volunteer numbers and is also taking over management of the voluntary services at MSC.

Dr Perese queried how the DHB can prioritise staff wellbeing and minimise the annual leave risk, given many staff speak of guilt for taking leave due to heavy workloads. Ms Jeffs advised that the DHB normally sees a large leave uptake in Dec/Jan and is encouraging everyone to take 2 weeks leave. Dr Parr noted the need to reframe the conversation to be about a staff member's wellbeing. Across Nursing, many save their leave to protect against future absence as they don't have other options such as health insurance.

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

5.5 Virtual Tour: Birthing and Assessment (Mary Burr)

A video was played to the meeting.

Ms Abel-Pattinson suggested that the reference to a midwife being 'trained' be amended to 'qualified'.

The Committee noted that it was very informative video.

6. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 4 November 2020	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 Work Plan 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Committee to carry out, without prejudice or disadvantage, commercial activities.
Funder Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities and Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the organisation to carry out, without prejudice or disadvantage, commercial activities and negotiations.
Additional Planned Care Funding Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities and Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the organisation to carry out, without prejudice or disadvantage, commercial activities and negotiations.

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
Annual Adverse Events 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)]	Privacy The disclosure of information would not be in the public interest because of the need to protect the privacy of natural persons.
Maternity Services Deep Dive	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 Committee to carry out, without prejudice or disadvantage, commercial activities.
Strategy Refresh	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 Committee to carry out, without prejudice or disadvantage, commercial activities.

Carried

The Public Meeting closed at 3.08 pm.

The next meeting of the Hospital Advisory Committee will be held on Wednesday, 27 January 2021.

Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 16 December 2020.

Catherine Abel-Pattinson
Chair

Date

From: Teresa Opai (CMDHB)
To: [Catherine Abel-Pattinson](#); [Colleen Brown](#); [Dianne Glenn](#); [Katrina Bungard](#); [Mark Gosche \(CMDHB\)](#); [Reece Autagavaia](#); [Robert Clark](#)
Cc: [Barry Bublitz](#); [Brittany Stanley-Wishart](#); [Garry Boles](#); [Lana Perese](#); [Paul Young](#); [Tipa Mahuta](#); [Tori Mgataki](#)
Subject: HAC 4 November Meeting - Approval of Actions and Resolutions Outside of Meeting
Date: Thursday, 26 November 2020 09:39:00
Attachments: [Nov-04.20 HAC Minutes Draft - Public Excluded.docx](#)
[image005.png](#)

Good morning everyone

At our last HAC meeting, we ceased to have a quorum present from 3.31pm, just prior to the conclusion of the Public meeting. As a result, all discussions that took place after this time can only be viewed as having been informal. I am therefore seeking your formal approval via return email of the following items that were made without a quorum being present:

- **Public Meeting**
 - Item 7 Resolution to exclude the public**
Moved by Ms Glenn/Seconded by Mr Clark
- **Public Excluded Meeting**
All action points and motions as noted in the attached Draft Minutes.

Teresa Opai

Executive Assistant to Dr Jenny Parr
Chief Nurse and Director of Patient and Whaanau Experience



(09) 276 0044, Ext 53597

teresa.opai@middlemore.co.nz

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countiesmanukau.health.nz | COUNTIES MANUKAU DISTRICT HEALTH BOARD



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

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

Held on Wednesday, 4 November, 2020 at 9.00am – 11.30pm
Room 101, Ko Awatea, 100 Hospital Road, Middlemore Hospital, Otahuhu, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Co-Chair)
Dianne Glenn
Katrina Bungard
Lana Perese
Paul Young
Apulu Reece Autagavaia
Robert Clark (Mana Whenua)
Brittany Stanley-Wishart (Board Observer)

ALSO PRESENT

Fepulea'i Margie Apa (CEO, CM Health)
Dr Gary Jackson (Director, Population Health)
Aroha Haggie (Director, Funding & Health Equity)
Dr Christine McIntosh (acting Chief Medical Officer, Primary & Integrated Care), standing in for the seconded Dr Campbell Brebner)
Jessica Ibrahim (Executive Advisor to the CE)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

No media representatives were in attendance.

WELCOME

The meeting commenced at 9.00am with a welcome from Colleen Brown.

1. AGENDA ORDER AND TIMING

Items were taken as per the agenda.

2. GOVERNANCE

2.1 Apologies

Apologies were received from Pierre Tohe, Barry Bublitz and Tori Ngataki and Robert Clark, Margie Apa and Aroha Haggie for lateness.

2.2 Register of Interests

Disclosure of Interests – no amendments to note.

Disclosure of Specific Interests – no disclosures to note.

2.3 Confirmation of the Minutes of the joint Hospital Advisory Committee/Community and Public Health Advisory Committee/Disability Advisory Committee meeting held on 4 November 2020.

Resolution (Moved: Colleen Brown/Seconded: Dianne Glenn)

That the minutes of the Community and Public Health Advisory Committee meeting held on 4 November 2020 be approved.

Carried

2.4 Action Items Register/Response to Action Items

Ms Tafau to put all provider presentations into the Resource Centre.

CPHAC were happy with Action Item progress. The Kootuitui response was noted.

2.5 CPHAC Work Plan 2021

CPHAC asked for regular Oral Health updates to be added to the work plan.

Conversation ensued around Oral Health service delivery in practices around Counties Manukau and peoples' negative experiences and how that might follow that up.

In terms of what is happening in the Prevention space, Dr Jackson suggested asking ARDS and CADS to present to the committee around explaining their customer feedback process.

Auditing of contracts to also be put on the work plan.

3. UPDATES

3.1 **Mana Kidz Update to CPHAC** (Phil Light, acting General Manager-Integrated Child Youth; Dr Philippa Anderson, Public Health Physician and Claudelle Pillay, Immunisation Nurse Leader)

Mana Kidz is a comprehensive school based, nurse-led child health programme delivered in 88 schools across the Counties Manukau region. There are approximately 34,000 tamariki consented onto the programme. 59 schools have a nurse and whaanau support worker in school each day and 29 schools have a nurse in school once a week. To supplement schools, Mana Kidz run an 0800 line where schools and whaanau can ring if they have any child health concerns, the aim of this line is to connect whaanau with the appropriate team or service where applicable. The comprehensive child health programme has three arms; rheumatic fever prevention through sore throat management, skin infection management and child health assessment and management.

Dr Anderson gave a broad overview of the information provided in the report and note the following points:

- Mana Kidz has established more rigorous follow ups for patients.
- Nurse practitioners are working with the teams to assist in increasing access for whaanau.
- A lot of work has gone into providing training for nasal pharyngeal swabbing.
- Asked CPHAC to note the amount of research that is underway with the programme. Looking at piloting COVID testing within schools, potentially for the entire whaanau.
- Mana Kidz is a valuable workforce in terms of past responses, eg Measles in 2019, COVID in 2020.
- RH Fever – in the May 2019 budget \$12M was allocated for 4 years. The bulk of that funding was for a co-design piece. This has now been contracted. ThinkPlace are partnering with local Maaori & Pacific re innovative approaches to Rh Fever prevention and treatment.

CPHAC advised that they would like to receive a copy of the ThinkPlace report to the Ministry of Health. Dr Anderson told CPHAC that the hope is that the information will flow both ways; CM Health influencing ThinkPlace and ThinkPlace sharing data and information with CM Health. The budget will also be divided between the region to support programmes that are being implemented. Annie Ualesi has been engaged by Think Place and a Maori contractor from the Heart Foundation.

Apulu Reece Autagavaia is hoping that the funding will assist in resolving the racism issues that were raised within the Rh Fever programmes dealing with whaanau. CPHAC was advised that work is being done in KidzFirst around implicit racism within the service.

ThinkPlace have been clear that they wish to work with CM Health.

Action

Invite MoH to provide their big picture thinking around Rh Fever in Counties Manukau and regionally. CPHAC would like Think Place to present around the ideas they have been coming up with and how they'll be implemented. June 2021.

Colleen is interested in how whaanau manage the purchasing of medication. Dr Anderson advised that the medication is free.

The premise of the programme is that if we can deal with the Strep throats it will prevent the Rh Fever. The focus of the programme is on the Group A Strep Throats and Dr Anderson is pleased with the way this is working. There is recognition that there is more work needed locally in the health promotion space around Group A Strep Throat and Rh Fever. Alliance Health+ has been funded to undertake this work.

In regard to the Impetigo Programme; if a child has impetigo then comprehensive hygiene information is provided to the whaanau. Clean, Cut, Cover is the information provided. Packs are given to take home. Various programmes are working with whaanau to ensure that homes either have washing machines or have access to washing machines. Laundromat use is quite common for many homes.

Ms Pillay advised that there has been much improvement with impetigo over the years and this has been corroborated by CM Health nursing staff.

It was reiterated to CPHAC that Ms Haggie will be bringing an Immunisations Review to CPHAC in 2021.

3.2 **Women's Health in the Community Update** (Dr Christine McIntosh, acting Chief Medical Advisor, Primary & Integrated Care)

Dr McIntosh took CPHAC through the presentation, highlighting the benefits of various forms of contraception.

Hormonal contraception has very low amounts of side-effects. It is essential that providers in the community have the correct information to provide to women in order for them to make fully informed decisions around contraception.

Contraception also assists women with unplanned pregnancies; health issues, alcohol consumption, etc. A planned pregnancy ensures that the woman can be in the best health possible when planning to get pregnant. Through POAC women can be referred to a practice that does provide contraception services.

CM Health offers free LARC free for women who are Maaori or Pacific, quintile 5, CSC holders or are engaged in secondary mental health services or CADS. Unintended birth is associated with poor health and social outcomes for women. Reduced birth interval and >5 births carry increased risks for mama and pepe. 48.6% of post-natal women reported having no antenatal discussion about contraception.

Removing financial barriers is key for women who are Maaori or Pacific, Quintile 5, CSC holders or women involved with secondary mental health services or CADS.

Dr McIntosh noted that access to the morning after pill has also improved.

Primary Care and midwives take responsibility for providing contraception information antenatally so that women can be prepared. Best Start Pregnancy Tool has the dissemination of this information built in.

Birthing Hubs will also be included in discussions around contraception information dissemination.

Apulu Reece Autagavaia noted that if all women are well, all of the time, unintended pregnancies wouldn't be such an issue. Social and cultural norms associated with whaanau, includes the value of whaanau. The tension about cultural norms and well being can be difficult to navigate.

Dr McIntosh advised CPHAC that abnormal uterine bleeding is a prevalent problem in our community (leads to anaemia) which can lead to uterine cancers. This is compounded by obesity, so high rates for Pacific particularly and also Maaori. GPs need to understand the issue, get good background information and potentially take a biopsy. Treatment offered is likely to be the mirena. This treatment reduces periods almost totally, reduces anaemia and reduces the risk of cells turning cancerous. So, communication/information is crucial. Additional funding has been received to ensure more work can be done in the community to assist women with Abnormal Uterine Bleeding. The funding provided will go a long way to addressing the equity gap.

Action

Dr McIntosh is to return to CPHAC in 2021 to provide detailed information in regard to HPV in CM Health and a presentation regarding the Best Start Pregnancy Tool.

5. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Paul Young /Seconded: Robert Clark)

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

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
2.1 Confirmation of Public Excluded Minutes 4 November 2020.	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.
3.1 Strategic Discussion	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

Carried

This first part of the meeting concluded at 10.30am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 16 DECEMBER 2020.

Colleen Brown
Committee Co-Chair

Counties Manukau District Health Board

Chief Executive's Report

Recommendation

It is recommended that the Board:

Receive the Chief Executive's Report for the period 9 December 2020 – 2 February 2021.

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

Introduction

This report covers the period 9 December – 2 February. December and January have been very busy for the hospital with high numbers of presentations to ED and high occupancy in the hospital, impacting on waiting times and flow through the hospital. Despite the busyness in the hospital, we were able to celebrate Christmas across the organisation in December, and a number of staff were able to take a well-deserved break over Christmas and New Year.

News and events

Christmas at Counties

During December Counties got into the Christmas spirit with a visit from Pacific Elvis who visited Middlemore and Manukau to entertain staff with Christmas and Elvis songs over lunch.

We also ran a competition to find the best decorated area. Choosing a winner amongst the fantastic entries was hard; congratulations to the winners, Ward 34 East, and the runners up, KidzFirst Medical who both received a \$100 Countdown Gift Card for the teams to celebrate with. The Ward 34 East team can be seen pictured on the right here on their decorated ward.



To all of the areas that decorated, thank you for brightening up the hospital for staff, patients and their visitors.

Ophthalmology Access

We have been focusing on improving access to Ophthalmology services for some time; due to our capacity constraints (access to theatres and workforce) we have previously not been able to offer the same equitable access to cataract surgery as our metro-Auckland DHBs. In determining access to cataract surgery, the DHBs use a Clinical Prioritisation Assessment Criteria, or 'CPAC', score. At Auckland DHB, the CPAC threshold for cataract surgery is 45 and at Waitemata it is 48. We see a larger volume than Auckland DHB and this demand has been driven by both an ageing population and a high level of diabetes in the CM Health community. During 2019 and 2020, we increased resources (workforce and theatre access) in the Ophthalmology service to support them to try to meet this demand. In the 2019/20 financial year, 2,651 people received cataract surgery, an increase of 12% on the previous year.

We were delighted that, in early December, the Ophthalmology team were able to lower the threshold for access to cataract surgery from a CPAC score of 55 to 50. This is better than the national average and means that an additional 350 people are able to access surgery. This access has a significant impact – for some it can mean not losing their driving license. I want to extend a special thank you to Graham Reeves (Clinical Head), Danny Wu (Previous Acting Service Manager) and the Ophthalmology team who have really given of themselves and supported each other to increase access for our population.

Te Ranga Ora Collaborative Hui

At the end of November, the Te Ranga Ora collectives (Te Kakano, Te Kootuinga Hauora Consortia, Te Ora Puaawai, Warm Exchange Plus (WE+) and The Pacific Consortium) met at CM Health for the programme's first collaborative hui. The focus of the hui was on the evaluation of Te Ranga Ora.



Te Ranga Ora is the new system of care for primary and community services to support people and whaanau living with long-term conditions (LTCs). Te Ranga Ora is being designed with service users and their whaanau and will be delivered in partnership with Te Manawhenua i Taamaki Makaurau, the primary and community sector, lead government agencies, the Ministry of Health and CM Health.

Community Health Service rebranding

Our Community Health Service (Hauora Taiwhanga aa-iwi) has completed a reconfiguration, resulting in some rebranding of our teams and facilities:

- Pukekohe Home Health Care is now Franklin Community Health Team;
- Papakura Home Health Care is now Manukau Community Health Team;
- Howick/Botany Home Health Care is now Eastern Community Health Team;
- Botany Super*Clinic* is now Eastern Hub Botany SuperClinic;
- Community Central remains unchanged, sitting within a larger team of Centralised Services including our Clinical Nurse Specialists and Advanced Allied Health Clinicians;
- Orakau Road Home Health Care is now Mangere/Otara Community Health Team with hubs at both Mangere and Otara; and
- Pukekohe Rehabilitation and Care and Franklin Memorial Hospital names remain unchanged.

National Safe Sleep Awareness Day

On 4 December we marked National Safe Sleep Day which aims to raise awareness about Sudden Unexpected Death in Infants (SUDI), with the vision of reducing the rate of SUDI in New Zealand families and communities.

Our SUDI team were present in the glass corridor by the main reception at Middlemore to have a korero with patients, whaanau and staff around safe sleep for pepi. The team also ran a competition for teams in the organisation to win a morning tea by decorating their areas to promote the importance of Safe Sleep for pepi. Big congratulations to the Botany Downs Birthing Unit who won the competition and thanks to all staff who supported this important kaupapa.

Whakaari/White Island Commemoration Service

The Whakaari/White Island eruption had a major impact on CM Health as the national burns centre, with multiple patients being treated and cared for at Middlemore Hospital. On 9 December we marked the one year anniversary of the disaster in a commemoration service, honouring the victims, the survivors and the health professionals who went above and beyond in exceptional circumstances.

Schwartz Rounds

On 17 December CM Health held its first Schwartz Round. Schwartz Rounds are an internationally used, evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.

All CM Health employees, clinical and non-clinical, were invited and encouraged to attend the inaugural session which carried the theme “a colleague who made a difference to me”. There were four CM Health employees sharing short stories of their experiences, after which there was a facilitated discussion during which everyone in attendance was invited to share their stories or reflections in confidence.

Partnership Agreement with Workbridge

On Thursday 3 December, also International Day of Disabled Persons, Counties Manukau Health signed a partnership agreement with Workbridge, New Zealand's largest job seeker service for those with a disability or health condition.

The signing of this memorandum of understanding occurred one year to the day that we proudly received our Accessibility Tick, which is our commitment to improving the experience of, and employment opportunities for, people with disabilities.

The event was attended by representatives from Workbridge and CM Health. Congratulations to all involved in making this happen.



Left: Representatives from Workbridge and CM Health at the Partnership Agreement Ceremony



Mask-a-rade Challenge Winners

In November, the Patient Safety Day 2020 held a Mask-a-rade Challenge for CM Health staff. Participants were asked to make a fabric mask and take a self-portrait photo. The Patient Safety and Quality Assurance Team (PSQA) received several entries from creative CM Health staff. The winner of the main prize is Sharn Brown who received the ‘Hauora’ sculpture created by Audra Laughland pictured here.

Facilities update

Update on Scott Building Recladding Works

In December we were able to begin the removal of the scaffolding towers which were constructed within the foyer of the Scott Building. This scaffolding was in place to provide support to the external structures which were required to allow access and work space for the completion of the re-cladding work to the outside of the Scott building. This scaffolding continued directly above the visible structures to the outside of the Scott building. This is another great milestone in this project which is ahead of schedule and is on track for completion in April 2021.

Renovation of Everest Café

In January, Everest Café began its renovation which will take around 6 weeks to complete. The café will remain operational during this time with an altered configuration and we look forward to seeing the finished new design.

Scott Building Dialysis, Coronary Care Unit and Catheter Lab extension

In January work also started on the extensions to the Dialysis Unit, Coronary Care Unit and the Coronary Catheter Lab areas of the Scott Building. Savoury Construction has been retained to carry out this work, planned for completion by mid-March 2022.

Our People

Local Heroes

Our local hero winners for November, and a little about why they received their nomination, is included below:

Carolina Rutherford – Team Leader Customer Service



"Carolina is the best. She cares about all of us (sometimes we need extra caring) and she always takes the time to make sure a good outcome results. She is the first one to step up and take the team to new heights."

Jack Tutuvanu – Mailroom Clerk



"Jack is a walking stress reliever and is exceptional in demonstrating the organisational values. The team lights up when he comes into the room"

Improving Ophthalmology Access Team



"I want to extend a special thank you to Graham Reeves (Clinical Head), Danny Wu (Acting Service Manager), and the Ophthalmology Team who have really given of themselves and supported each other to increase access for our population. Thank you again team."

We look forward to celebrating our December and January local heroes together in February once most staff have returned from annual leave.

HRC research grant awarded for early detection of rheumatic heart disease project

A big congratulations to Dr Rachel Webb, Dr Florina Chan Mow and Dr Pip Anderson from Kidz First who recently received a Health Delivery Project Grant from the Health Research Council of New Zealand (HRC). Their project will focus on early detection of rheumatic heart disease with the aim to develop and test a new nurse-led and whaanau-centred approach for offering whaanau health assessments and focused echocardiograms (heart scans) to siblings of children recently diagnosed with acute rheumatic



fever at Kidz First. Also in the research team are Dr Anneka Anderson and Dr Rachel Brown from the National Hauora Coalition.

Patient Feedback

Below are some comments from our patients and visitors during December:

Ward 5 (ARHOP)

"To all the wonderful people of Ward 5. Thank you so much for the exemplary care and attention that you have all shown dad. Many thanks and best wishes from the whaanau."

Security

"How brilliant your security is. As a stroke person in recovery I have been offered wheelchairs (don't need) and assisted up nearer to head of queue as standing in one place can be difficult for me. Momentum/walking works. Yesterday my check in man Keshwan Gounder recognised me (I visited a lady 3 x mornings a week in time to give her lunch). The rules we go by are for everyone's protection but so hard when all the information wasn't on computer. Keshwan put me back on the list somewhere. I fell through a frustrating crack and now I will have easier entry. Meanwhile Charge Nurse received a letter from me and she was able to check all was OK. I love Middlemore. Brilliant hospital. Thank again Keshwan for helping me."

Ward 7

"Thank you all very much for the excellent care and compassion my dear husband received whilst he spent a few days in the ward until his passing on. As my condition prevented being able to see and visit my husband, I wanted to thank all concerned for keeping myself and my children up to date all the time. Thank you so much."

National Burn Centre

"I just wanted to say a big thank you for the care my husband received while in your unit in September. Unfortunately, he passed away on the 4th October from his cancer. The 3 weeks he was in your care, he was so well looked after, listened to and respected. He commented many times on the level of care he received in the unit. His brother and I were made to feel welcome and included which was also appreciated. Thanks so much."

National Burn Centre

"Sincere thanks and appreciation for the best care received in over 100+ operations and many hospitals worldwide over my 56-year life. Special thanks to Kate, Bency, Rebecca, Ang, Suzi and all the doctors and staff. You are stars."

ED, Ward 34E and 35N

"My wife and I wish to compliment MMH Staff (at every level) for their most outstanding service. My wife entered the system less than 3 weeks ago with a tumour and from the very start we have been amazed at the fantastic caring, empathetic and speedy healthcare. CM Health should be proud of their staff who we know operate under constant pressure, with huge demands placed on them. Our experience is that we would not have been treated any better anywhere else in NZ or the world. Thank you to all."

Gynaecology

"I was very scared for having ectopic surgery, but doctors and staff treated me like a family. Roshni Devi

from morning and Dency from night team, both of these nurses treated me so nicely and helped me to get better. They looked after me like a family and I am very happy for this kindness and help."

ED

"I would like to thank the wonderful team of carers I had in Emergency on Tuesday 17 November, especially the two Orthopaedic Doctors John Mitchell and Daniel Joh.

I felt quite concerned about the amount of pain I was in when there seemed little cause behind it.

- *I was not made to feel silly*
- *I felt I struggled at time to give adequate replies but this did not seem to be a problem.*
- *Given the very large case load and the fatigue these men clearly showed their compassion and empathy was so reassuring.*

I would also like to say thank you to the very thorough nurse, who unfortunately I cannot recall her name, attended to me. She clearly thought ahead for the Doctors and just seemed to make things happen apparently effortlessly, even down to locating the cheerful phlebotomist. Again the lovely nurse who had seen us saw my husband and I back in the waiting room and in no time she had it sorted and I was on the bed in the short stay ward. Further surprises followed for us when a nurse brought in my dinner and advised it had been ordered for me. Following further discussion with the doctors it was decided that I would go home. Just as we were about to get ready to go I was advised a bed in Ward 12 was available for me.

I was just so impressed with the smooth process with which things happened. The final thing I would like to say, it is a hectic place with people feeling crappy, but the staff maintain good humour through it all. Thank you very much team. It was so greatly appreciated."

Performance data

I attach for the Board's information the metrics that matter dashboard for December 2020, which also includes November data (Appendix 1).

Highlights for the 6 month period July-December 2020 include:

- The planned CT and MRI scan seen by times are steady, having improved approx. 40% since January 2020 and 15% since June 2020. This is due to the MRI running alternate Sat/Sun weekend services plus 12 hour weekdays and CT running weekend sessions as well as 12 hour days for 3 days each week.
- The readmission rate in the first year of life for all ethnicities is below the target with greatest improvement between July and November.
- Faster Cancer Treatment 31 and 62 day rates remain on target. In the past 12 months services have refocused on the need to meet the FCT target and are ensuring patients are managed on an individual basis, predominantly by the Cancer Nurse Coordinator (CNC) and the Cancer Tracking team.
- ED performance is close to achieving the 95% target for shorter stays in ED ranking 9th across all DHBs compared to 19th at the same time last year (as at Q1 2020-21). Improvement efforts in ED have led to this achievement, including the implementation of new speciality models (hands/plastics and orthopaedics) to streamline services and senior decision making at triage which is now BAU. Despite increases in presentations resulting in a downward trend in performance

against the ED 6 hour target in recent months, performance remains improved on the same time last year.

- Door to cath target has consistently been met since June 2020.
- Planned care interventions remain above target since June 2020 except for a drop in August 2020 due to the second lockdown.
- Total non-urgent mental health access for 0-19 year olds (within 3 weeks) has improved 6% since November 2019. Pacific have consistently remained above target, since January 2020, with over 80% of Pacific 0-19 year olds seen by a mental health professional within 3 weeks of referral.

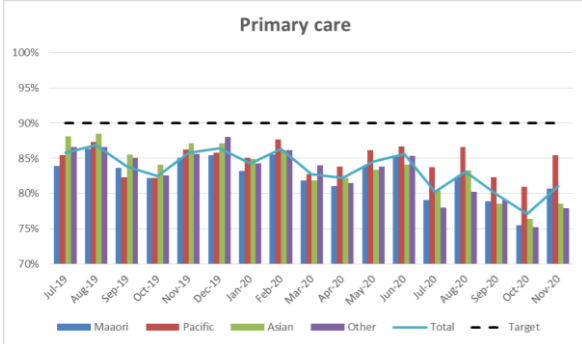
Lowlights and areas of focus for the DHB include:

- Immunisation rates for 8mth and 2 year olds have decreased, especially for Maaori since May 2020. This is associated with the decrease in GP attendances during the lockdown period. Immunisation rates have been slowly improving since September. In October the Outreach Immunisation services have reported that more families are indicating a readiness to return to the GP practice.
- The percentage of PHO enrolled patients who have been offered help to quit smoking dropped over June – October 2020. As recovery from lockdown occurs and practices return to BAU operation, it is expected that brief advice and referrals to cessation support will increase across all PHOs. This is evident in the increase in performance during November 2020.
- A gap consistently exists in breast screening for Maaori compared to other ethnicities. Effort is being taken to identify Maaori women who are not enrolled or not screened and ensure they are enrolled and screened. New Stats NZ population projections has resulted in further decreased Maaori coverage.
- The P2 target for colonoscopy remains off target for the last 4 months. This is due to the delays in commencement of outsourcing and increasing demand. Similarly, the P2 target for gastroscopy has not been met since April 2020 as a result of the backlog generated from the COVID-19 lockdown. This is further impacted by insufficient resource which has resulted in no longer providing weekend procedures. The service is planning to deliver some additional weekend gastroscopy lists in early 2021 to further increase production.
- Bronchoscopy performance has been variable and has not met the target most months over the last year. Overall monthly volumes are low for this procedure, for example in November 2020, 14 of 37 P1 procedures were completed on time resulting in 38% compliance. There are multiple reasons for the target not being met, including insufficient capacity in nursing resource and GA lists, the impact of COVID-19 on production and the recent national shortage of Rapiacid (scope cleaning agent) impacting production. The service is committed to tracking this performance now that the data is being monitored.

