MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
Wednesday 14 April 2021

Venue: Room 106, Ko Awatea, Middlemore Hospital

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

PART 1 – Items to be considered in public meeting

AGENDA

	BOARD ONLY SESSION (9.00 – 10.00am)		
	1.	**GOVERNANCE**	
10.05am	1.1	Apologies	2
	1.2	Disclosures of Interest	3-4
	1.3	Specific Interests	5
	2.	**BOARD MINUTES**	
10.10am	2.1	Confirmation of Minutes of the Meeting of the Board – 3 March 2021 (Mark Gosche)	6-15
10.13am	2.2	Action Item Register (Mark Gosche)	16
	3.	**EXECUTIVE REPORTS**	
10.15am	3.1	Chief Executive's Report including Patient Story (Margie Apa)	17-36
10.25am	3.2	Health & Safety Performance Report (Elizabeth Jeffs)	37-75
		3.2.1 Q1 Workforce Ethnicity Reports	76-80
10.40am	3.3	Corporate Affairs & Communications Report (Donna Baker)	81-94
10.50am	3.4	Finance & Corporate Business Report (Margaret White)	96-107
	Morning Tea (11.00 – 11.15am)		
	4.	**DECISION PAPERS**	
11.15am	4.1	Draft Terms of Reference Disability Support Advisory Group (Sanjoy Nand)	108-111
11.20am	4.2	Appointment of Community Representatives on DISAC (Sanjoy Nand)	112-113
	5.	**FOR INFORMATION ONLY**	
	5.1	Public Service Commission Letter (18/3/21) re Code of Conduct for Board Members	114-117
	5.2	Minister Little Letter (31/3/21) re CMDHB Business Cases	118
	6.	**RESOLUTION TO EXCLUDE THE PUBLIC**	119-122

Board Member Attendance Schedule 2021

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

New items in red italics

Member	Disclosure of Interest
Mark Gosche, Chair	• Trustee, Mt Wellington Licensing Trust • Director, Mt Wellington Trust Hotels Ltd. • Director, Keri Corporation Ltd • Trustee, Mt Wellington Charitable Trust • Chair, Kainga Ora Homes & Communities • Director, Housing NZ Build Ltd (subsidiary of KO Homes & Comms) • Director, Housing NZ Ltd (subsidiary of KO Homes & Comms) • Member, Expert Advisory Group to the Retirement Commissioner working on retirement income.

Catherine Abel-Pattinson	• Director, healthAlliance NZ Ltd.
	• Board Member, International Accreditation NZ (IANA)
	• Member, NZNO
	• Member, Directors Institute
	• Husband (John Abel-Pattinson):
	  ○ 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	• 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	• NZ Police Constable
Katrina Bungard	• 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	• Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • Life Member, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women's Watch (NZ) • Member, Auckland Disabled Women's Group • Life Member of Business and Professional Women NZ • Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities. • Member, Lottery Individuals with Disabilities Committee
Lana Perese	• Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust • Director & Shareholder, Perese Wood Investments Limited
Paul Young	• Director, Paul Young International Ltd • Councillor, Auckland Council
Pierre Tohe	• Senior Executive, Tainui Group Holdings
Reece Autagavaia	• 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	• Deputy Chair, Te Whakakitenga o Waikato • Councillor, Waikato Regional Council • Chair of Waikato River Authority
Brittany Stanley-Wishart, Board Observer	• Deputy Chair, Pasifika Students in Health in NZ (charity that receives funding from CM Health for its biennial conference)
Tori Ngataki, Board Observer	• Chair, Ngāti Tamaoho Trust • Trustee, Second Natures Trust • Trustee, Waikato Endowment College Trust • Member, Te Arataura (Executive Board of Te Whakakitenga o Waikato) • Member, Appointments Committee for Te Whakakitenga o Waikato • Director, Keep it Māori Ltd

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 14 April 2021

Director having interest	Interest in	Due To	Disclosure date	Board Action
Dr Perese	Mental Health NGO Procurement	Director & Trustee of Emerge Aotearoa Limited Trust and Director Vaka Tautua	3 March 2021	Dr Perese's specific interest was noted and was she asked to leave the room whilst this item was discussed and voted on.
Apulu Reece Autagavaia	Mental Health NGO Procurement	Member of Pacific Advisory Group for Mapu Maia	3 March 2021	Apulu Reece Autagavaia's specific interest was noted and he was asked to leave the room whilst this item was discussed and voted on.
Mr Gosche	Infrastructure Enabling Strategy – Middlemore Precinct Planning	Chairman of Kainga Ora Homes & Communities	3 March 2021	Mr Gosche's specific interest was noted and he was able to remain in the room and participate in any discussion but would be excluded from any voting, if applicable.
Mr Tohe	Infrastructure Enabling Strategy – Facilities Roadmap	Senior Executive, Tainui Group Holdings	3 March 2021	Mr Tohe's specific interest was noted and he was able to remain in the room and participate in any discussion but would be excluded from any voting, if applicable.

Minutes of the Meeting of the Counties Manukau District Health Board

Wednesday 3 March 2021

Held at Counties Manukau DHB, Executive Management Suite, L1 Bray Building, Middlemore Hospital, Hospital Road, Otahuhu

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT *(by zoom)*

Mark Gosche (Board Chair)
Apulu Reece Autagavaia
Catherine Abel-Patterson
Colleen Brown
Dianne Glenn
Garry Boles
Dr Lana Perese
Katrina Bungard
Paul Young
Pierre Tohe
Tipa Mahuta
Brittany Stanley-Wishart (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)

APOLOGIES

Apologies were received and accepted from Tori Ngataki (Board Observer).

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

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

WELCOME

Mr Tohe opened the meeting with a karakia.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

There were no changes to the Disclosures of Interest.

There were several Specific Interests to note with regards to items on the Public Excluded agenda today and these have been recorded on the Specific Interests Register accordingly.

AGENDA ORDER AND TIMING

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

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2. BOARD MINUTES

2.1 Minutes of the Meeting of the Board 3 February 2021

The minutes were taken as read.

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

That the Minutes of the Board Meeting held on the 3 February 2021 be approved.

Carried

2.2 Action Item Register

Noted.

2.3 *Draft* Minutes of the Meeting of the Hospital Advisory Committee 27 January 2021

The minutes were taken as read.

2.4 *Draft* Minutes of the Meeting of the Community & Public Health Advisory Committee 27 January 2021

The minutes were taken as read.

Asian Health – Ms Brown reiterated the need for a broader discussion at Board level around (1) Asian support systems within the hospital and (2) the ability of the workforce in general to meet the ongoing health needs of the Asian community.

3. EXECUTIVE REPORTS

3.1 Chief Executive's Report (Margie Apa)

The paper was taken as read.

Patient Story – Ms Brown advised that the patient story was a good example of a patient taking charge of her experience in the hospital however, this shouldn't have been necessary. The giving of news, considering how this is received and also the medical teams review, practice and coordination of care should all be practices that are business as usual.

Ms Glenn asked whether this family had been given links to any of the very proactive disability support groups operating in the Auckland region and beyond.

Ms Parr undertook to have the Service provide some further feedback to the Disability Support Advisory Committee in relation to how this will these practices can be sustained and how we can do better in the training of our staff.

Metrics that Matter Dashboard - this is a much more extensive report than the Health Targets. It is evolving each month and the definitions refined to make the indicators clear.

Concerns:

- Immunisations – the metrics show we are in decline on childhood immunisations, particularly Maaori. The Primary Care team have had a look at the outreach services and undertaken an evaluation on the incentive programme that was trialled. The existing models have been the same for some time now but in a world post-COVID, we need to think differently about how to redesign

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and reset the outreach approach to immunisation. A large proportion of children get their immunisations in general practice however, the proportion that are needing much more intensive outreach is growing so we need to stand back and have another look at how we can support families to access immunisations.

- Colonoscopy/Gastroscopy/Broncoscopy – there are a collection of issues here around capacity. The service is looking at how to align/fast track outsourcing to at least get Colonoscopies up again.
- MoH ESPI indicators – these do not give a good picture so will be unpicked to be less about % and more about volumes where some of the numbers might represent a large number of people waiting or a smaller number depending on the threshold.
- Seclusion events – events for December and January met the target of less than 5 seclusions events per 100,000 population. These are lower than expected and the service is investigating the data source to verify the results.
- Stroke patients to rehab unit within 7 days – the metrics are showing a sustained decline. The cause may be related to capacity on the wards.
  Action: Mr Hewitt to look into this in more detail to understand why the metrics are going down.

Nurse Practitioners – eight staff have recently qualified as Nurse Practitioners across the Neonatal, Renal, Emergency Care and Mental Health specialties bring our NP cohort to 33, one of the highest in the country. There are a further 4 in the pipeline and more will be qualified in the next year or two.

Pacific Network of Doctors – Pacific Doctors at Middlemore is a network group to support Pacific doctors at the hospital. This was launched in December. The group provide mentorship to junior Pacific doctors as well as encouraging more Pacific doctors to return to Middlemore as consultants and senior decision makers.

Ministry of Health Secondment – Dr Andrew Connolly was seconded (February 2021) to the Ministry of Health as the Chief Medical Officer for the remainder of 2021. Dr Connolly is a former Chair of the Medical Council of NZ and currently serves as Deputy Commissioner at Waikato DHB and as a Crown Monitor at Southern DHB. Dr Connolly will continue to carry out a clinical role at CM Health throughout the year.

Concerns – there are two challenges impacting on our ability to maintain the course to the end of the financial year:

1. COVID19 – the dual impact of managing COVID19 outbreak responses continues to impact on staffing and the redeployment of staff to cover both vaccination and testing. Key areas impacted are public health nursing and school based programmes that end up being stopped or deferred when workforces are redeployed. Each outbreak has a flow-on effect on staff that may become contacts and disrupts staffing resources in services.

2. Acute demand – the surge in acute demand and its impact on operations in both the hospital and community/primary care services. There is concern that large parts of the community have not accessed care in a timely way. PHOs report that some practices have not been able to see as many patients as they would like because of requirements to manage COVID19 risk that adds time and resource to their service (ie) PPE use, streaming. December 2020 saw the highest number of arrivals for that month over the last four years.

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

That the Board:

Receive the Chief Executive's Report for the period 3 February – 2 March 2021.

Carried

3.2 Health & Safety Performance Report (Elizabeth Jeffs & Kathy Nancarrow)
The report was taken as read.

ACC Audit – the audit was carried out on 2nd and 3rd February resulting in the auditor recommending to ACC that the DHB retain Tertiary Accreditation status.

PCBU training - Directors & Board members training is being scheduled for April.

COVID Vaccination – work is underway to get a team up and running to ensure staff are vaccinated.

Disposal of Masks Apulu Reece Autagavaia advised that as a local board member he has been approached by residents around Middlemore Crescent complaining about the disposal of masks in the public park, the overflowing of the bins and whether there are any health risks associated with the used masks. Is there any messaging that can be sent out to the staff parking in that area to take their masks home with them and dispose of them there rather than risking the residents who live close to the park.

Ms Brown also advised that it has been reported to her that people have been seen taking used masks out of the rubbish bins to use on public transport as they cannot afford to purchase them.

Action: Have someone liaise with the local council about how best to deal with this problem.

Occupational Health a review has been undertaken and in the last year, the DHB has experienced an increase in clinic appointments and support requests has resulted in some staff waiting up to two weeks for an appointment.

Action: Report back to the next Board meeting with advice on what could be done to better support a more robust and mature OHSS function.

Pre-Employment COVID Vaccine –the Public Services Commissioner has released a statement that it is the government's expectation that all employees in the public service should be vaccinated. In relation to pre-employment, the DHB is able to require as part of their employment offer, that they either have had, or get, a COVID vaccination. Some DHBs already do this for all vaccinations on the basis that 'we do no harm' as healthcare professionals however, we have shortages in workforces and get into difficult situations when Managers are asked not to employ people where they do not meet this criteria. It can be put into Employment Agreements for certain areas of the organisation however, for other areas of the organisation a decision will need to be made on a course of action.

Action: Ms Jeffs to keep the Board updated on any particular issues that come up in this regard.

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

That the Board:

Receive the Health & Safety Performance Report for the period to 31 January 2021.

Carried

3.3 Corporate Affairs & Communications Report (Donna Baker)
The report was taken as read.

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

That the Board:

Receive the Corporate Affairs & Communications Report for the period to 31 January 2021.

Carried

3.4 Finance & Corporate Business Report (Margaret White)
The report was taken as read.

January Result – the nderlying variance for January was $264k unfavourable against budget and $900k unfavourable YTD due to 2 major contributors to that position:

- Correction in IDF flows, particuarly inflows.
- A lower level of sustainable savings.

Pressure across the system is continuing to be felt and reflected in the financials.

COVID -the DHB received yesterday the first $10m drawdown against the $40m Minister's appropriation. A lot of staff are redeployed to NRHCC for both COVID coordination and setting up the vaccination programme.

New ARF Chair – an induction pack is being put together for the new Audit Chair which will be opened up to wider board members.

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

That the Board:

Receive the Finance Report to 31 January 2021.

Carried

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4. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

Ms Brittany Stanley-Wishart 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 3 February 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Public Excluded Minutes of the 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. [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.
Middlemore Precinct Planning	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

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Frist Draft 2021/22 Annual Plan	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)]
Signing the ACC Concession Deed	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 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. [Official Information Act 1982 S9(2)(i) & (j)
Director Appointment to the healthAlliance NZ Ltd Board	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.
Supply of Staff & Urgent Items Transportation Services/Supply of Patient Transfer Services	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 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. [Official Information Act 1982 S9(2)(i) & (j)

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Orthopaedic Fleet Management Power Tools	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 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. [Official Information Act 1982 S9(2)(i) & (j)
NZ Blood Service Contract	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities 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. [Official Information Act 1982 S9(2)(i) & (j)
CMDHB/Mana Whenua Memorandum of Understanding	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)]
Appointment to Audit Risk & Finance Committee	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)]

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Delegations for COVID19 Vaccination Related Expenditure	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 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. [Official Information Act 1982 S9(2)(i)]
Recommendation to Stop Mental Health NGO Procurement	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 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. [Official Information Act 1982 S9(2)(i)]
Infrastructure Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities 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. [Official Information Act 1982 S9(2)(i) & (j)
Chief Executive's Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, 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)]

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Cessation of Crown Monitor Role_MoH 22.2.21	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)]

Carried

The public meeting closed at 10.05am.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 14 APRIL 2021.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 3 MARCH 2021.

BOARD CHAIR **DATE**

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Counties Manukau District Health Board
Action Items Register (Public)

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
3 March 2021	**Health & Safety Performance Report**	Occupational Health/Wait times for appointments - report back with advice on what could be done to better support a more robust and mature OHSS function.	14 April	Elizabeth Jeffs/ Kathy Nancarrow	14.4.2021 – a gap analysis is being undertaken and will be reported to the Board when completed.	
		Disposal of Masks - Apulu Reece Autagavaia & Ms Brown advised that they had been approached by residents of Middlemore Crescent about the disposal of masks in the public park, the overflowing of the bins and that people have been seen taking used masks out of the bins to use on public transport. Have someone liaise with the local council about how best to deal with this problem.	14 April	Elizabeth Jeffs/ Kathy Nancarrow	14.4.21 – the following wording now appears in the Incident Controller emails: **Safe Disposal of Masks** You are asked to dispose of used face masks in rubbish bins. Please do not used put used face masks in recycling bins. Before disposing of masks please pull the straps which makes them usable and helps to protect NZ wildlife.	✓
3 February 2021	**Health & Safety Performance Report**	Schedule some PCBU training for the Board on stress & fatigue.	14 April	Elizabeth Jeffs/ Kathy Nancarrow	14.4.21 - Director/Board training is being scheduled for April.	✓
3 February 2021	**Finance & Corporate Business Report**	Schedule a short education session on balance sheets/profit & loss statements, particularly around how annual leave is paid and accrued.	Date TBC	Margaret White		

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 3 March – 13 April 2021.

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

Introduction

This report covers the period 3 March – 13 April. Vaccination planning was a major focus for the first part of this period with swift standing up of capacity to enable staff and community vaccination. We were happy to start staff vaccinations in the DHB on 29 March and look forward to rolling out the vaccine to the wider community thereafter.

Performance

I attach for the Board's information the metrics that matter dashboard for February 2021 (Appendix 1).

Highlights include:

- **Planned Care intervention**s remain above targeted volumes
- **We are now able to monitor oral health data** across the Community Oral Health Service (COHS) provided by the Auckland Regional Dental Service (ARDS) as well as the surgical services provided by ADHB for children in the Counties Manukau rohe. The data shows the large volume of children from CM Health referred by COHS waiting for a specialist appointment. The total waitlist across all DHBs contracted to ADHB's service is 1827 and children from CMDHB make up 57% of this waitlist (1,048 children as at Feb 2021). The current surgical waitlist for CMDHB is 245 children, similarly making up over half of the surgical waitlist. This highlights a need to review the current oral health service for children in the Counties Manukau region. NRA are leading a review on behalf of Northern Region DHBs which is looking at Oral Health across the end to end continuum of care from public health prevention to specialist hospital services. In parallel, the Child, Youth and Maternity team are focusing on improvement and development by working with key partners across COHS, adolescent oral health provision and specialist services
- Over the last 18 months, **Histology turnaround times** have met or been near the target of 80% with a 5 day completion
- Percentage of **non-face-to-face appointments** increased in February 2021 (similar rates to June 2020) highlighting increased use of telehealth during the recent lockdown periods
- **ESPI 2 waitlists for ORL and Pain** have reduced since January, however remain non-compliant.

Areas of focus for the DHB include:

- **Smokefree Primary Care** data has been delayed with no update since November 2020 due to information governance issues concerning our access to and reporting of the smoking data set.

These issues had been addressed late last year, and we had hoped that they would be resolved by now, but authorisation for us to be able to resume our reporting function on this data set is still pending.

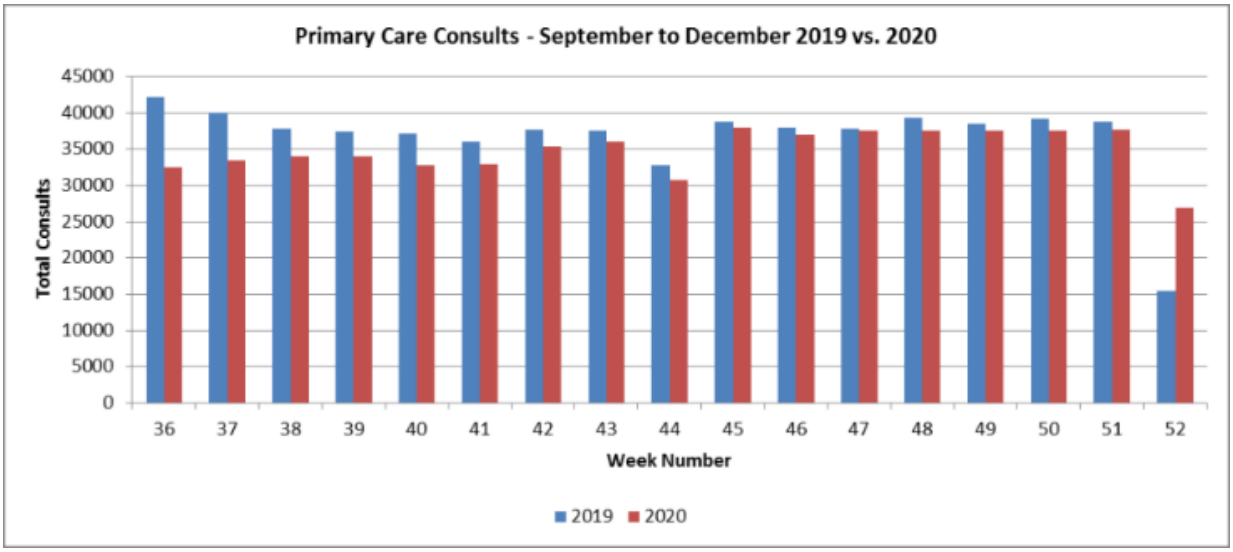
- The percentage of Maaori and Pacific **children in arrears** is slightly higher than Asian and other children. The ARDS service is continuing to reallocate resources during the school time to ensure children with the highest clinical needs are prioritised, of which Maaori and Pacific children are over-represented. Overall, pre-school and primary school arrears remain high and require a broader review of the community oral health service.
- We have been able to breakdown **ESPI 2 and 5 compliance** to show a clear picture of the number of patients waiting for FSAs or treatments across each speciality. The red, yellow and green coding currently remains consistent to MOH categorisation (i.e. 0 patients is green, less than 10 patients waiting is yellow, more than 10 patients is red). The volume breakdown has highlighted that:
    - ESPI 2 Dermatology waitlists continue to grow by approx. 30-40 patients each month since November 2020;
    - ESPI 2 General surgery waitlists had reduced between Jun 2020 – September 2020 but have gradually increased again since October 2020 with 483 patients now in the waitlist in February;
    - Similarly, Ophthalmology ESPI 2 waitlists had reduced significantly between September 2020 and November 2020 but there has been an increase since December. We had a number of additional clinics set up (in evenings and weekends) to off-set the number of appointments being breached, but this was difficult to balance against the recent outbreaks, deferred appointments and the summer leave period; and
    - ESPI 5 waitlists have increased for General Surgery, Gynaecology, Ophthalmology and Orthopaedics – however it is important to highlight these volumes are between 25 – 69 patients for each of these specialities.
- **Immunisation rates** for 8mth and 2 year olds continue to decrease, especially for Maaori. The reduction in immunisations is multi-factorial and includes reduced engagement with primary care, primary care capacity, attitudes/beliefs around immunisations and responsiveness of services. The DHB is taking a proactive approach to reducing this decline by making changes in delivery approaches in key areas and establishing an integrated approach to addressing immunisations. As part of this, the funder is undertaking a review to develop a programmatic approach to immunisation provision which will include identifying gaps in the current approach. The current MMR campaign is underway, alongside the COVID-19 vaccination programme, both of which are providing opportunities for prototyping innovative approaches that better respond to community needs, particularly whaanau Maaori.
- There are multifactorial pressures on ED resulting in the decreasing percentage of **patients discharged from ED within the 6-hour target** (13% decrease since August 2020). These pressures include staffing issues in ED compounded by wider staff capacity in inpatient areas. There were reduced patient attendances during Q4 19/20 and Q1 20/21 (during COVID-19 lockdowns) which had improved ED performance over this time. Patient numbers have returned to normal since then along with ED waiting times.

During the 3 March Board meeting, the Board asked for feedback on why the metric relating to stroke patients being transferred to the rehab unit within 7 days was showing a decline in performance. The target for stroke patients discharged to the inpatient rehabilitation unit within 7 days has not been achieved in the last two years, with a significant downward trend over the last year (29% of patients transferred within 7 days in Feb 2021 compared to 60% in Feb 2020). The National Stroke Network developed this KPI a few years ago and there was some debate as to whether the outcome measure should be adjusted per DHB for stroke severity, presence of a stroke unit or a dedicated stroke rehab

unit. Ultimately, the Network decided that, although all DHBs have different stroke populations and different stroke services, the measure should be kept simple. We do not believe the target should be shifted for Counties Manukau but it is important to recognise that there are more severe strokes at CM Health compared to other DHBs. Although we are seeing this decline in the transfer to the inpatient rehab ward, the service has introduced stroke rehabilitation into our acute stroke unit. Acute stroke units have been shown to improve stroke outcomes compared to usual care, and one of the most important contributors to this is early (after 24 hours) rehabilitation. Currently there is no waiting list for transfer to the rehab unit, and the service endeavours to transfer our stroke rehab patients to rehab as soon as they are ready.

Primary Care Performance and Capacity

A range of our performance metrics within the Metrics that Matter dashboard rely on delivery and capacity within primary care. Immunisation, health screening and diabetes management services are all delivered within primary care, together with other services that impact demand on secondary or specialist care. The graph below highlights the two-year comparison of primary care utilisation in Counties Manukau. This data shows that we have reached the limit of primary care capacity with our demand for services growing (defined by population growth) but actual utilisation of primary care having little or no growth. The complexity and growth of our population is disproportionally served by a smaller GP workforce compared to other regions in NZ (CM Health serves almost 12% of New Zealand's population with only 7% of GPs working in our region according to the NZMC 2019 workforce report).



Graph 1 – PHOs Primary Care Utilisation Consults data as uploaded to Healthsafe

Programmes like Te Ranga Ora aim to improve outcomes for long term conditions which, through culturally safe models of care, could improve outcomes for these communities and in turn lift CM Health performance for metrics that rely on primary care capacity. We are however constrained in allocating funding for more preventative public health programmes due to our demand pressures, growing complexity of our population, the method of PBFF funding allocation and our commitments to reduce our deficit.

Our People

Local Heroes

Below are our local heroes for February, along with some of the reasons they were nominated for their award.

- Alefosio Asiata (Ata) Finau - Security Officer
- John Ah-To Faasega - Security Officer

"Ata and John were called to assist with a person on the handrail at the Middlemore train station. They secured him from jumping and then pulled him over the rail to safety. These actions saved the person's life".

- Lisa Saunders - Registered Nurse, Manukau Surgery Centre

"Lisa came across a fire truck rescuing a mum and a child, from a car upside down in a ditch. There was no ambulance so Lisa jumped out of her car and worked closely with firefighters".

Annual Staff Awards

In March we also held our annual staff awards which highlight examples of the way our people make a difference to the health and experience of our patients and community. The awards were sponsored by Fuku Sushi, Subway, Fisher & Paykel, Middlemore Clinical Trials, Elixer Espresso, and Vodafone and were awarded in a presentation ceremony in Ko Awatea on 29 March. Congratulations to the winners below for their achievements.

- **Equity Award: Heather Muriwai - Clinical Lead Maaori Midwifery**
  "Heather contributes greatly to work on equity being undertaken in our division. She drives us to maintain a focus on equity of access for everyone. She reminds us that we need to fulfil our vision and our responsibilities under Te Tiriti o Waitangi and meet the needs of our priority populations. Heather's challenge to each of us is – if not us, then who will make this happen?"

- **Valuing everyone – (Whakawhanaungatanga) Award: Teina Martin – Administrator**
  "Kia orana - Teina is our beautiful Cook island administrator who is the face and heart of our community team. She is the first person you meet or hear when having contact with Matariki and her smiling, friendly and welcoming manner puts everyone at ease. She knows everyone by name and ensures that anyone requiring any extra support as they arrive gets it. Teina values everyone who walks through our doors and makes people feel connected and welcomed."

- **Kind - (Manaakitanga) Award: Elianna Poching - Kaitipu Ora**
  "Elianna is a warm, caring, and compassionate individual and shows this in her everyday work. She not only supports the women engaged in our Breastfeeding and Infant Nutrition Project mums with their physical wellbeing but is also sensitive and responsive to their cultural, spiritual, and emotional needs as well.

  Recently a mother was finding it hard to latch her baby to the breast, the mother's feedback on Elianna's care was very positive. She stated that Elianna didn't put pressure on her the way she had felt in the past with her older son. This meant that she succeeded in breastfeeding this second baby."

- **Together - (Kotahitanga) Award: Larissa Ferguson – Nurse Manager – Cancer and Palliative Care**
  "Larissa works across three different teams providing leadership and motivation to the nurses in each one. She is approachable and always takes time to listen and understand the perspective of others, showing respect for their views, even when they differ from her own. Larissa is a kind and supportive manager. There are several examples but most recently one of the teams experienced a critical shortage of staff due to sickness, and the need for self-isolation in the most recent COVID lockdown. Larissa stepped into the clinical role with a nurse from another ward and a CNS who was supporting an outpatient clinic. On debriefing, Larissa's concerns were firstly for her team."

- **Excellent – (Rangatiratanga) Award: Wendy McKinstry – People and Professional Development Lead**

  "Wendy is a highly respected leader and strong role model for the People and Professional Development team. She walks the talk when it comes to individual and team wellbeing. Throughout the past 12 months, Wendy has established wellbeing check-ins with the team via Zoom. These at times occurred daily to ensure the team remained connected, and timely updates were provided. She shows great optimism and positivity and helps the team to navigate periods of uncertainty."

- **Local Hero Supreme Award: Jack Tutuvanu – Mailroom Clerk**

"Jack has been with CM Health for over 20 years. He is one of the hardest workers. Every day he comes in with a positive attitude and his work is always 100%. When walking around he brings laughter and fun when approaching staff and patients. He respects everyone no matter who they are." "He emits joy every time he visits our service and the team light up when he comes into the room as he is inclusive and genuinely asking how each of us is. He is a walking stress reliever and is exceptional in demonstrating the organisational values."

- **CEO Award: Kidz First Community Health Team**
  "This team have done everything asked of them, and willingly worked everywhere they were asked to, during these extraordinary times"

Distinguished Clinical Teaching Award – Dr Flo Chan Mow

In February 2021, Dr Flo Chan Mow received a Distinguished Clinical Teaching Award from the University of Auckland. This award acknowledges healthcare professionals who have shown hard work and dedication in teaching the next generation of doctors.

Dr Chan Mow is a longstanding member of the Kidz First medical team and has been teaching students throughout her paediatric career.

In her work, Dr Chan Mow consistently demonstrates culturally responsive approaches through her daily interactions with Whaanau and Aiga, and is a leader in improving health literacy skills with medical, nursing and support staff at Kidz First.

Ngā Ahurei a Te Apārangi Fellows – Professor Andrew Hill

Professor Hill is a General and Colorectal surgeon at Counties DHB and is also Professor of Surgery, Head and Assistant Dean, South Auckland Clinical Campus for the Faculty of Medial and Health Sciences, Auckland University. In March Professor Hill was elected to the Academy of the Royal Society, Te Apārangi. The Royal Society, Te Apārangi, is one of the oldest professional organisations in the country; being made a Fellow is an honour that recognises distinction in research, scholarship or the advancement of knowledge at the highest international standards. Professor Hill was one of 27 new Fellows elected for their distinction in research and advancement of science, technology or the humanities. Congratulations to Professor Hill on receiving this prestigious honour.

Retirement - Dr Dave Galler

Dr David Galler started with Middlemore as a trainee in 1980 and has practiced at Middlemore as an Anaesthetist and as an Intensive Care Specialist over more than 30 years. He also worked in the Ministry of Health advising the Minister of Health. Dr Galler has been a great champion for a sustainable health sector and helped establish the network that is now working with our capital projects teams to ensure our construction projects are sustainable. Thank you for your service to our community David – we wish you well in your retirement. Dr Galler will continue as a newly inducted Board member on the Middlemore Foundation so he won't be going far!

Remembering Pauline Hanna

It is with great sadness and fondness that we acknowledge and remember Pauline Hanna, our well known and highly respected colleague, who passed away unexpectedly on 4 April. A memorial service is being held in Ko Awatea on 9 April to celebrate Pauline and what she has meant to us, both individually and collectively. Condolence books were also placed in the Spiritual Centre at Middlemore Hospital and at the front reception desk at Manukau Health Park for all staff to share their thoughts and memories of Pauline.

Pauline has most recently been on secondment working with HealthSource leading the logistic supply chain work related to COVID-19. Her contribution to Auckland health care began in 1995 and Pauline has held various positions within CM Health over the years, including being the first General Manager of the Manukau Surgical Centre. She was a huge advocate for the Manukau Health Park and was heavily involved in developing the business case for expansion which was approved by the government last year. Other roles that Pauline will be remembered for focused around performance planning, funding and infrastructure planning. Prior to her recent secondment, Pauline's role with CM Health was as General Manager Infrastructure. She was passionate about so many things, including her support for sustainability which she drove for the organisation. Pauline was an extraordinary person who carried her heart for our community on her sleeve, and she will be greatly missed by the CM Health Whaanau. Our thoughts and condolences also go to Pauline's family and friends.

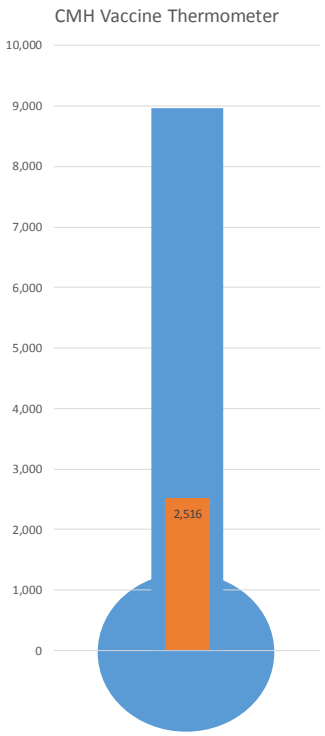
News and events

COVID-19 Staff Vaccination Hubs Open

Our DHB Covid-19 vaccination clinics opened to staff on 29 March. The planning to get these staff vaccination centres up and running has been a great team effort – thank you to everyone who was involved. We have two vaccination clinics in the DHB, on in the old Galbraith Theatres at Middlemore and one at Manukau Super Clinic. Staff will be vaccinated in order of priority and we hope to be able to offer all staff a vaccine within two months.

Above: (left) The vaccination planning team at one of the vaccination clinics and (right) Sa Fogasavaii receiving his COVID-19 vaccination

The below 'vaccine thermometer' shows the cumulative number of vaccinations given to staff at the time of writing.



A number of issues remain re. the booking system but these are being resolved with support from Health Alliance. In the meantime the team are doing very well in filling in gaps in the bookings. In addition, Tier 3 invites have gone out which will help with clinical utilisation.

Clinic capacity is 420 vaccinations a day and we have a target of 90% utilisation. We are currently sitting in excess of 100% however, although this is not likely to be the case beyond the initial week or so.

Community Vaccination

The Maaori Provider led Local Vaccination Site at Manurewa Marae and the Pacific Provider led Local Vaccination Site were both opened last week on the 8th and 7th April respectively. Both sites have capacity to vaccinate up to 300 people a day each. The local plan is to have capacity to vaccinate up to 22,000 doses a week at full capacity including Highbrook super vaccination site (1,000/day), an additional 11 primary care sites accredited for COVID-19 vaccination and a mobile team working in Aged Residential Care settings. It is likely that we will progress through healthcare workers during April/May and open invitations for general public from June/July. We are developing local communications to fill the gap in national communications. A regional approach to sequencing the general population is due to be confirmed - it is likely that the District will move ahead of the others due to the higher proportion of population at risk that reside in the District.

Health Select Committee

On 10 March Counties Manukau DHB appeared before the Health Select Committee to answer questions from the committee about our performance. Each year, select committees carry out annual reviews of how government organisations performed in the previous financial year. The Hearings are also an opportunity for us to highlight our accomplishments, voice our concerns, needs and plans for the future. The committee hearing was live streamed and can still be viewed on the Health Select Committee Facebook page.

Polyfest

CM Health is proud to be a strategic partner of Polyfest, which is being held on 14-17 April at the Manukau Sports Bowl. We are providing sponsorship to this annual event, now the largest Polynesian Festival in the world. CM Health will also be present at the event where we will be will be encouraging young people to consider health as a career opportunity, as well as providing measles vaccinations and information.

Kidz First Child Development Team (CDT) – Occupational Therapists

Our Kidz First Occupational Therapists (OTs) took a creative approach to therapy during the last level 3 lockdown in late February/early March. In previous lockdowns they had identified a number of whaanau experiencing difficulties with obtaining resources for activities within their homes. As the CDT service were unable to undertake home visits to provide therapy for tamariki, the OTs decided to deliver therapy packs to whaanau.

Packs included colouring pencils, glue sticks, colouring in sheets, and other fine motor activities that would normally be used in therapy sessions. These were delivered contactless to the homes of our whaanau. The aim was to reach families who may have minimal resources, providing parents with support to lead their child's therapeutic intervention in their own homes. The team also connect with

whaanau that do not have access to the internet or need to share devices between multiple siblings. This was a great creative solution for COVID times to maintain good outcomes for our tamariki.

Creating a positive hospital journey for tamariki, rangitahi and their whaanau

During March we marked Hospital Play Specialist Awareness Week (8-12 March) which highlights this valuable profession and celebrates the people in this role, and the great work they do.

Being in hospital is no fun, especially for children. Play Specialists work to minimise the psychological trauma of hospitalisation for tamariki in hospital.

"Our Play Specialists are an integral part of our Kidz First multidisciplinary team. The support and expertise they bring to the children and their whaanau, as well as to the wider healthcare team is vital in providing child and whaanau centred care", says Nettie Knetsch, General Manager Kidz First.

New telehealth booths for Manukau Health Park after positive feedback from trial

Two telehealth booths have been purchased for Manukau Health Park after the trial of a booth has generated great feedback and improvement suggestions from clinicians. The booths are soundproof, private, portable and equipped with the appropriate technology for clinicians to do telephone and video appointments or Zoom meetings and clinical admin work.

Fundamentals of Care – Celebration events

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

The October 2020 Fundamentals of Care review involved 46 inpatient wards and units. The overall organisational result was 85.6%. We recently celebrated the most improved and highest achieved wards. Congratulations to all involved.

Most Improved: Ward 35 North

Highest Achieved: MSC 2nd Floor

Facilities Update

Blessing for the new Kia Ora Café

On 17 March, staff involved in the new staff café project came together with representatives from Compass Group for the blessing of the new Kia Ora Café.

The blessing was opened by Joanna Lee Katipa, Cultural Advisor, Te Kahui Ora Maaori Health, who performed a karanga (ceremonial call). Mahaki Albert, Tumu Tikanga, followed with a waerea (traditional prayer) before staff made their way into the new premises.

The first stage of the café upgrade completed on 18 March, with a new menu available in a few weeks.

Congratulations to Debra Issac, Registered Nurse, Critical Care Complex, whose entry of 'Kia Ora Café' won the Name the Café competition.

Neonatal expansion and refurbishment programme - Harley Gray building

We are expanding and refurbishing the Neonatal Unit (NNU) on Level 2 Harley Gray Building. The expansion will introduce eight new cot spaces and a completely new refit for the ward. This will result in updated facilities for the babies in our care, their whaanau and staff.

Prior to work starting, various ward moves across both Kidz First and NNU took place to clear the unit and allow work to start without disturbing the babies in our care. The Hawkins Construction team began preparatory works on 25 March outside the NNU, and hoardings were established from 29 March

to isolate the work area to ensure staff and visitors safety. These will remain in place until the work is completed, which is due to be no later than the first week of August.

Gastroenterology expansion project

Contracts have now been finalised with the DHB and Focus Construction that affect the Edmund Hillary Building. Builders from Focus Construction established their worksite on 22 March in the Discharge Lounge's courtyard. There will be a scaffold tower to allow access to the ward. This limits the need for any builders and/or materials to access via the Edmund Hillary corridors. To ensure the safety of our staff and patients, this will be separated from the emergency exit.

From early April we began the relocation of some staff and clinics, meaning a limited number of clinics have been relocated to other locations allowing work to commence inside the ward.

Patient Feedback

Below are some recent comments from our patients and visitors:

Tiaho Mai: "Yesterday's meeting was possibly the best I have ever attended! The new (to me) nurse from Tiaho Mai gave the most detailed and meaningful report I have heard from DHB staff! If you know the senior staff above him, please pass on my comment. I am so happy he is involved in my son's care. Thank you also for including and supporting me. We have come a very long way over the years, and our relationship has grown tremendously from its rocky beginning."

ICU and WD33E: "First of all, I'm grateful and thankful for all the help and support since first day I've come to MMH. I was in so much pain when I walked in, I was looked after well at the short stay area with loving nurses and doctors and I was transferred to ICU later. I was surprised for so many supporters. I had 3 doctors and 3 nurses. I was in so much pain they had helped me throughout the night till morning. I salute them with the job they did to save me while I was fighting for my life. Thank you so much ICU and Ward 33 E for looking after me. Appreciate all the love and help."

Ward 10: "I would like to acknowledge the amazing care my mother received after she broke her hip in a fall. At nearly 101 years of age, I would like to thank the geriatric doctor and team who organised a physiotherapist, speech language therapist and dietician who helped mum so much. Her care was incredible and the nurses so empathetic and professional. Everyone concerned including the porters treated mum so diligently and even though mum lost her battle after 2 weeks, I truly felt everyone had done their very best including mum. Thank you so very much."

Ward 5: "I have lived close by MMH for nearly 70 years and now I know what wonderful work goes on there day and night year round. The doctors, nurses and staff is so kind and professional. My 2 weeks with all of you taught me a great deal. Now I am lucky to be at home under Hospice care. We are coping well. Love to the Doctors. They explained my condition well. Also the dieticians."

Ward 33E: "To all the staff that took care of me whilst my stay in Ward 33 East. I would like to humbly say thank you very much for the warmth generosity that I had received from the nurses, cleaners, staff and the Doctors and the kitchen staff. I am so moved by the support I had received during my stay in this ward so thank you to everyone in Ward 33E this is my compliment to you all. Keep on what you are doing. I am going to miss you all."

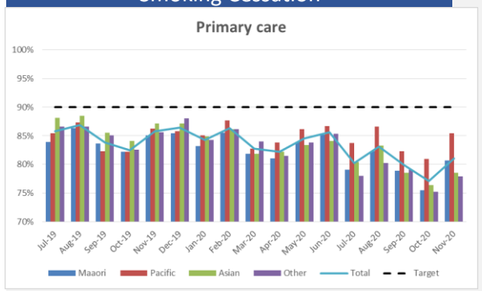
Appendix

1. Metrics that matter dashboard February 2021.

CM Health Metrics That Matter Summary

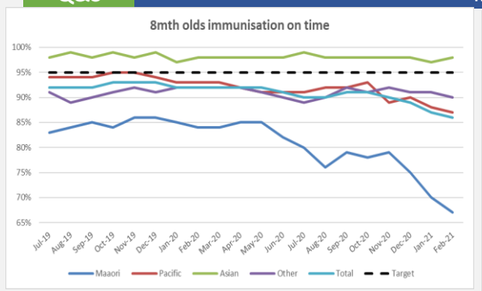
Results to Feb 28 2021

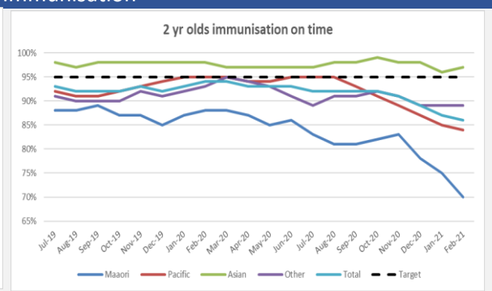
Smoking Cessation

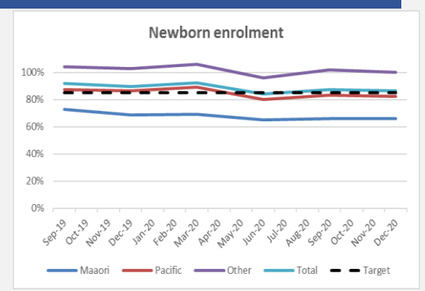


Monthly data currently not available

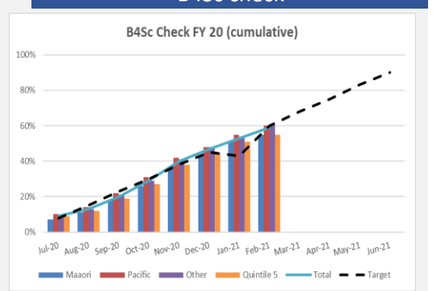
Q&S Immunisation



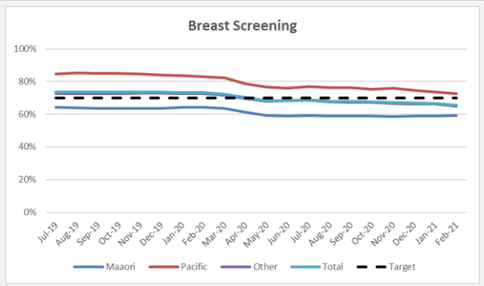


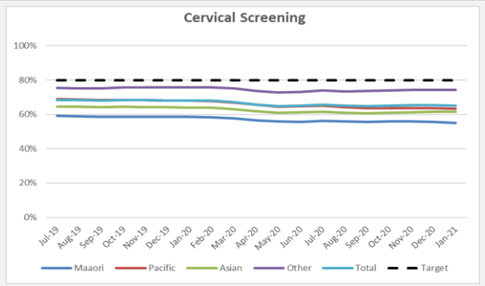


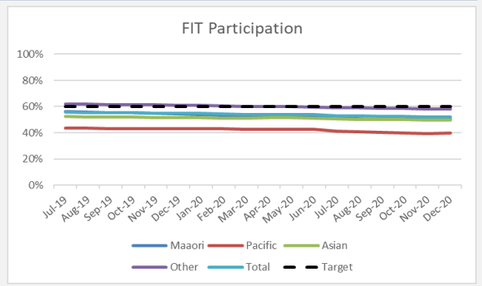
B4Sc check



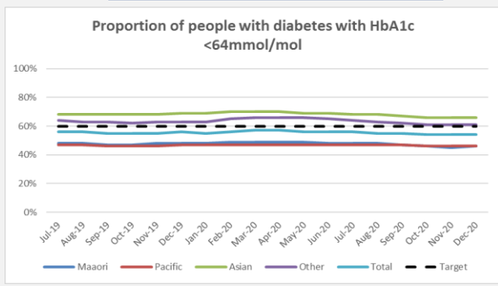
Screening



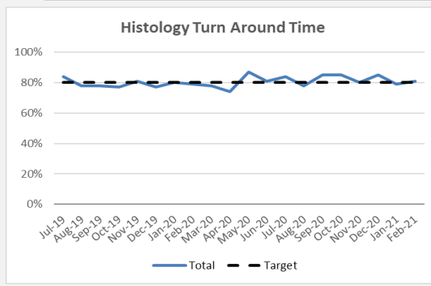




Diabetes

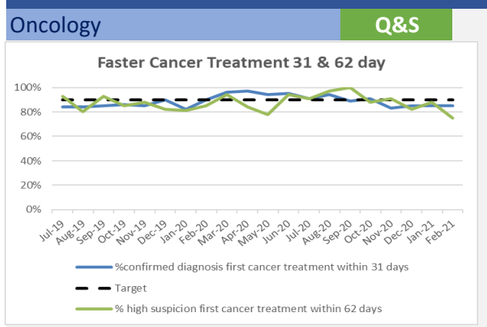


Diagnostics

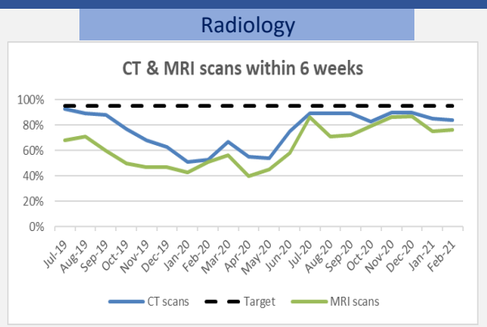


Diagnostics

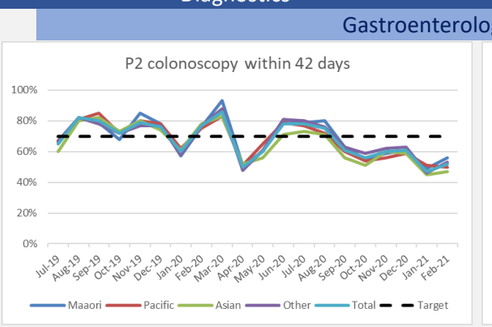
Oncology Q&S

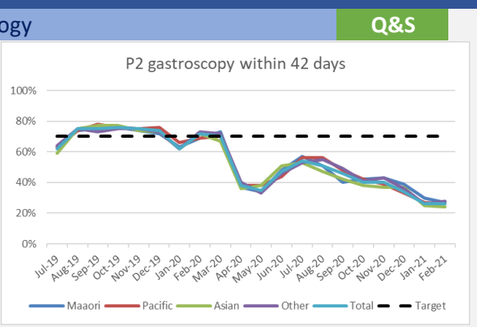


Radiology

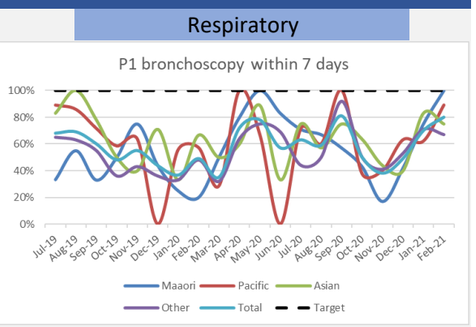


Gastroenterology Q&S

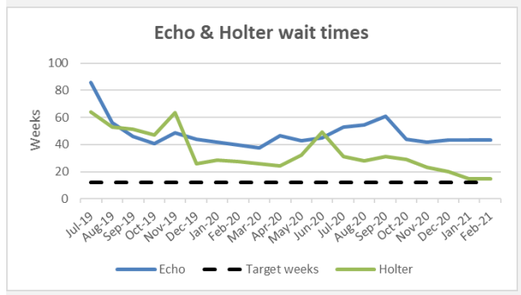




Respiratory

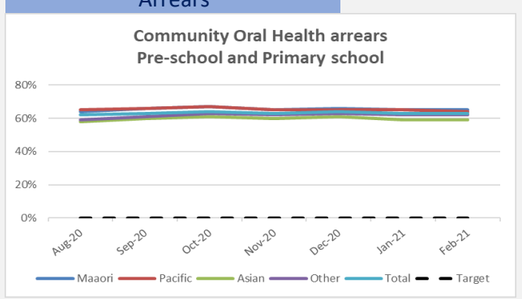


Cardiology

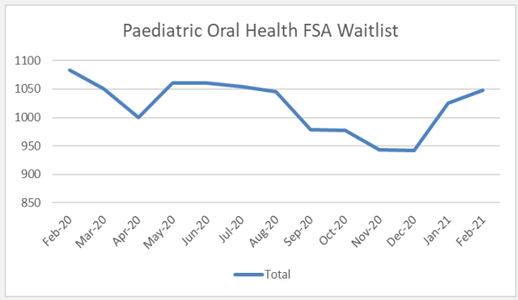


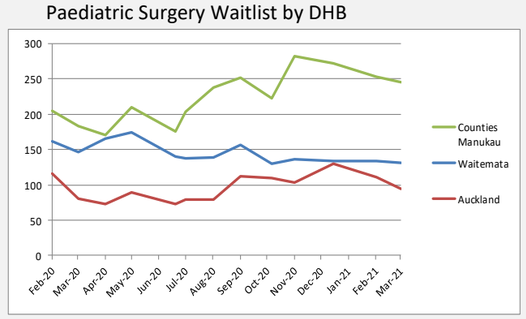
Oral Health

Arrears



Surgery





CM Health Metrics That Matter Summary

Results to Feb 28 2021

Smoking Cessation

Primary Care

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

Maternity

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.

TARGET MET - removed from dashboard

Immunisation

Q&S

8mth old immunisation

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

2yr old immunisation

CW05: Percentage of two year olds who are fully immunised

Influenza

Removed for February as data only collected annually

B4Sc check

B4Sc check

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

Newborn enrolment

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

Screening

Breast screening

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

FIT participation

Participation is the proportion of invited people during a timeframe that were screened.
The numerator is the number of eligible people who have returned a completed FIT kit during the reporting period.

Cervical screening

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

Diabetes

Diabetes

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

Diagnostics

Cardiology

Echo & Holter wait times

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

Radiology

CT&MRI scans within 6 weeks

% of scans completed within 6 weeks of acceptance of referral

Oncology

Q&S

FCT 31&62 days

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

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

Histology

% of histology samples completed within 5 working days, from registration in the Laboratory to report ready

Gastroenterology*

Q&S

P1 colonoscopy within 14 days

% of urgent colonoscopies performed with 14 days of acceptance of referral

TARGET MET - removed from dashboard

P2 colonoscopy with 42 days

% of routine colonoscopies performed with 42 days of acceptance of referral

Surveillance colonoscopy within 84 days

% of surveillance colonoscopies performed with 84 days of acceptance of referral

TARGET MET - removed from dashboard

P1 gastroscopy within 14 days

% of urgent gastroscopies performed with 14 days of acceptance of referral

TARGET MET - removed from dashboard

P2 gastroscopy with 42 days

% of routine colonoscopies performed with 42 days of acceptance of referral

Surveillance gastroscopy within 84 days

% of surveillance gastroscopies performed with 84 days of acceptance of referral

TARGET MET - removed from dashboard

P1 bronchoscopy within 7 days

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

**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.*

Oral Health

Arrears

Community Oral Health Services

The percentage of pre-school and primary school children who have not been examined according to their planned recall period (i.e. by the planned recall date set at their previous examination) in DHB-funded dental services. Target of 0% has been set by the Child, Youth and Maternity team - no agreed target has been set regionally.

Surgery

Paediatric Oral Health FSA waitlist

The number of children referred by Community Oral Health Services who are awaiting their First Specialist Appointment. Currently no target for size of waitlist. Ethnicity breakdown is in progress.

Data source: ADHB

Paediatric surgery waitlist by DHB

The number of children who are awaiting oral surgery after their FSA determines oral surgery is required. This is displayed by DHB for this dashboard until the raw data for CM Health, broken down by ethnicity is available.

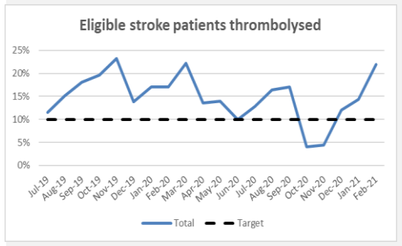
Data source: ADHB

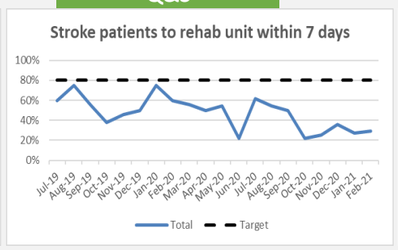
CM Health Metrics That Matter Summary

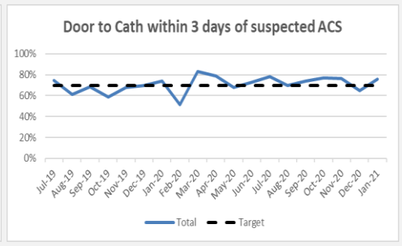
Results to Feb 28 2021

Acute

Q&S

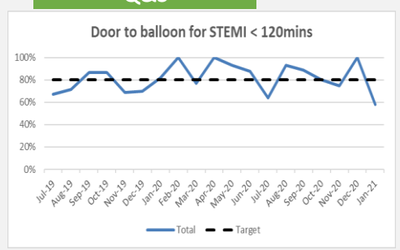


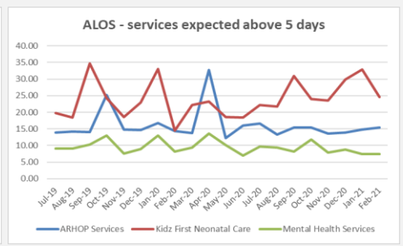


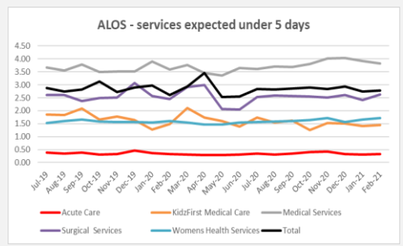


Average Length of Stay

Q&S

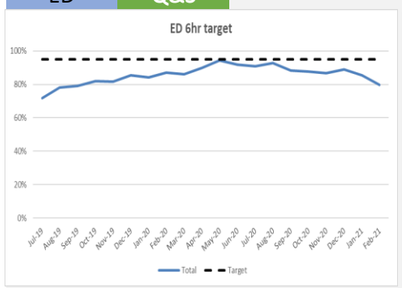


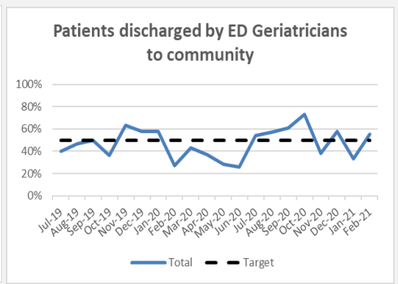


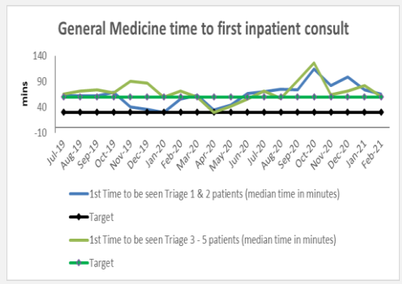


ED

Q&S

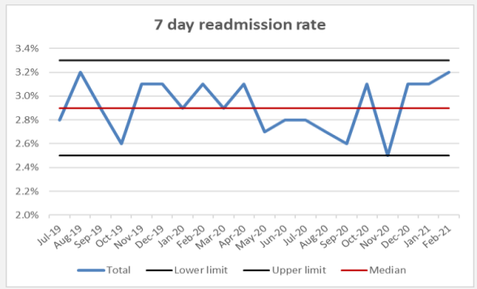


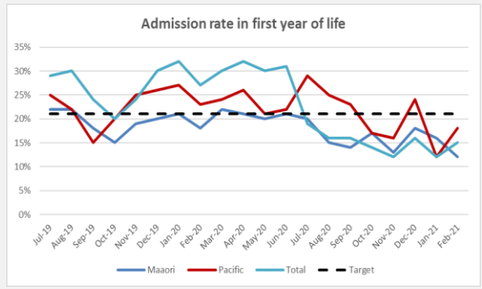




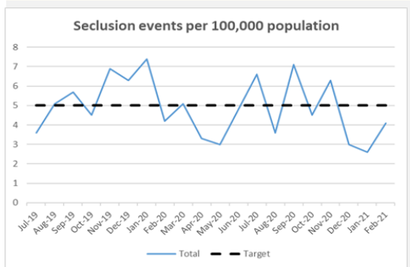
Readmissions

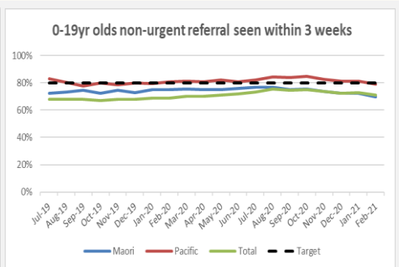
Q&S

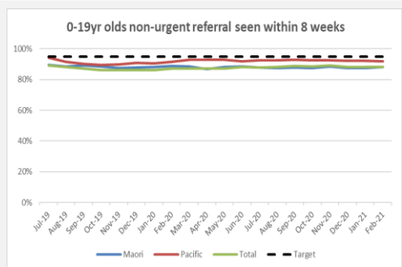




Mental Health







Planned Care

Waiting time compliance

Q&S

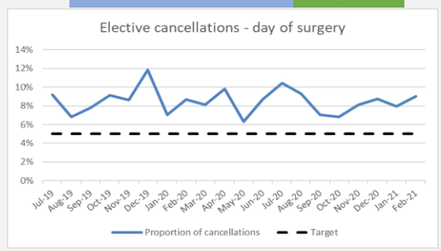
February data is preliminary

ESPI 2 compliance	Green 0 patients | Yellow >0 and <=10 patients | Red >10 patients											
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cardiology	27	38	34	15	0	0	0	0	0	0	8	35
Dermatology	18	40	14	0	6	7	6	20	28	57	97	140
General Medicine	2	2	7	2	5	2	0	0	0	2	2	2
General Surgery	433	643	554	291	247	238	225	258	264	332	468	483
Ophthalmology	779	981	794	623	279	146	88	65	85	118	103	110
ORL	56	120	73	75	2	1	1	3	44	4	69	50
Orthopaedics	55	342	445	285	392	373	390	585	548	536	578	622
Paediatric Medicine	23	15	1	0	2	0	45	48	45	49	66	63
Pain	7	9	10	7	5	7	3	2	16	26	31	20
Respiratory	75	127	38	3	0	0	1	1	0	2	10	10

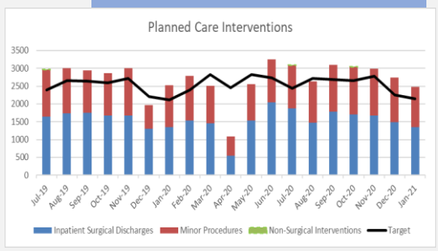
ESPI 5 compliance	Green 0 patients | Yellow >0 and <=10 patients | Red >10 patients											
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
General Surgery	61	140	66	65	63	45	28	30	32	61	91	69
Gynaecology	8	6	8	14	15	7	5	7	10	23	30	37
Ophthalmology	61	114	124	66	34	14	6	13	24	12	19	24
ORL	9	40	31	0	0	9	4	13	4	8	6	10
Orthopaedics	22	56	43	30	24	10	7	6	8	9	20	25
Plastics	76	110	106	92	80	67	52	47	47	57	54	54
Urology	5	13	16	3	6	4	6	18	30	31	26	22

Surgery

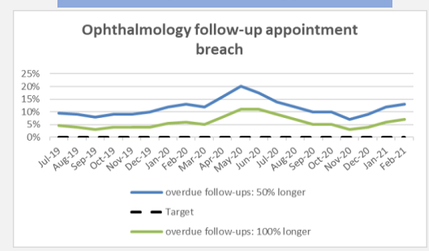
Q&S



Planned intervention

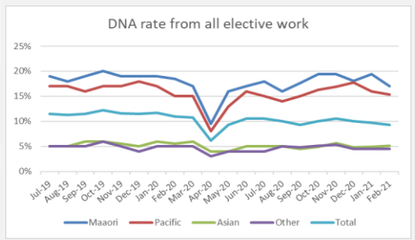


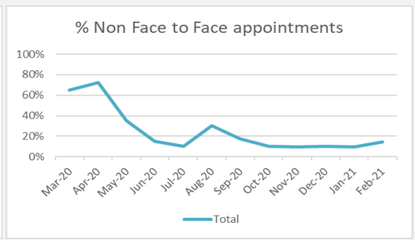
Ophthalmology

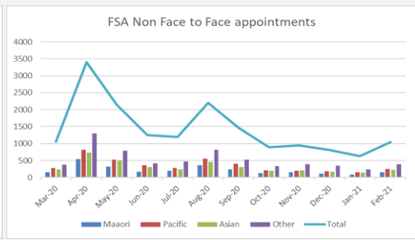


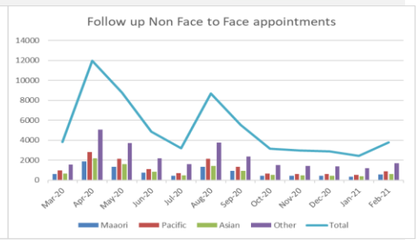
Outpatients

Q&S









CM Health Metrics That Matter Summary

Results to Feb 28 2021

Acute

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

Q&S

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

Q&S

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

Q&S

ED 6 hr target

% of patient presentations to the ED with an ED length of stay of less than six hours from the time of presentation to the time of admission, transfer and discharge.

Patient discharged by ED Geriatricians to community

% Patients Seen by ED Geriatrics discharged to Community (inc Respite and POAC)(not admitted)

Time to first inpatient consult

1st Time a Triage 1 & 2 or a Triage 3-5 patient attending ED with General Medicine recorded as the first specialty is seen by a physician upon referral (median time in minutes)

Average Length of Stay

Average Length of Stay

Time from admission to discharge

Alcohol Harm (6mthly)

Removed for February as data only collected 6mthly

Readmissions

Q&S

7 day readmission rate

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

Admission rate 1st yr of life

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

Mental Health

Seclusion events per 100,000

The rate of seclusion events per 100,000 where the seclusion period is deemed to have ended when the patient leaves the conditions of seclusion without the expectation of return, and in any case, if the patient has been out of seclusion for more than one hour. *Numerator: hA Netezza Data warehouse Denominator: 2018 Census*

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

ESPI 2 compliance

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

ESPI 5 compliance

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

Surgery

Q&S

Elective cancellations - day of surgery

Planned intervention

Planned Care Interventions

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

Ophthalmology

Ophthalmology wait times

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

Outpatients

Q&S

DNA rate for all elective work

% of patients who did not attend their First Specialist Assessment (FSA) or who did not attend their second or more assessment for the same referral (excludes ED and Procedures)

% Non Face to Face Appointments

% of outpatient appointments which are conducted without the patient being physically present as a proportion of all appointments

FSA Non Face to Face appointments

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

Follow Up Non Face to Face appointments

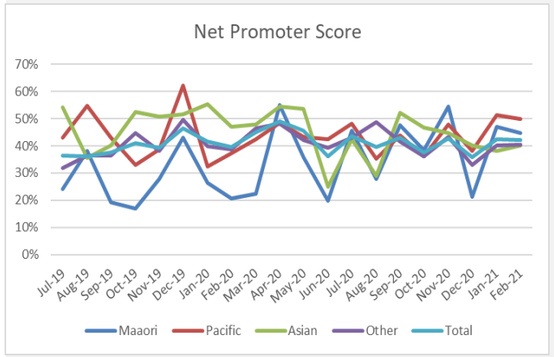
Volume of Follow up assessments which have occurred without the patient being physically present (recorded as Telephone, Video Conference, Non Patient Contact in iPM)

CM Health Metrics That Matter Summary

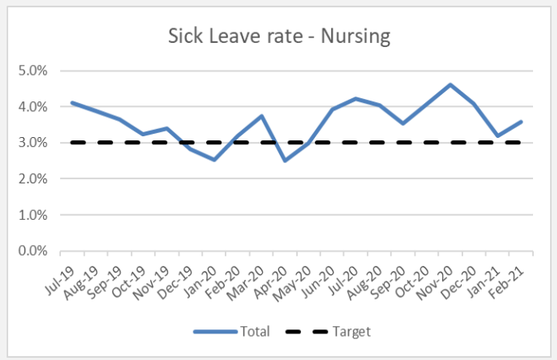
Results to Feb 28 2021

Non-clinical performance

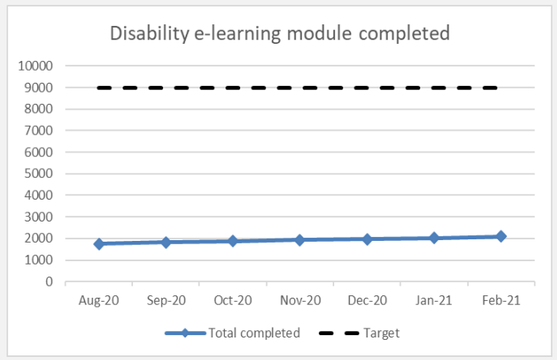
Patient Satisfaction — Q&S



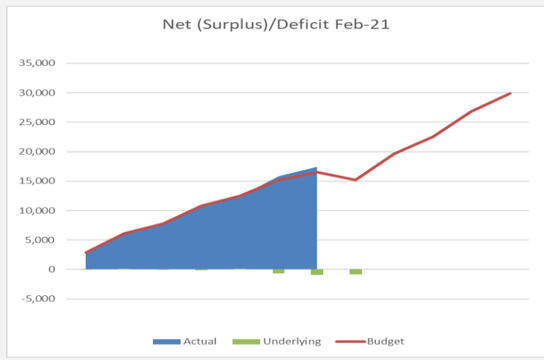
Workforce



Disability

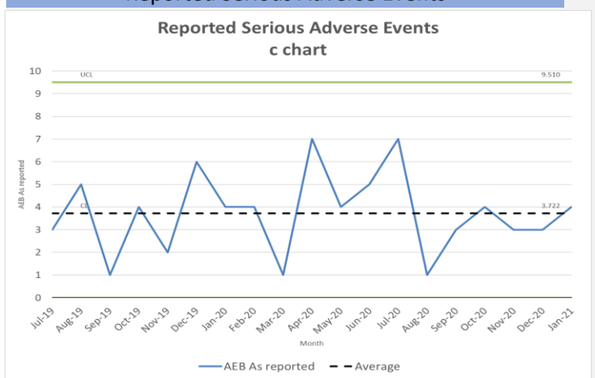


Month end financial result

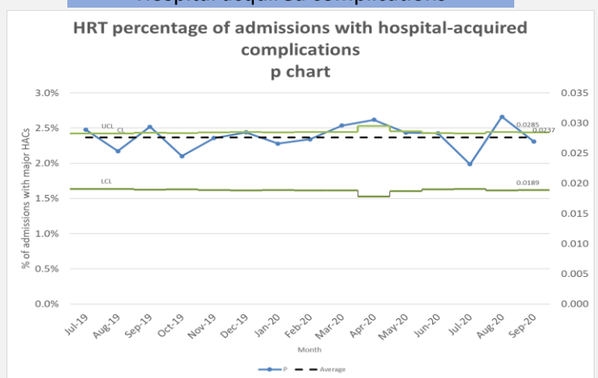


Additional Quality and Safety Measures

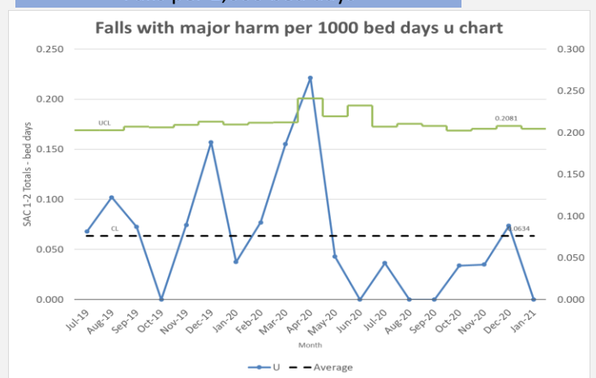
Reported Serious Adverse Events



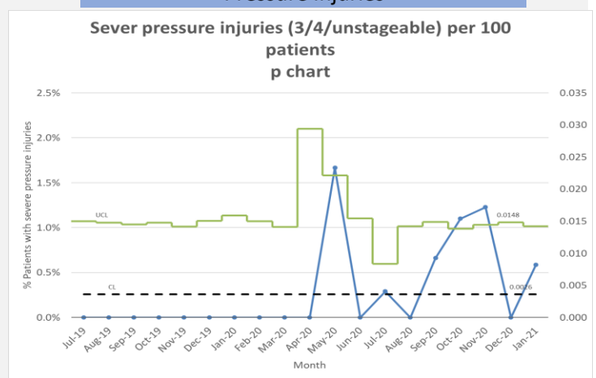
Hospital acquired complications



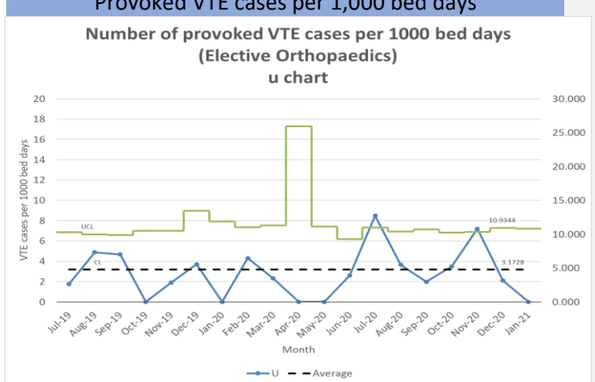
Falls per 1,000 bed days



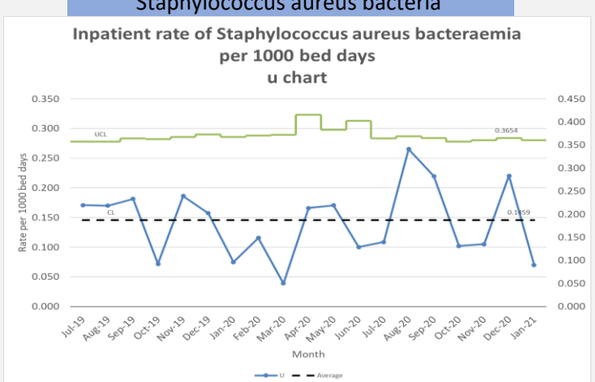
Pressure injuries



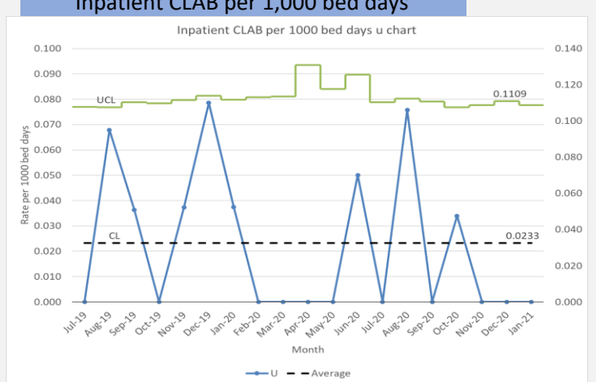
Provoked VTE cases per 1,000 bed days



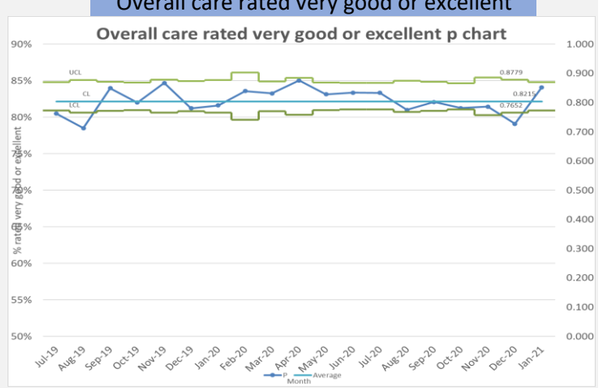
Staphylococcus aureus bacteria



Inpatient CLAB per 1,000 bed days



Overall care rated very good or excellent



CM Health Metrics That Matter Summary

Results to Feb 28 2021

Non-clinical performance

Patient Engagement — Q&S

Friends & Family Test

Net Promotor Score

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

Workforce

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

Disability e-learning module

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

Month end financial result

Net result

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

Quality and Safety Measures - 1 month lag

Reported Serious Adverse Events

AEB As Reported

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

Hospital acquired complications

% of hospital acquired complications

% of admissions with hospital-acquired complications (Source: Health Roundtable). Data is only available until up Sep 20.