Appendix

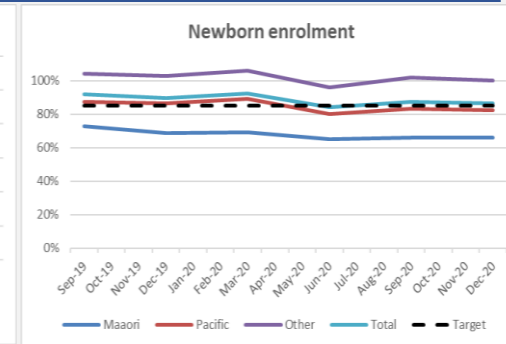
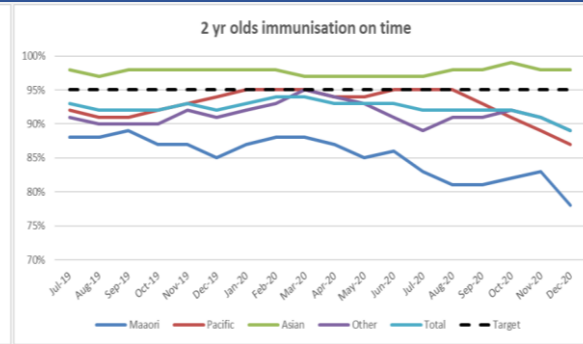
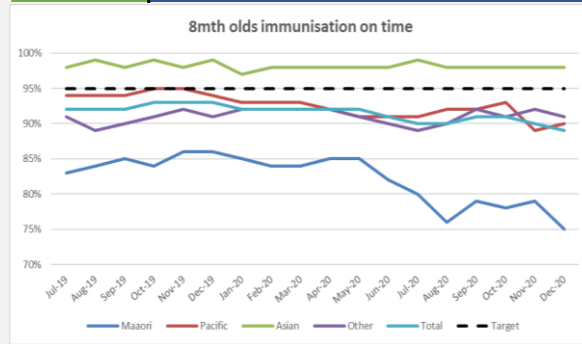
1. Metrics that matter dashboard December 2020

Smoking Cessation

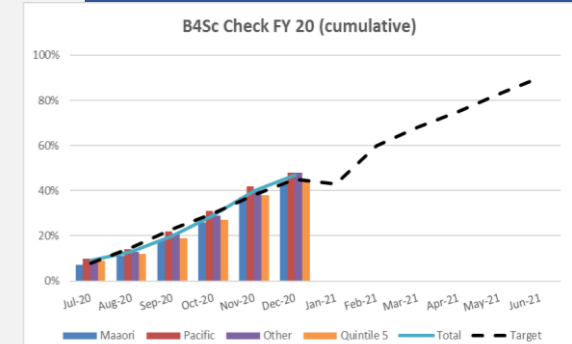


Dec result expected mid-Feb

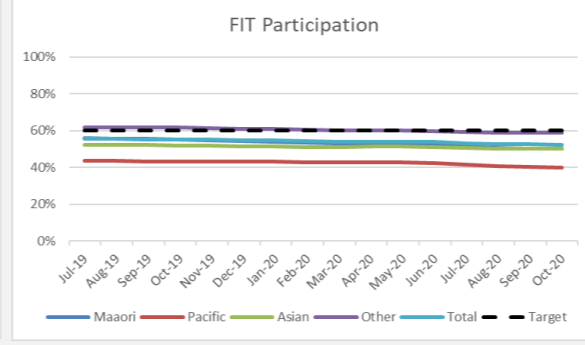
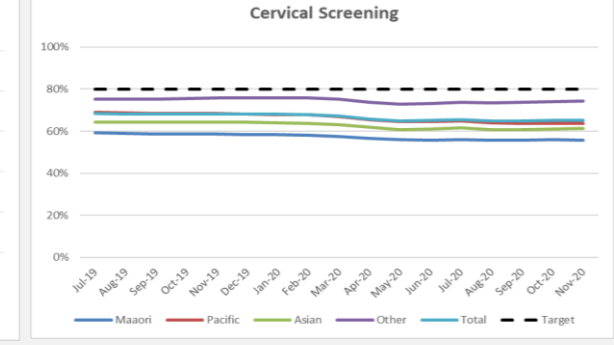
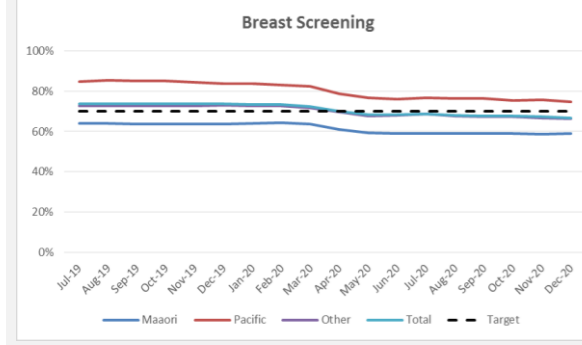
Q&S Immunisation



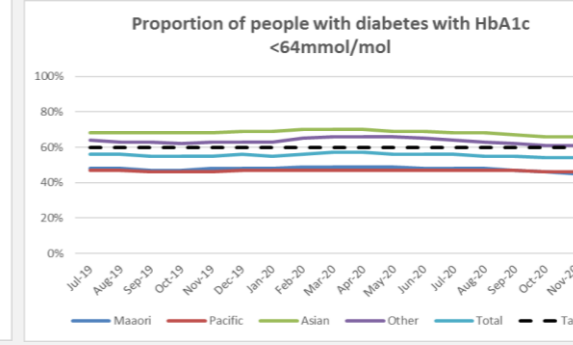
B4Sc check



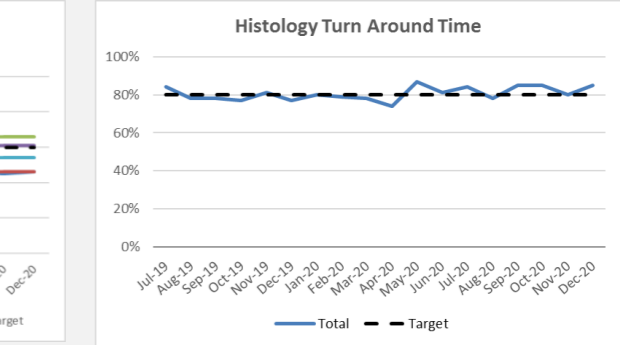
Screening



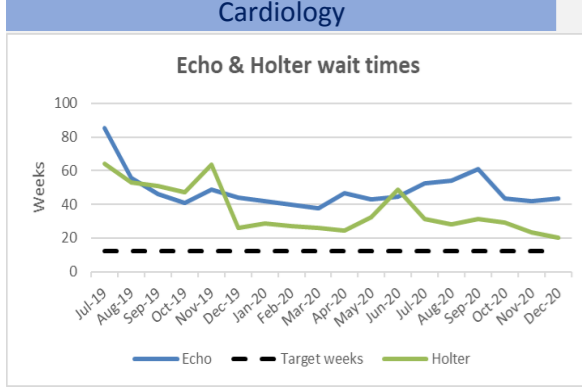
Diabetes



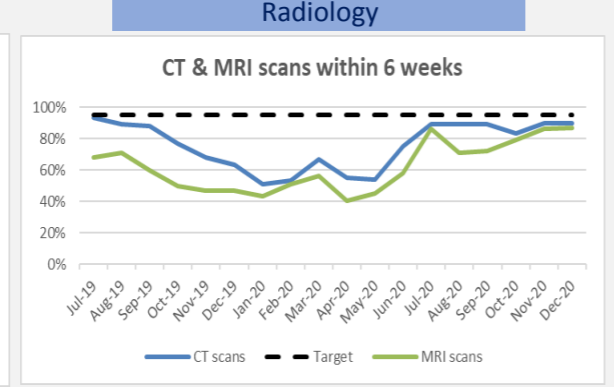
Diagnostics



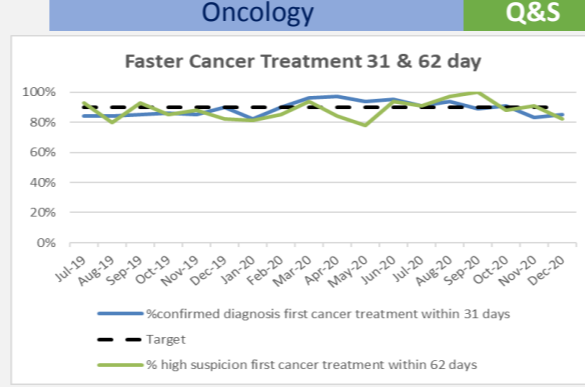
Cardiology



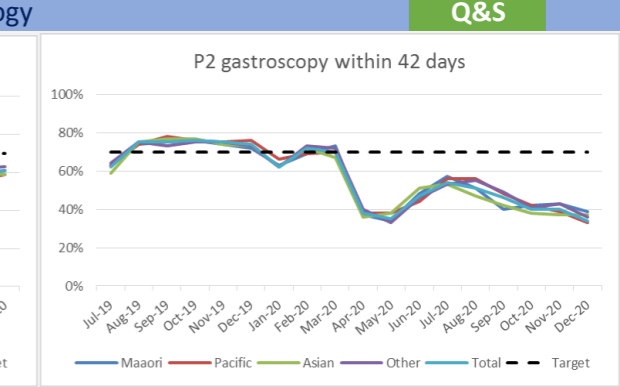
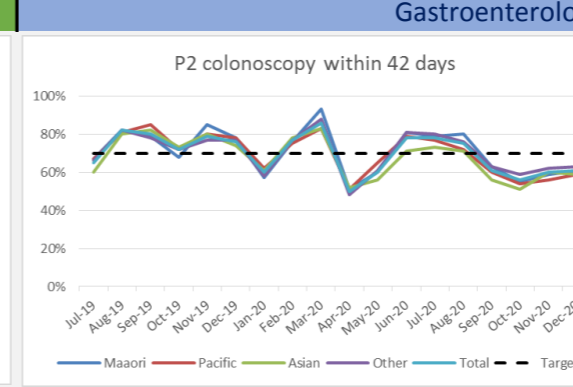
Radiology



Oncology

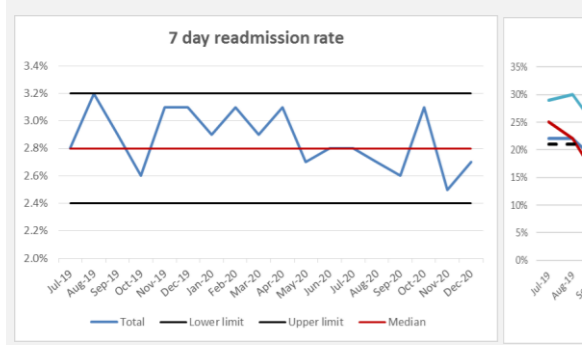


Gastroenterology

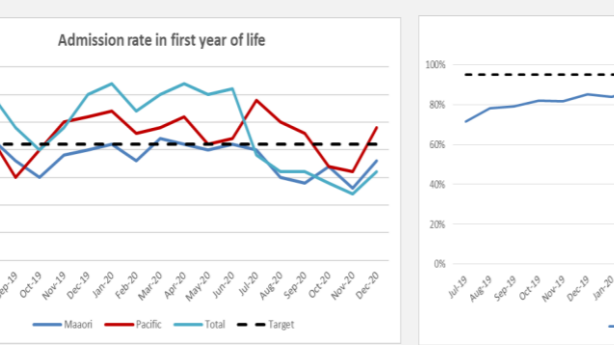


Acute

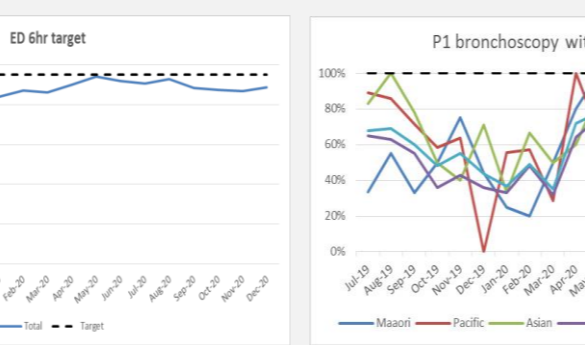
Readmissions



Q&S

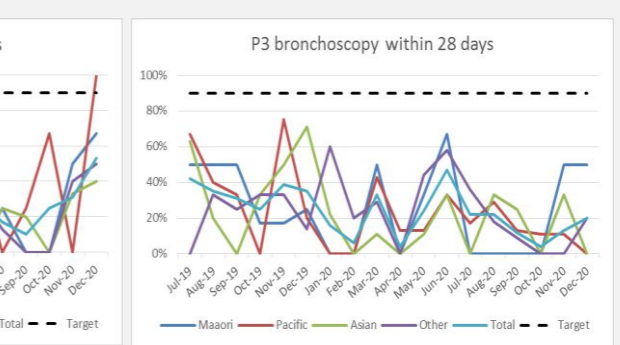
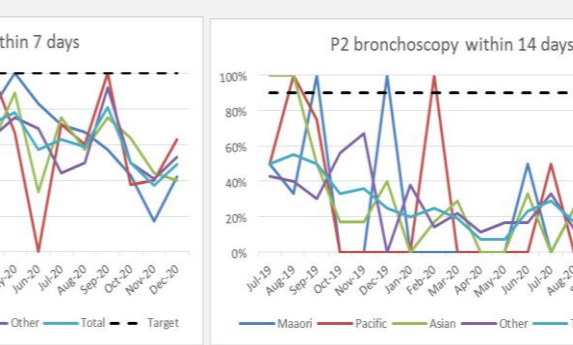


ED



Diagnosics Respiratory

Q&S

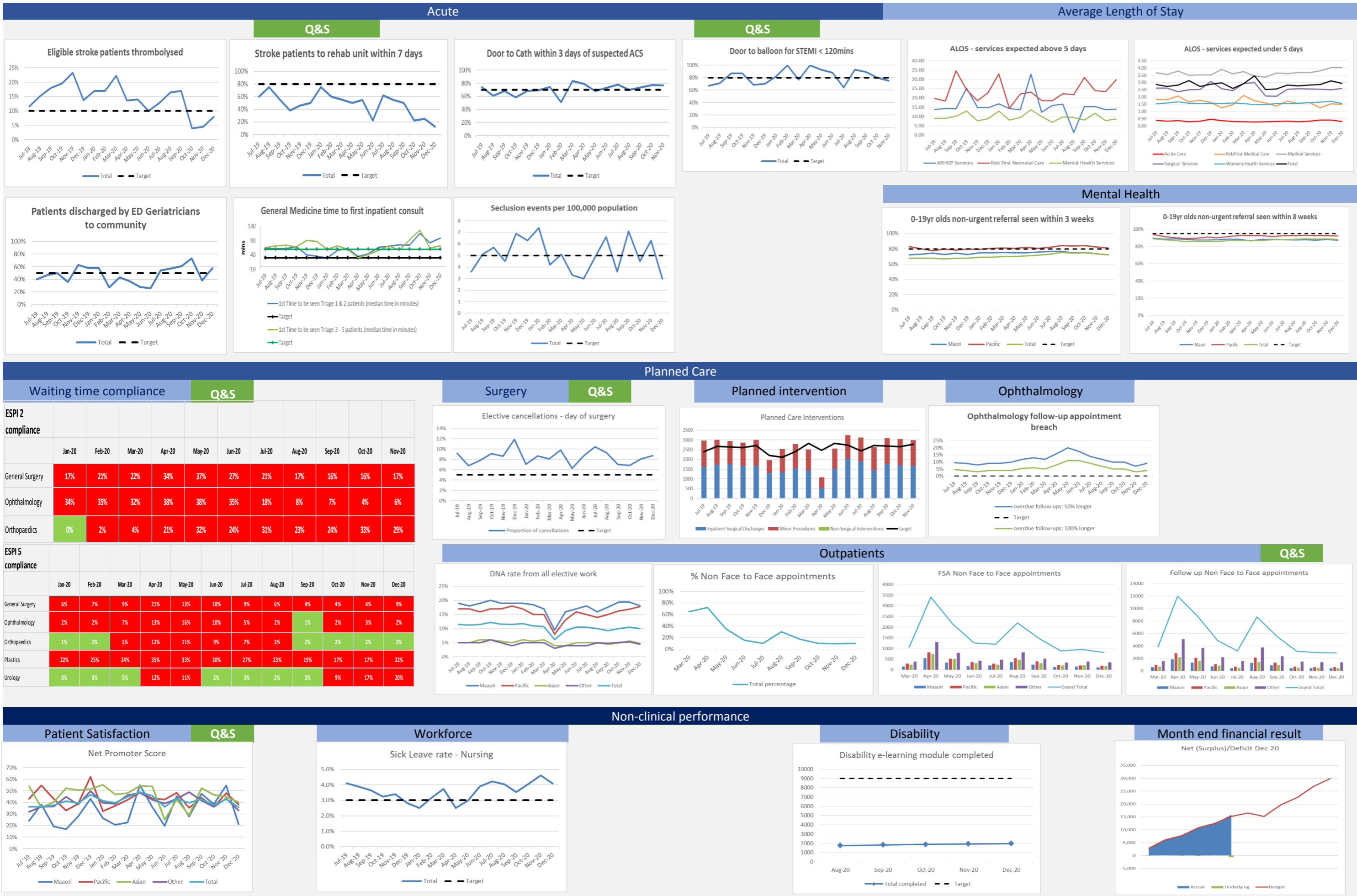


Smoking Cessation	Immunisation	Q&S	B4Sc check
<p>Primary Care</p> <p>PH04: Percentage of PHO enrolled patients who smoke who have been offered help to quit smoking by a health care practitioner in the last 15 months</p> <p>Maternity</p> <p>CW09: Percentage of pregnant women who identify as smokers, at the time of confirmation of pregnancy in general practice or booking with a Lead Maternity Carer, being offered advice and support to quit smoking. Removed for October as data is available at the end of the quarter.</p>	<p>8mth old immunisation</p> <p>CW05: Percentage of eight months olds who have had their primary course of immunisation on time</p> <p>2yr old immunisation</p> <p>CW05: Percentage of two year olds who are fully immunised</p> <p>Influenza</p> <p>Removed for December as data only collected annually</p>		<p>B4Sc check</p> <p>CFA: Completed B4 School checks of 90% of eligible population (7810) Note: Plotted is the cumulative achievement per month against the eligible population</p> <p>Newborn enrolment</p> <p>Percentage of newborns who are enrolled in general practice by 3 months of age. Monthly data available in February 2021</p>

Screening	Diabetes
<p>Breast screening</p> <p>Proportion of women aged 50 – 69 years who have had a breast screen in the last 24 months</p> <p>FIT participation</p> <p>Participation is the proportion of invited people during a timeframe that were screened.</p> <p>The numerator is the number of eligible people who have returned a completed FIT kit during the reporting period.</p>	<p>Diabetes</p> <p>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. July - December 2020 has not yet been processed.</p>

Diagnostics				
Cardiology	Radiology	Q&S	Gastroenterology*	
<p>Echo & Holter wait times</p> <p>% of Echos and Holters completed with 12 weeks of acceptance of a referral</p>	<p>CT&MRI scans within 6 weeks</p> <p>% of scans completed within 6 weeks of acceptance of referral</p>	<p>P1 colonoscopy within 14 days</p> <p>% of urgent colonoscopies performed with 14 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p> <p>P1 gastroscopy within 14 days</p> <p>% of urgent gastroscopies performed with 14 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p> <p>P1 bronchoscopy within 7 days</p> <p>% of urgent bronchoscopies performed with 5 days of acceptance of referral</p> <p>*colonoscopy and gastroscopy results are different to what is reported to MOH. Results presented in this dashboard include patient deferred reasons for waitlist breaches - MOH reports exclude any patient reasons.</p>	<p>P2 colonoscopy with 42 days</p> <p>% of routine colonoscopies performed with 42 days of acceptance of referral</p> <p>P2 gastroscopy with 42 days</p> <p>% of routine colonoscopies performed with 42 days of acceptance of referral</p> <p>P2 bronchoscopy with 14 days</p> <p>% of semi-urgent bronchoscopies performed with 10 days of acceptance of referral</p>	<p>Surveillance colonoscopy within 84 days</p> <p>% of surveillance colonoscopies performed with 84 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p> <p>Surveillance gastroscopy within 84 days</p> <p>% of surveillance gastroscopies performed with 84 days of acceptance of referral</p> <p>TARGET MET - removed from dashboard</p> <p>P3 bronchoscopy within 28 days</p> <p>% of P3 bronchoscopy performed with 20 working days of acceptance of referral</p>
Oncology	Q&S			
<p>FCT 31&62 days</p> <p>31 day: % of patients waiting less than 31 days from the decision-to-treat to receiving their first treatment (or other management) for cancer.</p> <p>62 day: % of patients who are treated within 62 days of referral with a high-suspicion of cancer</p>	<p>Histology</p> <p>% of histology samples completed within 5 working days, from registration in the Laboratory to report ready</p>			

Acute		
Readmissions	Q&S	ED Q&S
<p>7 day readmission rate</p> <p>The number and % of patients who are discharged and readmitted within 7 days</p>	<p>Admission rate 1st yr of life</p> <p>% of births from MMH readmitted within the first year of life.</p>	<p>ED 6 hr target</p> <p>% 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.</p>



Acute			Average Length of Stay	
Q&S		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	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	Door to cath within 3 days % of inpatients who receive cardiac related angiographic intervention within the Cardiac Cath lab within 3 days Note: Data reported one month in arrears	Door to balloon for STEMI % of patients who receive treatment for a ST elevated myocardial infarct within 120mins of diagnosis - performed at MMH Note: Data reported one month in arrears	Average Length of Stay Time from admission to 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)	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.		Alcohol Harm (6mthly) Removed for December as data only collected 6mthly
				Mental Health 0-19yr olds referral seen within 3 weeks % of persons not seen for 12mths or ever, who are referred and have face to face contact with a mental health or addiction professional within 3 weeks Note: 3mths in arrears, 12mths rolling
				0-19yr olds referral seen within 8 weeks % of persons not seen for 12mths or ever, who are referred and have face to face contact with a mental health or addiction professional within 8 weeks Note: 3mths in areas, 12mths rolling

Planned Care				
Waiting time compliance	Q&S	Surgery	Q&S	Planned intervention
ESPI2 compliance Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days from date of referral for their First Specialist Assessment	ESPI 5 compliance Elective Service Performance Indicator (ESPI). Number of patients currently waiting longer than 120 days for treatment – elective	Elective cancellations - day of surgery		Planned Care Interventions Number of planned care interventions against agreed service delivery Note: 1mth in arrears
				Ophthalmology 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	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)
		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)	

Non-clinical performance				
Patient Engagement	Q&S	Workforce	Disability	Month end financial result
Friends & Family Test Net Promotor Score How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Sick Leave rate - Nursing 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	Disability e-learning module % of staff who have completed the disability e-learning module. Note: Denominator is all staff as this is part of mandatory training	Net result Actual operating expenditure against budget across CM Health. Note: Actual excludes COVID and Holidays Act

Counties Manukau District Health Board

Occupational Health and Safety Performance Report

Recommendation

It is recommended that the Board:

Receive the Health and Safety report for the period 1st to 30th November 2020.

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

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

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

Glossary

ACC	Accident Compensation Commission
AEP	Accredited Employer Programme
ARF	Audit, Risk and Finance
ASRU	Auckland Spinal Rehabilitation Unit
BBFE	Blood and/or Body Fluid Exposure
BAU	Business as Usual
CCS	Central Clinical Services
DHB	District Health Board
EAP	Employee Assistance Programme (Counselling)
ELT	Executive Leadership Team
F&E	Facilities and Engineering
HR	Human Resources
HSNO	Hazardous Substance New Organisms Act
HSR	Health and Safety Representative
HSR NZQA	Health and Safety Representative New Zealand Qualifications Authority
HSWA	Health and Safety at Work Act 2015
IMT	Incident Management Team
IRS	Incident Reporting System
JCC	Joint Consultative Committee
JSA	Job Safety Analysis
LTI	Lost Time Injury
MH&A	Mental Health and Addictions
MMC	Middlemore Central
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
PHCS	Primary Health & Community Services
PEHS	Pre-Employment Health Screening
SPHM	Safe Patient Handling and Moving
SPEC	Safe Practice and Effective Communication
TAS	Technical Advisory Services Limited
WellNZ	Injury Management Third Party Administrator

Purpose

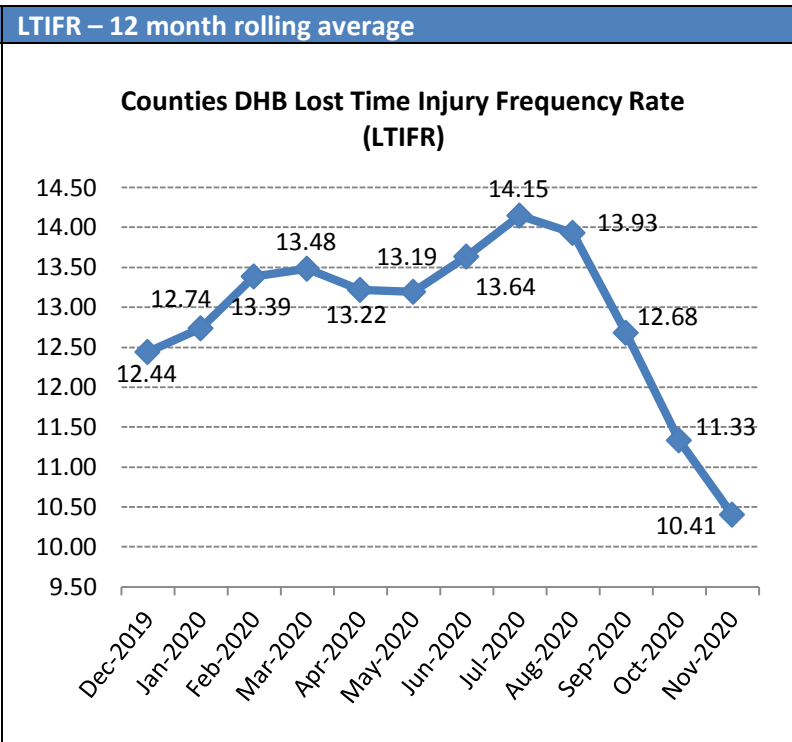
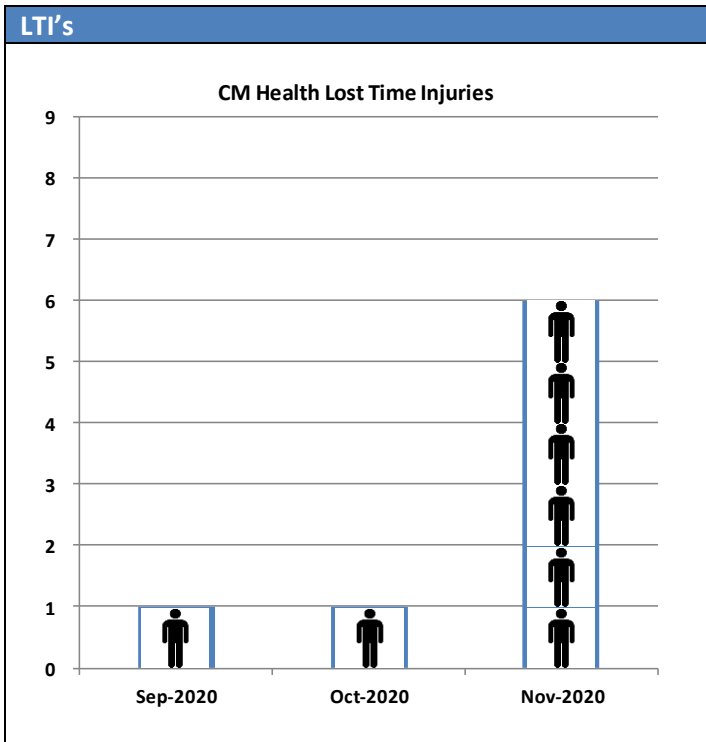
The purpose of the Health and Safety report is to provide monthly reporting of health, safety and wellbeing performance including compliance, indicators, issues, risks and project activity to the Counties Manukau District Health Board. This report covers Health and Safety performance statistics for the months of September and October 2020.