Falls per 1,000 bed days

Falls with major harm

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

Pressure injuries

Severe pressure injuries

% of patients with severe pressure injuries (Stage 3, 4, or unstageable) (Source: Care Compass Auditing)

Provoked VTE cases per 1,000 bed days

Provoked Venous thromboembolism

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

Staphylococcus aureus bacteria

Inpatient SAB

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

Inpatient CLAB per 1,000 bed days

Central Line-associated Bloodstream Infection

Inpatient CLAB rate per 1000 bed days

Overall care rated very good or excellent

Patient care rating

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

Recommendation

It is recommended that the Board:

Receive the Health and Safety report for the month of February 2021.

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

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

Glossary for Monthly Performance Scorecard and Report

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

Glossary

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

Purpose

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

Brief March activity update

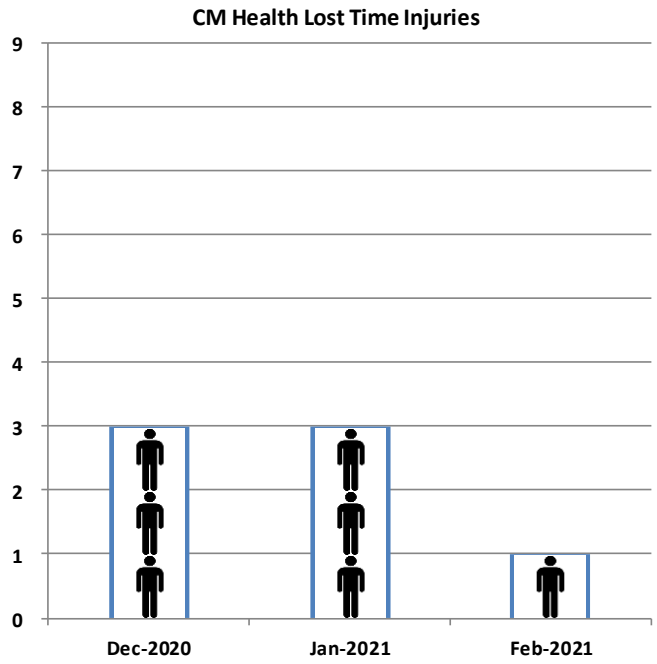
In March the Occupational Health team focused on planning for the COVID-19 vaccination with the senior nurse working solely on this significant project.

The first of the violence and aggression groups was carried out in March to introduce the purpose of this group and to determine workflow. A further meeting will follow in April to build the Terms of Reference, discuss the WorkSafe guidance booklet on violence and aggression in the healthcare sector and analyse the CM Health incident data.

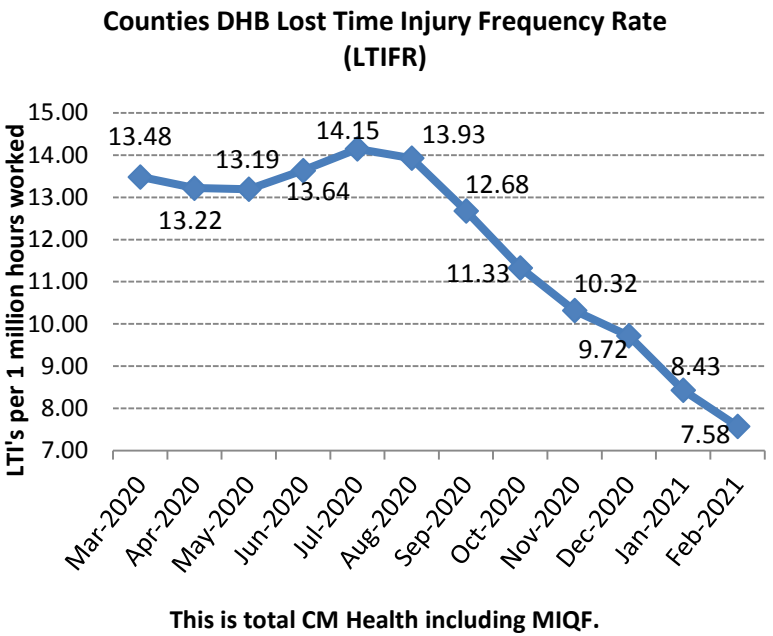
The 20 DHB H&S Managers' meeting was attended in March 2021 with beneficial discussions resulting in a combined effort in projects for key risks and with a WorkSafe representative in attendance to discuss H&S reporting and planning.

CM Health H&S Dashboard – February 2021

LTI's



LTIFR – 12 month rolling average

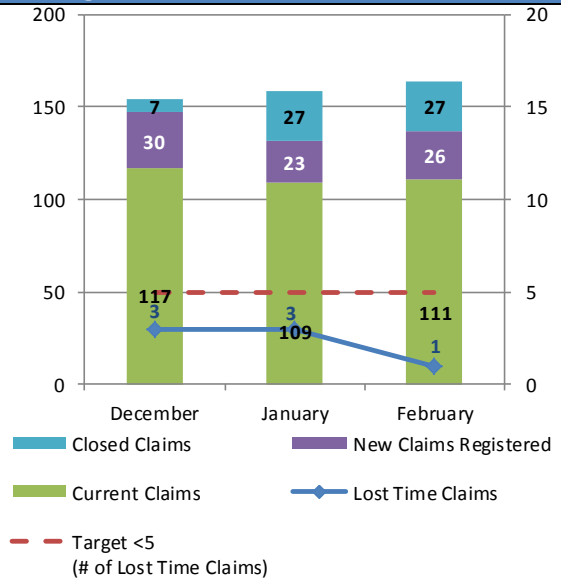


This is total CM Health including MIQF.

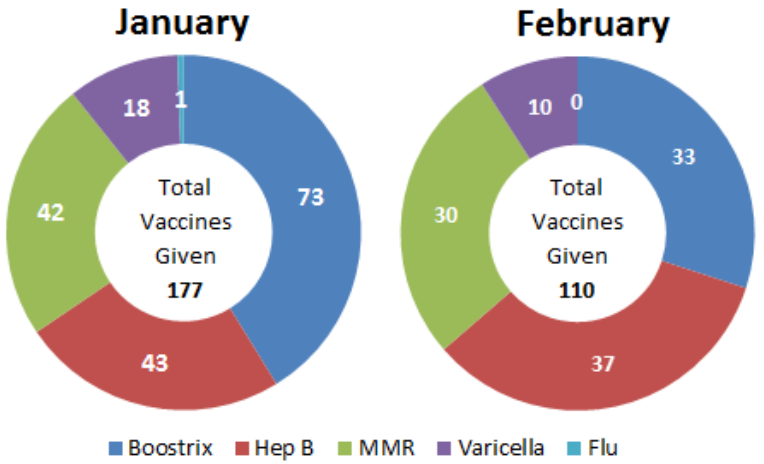
Critical Risk Incidents

January	Risk	February
71	Violence & Aggression	70
21	Moving & Handling	22
24	BBFE	23
5	Slips, Trips & Falls	11
17	Stress	45

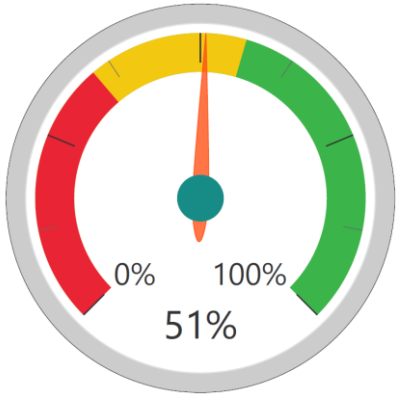
Injury Management Claims



Vaccinations



CM Health Safe365 Aggregated Score



NZ Market Average = 52%

Guide to Safe365 Health & Safety Index
0%-20%: Very low H&S capability. Take urgent actions to improve.
21%-40%: Some H&S capability present, significant improvements needs to achieve basic compliance
41%-60%: A number of areas of good H&S capability. Some work-ons required to achieve basic compliance
61%-80%: General level of compliant H&S capability achieved
81%-100%: Comprehensive H&S capability achieved, areas of excellence being exhibited

Executive Summary

The ACC AEP audit was undertaken at the CM Health site of Pukekohe Hospital and resulted in CM Health retaining tertiary accreditation. CM Health ACC AEP Audit sites are chosen by ACC from a list provided by the organisation. The auditor was positive in her feedback. Generally the audit process went well and support and commitment to the audit from the team at Pukekohe was exceptional.

Some further actions will be undertaken to ensure smooth evidence gathering and audit processes in the future. OHSS will work with relevant stakeholders to discuss the audit results once the confirmation of tertiary status is received from ACC. The next ACC audit will be in late 2019 for injury management practices followed by a full renewal audit in 2022. Planning is already underway for the 2021 injury management audit.

Following the MoH withdrawal of the N95 Duckbill respiratory mask in December 2020, the OHSS Respirator Mask Fit Test team (RMFT) has progressed with the project of re-testing staff for an alternative mask. This project will continue and then move to a BAU activity for the annual retesting program.

The OHSS team have engaged with EMA to set up the specialised training sessions for HSRs in Hazard & Risk Management and Auditing & Investigation. Dates are being finalised for the further specialised training for PCBU responsibilities and HSWA responsibilities for leaders.

Occupational Health

Onsite clinics for OHSS physicians were 69 in February when compared to 59 in January. OHSS nurse appointments were 106 in February, decreasing from 147 in January. The reduction in February was due to two public holidays and Auckland's move to Alert level 3. Recalls for workers to attend follow up appointments and vaccinations continues to be business as usual workflow. Manager referrals in February (26) has increased significantly from January (18). The increase can be attributed to staff returning to work following the Dec/Jan holiday period.

Contact Trace (CT)

There was one contact trace conducted during February;

- One Tuberculosis contact trace
  - 3 staff involved. All were deemed casual contacts.

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.

Occupational Health Physicians

OHSS is working through a plan for increased Occupational Health Physician (OHP) clinics which will enable additional days for staff referrals and consultations. A plan will be presented outlining the workflow and occupational health plans. Manager referrals to OHPs have increased from 18 in January to 26 in February and appointments have increased from 59 in January to 69 in February.

Occupational Health and Safety

Planning is being finalised for an externally facilitated HSWA Governance workshop for the Board of Directors and ELT and also a Contractor Management (Shared PCBUs) half day workshop, to be delivered in June 2021 to those managing contractors for CM Health.

OH&S Management System Audit Tool

Transferring of the OH&S Management System self-assessment (Phase 1) component to an electronic tool is underway with a vendor being appointed and an agreement reached for this being ready to pilot in April

2021. With a provisional pilot launch in the business planned for early 2021 on a ward at Middlemore and the ASRU.

The verification audit (Phase 2) has being assembled and ELT and SLT endorsement will be sought prior to implementation. The plan is for auditing to be conducted by the OH&S team across the organisation, over a continuous three year cycle starting in 2022.

Risk Assessment System
OHSS continues to provide the details of content and functionality required to develop an OH&S Risk module within Safety First, to increase visibility and accessibility for the CM Health workforce to risk management (assessment and controls).

HSR Training
Dates for specialist training planned for HSRs in 2021 in Risk Management and Incident Investigation (Stage 2 training) as well as new HSR training (Stage 1 training) is being confirmed with EMA who in conjunction with OHSS are tailoring training to CM Health. Training will include pilot session for both Stage 2 sessions. These Pilot sessions are planned for May and will include FEAMs, OHSS and a selection of HSRs from across CM Health.

Respiratory Face Masks

The Respiratory Mask Fit team have continued to engage in the smooth transition away from the QSI Duckbill P2 respirator mask to suitable alternatives. Additional testing was required to find alternatives for staff who wore the 3M 1860 mask due to a Ministry of Health announcement that there may be supply restrictions in the future.

Staff members who were identified as requiring re-testing were contacted to schedule a testing appointment as a priority. Records are maintained in the OHSS database and communicated to managers to assist with coordinating re-testing and to provide an indication of the stock levels of each mask required in the area.

Violence and Aggression Project

Following on from a review of the risks associated with violence and aggression, division managers have been contacted and have identified HSRs to participate in a bi-monthly focus group for this project, the first of these meetings is booked for March 2021. It is intended that the HSRs will provide representation for workers in managing this risk, reviewing:

- Legal situation / requirements
- Incidents reported and trends identified
- Review of risk in organisation risk profile
- Provide feedback to CM Health senior management

A format will be agreed by the group for providing feedback to senior management and the wider CM Health community.

The 20 DHB H&S managers are due to meet up in March 2021. A subset group has been established from this group to continue the work on a strategic approach to the violence and aggression risk. Plans include a governance risk assessment being completed and procedures approved at a governance level that can be used across the 20 DHBs.

Lone Workers Project

The Get Home Safe app has been issued to 600+ community workers to date and support is provided to ensure correct usage. An optimal way of assessing perceived functionality by users and actual usage is being discussed as variation of work patterns and app usage need to be factored into an evaluation of the

app's performance.

The WorkSafe Initiatives team met with the OHSS, Communities team managers and a representative of the CM Health legal team in February to determine the actions that will be taken to further assess the safety of CM Health community workers and maintain usual standards of business operation (i.e. privacy, WorkSafe functions). A Memorandum of Understanding has been prepared and should be in place by the end of March 2021 for this work to commence with the assistance of the WorkSafe Innovations team.

Managed Isolation and Quarantine Facilities – COVID-19 work

OHSS continue to attend the MBIE and NZDF overlapping duties meetings and have requested a risk assessment review and an update on the elections for HSRs. The Group H&S Manager has reached out to the new MBIE Northern H&S Advisor and a meeting is being set up to work collaboratively if issues are raised.

- Testing for DHB workers who are working at MIQFs has continued, to optimise correct mask fit with these results being provided to the OHSS RMFT.
- OHSS continue to facilitate the H&S inductions required for new DHB staff at MIQFs; there has been a decrease in frequency of inductions due to the staff vaccination programme.
- OHSS continue to review incidents reported affecting DHB staff, liaising with other PCBUs as required.
- A report will be presented to the Audit Risk and Finance Committee addressing the PCBU risks for the MIQFs.

Contractor Management

The OHSS is reviewing the Contractor Management Policy & Procedure to provide overarching governance and guidance to all of CM Health on the requirements to achieve compliance required; with the intention of confirming the understanding of PCBU responsibilities for all. These documents are expected to be finalised in March 2021. This documentation forms the basis for the PCBU training that is due to be facilitated at CM Health by the training provider EMA.

An OHSS H&S Advisor continues to attend the 20 DHB H&S Managers project group on Contractor Management facilitated by ADHB.

Injury Management

In February, 26 new workplace injury management claims were registered, which is an increase from January (23). There was 1 lost time claims reported in February which has decreased from January (3). A total of 111 claims were being managed by the Counties Manukau and WellNZ Case Managers in February compared to 109 being managed during January.

The CM Health Injury Management Case Manager was heavily involved in the ACC AEP audit resulting in CM Health obtaining tertiary accreditation. The OHSS team are working through recommendations following this audit alongside Wellnz (the third party provider). The next ACC AEP audit will be scheduled for late 2021 in injury management practices.

Incident Reporting

During February there were 181 incidents reported an increase in comparison to January (155).

Our highest numbers of reported incidents type in February (70) remains Aggression & Violence which remains consistent with January (71). Reported stress incident numbers for February (45) has increased significantly from January (17). 37 of the 45 reported stress incidents related to insufficient/ unavailable assistance due to inadequate staffing. Moving and Handling incidents for February (22) were consistent with January (21).

There was a slight decrease in BBFE incidents in February (23) from January (24).

Five (5) incidents were reported from MIQFs in February, an increase from January (1).

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

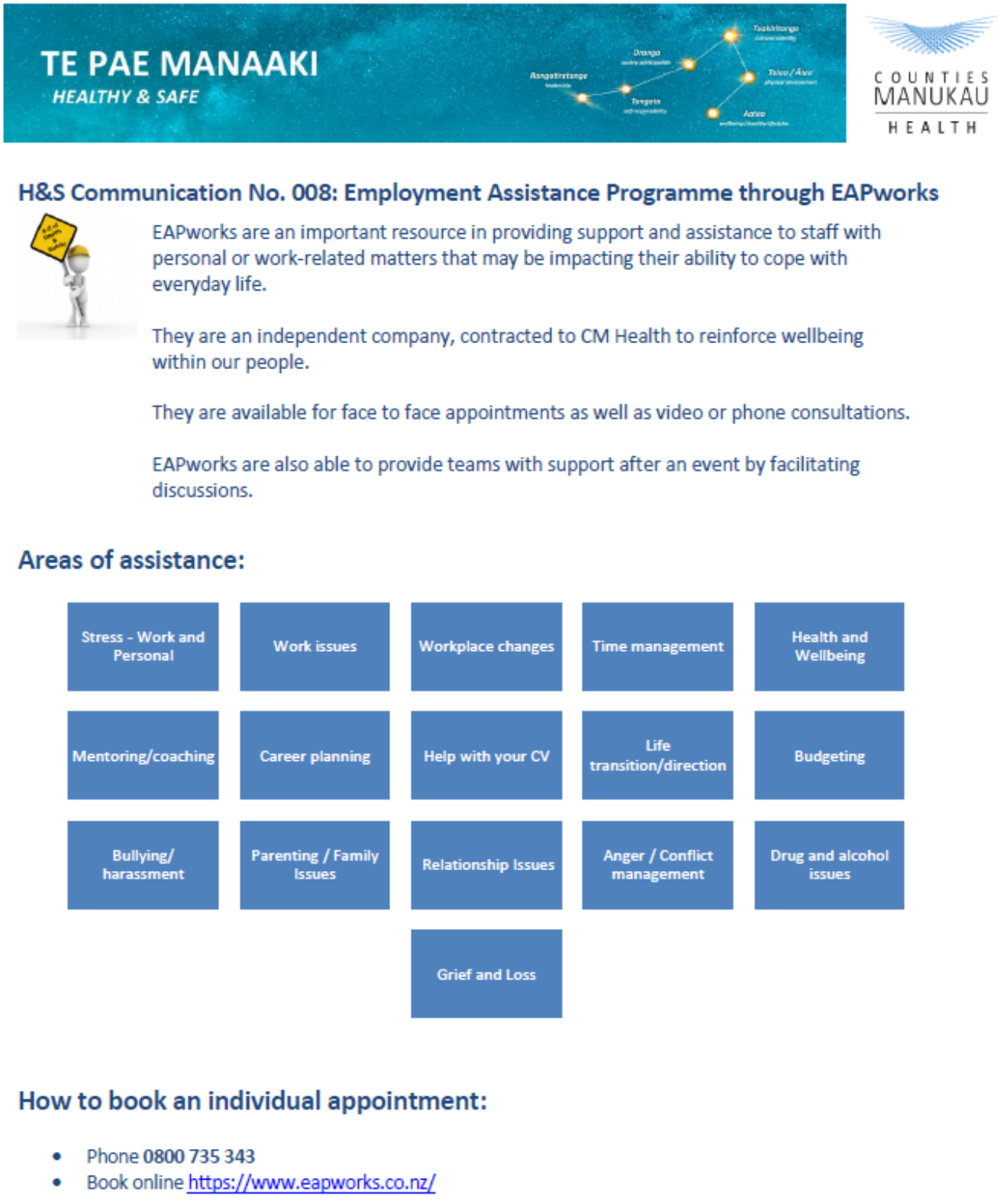
Event Requiring Notification to WorkSafe

There were no events reported to WorkSafe in February 2021.

OHSS Communication Topics

The H&S communication for February was Employee Assistance Programme (EAPworks).

Figure 1: OHSS Communication – 008: 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;**

- The service is free and completely confidential unless express consent is given for information to be shared.
- Three sessions are pre-approved; additional sessions can be requested through EAPworks.
- Using the service does not adversely affect a person's ability to work at CM Health.
- An individual's records are not kept anywhere within CM Health.
- A generic summary of total numbers of use is provided to CM Health for reporting purposes.
- Health & Safety issues should continue to be raised through the online reporting tool.

Rangatiratanga **- Leadership: Manager's responsibilities**

- Remind staff that the service is available to provide additional support, at any time but especially after an incident or event.
- Understand how the manager referral process works to support staff and ensure consent is provided by the person being referred before requesting feedback.
- Use the service themselves, if they require support from an independent third party.
- Build a team that openly encourages the use of EAPworks.
- Understand that, EAPworks are only part of the solution. Sometimes, work –related issues need to be addressed at an organisation level to avoid other people experiencing similar issues.
  Additional support to address and talk through work-related issues is available from your HR Business Partner, Occupational Health & Safety Services (OHSS), Organisational Development and Senior Management.

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

- Place this communication topic on the staff noticeboard and assist team members to access EAPworks.
- Escalate to the OHSS any matters that need to be raised.

Tools needed to communicate this topic;

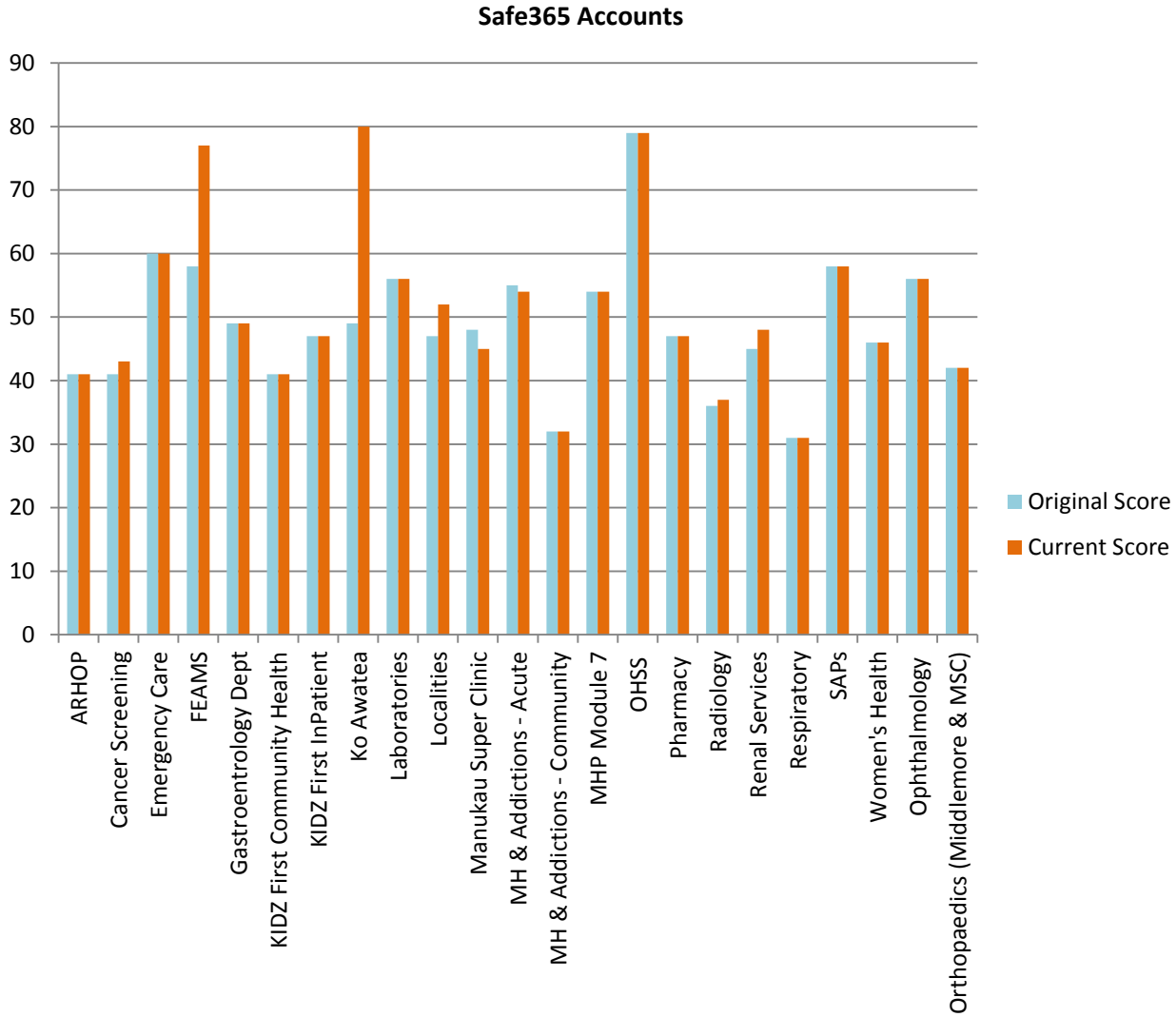
- Refer to the Employment Assistance Programme (EAPworks) page on Paanui
- Refer to EAPworks pamphlets and/or pocket cards on the Health & Safety Noticeboard.
- Refer to the EAPworks website https://www.eapworks.co.nz

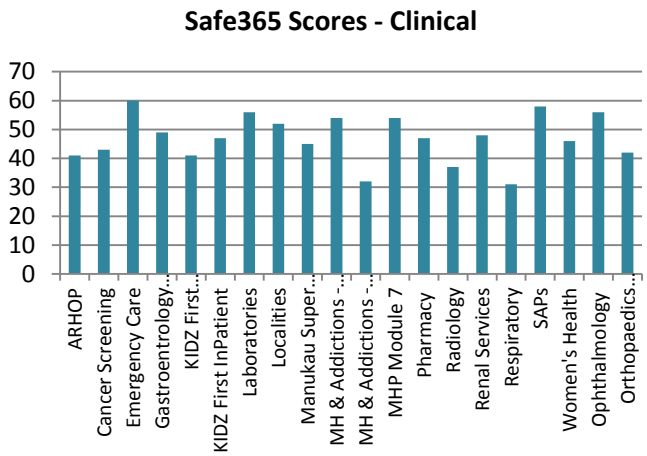
Safe365

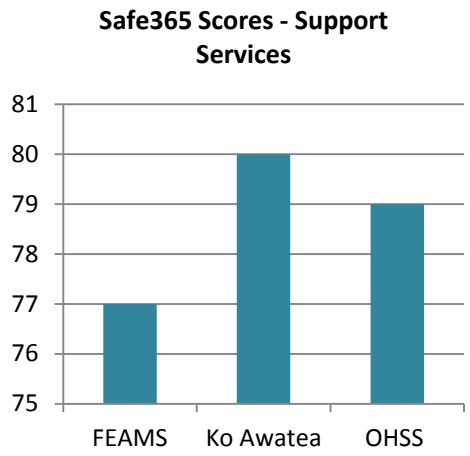
Work is continuing with Medicine to reassign their Safe365 accounts across their directorate and training nominated Health and Safety representatives to assist in actively maintaining the accounts. OHSS has met with Mental Health and Addictions and ARHOP to discuss their H&S needs and how OHSS can support them to get the most out of their Safe365 accounts.

OHSS also met with the Safe365 provider to discuss CM Health's reporting needs and software functionality. Improvements in the range of reports and functionality are underway and due to be available by the middle of the year. A score reduction of 3% in one account was incorrectly recorded as occurring in November 2020. The provider has investigated this and confirmed an issue with how data was being extracting from their system for the monthly report sent to CM Health. The 3% score reduction actually occurred within the two week period when the account was being initially assessed (Nov 2019).

The aggregate score for CM Health remains at 51%. The graphs below show individual account scores. They do not include accounts currently being reassigned; these will be included once they have been reassessed.







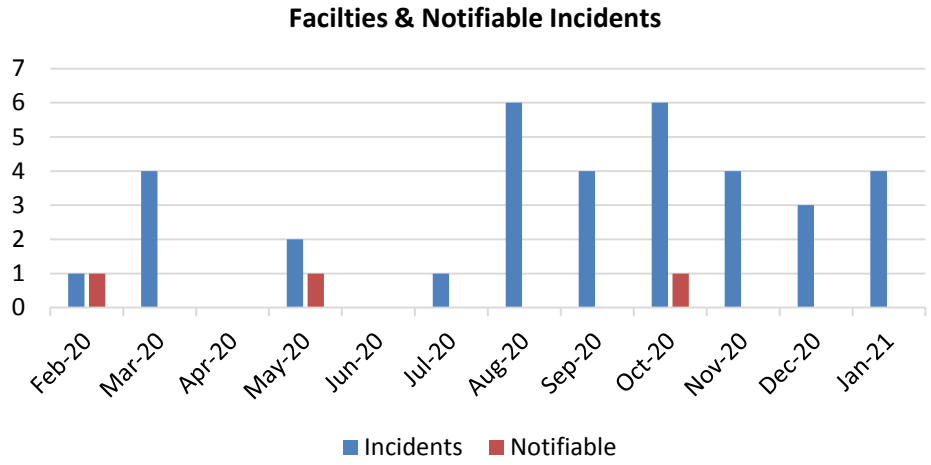
The 20 DHB Safe365 Benchmarking Project has resulted in three recommendations to improve Safety Maturity (reflected as an increase in the Safe365 account scores). These recommendations are shown in the table below along with OHSS actions and plans in these areas.

Safe365 Recommendation	**CM Health OHSS action/plan**
1. Safety Induction - Design, build and implement a safety induction programme that can be used across the entire sector. This will have a significant impact as it will raise awareness and educate Boards, CEs, Executive Teams, management and staff; and as a consistent framework across DHBs will benefit by being transferable for staff who change roles between DHBs.	Health and Safety Induction – this has been refreshed for CMH and is in place online. A communication is being arranged to be sent for this. The OHSS team are also working on a proposal for an online annual refresher (for all staff).
2. Risk Management - Design, build and implement a risk training framework. This may be part of the safety induction (module) and/or a separate one but could be designed to provide all stakeholders with an understanding of what risks are, the risks typically associated with DHB environments, and how to analyse risk and implement appropriate solutions.	Risk Management training - specialist training sessions have been set up with an external provider. Four facilitated sessions are currently planned with FEAM/OHSS and invited participants being the first 'pilot' to occur in May and 3 HSR sessions this year. A plan is underway for leaders to also complete this training.
3. Safety Leadership Development – a safety leadership programme to lift leadership understanding on safety and the role of leaders/stakeholders. The Government Health and Safety Lead (GHSL) has partnered with the Institute of Directors (IoD) to develop a new Officer Development Programme exclusively for public service senior leaders with officer responsibilities under the Health and Safety at Work Act 2015 (HSWA). This would potentially provide DHBs with a consistent approach and will be explored further.	CM Health specific PCBU and Director training has been set up with an external provider to meet the requirements for the Leaders development gap. OHSS are currently waiting for confirmed dates from the provider.

Facilities & Engineering Health & Safety Monthly Report

1. Incident and Hazard Management

1.1 Incidents:



8 incidents occurred in February.

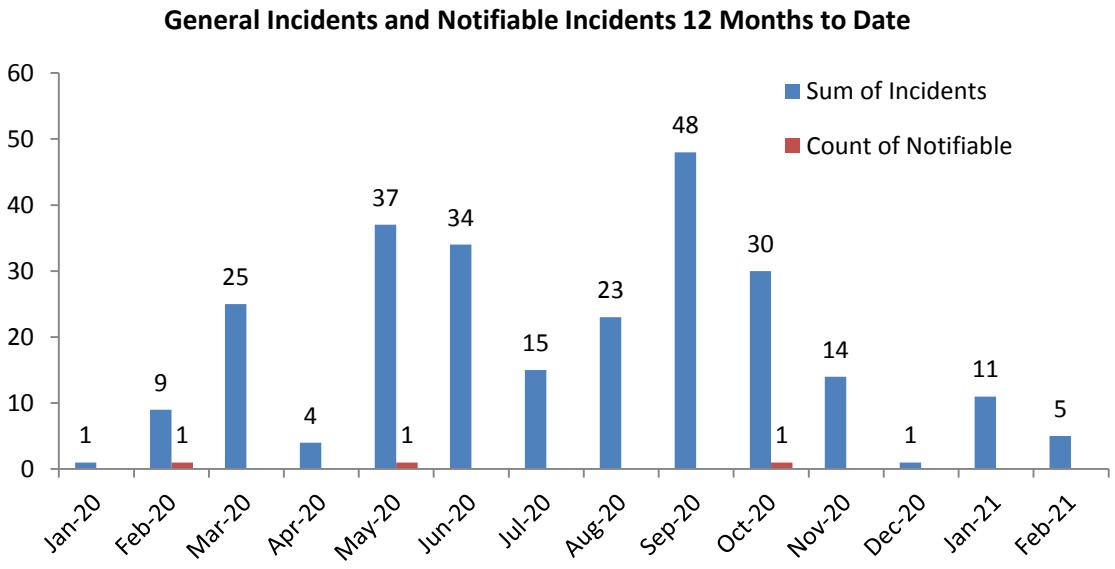
1 significant injury occurred, where a contractor employee under Compass hit his thumb with a cordless drill driver bit while screwing together some framing in the staff kitchen. The individual required 3 stitches.

1.2 Hazards and associated risks:

No new hazards were identified in February 2021.

2. Contractor Management

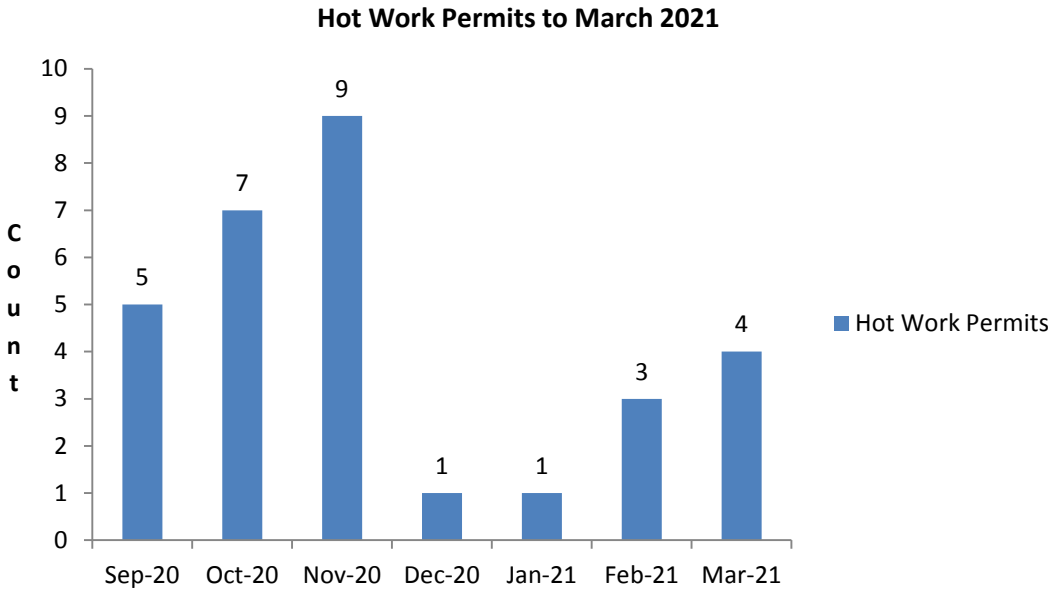
2.1 Contractor Employee Inductions:



A total of 257 contractor inductions have been completed for the 12 months to date. Five were completed in February, which along with January is always a quieter month for contractor engagement. Part of the reason for this is that generally after 9-10 months, contractor activity is somewhat quieter at year end and

the beginning of the following year. In addition, most contractor employees have completed a CM Health, health & safety induction and are not quite due for their 12 month refresher.

2.2 Permits to Work:



A new hot work permit process for fire alarm and sprinkler isolations has been implemented. All contractors and internal FEAM requests are directed through the CM Health Fire Safety Officer.

3. Fire Safety

3.1 Trial Evacuations:

All sites are currently compliant with each having a trial emergency evacuation conducted within the last 6 months. This was an excellent achievement, given the two Covid-19 lockdowns in 2020 prevented scheduled trial evacuations being conducted as scheduled during those times.
Total trial evacuation completed;
December 2020 - 6
January 2021 - 5
February 2021 - 4

4 trial evacuations for March have been postponed due to the latest Covid-19 lockdown.

3.2 Fire Wardens Training:

Fire warden training was conducted through January 2021 at Middlemore Hospital. Another 20 individuals have received training at Manukau Health Park, with two further training sessions booked for the week beginning 15 March 2021.

Number of participants in 2021 Fire Warden training to date - 252.

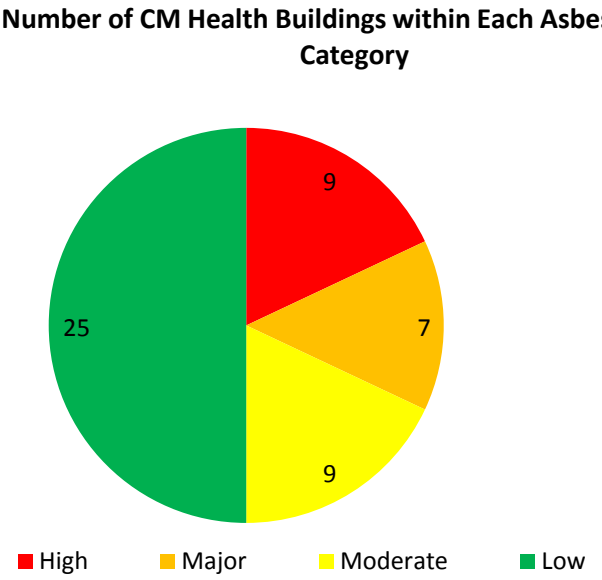
3.3 Completeness of Fire Evacuation Schemes:

All fire evacuation schemes have been updated within the last three years. However, a review is currently being conducted to ensure compliance and also that they are fit for purpose with the needs of clinical services and their respective patient risk profiles.

Number of evacuation scheme reviews per month;
December 2020 - 3
January 2021 - 5
February 2021 - 3
March - 1

4. Hazardous Substances

4.1 Asbestos:



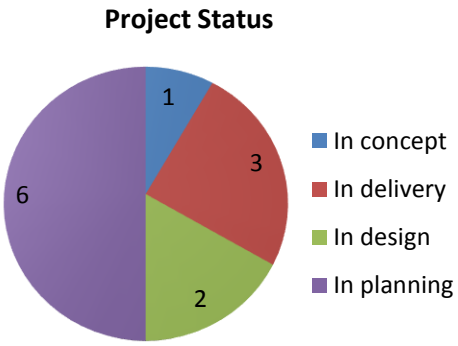
As reported in the previous FEAM monthly health & safety report, the above graph shows the number of CM Health buildings that falls into each asbestos risk category, according to data obtained from asbestos management surveys completed in 2018.

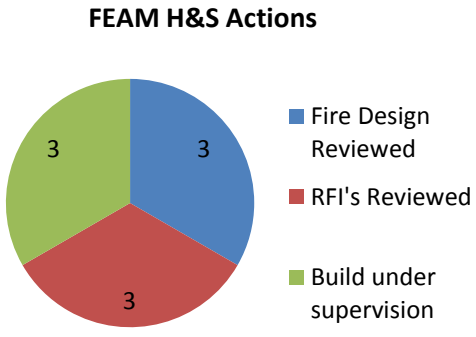
As a next step, 16 asbestos registers have been completed as per the requirements of the Health & Safety at Work (Asbestos) regulations 2016.

This work is continuing as further asbestos testing and remediation work occurs.

5. Major Capital Projects

Projects summary, including stage of engagement





FEAM Health & Safety have identified key touch points in the project scoping, design, tender and implementation stages.

12 Major Capital projects are currently in various stages of maturity from planning, through concept, design and then delivery. Of the projects in the early stages of planning and concept, five have had FEAM Health & Safety review the fire design and/ or RFI's (as part of tender assessment and selection). The remaining four are not sufficiently progressed to require health & safety engagement.

Three projects are in delivery with the Scott Reclad and Kidz First isolation rooms well progressed and Cathlab / Dialysis being in its fourth week of construction having commenced the week beginning 01 February 2021. FEAM Health & Safety are supervising the health & safety performance of these three sites, with safety management plans, traffic management plans and risk registers confirmed as up to date for all three projects.

No significant health & safety incidents have occurred under major capital projects for the period under review.

Health and Safety Performance Scorecard

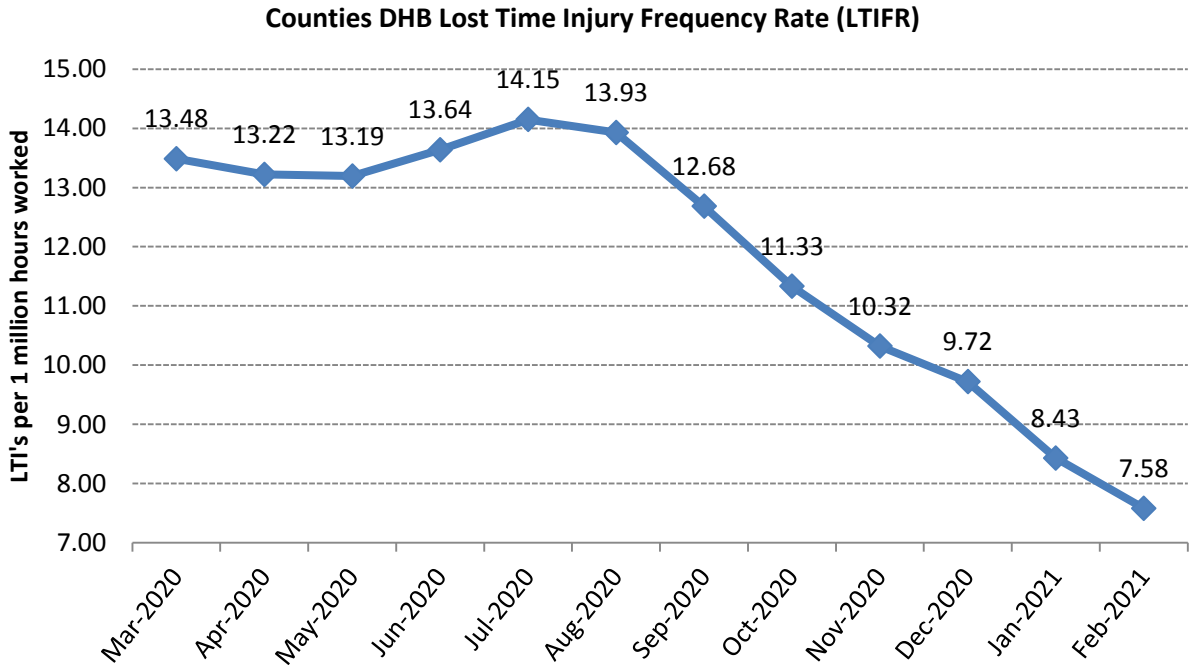
Lagging Indicators		January 2021	February 2021	Target
Reported Incidents	Counties Manukau Staff	155	181	~
	healthSource (hS staff working at CM Health sites)	0	1	~
	healthAlliance (hA staff working at CM Health sites)	0	0	~
	Contractors	0	0	~
	Visitors	0	0	~
Near Miss reported Incidents		11	17	~
Injury Claims	New Claims Registered	23	26	~
	Current Claims	109	111	~
	Declined Claims per month	2	1	~
	Closed Claims per month	27	27	~
	Lost Time Claims	3	1	<5
	Days lost per month (due to Lost Time Claims)	9	3	~
	Lost Time Frequency Rate (LTIFR)	8.43	7.58	<10
	Lost Time Severity Rate (LTISR)	75.71	25.45	<630
	Claims costs (monthly)	$64649.37	$79193.45	~
Critical risk incidents	BBFE	24	23	~
	Aggression & Violence	71	70	~
	Moving & Handling	21	22	~
	Slips, Trips, Falls	5	11	~
	Stress	17	45	~

Leading Indicators		January 2021	February 2021	Target
Pre-employment	Health screening	97.83%	94.29%	100%
Clinic appointments	Dr & Nurse clinics	206	175	~
Vaccinations	Flu, dTap, VZV, Hep B and MMR	177	110	~
Safe365 activity and implementation	30/30 accounts allocated*	100%	100%	100%
Training & development (OHSS team)	**February:** - People Strategy 2021-2025 (1) - Accredited Employer Training for Injury Management (8) - COVID-19 Vaccinator Education Course (Pfizer/BioNTech vaccine) (5)	4	14	~
OHSS Communications	**January:** 007: Emergency Preparedness **February:** 008: Employee Assistance Programme (EAPworks)	1	1	~
Risk Assessments completed	Respirator Mask Fit Testing RA	2	1	~
Workplace Inspections	The Workplace inspections were due February 2021	0	✓	Bi-monthly
HSW internal audits, self-assessments underway	ACC AEP audit	0	1	~

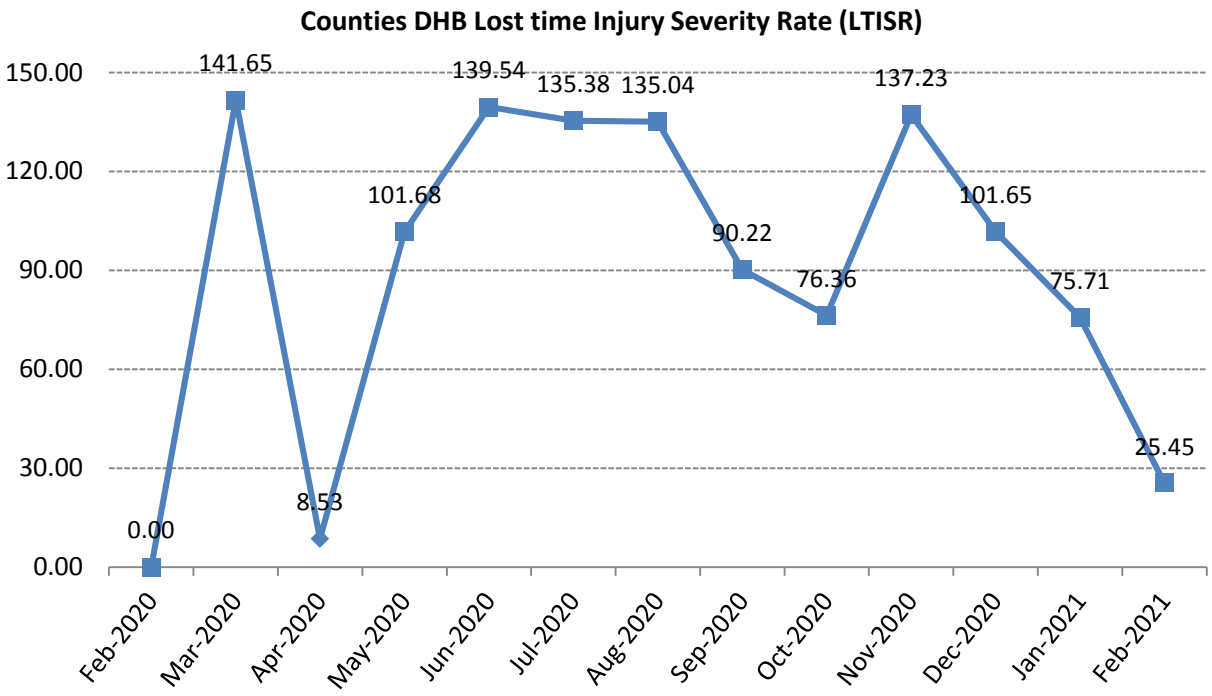
Key Indicators Commentary	
LTIFR	February LTIFR figure of 7.58 has decreased from January figure (8.43).
LTISR	February LTISR figure of 25.45 has decreased significantly from January figure (75.71).
Claims costs	Monthly claims costs have increased from $64,649.37 in January to $79,193.45 in February.
Pre-employment Health Screening	*99 out of 105 PEHS for new starters were cleared to start work in February which equates to 94.29%. 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 February (175) when compared to January (206) figure.
Vaccinations	Decrease of vaccinations administered in February (110) when compared to January (177).
Safe365	*CM Health has 30 Safe365 accounts, all of which have been assigned. 23 accounts are included in the graphs, six are currently being reassigned (within divisions) and will be included once reassessed and one account is awaiting initial assessment.

LTIFR

The LTIFR rolling average figure decreased in February to 7.58 from January which was 8.43. 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.
It should be noted that hours worked have increased since August 2020 when CM Health commenced working at MIQFs. The current decreasing score is a reflection of this.



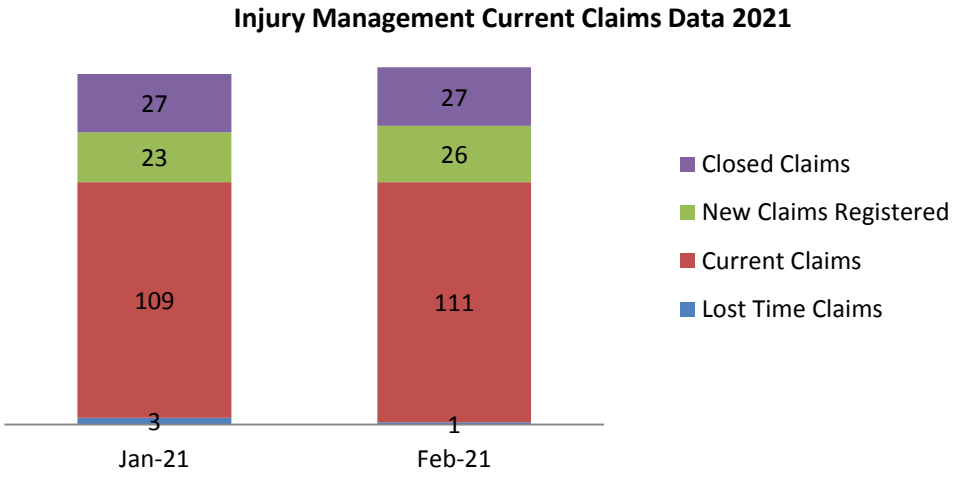
The LTIFR is calculated with the formula: ([Number of lost time injuries in the reporting period] x 1,000,000) / (Total hours worked in the reporting period). By calculating the rolling average of the LTIFR, the impacts of random, short-term fluctuations over the reporting period are mitigated.



Lost Time Claims February 2021

- 1x Musculoskeletal – lumbar sprain

Claims Data (by month)



- In February, 26 new claims were registered with 1 lost time claims, compared with January where there were 23 new claims registered with 3 lost time claims.
- Current claims being managed by the Counties Manukau and WellNZ Case Managers are 111 as of February 2021.
- Declined claims increased in February (1) from January (2).

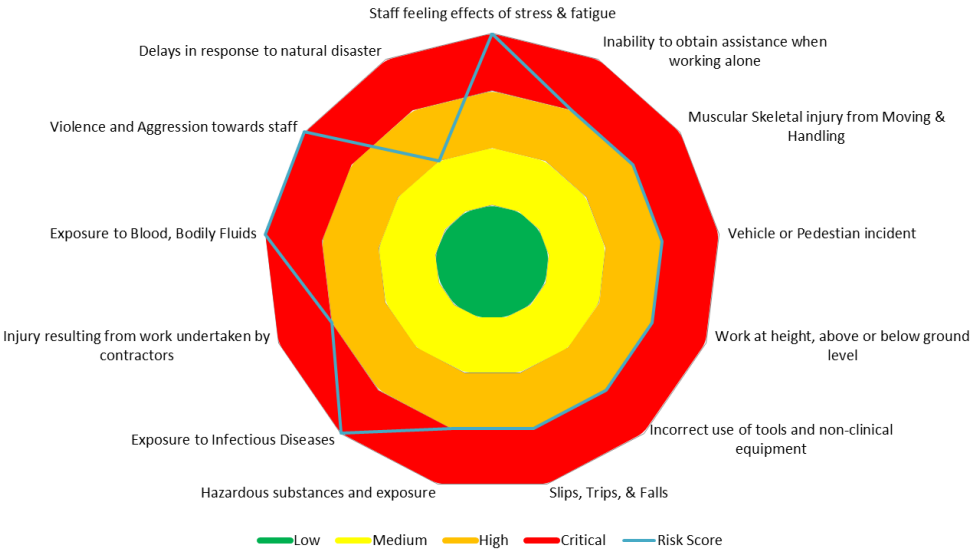
Key Health and Safety Risks and Current Project Activity

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

As a review exercise the risk matrix and critical risks were discussed with management and worker

representative at Pukekohe Hospital and the disparity in risk rating at local level and organisationally considered.

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				Critical	
	Likely			High		
	Possible		Medium			
	Unlikely	Low				
	Rare					

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

Critical Risks

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

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

Risk: Staff and others exposed to **Aggression and Violence** at the workplace			
Risk Rating: Critical		***Current***	Target
	Frequency	Almost Certain	Likely
	Consequence	Major	Major

Active Workflow:

- OHSS are actively involved in the working group that has been established to work through the recommendations from the Security Review that was undertaken in late 2019. Several OHSS projects including violence and aggression and lone work have strong links to this security review.
- OHSS review and follow up with reported incidents of violence and aggression.
- Code Orange incident trends are provided to OHSS by ED
- The upgraded incident and feedback system (SafetyFirst) has been available from 24 September 2020 and supports reporting and analysis of occupational violence.

New Activity:

- Division managers have provided names and a bi-monthly focus group for HSRs to provide representation for workers in managing this risk, reviewing violence and aggression, 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. Invitations have been sent and the first meeting is booked for March 2021
- DHB H&S managers continue the sharing of information on the management of V&A, which will be shared with the focus group. A governance Risk Assessment will be completed for this risk.

Risk: Staff experience **stress/fatigue** in the workplace			
Risk Rating: Critical		***Current***	Target
	Frequency	Almost Certain	Likely
	Consequence	Moderate	Moderate

Active Workflow:

- Workers are encouraged to report low staffing, stress and fatigue in Safety First to enable managers to follow up.
- Following a review of incidents reported in SafetyFirst, inadequate / unavailable staffing and service over capacity continue to be predominate incident types reported with acuity / mix of patients and staff availability / skill mix being given as contributory factors.
- CM Health continues to partnered with EAPworks to offer 'Team Wellbeing Check-ins' for teams. This is a facilitated discussion that a team attends and participates in together.
- CM Health has launched Leading Wellbeing at Work - Webinar which is a new programme, designed to equip managers and leaders to recognise and respond supportively to staff experiencing mental health challenges in the workplace. It is being run by Blueprint for Learning, who has previously delivered Mental Health 101 training to Counties staff.
- 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 have requested a formalised program of work from EAP which will be reviewed in line with the current report

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		***Current***	Target
	Frequency	Almost Certain	Likely
	Consequence	Moderate	Moderate

Active Workflow:

- Occupational Health Nurses with the support of the Physicians follow up with incidents of BBFE that are reported to ensure immediate actions are taken.
- Trends in BBFE are sent on to clinical leaders for learning's.
- A slight reduction in BBFE's has been observed during January and this has continued into February.

New Activity:

- The Occupational Health Nurses received an education session conducted by phlebotomy services on the current phlebotomy devices for blood collection and transfer. With an awareness and understanding of the correct devices to use for these services the Occupational Health Nurses are able to educate the staff following a BBFE. This information will be collated for the Occupational Health and Safety communication topic.

Risk: Exposure to **Infectious Diseases** (note this risk includes diarrhoea & vomiting, respiratory and pandemic illness)

Risk Rating: Critical		***Current***	Target
	Frequency	Almost Certain	Likely
	Consequence	Moderate	Moderate

Active Workflow:

- The Risk Assessment continues to be reviewed as levels change by OHSS
- The CMH on-going respirator mask fit testing program continues
- Work procedures are in place across the service lines to assist in the risk of exposure to infectious diseases.
- OHSS has implemented the protocols to manage the Vulnerable Workers database and makes changes as the levels change for the COVID-19 response.
- Occupational Health Physicians are involved in national advisory groups and provide internal advice on the topic of infectious diseases
- OHSS is involved in the IMT

New Activity:

- Fit testing of respirator face masks continues.
- A Senior Occupational Health Nurse is working full time on the COVID-19 vaccination program

High Risks:

The following risks are rated as High;

Risk: Injury sustained from use of vehicle or to pedestrians			
Risk Rating: High		***Current***	Target
	Frequency	Possible	Unlikely
	Consequence	Major	Major

Active Workflow:

- CM Health workers who drive as part of their work are required to follow NZ road rules and advice from Waka Kotahi (NZ Transport Agency) road code
- Consult on use of CM Health vehicles
- Consult on speed limits at CM Health sites.
- CM Health has a Code of Conduct where drivers are not permitted to send SMS messages and not answer phone calls whilst driving.

New Activity:

- OHSS are participating in a work group reviewing the Vehicle Usage policy and procedures including researching global standards of best practice.
- OHSS has providing advice to CM Health on use of mobile phones in the workplace.

Risk: Musculoskeletal injuries sustained whilst **moving patients and other manual handling tasks**			
Risk Rating: High		***Current***	Target
	Frequency	Likely	Possible
	Consequence	Moderate	Moderate

Active Workflow:

- The SPHM group have a detailed roadmap of activities and initiatives which are discussed at regular meetings
- SPHM Orientation and Update Training continues to be offered
- Training was facilitated on average 1-2 session per week in 2021. Work release to attend sessions continues to be problematic due to hospital demands.
- eLearning as a pre-training resource is being updated and refreshed for 2021
- Standardisation of equipment and procurement continues to be a focus for the SPHM group, with new equipment being assessed and discussed at regular meetings
- Reported incidents continue to be reviewed and monitored by both OHSS and SPHM teams
- 4 Floor Retrieval kits received; rollout completed at MSC, and Ward 24, planning for the rollout to ward 11 and 33 North
- The SPHM team are considering if using the DiNO Tool and a modified version of the WDHB Audit tool is an option to meet our short term audit need

New Activity:

- Planning for a Counties SPHM Educators Day (9th April) to update education team on eVitals and best practice air assist technology to reduce load and risks to staff and patients
- Total number of workers trained is; Allied Health; 196, Nursing; 1427, Orderlies; 87 with refresher training being; 28, 74, 16 respectively
- Bariatric ceiling track hoist has been ordered for Ward 34 North to service specific Bariatric patient requirement

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

Risk Rating: Critical

	Current	Target
Frequency	Possible	Unlikely
Consequence	Major	Major

Active Workflow:

- A total of 245 contractor inductions have been completed in the 12 months to date
- The annual contractor prequalification programme is currently being launched for 2021
- All sites are currently compliant for their fire safety with having their trial evacuations conducted within the last 6 months
- Fire warden training has been facilitated throughout January 2021
- Fire schemes have been updated however work continues to ensure they meet the requirements from a clinical and risk perspective
- Asbestos surveys were carried out in 2018. 16 asbestos registers have been completed
- A H&S meeting was held in December 2020 to discuss safe working requirements

New Activity:

- The FEAMs H&S report details the current activity and has been included in this report

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

Risk Rating: High

	Current	Target
Frequency	Likely	Possible
Consequence	Moderate	Moderate

Active Workflow:

- Trends in slips, trips and falls (STF) from ground level incidents continue to be monitored by OHSS.
- Specific actions are undertaken following STF incidents including reaching out to FEAMs and Cleaning managers to assess hazards as they arise.

New Activity:

- On-going monitoring of incidents continues and the H&S Advisors are available to assist with incident reviews and investigations.

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

Risk Rating: *TBA once reassessed

	Current	Target
Frequency	*Unlikely	*Rare
Consequence	*Major	*Major

Active Workflow:

- 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 will be discussed with FEAMs and a selection of workers and PCBUs before establishing the final risk scores and mitigation*

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

Risk Rating: High

	Current	Target
Frequency	Unlikely	Rare
Consequence	Major	Major

Active Workflow (Safe365)

- Currently 30 Safe365 licences have been set up (as outlined above in the Key Indicators Commentary).
- The Safe365 information page on Paanui is in draft awaiting roll-out and will provide HSRs with links to resources and tips for increasing their compliance scores
- The worker induction booklet has been updated and rolled out to provide current H&S information to workers.
- 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 carried out in February 2021 (after being postponed from September 2020).

New Activity:

- The OHSS Self- Assessment tool has been endorsed by ELT and SLT
- A 20 DHBs Safe365 benchmarking exercise has been completed to assist with establishing combined projects for increasing scores
- CM Health achieved tertiary status at the ACC AEP audit

**HSRs will be consulted to reassess this risk following the implementation of OHSS self assessments and 3 year audit program*

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

Risk Rating: High

	Current	Target
Frequency	Possible	Unlikely
Consequence	Major	Major

Active Workflow:

- Lone Worker Policy, and the new app standard operating procedures and the escalation process have been implemented
- Security monitoring the app 0700 to 1900hrs and the telephony office between 1900 and 0700hrs Pilot phase for Lone Worker app (Get Home Safe) extended to more of the business.
- The policy and procedures were discussed with HSRs and unions
- Over 600 community staff have been on-boarded on the lone worker feedback remains positive.

New Activity:

- The project team are reviewing and developing additional methods to establish usage of app.
- A PSA Union Rep has been consulted regarding the use and purpose of the app and has endorsed the process by responding to questions asked by staff members

Risk: Wellbeing of staff adversely affected by aspects of work

Risk Rating: High

	Current	Target
Frequency	Likely	Possible
Consequence	Moderate	Moderate

Active Workflow:

- 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 Rounds are on-going
- EAP attended Patient Safety Day at CM Health
- The second Schwartz Round occurred on Friday 5 March 17 at 12:15pm in Lecture Theatre 3. The session was timed to align with a Surgery Education session booked on the same day, so that Surgery colleagues could attend
- OHSS have requested a program of work from EAP

New Activity:

- Paanui is regularly updated to reflect changes in COVID Alert levels and to highlight relevant employee support initiatives
- Implementation planning is underway for 'Safety First Aid' – an peer support programme
- The 'Speak Up' programme is being refreshed in anticipation of a re-launch in Q2 2021

Risk: Failure to have adequate identifiable **worker participation** in HSW management system (legal)

Risk Rating: High

	Current	Target
Frequency	Unlikely	Rare
Consequence	Major	Major

Active Workflow:

- 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:

- The ACC AEP audit included 2 focus group meetings, one for employees and one for managers. HSRs were included in these meetings.
- HSRs are key participants in the newly formed violence & aggression focus group.

**OHSS are yet to consult HSRs to reassess this risk due to current controls and activity in place.*

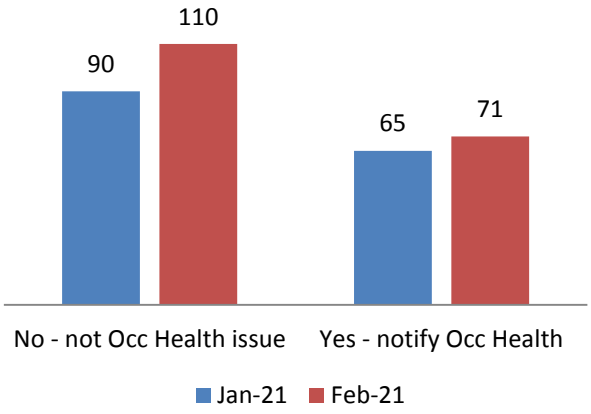
Reported Incidents

Monthly total of incidents reported in February (182) an increase in comparison to January (155).

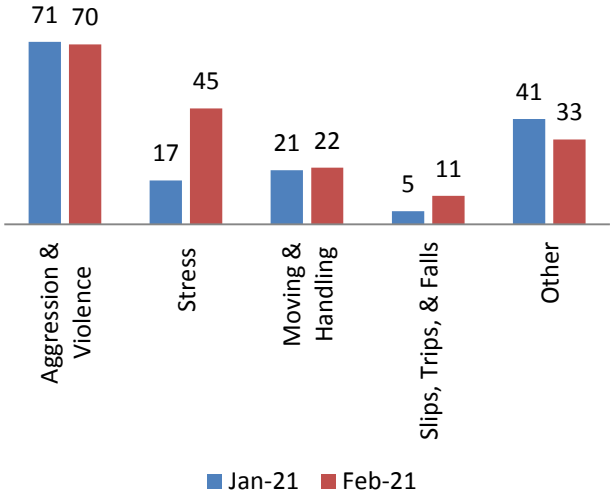
Data on Incidents reported:

- **Aggression & Violence**: Remains in the top three incident rates. February (70) reporting remains consistent with January (71).
- **Stress**: A significant increase in reporting observed in February (45) in comparison to January (17).
- **Moving and Handling:** February (22) reporting remains consistent with January (21). The proportion related to having occurred during moving / handling of patients (14) remains high.
- **Slip/Trip/Fall:** February (11) indicates a significant increase in reporting from January (5).
- **Other:** February (31) indicates a decrease in reporting from January (41).

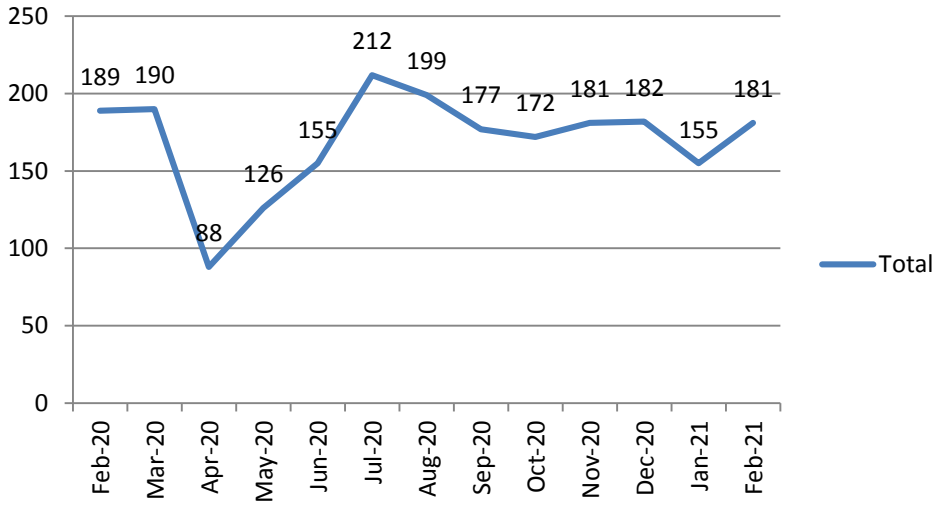
Review of classification by reporting staff of employee incidents, whether an OHSS issue or not, 2021

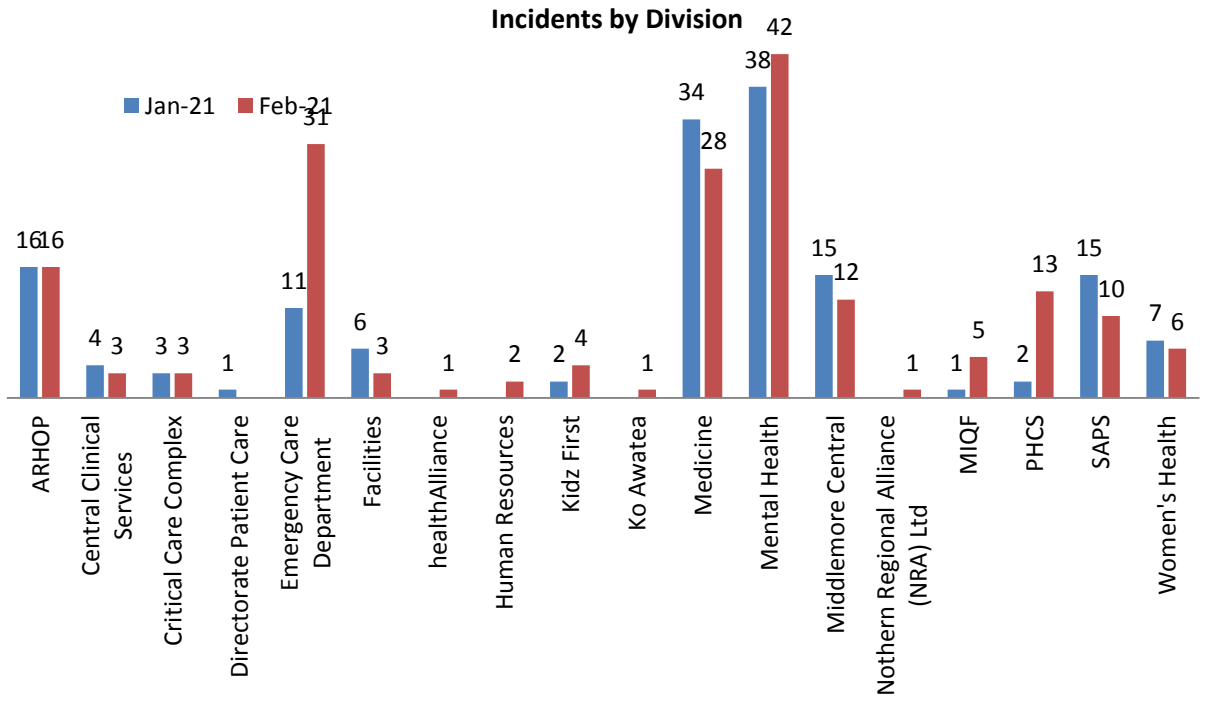


Number of Incidents Reported Related to Type

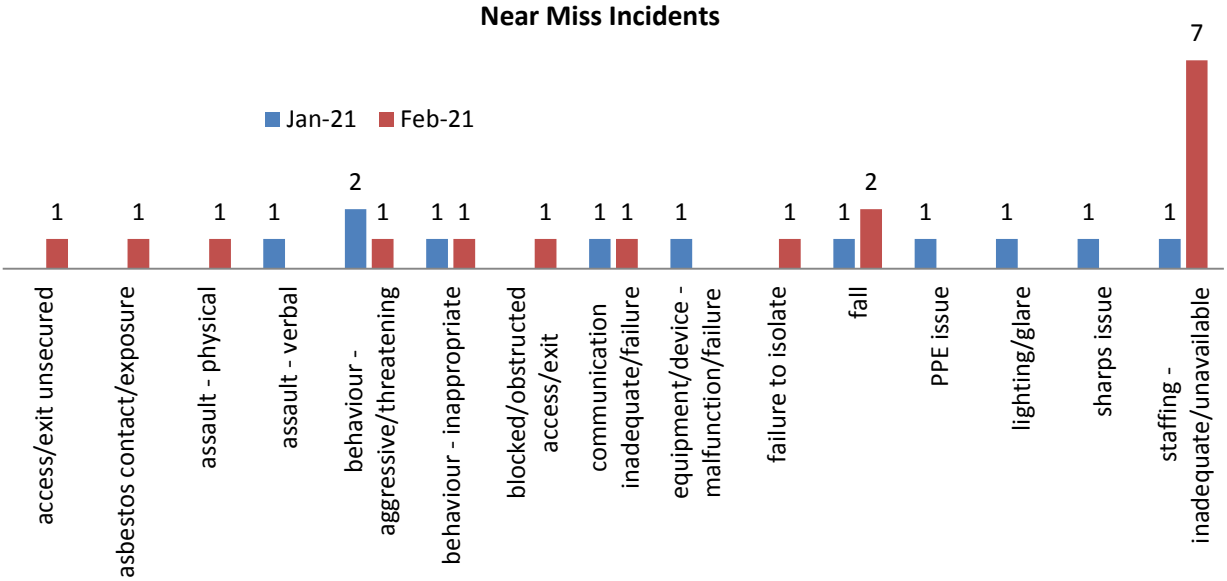


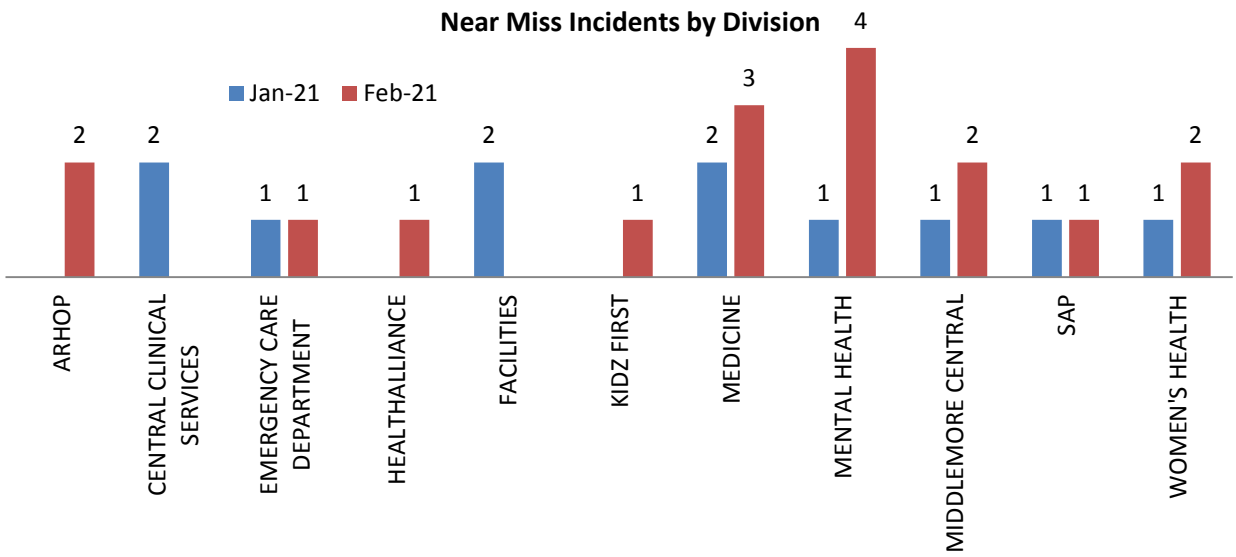
Reported Incidents





Near Miss Incidents

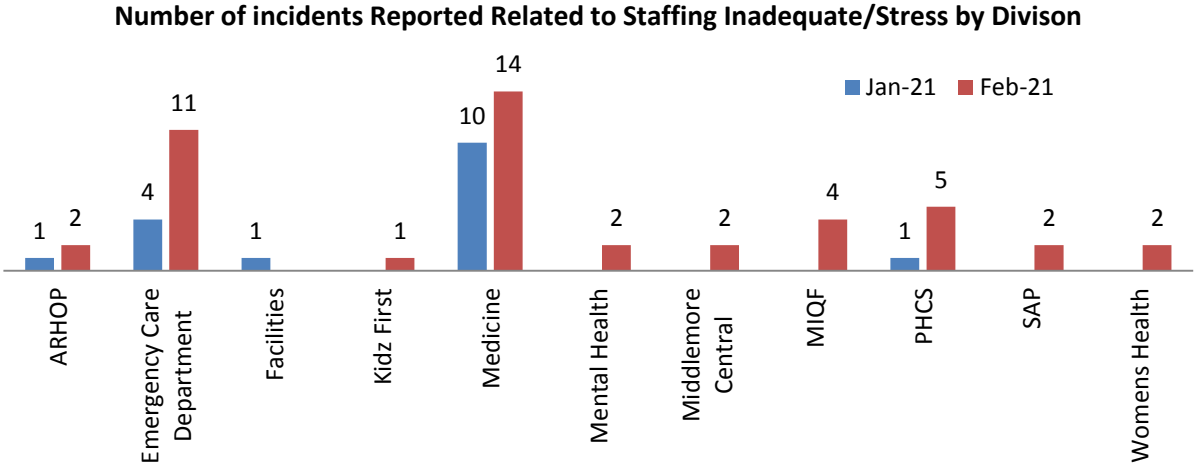




- FEAM investigation of individuals on roof of Colvin Complex without appropriate fall from height controls in place is underway.