December Activity

The OHSS team have spent time in December planning for OHSS coverage during the busy Christmas period and resetting projects that were underway throughout the year including:

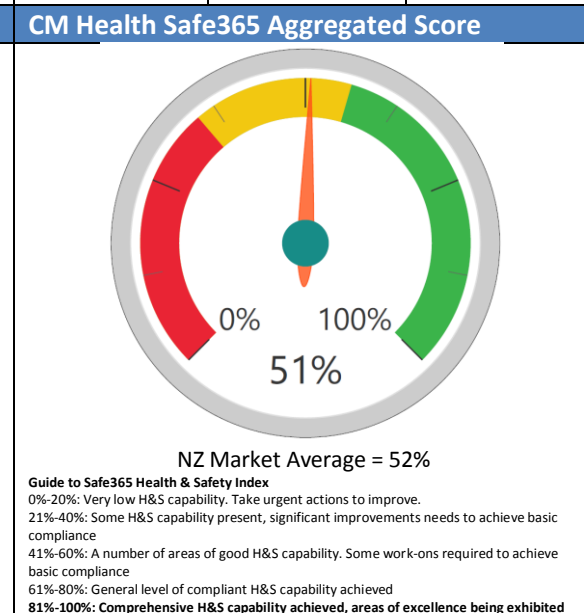
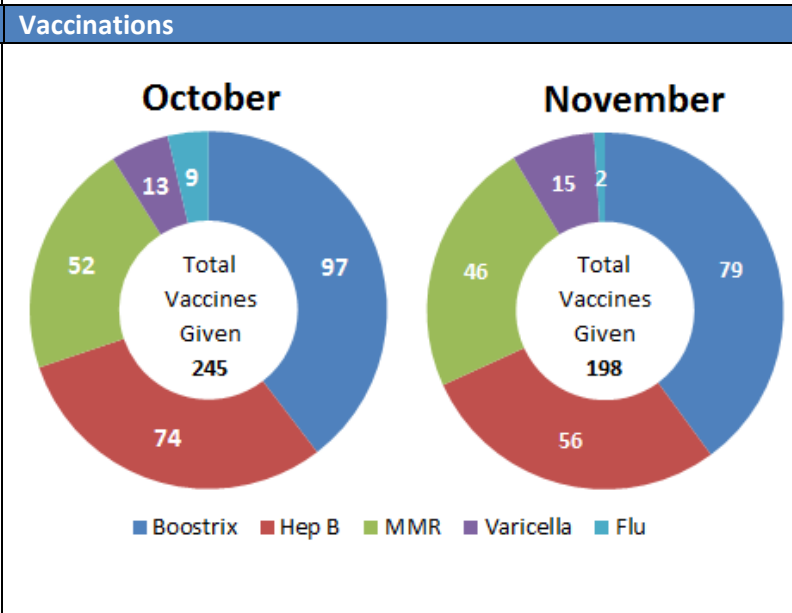
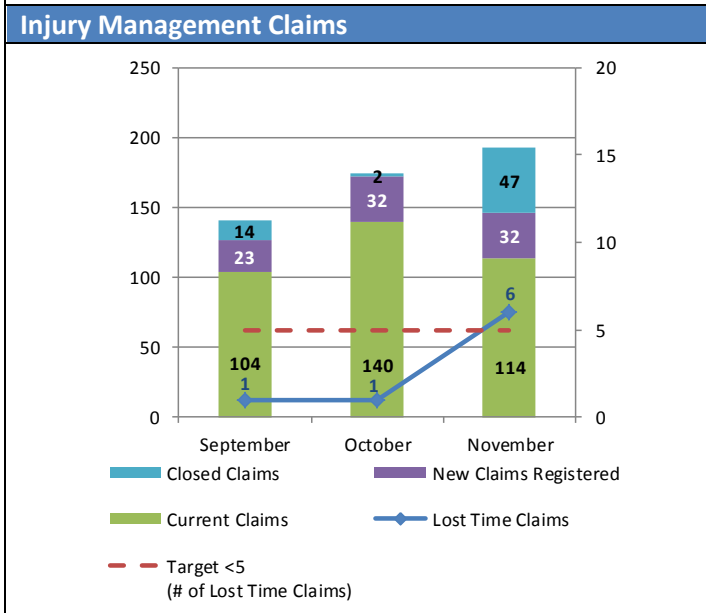
- Respirator mask fit testing commenced in MMC during December. The two OHSS workers who carry out testing have completed their training and their competency assessment
- MOH stopped the supply of Duckbill N95 masks 2 days prior to Christmas which resulted in the need for significant retesting of 417 workers for a different mask type over the Christmas break
- OHSS have completed 7 H&S induction training sessions for MIQFs
- OHSS has received confirmation of the ACC AEP audit for February 2nd and 3rd with the location of the audit being Pukekohe Hospital. Evidence is being prepared for this audit

CM Health H&S Dashboard – November 2020



Critical Risk Incidents

October	Risk	November
59	Violence & Aggression 	60
32	Moving & Handling 	37
39	BBFE 	31
5	Slips, Trips & Falls 	10
43	Stress 	28



Executive Summary

COVID-19 work continued to be the dominant workflow for the month of November with activity on the COVID-19 contract tracing processes being aligned with all stakeholders, involvement in MBIE Managed Isolation and Quarantine Facilities PCBU meetings and the setting up of the CM Health long term Respirator Mask Fit Test program. The OHSS team continue to work well and support each other through the on-going COVID-19 challenges to workflow and business as usual activity.

Notable projects underway in November are the WorkSafe Innovations project where the OHSS team are working proactively and collaboratively with WorkSafe to address a critical risk area at CM Health. Work is underway to set up a joint project in the area of Community work undertaken by CM Health workers. The 20 DHB H&S Managers attended another Hui in November to continue the work on risk areas including a project group working on contractor management and violence and aggression. OHSS are also planning the up and coming 2021 influenza campaign and the alignment with a potential COVID-19 vaccination program.

Kāinga Ora

The Director HR had a meeting with the Director Safety, Support and Wellbeing, Tarniya Comrie in January 2021 to discuss the work being undertaken by Kāinga Ora to support the Board of Directors in understanding and fulfilling their Health and Safety duties. The DHB has the documentation used by Kāinga Ora and will amend this to suit the circumstances of the DHB and discuss this with the Chair of the Board before circulating for feedback. In addition the DHB Health and Safety team will have a joint meeting with Kāinga Ora to share information and ideas.

Occupational Health

Onsite clinics for OHSS physicians were 110 in November, which is consistent with 111 in October. OHSS nurse appointments were 149 in November from 153 in October. Recalls for workers to attend follow up appointments and vaccinations continues to be business as usual workflow. Manager referrals in November (27) were consistent with October (26) which is a decline from 36 in September.

Contact Trace (CT)

There were four contact traces conducted during November;

- One COVID-19 contact trace involving 8 staff from Emergency Care, Radiology and Orderly Services. All 8 were deemed CLOSE contacts using a conservative approach and required stand down from work. These 8 staff were entered into the National Contact Tracing System (NCTS) and received daily follow-up and a swabbing regime as per ARPHS Standard Operating Procedure. All have subsequently returned to work.
- Three Tuberculosis contact traces were conducted in November.
 - One involved 16 staff from Emergency Care. All were deemed Casual Contacts
 - One involved 16 staff from ED and Ward 32 staff. All were Casual Contacts
 - One involved 14 staff from ED and Ward 17. 7 staff from each department. Once again, all staff were casual contacts and did not require any further follow up.

As part of our normal process, Occupational Health and Safety conducts Tuberculosis contact tracing on behalf of ARPHS. Once all contacts have been reviewed ARPHS is informed.

Hands (Dermatitis) Project – Update

Occupational hand dermatitis project is now a well-established process with the written work procedures being finalized. The next phase is for HSRs to be engaged regarding these processes and then an OHSS communication topic will be produced. Currently the Occ Health Physicians advise on treatment plans for workers who report cases of dermatitis using this process.

Occupational Physicians

The Occupational Health physicians are working with the 20 DHB Health and Safety group and 20 DHB HR/ER group in discussion regarding the COVID-19 vaccination. This group will monitor activity from overseas staff vaccination programs and provide guidance to the OHSS. Occ Health Physicians are also involved in the Northern Region approach to this program.

Consultation is taking place with colleagues from Infection Services regarding standardising the approach to staff involved in a COVID-19 contact trace. Scenarios are being reviewed as part of forward planning.

Occupational Health and Safety

During November the H&S team has focused on finalising the standard ACC critical elements evidence required for the AEP audit scheduled for February 2021. Further evidence is being added specific to Pukekohe Hospital with this being the chosen audit location.

New Audit Tool

The OHSS has developed a H&S management system audit tool which comprises two phases:

Phase 1 – the development of an area/ department self-assessment tool to be completed by all of CM Health has been completed and is to be presented to ELT. Subject to approval of the tool, a provisional pilot launch in the business is planned for early 2021 with ASRU and a roll out to the rest of the business in July 2021 (the self-assessment will be conducted annually).

Phase 2 - a verification audit is to be conducted by the H&S team across the organisation over a three year cycle starting in 2021.

Incident Reporting System

The OHSS team members are participating in a project to develop a H&S Risk module within Safety First, the aim of this project is to make H&S risk assessment and management more visible to the workforce at CM Health utilising the development of HSRs. Training is planned with HSRs in risk management in 2021.

Respiratory Face Masks

The Respiratory Mask Fit team of 2 HCAs and one Co-ordinator have now established themselves within the Occupational Health and Safety Team. Procedures are being developed in conjunction with the Occupational Health Physicians and the National advisors groups. The team have now received training and are deemed competent on the use of the mask fit test machines and completed fit testing on 7 staff in November as part of this training programme. The use of an external contractor has been discontinued although remains an option should this service be required.

Scheduled Mask fit test planning is underway for December. Records for mask fit testing are being recorded in an OHSS database and results communicated to managers.

An Infectious Diseases Clinical Nurse Specialist has conducted a personal protective equipment donning and doffing session with the team, ensuring CM Health procedures are appropriately understood and followed.

OHSS also support the MIQFs to ensure fit testing is carried out at Managed Isolation and Quarantine facilities. This testing is being carried out by Clinical Educators.

Violence and Aggression Project

One recommendation from the gap analysis to the WorkSafe guide on Violence in the Health and Disability Sector will be to have a permanently appointed and supported violence and aggression focus group that meet frequently to work through the actions and advise the leaders of CM Health on proactive initiatives as

well as analyse incident trends on a regular basis.

The 20 DHB H&S managers are also working on initiatives to reduce the risk of harm from violence and aggression, more information will be available in the near future on these initiatives.

Lone Workers Project

Following the launch of the lone working device with Mental Health & Addiction Community Teams, the implementation team are expanding supply to CM Health community workers with 136 staff members able to use the device by the 31st November 2020 (see numbers below). The rollout will continue into December.

Division	Number
ARHOP	23
Community Health Service	17
Kidz First Community	4
Mental Health	59
Women's Health	33

The analysis of the pilot has been extended from the original four week period as data was not sufficient to provide an accurate reflection of usage.

In November there were two 'false' alerts by staff at work; this was good experience for the monitoring team and the response was prompt and to expectation.

Managed Isolation and Quarantine Facilities – COVID-19 work

On-going meetings and activity continued with MBIE and other PCBUs involved in the operation of MIQFs in regards to the management of H&S at MIQFs including OHSS facilitation of inductions and HSR involvement.

CM Health OH&S team continue to contribute to the MBIE (lead PCBU) risk assessment, agreeing how the overlapping duties with MBIE and other PCBUs will be undertaken in the Northern region.

Risk assessment is being used to identify the requirement for respirator mask usage, with respirator mask fit testing continuing at the MIQFs (with testers working to CM Health's process, and providing education on correct donning, doffing and usage).

OHSS continue to facilitate the H&S inductions required for new DHB staff at MIQFs. To date 7 inductions have been facilitated by OHSS H&S Advisors.

Work under the direction of MBIE was underway in November to elect HSRs from all PCBUs who will work at MIQFs to support workers from across these sites. OHSS still has a DHB HSR (H&S Advisor) who can liaise with workers and HSRs for H&S matters.

CM Health Occupational Health team continue to support the DHB staff to be employed in the MIQFs and optimised current DHB recruitment guidelines and processes to support the recruitment process.

Injury Management

In November, 32 new workplace injury management claims were registered which is equal to October, There was 6 lost time claims reported in November with 1 lost time claim reported in October. A total of 114 claims were being managed by the Counties Manukau and WellINZ Case Managers in November with 140 being managed during October.

ACC Accredited Employers Program (AEP)

Work continues gathering evidence in preparation for the ACC Accredited Employers Program audit on 2nd and 3rd February 2021. OHSS have been advised the location to be audited will be Pukekohe Hospital, involving all services who work from that location (with critical element evidence also being provided from across the DHB including Middlemore Hospital). OHSS have also been advised regarding the details of the injury management claims ACC will review for the AEP audit. Worker focus group meetings will form part of this audit.

Incident Reporting

During November there were (181) incidents reported to OHSS, this is a slight increase on October reporting (173).

Our highest numbers of reported incidents in November were Aggression & Violence with 60 which is similar when compared with 59 in October. Reported stress incident numbers were 28 which is a decrease from 43 in October. Moving and Handling incidents were consistent, with 37 in November and 32 in October.

There was a decrease in BBFE incidents in November (31) from October (39).

9 incidents were reported from MIQF in November including;

- 7 - Referring to staffing issues over a number of days (reported by the same person).
- 2 - Inappropriate behaviour – one interaction between staff and ambulance crew transferring between MIF to another DHB (attitude of ambulance crew member) and the other an interaction between staff member and returnee.

The OHSS H&S Advisors continue to triage incidents reported as impacting workers and offer assistance where required.

Event Requiring Notification to WorkSafe

There was 1 event reported to WorkSafe in November 2020:

- 17/11/2020 - Staff member tripped on their trouser leg, falling and sustaining fractured right lower arm, in the Theatre corridor at Middlemore Hospital. This worker is currently off work as a lost time incident and their injury management is fully supported by Wellnz.

WorkSafe advised they would not investigate the event further.

OHSS Communication Topics

The OHSS communication topics have been uploaded into Paanui for all workers to access easily in the future. OHSS will continue to send these tools out via the HSR pathway.

The H&S communication for November was:

- Holiday tips to stay healthy and safe

Figure 1: OHSS Communication – 006: Holiday tips to stay healthy and safe



H&S Communication No. 006: Holiday tips to stay healthy & safe



This time of year can mean more time outdoors with BBQs, visits to the beach and spending time with friends and relatives. It can also mean additional stress and worry for families. Below are a few summarised tips to help navigate the holidays.

	<ul style="list-style-type: none"> • Slip on a shirt to protect from the sun, try to wear long sleeves. • Plan outdoor activities for early or later in the day when the sun’s UV levels are lower. • Slap on plenty of broad-spectrum, water resistant sunscreen of at least SPF 30. Apply 20 minutes before going outside and reapply every two hours and especially after being in water or sweating. • Wear a hat with a wide brim or cap with flaps • Choose close fitting, wrap around style sunglasses. Not all sunglasses protect against UV radiation, so always check the label for the sun protection rating.
	<ul style="list-style-type: none"> • Check your BBQ for gas leaks. • Give air conditioners a vacuum before using as the build-up of lint can be a fire risk. • Make sure all sleeping areas have a working, long-life photoelectric smoke alarm. • If your door has a deadlock, leave the key in so people can escape quickly. • Keep exits clear. • Have an agreed safe meeting place and make sure any guests know where this is, and how to escape in the event of a fire.
	<ul style="list-style-type: none"> • Keep hydrated but try to avoid sugary or alcoholic drinks. • Drink water before you play sport, during if possible, and after to ensure your body stays hydrated. • Know what a standard alcoholic drink is, set yourself a limit and stick to it. • Don’t drink alcohol and drive.
	<ul style="list-style-type: none"> • Have a courageous conversation with family to set expectations about gift budgets, consider giving homemade gifts or only buying gifts for children. • Try and set aside money for the known expenses in the New Year, e.g. school uniforms, backpacks, stationary or give gifts that meet some of the criteria. • Try to delegate tasks to family members, share the menu and have everyone bring something for a shared meal.
	<ul style="list-style-type: none"> • Scan QR codes while out and about shopping and socialising. • Avoid gatherings if you have symptoms and get a Covid test. Try a virtual party if you’re unable to attend in person. • Remember, masks are to be worn if flying and are compulsory on public transport in Auckland.
	<ul style="list-style-type: none"> • The holiday season can be stressful for a lot of people. Support can be found through the Employee Assistance Programme (EAPworks).

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

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

- Acknowledge that the holiday season can be challenging for both those who are away and those who are working through the holiday period.

Rangatiratanga - Leadership: Manager's responsibilities

- Be open to courageous conversations, EAP are available to assist with managing these or contact Human Resources for advice.

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

- Assist your manager to support staff through the holiday season.

Tools used to write this topic;

The following sites were used to write the communication and can provide more detail in desired

- www.sunsmart.org.nz
- <https://fireandemergency.nz/news-and-media/make-your-home-safe-for-the-holiday-season/>
- <https://alcoholdrughelp.org.nz>
- <https://www.alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice>
- <https://sorted.org.nz/guides/planning-and-budgeting/budget-dont-fudge-it/>
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>
- <https://cmhealth.hanz.health.nz/Health-Safety/EAP/Pages/default.aspx>

Worker Participation

The HSR training tender process continues with presentations by the three short-listed providers to the Northern Region DHBs. Two additional HSR training sessions were carried out in December 2020 at CM Health to ensure regular offerings for new HSRs in the meantime. The OHSS team visited these sessions to welcome HSRs into the program.

Safe365

The current score for CM Health is 51%, this is unchanged from the previous month. OHSS continues to work with Medicine reviewing the coverage and implementation of Safe365 within their Division. Learnings from this will be shared with other divisions.

It has recently been agreed by the 20 DHB's that the Safe365 assessment tool will be used as a mechanism to benchmark the Health and Safety of all DHBs and measure progress annually both at a local and national level. In December the OHSS team worked with Safe365 to extract the information needed for CM Health's dashboard. Safe365 are expected to provide CM Health with feedback on our dashboard, what it means for us locally and where we could focus our time, money and energy to improve our capability and culture.

Dashboard Report – Safe365 Status for Counties Manukau DHB

Provider	Completed	Original	Current	Assurance Level	Comments
ARHOP 4 CMDHB	08/2019		41%	41%	
Breast Screening 10 CMDHB	12/2019		41%	41%	
Cardiac Cath Lab 19 CMDHB	12/2019		40%	40%	
Cardiac Investigation Unit 17 CMDHB	12/2019		49%	48%	
Dialysis - Hospital Based 16 CMDHB	12/2019		52%	62%	
Dialysis Home Therapy 20 CMDHB	11/2019		32%	32%	
Emergency Care 28 CMDHB	07/2020		60%	60%	
FEAM 2 CMDHB	07/2019		58%	77%	
Gastroenterology Dept 18 CMDHB	12/2019		49%	49%	
KIDZ First Community Health 23 CMDHB	12/2019		41%	41%	
KIDZ First InPatient 14 CMDHB	12/2019		47%	47%	
Ko Awatea 3 CMDHB	08/2019		49%	80%	
Laboratories 26 CMDHB	03/2020		56%	56%	
Localities 27 CMDHB	10/2020		47%	47%	
Manukau Super Clinic 21 CMDHB	11/2019		48%	45%	
MH & Addictions - Acute CMDHB 25	06/2020		55%	54%	
MH & Addictions - Community CMDHB 5	12/2019		32%	32%	
OHSS 1 CMDHB	06/2019		61%	79%	
Ophthalmology 6 CMDHB	12/2019		56%	56%	
Orthopaedics (Middlemore & MSC) 24 CMDHB	12/2019		42%	42%	
Pharmacy 29 CMDHB	07/2020		47%	47%	
Radiology 15 CMDHB	08/2020		36%	37%	
Renal Ward 1 (8) CMDHB	11/2019		54%	54%	
Respiratory 11 CMDHB	12/2019		31%	31%	
Rito and MSC Haemo Dialysis In-centre 22 CMDHB	12/2019		67%	67%	
SAPS (Managers) 12 CMDHB	12/2019		58%	58%	
Women's Health 9 CMDHB	12/2019		46%	46%	

Guide to Safe365 Health & Safety Index

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

All Provider Index

51%

Safe365 Aggregated Roll Up Report for group Counties Manukau DHB

Top 3 areas of good capability

Module	Current Index
Director Knowledge	66%
Management Reporting	65%
Health & Safety Management System	58%

Top 3 areas for improvement

Module	Current Index
Verification & Audit Activities	35%
Management Knowledge	42%
Health & Safety Data Collection	50%

FEAM Health and Safety Report – November 2020

- The FEAM Health & Safety Framework continues to be developed by the FEAM Health & Safety team. A gap analysis is ongoing; covering the FEAM divisional structure, buildings, plant and equipment, roles and activities to ensure all critical risks are identified and managed where reasonably practicable.
- Policies and procedures for Contractor Management, Working in Confined Spaces and Hazardous Substances Management are now completed. Implementation and training is continuing through December 2020 and January 2021.
- Emergency meetings were held with contractors on 1 and 2 December 2020 to remind all of FEAM Health & Safety expectations, particularly regarding:
 - Job Safety Analysis and the need to fully inspect each environment and update their JSA's where required for the work at hand.
 - Reporting incidents and hazards immediately.
- The Asbestos Management Framework has been drafted and asbestos registers are being revised using the existing asbestos management surveys.
- The Hot Work Permit process has been implemented. The Working at Height Permit process has also been updated and is under implementation.
- Fire safety training continues for Fire Wardens and is being led by the CM Health Fire Safety Officer. Trial fire evacuations continue to be scheduled, despite exemption notices from Fire and Emergency New Zealand removing the requirement to do so currently. The current exemption notice expires 23 December 2020.
- The FEAM Health & Safety Advisor is working on the new FEAM Health & Safety Paanui page, as well as updating the Fire Safety and HSNO pages.

Health and Safety Performance Scorecard

Lagging Indicators		September 2020	October 2020	November 2020	Target
Reported Incidents	Counties Manukau Staff	177	173	181	~
	healthSource (hS staff working at CM Health sites)	5	6	0	~
	Contractors	2	2	1	~
	Visitors	0	0	0	~
Near Miss reported Incidents		1	0	9	~
Injury Claims	New Claims Registered	23	32	32	~
	Current Claims	104	140	114	~
	Declined Claims per month	11	0	11	~
	Closed Claims per month	14	2	47	~
	Lost Time Claims	1	1	6	<5
	Days lost per month (due to Lost Time Claims)	12	10	18	~
	Lost Time Frequency Rate (LTIFR)	12.68	11.33	*10.41	<10
	Lost Time Severity Rate (LTISR)	90.22	76.36	228.72	<630
	Claims costs (monthly)	\$76624.05	\$69064.02	\$72545.19	~
Critical risk incidents	BBFE	31	39	31	~
	Aggression & Violence	53	59	60	~
	Moving & Handling	30	32	37	~
	Slips, Trips, Falls	20	5	10	~
	Stress	40	43	28	~
Leading Indicators		September 2020	October 2020	November 2020	Target
Pre-employment	Health screening	95%	85.9%	*77.8%	100%
Clinic appointments	Dr & Nurse clinics	321	264	259	~
Vaccinations	Flu, dTap, VZV, HepB and MMR	207	245	198	~
Safe365 activity and implementation	30 accounts allocated	0	2	0	90%
Training sessions attended (OHSS team)	October: - Occ Health Physicians CPR training (1) - Adolescence to Adult Vaccinator (1) November: - Annual Health & Safety Induction (4) - Mask Fit Testing Coaching (7) - iPM Patient Referrals (1)	0	2	12	~
OHSS Communications	November: Holiday tips to stay healthy and safe (006)	1	2	1	~
Risk Assessments completed	Otara Security audit checklist/RA	1	0	1	~
Workplace Inspections	The next inspection is due 11 th December 2020	0	0	0	Bi-monthly
HSW internal audits, self-assessments underway	ACC self-assessments for critical elements in AEP	1	0	0	~

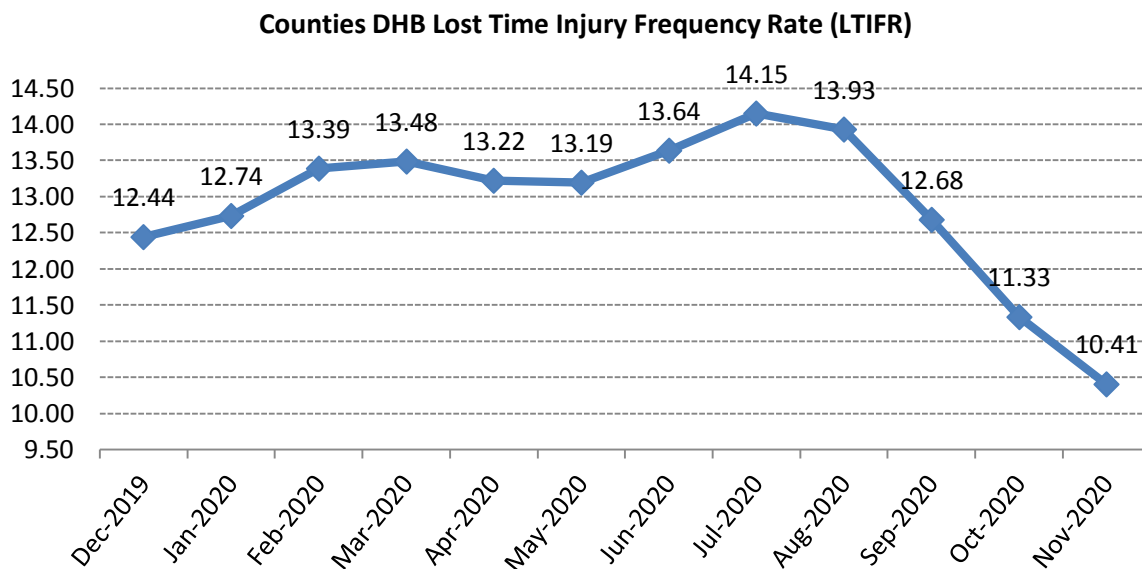
Key Indicators Commentary	
LTIFR	November LTIFR figure (10.41), LTIFR figure for October (11.33).
LTISR	November LTISR figure (228.72), LTISR figure for October (76.36).
Claims costs	Monthly claims costs have increased from \$69064.02 in October to \$72454.19 in November.
Pre-employment Health Screening	*168 of the 216 PEHS received for new starters in November were cleared prior to them commencing employment, which equates to 77.8%. Note as per normal processes. OHSS are actively communicating with applicants to get their pre-employment forms completed however sometimes there are delays in receiving this information. There is a requirement for new starters to have OHSS approval before they start with CM Health.
Dr & Nurse clinics	Decrease in OCC Health clinic appointments in November (259) when compared to October (264) figure.
Vaccinations	Decrease of vaccinations administered in November (198) when compared to October (245).