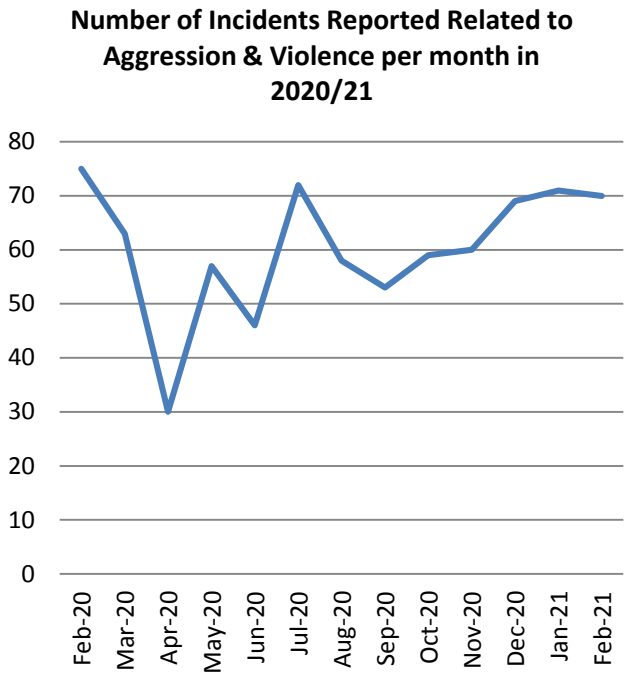
Staffing inadequate/unavailable, Stress

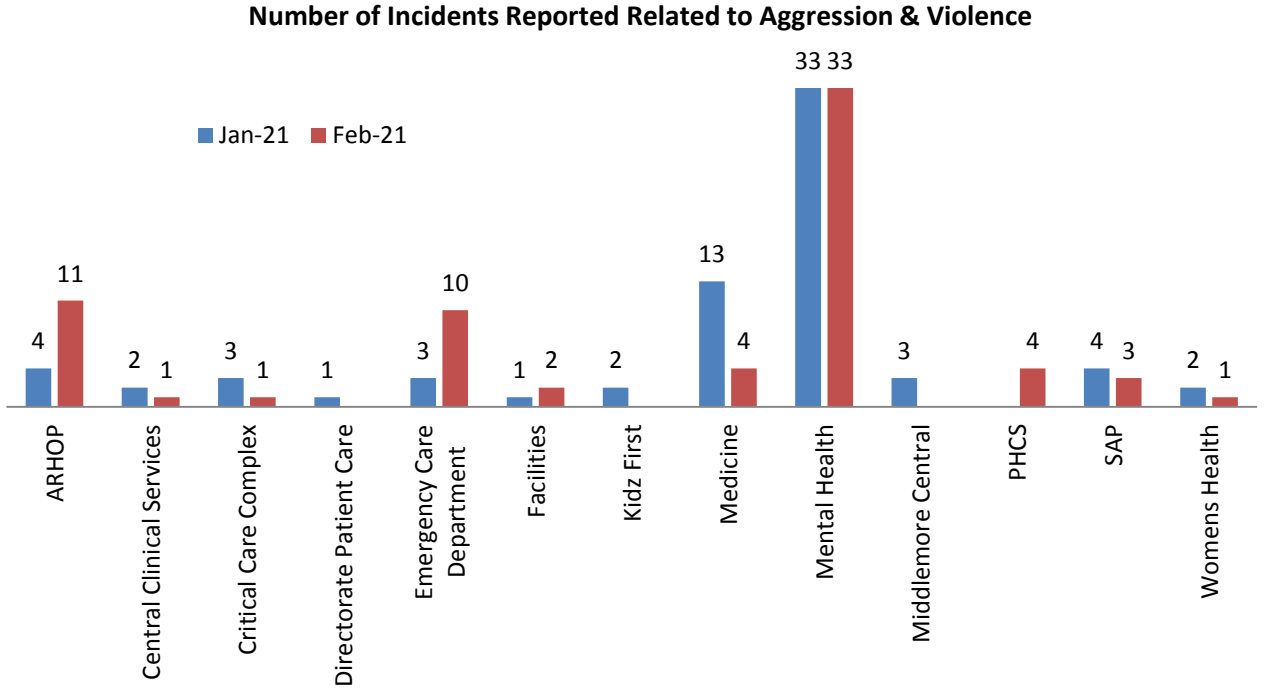
- Reports of staffing inadequate/stress in February (45) have increased significantly from January (17).
- Majority of incidents reported from ED and Medicine
- Main contributory factors reported are insufficient / unavailable assistance, over demand for service(s) and acuity / mix of patients.



Aggression and Violence

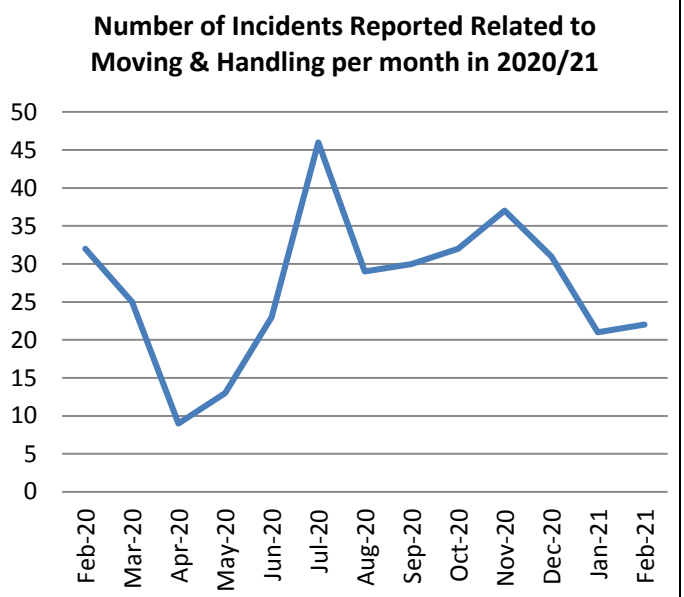
- Aggression and violence monthly figure for February (70) remains consisted with January (71).
- Code Orange (ED) reported 8 incidents, 2 related to alcohol involvement and 2 with drug involvement

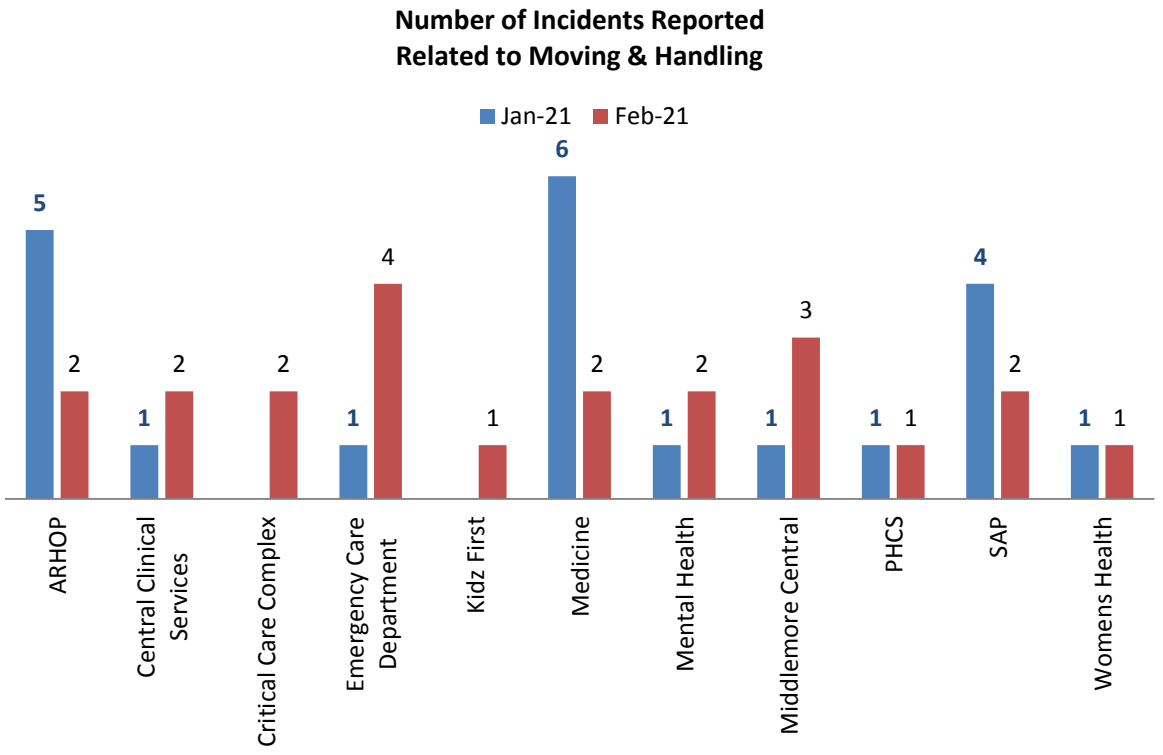




Moving and Handling

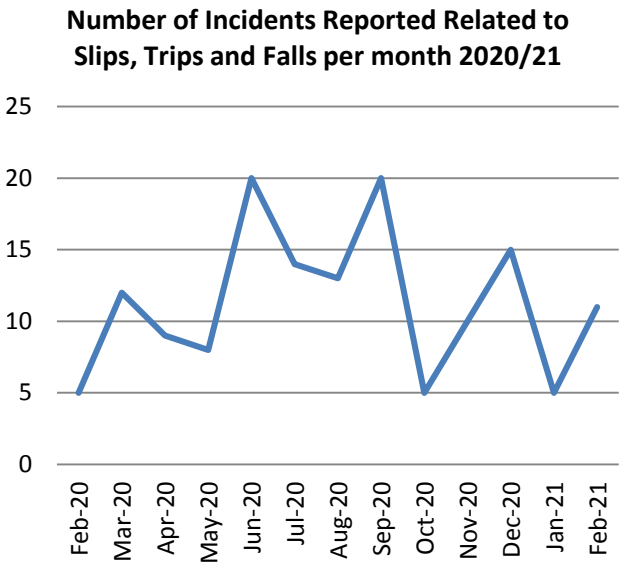
- February (22) figures remains consistent with January (21),
- 14 injuries are reported as occurring while moving / handling a patient no change from the number in January.
- The majority of patient handling incidents reported were around an action or behaviour of the patient.

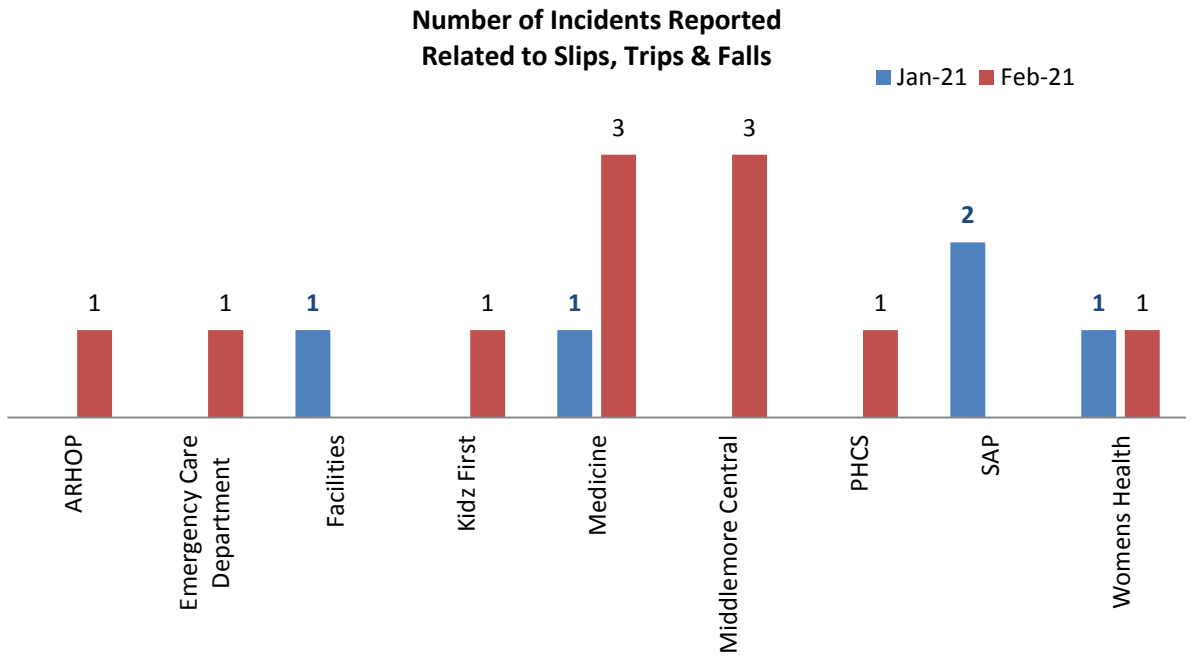




Slips, Trips and Falls

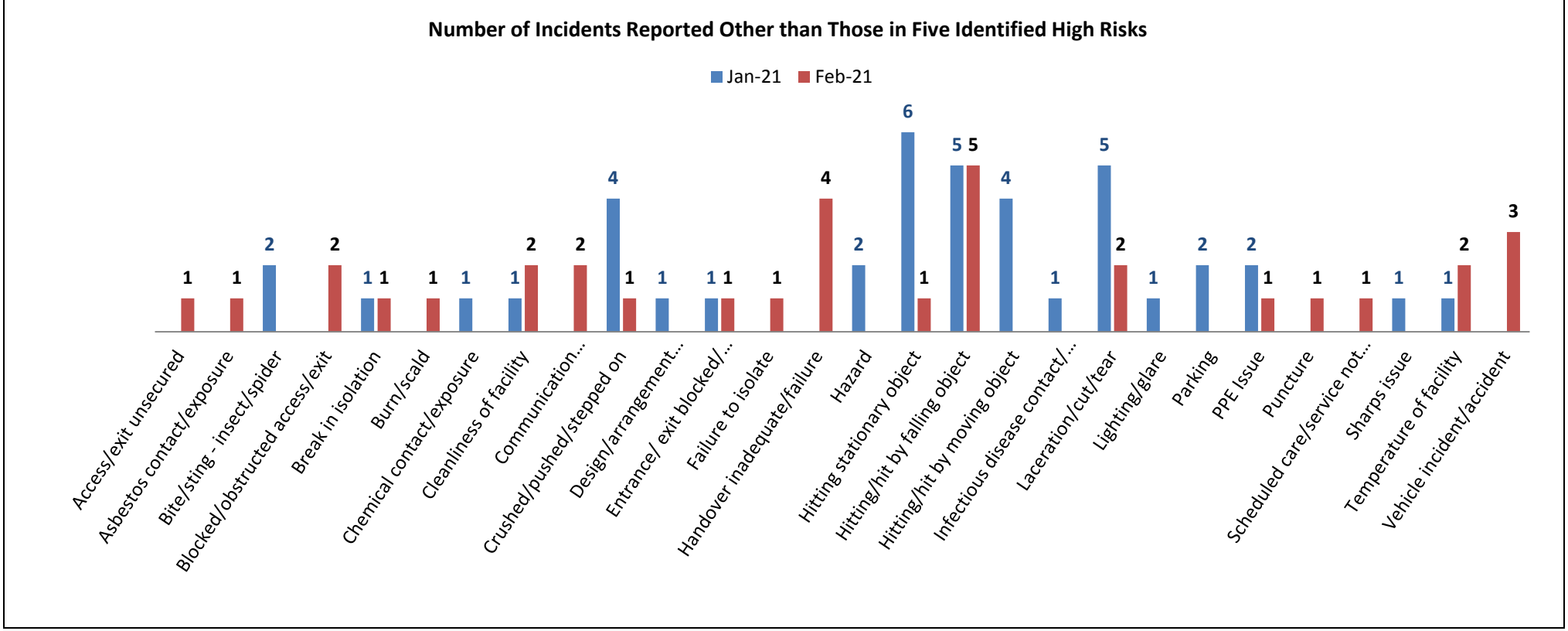
- Slips, Trips and Falls monthly figures in February (11) have significantly increased from January (5).
- Human factors were listed as the predominant contributory factor.

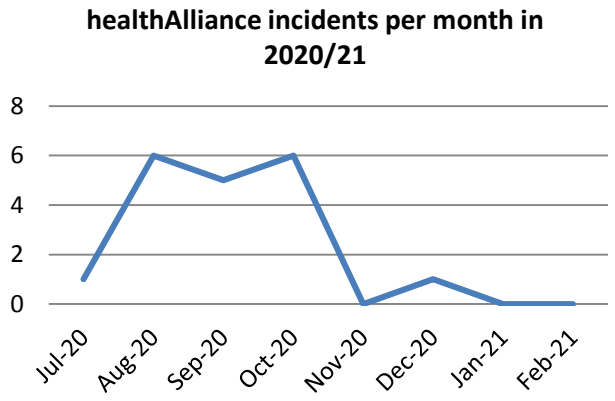
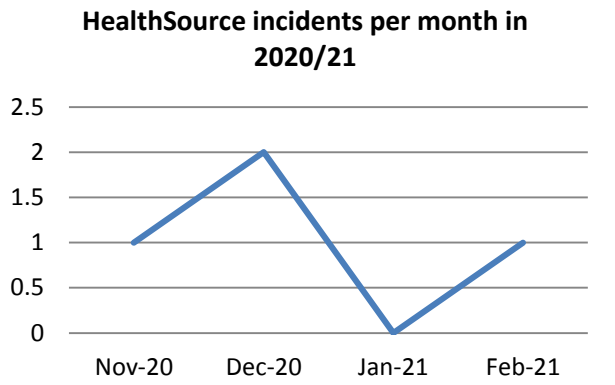


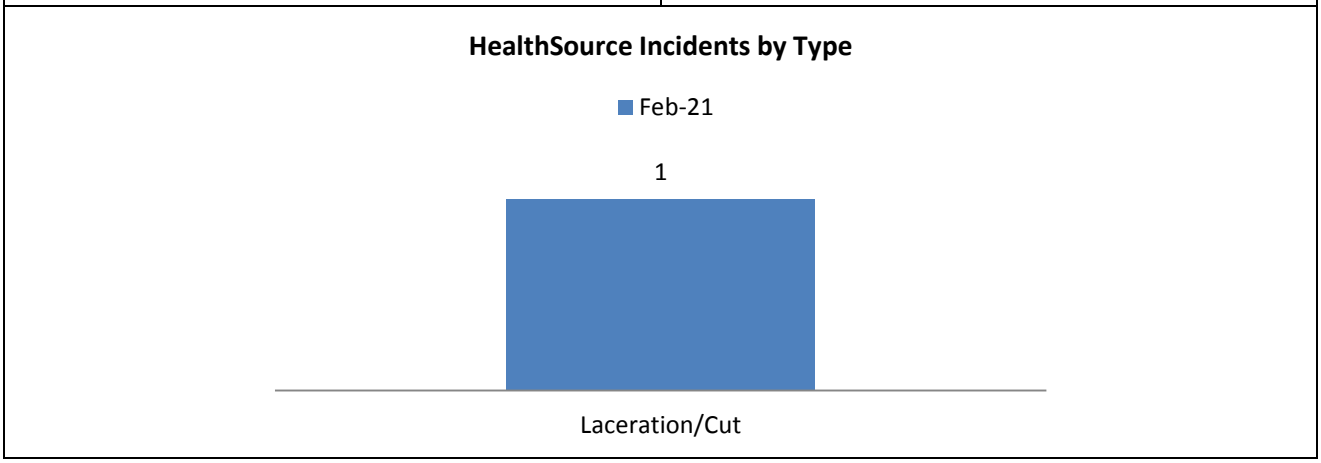


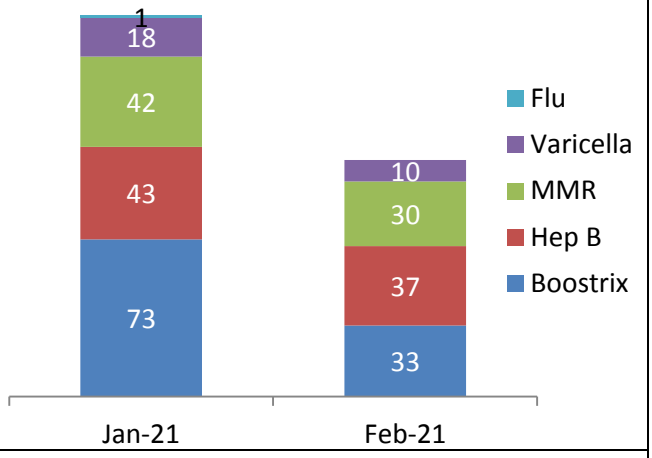
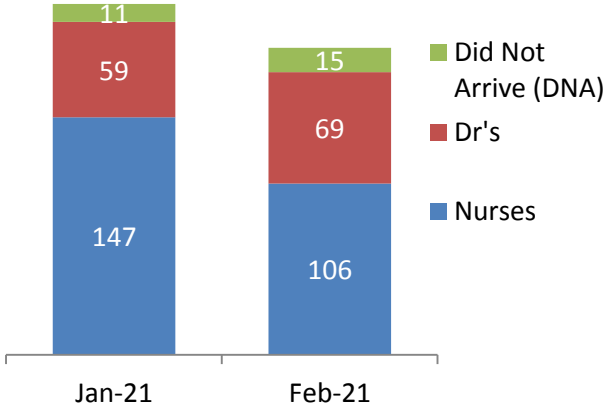
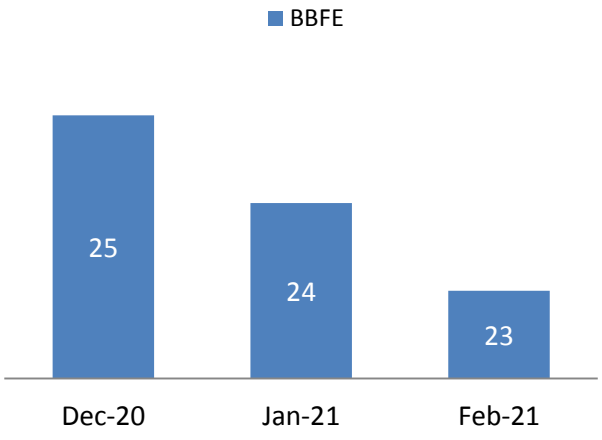
Other incidents

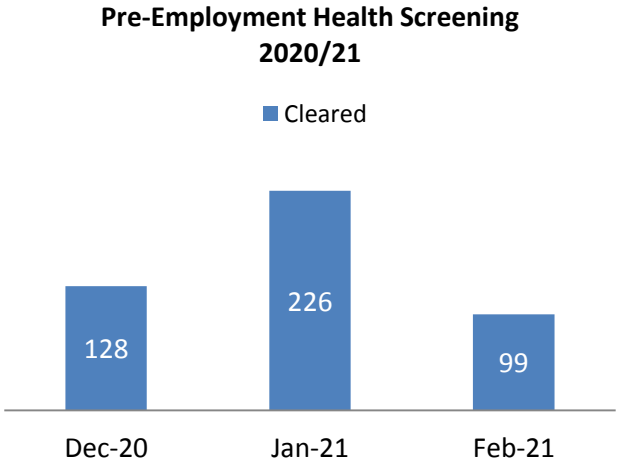
Other incidents in February (33) have significantly decreased since January (41).



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 February (0) which remains unchanged from January (0).	
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 February.	

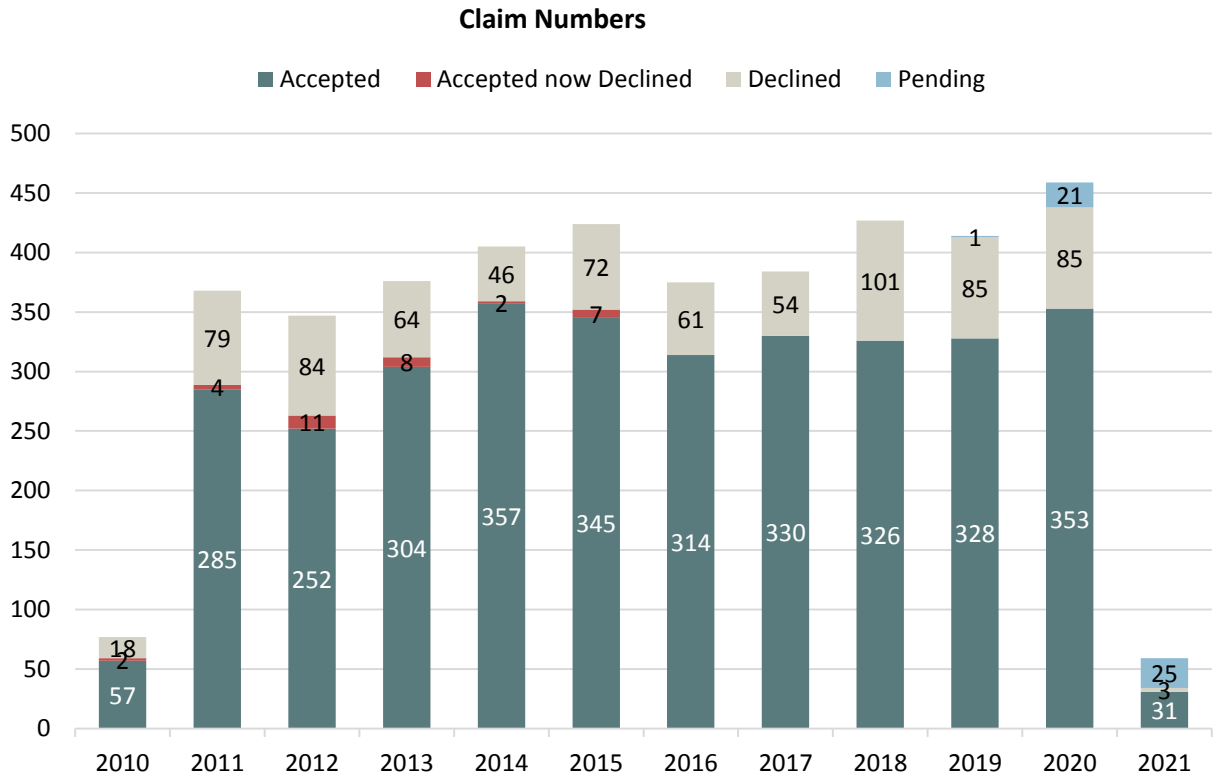


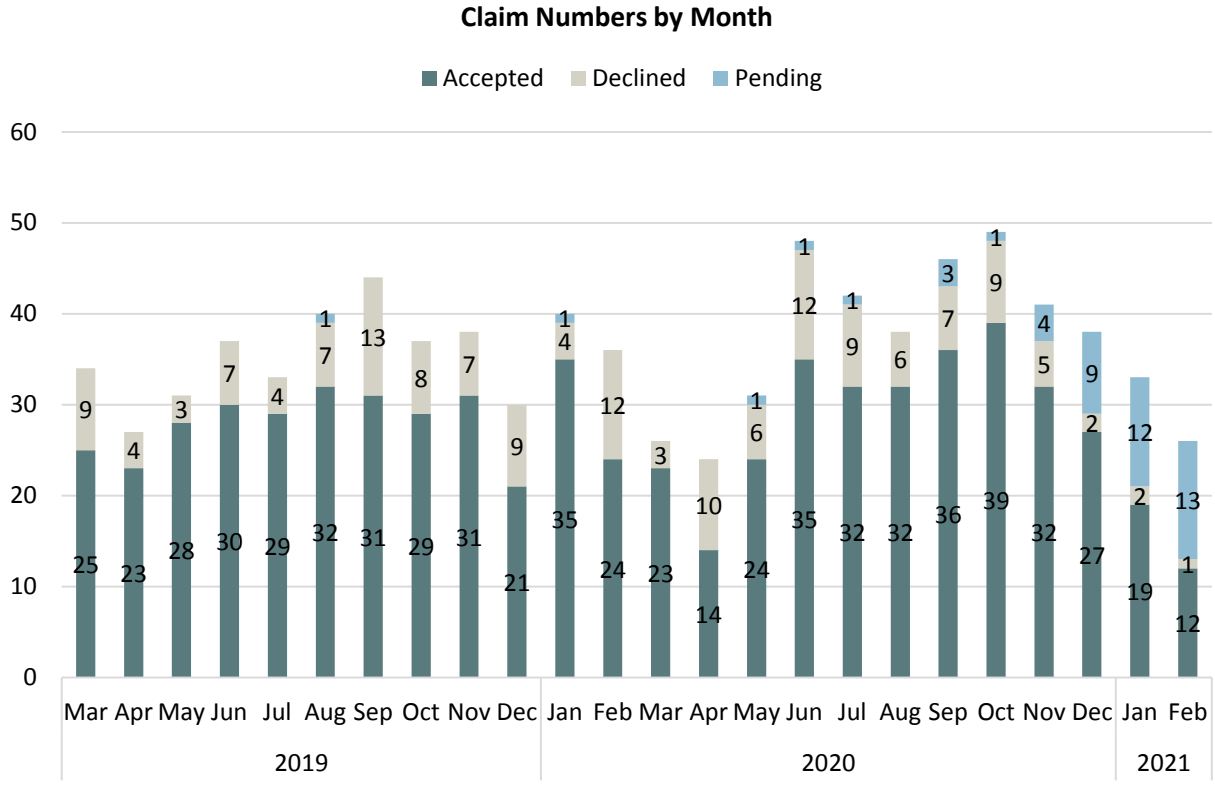
Occupational Health Service Update	
Vaccinations: Vaccination clinics in February were impacted by public holidays and Auckland's move to Level 3. MIQF employees continue to receive vaccinations as per process.	**Vaccinations Data 2021** 
Clinic Appointments: There were 106 OHN clinic appointments in February and 147 in January. OHP clinic appointments were reduced during February as a result of Auckland's move to Level 3. Physical appointments were deferred as much as possible and replaced with telephone consultations. These figures include business as usual appointments along with the team's on-going COVID-19 response. There were 15 DNA's for February and 11 in January.	**Clinic Appointments Data 2021** 
Blood Bodily Fluid Exposure: BBFE for February (23) remained stable compared with January (24). This is a slight reduction in the monthly average of 30. BBFE incidents are investigated and managed by the Occupational Health nursing team.	**BBFE Incidents 2020/21** 

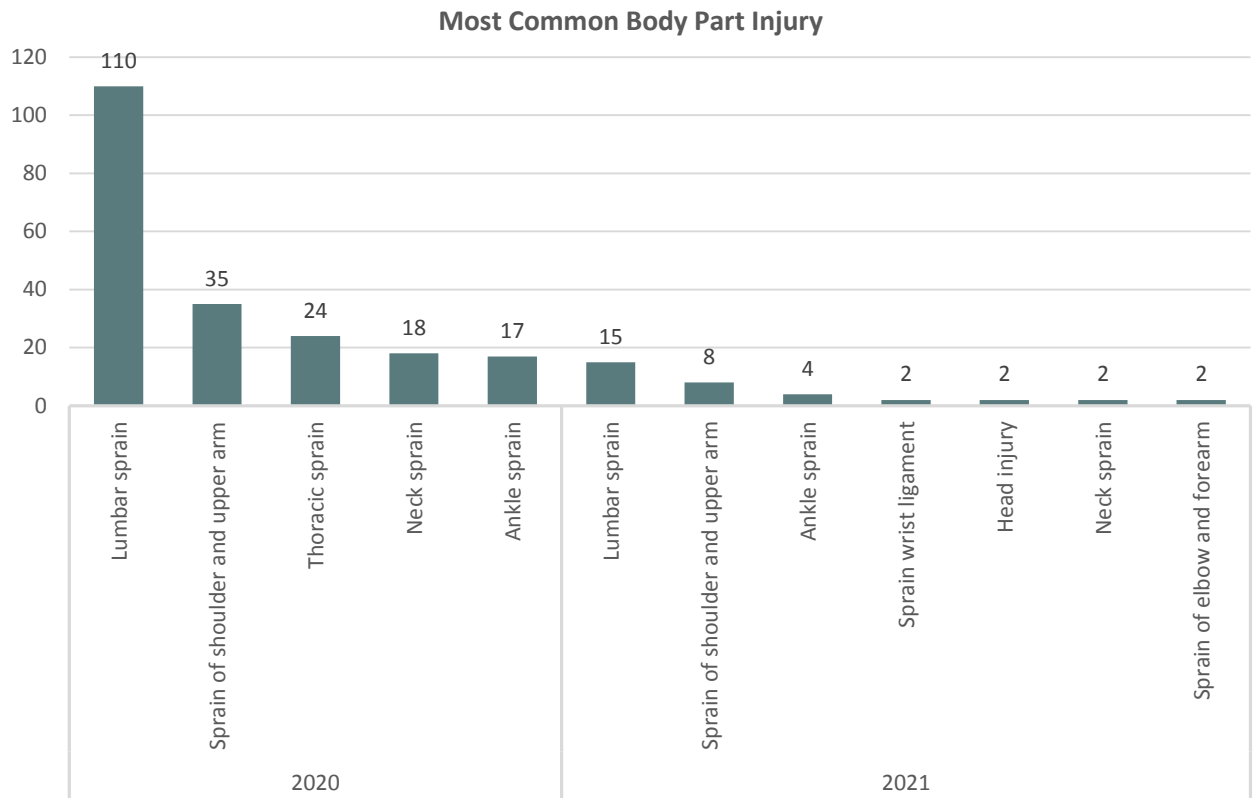
Manager Referrals: Manager referrals for February (26) has increased January (18). **Contact Tracing:** There was one contact trace conducted during February. No diseases requiring contact tracing were reported during January.	
Pre-employment Health Screening: Pre-employment Health Screening for new starters commencing employment in February (99) has decreased from January (226). Pre-employment Health Screening is also conducted for Managed Isolation Facilities and Quarantine Facilities staff. Additional screening is required to be completed by the OHN for the MIQF Pre-employment Health questionnaires. This is in line with the Ministry of Business Innovation and Employment requirements.	