LTIFR

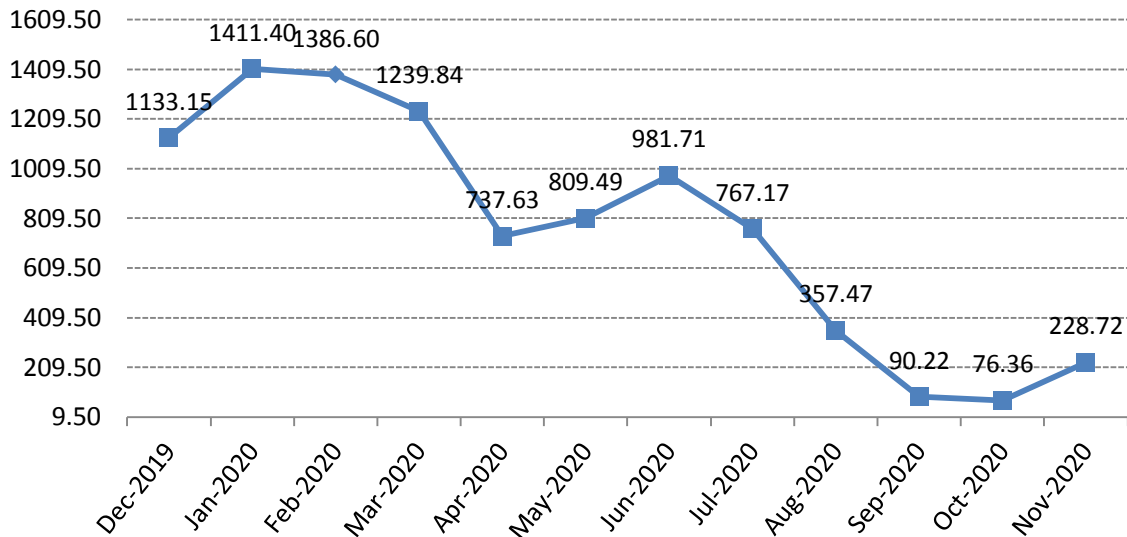
The LTIFR rolling average figure decreased in November to 10.41 from October which was 11.33. Note these figures may change monthly due to late submissions to payroll, and late submissions of claims which can result in a change in the LTIFR from what was reported previously.

*We have recorded a decline in LTIFR from 11.33 in October 2020 to 10.41 in November 2020. The LTIFR calculation is obtained using the following formula; $LTIFR = (\text{Number of Lost Time Injuries} / \text{Hours Worked}) \times 1,000,000$.

Since October 2019, the total CM Health hours worked has increased from 971774.8 in October 2019 to 1049335.07 in November 2020 (7.98%) which is offsetting the increased LTI claims resulting in the decreasing LTIFR. Despite having 6 LTIs reported in November 2020, there were 16 LTIs reported in November 2019 which have now dropped off due to the rolling LTIFR calculation.



Counties DHB Lost time Injury Severity Rate (LTISR)



Lost Time Claims October

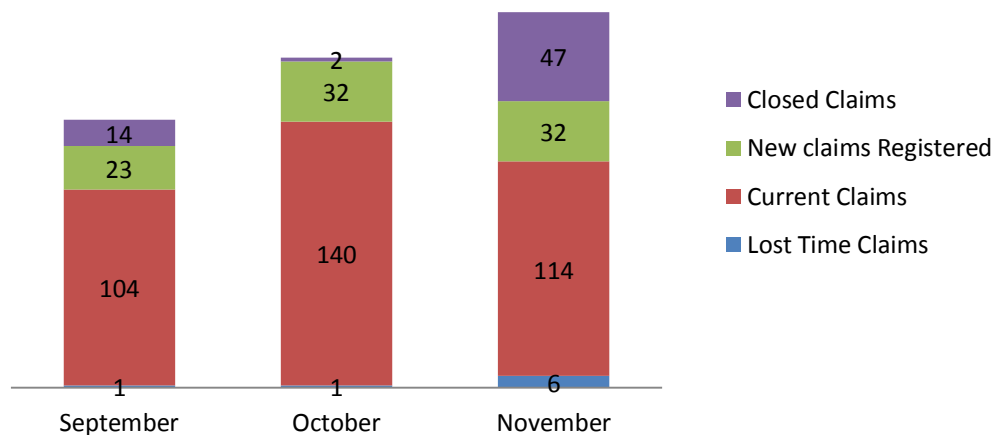
- 1x Contusion – Finger

Lost Time Claims November

- 1x Rotator cuff sprain
- 2x Lumbar sprain
- 1x Thoracic sprain
- 1x Neck sprain
- 1x Fracture of upper end of radius

Claims Data (by month)

Injury Management Current Claims Data 2020



- In November, 32 new claims were registered with 6 lost time claims, compared with October where there were 32 new claims registered with 1 lost time claim.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 114 in November with 140 being managed in October.

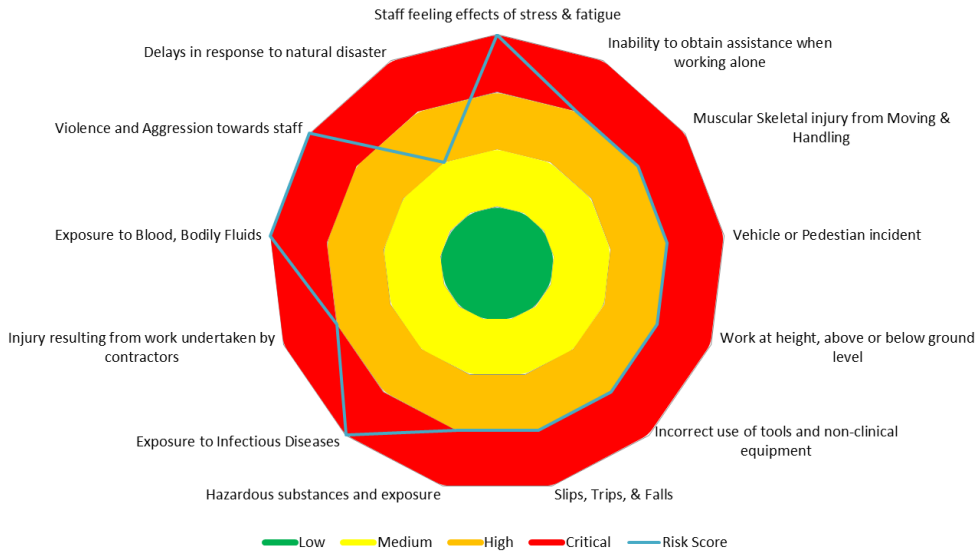
- Declined claims increased in November (11) from October (0).

Key Health and Safety Risks and Current Project Activity

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

Note some risks listed below are due for review and will be updated once this review process is completed and the stakeholders including HSRs are consulted.

OHSS Risk Matrix



CM Health Risk Matrix; for reference (note a table explaining frequency and consequence is included in the appendices)

LIKELIHOOD	CONSEQUENCE				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	High	Critical	Critical	Critical
Likely	Medium	High	High	Critical	Critical
Possible	Low	Medium	High	High	Critical
Unlikely	Low	Medium	Medium	High	High
Rare	Low	Low	Low	Medium	High

The following tables contain the key OHSS risks and current activity:

Critical Risks

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

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

Risk: Staff and others exposed to Aggression and Violence at the workplace			
Risk Rating: Critical		<i>Current</i>	Target
	<i>Frequency</i>	Almost Certain	Likely
	<i>Consequence</i>	Major	Major
Active Workflow:			
<ul style="list-style-type: none"> OHSS are actively involved in the working group that has been established to work through the recommendations from the Security Review that was undertaken in late 2019. Several OHSS projects including violence and aggression and lone work have strong links to this security review. OHSS review and follow up with reported incidents of violence and aggression. Code Orange incident trends are provided to OHSS, with more incidents being reported via Safety First in November (10) than Code Orange (3). The upgraded incident and feedback system (SafetyFirst) has been available from 24 September 2020 and supports reporting and analysis of occupational violence. 			
New Activity:			
<ul style="list-style-type: none"> WorkSafe produced a guidance document on Violence in the Health and Disability Sector in July 2020 and has since updated this document in October 2020. OHSS is engaging with the service areas to establish a plan for this project The project group from 20 DHB Managers who are working on the V&A project met for a second meeting to establish sharing of procedures and scoping the project. Questions have been asked from all DHBs which will be collated, analysed and discussed at the next Hui. 			
Risk: Staff experience stress/fatigue in the workplace			
Risk Rating: Critical		<i>Current</i>	Target
	<i>Frequency</i>	Almost Certain	Likely
	<i>Consequence</i>	Moderate	Moderate
Active Workflow:			
<ul style="list-style-type: none"> Workers are encouraged to report low staffing, stress and fatigue in RiskPro to enable managers to follow up. Tools such as Trendcare has made much more visible and transparent at what points in the day teams on the wards are feeling stressed or pressured and Middlemore Central is able to work with those wards to move staff around to relieve that pressure. CM Health have begun offering 'Team Wellbeing Check-ins' for teams. This is a facilitated discussion that a team attends and participates in together. The check-in is particularly helpful after a prolonged period of stress, such as experienced during COVID-19; and can also be part of our support to staff following a traumatic episode, such as the Whakaari eruption. We have partnered with EAPworks to deliver these sessions. CM Health has launched Leading Wellbeing at Work - Webinar which is a new programme, designed to equip managers and leaders to recognise and respond supportively to staff experiencing mental health challenges in the workplace. It is being run by Blueprint for Learning, who has previously delivered Mental Health 101 training to Counties staff. The Health Round Table Workforce Well-Being Index for all nurses and HCA staff was launched in December 2020. It was launched to SMOs earlier last year. We commenced a new course on addiction: Addiction 101 is designed to increase awareness and reduce stigma associated with addiction – both at work and everyday life. Due to COVID-19 it is being run as a webinar and is being co-facilitated by someone who has lived experience of problematic substance use, and someone who has clinical experience working in addiction services. Stress First Aid planning is underway as a pilot in CM Health in Q2 2021. 			
New Activity:			
OHSS met with EAP clinical counsellors to discuss additional potential support in late 2020.			

Risk: Staff are exposed to blood and body fluid (BBFE) currently approximately 30 BBFE incidents occur each month resulting in a current risk rating (frequency) of almost certain			
Risk Rating: Critical		<i>Current</i>	Target
	<i>Frequency</i>	Almost Certain	Likely
	<i>Consequence</i>	Moderate	Moderate
Active Workflow:			
<ul style="list-style-type: none"> Occupational Health Nurses with the support of the Physicians follow up with incidents of BBFE that are reported to ensure immediate actions are taken. Trends in BBFE are sent on to clinical leaders for learning's. An Occupational Health and Safety communication topic will be prepared for BBFE. 			
New Activity:			
<p>A BBFE education session was conducted at the beginning of December as part of the House Officers induction. The emphasis was on correct use of equipment, including PPE in an effort to reduce the incidence of BBFE. The process to follow if a BBFE was sustained was covered, with an opportunity at the end for questions.</p> <p><i>* this risk score is due for review and will be updated in the December H&S performance report.</i></p>			

Risk: Exposure to Infectious Diseases (note this risk includes diarrhoea & vomiting, respiratory and pandemic illness)			
Risk Rating: Critical		<i>Current</i>	Target
	<i>Frequency</i>	Almost Certain	Likely
	<i>Consequence</i>	Moderate	Moderate
Active Workflow:			
<ul style="list-style-type: none"> A Risk Assessment has been completed by OHSS Work procedures are in place across the service lines to assist in the risk of exposure to infectious diseases. OHSS manage the Vulnerable Workers database. PPE is approved by IPC and provided, the interim respiratory mask fit testing program has concluded COVID-19 related work has generated reviews of current Occupational Health processes including Vulnerable Workers, Contact Tracing and H&S Risk Assessments. Occupational Health Physicians are involved in national advisory groups and provide internal advice on the topic of infectious diseases 			
New Activity:			
<ul style="list-style-type: none"> Respirator mask fit testing team have commenced work in their roles following completion of their training and the CMH on-going testing program is underway Fit testing of a back-up respirator face mask is underway to replace the Duckbill mask that was withdrawn by MoH in late December 2020 <p><i>* this risk score is due for review and will be updated in December HS performance report.</i></p>			

High Risks:

The following risks are rated as High;

Risk: Injury sustained from use of vehicle or to pedestrians			
Risk Rating: High		<i>Current</i>	Target
	<i>Frequency</i>	Possible	Unlikely
	<i>Consequence</i>	Major	Major
Active Workflow:			
<ul style="list-style-type: none"> CMH workers who drive as part of their work are required to follow NZ road rules and advice from Waka Kotahi (NZ Transport Agency) road code Controlled use of CMH vehicles Speed limits at CMH sites. CM Health has a Code of Conduct where drivers are not permitted to send SMS messages and not answer phone calls whilst driving 			
New Activity:			
<ul style="list-style-type: none"> OHSS will commence a project on vehicles and pedestrians at CMH locations in 2021 			
Risk: Musculoskeletal injuries sustained whilst moving patients and other manual handling tasks			
Risk Rating: High		<i>Current</i>	Target
	<i>Frequency</i>	Likely	Possible
	<i>Consequence</i>	Moderate	Moderate
Active Workflow:			
<ul style="list-style-type: none"> 1250 staff trained from the onset of the Safe Patient Moving project. Training ran on average 1 session per week. Training on hold during alert levels. ICU, Radiology and ED invited to training as of 2020. Work release to attend sessions problematic due to hospital demands. eLearning as a pre-training resource launched 1st of September 2020. Plans are underway to establish updated training from 30th of September 2020. Equipment procurement completed for Sara steady devices (sit to stand device). Equipment procurement continues including the HoverJack Floor retrieval kit, (delays due to international shipping secondary to Covid). Development of guidelines & supporting documents is now complete. Specialised equipment has been proposed and requested by SPHM Sub Committee (Regional RFP for Bariatric rental equipment & implementation of Single Patient Use slings). Reported incidents continue to be reviewed and monitored by both OHSS and SPMH teams. The Safe Moving & Handling of Patients communication topic was rolled out in July 2020. Educators attended an update day with colleagues from WDHB, where content of training programme was discussed, and techniques and equipment reviewed. Review of submissions relating to the supply of rental Bariatric Equipment for ADHB, CMDHB and WDHB completed. Site visits were completed in July. Preferred supplier identified. 4 Floor Retrieval kits received. Commenced rollout at MSC. Subsequent wards at MMH to follow. Support training for ASRU (Evacupods) commenced as part of fire evacuation plan. Commenced plan to develop CMH SPHM audit tool in conjunction with Research & Evaluation. Investigating tools, such as Trendcare, FOC, and Safe 365 that provide cross over data. 			
New Activity:			
<p><i>* this risk score was due for review and discussion at the December meeting and will be updated in December HS performance report.</i></p>			

Risk: Inability to manage the risk of harm from the work being carried out by Contractors			
Risk Rating: Critical		<i>Current</i>	Target
	<i>Frequency</i>	Possible	Unlikely
	<i>Consequence</i>	Major	Major
Active Workflow:			
<ul style="list-style-type: none"> Contractors engaged by FEAM's are asked to provide a plan detailing the steps they will take to mitigate risks. FEAM have continued with improvement of contractor health & safety management for capital projects including a particular focus in the following areas; inductions, contractors Job Safety Analysis, supervision and bi-annual performance reviews. Further development of Confined Spaces policy & procedure, including permits to perform hazardous work. Emergency and fire compliance are under review, with trial evacuations currently being conducted. An engineering manual is in place (operating procedures). Regular communication to team encouraging contractors to report incidents. 			
New Activity:			
Controls in place are the following: <ul style="list-style-type: none"> Trained and qualified contractors performing tasks. Completing a Job Safety Analysis (JSA) is compulsory for work and supervised by DHB manager. All contractors now sign in to gain supervised access to work areas. Our contractor management has improved over the last year. FEAM H&S have conducted pre-qualifications this year for contractors on the procurement panel. FEAM are re-commencing this for all such contractors in the New Year as part of their annual process. FEAM H&S is also closely involved with capital projects in context of review and quality assurance from concept & design stage, through build process and review Consider other contractors too – work with managers on all non-FEAM managed. OHSS will work with other managers who manage non-FEAMs contractors 			
Risk: Staff and others sustain slips, trips or falls in the workplace			
Risk Rating: High		<i>Current</i>	Target
	<i>Frequency</i>	Likely	Possible
	<i>Consequence</i>	Moderate	Moderate
Active Workflow:			
<ul style="list-style-type: none"> Trends in slips, trips and falls (STF) from ground level incidents are monitored by OHSS. Specific actions are undertaken following STF incidents including reaching out to FEAMs and Cleaning managers to assess hazards as they arise. 			
New Activity:			
OHSS communication topic sent out to HSRs in September			
Risk: Falls from height (above or below ground level)			
Risk Rating: *TBA once reassessed		<i>Current</i>	Target
	<i>Frequency</i>	Unlikely	Rare
	<i>Consequence</i>	Major	Major
Active Workflow:			
<ul style="list-style-type: none"> FEAMs assess, manage and monitor workers working at heights at CMH sites FEAMs manage the working at height and below ground level work procedures Access to work at height areas is strictly controlled by FEAMs 			
New Activity:			
*This risk has been separated out from STFs from ground level and will be reassessed. New activity will be added in the December HS performance report			

Risk: Suboptimal evidence (through audits and monitoring) of adherence to H&S legislative requirements (legal)			
Risk Rating: High		<i>Current</i>	Target
	<i>Frequency</i>	Unlikely	Rare
	<i>Consequence</i>	Major	Major
Active Workflow (Safe365)			
<ul style="list-style-type: none"> Currently 27 Safe365 licences have been set up (as outlined above). The Safe365 information page on Paanui is in draft awaiting roll-out and will provide HSRs with links to resources and tips for increasing their compliance scores The worker induction booklet has been updated and rolled out to provide current H&S information to workers. The OHSS team have carried out the annual self-assessment of the safety and injury management elements of the ACC audit in preparation for the ACC AEP audit which was postponed until February 2021. 			
New Activity:			
<ul style="list-style-type: none"> An internal OHSS audit and monitoring program paper has been sent to ELT for approval, with the next step being consultation with HSRs <p><i>*HSRs will be consulted to reassess this risk following the implementation of OHSS self assessments and 3 year audit program</i></p>			
Risk: Lone Workers unable to access immediate assistance during an emergency situation			
Risk Rating: High		<i>Current</i>	Target
	<i>Frequency</i>	Possible	Unlikely
	<i>Consequence</i>	Major	Major
Active Workflow:			
<ul style="list-style-type: none"> Lone Worker Policy, and the new app standard operating procedures and the escalation process have been implemented Security monitoring service in place for workers using the app Pilot phase for Lone Worker app (Get Home Safe) extended to more of the business. 			
New Activity:			
<ul style="list-style-type: none"> Two false alerts have occurred and been responded to in a timely manner. A meeting has been held with Union partners to discuss Lone Work procedures and address concerns. Lone work procedures on Paanui pages will be discussed including escalation processes with Police. Significant on-boarding to this system has occurred in December with some good feedback from users 			
Risk: Wellbeing of staff adversely affected by aspects of work			
Risk Rating: High		<i>Current</i>	Target
	<i>Frequency</i>	Likely	Possible
	<i>Consequence</i>	Moderate	Moderate
Active Workflow:			
<ul style="list-style-type: none"> EAP is well established with CM Health including onsite clinics and external counselling. OHSS have regular meetings with the EAP organisers to discuss trends and support activities. CM Health has a wellbeing page, resources and tools on Paanui to support staff welfare. EAP have set up an additional referral program for CM Health with highly experienced counsellors who are available to provide support for managers and leaders in regards to any managerial challenges they might experience in their role. EAP have increased the facilitated and targeted sessions where required across CMH service areas. These sessions have been well received from staff The inaugural Schwartz Round occurred in December EAP attended Patient Safety Day at CM Health 			
New Activity:			

Risk: Failure to have adequate identifiable worker participation in HSW management system (legal)			
Risk Rating: High		<i>Current</i>	Target
	<i>Frequency</i>	Unlikely	Rare
	<i>Consequence</i>	Major	Major
Active Workflow:			
<ul style="list-style-type: none"> • A Worker Participation agreement and procedures are implemented • HSR names are listed on Paanui for all staff to access • Four HSR training sessions have been carried out to ensure on-going training is offered to HSRs. • A training provider has been appointed for HSR training for the Northern Regional DHBs • Specialised training will be implemented in 2021 • OHSS send out H&S communications each month and safety alerts where required to HSRs for sharing with their colleagues, communications include reminders when work area inspections are due. • HSR's are invited to comment on documents OHSS are preparing and incidents that OHSS are investigating. • HSRs are nominated to attend the ELT H&S committee have an agenda time to convey matters they wish to raise. • Establishment of Health and Safety Star rewards programme to acknowledge excellence in safety matters. • Health and Safety Noticeboard planogram has been implemented and noticeboard competition to have boards updated across work areas • Feedback has been received from HSRs in appreciation of the increased engagement 			
New Activity:			
<i>*HSRs will be consulted to reassess this risk due to current controls and activity in place.</i>			

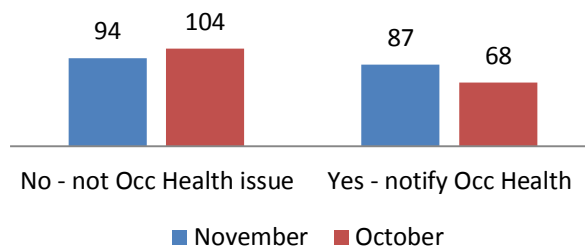
Reported Incidents

Monthly total of incidents reported in November (181) a slight increase in comparison to October (173).

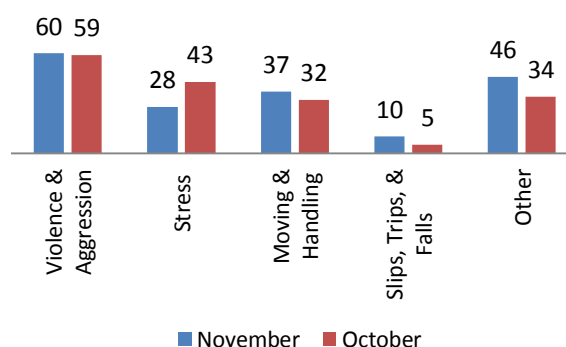
Data on Incidents reported:

- Aggression & Violence:** Remains in the top three incident rates. A slight increase in numbers reported for November (60) in comparison to October (59).
- Stress:** a significant decrease in reporting observed in November (28) in comparison to October (43).
- Moving and Handling:** November (37) shows a continuing increase in reporting from October (32). The proportion related to having occurred during moving / handling of patients (24) remains high.
- Slip/Trip/Fall:** November (10) indicates a significant decrease from October (5).
- Others:** November (46) indicates an increase in reporting in comparison to October (34).

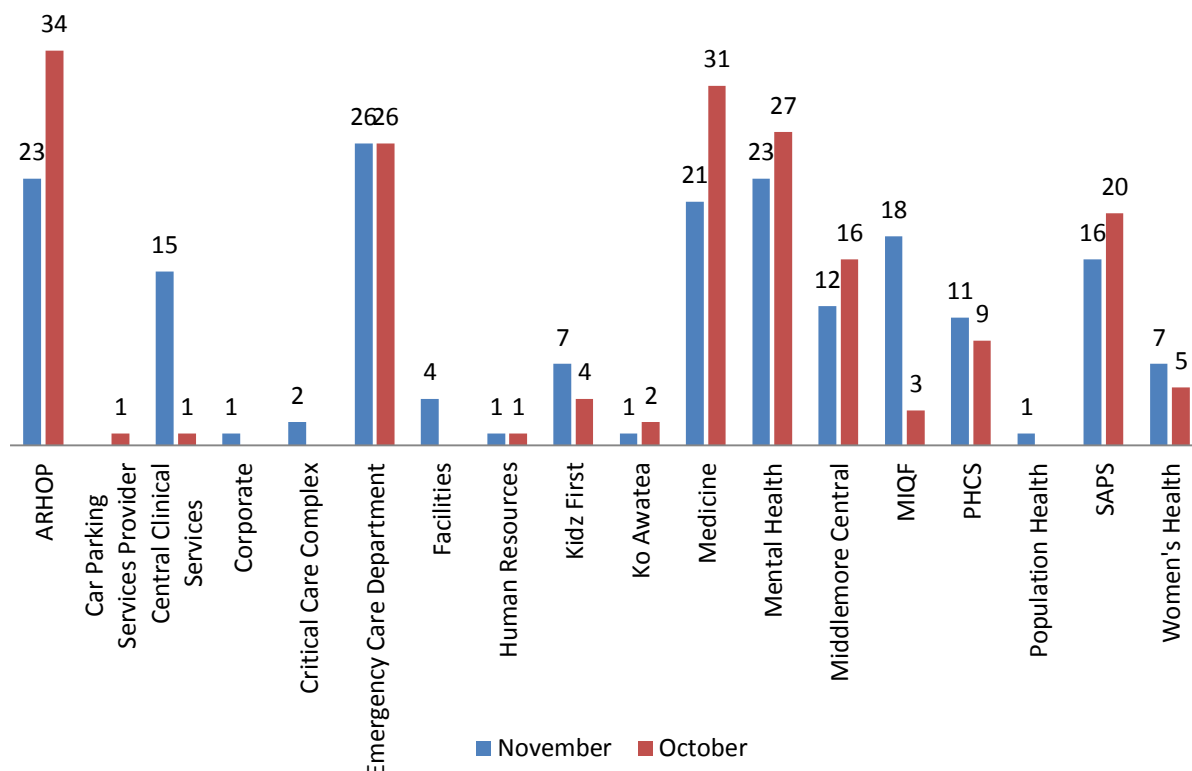
Review of classification by reporting staff of employee incidents, whether an OHSS issue or not, 2020



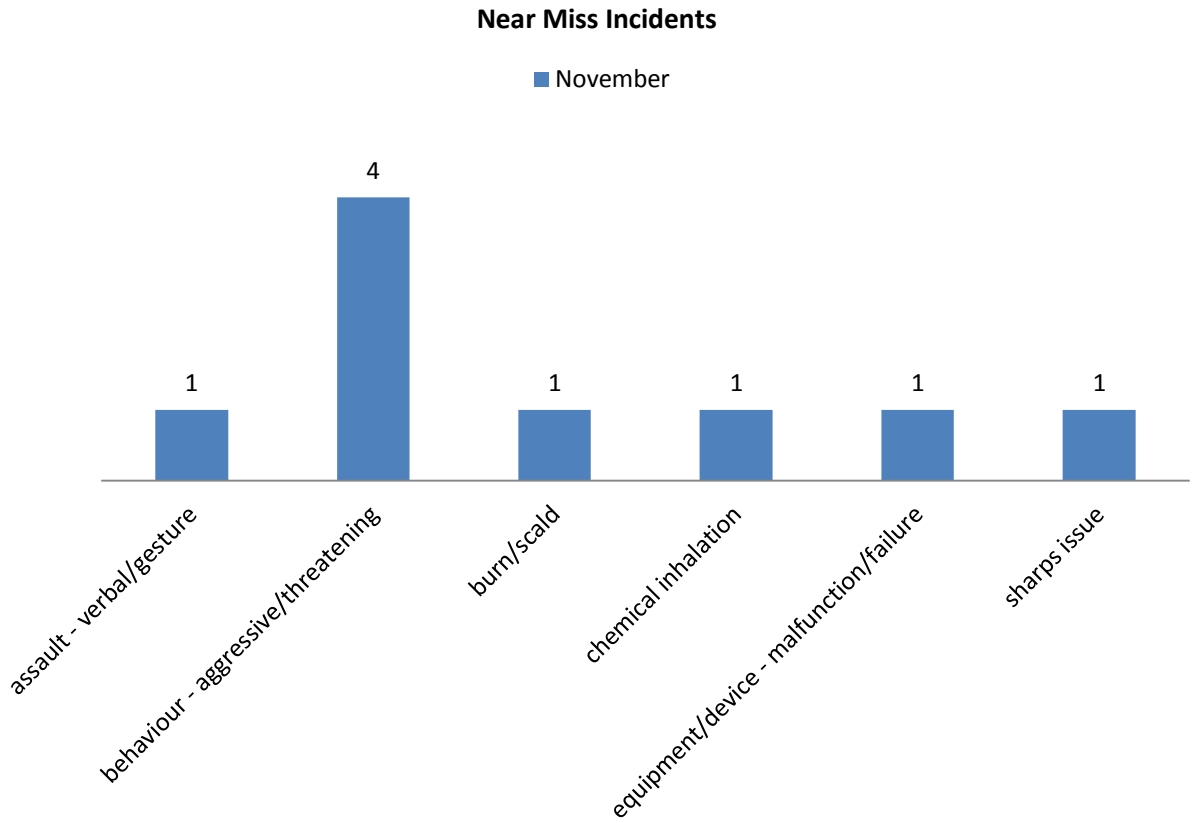
Number of Incidents Reported Related to Type



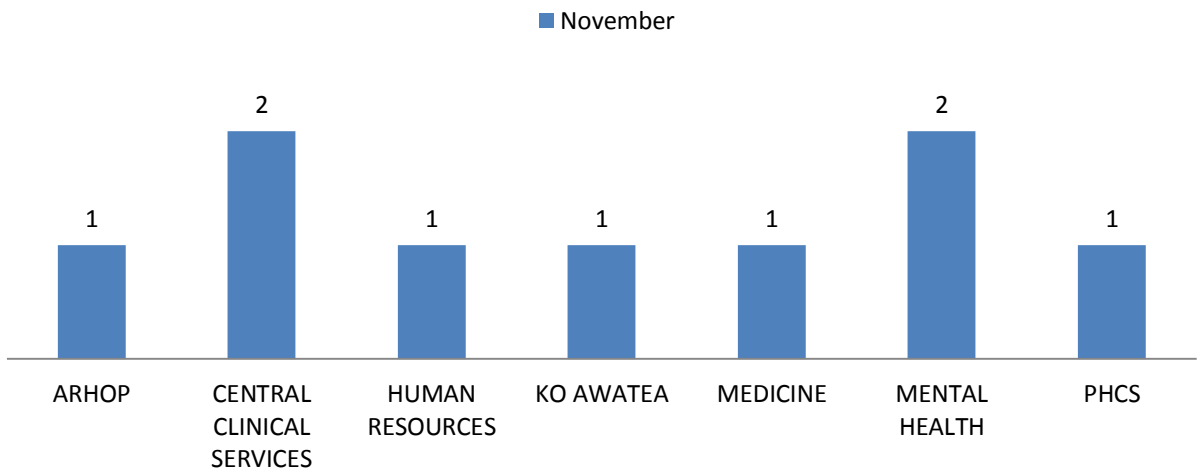
Incidents by Division



Near Miss Incidents



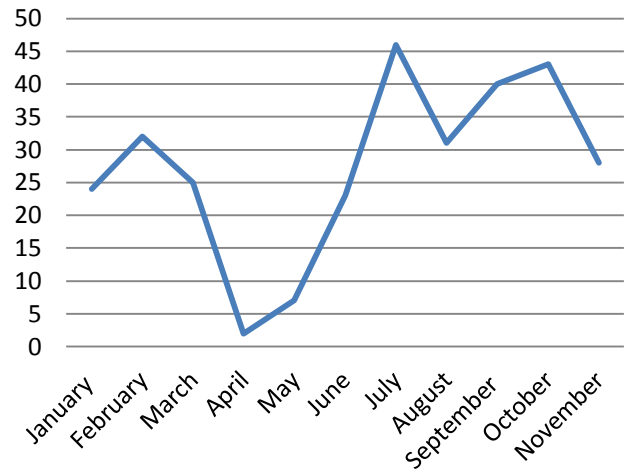
Near Miss Incidents by Division



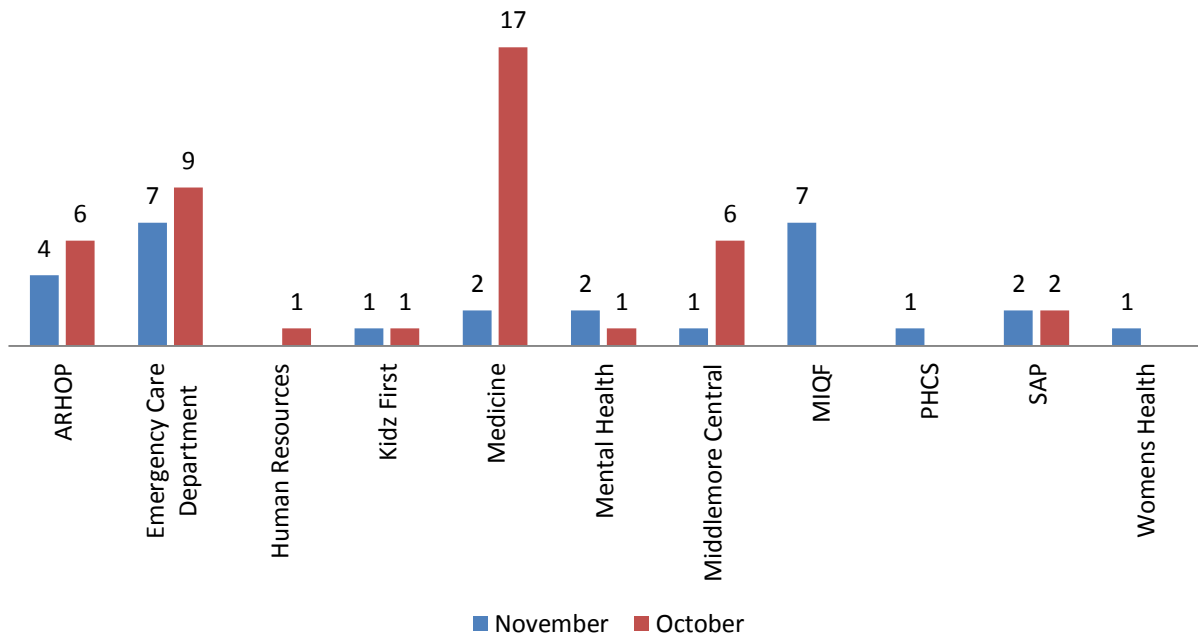
Staffing inadequate/unavailable, Stress

- Reports of staffing inadequate/stress in November (28) are a significant decrease from October (43).
- Main contributing factors identified are patient acuity and staffing levels and skill mix.

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



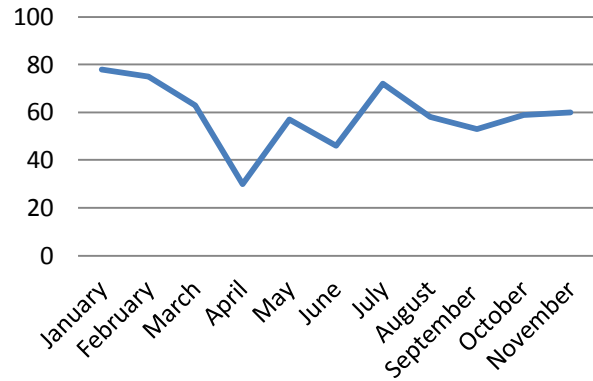
Number of incidents Reported Related to Staffing Inadequate/Stress by Divison



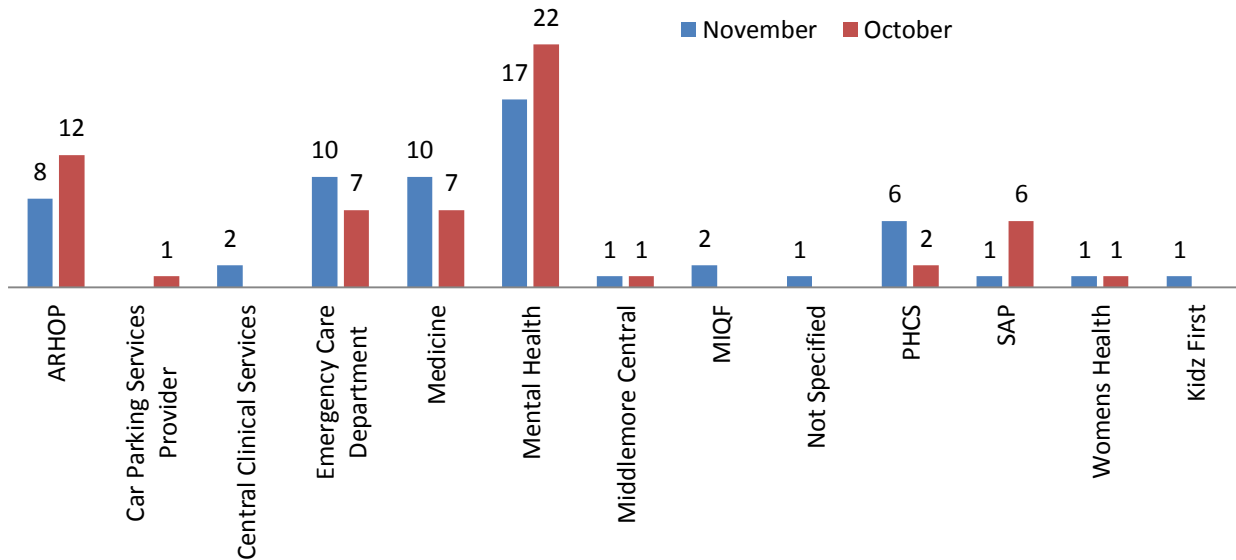
Aggression and Violence

- Aggression and violence monthly figures for November (60) have remained stable with October (59).
- Code Orange reported less incidents in November (3) compared to October (9). 1 was associated with drug usage, 0 were associated with alcohol.

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



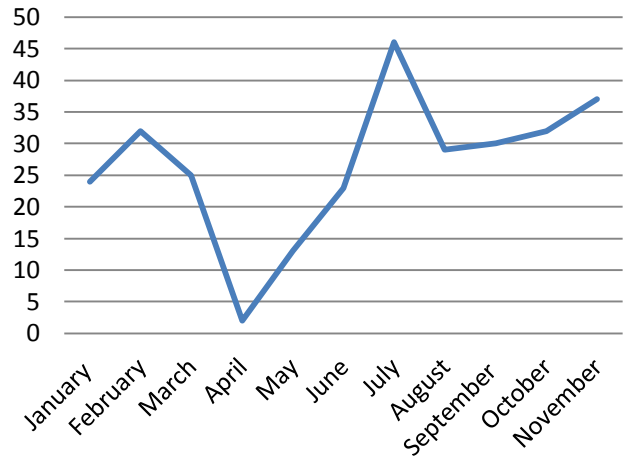
Number of Incidents Reported Related to Violence & Aggression



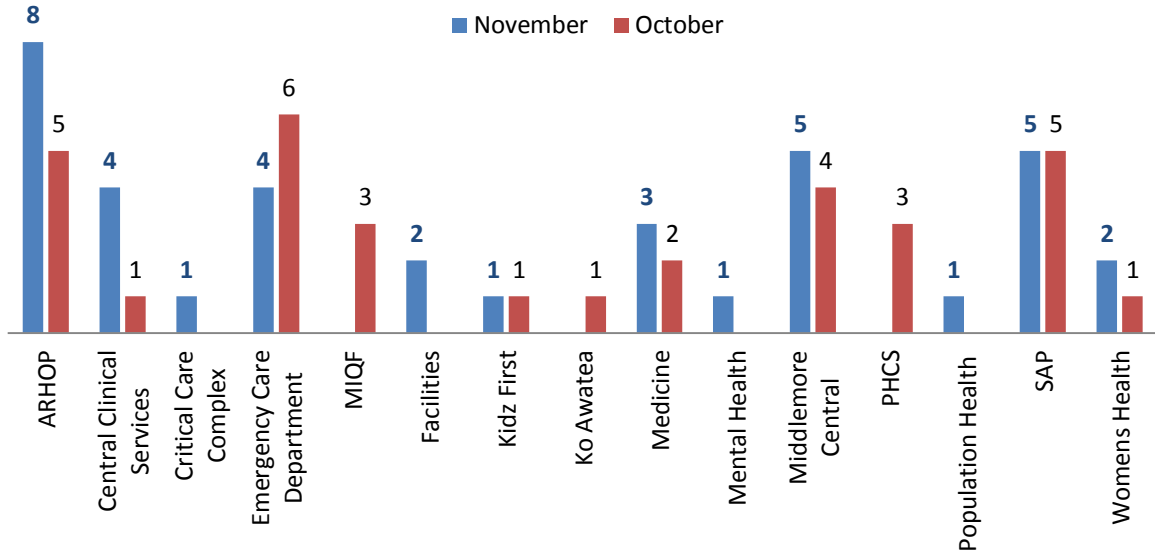
Moving and Handling

November (37) figures show a slight increase from October (32), 24 injuries are reported as occurring while moving / handling a patient.

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



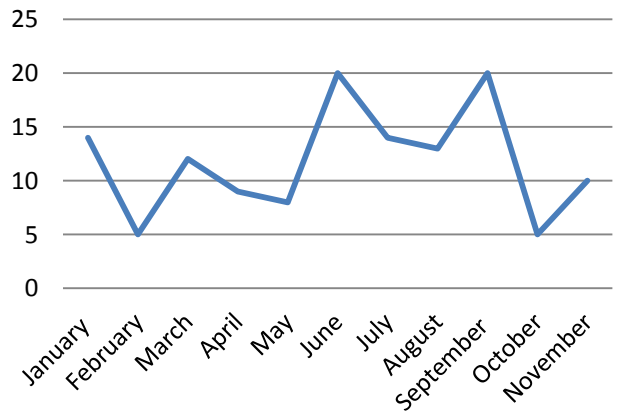
Number of Incidents Reported Related to Moving & Handling



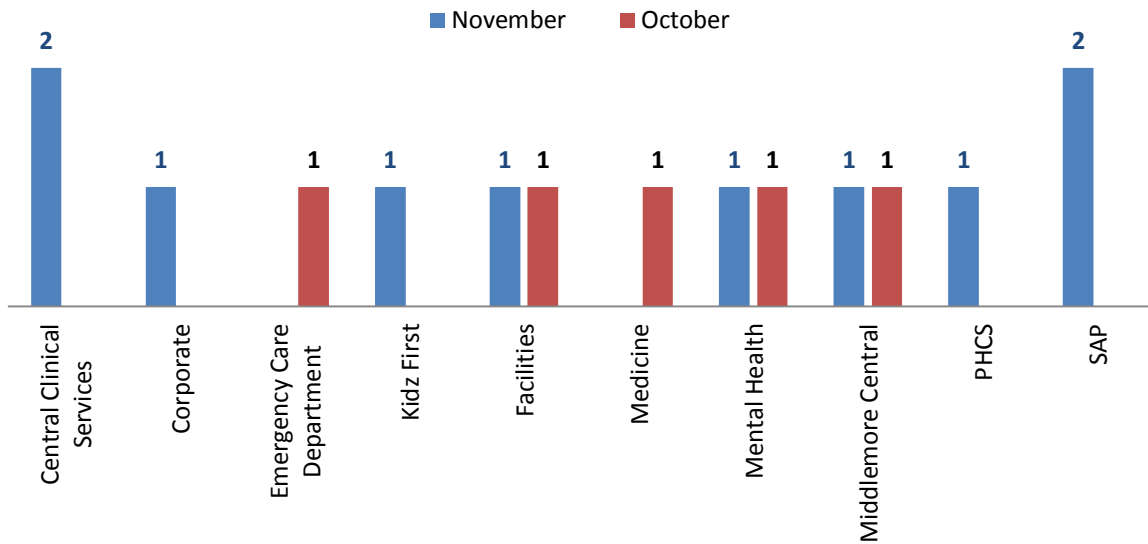
Slips, Trips and Falls

- Slips, Trips and Falls monthly figures in November (10) have increased from October (5).

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



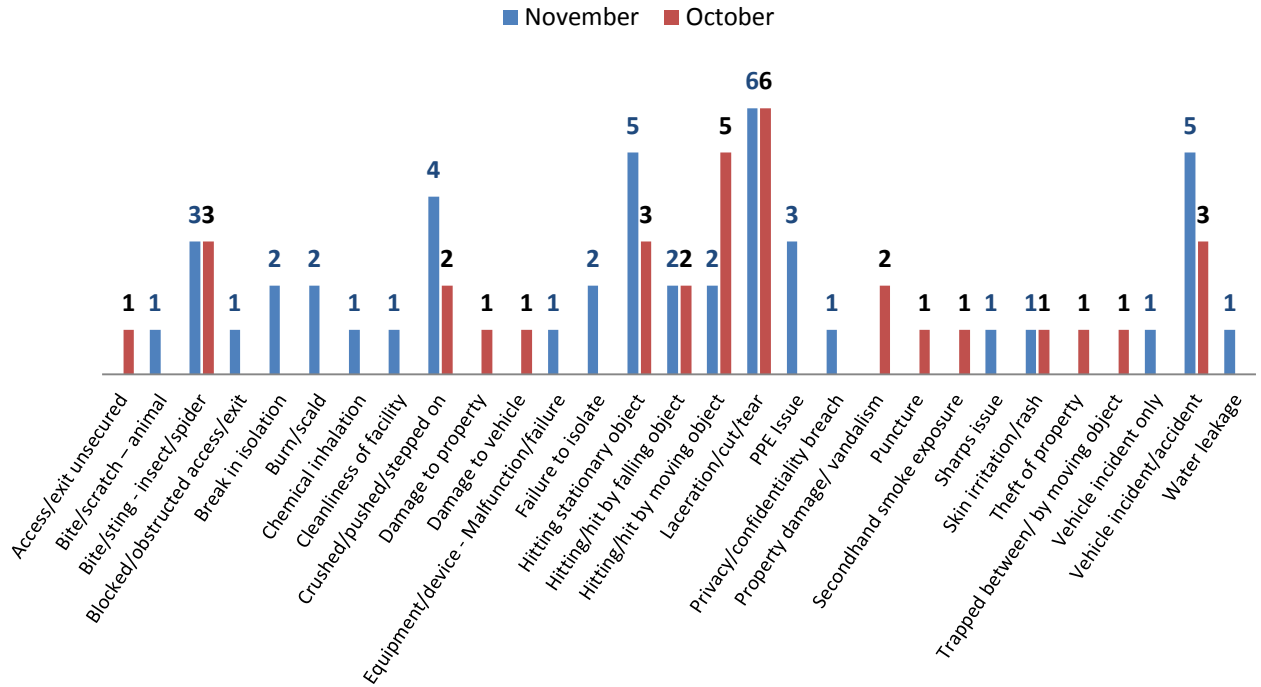
Number of Incidents Reported Related to Slips, Trips & Falls



Other incidents

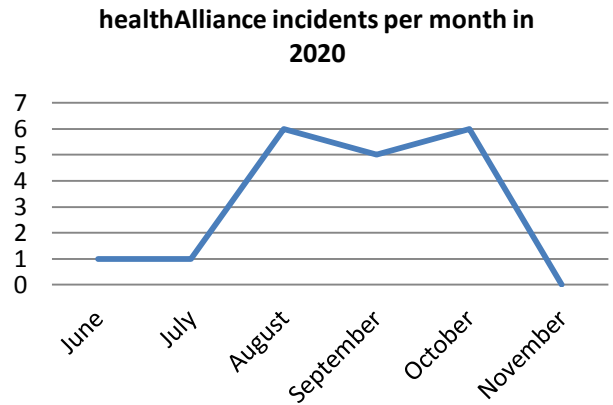
Other incidents November (46) have increased since October (34).

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

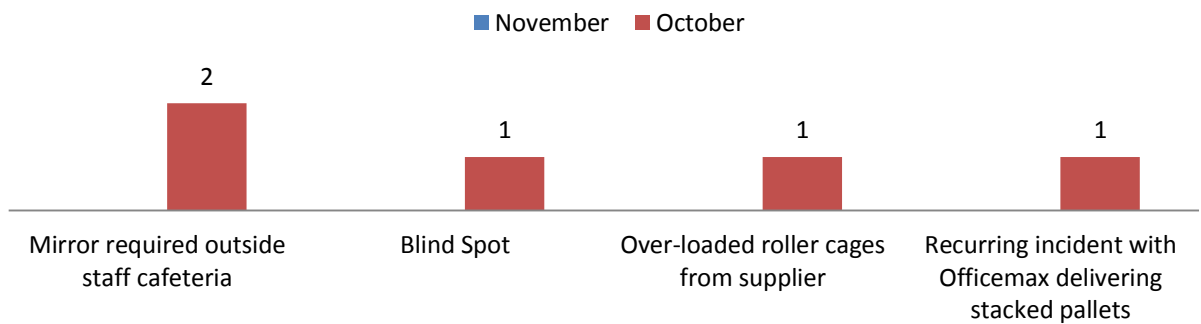


healthAlliance Incidents

Hazards and incidents are reported through to the CM Health contractor account manager for action each month.
 There were no Hazards/Incidents reported figures for November (0) which is a decrease from October (6).



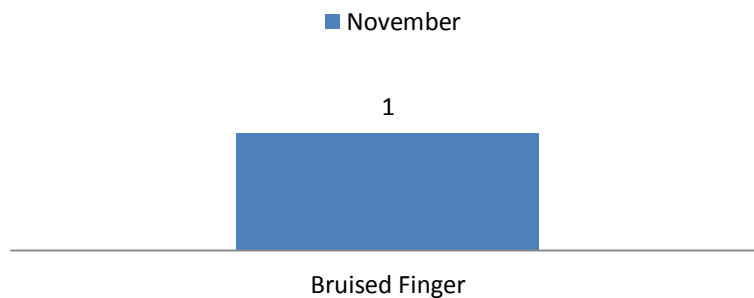
healthAlliance Incidents by Type



HealthSource Incidents

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

HealthSource Incidents by Type

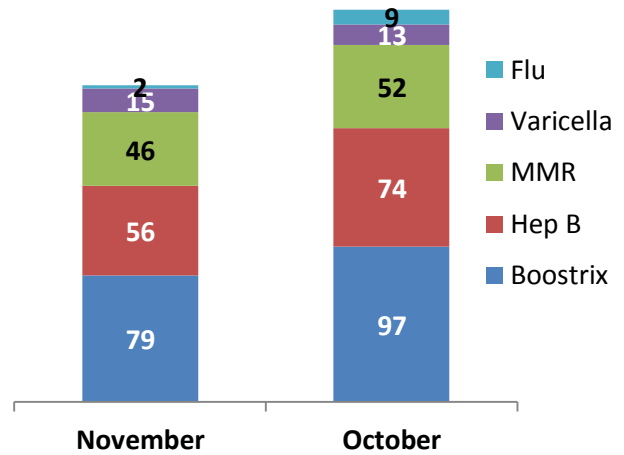


Occupational Health Service Update

Vaccinations:

Vaccinations continue to be administered as part of the pre-employment screening process. Existing employees are recalled to clinic to complete vaccination series and receive boosters. Vaccination clinics have returned to normal during November with many employees requiring multiple vaccinations. A process has been established to vaccinate the MIFQ employees, a very important work force. Occupational Health is continuing to see a significant number of new employees with no immunity to diseases such as measles. This is reflected in the number of vaccinations administered.

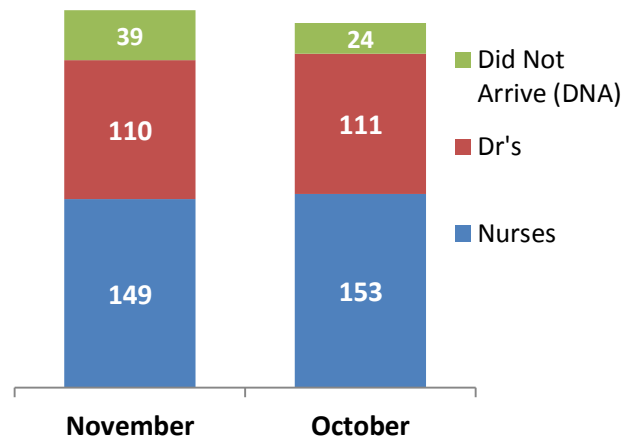
Vaccinations Data 2020



Clinic Appointments:

The OHP clinic time has been impacted by their attendance at regional and local meetings such as CTAG and the Occupational Health Physician Regional Meetings. Time has also been spent with the Infectious Diseases Team discussing COVID-19 contact trace process. Complex cases require additional OHP time and are not reflected in the number of clinic appointments.