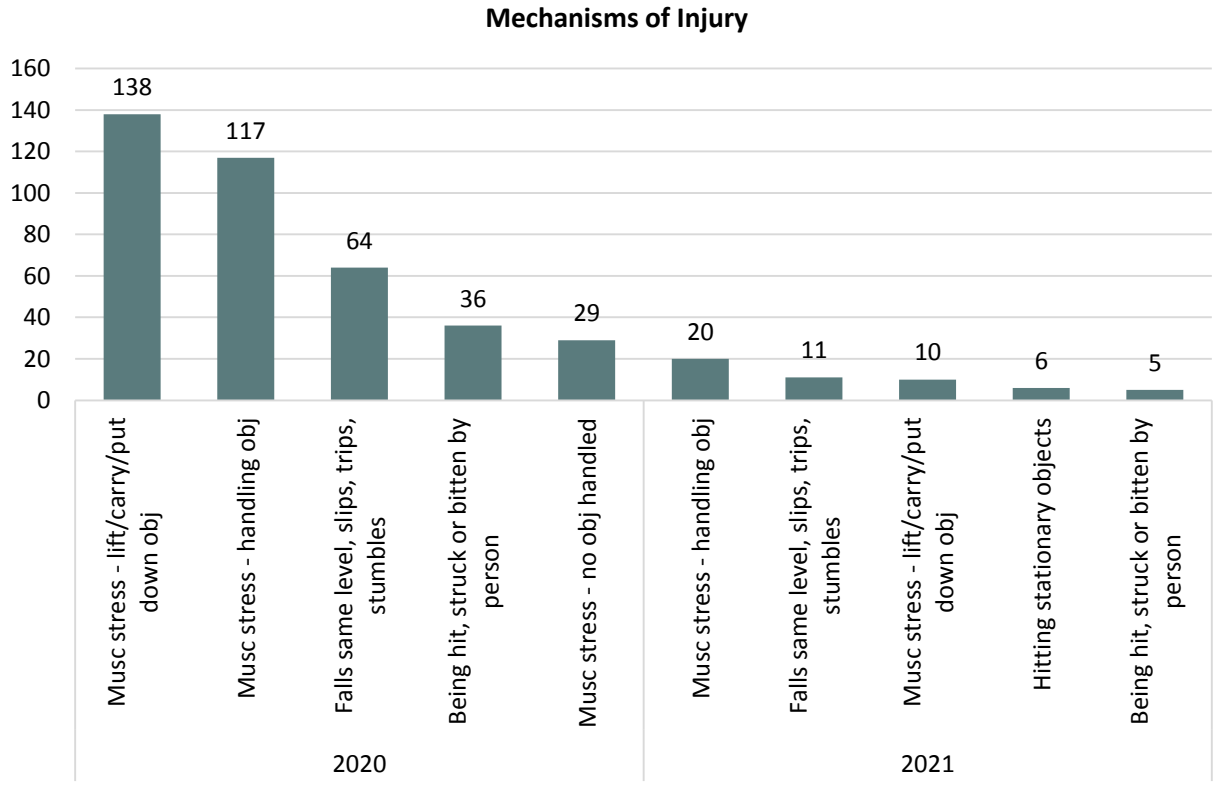
Appendix 1

Wellnz Workplace Injury Management Reporting






Most Common Body Part Injury
120
100
80
60
40
20
0
110
35
24
18
17
15
8
4
2
2
2
2
Lumbar sprain
Sprain of shoulder and upper arm
Thoracic sprain
Neck sprain
Ankle sprain
Lumbar sprain
Sprain of shoulder and upper arm
Ankle sprain
Sprain wrist ligament
Head injury
Neck sprain
Sprain of elbow and forearm
2020
2021


Mechanisms of Injury
160
140
120
100
80
60
40
20
0
138
117
64
36
29
20
11
10
6
5
Musc stress - lift/carry/put down obj
Musc stress - handling obj
Falls same level, slips, trips, stumbles
Being hit, struck or bitten by person
Musc stress - no obj handled
Musc stress - handling obj
Falls same level, slips, trips, stumbles
Musc stress - lift/carry/put down obj
Hitting stationary objects
Being hit, struck or bitten by person
2020
2021

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

Counties Manukau District Health Board
Maaori & Pasifika Quarterly Workforce Reports
(July to September 2020 data)

Recommendation

It is recommended that the Board:

Receive the Maaori & Pasifika quarterly workforce reports (July to September 2020 data).

Prepared and submitted by: Elizabeth Jeffs, Director Human Resources

Glossary

HWIP Health Workforce Information Programme

Purpose

The Board requested the review the Maaori & Pasifika quarterly workforce reports.

Executive Summary

Numbers of Māori and Pacific nurses continue to increase incrementally but are not keeping up with the overall growth in the nursing workforce. There has also been an increase of five Māori occupational therapists since the April to June 2020 quarter.

Appendices

1. Workforce Ethnicity Pacific Report July to September 2020 data
2. Workforce Ethnicity Maaori Report July to September 2020 data

Northern Region Māori Workforce Employment in Priority Occupations - Quarter Ended 31 December 2020

Please refer to the reverse side (notes page) for definitions, population projection source, occupation group and ethnicity classifications.

Source: HWIP data extracts as of 31 December 2020

2020 Population projection update: Please note the population projection used to estimate the target for 2025 has been updated from the MoH 2019 projection to their 2020 projection. The 2025 target has increased from 12.5% to 13.1% for Māori and 12.0% to 12.1% for Pacific. Its impact to the extra required is noted below.

Report Observation:

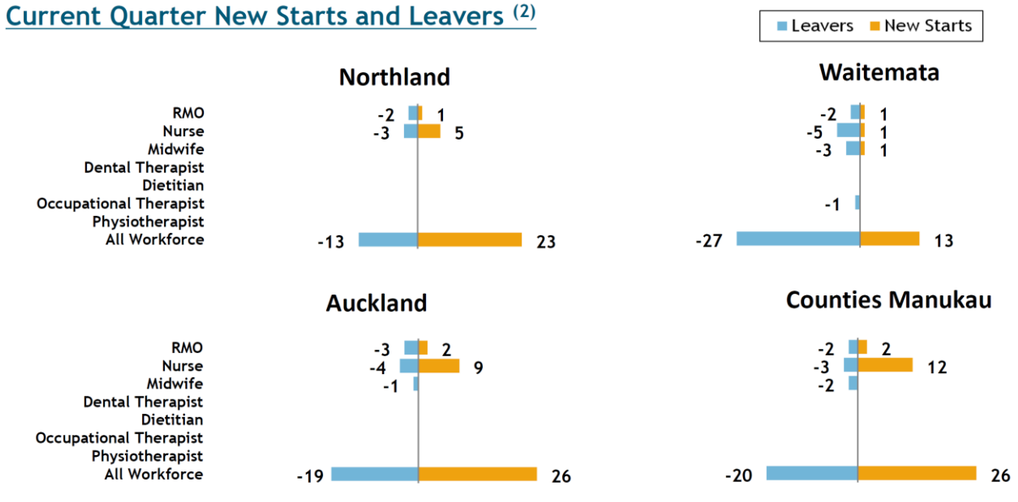
Nurses: There are 650 Māori nurses working in the Northern Region this quarter, slightly more than last quarter (643). The entire nursing workforce for this quarter (10,661) remained similar to last quarter (10,685). However, the updated 2025 population projection for the Māori working age population has increased from 12.5% to 13.1%, thus increasing the extra Māori nurses required from 695 last quarter to 741 this quarter. Of the 741 extra required, Northland requires 305 extra, followed by Counties requiring 298 extra.

Current Quarter Snapshot - % Māori Employed

Workforce Group	Northland	Waitemata	Auckland	Counties Manukau
RMO	12.3%	5.2%	4.5%	6.6%
Nurse	14.5%	5.2%	4.6%	5.3%
Midwife	11.4%	9.2%	8.0%	11.8%
(1)Dental Therapist	41.4%	8.3%	N/A	N/A
Dietitian	0.0%	7.3%	3.0%	2.5%
Occupational Therapist	11.1%	4.5%	4.3%	9.7%
Physiotherapist	9.8%	9.3%	1.6%	4.5%
All Workforce	18.5%	7.2%	4.9%	7.9%
2025 % Maori Target	38.7%	9.2%	7.6%	15.2%

(1) Dental Therapist for Waitemata, Auckland, and Counties Manukau all have its own different target of 10% due to Waitemata operating a metro Auckland dental service and would employ dental therapists for the metro DHBs.

Current Quarter New Starts and Leavers (2)

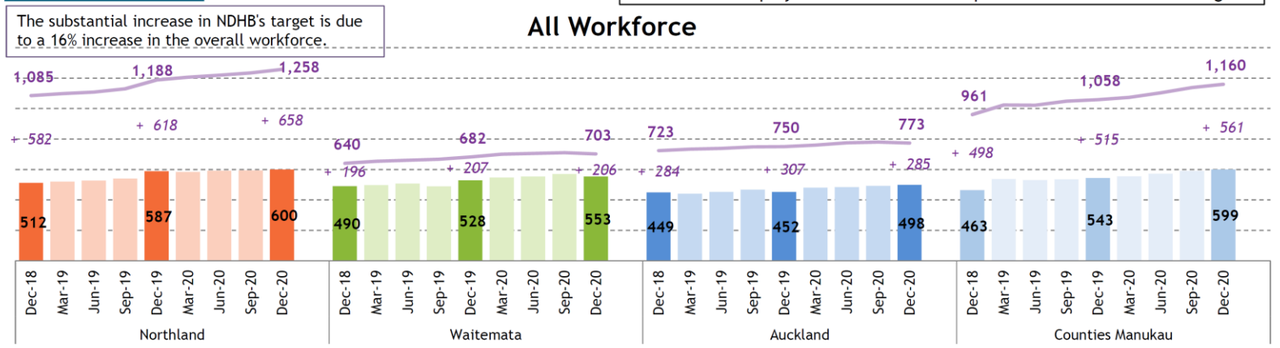


(2) Net changes are the combination of new starts, leavers and other reasons such as retrospective change in ethnicity recorded for existing employees.

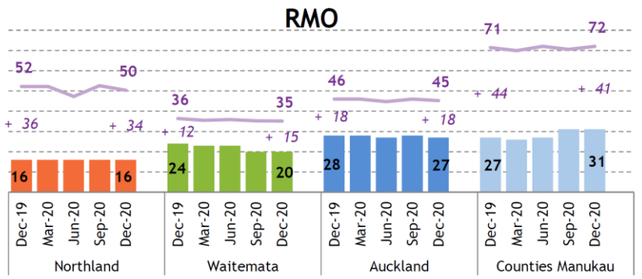
Historical Trend

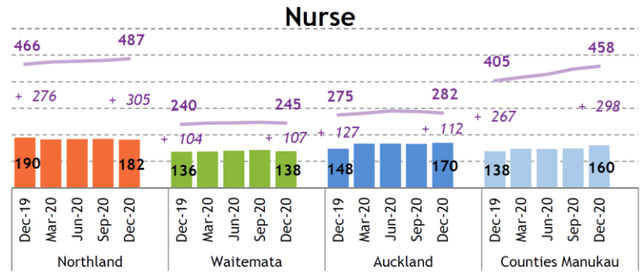
The substantial increase in NDHB's target is due to a 16% increase in the overall workforce.

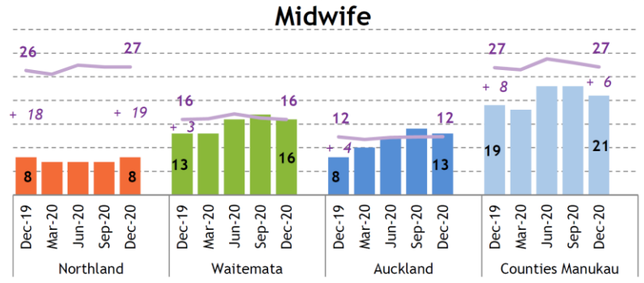
123 = Actual Employed + 123 = Extra Required(3) 123 = 2025 Target(3)

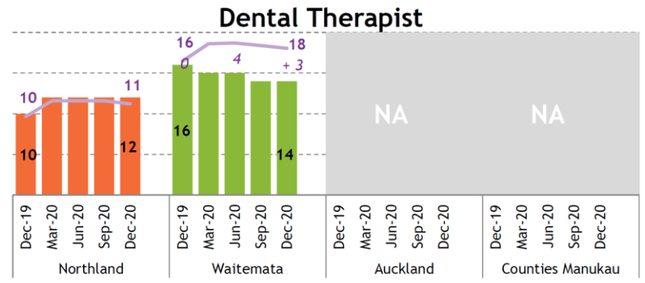


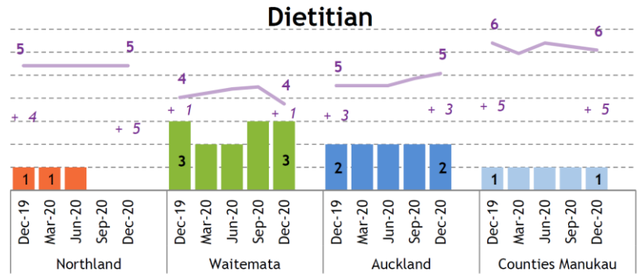
(3) 2025 Target at DHB level is determined by multiplying the % of Māori in the working age population projected for 2025 to the total DHB workforce. The sum of extra Māori required is determined at major occupation group level and aggregated to the DHB total. However, certain workforce groups (e.g. care & support) have already met/exceeded the target and therefore would not require any extra Māori workforce. Hence the sum of number employed and extra required may not necessarily add to the target number.

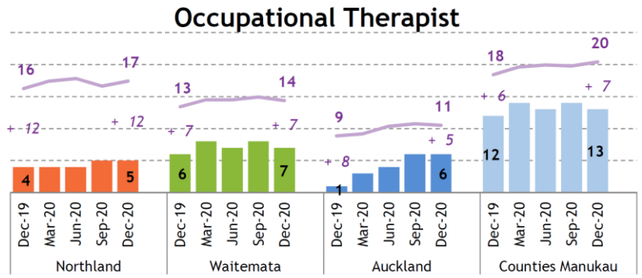


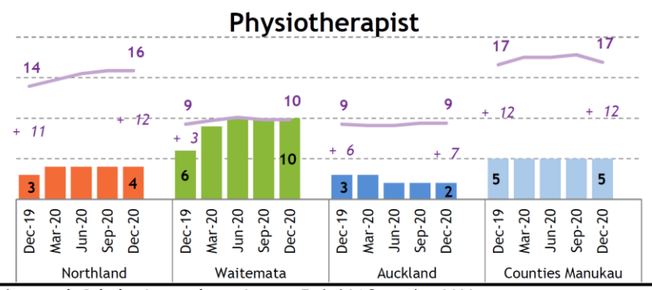












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Prepared by Regional Decision Support Team
Northern Regional Alliance
Email: rdst@nra.health.nz

Notes

1. Data is sourced from HWIP data extracts submitted by DHBs to DHBSS.
2. Figures and calculations of percentages are based on headcount, not FTE.
3. The target is based on the working age population projection (aged between 20 and 64) for the year 2025, sourced from MoH Population Projection 2020 Update.
4. Only permanent employees are included. Casuals and locums are excluded. Casual employee is identified by field "Paid Employment Status" and locum is identified by field "Job Title".
5. Employees left during the current quarter is counted in the leavers but not the total employed workforce for the quarter.
6. Where employees have secondary positions within the same ANZSCO code and identifiable by the same employee number, it is counted only once.
7. Employees with unknown ethnicity is excluded from the denominator in the calculation of percentage by ethnicity and deriving the extra required.
8. Dental therapists in metro DHBs are mostly employed at Waitemata. The target and extra required for this group is based on the ethnicity distribution of the metro Auckland population.

Workforce Groups

The workforce groupings are based on ANZSCO codes, mapped by DHBSS to the major workforce groups. The mapping table can be obtained from the Central TAS template named "DHB-Self-analysis-template-YYYY-QX.xlsx"

ANZSCO codes for Priority workforce group are:

Grouping	ANZSCO Code & Description
RMO	253112 Resident Medical Officer
Nurse	134212 Nursing Clinical Director, 254211 Nurse Educator, 254212 Nurse Researcher, 254311 Nurse Manager, 254411 Nurse Practitioner, 254412 Registered Nurse (Aged Care), 254413 Registered Nurse (Child & Family Health), 254414 Registered Nurse (Community Health), 254415 Registered Nurse (Critical Care & Emergency), 254416 Registered Nurse (Developmental Disability), 254417 Registered Nurse (Disability & Rehabilitation), 254418 Registered Nurse (Medical), 254421 Registered Nurse (Medical Practice), 254422 Registered Nurse (Mental Health), 254423 Registered Nurse (Perioperative), 254424 Registered Nurse (Surgical), 254425 Registered Nurse (Paediatrics), 254499 Registered Nurses nec, 411411 Enrolled Nurse, 411412 Mothercraft Nurse
Midwife	254111 Midwife
Dental Therapist	411214 Dental Therapist
Dietitian	251111 Dietitian
Occupational Therapist	252411 Occupational Therapist
Physiotherapist	252511 Physiotherapist

Ethnicity

1. Population projections contain ethnicity groups of Māori, Pacific, Asian and Other.
2. The HWIP data extracts submitted by DHBs to DHBSS are grouped to match the population projections (i.e. Māori, Pacific, Asian, Other).
3. The HWIP technical documents (https://tas.health.nz/assets/SWS/HWIP/2018/HWIP-Code-Set-2018-V.9.pdf) state that "Ethnicity data must be recorded at level 4 (the most detailed level of the classification)". Codes and descriptions are included in the technical document at level 4. A full list of levels 1 - 4 can be found on the Ministry of Health website

MoH Level 2 codes are grouped as follows:

Ethnicity Group	Level 2 Ethnicity Code and Description
Māori	21 Māori
Pacific	30 Pacific Island NFD , 31 Samoan , 32 Cook Island Māori , 33 Tongan , 34 Niuean , 35 Tokelauan , 36 Fijian , 37 Other Pacific Island
Asian	40 Asian NFD , 41 Southeast Asian , 42 Chinese , 43 Indian , 44 Other Asian
Other	10 European NFD , 11 NZ European/Pakeha , 12 Other European , 51 Middle Eastern , 52 Latin America/Hispanic , 53 African , 54 Other MELAA , 61 Other
Ethnicity Not Stated	94 unknown dimension , 95 Declined to state , 97 Unspecified , 99 Not stated , No value recorded

Northern Region Pacific Workforce Employment in Priority Occupations - Quarter Ended 31 December 2020

Please refer to the reverse side (notes page) for definitions, population projection source, occupation group and ethnicity classifications.

Source: HWIP data extracts as of 31 December 2020

2020 Population projection update: Please note the population projection used to estimate the target for 2025 has been updated from the MoH 2019 projection to their 2020 projection. The 2025 target has increased from 12.5% to 13.1% for Māori and 12.0% to 12.1% for Pacific. Its impact to the extra required is noted below.

Report Observation:

RMOs: There are 66 Pacific RMOs working in the Metro Auckland area this quarter, 10.0% (6) more than last quarter (60).

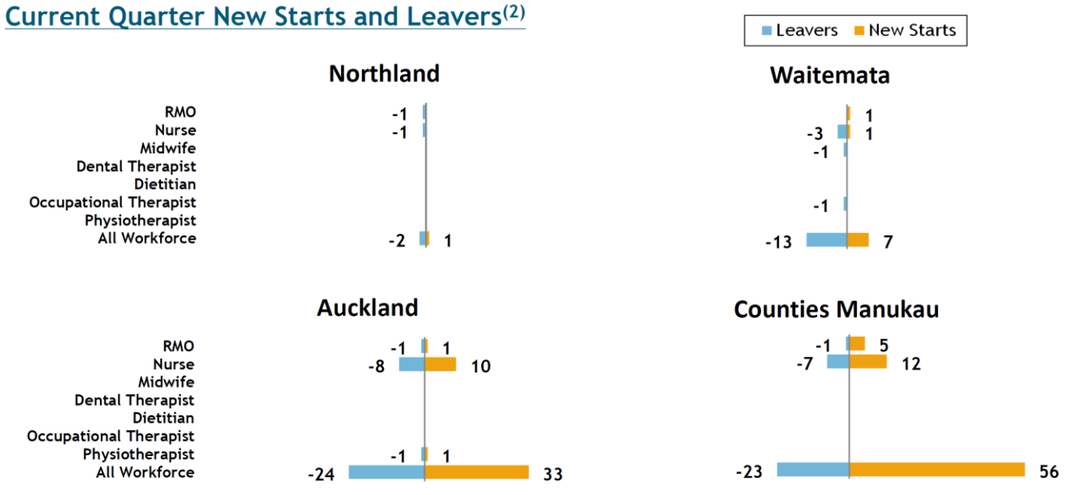
Nurses: There are 695 Pacific nurses working in the Northern Region this quarter, slightly more than last quarter (698). The entire nursing workforce for this quarter (10,661) remained similar to last quarter (10,685). However, the updated 2025 population projection for the Pacific working age population has increased from 12.0% to 12.1%, thus increasing the extra Pacific nurses required from 580 last quarter to 596 this quarter. Of the 596 extra required, Counties requires 309 extra (over 50%).

Current Quarter Snapshot - % Pacific Employed

Workforce Group	Northland	Waitemata	Auckland	Counties Manukau
RMO	5.4%	3.1%	2.0%	8.9%
Nurse	1.0%	3.8%	6.1%	11.8%
Midwife	0.0%	3.4%	1.8%	3.9%
[1]Dental Therapist	0.0%	8.9%	N/A	N/A
Dietitian	0.0%	0.0%	0.0%	2.5%
Occupational Therapist	2.2%	1.3%	3.6%	6.7%
Physiotherapist	0.0%	2.8%	2.4%	2.7%
All Workforce	1.4%	6.0%	8.7%	13.9%
2025 % Pacific Target	2.3%	7.2%	10.1%	22.0%

(1) Dental Therapist for Waitemata, Auckland, and Counties Manukau all have its own different target of 12% due to Waitemata operating a metro Auckland dental service and would employ dental therapists for the metro DHBs.

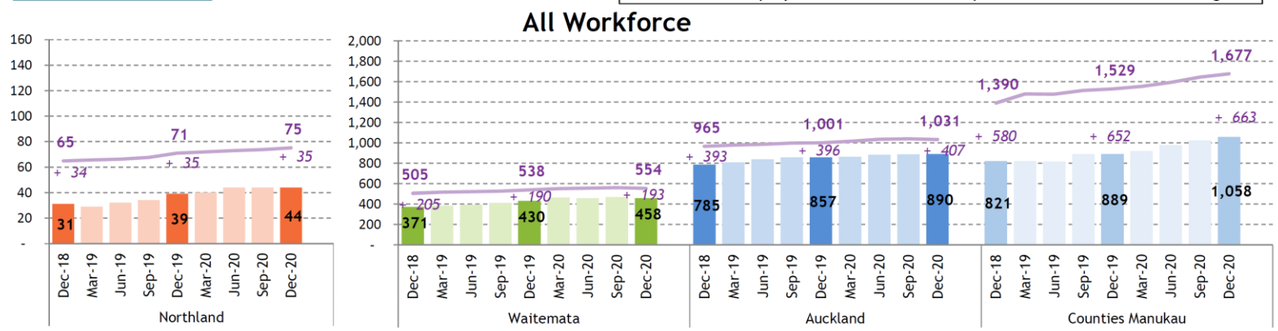
Current Quarter New Starts and Leavers(2)



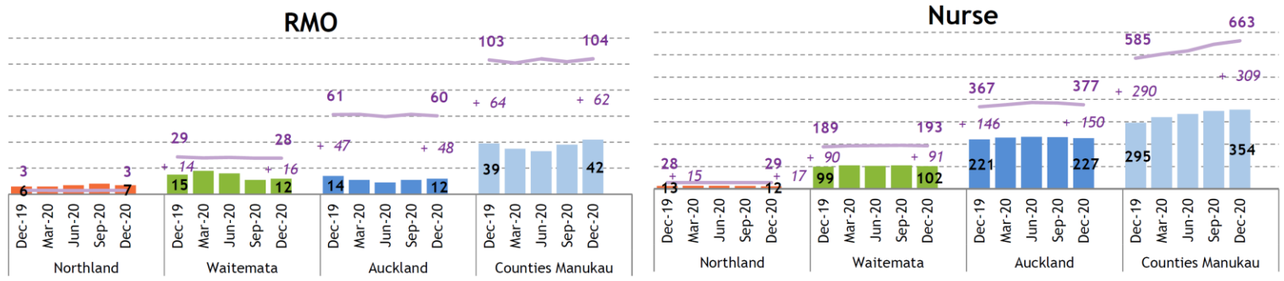
(2) Net changes are the combination of new starts, leavers and other reasons such as retrospective change in ethnicity recorded for existing employees.

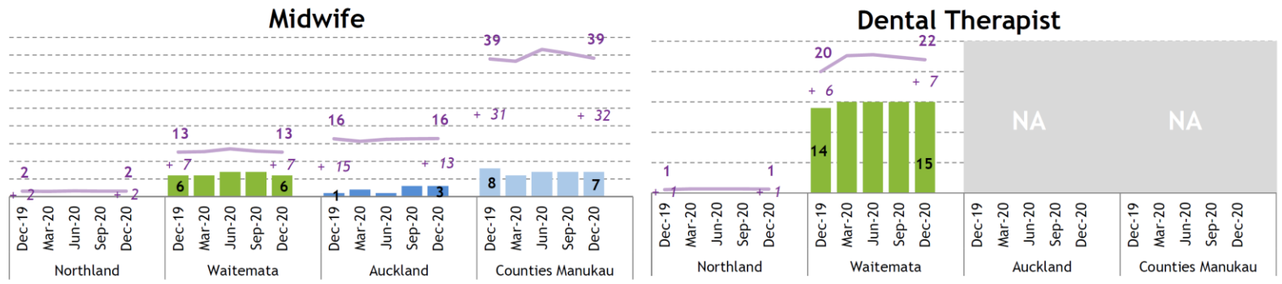
Historical Trend

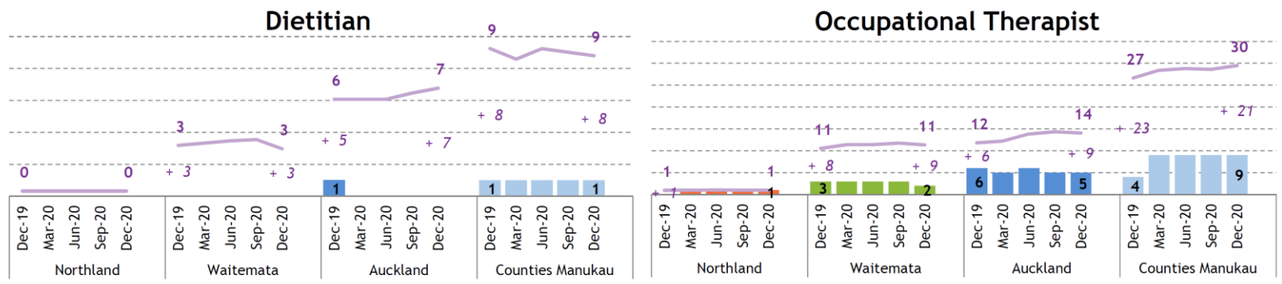
123 = Actual Employed + 123 = Extra Required(3) 123 = 2025 Target(3)

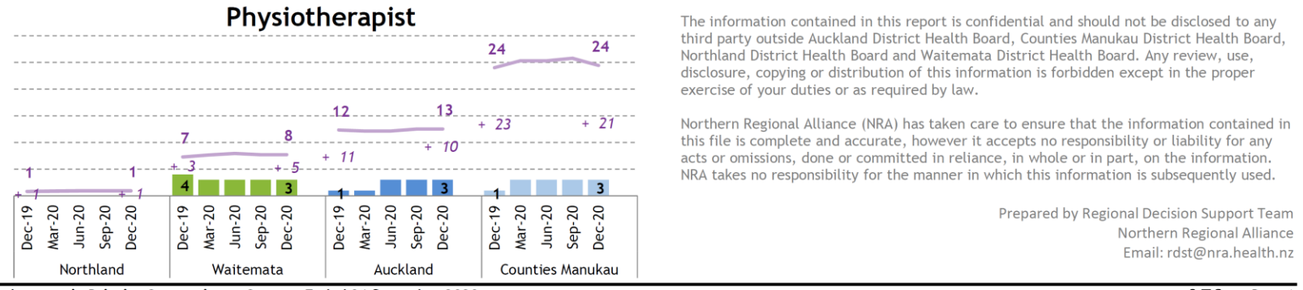


(3) 2025 Target at DHB level is determined by multiplying the % of Pacific in the working age population projected for 2025 to the total DHB workforce. The sum of extra Pacific required is determined at major occupation group level and aggregated to the DHB total. However, certain workforce groups (e.g. care & support) have already met/exceeded the target and therefore would not require any extra Pacific workforce. Hence the sum of number employed and extra required may not necessarily add to the target number.









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Northern Regional Alliance (NRA) has taken care to ensure that the information contained in this file is complete and accurate, however it accepts no responsibility or liability for any acts or omissions, done or committed in reliance, in whole or in part, on the information. NRA takes no responsibility for the manner in which this information is subsequently used.

Prepared by Regional Decision Support Team
Northern Regional Alliance
Email: rdst@nra.health.nz

Notes

1. Data is sourced from HWIP data extracts submitted by DHBs to DHBSS.
2. Figures and calculations of percentages are based on headcount, not FTE.
3. The target is based on the working age population projection (aged between 20 and 64) for the year 2025, sourced from MoH Population Projection 2020 Update.
4. Only permanent employees are included. Casuals and locums are excluded. Casual employee is identified by field "Paid Employment Status" and locum is identified by field "Job Title".
5. Employees left during the current quarter is counted in the leavers but not the total employed workforce for the quarter.
6. Where employees have secondary positions within the same ANZSCO code and identifiable by the same employee number, it is counted only once.
7. Employees with unknown ethnicity is excluded from the denominator in the calculation of percentage by ethnicity and deriving the extra required.
8. Dental therapists in metro DHBs are mostly employed at Waitemata. The target and extra required for this group is based on the ethnicity distribution of the metro Auckland population.

Workforce Groups

The workforce groupings are based on ANZSCO codes, mapped by DHBSS to the major workforce groups. The mapping table can be obtained from the Central TAS template named "DHB-Self-analysis-template-YYYY-QX.xlsx"

ANZSCO codes for Priority workforce group are:

Grouping	ANZSCO Code & Description
RMO	253112 Resident Medical Officer
Nurse	134212 Nursing Clinical Director, 254211 Nurse Educator, 254212 Nurse Researcher, 254311 Nurse Manager, 254411 Nurse Practitioner, 254412 Registered Nurse (Aged Care), 254413 Registered Nurse (Child & Family Health), 254414 Registered Nurse (Community Health), 254415 Registered Nurse (Critical Care & Emergency), 254416 Registered Nurse (Developmental Disability), 254417 Registered Nurse (Disability & Rehabilitation), 254418 Registered Nurse (Medical), 254421 Registered Nurse (Medical Practice), 254422 Registered Nurse (Mental Health), 254423 Registered Nurse (Perioperative), 254424 Registered Nurse (Surgical), 254425 Registered Nurse (Paediatrics), 254499 Registered Nurses nec, 411411 Enrolled Nurse, 411412 Mothercraft Nurse
Midwife	254111 Midwife
Dental Therapist	411214 Dental Therapist
Dietitian	251111 Dietitian
Occupational Therapist	252411 Occupational Therapist
Physiotherapist	252511 Physiotherapist

Ethnicity

1. Population projections contain ethnicity groups of Māori, Pacific, Asian and Other.
2. The HWIP data extracts submitted by DHBs to DHBSS are grouped to match the population projections (i.e. Māori, Pacific, Asian, Other).
3. The HWIP technical documents (https://tas.health.nz/assets/SWS/HWIP/2018/HWIP-Code-Set-2018-V.9.pdf) state that "Ethnicity data must be recorded at level 4 (the most detailed level of the classification)". Codes and descriptions are included in the technical document at level 4. A full list of levels 1 - 4 can be found on the Ministry of Health website

MoH Level 2 codes are grouped as follows:

Ethnicity Group	Level 2 Ethnicity Code and Description
Maori	21 Māori
Pacific	30 Pacific Island NFD , 31 Samoan , 32 Cook Island Māori , 33 Tongan , 34 Niuean , 35 Tokelauan , 36 Fijian , 37 Other Pacific Island
Asian	40 Asian NFD , 41 Southeast Asian , 42 Chinese , 43 Indian , 44 Other Asian
Other	10 European NFD , 11 NZ European/Pakeha , 12 Other European , 51 Middle Eastern , 52 Latin America/Hispanic , 53 African , 54 Other MELAA , 61 Other
Ethnicity Not Stated	94 unknown dimension , 95 Declined to state , 97 Unspecified , 99 Not stated , No value recorded

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 1 February – 15 March 2021.

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

Purpose

This paper provides an update on Corporate Affairs and Communications activity for the period 1 February – 15 March 2021.

COVID-19 Response

IMT

Although the Auckland region experienced lock down twice during this period, the impact was primarily on our visiting policy and standing down/up screeners and security staff at the main entrances.

Staff have continued to be advised to wear masks in all parts of the hospital (in Level 3) and it is highly recommended in Level 2.

Planning for staff vaccinations has commenced and resulted in significant internal communications and the development of supporting collateral. This has included facilitating and/or developing webinars, peer to peer meetings, staff FAQs, videos for clinical staff, and numerous communications messages including Incident Controller updates and a screensaver featuring staff from throughout the CM Health workforce encouraging their colleagues to be vaccinated.

We are also actioning plans to provide information to our community.

External Comms

Media Enquiries

A total of 44 media enquiries were received, answered and closed for the period between 1 February and 15 March 2021. The main areas of media interest were COVID-19 (5), COVID-19 vaccination (5), the Emergency Department (4), East Care and funding (3), and diabetes (3).

Proactive Media

A total of 16 proactive stories were promoted through various CM Health media channels. These included COVID-19 updates as well as features on:

- CM Health psychologist on the importance of culture and family
- Introduction of electronic clinical notes
- Remote monitoring of blood pressure for heart failure patients
- New treatment pathway for gestational diabetes mellitus

We have also recently facilitated two filmed media interviews:

- Newshub interviewed Dr Chris Hood and Dr Gary Jackson on the realities of Type 2 diabetes
- Maori TV interviewed Dr Inia Tomash on his participation on a research paper looking into inequities in New Zealand Emergency Departments.

Media Training

A media training workshop was held in February, attended by the following CM Health staff:

- Matthew Clark, Consultant Surgeon
- Ivan Trethowen, Head of Security and Organisational Resilience
- Dr Rachel Johnson, Youth Health Specialist/Paediatrician
- Lyn Stark, Maternity Quality and Safety Program Coordinator
- Sarah Nicholson, Deputy Chief Midwife

Feedback from attendees continues to be exclusively positive and a four-hour investment of their time provides significant value and benefit to the individual, in terms of understanding the media and building their profile in a productive manner, and to the organisation through proactively protecting its reputation.

Encouraging CM Health to identify key people to attend this training and facilitate their attendance continues to be in the organisation's interests.

Official Information Act (1982)

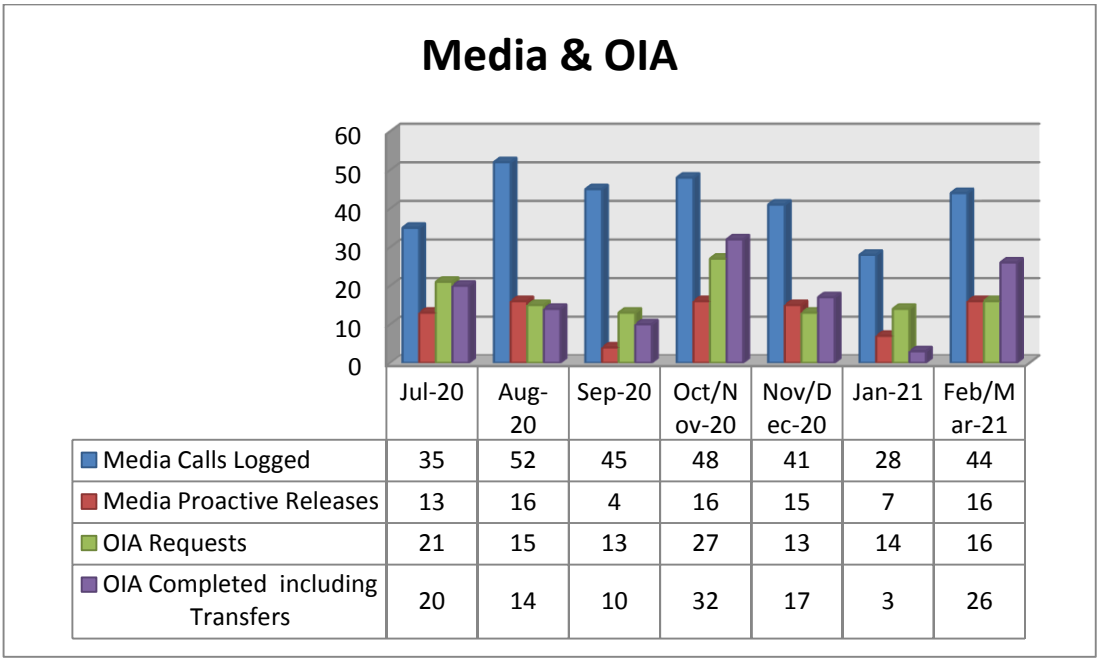
Agencies have 20 working days to advise a decision on release of information requested under the Official Information Act (OIA). This means that there is a rolling response from receipt in one month to response in next month. Requests will vary in their complexity, scope and considerations.

Over the 1 February - 15 March 2021 period we received 16 OIA requests, the majority of which were from media outlets. Two parliamentary questions were received over this time, one relating to cancer bed spaces and one regarding COVID-19 Managed isolation Facilities.

Twenty-six OIA requests were closed over this time period, including two transfers to the Northern Region Health Coordination Centre (NRHCC) relating to COVID-19.

Work continues on the compilation of responses to Health Select Committee questions and post-hearing questions, following the hearing on 10 March.

Request Received OIA & Parliamentary Questions (PQ) for 1 February – 15 March 2021		
Division	**OIA**	**Parliamentary Question**
Acute Care and Clinical Services	1	
Child, Youth and Maternity	2	
COVID-19	-	1
CMO	1	
Finance and Eligibility	3	
Human Resources	2	
Kidz First	1	
Medicine	-	1
Mental Health	3	
Surgical Services	1	
Women's Health	2	



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

Internal Comms

Facilities, Engineering and Asset Management Team (FEAM)

During the period, the team met with senior leadership of the FEAM team to develop a double-page spread for Connect+, highlighting the extensive amount of capital works that are being undertaken over the coming year and beyond. This work includes both new developments and remedial works. This gives a positive message to both staff and our community that CM Health is working hard to ensure we are future-proofing our facilities and that we are in an excellent position to meet the growing needs of our population.

People Strategy 2021-2025

Support was provided to ensure that this programme of work was well-communicated. Workshops were well attended, despite change in delivery (Zoom) due to Auckland going back into lockdown Alert Level 3.

The People Strategy was also the top-viewed story for the period, with 968 views. Paanui views were up 48.4%, with an average reading time of 5:30, which is above the average page reading of between 2-3 minutes.

Paanui News Metric

Share

'ageviews
13,163
48.4%

ıvg. Session Duration
00:05:30
-13.9%

	Page Title	Pageviews	Avg. Ses
1.	Be part of our People Strategy 2025 - News	968	
2.	CEO Update - Vaccine Rollout Information - News	423	
3.	Posts - All Posts	416	
4.	Mailroom clerk a friendly face around Middlemore Hospital - News	413	
5.	Skills Highway Champion Awards - Congratulations Jasmeen Begum - News	413	
6.	Are you ready for the iPM Upgrade 2021? - News	394	
7.	Round the Bays 2021 - Join the CM Health Team - News	375	
8.	Pacific network of doctors at Middlemore Hospital has launched - News	334	
9.	Lunar New Year 2021 - What's on - News	320	
10.	Local Hero Awards - January 2021 winners announced - News	299	
11.	Work starts Monday 8 March on identifying what space we have available at CM Health - News	299	
12.	The Young Nurse of the Year Awards - Nominations open now - News	289	
13.	Annual Staff Values Awards 2020 – nominations are now open - News	282	

Human Resources

Recruitment remains a priority for the organisation. To increase engagement on the CM Health Facebook page, HR job advertisements were posted to specific job seeker pages on Facebook. This resulted in good interaction. Posts were then shared from personal accounts to pages such as NZ physiotherapy Jobs and Auckland Jobs, specifically targeting job seekers.

PAANUI – Our People

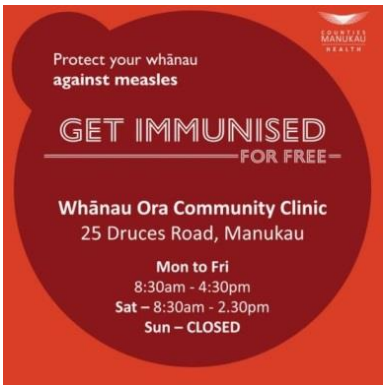
For full stories please use link: https://cmhealth.hanz.health.nz/News/default.aspx

- **Hospital Play Specialist Week:** Celebrating the role of play specialists and highlighting the work they do.
- **Meet your colleague – Claire Mafi:** Social worker in the Neonatal Unit.
- **Young Nurse of the Year awards previous winner – Annie Stevenson:** Annie Stevenson, a registered nurse at Kidz First Medical Ward was nominated twice, and shared the award with another young nurse from the Bay of Plenty.
- **Skills Highway Champion Awards – Congratulations Jasmeen Begum:** Congratulations to Jasmeen for her award in winning Highly Commended in the category of Champion Learner for the annual Skills Highway Champion Awards, run by the Tertiary Education Commission.

Internal Comms Support for Campaigns & Project ***Collateral Suites*Profiling Teams*Communications Plans*Promoting Events*Workshops*Creating Surveys***			
Sustainability	Healthy Together Technology	Facilities	Security
OD – People Strategy	Manukau SuperClinic	Kidz First	Nursing
Chronic Pain Service	Privacy	healthAlliance	Falls Prevention Group

Stakeholders and Community

Measles/MMR 15-30 Catch Up programme
Work continued throughout the period with the CM Health project team on Pacific and Maaori communications events and activities to build awareness and encourage vaccination.



Other activities included:
- The stakeholder & community comms team met Te Kaha o Rangitahi and Southseas to explore opportunities to collaborate.
- Active collaboration with Auckland and Waitemata DHBs on the vaccination programme.

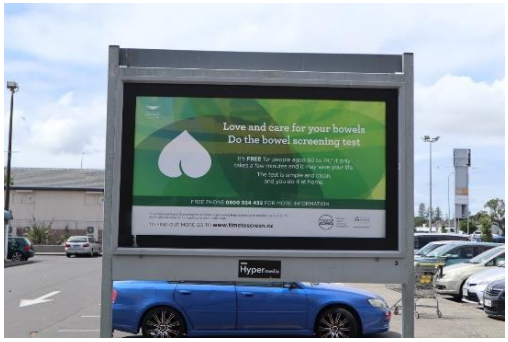
University of Otago Dental School – official opening

Supported the University of Otago with event communications and facilitated media interviews for the official opening of the Dental School at the Manukau Super*Clinic* on 4 February.

Bowel Screening programme

Promotion of the bowel screening programme is now live across Counties Manukau in the following areas:
- Hunters Plaza Shopping Centre carpark
- Clendon Shopping Centre carpark
- Main retail streets in 20 key areas across Counties Manukau
- Washrooms in the following malls:
  - Pakuranga Plaza
  - Hunters Plaza
  - Pukekohe Plaza
  - Manukau Supa Centre
  - South Point
- Washrooms in two cinemas:
  - Event Manukau
  - Monterey Howick
- Posters in 80% of GP practices across Counties Manukau.

The programme started running at the end of February and will continue until the end of April. Washroom advertisements will run until middle of June.



Pacific workforce – FOU

In early March, our Pacific Workforce team relaunched their workforce programme FOU – The Future is Open to Us. Previously known as Programme WAT, FOU will continue working with secondary schools and tertiary partners to support young Pacific people into a health career.

We supported the team with the following:

- Setting up the FOU page on the CM Health website
- Pushing out the relaunch across our social media channels
- Promoting the relaunch through internal channels
- Assisting in helping them to shape comms for their key external stakeholders
- Photoshoot of current team
- Updating videos to reflect updates within the team.

Lunar New Year

This year, Lunar New Year was celebrated from 11 February at CM Health. The Asian Health team was supported with screensavers and digital banners for internal promotion, as well as other activities to celebrate the week.

Choosing Wisely

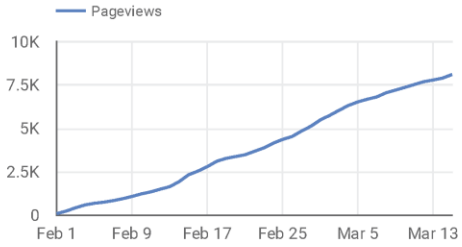
Choosing Wisely is an international, patient-centred and clinician-led campaign to deliver high quality, safe patient care that is informed by evidence to reduce unnecessary tests and treatments, and patient harm.

During the months of February and March, we have created and rolled out resources to our staff to raise awareness, celebrate achievements and enhance engagement.

Campaigns & Projects Collateral Suites										
Business Group	**Scope**	**Pull Up Banners**	**Posters**	**Brochure**	**Billboard**	**PAANUI Screensaver**	**PAANUI Sliders**	**Social Media Webinar CM Website Daily Dose**	**Photo Shoot**	**Video**
Coffee with a Cop	Event		☑			☑		☑		
Human Resources	Recruitment							☑	☑	
Local Hero	Awards		☑			☑	☑	☑		
Privacy	Promotion					☑				
Autism Project	Promotion		☑							
iPM	Change comms					☑	☑			
AT Bike Days	Event		☑				☑			
Play Specialist Week	Promotion						☑	☑		
Facilities	Staff Information						☑			
healthAlliance	Promotion						☑			
Bowel screening	Campaign		☑	☑	☑				☑	
Pacific workforce	Promotion							☑	☑	☑
Profile our People	Promotion							☑		
Grow Manukau	Promotion		☑					☑	☑	
Choosing Wisely	Promotion			☑		☑		☑	☑	☑
Lunar New Year	Promotion					☑		☑	☑	☑
Celebrating Midwifery	Promotion		☑			☑		☑		
Polyfest	Promotion		☑					☑		
MMR	Campaign	☑	☑					☑		

CM Health News / Media Releases

Traffic by Day



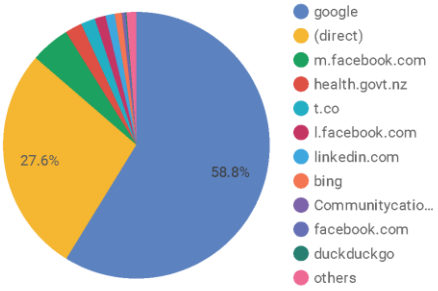
Key Statistics

Sessions
4,095

% New Sessions
76.02%

Avg. Session Duration
00:01:20

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...	500	92.6%	00:00:50
2.	Mailroom clerk a friendly face around Middlemore Hospital | Counties Manu...	257	94.55%	00:00:25
3.	Middlemore's visitor policies slightly relaxed under COVID Level 1 | Counties ...	250	88.8%	00:01:25
4.	Culture and family at the core of CM Health psychologist's work | Counties ...	228	91.23%	00:00:33
5.	List of designated practices for COVID-19 testing released, new Rosedale po...	179	89.39%	00:01:11
6.	Visitor car park rates increase at Middlemore Hospital | Counties Manukau ...	164	82.93%	00:01:24
7.	NHC and CM Health caution against misinformation about throat swabs in ...	145	93.79%	00:00:23
8.	Page not found | Counties Manukau Health	142	99.3%	00:06:31
9.	Free Urgent Care Available to Eligible People in our Community until 8am S...	135	86.67%	00:00:40
10.	Auckland health authorities boost testing in response to new cases | Counti...	129	88.37%	00:00:14
11.	Middlemore Emergency Department experiencing high volumes, long wait ti...	122	90.98%	00:01:44
12.	New Dental facility for Counties Manukau | Counties Manukau Health	114	71.05%	00:01:53
13.	CM Health Level 3 Visitor Policy; Guidance for outpatients and COVID conta...	99	87.88%	00:00:19
14.	COVID-19: Advice to our pregnant women | Counties Manukau Health	99	86.87%	00:01:33
15.	Visitor Policy | Counties Manukau Health	87	83.91%	00:02:53
16.	Phone System Upgrade | Counties Manukau Health	82	78.05%	00:01:42
17.	Drury local kept promise to son-in-law and cycling friend to do the bowel scr...	80	93.75%	00:00:13
18.	Two additional Community Testing Centres open on the North Shore | Count...	77	97.4%	00:00:15
19.	Information for Papatoetoe High School students, families; Updated locatio...	73	90.41%	00:00:14
20.	Free community-based programme improving whaanau health and wellbein...	59	64.41%	00:02:47

Social Media overview

A strong period of growth across our social channels this period, however we do see a slight dip in per-post engagement. Our audience does tend to tune out a little bit during the lockdowns or periods of heavy COVID-19 messaging.

	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	21,021	0.80%	31	108,878	3,512	3,470	111.94	15,081
CM Health Instagram	1,403	2.49%	25	13,832	553	1,037	41.48	450
CM Health LinkedIn	10,697	1.45%	21	55,531	2,644	7,095	337.86	4,579

Audience Growth

	Totals	Change (vs. last growth)
Total Fans	36,045	
New Facebook Fans	166	25.92%
New LinkedIn Followers	153	-1240.37%
New Instagram Fans	35	5.96%
Total Fans Gained	354	20.82%

Facebook Comparison (CMDHB / ADHB / WDHB)

Reactions vs Number of Posts

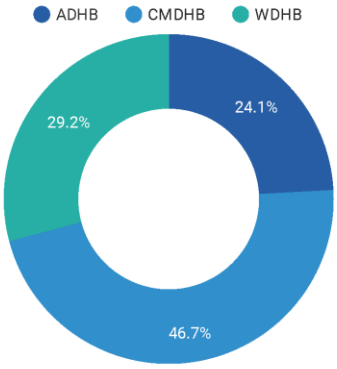
This section looks at the comments, shares, and reactions per post. Looking at the graph you can see that CMDHB is the clear "winner" this period. With higher average engagement than ADHB & WDHB, CMDHB had a number of high-performing posts, most of which shared the staff-celebration theme that we tend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

Engagement Rate (per post)

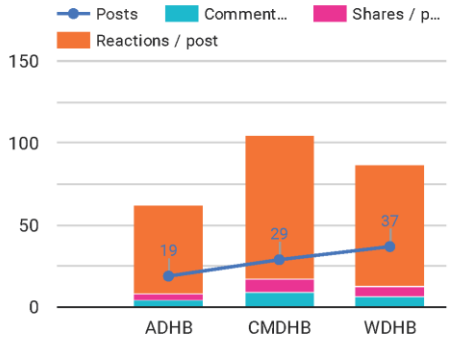
This is the rate at which (on average) a channel's post has been engaged with. As Facebook is geared to help smaller pages grow, we expect CMDHB to perform at a lower rate than the other two DHBs due to our larger audience. This period we see CMDHB and WDHB perform at roughly the same rate, when you adjust for the audience-size correction, with ADHB continuing a quieter run.

Facebook Comparison

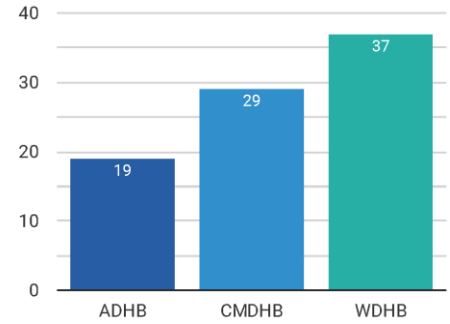
Audience share



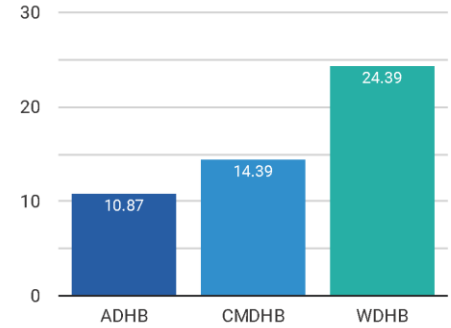
Reactions vs. Number of Posts



Posts this month



Engagement rate (per post)



CMDHB Top 5 posts

Post Message	Likes / Reactions	Comments	Shares
Judy Scott, Theatre Grade Medical Radiation Technologist, is retiring after 49 years of service to t...	488	98	7
Congratulations to our staff who qualified as Nurse Practitioners at the end of 2020. It is a signif...	440	74	6
A friendly face with a bit of banter travels throughout Middlemore Hospital as mailroom clerk Jack T...	442	66	5
Pacific Doctors at Middlemore – a network group to support Pacific doctors at Middlemore Hospital – ...	153	0	11

1 - 5 / 29

ADHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Shares
🏳️‍🌈 We're celebrating Pride in a very colourful way! If you're visiting Auckland Hospital over the...	309	26	14
Congratulations to our local hero, Critical Care Staff Nurse Gemma Hinckesman 🏆 Do you know someone...	230	43	1
Due to level 3 lockdown, we're asking you to visit one at a time please. This will help everyone ach...	70	7	13

1 - 5 / 18

WDHB Top 5 Posts

Post Message	Likes / Reactions	Comments	Post shares
"My grandmother used to always say to me, "look after the people, and the people will look after you...	279	44	4
For the first CEO Lecture Series of 2021, we were delighted to welcome the Director-General of Healt...	281	9	18
Congratulations to Ward 15 staff who have won a Health Hero Team Award! ✨🏆✨ The multi-disciplinary ...	268	36	4

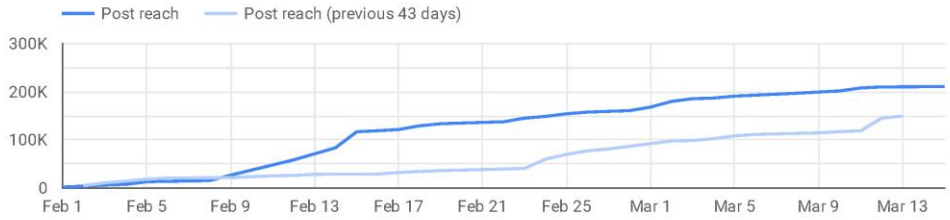
1 - 5 / 37

CM Health Facebook

There was a reasonably solid performance for our Facebook channel when compared to the previous period (which included the holiday season). Cumulative metrics are up, however per-post engagement is down. Typically, we see our audience lose interest in COVID-19 messaging, so it is really positive to see our urgent care messaging achieve an engagement rate of 11%.

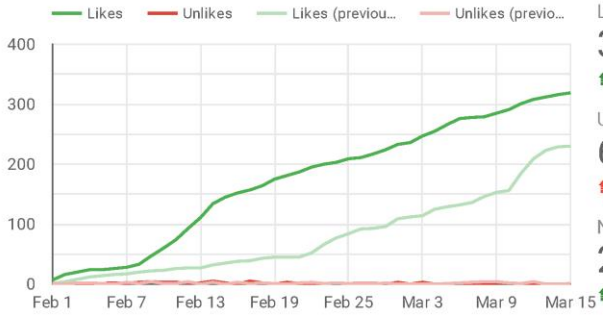
CM Health Facebook Metrics

Post Reach



Post reach
210,945
41.2%

Follower Growth



Likes
319
38.7%

Unlikes
68
7.9%

Net likes
251
50.3%

Reactions Breakdown

Like	2,578	55.7%	Love	698	2.2%
Wow	8	-27.3%	Haha	3	200.0%
Sad	3	200.0%	Angry	0	-100.0%

Posts by Engagement Rate

Date	Post message	Media	Rea...	Likes	Comments	Shares	Engagement Rate
Feb 12	Judy Scott, Theatre Grade Medical Radiation Technologist, is retiring after 49 years of service to the people of South Auckland. When Judy began her career in 1972, Middlemore Hospital was a very different place and in the following years Judy was instrumental in growing the theatre radiology service. Judy has provided training and advice to innumerable staff and colleagues on the finer points of theatre radiography and radiation safety, has presented at conferences and had two papers published in what was the 'Shadows' journal. Anyone who has worked alongside Judy can attest to the absolute dedication to her role in Radiology, her colleagues and the patients she has served. Today, Friday 12th of February, will be the last day of service for Judy. Many around the hospital will miss Judy's expert advice and tireless enthusiasm. With her departure, she is leaving behind her Radiology and Theatre families who are going to dearly miss her. We wish Judy a long and happy retirement filled with friends, family, good coffee and plenty of time on the golf course. Thanks Judy! #teamcounties		9,516	653	155	8	17.55%
Mar...	With the Alert Level 3 restrictions in place, we want to ensure that those in your whaanau who need urgent (same day) care can get it. Until 8am this Sunday, five urgent care clinics (image below) in our rohe are providing FREE urgent care to: - Community Services cardholders - Children under 14 - People 65 and older - High user health cardholders Please remember that this is for urgent care only e.g. things which need to be seen immediately and if you aren't able to see your regular family doctor. For routine care such as the treatment of long-term conditions, repeat prescriptions and doctor's certificates, please contact your family doctor.		11,842	196	10	43	10.89%

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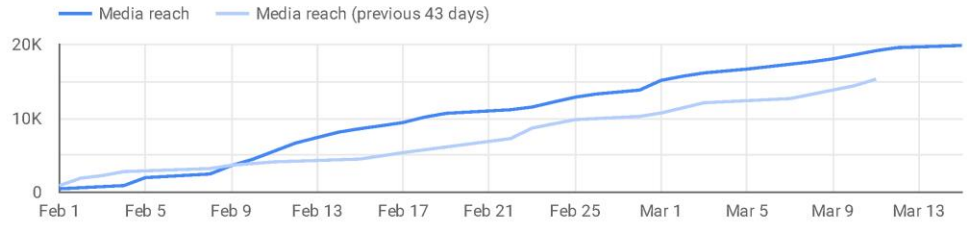
CM Health Instagram

Steady performance for Instagram as we continue into 2021. We continue to see staff-celebratory content performing favorably on this channel. Per-post engagement is down a little as we posted roughly 1.5x more than the previous period.

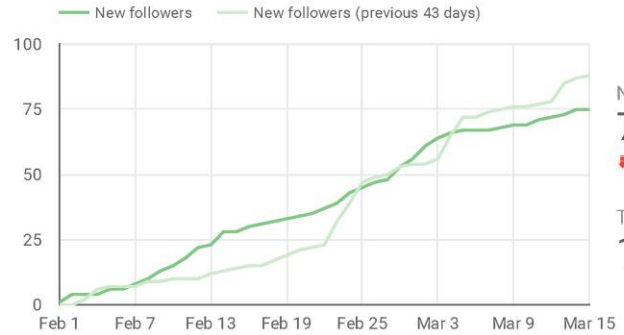
CM Health Instagram Metrics

Post Reach



Media reach
19,875
29.8%

Follower Growth



New followers
75
-14.8%

Total Followers
1,403

Engagement Breakdown

Likes
1,418
20.2%

Comments
39
105.3%

Engagement
1,493
20.4%

Post Saves
36
-12.2%

Posts
37
37.0%

Profile views
613
-0.3%

Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Comments	Saves	Engagement Rate
Feb 10	Congratulations to our staff who qualified as Nurse Practitioners at the end of 2020. It is a significant achievement and can make a real difference to the CM Health population! As Nurse Practitioners they now have the ability to provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, and prescribing medicines within their area of competence. Congratulations to Christine Millar, Louisa Gooneratne, Moira Malarkey, Beccy Fenn, Scarlett Teng and Sarah Mevissen (not pictured). #teamcounties		857	115	6	4	14.59%
Mar 1	We are FOU! Our Pacific Workforce team have relaunched their Pacific Workforce health initiative - FOU - The Future is Open to Us. Previously known as Programme WAT, FOU will continue working with secondary schools through FOU Secondary and Health Science Academies. They will also collaborate with tertiary partners through FOU Tertiary. Their mission - to build a health workforce that is representative of the communities that are being served. Check out the video below to learn more. For more information: https://countiesmanukau.health.nz/FOU		860	107	2	7	13.49%
Feb 18	A friendly face with a bit of banter travels throughout Middlemore Hospital as mailroom clerk Jack Tutuvanu delivers the daily mail to staff on his hospital rounds. He never misses a moment to put a smile on someone's face. "Sometimes when I see people making something in the kitchenette, I say 'oh are you making me a coffee'," Jack jokingly says. Read more about one of our awesome mailroom clerks Jack here: https://bit.ly/37kemEL		727	85	11	0	13.2%
Feb 12	Rangatahi aged 15-30 may have missed out on their measles vaccination when they were young. You can go to your family doctor, local pharmacy or at one of our community clinics to get immunised - it's FREE! Here's one of our public health nurses and reigning Miss Samoa/Miss		1,018	120	0	8	12.57%

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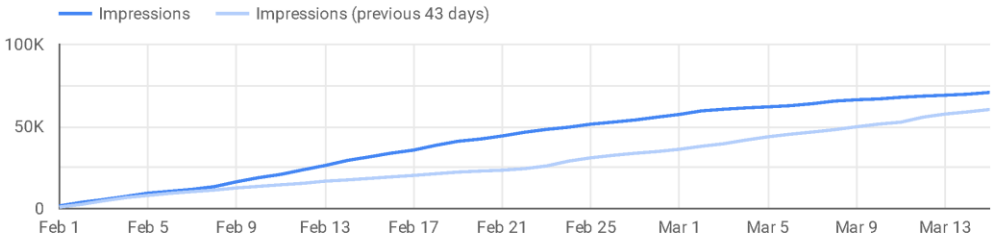
CM Health LinkedIn

A very strong period for LinkedIn as we see an upward trend in all metrics - presumably due to the holiday season impacting the comparative period. A huge leap in average engagement, up almost 60%, makes for our strongest average to date.

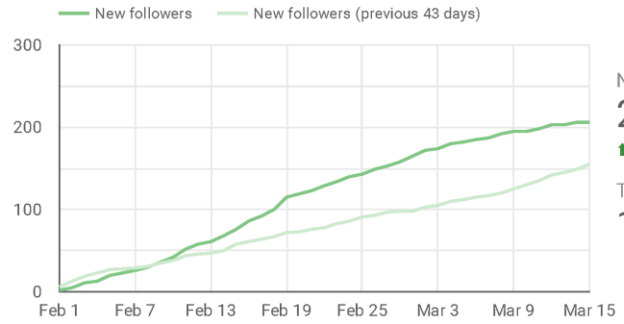
CM Health LinkedIn Metrics

Post Reach



Impressions
70,843
17.2%

Follower Growth



New followers
206
32.9%

Total Followers
10,685

Engagement Breakdown

Likes
1,438
29.5%

Comments
78
188.9%

Clicks
5,274
112.7%

Shares
31
0.0%

Posts
28
33.3%

Engagement Rate (avg)
9.02%
58.5%

Post Breakdown

Date	Message	Updat...	Impressions	Likes	Clicks	Comments	Shares	Engagement Rate
Feb 4	Our partnership with the University of Otago to create a new dental facility in South Auckland finally got an official opening yesterday after two false starts due to Covid lockdown and restrictions in 2020. Eleven students were trained at the facility last year, 29 will do so this year and 50 in 2022. The clinic is located on the Manukau SuperClinic site and provides accessible dental treatment to whaanau. Our Chief Medical Officer, Dr Pete Watson spoke at the event saying that this partnership is an exemplary model of how working together in this way strengthens the clinical and culturally appropriate practice of dentists, but most importantly, the mana, health and wellbeing outcomes of our patients and community.		5,141	100	1,656	2	2	34.23
Feb 11	Happy Lunar New Year - it is the year of the Ox. Yesterday we had the honour to host presentations by Dr Cecilia Wong-Cornall (PhD), Professional Teaching Fellow at the University of Auckland School of Population Health and Dr Hagyun Kim (PhD), Senior Lecturer at the Massey University School of Social Work. Dr Wong-Cornall talked about 'How Chinese family ('carers') made sense of caring for older family members with complex chronic conditions and working with health professionals' and Dr Kim presented on "The mutual relationship between immigrants' disrupted everyday activities and their health." Our amazing staff at the cafeteria also prepared a special Lunar New Year meal that was very popular with our staff. #healthytogether #lunarnewyear2021		2,069	33	490	0	1	25.33

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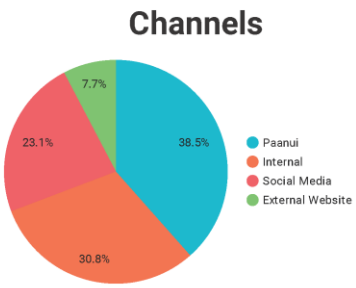
Video Production

CM HEALTH VIDEOS

	Name	Channel	Date Published
1.	11-03-2021 - COVID-19 Webinar	Paanui	Mar 11, 2021
2.	08-03-2021 - COVID-19 Webinar	Paanui	Mar 8, 2021
3.	COVID Update	Paanui	Mar 2, 2021
4.	Barrio Fiesta 2021	Social Media	Mar 1, 2021
5.	Grand Round - 25-02-2021	Internal	Mar 1, 2021
6.	WEBINAR_COVID-19 Vaccine-MIQ_and_border_staff	Paanui	Feb 23, 2021
7.	Grand Round 18-02-2021	Internal	Feb 21, 2021
8.	Grand Round 11-02-2021	Internal	Feb 21, 2021
9.	We are FOU	Social Media	Feb 15, 2021
10.	Counties Manukau Visitor Policy - 15-02-2021	External Website	Feb 14, 2021
11.	Choosing Wisely	Paanui	Feb 9, 2021
12.	Get vaccinated against measles!	Social Media	Feb 9, 2021
13.	Security Update	Internal	Feb 3, 2021



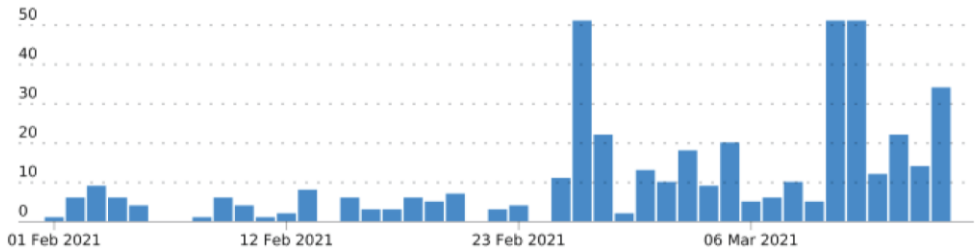
Videos Produced
13

Media Listening

Peaks:

- 26 Feb:
  - Man shot dead by police in Papatoetoe, taken to Middlemore Hospital
- 12 March:
  - Woman found dead in Pukekohe alongside critically injured man who was taken to Middlemore Hospital
- 13 March:
  - Man treated at Middlemore Hospital following firearms incident.

Volume



Sources

New Zealand Herald: 78
Stuff.co.nz: 44
NZ Doctor: 26
TVNZ: 24
Newshub: 23
Radio New Zealand : 18
Newstalk ZB: 12
The Spinoff: 11
Pacific Media Network: 10
Voxy: 10
Otago Daily Times: 9
Waatea News: 9
Northern Advocate: 8
Times Online: 8
Radio New Zealand Audio: 7
Bay of Plenty Times: 7
Hawke's Bay Today: 7
Maori Television: 7
Rotorua Daily Post: 7
NZ City: 6
Police Alerts: 6
Eastern Courier: 6
The Press: 5
Whanganui Chronicle: 5
Franklin County News: 4
Timaru Herald: 4
Manawatu Standard: 4
New Zealand Parliament: 4
Taranaki Daily News: 4
Waikato Times: 4
Southland Times: 4
Newsroom: 4
Manukau Courier: 3
Dominion Post: 3
Magic Talk: 3
BusinessDesk: 3
Northern Region Health Coordination Centre: 3
Nelson Mail: 2
Indian Weekender: 2
Northland Age: 2
The Daily Blog: 2
Newstalk ZB Wellington: 2
East & Bays Courier: 2
National Business Review: 2
Hauraki Coromandel Post: 2
Pharmacy Today: 2
National Hauora Coalition: 2
Taupo & Turangi Weekender: 2
Papakura Courier: 2
Marlborough Express: 1
95bFM: 1
Gisborne Herald: 1
Ian Powell: 1
Herald on Sunday: 1
Health Central: 1
Charlotte Gendall: 1
Science Media Centre: 1
Dean Wilson: 1
SunLive: 1
Hapai Te Hauora: 1
Crux: 1
Autotalk: 1
North Harbour News: 1
Richard Trow: 1
Asthma and Respiratory Foundation: 1
Kedra Macpherson: 1

Diversity Works: 1
Ministry for Pacific Peoples: 1
Re News: 1
ACT New Zealand : 1
North Shore Times: 1
Nancy de Bueger: 1
Te Ao: 1
Gold FM: 1
Rotorua Now: 1
Autofile: 1

Content Types

Counties Manukau District Health Board
Finance and Corporate Business Report

Recommendation

It is recommended that the Board:

Receive this Finance and Corporate Business Report.

Note that this paper presents a detailed view of the high level YTD 28 February 2021 financial report presented to Audit Risk and Finance Committee on 24 March 2021.

Submitted by: Margaret White – Chief Financial Officer

Glossary

ACC	Accident Compensation Corporation
ADHB	Auckland District Health Board
ARPHS	Auckland Regional Public Health Service
CWD	Case Weighted Discharge
ED	Emergency Department
ELT	Executive Leadership Team
EPC	Enhancing Primary Care
ESPI	Elective Service Performance Indicator
FY	Financial Year
HOP	Health of Older People
HTT	Healthy Together Technology
IDF	Inter District Flows
MIF	Managed Isolation Facilities
MIQ	Managed Isolation and Quarantine
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NR	Northern Region
NRHCC	Northern Region Health Coordination Centre
O/S	Outsourced
PCT	Pharmaceutical Cancer Treatment
PHO	Primary Health Organisation
RMO	Resident Medical Officer
SMO	Senior Medical Officer
VLCA	Very Low Cost Access
WIES	Weighted Inlier Equivalent Separations
YTD	Year To Date

Purpose

The purpose of this paper is to provide the Board with an overview of the financial result for the eight-month period ended 28 February 2021.