Clinic Appointments Data 2020



There were 149 OHN clinic appointments in November and 153 in October.

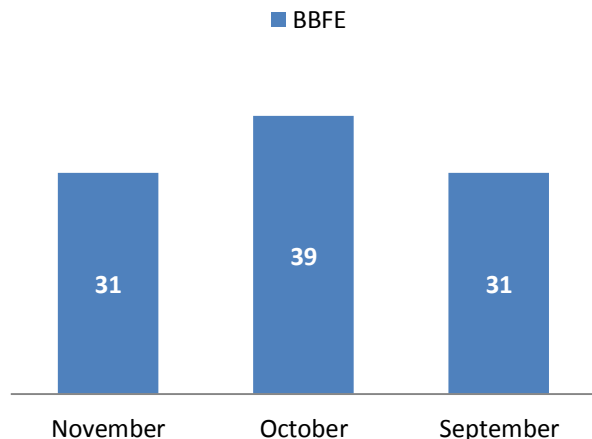
These figures include business as usual appointments along with the team's on-going COVID-19 response.

There were 39 DNA's for November and 24 in October.

Blood Bodily Fluid Exposure:

BBFE for November (31) is a slight decrease from October (39). BBFE incidents are investigated and managed by the Occupational Health nursing team.

BBFE Incidents 2020



A significant number of BBFE's are occur as a result of suturing. Often this is due to poor visibility of the area being sutured.

The majority of BBFE's caused by splashes could be prevented by appropriate use of PPE – Face shields or goggles.

<p>Manager Referrals:</p> <p>Manager referrals for November (27) is stable with October (26).</p> <p>Contact Tracing:</p> <p>There were four contact traces conducted during November. Two contact traces occurred during October.</p> <p>The Occupational Health Nurse Advisor is continuing to liaise with WDHB, ADHB and ARPHS to utilise the MoH’s National Contact Tracing System (NCTS). This is in an effort to establish a regional approach to supporting DHB’s for CT work (COVID-19).</p> <p>The CM Health written process for CT is being updated to reflect the regional approach and is currently under consultation with IPC.</p>	<p style="text-align: center;">Manager Referrals Received 2020</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>November</td> <td>27</td> </tr> <tr> <td>October</td> <td>26</td> </tr> <tr> <td>September</td> <td>36</td> </tr> </tbody> </table>	Month	Received	November	27	October	26	September	36
Month	Received								
November	27								
October	26								
September	36								
<p>Pre-employment Health Screening:</p> <p>Pre-employment Health Screening for November (168) is a decrease from October (269).</p> <p>During November the majority of Pre-employment Health Screening was for New Graduate Nurses who are due to start work at the beginning of January. House Officers and Registrars intake also makes up a significant number of the November Pre-employment reviews.</p> <p>Pre-employment Health Screening is still being conducted for Managed Isolation Facilities and Quarantine Facilities staff. Additional screening is required to be completed by the OHN for the MIFQ Pre-employment Health questionnaires. This is in line with the Ministry of Business Innovation and Employment requirements.</p>	<p style="text-align: center;">Pre-Employment Health Screening 2020</p> <table border="1"> <thead> <tr> <th>Month</th> <th>PEHS Cleared</th> </tr> </thead> <tbody> <tr> <td>November</td> <td>168</td> </tr> <tr> <td>October</td> <td>269</td> </tr> <tr> <td>September</td> <td>261</td> </tr> </tbody> </table>	Month	PEHS Cleared	November	168	October	269	September	261
Month	PEHS Cleared								
November	168								
October	269								
September	261								

Appendix

1. OHSS Risk Matrix.

Appendix 1

2. OHSS Risk Matrix:

OHSS Consequence table (for reference)

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

OHSS Likelihood table (for reference)

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

Counties Manukau District Health Board

Corporate Affairs and Communications Report

Recommendation

It is recommended that Board:

Receive the Corporate Affairs and Communications Report for the period

Prepared and submitted by: Donna Baker, General Manager Communications and Engagement and Margie Apa, Chief Executive.

Purpose

This paper provides an update on Corporate Affairs and Communications activity for the period 16 November to 31 December 2020.

COVID-19 Response



IMT

This was a comparatively stable period with regards to COVID-19. As a result, our messaging continued to focus on the wearing of masks (mandatory on public transport), staying home if unwell and being tested if appropriate, hand hygiene and QR scanning. Incident Controller updates were sent to all staff as required but were much less frequent than during previous periods.

External Communications

Proactive media

A total of 15 proactive stories were promoted through various CM Health media channels including features on:

- [Health Sector Research Grant](#) for rheumatic heart disease
- [Free measles vaccinations](#) at pharmacies
- [Regional Pacific Health](#) team and their work
- Pasifika Futures Health and Wellbeing [Award winner](#)
- [Mask donation](#) from the Taipei Economic and Cultural Office

Media Enquires

A total of 41 media enquiries were received, answered and closed. The main areas of media interest related to the anniversary of the Whakaari/White Island eruption tragedy (3) and subsequently the Burns Unit (2). Transgender and funding (2 each) were also areas of interest to the media.

In addition, we received varied queries relating to:

- Gender diversity – transgender youths.
- Measles catch-up campaign
- Patient eligibility
- Public-Private health partnerships
- Early medical abortions
- Government priorities as regards DHB funding.

Strategic Planning - Summer Plan

We continue to work with the relevant departments including ED and Middlemore Central to develop and implement a campaign which seeks to:

- Encourage the community to seek options other than the hospital and Emergency Department for treatment, thereby enabling ED staff to focus their time and resources on patients who have life threatening emergencies.
- Inform the community of medical centre opening hours over the holiday period by directing them to Healthpoint.
- Encourage safe habits regarding alcohol consumption, and water and driving safety.
- Encourage the community to be kind to our staff.

This will be socialised via a media release, our social media channels, our external webpage, and the facilitation of interviews with applicable media.

Official Information Act (1982)

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

Over the 16 November to 31 December 2020 period we received 13 OIA requests, the majority of which were from private individuals. Three were received from Parliamentary offices. No parliamentary questions were received over this time.

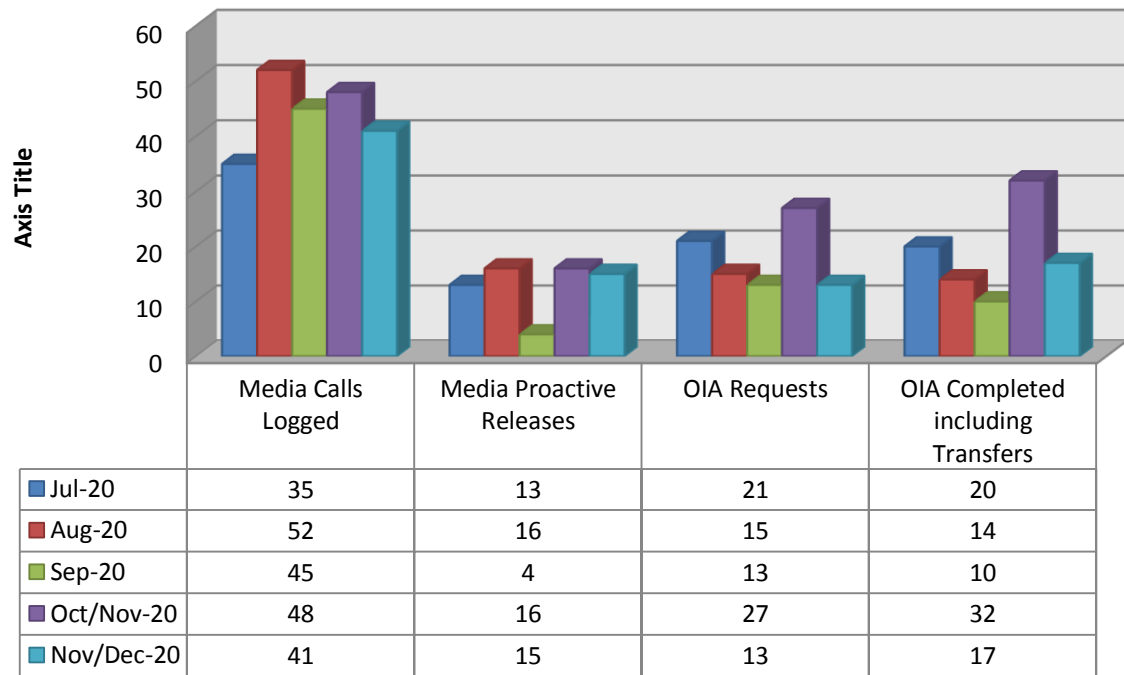
Seventeen OIA requests were closed over this period. This includes one OIA request related to COVID-19 which was transferred to the Northern Regional Health Coordination Centre (NRHCC).

Request Received OIA & Parliamentary Questions (PQ) for 16 Nov-31 Dec 2020		
Division	OIA	Parliamentary Question
Chief Medical Officer	2	
Human Resources	1	
Medicine	1	
Mental Health	3	
Middlemore Central/Emergency Department	1	
Occupational Health & Safety	1	
Patient Information Service	1	
Surgical Services	2	
Transfer to other agency	1	

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/>

Media & OIA



Internal Comms

Connect+

The December issue of Connect+ focused on the health and wellbeing of our community. This edition included patient testimonials around the quality of health services being administered by staff. Special interest stories included an interview with a father whose son was born at our Neonatal Service at 24 weeks (our cover story), a patient's journey with breast cancer and a mastectomy at MSC, addressing health inequities at our Emergency Department, and celebrating Clinical Nurse Director, Division of Medicine Safaato'a Fereti who won the Pasifika Futures Health and Wellbeing Award at the 2020 SunPix Pacific People Awards recently.



Supporting people with disabilities

On 3 December, Counties Manukau Health signed a partnership agreement with Workbridge, an important milestone for our Disability Strategy. Support was provided on the day and well publicised through our normal channels. The event also had good reach on social media with 5,471 people reached and 319 engagements on Facebook.



People Leader Essentials

Future proofing for our future leaders is a key priority for CM Health. During the period, support has been given to the People and Professional Development team in redrafting the programme. This has included advising on, and editing, content for 11 workbooks. The first three modules have been completed.



Paanui changes – Events and Notices

Internal Comms led the Paanui revamp introducing an ‘Events and Notices’ section to the home page, increasing visibility of events and training opportunities around the organisation and making it easier for staff to access important information. With the number of Paanui News stories increasing, this new section allows us to highlight staff messages and events without interrupting the ‘feel good’ stories.

The first ‘Notice’ went live on 10 December and in two days had 78 views, and was 13 top viewed. Other events such as Round the Bays 2021 are also in the top page views report. Page views have also increased over this time with 3,135 page views from 6-13 December.

Paanui News Metrics

Pageviews
3,135
↑ 10.8%

Avg. Session Duration
00:05:00
↑ 7.7%

Page Title	Pageviews	Avg. Session Duration
1. FASD - A mum's heartfelt plea to health professionals - News	482	00:04:10
2. Compassion at the Heart of Healthcare - Dr Joanna Sinclair - News	417	00:04:33
3. Reports of discourteous behaviour by staff towards our Security Team - News	396	00:07:59
4. Signed, sealed and delivered! Our partnership agreement with Workbridge - News	225	00:04:42
5. Schwartz Rounds – a safe place for staff to share! 17 December - News	161	00:07:14
6. Christmas at Counties - What's on! - News	156	00:11:44
7. Whakaari/White Island Commemoration Service 9 December - News	140	00:04:12
8. Pharmacies in the Counties Manukau area offering free measles vaccination - News	135	00:03:44
9. CM Health team's trailblazing approach to combating rheumatic heart disease - News	113	00:22:00
10. Christmas competition - Te Rawhiti and Pukekohe Household Cleaning - News	112	00:00:18
11. Posts - All Posts	93	null
12. Round the Bays 2021 - Join the CM Health Team - News	78	00:00:03
13. Paanui – Staff contact updating - News	78	00:08:40
14. Study identifies research priorities for integrated mental health - News	56	00:05:58
15. FEAM Minor Capital Works Walk In - 10 Dec - News	52	00:08:05
16. Biostatisticians' Consultations for Research and Audits – Appointments available - News	51	00:11:32

PAANUI – Our People

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

- **A fond farewell – Janet Gibson:** A celebration was held to mark the achievements of Janet Gibson over nearly 40 years at CM Health.
- **Compassion at the heart of healthcare – Dr Joanna Sinclair:** A profile story that also promotes the new Schwartz Rounds, aimed at improving the wellbeing of staff.
- **Precious moment with preemies:** A story celebrating World Prematurity Day and the important work of the Neonatal Care Unit in caring for our patients and whaanau.
- **White Ribbon Day:** Highlights from the bake sale and promoting the Women’s Refuge button on our external site, together with a reminder of the resources and support available at CM Health.

*Collateral Suites*Profiling Teams*Communications Plans*Promoting Events*Workshops*Creating Surveys*			
Middlemore Clinical Trials	Travel Better Group	Patient Safety Day	Staff Forum
Schwartz Rounds	Patient Information and Quality Assurance team	Human Resources	Organisational Development
People Leader Essentials	Security		

Stakeholders and Community

Healthy Communities, Healthy Whaanau and Families

Profiling the Regional Pacific Health Team

Based in Middlemore Hospital, the Regional Pacific Health team are a dedicated team of nurses and support staff who work with the Ministry of Foreign Affairs and Trade (MFAT) to deliver health services to our Pacific neighbours as well as those referred to New Zealand for medical treatment not available in their home country. The overall aim is to strengthen the capacity of their health systems. During the COVID-19 pandemic, the team quickly adapted to new ways of working, including providing telehealth appointments and helping with setting up the appropriate technology for online training and appointments. The story can be read [here](#).



Measles 15-30 catch up programme



Promotion began in December to raise community awareness of pharmacies offering measles vaccination to this group in the CM Health area. The initial call to action was to encourage those aged between 15 -30 years to get their free vaccination at participating pharmacies.

Activities included print advertising in local newspapers, placement of A3 posters in the toilets of seven shopping malls and four movie theatres, and digital advertising on ethnic media websites and their social media pages.

In preparation for mobile clinic measles vaccinations beginning mid January, resources have been produced to support staff and promote clinic details.

Local Maori and Pacific social media influencers have been approached to support the campaign.

Profiling a family impacted by Fetal Alcohol Spectrum Disorder (FASD)

Personal stories are an important part of sensitising clinicians and the general public about the harms of drinking alcohol when pregnant. We have profiled a mother who gives an impactful statement about the harm alcohol has caused to her adopted son. The story can be read [here](#).

Te Rito Ora – breastfeeding and nutrition service – free community programmes

Resources have been developed for the Te Rito Ora team on their starting solids workshops (supporting whaanau on healthy first kai for baby), Mum's Kitchen Rules workshops (cooking healthy kai on a budget and nutrition advice), and their Peer Support workshops (training local mothers to be peer supporters to help other mothers with breastfeeding). The resources have been communicated through internal channels, across our social media channels, as well as exploring community mother/parent groups to disseminate the information. The workshops aim to encourage and inform whaanau on healthy kai, how to have healthy kai on a tight budget, and breastfeeding support.



Healthy Services

Staff research

Working with the Research team we are profiling Research Week winners, demonstrating the value of excellence. These stories showcase the great work our staff are doing to improve the care CM Health delivers to its population through evidence-based data. During this period, we have profiled the work of four winners and their research, emphasising the impact it has on improving the health of our patients and the knowledge of our staff.



Research Week[2020]

The winners are:

[Dr Robin Cronin](#)

[Dr Kara Okesene-Gafa](#)

[Irene Zeng](#)

[Dr Anmar Abdul-Rahman](#)

Maternity – patient stories

These two profiles provide insight into the Maternity service we provide at Middlemore, but also at our birthing units through these patient's experiences.



Local midwife and community become extended whaanau to South African family – read story [here](#).



Maternity staff care for Takanini local mother and newborn like family – read story [here](#).

Choosing Wisely

Choosing Wisely is an international initiative promoting evidence-based clinical decision-making. There is evidence that unnecessary investigations and treatments that do not add value may cause harm.

In the CM Health context, Choosing Wisely is also about supporting equity. On one hand, it means reducing unnecessary interventions, tests and treatments that may cause unwarranted variation and patient harm, and on the other hand doing more high value tests and treatments for patients who have inequitable outcomes.

We are working with the Choosing Wisely team to promote internally the work CM Health services are doing that benefit our patients and our services to instigate clinicians to think wisely about treatments and investigations.

Bronchiolitis
Evidence tells us that:

1. CXRs and antibiotics are not routinely indicated for bronchiolitis
2. Antibiotics are 10x more likely to be prescribed if a CXR is ordered

Choosing wisely means choosing equitably

Dr Florina Chan Mow, Kids First

CHOOSING WISELY

Asian, Middle Eastern, Latin American and African (MELAA) cultural training (eCALD)

The Asian team has identified the need to raise the profile of diverse communities' cultural training – eCALD - available to staff. We have profiled three staff members who have participated in a recent programme and will continue to pursue other opportunities to raise the profile of the training.

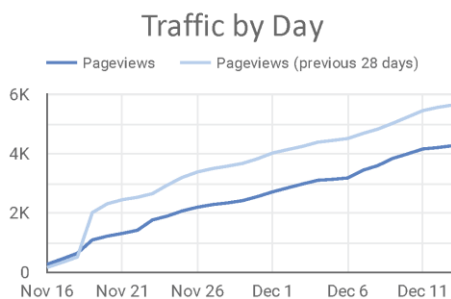
Campaigns & Projects Collateral Suites											
Business Group	Scope	Pull Up Banners	Posters	Brochure	Bill board	PAANUI Screen saver	PAANUI Sliders	Social Media Webinar CM Website	News letter	Photos	Video
Alcohol Harm Minimisation	Campaign Promotion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Te Ranga Ora	Promotion						<input checked="" type="checkbox"/>				
Tap into Tap Water	Campaign Promotion		<input checked="" type="checkbox"/>								
Pacific Health	Promotion						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Research & Evaluation	Promotion						<input checked="" type="checkbox"/>				
Mental Health (Tiaho Mai)	Patient Information		<input checked="" type="checkbox"/>								
Urology	Patient Information			<input checked="" type="checkbox"/>							
General Medicine	Patient Information			<input checked="" type="checkbox"/>							
Te Rito Ora	Promotion		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Measles	Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Staff Christmas video	Staff information										<input checked="" type="checkbox"/>
SUDI – safe sleep day	Staff info/ external promo					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Kidz First – HRC grant	Staff info/ external promo						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Pharmacy recognition days	Staff info/ external promo						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Patient Safety Day	Event		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surveillance Audit	Promotion		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Coffee with a cop	Even		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Staff forum	Promotion		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Privacy Act changes	Campaign Promotion		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
World Premature Day	Promotion					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
White Ribbon Day	Campaign Promotion		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Movember	Staff Promotion						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Mental Health/ Sensory Mod	Promotion					<input checked="" type="checkbox"/>					
Travel Better Group	Promotion		<input checked="" type="checkbox"/>								
Antimicrobial Awareness Day	Promotion					<input checked="" type="checkbox"/>					

Campaigns & Projects Collateral Suites											
Business Group	Scope	Pull Up Banners	Posters	Brochure	Bill board	PAANUI Screen saver	PAANUI Sliders	Social Media Webinar CM Website	News letter	Photos	Video
Human Resources	Recruiting							<input checked="" type="checkbox"/>			
Security	Staff					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

Digital Channels CM Health News and Media Releases



CM Health News / Media Releases



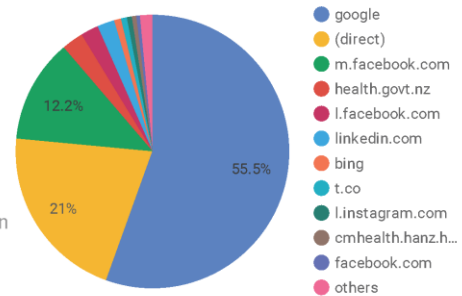
Key Statistics

Sessions
4,007
↓ -47.8%

% New Sessions
77.67%
↑ 4.2%

Avg. Session Duration
00:00:44
↓ -37.0%

Traffic Sources



Popular Articles

	Page Title	Pageviews	% Unique Pageviews	Avg. Session Durati...
1.	Seven new pop-up COVID-19 Testing Centres open in Auckland Counties M...	399	92.73%	00:00:20
2.	Counties Manukau Health develops ground-breaking primary and communi...	333	93.99%	00:00:15
3.	Maternity staff care for Takanini local mum and newborn like family Counti...	231	93.51%	00:00:09
4.	Visitor car park rates increase at Middlemore Hospital Counties Manukau ...	187	86.1%	00:01:53
5.	Supporting our Pacific neighbours Counties Manukau Health	182	91.21%	00:00:41
6.	List of designated practices for COVID-19 testing released, new Rosedale po...	138	83.33%	00:00:30
7.	FASD - Mum's heartfelt plea to support pregnant women Counties Manuka...	135	93.33%	00:00:01
8.	Pharmacies in the Counties Manukau area offering free measles vaccinatio...	128	78.13%	00:00:15
9.	New CM Health roles help Pacific patients impacted by COVID-19 Counties ...	98	92.86%	00:00:19
10.	CM Health nurse leader's outstanding contribution awarded Counties Man...	94	89.36%	00:00:06
11.	Director-General among those thanking COVID response health workers Co...	81	76.54%	00:01:08
12.	Two additional Community Testing Centres open on the North Shore Count...	81	95.06%	00:00:28
13.	Local midwife and community become extended whaanau to South African ...	63	92.06%	00:00:01
14.	Transgender* Awareness Week Celebrated Counties Manukau Health	49	85.71%	00:00:28
15.	Free Mental Health First Aid for Counties Manukau Counties Manukau Hea...	45	73.33%	00:00:40
16.	New Dental facility for Counties Manukau Counties Manukau Health	43	86.05%	00:00:41
17.	6000 face masks donated to CM Health Counties Manukau Health	43	86.05%	00:00:09
18.	CM Health welcomes additional funding Counties Manukau Health	39	94.87%	00:00:25
19.	New Mental Health Team for Pukekohe Counties Manukau Health	36	80.56%	00:00:23
20.	Where to get tested in Auckland this Labour weekend Counties Manukau H...	32	96.88%	00:00:00

Social Media overview

This period we posted fewer times across all channels and it's positive to see only a slight dip in performance. Overall, our audience found our content more engaging this period, as can be seen in our top posts performing better than usual on all channels. As a result of posting fewer times, however, we do see a notable drop in audience growth across all channels. In order to keep our social channels growing at a steady rate it is important that we keep our post numbers up.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	20,598	0.36%	32	60,832	1,901	5,477	171.16	35,085
CM Health Instagram	1,293	4.02%	26	11,722	451	818	31.46	363
CM Health LinkedIn	10,307	1.21%	23	56,261	2,446	6,933	301.43	4,445

Audience Growth

	Totals	
Total Fans	35,076	Change (vs. last growth)
New Facebook Fans	73	-41.01%
New LinkedIn Followers	123	-499.48%
New Instagram Fans	52	-29.63%
Total Fans Gained	248	-30.34%

Facebook Comparison (CMDHB/ADHB/WDHB)

Reactions vs. Number of Posts

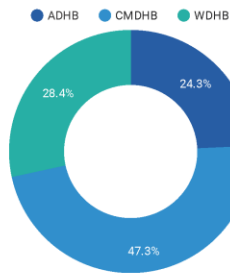
This section looks at the comments, shares, and reactions per post. Looking at the graph you can see that Waitemata is the clear "winner" this period, with higher average engagement than ADHB & CMDHB. WDHB had a number of high-performing posts, most of which shared the staff-celebration theme that we tend to align our content with.

Engagement Rate (per post)

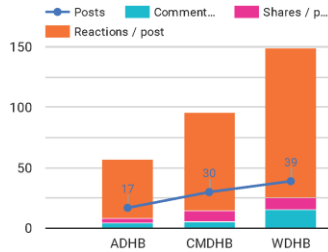
This is the rate at which (on average) a channel's post has been engaged with. As Facebook is geared to help smaller pages grow, this period we see WDHB performing very well. Additionally, it's great to see CMDHB perform at a better rate than ADHB this period when you consider that Facebook organically exposes smaller pages at a greater rate.

Facebook Comparison

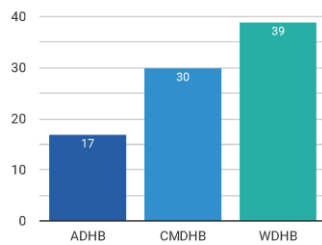
Audience share



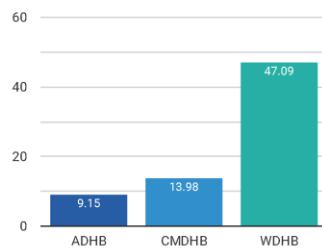
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

Post Message	Likes / Reactions	Comments	Shares
Soon this message will be mandatory on all alcohol labels. But we need our whaanau to know now. Look...	718	35	88
Please be aware whaanau! There's a big spike in cases of norovirus - a nasty bug that can cause vomit...	62	40	94
A big congratulations to Dr Rachel Webb, Dr Florina Chan Mow and Dr Pip Anderson from Kidz First on ...	156	18	2
Yesterday we had our regular 'Coffee with a Cop' session at Middlemore Hospital. These sessions are ...	168	2	3

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ADHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Shares
Today we welcomed our first patients to Talao Ora. The ward integrates hyper-acute stroke, acute str...	289	18	5
Congratulations to our local hero, Healthcare Assistant Sunila Lal 🙌	201	44	1
Do you know someone at Aucklan...			
Starship Community has opened a health clinic on the grounds of Point England School, giving childre...	91	1	4
There's been a big spike in cases of	37	14	17

1 - 5 / 17 < >

WDHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Post shares
A big congratulations to the fantastic Waitakere Hospital cleaners who have won a Health Heroes Awar...	450	74	4
Congratulations to House Officer of the Month for November - Dr Alisha Moore. 🙌	363	38	1
Dr Moore was nomin...			
Congratulations to Lee-Ann Weiss, Laboratory Manager at North Shore Hospital, for winning a Health H...	235	86	3

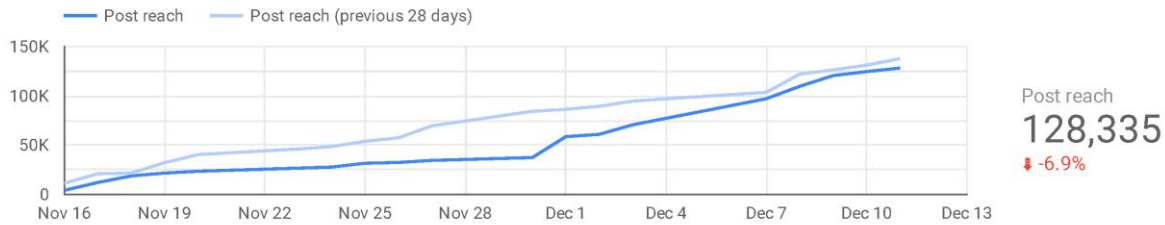
1 - 5 / 39 < >

CM Health Facebook

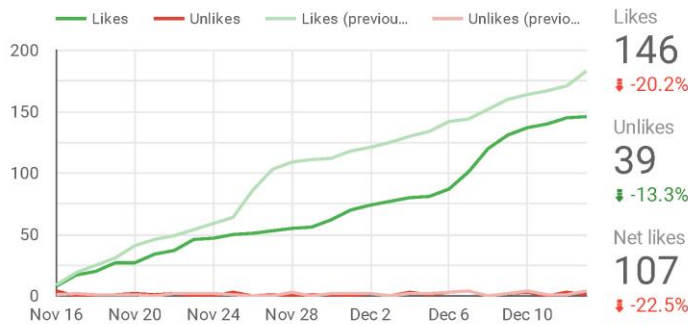
Minimal change for Facebook this period as we see the launch of the FASD campaign boost our reach near the end. This period was quite slow for follower gain as our net likes is down 22.5% on the last reporting period.

CM Health Facebook Metrics

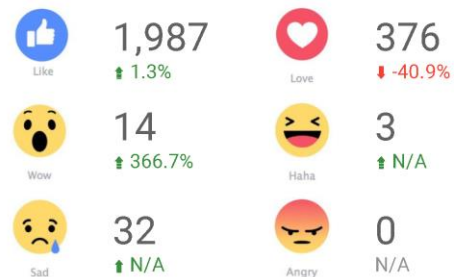
Post Reach



Follower Growth



Reactions Breakdown



Posts by Engagement Rate

Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Nov 18	Getting Through Together -Whaaila E Taatou Te Pae Tawhiti was the theme for Aotearoa Patient Safety Day yesterday. We celebrated in style with stalls, displays, webinars and a staff concert where some of our staff even got on their feet to enjoy a dance. #GettingThroughTogether		4,135	249	47	8	15.16%
Dec 1	We're a community that cares about everyone. Head to acomunitythatcares.co.nz for friendly, useful info on keeping safe & healthy together.		16,499	23	0	3	12.5%
Dec 8	Please be aware whaanau! There's a big spike in cases of norovirus - a nasty bug that can cause vomiting, diarrhoea, stomach cramps, headaches, low-grade fever, chills and muscle aches. Norovirus is highly contagious - so please continue to practice good hand washing. If you or your tamariki are unwell, please stay at home. Learn more below.		6,875	64	63	94	10.92%
Nov 17	Yesterday we had our regular 'Coffee with a Cop' session at Middlemore Hospital. These sessions are a great opportunity for our staff, patients, and visitors to meet the local police and ask questions about personal safety or home security.		5,832	168	2	3	8.47%
Dec 7	Soon this message will be mandatory on all alcohol labels. But we need our whaanau to know now. Look after yourself and please remember there's no safe level of alcohol at any stage of pregnancy. Together, we're a community that cares. Head to our website for more info and support.		23,338	810	80	88	7.32%
Dec 1	We said a fond farewell to our Patient Information Service Manager Janet Gibson who's retiring after 40 years of service at Counties. Janet started at Counties as a typist clerk in the Principle Nurse's office in 1981 and has been in various roles since then. A celebration was held recently to acknowledge the huge contribution she's made to staff, patients and whaanau. All the best Janet! Check out this amazing cake		4,724	152	19	0	7.13%

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CM Health Instagram

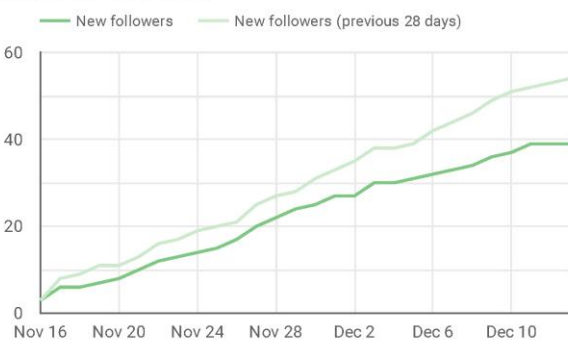
Despite a slower period for follower growth, it is great to see engagement on our post up 8%. This period there are four of our top-five posts above 10% engagement rate. It's interesting to see two news-type posts taking out the top two spots, as the typical winner on Instagram is staff positivity.

CM Health Instagram Metrics

Post Reach



Follower Growth



Engagement Breakdown

Likes	782	↑ 8.6%	Comments	19	↓ -20.8%
Engagement	814	↑ 8.1%	Post Saves	13	↑ 44.4%
Posts	26	0.0%	Profile views	310	↓ -17.1%

Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Nov 17	Yesterday we had our regular 'Coffee with a Cop' session at Middlemore Hospital. These sessions are a great opportunity for our staff, patients, and visitors to meet the local police and ask questions about personal safety or home security.		696	87	2	1	12.93%
Dec 7	Based in Middlemore Hospital, Counties Manukau Health has a dedicated team of nurses and support staff – the Regional Pacific Health team – who work with the Ministry of Foreign Affairs and Trade (MFAT) to deliver health services to our Pacific neighbours as well as those referred to New Zealand for medical treatment not available in their home country. During the COVID-19 pandemic, the team quickly adapted to new ways of working, including providing telehealth appointments and helping with setting up the appropriate technology for online training and appointments. Read ore here: https://bit.ly/33MnRe8		638	66	3	1	10.97%
Dec 3	We're honoured today to sign a partnership agreement with Workbridge - an organisation that helps people with a disability or health condition to find jobs. We look forward to great mahi together. Today is also International Day of Disabled Persons and marks one year since we received our accessibility tick.		600	61	0	2	10.5%
Nov 17	What a great week of Diwali celebrations! Thanks to everyone who participated. #teamcounties		569	54	0	3	10.02%
Dec 9	Today Counties Manukau Health joined the country in commemorating the White Island/Whakaari tragedy. The event left an indelible imprint on us all and in marking the first anniversary of the disaster we honour the victims, the survivors and the health professionals, including our CM Health staff, who went above and beyond in exceptional circumstances.		451	42	0	0	9.31%

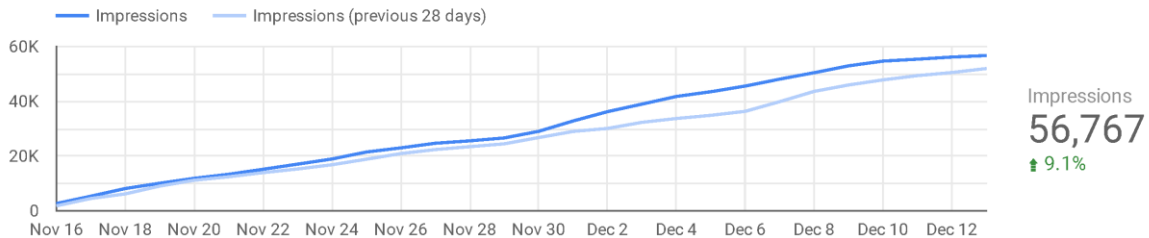
1 - 20 / 26 < >

CM Health LinkedIn

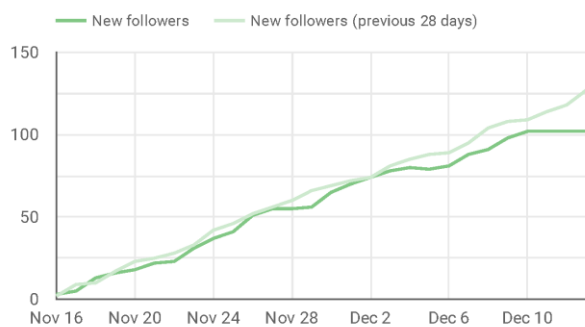
Our Diwali celebration is a real standout this period with a massive 71% engagement rate. Although the post was only seen by approximately 4,500 people, more than 3,000 clicked on the post. This is our highest performing post this year. It's great to see such steady numbers with fewer posts.

CM Health LinkedIn Metrics

Post Reach







Follower Growth



Engagement Breakdown

Likes	1,194	↑ 12.3%
Comments	71	↑ 42.0%
Clicks	4,971	↑ 58.6%
Shares	22	↓ -21.4%
Posts	22	↓ -15.4%
Engagement Rate (avg)	10.47%	↑ 32.1%

Post Breakdown

Date	Message	Updat...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate
Nov 16	What a great week of Diwali celebrations! Thanks to everyone who participated. #teamcounties		4,477	86	3,091	3	1	71.05
Dec 4	It's Safe Sleep Day - raising awareness about Sudden Unexpected Death in Infants (SUDI), with the vision of reducing the rate in which it occurs in whaanau. Our SUDI team were set up in the Middlemore Hospital reception area today talking with patients, whaanau and staff about this important kaupapa. They were supported by our Te Rito Ora and Smokefree teams. Local master weaver Shelley Bell showcased her beautiful weaving. She makes many wahakura for whaanau in our rohe, as well as teaching others how to weave. #teamcounties		1,037	26	82	0	0	10.41
Dec 3	We're honoured yesterday to sign a partnership agreement with Workbridge - an organisation that helps people with a disability or health condition to find jobs. We look forward to great mahi together. Yesterday was also International Day of Disabled Persons and marks one year since we received our accessibility tick.		3,982	88	229	3	1	8.06
Dec 7	Congratulations to some of our final year OT and physio students Jeszal Saipele-Brown, Tyler McLennan, Brittany Hastings-Kutty, Elizabeth Banicevich and Snehal Morris for successfully completing their final year of studies. All five students participated in our Tangata o le Moana mentoring programme led by our Maaori Health, Allied Health, and People and Professional Development teams. Over the past three years, this programme has		1,615	60	56	1	1	7.31

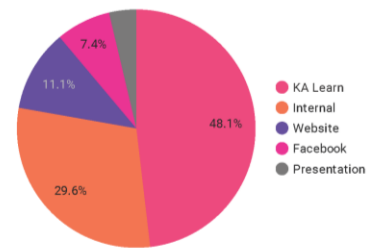
1 - 22 / 22 < >

Video Production

Name	Channel	Date Published
1. Christmas 2020 wrap-up video	Facebook	Dec 11, 2020
2. Child CPR	KA Learn	Dec 7, 2020
3. Denise Black on restraint	KA Learn	Dec 4, 2020
4. Annual Report Summary - Measles	Website	Dec 2, 2020
5. Annual Report Summary - Margie	Website	Dec 2, 2020
6. Staff Forum - 30-11-2020	Internal	Nov 30, 2020
7. Birthing and Assessment Virtual Tour	Presentation	Nov 26, 2020
8. Annual Report Summary - COVID-19	Website	Nov 25, 2020
9. Compassion in Healthcare	KA Learn	Nov 25, 2020
10. Karyn Sangster on restraint	KA Learn	Nov 24, 2020
11. Grand Round - 19 November 2020	Internal	Nov 22, 2020
12. Yoga	Internal	Nov 20, 2020
13. Reusable IV procedure tray cleaning	KA Learn	Nov 18, 2020
14. Patient Safety Day Staff Concert 2	Internal	Nov 17, 2020
15. Patient Safety Day staff concert	Internal	Nov 17, 2020
16. Safety Patient Day 2020	Facebook	Nov 17, 2020
17. Patient Safety Day candid moments	Internal	Nov 17, 2020
18. Patient Safety Day staff concert 3	Internal	Nov 17, 2020
19. (1B) Delirium Patient Story	KA Learn	Nov 17, 2020
20. ICVD / Port-a-cath De-access	KA Learn	Nov 16, 2020
21. PICC Occlusion Troubleshooting	KA Learn	Nov 16, 2020
22. CVL Dressing and Injection Port Change	KA Learn	Nov 15, 2020
23. ICVD / Port-a-cath Access	KA Learn	Nov 15, 2020
24. Blood Culture	KA Learn	Nov 15, 2020

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Channels



Videos Produced

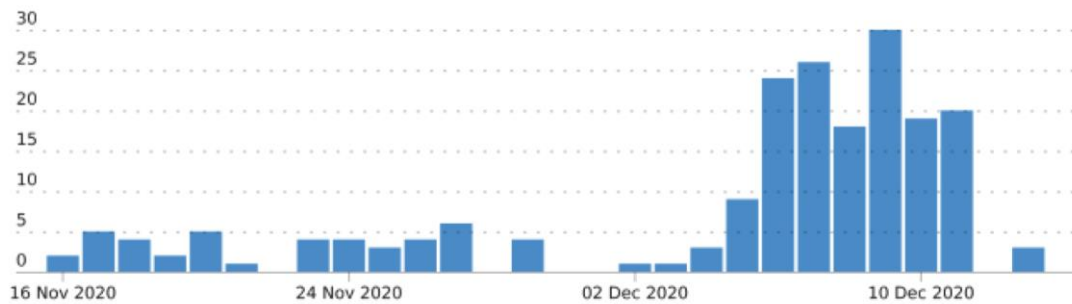
27

Media Listening

All peaks around the period December 6-10 relate to the anniversary of the Whakaari/White Island eruption anniversary.

Contains 198 items within the date range 16/11/2020 - 13/12/2020.

Volume



Sources

New Zealand Herald: 27	Bay of Plenty Times: 17	Rotorua Daily Post: 17
NZ Doctor: 13	Stuff.co.nz: 12	Radio New Zealand : 8
Newshub: 6	Voxy: 6	TVNZ: 5
Herald on Sunday: 4	Hawke's Bay Today: 4	Newstalk ZB: 4
Northern Advocate: 3	Radio New Zealand Audio: 3	Dominion Post: 3
Taranaki Daily News: 3	Whanganui Chronicle: 3	Newsroom: 3
Marlborough Express: 2	The Press: 2	Manukau Courier: 2
Nelson Mail: 2	Timaru Herald: 2	Waikato Times: 2
AUT University: 2	Waatea News: 2	NZ Government: 2
The Spinoff: 2	Sunday Star-Times: 2	Papakura Courier: 2
Governmentnews.co.nz: 1	Franklin County News: 1	E-Tangata: 1
IDC Australia: 1	Western Leader: 1	SunLive: 1
iStart: 1	Indian Weekender: 1	The Daily Blog: 1
Manawatu Standard: 1	Reseller News: 1	Asthma and Respiratory Foundation: 1
New Zealand Parliament: 1	Times Online: 1	East & Bays Courier: 1
Ministry for Pacific Peoples: 1	National Business Review: 1	Julia Stewart: 1
Insurance Business NZ: 1	Eastern Courier: 1	Ranjani Ponnuchetty: 1
Sunday News: 1	North Shore Times: 1	NZ Adviser: 1
Rodney Times: 1	Central Leader: 1	Indian News: 1
Southland Times: 1	Kainga Ora: 1	Adam Bennett: 1
Nor-West News: 1	Rotorua Now: 1	The AM Show: 1

Content Types



Counties Manukau District Health Board

Finance & Corporate Business Report

Recommendation

It is recommended that the Board:

Note the Finance Report for the six-month period ended 31 December is not available at release of these papers. The full report will be loaded into Diligent on or before the Board meeting date of 3 February.

Prepared by: Margaret White, Chief Financial Officer

Purpose

To update the Board on the Finance Report to 31 December 2020.

Information Paper
Counties Manukau District Health Board
Audit Risk and Finance Committee
ARF Action Item #221 - Implications of Covid-19 on Primary Care

Recommendation

It is recommended that the Audit Risk & Finance Committee:

Receive this information paper on the implications of Covid-19 pandemic on the Primary Care Sector as requested Action Item #221 of the ARF Committee.

Note this paper was endorsed by the Executive Leadership Team on 3 November to go forward to the Audit Risk & Finance Committee.

Note Primary Care, and in particular the Maaori and Pacific providers, have played a critical part of the Covid-19 response, and responded extremely well at very short notice to provide Covid-19 services to the community.

Note that, in common with other parts of the health system and the wider economy, Covid-19 has had a significant impact on Primary Care and the way patients access services.

Note work is ongoing to understand these impacts, assess the longer time implications, and develop strategies for remediation.

Prepared and submitted by: Dr. Christine McIntosh, Acting Chief Medical Advisor Primary & Integrated Care and Matt Hannant, General Manager Primary Care and Health of Older People, Funding and Health Equity on behalf of Dr. Christine McIntosh.

Glossary

PC	Primary Care General Practice
UC/UCC	Urgent Care
IPC	Infection Prevention Control
PPE	Personal Protective Equipment
PHO	Primary Healthcare Organisation
CTC	Community Testing Clinic
CBAC	Community Based Assessment Clinic

Purpose

At the Audit Risk and Finance Committee Action Item #221: Mr Gosche queried whether we are looking at the pressures that our GPs and Pharmacies are facing, particularly as some have found Covid-19 to be the tipping point for them possibly having to close down their practices. This is the response to this information request.

Executive Summary

As a result of the Covid-19 pandemic Primary Care General Practice, Urgent Care and Pharmacy have been required to immediately adapt their model of service delivery to the Counties Manukau Population, and sustain an ongoing flexibility as the pandemic unfolds.

Levels 3 and 4 present a financial sustainability concern for Urgent Care and Pharmacy, and unlike other parts

of Primary Care Urgent Care did not receive additional financial support from the Ministry. Capitation provides some buffering to General Practice from higher level lockdowns although the sector has stated this is insufficient. General Practice has also expressed disappointment with the withdrawal of a planned second tranche of sustainability funding by the Ministry.

Covid-19 has potentially exacerbated structural funding issues within Primary Care. The sector has long advocated for a comprehensive review of the funding formula, which arguably has not kept pace with health needs or complexity within communities. During trilateral discussions between the Sector, Ministry and DHBs there is consensus that a funding review is required, and a joint funding bid was prepared for Budget 20 that looked to mitigate to the extent possible these issues. That bid was not successful but rather overtaken by events.

Some Primary Care organisations who have been very actively involved in the response will have experienced significant additional revenues. Furthermore, large corporate model Primary Care has been able to flex and cope better than small practices and there needs to be a consideration about whether the conditions of the pandemic may open up further opportunity for acquisition of practices by large corporates and whether this is strategically wanted for the CM Health population.

The physical environment and model of service delivery changes required to safely manage IPC and PPE in all alert levels is requiring a lot of energy. The security of supply of PPE, pre-contact screening of patients, vigilance for IPC measures, are all contributing to the workload and the time taken in all aspects of primary healthcare provision has been increased substantially. It just takes longer to get everything done. Moving to virtual consults can help considerably but access, particularly for more vulnerable populations needs special attention.

Maaori and Pacific providers have underpinned the Covid-19 response for the entire community including testing and other support to the community. The capacity and capability of these providers has been leveraged to the fullest extent including working in partnership with Mana Whenua and the local communities they serve. The configuration of these services to support the pandemic response for everyone has meant that our Maaori specific resources and services have been at times diminished for our Maaori whaanau who already experience significant inequities.

The significant concerns in Primary Care are about the widening of health inequities as a result of the pandemic. System Level Measures and Health Targets already show that many are falling away from the targets and it is concerning that it is disproportionately affecting Maaori. The reasons are likely to be multifactorial and urgent attention is required to understand how to reverse the apparent trend. Some PHO's report that quality initiatives have needed to be deferred and there has been little capacity to engage in new programmes of work.

The workforce is reported to be tired and stressed. PHO's report a concern about accrued annual leave and the Summer break may create a vulnerability in Covid-19 responsiveness both from Primary Care provision and staffing pop-up Covid-19 testing. In addition, it is felt that many near retirement doctors and nurses are likely to retire earlier than they would have otherwise retired, compounding a concern that already exists for GP and Primary Care nursing workforce in CM Health.

Communication to the Primary Care sector has been very important and it is worth noting that pharmacy felt they were not getting enough information compared to Primary Care and Urgent Care. There is an opportunity to check uptake of Medinz and HealthPathways for pharmacy and ensure content is relevant to pharmacy.

Youth Health Summary (a shared electronic primary healthcare record) has been considered an integral part of the pandemic preparedness for continuity of care for patients in Primary Care however, uptake has been slow which is potentially jeopardising the project and ultimately the safety and quality of the care if patients need to seek healthcare away from their usual provider.

Background

As a result of the Covid-19 pandemic Primary Care General Practice, Urgent Care and Pharmacy have been required to immediately adapt the way they work. On March 21 2020 the Royal NZ College of General Practitioners (RNZCGP) requested all General Practices in the country to immediately adopt virtual triage for all patient contacts and aim to provide at least 70% of consultations by virtual means starting two days later on 23 March 2020. The Covid-19 emergency was considered significant enough to strongly encourage General Practice to change their model of service delivery immediately. The weeks in Level 4 lockdown followed by lower levels, then again a Level 3 lockdown in August, and the ongoing concern about community outbreak has consolidated changes in service delivery in Primary Care.

At the Audit Risk and Finance Committee meeting in September (Action Item #221) Mr Gosche queried whether we are looking at the pressures that our GPs and Pharmacies are facing, particularly as some have found Covid-19 to be the tipping point for them possibly having to close down their practices. This is the response to this information request.

In compiling this information paper about the Covid-19 pandemic response and implications for Primary Care, Urgent Care and Community Pharmacy in CM Health area, information from key stakeholders has been sought. We have received responses from all of the Clinical Directors of the 5 PHO's with practices in Counties Manukau Health (Alliance Health Plus, ProCare, East Health, National Hauora Coalition and Tamaki Care), GP's in practice, and pharmacy lead Primary Care CM Health. Only one verbal response was received from an Urgent Care. Data was provided by PHO's and the Primary Care division. Finally, we have considered information from two university groups doing research specific to the Covid-19 NZ Primary Care response.

This report is broadly grouped into key themes and divided into Primary, Urgent Care and Pharmacy.

Financial Implications

Primary Care and Urgent Care

- Clinic closures: There are very few clinics that have had to permanently close as a result of the Covid-19 pandemic financial impact, although many clinics have seen a considerable drop in co-payments. The clinics that closed did so during the first (level 4) lockdown.
- Primary Care capitation based funding is keeping most practices financially sustained although changes have been made in many practices to reduce costs e.g. reducing staffing levels and limiting opening hours.
- Payment for Covid-19 assessment and swabbing. The criteria and resulting payments have varied over the course of the pandemic and resulted in some non-payment due to incorrect completion of the e-notification form which determines payment. There has been frustration and an expressed loss of trust in the DHB system by some practice owners and clinicians as a result, and tolerance is low given the financial pressures in practices.
- Practices very rapidly adapted to virtual consults however they are reporting that patients are less willing to pay the co-payments for healthcare provided by telehealth, despite it taking the same length of time and input by the clinicians. Practices are seeing a delay in payment and increased work to chase non-payment.
- Everything is taking longer to do in Primary Care, even in Level 1, adding to workload and resulting in less efficiency e.g. IPC and PPE, double handling of patients with telephone as well as in-person consults and work force tied up with 'red stream'¹ and Covid-19 swabbing.
- Unexpected, unplanned practice shut-down ordered by the Public Health Service due to close contact with Covid-19 cases has occurred in a small number (less than 10) Auckland practices. Tamaki Care reported 12 temporary clinic closures across their network including CM Health. The financial implications are significant if this occurs. There is a feeling of helplessness because of the unpredictability of shutdown

¹ The aim of green, amber and red streaming is to triage and manage patients as they flow through General Practice in a way that keeps patients and staff safe, with infection control restrictions and service provision that relates to the probability of exposure to infection. Anyone with a cough, cold, runny nose, sore throat, fever (even if only a sniffle) could potentially have COVID 19 and is therefore categorised in the 'Red Stream'.

despite adhering to all PPE/IPC guidance and an apparent inconsistency of restrictions imposed has caused frustration for practices.

- The Tamaki Care network (Total Health Care PHO) reports that having shared clinical and data systems have provided good insight and predictability into the effect of changing Covid-19-alert levels, and the necessary actions to support operations and sustainability. They were able to flex to manage clinic closures and demand.
- Urgent Care does not receive capitation funding and much of their revenue is generated by ACC claims. Level 4 lockdown and to a lesser degree Level 3 lockdown has dramatically reduced Urgent Care attendance (see Figure 1), particularly because injury related attendance was very low. Immediately prior to lockdown attendance was high. Urgent Care did not receive sustainability funding from the Ministry, unlike pharmacy and General Practice.
- Ministry of Health Covid-19 National funding to support Covid-19: late March \$15M workload and the switch to virtual health, \$22M paid early in the national lockdown and a further \$3.4M to support digitally enabled healthcare paid to PHO's on the 14 September 2020. (Practices receive the higher of these two amounts: either a minimum \$1000 payment; or 90 cents per each high-needs patient and 30 cents for every other patient. Practices where 50 per cent or more of patients are high needs, receive an additional \$2000 payment. A planned second tranche of funding was not provided.
- Covid-19 has potentially exacerbated structural funding issues within Primary Care. The sector has long advocated for a comprehensive review of the funding formula, which arguably has not kept pace with health needs or complexity within communities. During trilateral discussions between the Sector, Ministry and DHBs there is consensus that a funding review is required, and a joint funding bid was prepared for Budget 20 that looked to mitigate to the extent possible these issues. That bid was not successful but rather overtaken by events.

Pharmacy

- Some pharmacies have reported that their pharmacy has had reduced income and increased expenses through this year because of Covid-19. Some implemented free deliveries to maintain service. However, increased repeats during the late March to end of August period had net effect of pharmacies no worse off or slightly better off.
- Some pharmacies are reporting significant effects on their business from Covid-19 with potential consequences for the viability of their business with further lockdowns.
- The current environment of some pharmacies discounting e.g. Chemist Warehouse, Zoom, Countdown, has created a competitive environment that is unsustainable, which had already meant pharmacies were suffering from a business perspective and it would not take much more to make some unviable.
- Pharmacies that have been most affected are the ones with a next door GP clinic which was required to shut down due to Covid-19 close contact.
- Retail sales are generally down, including for cough-cold products.
- However, it was noted that there are too many pharmacies in CM Health already, and it is difficult for small pharmacies to continue to exist. Yet we keep getting applications for new pharmacies.
- Ministry of Health Covid-19 funding: Pharmacy received an early payment which helped to pay for their reconfigurations of pharmacies to minimise contact with patients for the first lockdown. They feel frustrated because \$18m has been allocated for pharmacies but the barriers to accessing this money are believed to be excessive, and possibly no money will be given out.

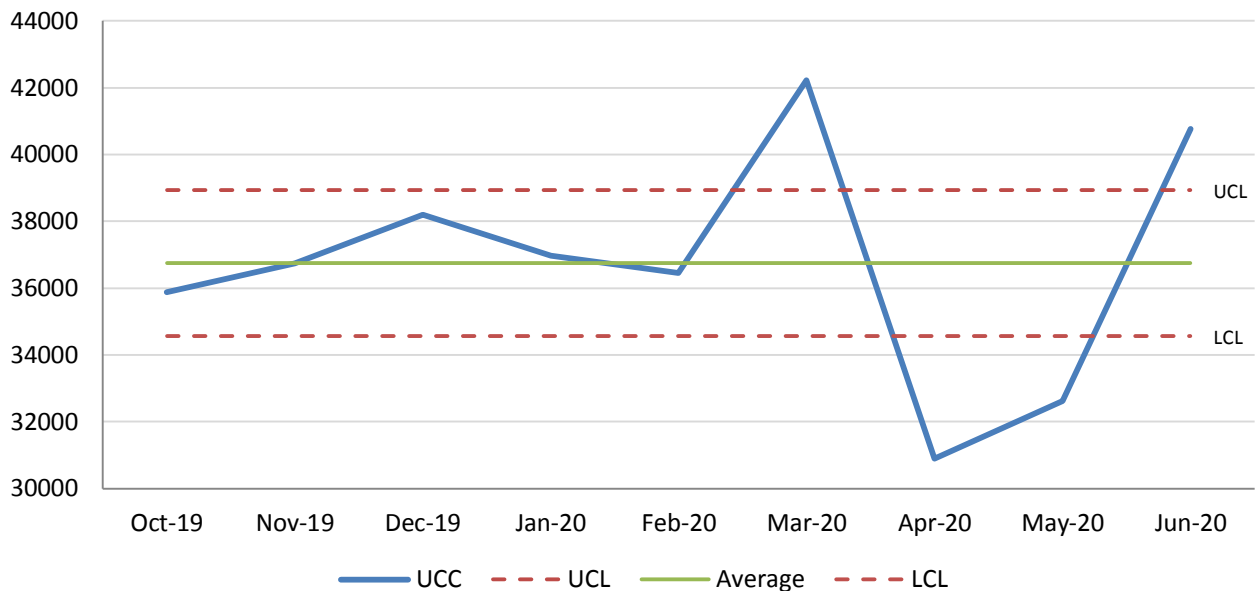


Figure 1. Urgent Care Centre attendance through the Level 4 lockdown till end of June. 95% confidence interval for upper and lower limits (Counties Manukau located Urgent Care: ETHC Bairds Road, Takanini Care A&M, Eastcare, Otahuhu White Cross, ETHC Mangere, ETHC Dawson Road, ETHC Browns Road, Counties Care A&M, Franklin)



Figure 2. ProCare GP Consult volume spanning pre-covid-19 level 4 lockdown until end of September.

Managing Covid-19 Infection Prevention Control and Swabbing Activity

General

- Staff anxiety for managing self, patients is widespread.
- Concern about coming to work because of their or a family member’s vulnerability to Covid-19.

Primary Care and Urgent Care

- Practices have needed to adapt by making physical changes to the environment e.g. Perspex screens at reception, locking the practice doors to screen patients prior to entry (Level 3 and 4) waiting room chairs physically distanced, and requires reorientation of the practice for managing patient flow through ‘red’ and ‘green’ streaming, and in many practices implementing shifts to avoid all staff exposed to a case. A high level of vigilance, putting on and taking off PPE and cleaning, additional staff time and increases the

time burden of all activities, not just Covid-19 related care.

Pharmacy

- Having to reconfigure the pharmacy at short notice to protect patients and staff. Getting Perspex screens, keeping patients out of the pharmacy, finding new ways to do vaccinations to reduce the risk of getting Covid-19.
- Being front-line at a time of uncertainty and a feeling of high risk compounded by stress of having patients who had been for Covid-19 testing coming into the pharmacy for a prescription afterwards.

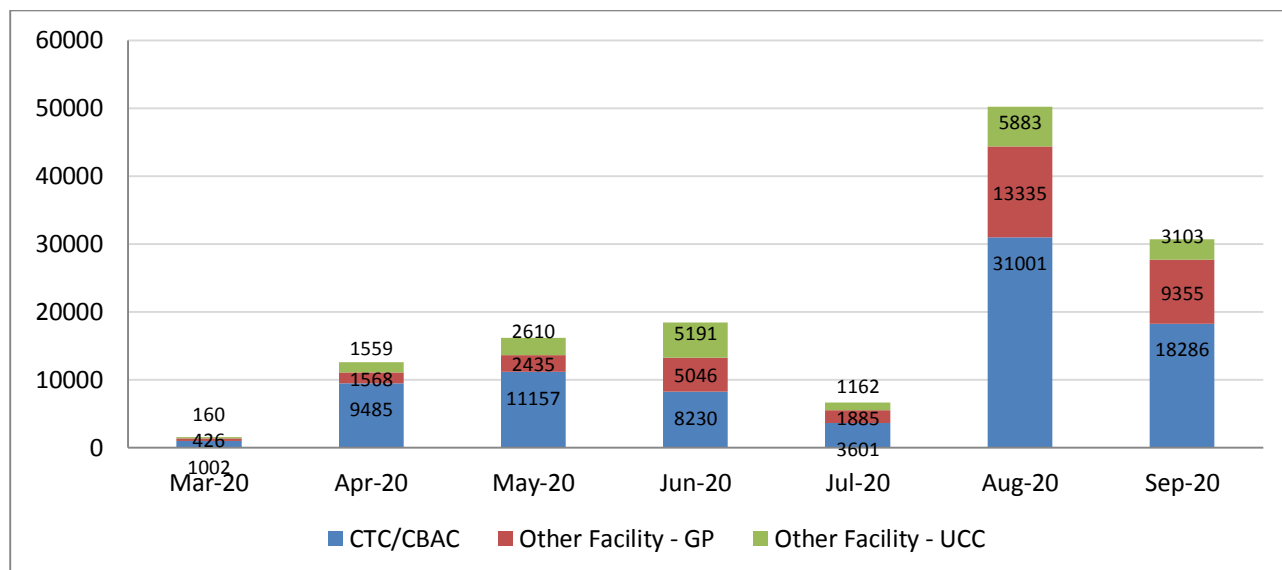


Figure 3. Covid-19 testing by facility for CMH domiciled population.

Workforce

Primary Care and Urgent Care

- The overall morale in General Practice is low at the moment. People are feeling burnt out and tired and the stress levels are probably at a greater level than in the general population.
- There has been reduction in nursing and GP FTE in some clinics to manage costs.
- Locum GP/nurse cover and staff on short-term contracts have been most affected so far, although there are some permanent GPs that have also reduced their hours.
- One PHO noted that Covid-19 related work was paid higher than PC can pay admin and nursing staff and therefore staff chose to work for the Covid-19 pandemic response.
- One area of concern relates to the need for Primary Care staff to take leave. With the reduction in travel opportunities staff have taken little holiday in general and many are planning on substantial breaks in future. Accommodating this will present a service challenge and this may present a particular risk over the summer holiday's period.
- A few PHO Clinical Directors think that significant number of older GPs and nurses that will retire earlier than they may have otherwise have planned, once they see out the pandemic out of loyalty to their patients and not wanting to let their colleagues down. There is a concern about compounding workforce issues in Primary Care.
- Staff members that have mild respiratory symptoms and are required to stand down whilst awaiting swab results from their own Covid-19 testing. This is creating additional burden.

Pharmacy

- Considerable stress before and during the lockdowns from a huge increase in demand as patients stockpiled and vastly increased numbers of prescriptions were received in a very short timeframe. This resulted in long hours and huge work pressure that resulted in very stressed staff for some time after lockdown.
- Difficulty getting to work during Level 3 regional lockdown for staff who live outside regional border

leading to long waits to get across border and sorting out the paperwork to assist with border crossing.

Quality and Performance

- There has been a significant impact of Covid-19 on overall performance for National Health Targets and our Screening, Immunisation and Clinical/LTC indicators. PHO's recognise the issue but are struggling to get practices to engage in improvement related activities right now as they simply do not have the time or mental capacity to engage.
- PHO's report deferring quality initiatives during the pandemic because of lack of capacity in the practices.

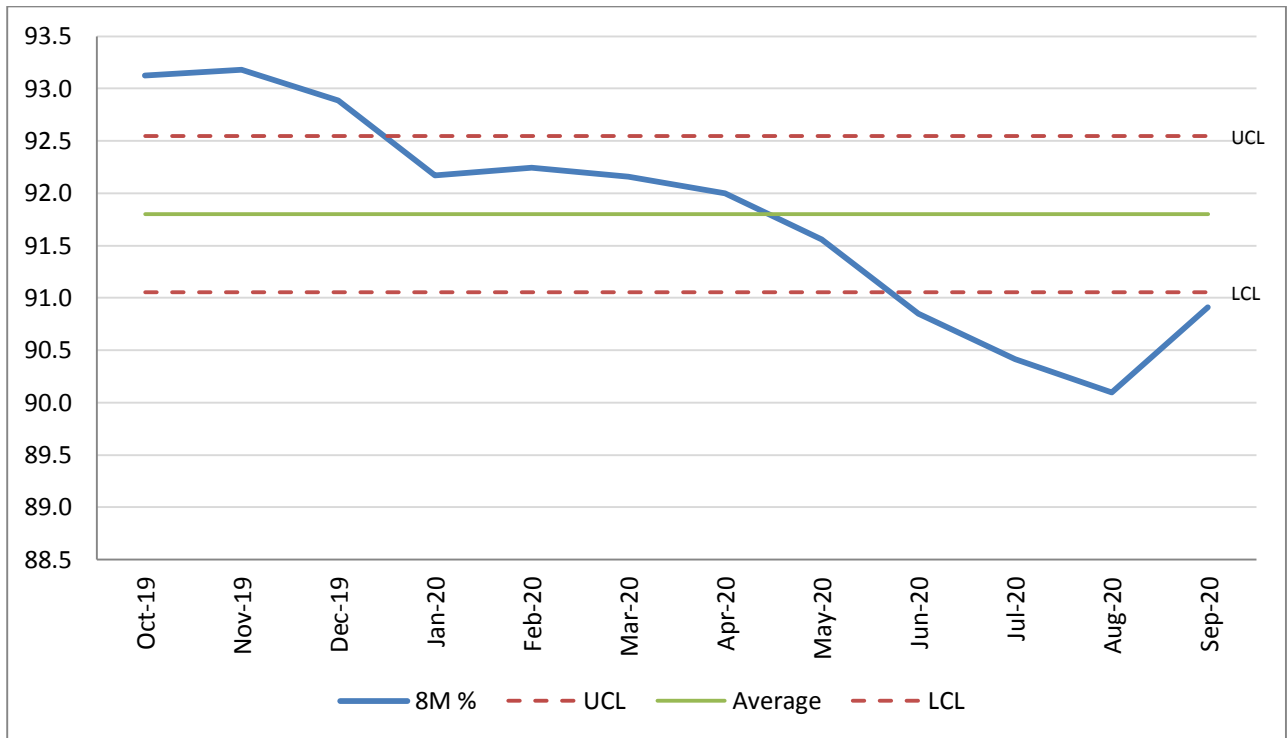


Figure 4. System level measure: Fully immunised at 8 months of age. (UCL and LCL at 95%CI)

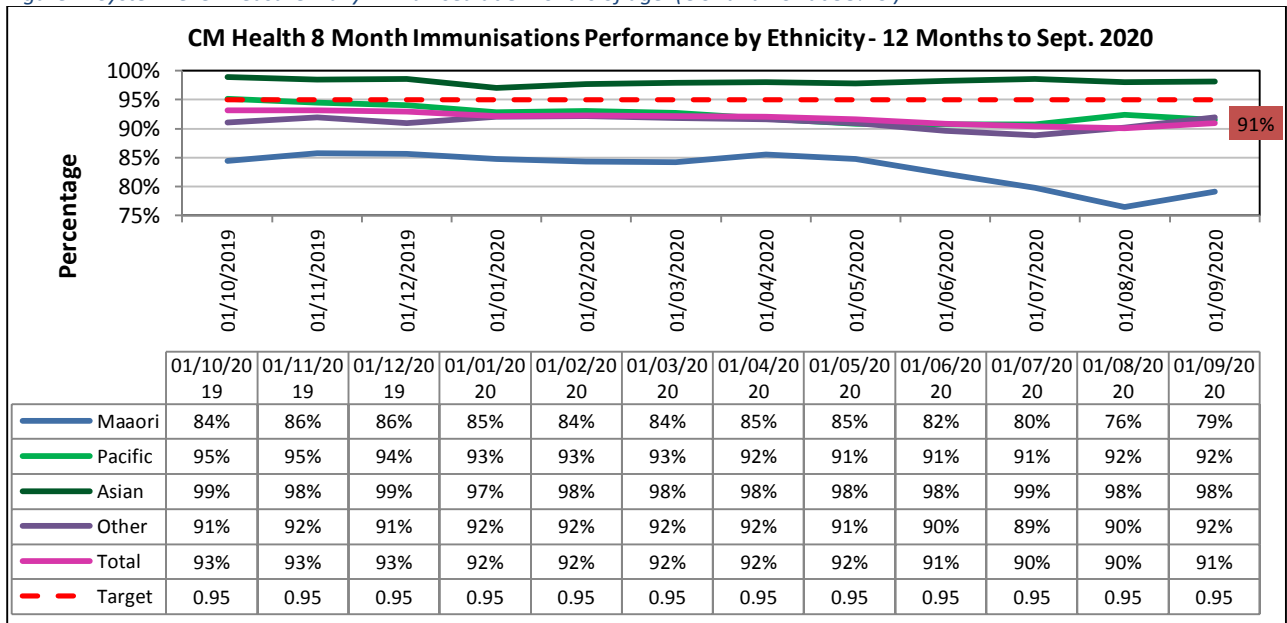
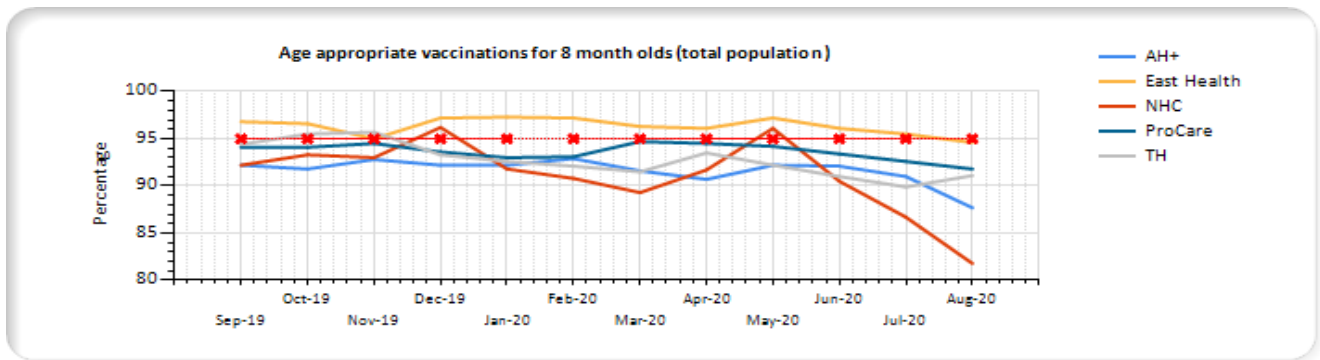


Figure 5. Infants fully immunised at 8 months of age (Target 95%).

Figure 6. Fully vaccinated at 8 months of age by PHO. Target 95%



Equity

Primary Care and Urgent Care

- Moving to virtual consults provides advantages to many patients however there is a concern about this being a significant barrier to access for some patients who either do not have access (lack of credit on phone) or know how to use the technology, or find communication unsatisfactory by teleconsult.
- Capacity and capability to provide screening, preventative care and long-term condition care during the Covid-19 pandemic has been variable and there is a trend downwards in some measures. Further exploration is required to understand whether this is due to data upload or other factors and an examination of the measures by ethnicity to identify widening disparity. For example a concerning drop has occurred for Maaori infants fully immunised at 8 months of age (*see figure 5*).
- Maaori providers have made substantial contribution during the lockdowns to mobilise resources and staff to successfully meet the needs of the whole community. This has reduced workforce capacity in other areas of Primary Care and at times this has diminished resources and services for Maaori whaanau who already experience significant inequities.
 - The providers, with their Pacific staff and connections to the community, were invaluable in ensuring our response was targeted and culturally appropriate. This was particularly the case when Churches started to allow and then request pop up stations to swab their congregations. This was a vital part of the response.
 - A key challenge we have identified, and are now addressing, is how we can assist in building greater capacity and resilience amongst our front line providers (Maaori and Pacific) who are critical during Covid surge model. In addition we are working with the providers to see how we can be better connected in lead up and during response to optimise the response.
- Mental health consults have risen and GP's report large burden of mental health issues in the community, and limited capacity in the system to support patients (*see figure 7*).
- Patients have temporarily moved into CM Health area due to the Covid-19 pandemic. This creates an issue to access to care when they cannot see their regular GP and/or they cannot access CM Health/PHO programmes of care due to being non-CM Health PHO domiciled patient.

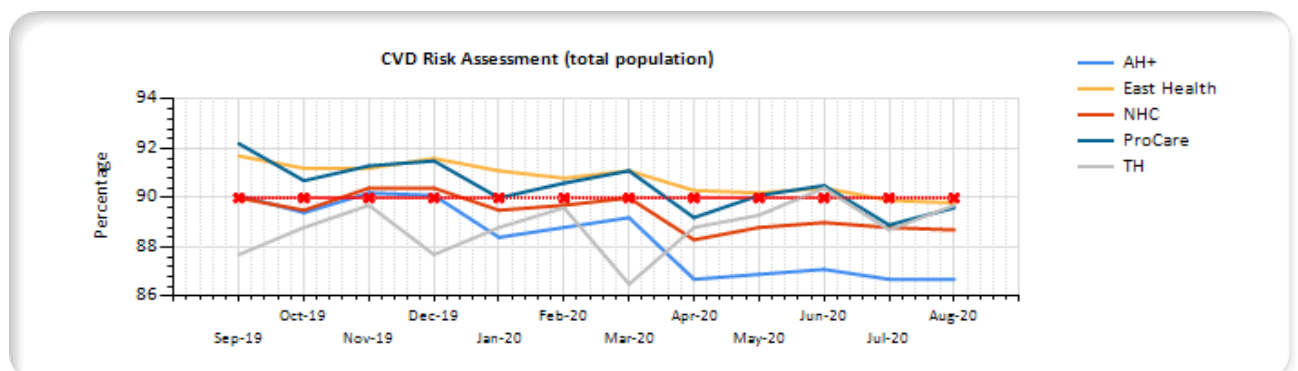


Figure 7. CVD risk assessment. Target 90%

Communication

- Two platforms for communication have been important during the Covid-19 response; Medinz and Auckland Regional HealthPathways. Medinz has provided an ability to provide rapid communication to Primary Care and Urgent Care providers as well as pharmacy. HealthPathways provided the platform for comprehensive up to date information to support not only Covid-19 related care but a wide range of Covid-19 impacted care.
- PHO leads did not report a concern about communication.
- Pharmacy did report a concern about ability to find information. There is an opportunity to check pharmacy knowledge about HealthPathways and Medinz and to consider pharmacy specific information for both of these platforms.
- Your Health Summary is a secure database that holds a summary of your Primary Care health record. The purpose of Your Health Summary is to make sure patients can be provided with the very best care if you need to see a doctor outside of your usual General Practice.
- Youth Health Summary has been considered an integral part of the pandemic preparedness for continuity of care for patients in Primary Care however, uptake has been slow which is potentially jeopardising the project.

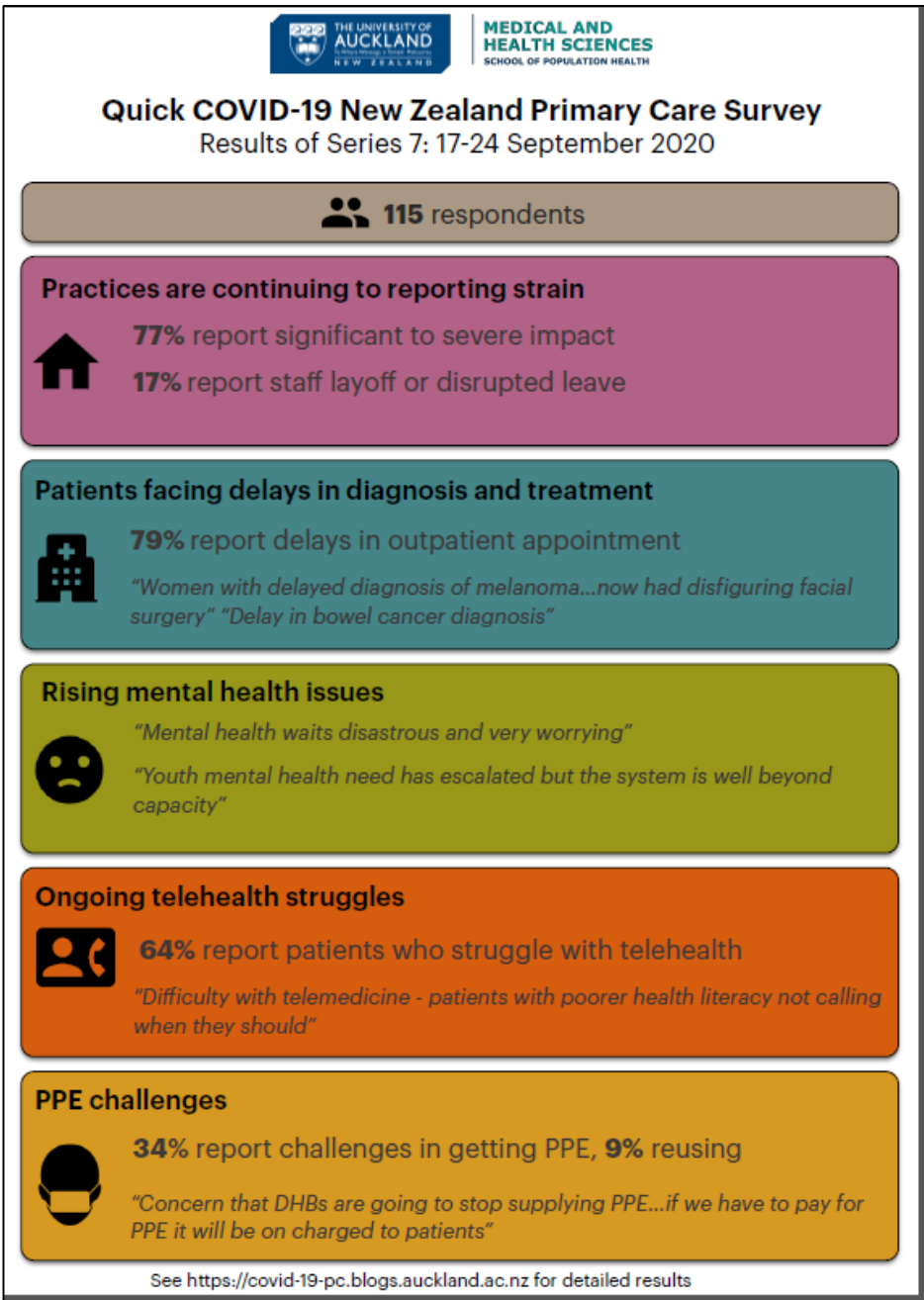


Figure 8. Quick Covid-19 NZ Primary Care Survey (NZ wide)

What could be helpful?

- Good timely information to guide practice.
- It would be useful to have a fast track process for testing of health care professionals.
- The community healthcare workforce does appreciate recognition of the work they are doing to support the population during extraordinary times.
- Administration burden in Primary Care continues to grow and anything that can be done to reduce this will be greatly appreciated.

Discussion

The information received for this report indicates that there is not an immediate vulnerability in the Primary Care Urgent Care and Pharmacy sector to financial unsustainability but there is a concern in the short term due to the unpredictability of lockdowns, and in the long term a perception that near retirement GP's and nurses are likely to retire as soon as possible which may compound a workforce shortage already occurring in CM Health area.

The Primary Care workforce is reported to be stressed and tired creating a vulnerability in the workforce. Consideration should be given to the accrued leave throughout the year in Primary Care meaning that staff are likely to take leave over the Christmas and Summer period and the risk this may pose to capacity if a community outbreak occurs at this time. Forward planning is essential to ensure that this holiday period is adequately covered so that workforce can have a break. Your Health Summary is a project which is enabling the sharing of a health summary record across Primary Care providers. This is an essential component of preparedness for further outbreaks as it enables patients to receive continuity of care when their own practice or GP is unavailable.

Maaori and Pacific providers have underpinned the Covid-19 response for the entire community including testing and other support to the community. The skills and knowledge and connection to the community of this workforce is essential to the success of the Covid response thus far. It should be noted that there has been limited capacity to deal with preventative healthcare and there is a concern that there is a widening of disparity of health outcomes for Maaori. Consideration should be top of mind on the pandemic effects on Primary Care effectiveness of care for more vulnerable populations, and what financial and workforce support is required. Please note that some primary care programmes of care are likely to have underspend due to lack of capacity not a lack of need.

We recommend that consideration of the benefits and risks of a corporate model of Primary Care provision in the Counties Manukau population and that if financial sustainability of smaller practices becomes an issue that there may be uptake of these practices by the large corporates. During the Covid-19 response the corporate model has demonstrated comparative strength and agility to flex in the face of Covid-19 pandemic and establish their own virtual consult platform. It is timely to consider what the Board's view is of the corporate model for the Counties Manukau population and to consider what the opportunities are for DHB provision of Primary Care services if the situation of financial sustainability of practices and pharmacy changes especially in the context of the Health and Disability System review recommendations e.g. DHB Primary Care ownership and provision, particularly in areas of market failure. A national research project funded by Health Research Council and Ministry of Health on different models of ownership and care will provide further insights to inform decision making.

Communication is key to the community providers. Feedback suggests that there is an opportunity to check pharmacy knowledge about Health Pathways and Medinz and to consider pharmacy specific information for both of these platforms.

Thank you for the request for information on how well the Primary Care sector is coping during the pandemic. The providers who have given feedback were appreciative of being asked for their perspectives and have willingly provided information and data. What the Covid-19 response has shown us is that the Primary Care sector can work collaboratively and effectively around a common goal. At the same time as maintaining the

Covid-19 response, the challenge is to support the ongoing delivery of all of the other health services that the community require and the Primary Care division are actively considering the best ways forward.

Counties Manukau District Health Board Meeting Resolution to Exclude the Public

Resolution

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

Ms Ngataki and Ms Brittany Stanley-Wishart are allowed to remain for the Public Excluded section of this meeting.

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 9 December 2020	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Confirmation of Minutes As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Public Excluded Minutes of Hospital Advisory Committee & Community & Public Health Advisory Committees	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 Executive's Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Public Interest The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest. [Official Information Act 1982 S9(2)(ba)(ii)]
Risk Appetite Feedback	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

<p>Healthy Together 2025 Strategy</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S32(a)]</p>	<p>Commercial Activities</p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S9(2)(i)]</p>
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