Key Messages

2020/21 YTD Result and Forecast position - The underlying variance for the month of February 2021 is $73k favourable against budget and $827k unfavourable YTD. There are no material forecast exposures confirmed at the end of February 2021, however IDF, Acute Flow, E$C and Annual Leave remain key areas of focus. The full year underlying forecast position remains on budget at $29.9m. Holidays Act provision for 2020/21 year and net unfunded COVID-19 will continue to be reported as exceptional items.

2020/21 Cash and Going concern - The cash flow requirements to remediate the Holiday's Act and the continued support required from the MoH to fund the costs associated our ongoing response to COVID-19 are significant for CM Health and the region. This will continue to be monitored closely. The joint ministers of Health and Finance have issued a letter of comfort on 29 September 2020 to support the DHBs going concern assumption for the 30 June 2020 annual report.

2020/21 E$C - COVID-19 surges and vaccine planning continue to impact on the availability of key portfolio and project staff and sponsors. Despite this, work continues to accelerate projects with greatest merit and opportunity to scale.

COVID-19 - As at 28 February CM Health has committed circa $35.6m (excl Planned Care subsequently funded) of cost in relation to COVID-19 not yet funded (FY YTD $15.1m). Funding pathways are progressing well for MIF/MIQ and Border, Community testing and labs. Further to previous updates, the Northern Region proposal calling on the $40m appropriated to the Minister of Health has been well received with the majority of items approved. Importantly funding has been provisionally approved through to June 2022 for:

- Northern Regional Health Coordination Centre (NRHCC)
- Auckland Regional Public Health Service (ARPHS)
- Maori

The Funding framework for the Vaccination stream is a work in progress. Updates will be provided in due course.

Summary Financial Result and Commentary for the period ended 28 February 2021

The underlying variance for the month of February 2021 is $73k favourable against budget and $827k unfavourable YTD (refer Table 1). The YTD reported result of $16.2m unfavourable includes the unbudgeted COVID-19 impact of $5.4m and provision for unbudgeted Holidays Act of $10m (holiday pay will continue to be incorrectly paid until payroll systems have been remediated mid to late 2022).

Consistent with previously reported trends the underlying YTD unfavourable result reflects the following primary drivers:

- Reduced IDF inflow, part offset by lower outflows to ADHB (refer below).
- YTD Surgical over delivery vs contract – Acute, Elective and Planned Care (Planned Care will be managed to contract by year end).
- Additional resourcing to support the sustained increase in Neonatal demand resources required – budget adjustment approved during 2020/21.
- Higher use of watches.
- Cost of locum and agency cover exceeding vacancy.
- RMO/House Officers over allocation.
- YTD delay to secure E$C savings.

Offset by:

- YTD vacancies.
- Delayed rollout for Te Ranga Ora programme due to COVID-19.
- Lower demand for aged residential care.
- Lower level of IDF outflows to ADHB.

Table 1: Summary month and YTD result by division for the period ended 28 February 2021

Reported Net Result	February 2021						
	Month			Year to Date			Full Year
	Act	**Bud**	**Var**	Act	Bud	Var	**Bud**
	$000	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Provider	(6,028)	(5,649)	(379)	(83,841)	(69,747)	(14,093)	(111,440)
Funder	6,309	7,246	(937)	54,733	58,300	(3,567)	87,285
Governance	(213)	(332)	120	(2,330)	(3,781)	1,451	(5,723)
Reported Net deficit	**68**	**1,265**	**(1,197)**	**(31,438)**	**(15,228)**	**(16,210)**	**(29,878)**
COVID-19 costs not funded	20	-	20	5,387	-	5,387	-
Holidays Act remediation impact	1,250	-	1,250	10,000	-	10,000	-
Underlying result	**(1,197)**	**(1,265)**	**73**	**(16,055)**	**(15,228)**	**(827)**	**(29,878)**

Summary Commentary on <u>underlying</u> DHB Consolidated Financial Performance (reported net deficit)

Provider Update - The Provider Arm produced a $(379k) unfavourable result against budget for the month of February 2021 (YTD $(14.1m) unfavourable).

Favourable variances:

- Vacancies across the system in difficult to recruit to positions; and
- Financing costs, in particular a lower Capital Charge provision as a result of a higher Deficit result for the year ended 2019/20.

Offset by unfavourable variances:

- Unrealised target savings due to the delays in portfolio and project progression due to COVID-19.
- Impact of net Annual Leave not taken (under review).
- Locum cover for SMO vacancies mainly in Mental Health.
- Over allocation of House Officers and Registrars.
- Unbudgeted cost of patient watches in wards.
- Increase in Planned Care activity (this is partially funded through the Planned Care additional funding).

Funder Update – The Funder Arm produced a $937k unfavourable result against budget for the month of February 2021 (YTD $3.6m unfavourable).

Unfavourable variances;

- Ongoing IDF wash-up exposure (reduced inflows).

Part offset by favourable variances:

- Lower demand Mental Health services.
- Enhanced Primary Care (EPC) YTD adjustment to reflect under performance.
- Pacific Health NGO spends not yet under way.

Governance **-** $120k favourable (YTD $1.4m favourable). The YTD favourable is primarily due to vacancies in the Governance & Funding division and timing differences in planned expenditure.

The full Statement of Financial Performance is presented in the below (Table 2).

Table 2: Consolidated reported and underlying result for February 2021 (Month and Cumulative YTD)

CMDHB February 2021	Month Variance									YTD Variance									FY Bud
Statement of Financial Performance	Month (BAU)			Savings	Underlying Variance	Holidays Act	COVID	Planned Care & Waitlist	Reported Variance	YTD (BAU)			Savings	Underlying Variance	Holidays Act	COVID	Planned Care & Waitlist	Reported Variance	Full Year
	Actual $(000)	Budget $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Actual $(000)	Budget $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Variance $(000)	Budget $(000)
Revenue																			
Government Revenue	162,433	158,468	3,965	(17)	3,948		6,426	(625)	9,750	1,300,833	1,268,930	31,903	(137)	31,767		60,145	(4,149)	87,762	1,903,655
Patient/Consumer Sourced	1,017	1,035	(18)	(32)	(49)		0		(49)	6,914	8,281	(1,366)	(253)	(1,620)		5		(1,614)	12,802
Other Income	2,493	2,502	(9)	(73)	(82)		(118)		(200)	20,709	20,294	414	(585)	(170)		793		623	31,292
Total Revenue	**165,944**	**162,005**	**3,938**	**(122)**	**3,817**	**0**	**6,309**	**(625)**	**9,500**	**1,328,456**	**1,297,504**	**30,951**	**(975)**	**29,977**	**0**	**60,943**	**(4,149)**	**86,770**	**1,947,749**
Medical	19,214	19,747	532	(275)	257	(400)	(34)		(177)	161,012	162,494	1,483	(2,202)	(719)	(3,197)	(755)		(4,672)	239,814
Nursing	25,652	23,700	(1,953)	(382)	(2,335)	(481)	(1,799)		(4,615)	199,887	195,276	(4,611)	(3,059)	(7,670)	(3,849)	(9,713)		(21,232)	288,907
Allied	7,961	8,279	318	(129)	189	(160)	(129)		(100)	66,291	68,997	2,706	(1,033)	1,673	(1,278)	(1,038)		(643)	102,352
Support	3,174	3,312	138	(96)	41	(57)	(120)		(136)	27,058	27,123	65	(771)	(706)	(458)	(1,290)		(2,455)	39,458
Management and Admin	7,415	7,124	(291)	(119)	(410)	(152)	(407)		(970)	60,959	62,867	1,908	(954)	954	(1,218)	(2,842)		(3,106)	93,058
Total Personnel	63,417	62,161	(1,256)	(1,002)	(2,258)	(1,250)	(2,489)	0	(5,997)	515,206	516,757	1,551	(8,019)	(6,468)	(10,000)	(15,639)	0	(32,107)	763,590
Outsourced Personnel																			
Medical	812	445	(368)	0	(368)		(33)		(400)	7,343	3,682	(3,661)	0	(3,661)		(1,214)		(4,876)	5,530
Nursing	157	38	(118)	0	(118)		(616)		(734)	2,608	323	(2,285)	0	(2,285)		(1,931)		(4,216)	485
Allied Health	99	18	(82)	0	(82)		0		(82)	717	154	(563)	0	(563)		(48)		(611)	232
Support	56	0	(56)	0	(56)		0		(56)	685	0	(685)	0	(685)		(2)		(687)	0
Management and Admin	438	250	(188)	0	(188)		(116)		(304)	3,781	1,999	(1,781)	0	(1,781)		(319)		(2,101)	2,999
Total Outsourced Personnel	1,562	750	(812)	0	(812)	0	(764)	0	(1,576)	15,134	6,158	(8,975)	0	(8,975)	0	(3,515)	0	(12,490)	9,246
Total Personnel & Outsourcing	64,979	62,911	(2,068)	(1,002)	(3,070)	(1,250)	(3,253)	0	(7,574)	530,340	522,915	(7,425)	(8,019)	(15,444)	(10,000)	(19,154)	0	(44,598)	772,835
Outsourced Clinical Services	2,419	2,901	482	(89)	393		(77)	625	941	20,758	23,739	2,981	(712)	2,270		(5,725)	4,149	694	34,694
Outsourced Corporate Services	4,302	4,495	193	(33)	160		(11)		148	34,639	35,958	1,319	(267)	1,053		(419)		634	53,537
Clinical Supplies	10,181	10,517	336	(122)	213		(333)		(119)	91,332	89,580	(1,753)	(979)	(2,731)		(4,026)		(6,757)	133,616
Infrastructure	6,175	7,275	1,101	(120)	981		(611)		370	53,931	59,745	5,813	(957)	4,856		(8,282)		(3,426)	88,132
Provider Payments	71,640	68,475	(3,165)	0	(3,165)		(2,043)		(5,208)	574,000	547,469	(26,531)	0	(26,531)		(28,724)		(55,255)	821,368
Total Other Direct Costs	94,716	93,663	(1,053)	(364)	(1,418)	0	(3,075)	625	(3,868)	774,660	756,491	(18,169)	(2,914)	(21,084)	0	(47,176)	4,149	(64,110)	1,131,346
Total Expenditure	**159,696**	**156,574**	**(3,121)**	**(1,367)**	**(4,488)**	**(1,250)**	**(6,328)**	**625**	**(11,442)**	**1,305,000**	**1,279,406**	**(25,594)**	**(10,933)**	**(36,528)**	**(10,000)**	**(66,330)**	**4,149**	**(108,708)**	**1,904,182**
Total Operating Surplus/(Deficit)	**6,248**	**5,431**	**817**	**(1,488)**	**(671)**	**(1,250)**	**(20)**	**0**	**(1,941)**	**23,457**	**18,099**	**5,359**	**(11,908)**	**(6,551)**	**(10,000)**	**(5,387)**	**0**	**(21,938)**	43,567
Depreciation	3,323	3,405	82	0	82		0		82	26,231	27,241	1,010	0	1,010		0		1,010	40,861
Interest	6	6	0	0	0		0		0	48	48	0	0	0		0		0	72
Capital Charge	2,048	2,709	661	0	661		0		661	16,961	21,675	4,713	0	4,713		0		4,713	32,512
Total Finance Costs	5,377	6,120	744	0	744	0	0	0	744	43,240	48,964	5,724	0	5,724	0	0	0	5,724	73,445
Net Surplus/(Deficit)	**872**	**(689)**	**1,561**	**(1,488)**	**72**	**(1,250)**	**(20)**	**0**	**(1,198)**	**(19,783)**	**(30,865)**	**11,083**	**(11,908)**	**(825)**	**(10,000)**	**(5,387)**	**0**	**(16,212)**	**(29,878)**

Commentary on Major Variances in relation to the underlying result (>$500k)

Major variances in the underlying result (excluding unbudgeted COVID-19, Holidays Act and Planned Care) are explained for the month and YTD below.

Month:

Government Revenue $3.9m favourable - The majority of the underlying variance is from additional funding matched by additional costs, as follows:

	Month
Pharmacy funding release	$0.7m
PHO – Very Low Cost Access (VLCA)/Care Plus/U14's	$2.3m
Primary Care Mental Health	$0.7m
Total	**$3.7m**

Personnel & Outsourcing $(3m) unfavourable – key variances are:

- Resourcing of additional Neonatal cots (budget is for 34 cots, but 38-41 cots are being resourced), $(293k).
- Additional resource required to deliver unbudgeted Planned Care (partially funded), $(625k).
- Use of external nursing agency to cover roster gaps, vacancies and Care Partners (watches), $(118k).
- Locums engaged at a premium, primarily in Mental Health reflecting a national shortage of psychiatrists, $(368k).
- Unrealised savings, $(1.0m).

Unbudgeted costs outlined above and additional staffing costs (overtime, additional duties etc…) to cover roster gaps across the services are part offset by existing vacancies in difficult to recruit to areas.

Infrastructure $981k favourable - Favourable variances include HTT2020 capitalised costs (offset in personnel and operational costs), Facilities reduced spend on contractors (offset in personnel costs), bad debts and other efficiencies across the services (including upsides due to COVID-19 ie; travel, corporate training and laundry) partly offset by unrealised centralised savings.

Provider Payments $(3.1m) unfavourable - The majority of the underlying variance is matched by additional funding, as follows:

	Month
PHO – Very Low Cost Access/Care Plus/U14's	$2.3m
Primary Care Mental Health	$0.7m
Total	**$3.0m**

Other variances that have an impact on the net result are as follows:

	Impact	**Month**
IDF wash up provision accrual	Unfavourable	($2.3m)
Mental Health NGO underspend	Favourable	$0.4m
HOP underspend	Favourable	$0.9m
	Net	**$1.0m**

Capital charge $661k - the favourable expense is largely matched by a compensating reduction in MoH funding as a result of the reduction in capital charge rate from 6% to 5%, offset by a reduction in revenue.

Year To Date:

Government Revenue $31.8m favourable - The majority of the underlying variance is from additional funding matched by additional costs, as follows:

	YTD
Pharmacy funding	$4.0m
PHO – Very Low Cost Access/Care Plus/U14's	$20.5m
Primary Care Mental Health	$4.9m
Pharmacy funding release	$0.7m
MoH Elective and Planned Care revenue	$4.2m
PCT revenue	$0.8m
Other Government contracts	$0.6m
One off YTD MoH revenue adjustment relating to Capital Charge	($3.6)m
Total	**$32.1m**

Patient/consumer revenue $(1.6m) unfavourable - driven by lower Tahitian Burns $(1.2m) and Non Resident presentation $(678k) due to closed borders (offset by lost margin coded to COVID-19), volume related decreases in Patient Co-payment revenue $(509k) and unrealised savings.

Personnel & Outsourcing $(15.4m) unfavourable to budget driven by:

- Resourcing of additional Neonatal cots (budget is for 34 cots, but 38-41 cots are being resourced YTD), $(1.5m).
- Additional resource required to deliver unbudgeted Planned Care (partially funded), $(4.2m).
- Use of external nursing agency to cover roster gaps, vacancies and Care Partners (watches), $(2.3m).
- Locums engaged at a premium, primarily in Mental Health reflecting a national shortage of psychiatrists, $(3.7m).
- RMO and House Officer over allocations due to changes in rotation dates in response to COVID-19, $(1m).
- Unrealised savings, $(8m).

Unbudgeted costs have been part offset by delays in insourcing of Security Guards and Toto Ora (Renal Service) and underlying vacancies in difficult to recruit to areas.

Outsourced Clinical Services $2.2m favourable - Reflects the delayed insourcing of Toto Ora (Renal) $(720k) (offset in personnel costs), unrealised savings $(712k) and additional Planned Care volumes (funded) $(1.8m). The above mentioned adjustment (transferred to other costs, $0 bottom line impact) $4.3m and cost reductions for MFAT contracts impacted by COVID-19 (offset by revenue) $1.2m, mitigate these costs.

Outsourced Corporate Services $1m favourable - Reflects timing of shared services charges, part offset by unmet target savings.

Clinical Supplies $(2.7m) unfavourable - Reflecting an increase in acute and planned care activity mainly in Surgical services (General Surgery and Orthopaedics) $(2.7m), unrealised savings $(979k) and a corporate adjustment (transferred to other costs, $0 bottom line impact) $(1.7m), part offset by favourable.

Variances for PCT infusions due to change in Pharmac approved drug $926k, delayed implementation of Toto Ora (Renal) insourcing and the impact of reduced renal and cath lab volumes $923k.

Infrastructure $4.9m favourable **-** Favourable variances include HTT2020 capitalised costs $1.1m (offset in personnel and operational costs), Facilities reduced spend on contractors (offset in personnel costs) $1.4m, bad debts $1.3m and other efficiencies across the services (including upsides due to COVID-19 i.e. travel, corporate training and laundry); part offset by savings $(957k).

Provider payments $(26.5m) unfavourable **-** The majority of the underlying variance is matched by additional funding, as follows:

	YTD
Pharmacy funding release	$0.70m
PHO – Very Low Cost Access/Care Plus/U14's	$20.9m
Primary Care Mental Health	$4.9m
Hospice	$0.3m
Total	**$26.8m**

Other variances that have an impact on the net result are as follows:

	Impact	**YTD**
IDF wash up provision accrual	Unfavourable	($7.5m)
Mental Health NGO underspend	Favourable	$2.4m
Closeout of provisions (relating to NGO contract accruals where payment obligation is lower)	Favourable	$3.1m
HOP underspend including Pay equity	Favourable	$2.1m
	Net Favourable	**$0.1m**

Depreciation $1m favourable **-** the favourable expense is largely due to the timing of capital spend and associated asset capitalisations.

Capital charge $4.7m favourable **-** the favourable expense is part offset by a compensating reduction in MoH funding as a result of the reduction in capital charge rate from 6% to 5%.

Statement of Financial Position as at 28 February 2021

Table 3: Statement of Financial Position as at 28 February 2021

	Act $ 000	Budget $ 000	Var $ 000	Jan-21 $ 000	Movement $ 000
Current Assets					
Petty Cash	8	8	-	8	-
Bank	17,604	20,289	(2,685)	17,225	379
Trust	837	837	-	837	-
Prepayments	3,976	2,877	1,099	4,453	(477)
Debtors	103,593	61,114	42,479	78,857	24,736
Inventory	10,826	11,305	(479)	11,205	(379)
Assets Held for Sale	5,320	5,320	-	5,320	-
Total current Assets	**142,164**	**101,750**	**40,414**	**117,905**	**24,259**
Fixed Assets					
Land	193,430	193,430	-	193,430	-
Buildings, Plant & Equip	698,745	733,076	(34,331)	696,759	1,986
Information Technology	2,682	3,827	(1,145)	2,682	-
Information Software	2,165	3,027	(862)	2,165	-
Motor Vehicles	1,472	1,472	-	1,472	-
Total Cost	**898,494**	**934,832**	**(36,338)**	**896,508**	1,986
Accum. Depreciation	(119,148)	(120,430)	1,282	(115,863)	(3,285)
Net Cost	**779,346**	**814,402**	**(35,056)**	**780,645**	**(1,299)**
Work In-progress	90,694	63,910	26,784	90,045	649
Total Fixed Assets	**870,040**	**878,312**	**(8,272)**	**870,690**	**(650)**
Reversionary car park interest	2,050	2,050	-	2,050	-
Investments in Associates	56,895	56,296	599	56,932	(37)
Total Assets	**1,071,149**	**1,038,408**	**32,741**	**1,047,577**	**23,572**
Current Liabilities					
Creditors	139,822	123,867	15,955	127,039	12,783
Income in Advance	30,495	24,535	5,960	29,925	570
GST and PAYE	22,934	18,674	4,260	21,666	1,268
Payroll Accrual & Clearing	33,635	30,272	3,363	31,805	1,830
Employee Provisions	293,771	282,954	10,817	291,582	2,189
Total Current Liabilities	**520,657**	**480,302**	**40,355**	**502,017**	**18,640**
Working Capital	(378,493)	(378,552)	59	(384,112)	5,619

Net Funds Employed	**550,492**	**558,106**	**(7,614)**	**545,560**	**4,932**
Non-Current Liabilities					
Employee Provisions	37,267	37,267	-	37,267	-
Insurance Liability	990	990	-	990	-
Other Financial Liabilities	11,991	200	11,791	11,992	(1)
Total Non-Current Liabilities	**50,248**	**38,457**	**11,791**	**50,249**	**(1)**
Crown Equity					
Crown Equity	453,762	456,957	(3,195)	448,898	4,864
Revaluation Reserve	393,379	393,379	-	393,379	-
Retained Earnings	(347,732)	(331,524)	(16,208)	(347,801)	69
Trust and Special Funds	835	837	(2)	835	-
Total Crown Equity	**500,244**	**519,649**	**(19,405)**	**495,311**	**4,933**
Net Funds Employed	**550,492**	**558,106**	**(7,614)**	**545,560**	**4,932**

Commentary on Major Variances:

- Closing bank was $2.7m unfavourable to budget in February 2021 (refer cash flow variance explanation for further details).
- Prepayments were $1.1m higher than Budget primarily due to the prepayments of insurance and Objective Software licenses paid at the beginning of the year, plus National System Catalogue investment assets classified as a prepayment.
- Debtors were $42.5m higher than Budget largely due to COVID-19 related MoH invoices and accruals.
- Net fixed assets are less than Budget by $8.3m due to the timing of capital spend and asset capitalisations.
- Creditors are $16m above Budget due to timing of invoices and accruals (including COVID-19 related).
- Income In Advance was higher than Budget by $6m largely COVID-19 related funding advances and timing of revenue recognised in the month.
- PAYE was higher than Budget by $4.3m largely due to under budgeted liability for the month.
- Payroll accruals are higher than Budget by $3.4m due primarily to timing differences.
- Employee provisions are higher than Budget due largely to an unbudgeted increase in annual leave provisions, as well as the unbudgeted accrual for Holidays Act remediation of $10m.
- Other Financial Liabilities represents the long term obligation for the University of Otago dental school investment.
- Retained earnings are $16.2m variance to budget due mainly to $10m Holiday's Act additional provision and $5.4m unfunded COVID-19 costs YTD.

Statement of Cash Flows for the period ended 28 February 2021

Table 6: Statement of Cash flow for the period ended 28 February 2021

	Month			YTD		
	Act	**Budget**	**Var**	**Act**	**Budget**	**Var**
	$ 000	**$ 000**	**$ 000**	**$ 000**	**$ 000**	**$ 000**
Cash flows from Operating activities						
Cash was provided from:						
Crown Revenue	131,601	146,962	(15,361)	1,227,909	1,176,481	51,428
Other	16,448	15,081	1,367	136,594	121,325	15,269
Cash was applied to:						
Suppliers	(75,219)	(94,055)	18,836	(822,529)	(759,786)	(62,743)
Employees	(62,671)	(60,025)	(2,646)	(517,600)	(499,671)	(17,929)
Goods and services tax (net)	821	-	821	2,081	-	2,081
Capital charge	(12,865)	-	(12,865)	(12,865)	(16,256)	3,391
Net cash from Operations	**(1,885)**	**7,963**	**(9,848)**	**13,590**	**22,092**	**(8,502)**
Cash flows from Investing activities						
Cash was applied to:						
Fixed assets	(2,636)	(6,037)	3,401	(34,121)	(43,658)	9,537
Investments	-	-	-	(165)	(612)	447
Interest received	36	83	(47)	366	667	(301)
Restricted & Trust Funds	-	-	-	-	-	-
Net cash from Investing	**(2,600)**	**(5,954)**	**3,354**	**(33,920)**	**(43,603)**	**9,683**
Cash flows from Financing activities						
Cash was provided from:						
Sale of Asset	-	1	(1)	-	7	(7)
Other equity movement	-	-	-	-	-	-
Equity injection	4,864	-	4,864	11,614	15,473	(3,859)
Net cash from Financing	4,864	1	4,863	11,614	15,480	(3,866)
Net increase / (decrease)	**379**	**2,010**	**(1,631)**	**(8,716)**	**(6,031)**	**(2,685)**
Opening cash	18,070	19,124	(1,054)	27,165	27,165	-
Closing cash	**18,449**	**21,134**	**(2,685)**	**18,449**	**21,134**	**(2,685)**

Reconciliation Summary

Net Surplus/(Deficit)	**69**	**1,266**	**(1,197)**	**(31,437)**	**(15,227)**	**(16,210)**
Add/(Less) non-cash items						
Impairment of Intangibles	-	-	-	-	-	-
Depn and Amortisation of assets	3,323	3,405	(82)	26,231	27,241	(1,010)
	3,392	4,671	(1,279)	(5,206)	12,014	(17,220)
Add/(Less) items Classified as Investing or Financing activities						
Interest received	(36)	(83)	47	(366)	(667)	301
Write off of Work-in-Progress	-	-	-	-	-	-
Gain/(loss) on Disposal	-	(1)	1	-	(7)	7
Add/(Less) Movements in Financial Position items						
Debtors and Other Receivables	(24,259)	2,709	(26,968)	(44,879)	5,419	(50,298)
Inventories	379	-	379	479	-	479
Creditors	42,678	667	42,011	83,496	5,333	78,163
Employee Entitlements	(24,039)	-	(24,039)	(19,934)	-	(19,934)
	(5,241)	3,376	(8,617)	19,162	10,751	8,411
Net Cash flow from Operations	**(1,885)**	**7,963**	**(9,848)**	**13,590**	**22,092**	**(8,502)**

Commentary on Major Variances for the year:

- Revenue from the Crown and other revenue were $66.7m favourable to budget YTD mainly due to PHO practice revenue variances (offset by additional expenditure) and COVID-19 funding (partially offset by additional expenditure).
- Payments to suppliers for YTD February were $62.7m higher than budget reflecting variations to the planned timing of supplier payments, provider payments and COVID-19 payments.
- Payments to employees for YTD February were $17.9m over Budget mainly attributable to COVID-19 staff.
- Capital charge $3.4m under Budget was impacted by the rate change of 6% down to 5% for the year. The variance for the month of $12.8m was as a result of Ministry directive to pay the Capital Charge in February 2021 instead of December 2020.
- Fixed Assets are $9.5m YTD favourable to budget representing the delayed timing of capital spend for major capital projects.
- The equity injection is below Budget by $3.9m as a result of underspend for the Acute Mental Health Unit project Stage 2 and the start of other major projects have been delayed resulting in delayed equity drawdowns.

Counties Manukau District Health Board
Disability Support Advisory Committee Terms of Reference

Recommendation

It is recommended that Board:

Receive the draft Terms of Reference for the Disability Support Advisory Committee.

Note that this paper was endorsed by DiSAC on 7 April 2021 to go forward to the Board.

Note that an earlier version of the Terms of Reference was presented to the Board on 9 December 2020 and feedback provided has been reflected in the attached draft Terms of Reference.

Approve the draft Terms of Reference for the Disability Support Advisory Committee.

Prepared and submitted by: Sanjoy Nand, Chief of Allied Health Scientific and Technical on behalf of Margie Apa, CEO and Lana Perese, Chair of DiSAC

Purpose

The purpose of this paper is to seek Board approval for the terms of reference for it's Disability Support Advisory subcommittee.

Executive Summary

Under Section 35 of the New Zealand Public Health and Disability Act 2000, the CMDHB Board is required to establish a committee to advise on disability issues, called the Disability Support Advisory Committee. Between 2018 and 2020, this role was provided by a regional Disability Support Advisory Committee and in late 2020 a decision was made to disestablish the Regional DiSAC. Each DHB would set up its own Disability Support Advisory Committee.

The proposed terms of reference for this committee are included in Appendix 1.

A previous draft of the terms of reference was presented to the Board for approval on the 9th December 2020. The board requested the following changes be made and considered by DiSAC before re-presenting it to the Board for approval:

- Membership to include two representatives from Mana Whenau i Taamaki Makaurau
- Disability community representation to include Disabled Maaori, Pasifika, Asian and youth and aged sector
- Add statements to reflect the Committee's role in effecting Te Tiriti o Waitangi obligations and achieving equity for Maaori, Pacific and disabled people.

These changes have been included in the attached draft.

Appendix

1. Draft ToR Disability Support Advisory Committee.

Terms of Reference

Disability Support Advisory Committee (DiSAC)

Establishment
The Committee is established by the Board of Counties Manukau DHB under Section 35 of the New Zealand Public Health and Disability Act 2000 ("the Act").

Purpose
As provided by Section 35 of the Act, the purpose of DiSAC is to provide advice to the Board on disability issues.

Functions
The functions of the Committee are set out by clause 3 of Schedule 4 of the Act and are as follows:

(1) To provide advice on:
(a) the disability support needs of the resident population of Counties Manukau DHB; and
(b) priorities for use of the disability support funding provided.

(2) To ensure that the following promote the inclusion and participation in society, and maximise the independence of disabled people within the DHB's resident population:
(a) the kinds of disability support services the DHB has provided or funded or could provide or fund for disabled people;
(b) all policies the DHB has adopted or could adopt for disabled people.

(3) To ensure that its advice is consistent with the New Zealand Disability Strategy.

Obligations to Te Tiriti O Waitangi
In carrying out its functions the committee will ensure that it upholds the obligations to Te Tiriti o Waitangi by giving effect to the 3 principles of Te Tiriti, partnership, participation and protection. This will include, enabling leadership of taangata whaikaha, partnership with Mana Whenua i Taamaki Makaurau and seeking meaningful participation from Maaori. The committee will acknowledge and incorporate te ao Maaori, maatauranga Maaori and tikanga Maaori in its work and advice.

Equity Statement
Counties Manukau DHB is committed to achieving equity in key health indicators for Maaori, Pacific and communities with health disparities. This includes achieving equity for disabled people as the health outcomes for disabled people in New Zealand are disproportionately lower. In carrying out its function, the committee will support the DHB's commitment to eliminating inequities for disabled people and enable equity in access, choice and control and outcomes for disabled people.

Responsibilities
To carry out its functions, DiSAC will develop and operate under an explicit philosophy that values inclusion, diversity, self-determination and equity for people with disabilities.

In particular, DiSAC will provide advice on:

1. The overall performance of disability support services delivered by, or through Counties Manukau DHB

2. The development of strategies and policies related to disability support services, disability issues and health service provision for disabled people in the district, having regard to, as appropriate:
    a. the United National Convention on the Rights of Persons with Disabilities.
    b. the New Zealand Disability Strategy.

c. the Health of Older People Strategy and the New Zealand Positive Ageing Strategy.
d. Whaaia Te Ao Maarama 2018-2022 - The Maaori Disability Action Plan
e. Faiva Ora 2016-2021- National Pasifika Disability Plan
f. The strategic planning processes of the DHB, including the Northern Region's Long-Term Investment Plan (LTIP), Information Systems Strategic Plan (ISSP) and Health Plan, and related consultation processes.

3. The performance of disability support services against expectations as set out in the Annual Plan and other relevant accountability documents, documented standards and legislation.
4. Issues related to the delivery of mainstream health services accessed by disabled people.
5. Contributions from a district perspective that can be made to the development and implementation of regional and national policies related to disability services delivered by the DHB.
6. The development and maintenance of relationships with disability stakeholders to support district and regional collaboration and co-ordination.
7. How the Board can effectively meet its responsibilities to deliver the Government's vision and strategies for disabled people including the relevant goals of the NZ Disability Strategy and Action Plan.
8. How to build capacity for Maaori and Pasifika to participate in the health and disability sector and advice on how the sector can meet the needs of disabled Maaori and Pasifika, including Provider engagement and capacity development.
9. The criteria, priorities and systems to be used in providing, auditing and monitoring disability support services.
10. The management of risks relevant to the provision of disability support services.
11. Disability issues for the Counties Manukau District to DSS funder(s) through the Board, including implications for strategic planning, prioritisation and funding decisions.

Note - Mental Health Services governance is provided by the Hospital Advisory Committee (for Provider arm) and the Community and Public Health Advisory Committee (for Funder arm)

Accountability
The Committee is accountable to the Board of Counties Manukau DHB.

The Committee is advisory only, although the Board may specifically delegate to the Committee authority to make decisions and take actions on its behalf in relation to specific matters.
Any recommendations or decisions of the Committee must be ratified by the Board (unless authority has already been delegated to DiSAC).

The Committee may give advice or release information to other parties only under authority from the Board.

The Committee must comply with all relevant provisions of the Act, including requirements relating to committee meetings.

Members of Committee must comply with processes and requirements of the Board, whether or not they are Board members or external appointees.

Membership
The Committee shall comprise:

- of up to five Board members, and
- two representatives from Mana Whenua i Taamaki Makaurau
- up to three external appointed members representing the disability community, including representation from Maaori with Disabilities, youth and aged sector

At least 2 members of the Committee shall be Maaori.

The Board will appoint the Chair and Deputy Chair

The Board will ensure that the Committee includes representation for Maaori, Pacific, Asian and Disabled people.

Quorum
If the total number of members of the Committee is an even number, half that number; but if the total number of members is an odd number, a majority of the members.

Frequency of Meetings
The Committee will meet five to six times a year

Conflicts of Interest
As required by clause 6(3) of Schedule 3 of the Act, prospective appointees to committees are required to disclose existing and potential conflicts before they are appointed. Any subsequent conflicts must also be declared, especially when funding matters are being considered.

Review
These Terms of Reference will be reviewed by DiSAC and the Counties Manukau DHB Board after one year of operation and subsequently at least every three years.

Management Support
The DHB's Chief of Allied Health Scientific and Technical will ensure provision of management and administrative support to the Committee.

DRAFT

Confidential
Counties Manukau District Health Board
Appointment of Community Representatives to DiSAC

Recommendation

It is recommended that Board:

Receive this paper requesting appointment of three community representatives to the Disability Support Advisory Committee.

Note the three applicants have been endorsed by the Disability Support Advisory committee members for appointment.

Approve the appointment of the following community representatives to the Disability Advisory Support Committee:

1. Dr Susan (Huhana) Hickey
2. Mr Hao (Felix) Lin
3. Ms Aiga Pouoa

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

Purpose

This paper is requesting the Board to appoint 3 community representatives to the Disability Support Advisory Committee.

Executive Summary

In setting up its Disability Support Advisory subcommittee the Board considered that the membership of the committee should include three members from the community representing disabled people. The Board aims to have a subcommittee that includes disabled people representing the following groups: Maaori, Pasifika and Asian disabled people, youth and aged sector. The board also requested 2 representatives from Mana Whenua i Tamaki Makarau to be included in the membership of the committee, which has been established.

Community representation was sought using an expression of interest process, with the positions being advertised in the local newspapers. The adverts where also shared with Board members and other staff to forward to their networks.

Four applicants were received and considered and three of the four were endorsed by DiSAC for appointment. The three applicants endorsed for appointment provide the widest span of representation that the Board aims to include in the membership of the committee.

The three applicants endorsed for appointment are:

1. Ms Aiga Pouoa - a Pasifika woman with lived experience of a disability. Ms Pouoa has some governance experience and is well connected with the disability community, working with disabled people.
2. Mr Felix Lin - is an Asian man who identifies as having a disability. Mr Lin has some governance experience and is well connected with the Asian disability community. Mr Lin also works for a disability information services provider (Independent Living Charitable Trust) and his experience in disability information provision would be valuable to inform our disability work programme.

3. Dr Huhana Hickey - is a Maaori wahine with a disability. Dr Hickey is well known for her work in the disability space and has significant governance experience. Her experience in contributing to Maaori health research and policy will be valuable to this subcommittee.

All three applicants have completed a Declaration of Interest *(located in the Diligent Resource Centre)*.

Curriculum Vitaes for all 3 applicants is also attached as an Appendix.

Appendices *(located in the Diligent Resource Centre)*

1. Huhana Hickey CV.
2. Lao Lin CV.
3. Aiga Pouoa CV.

Te Kawa Mataaho
Public Service Commission

18 March 2021

Hon Vui Mark Gosche
Chairperson
Counties Manukau District Health Board
Private Bag 94052
South Auckland Mail Centre
Manukau City 2240

By email: mark.gosche@middlemore.co.nz

Dear Vui Mark

Notice applying a code of conduct for the Board Members of Counties Manukau District Health Board under section 17(3) of the Public Service Act 2020

As you will be aware I have been consulting with boards and others on the development of a code of conduct for the board members of Crown entities. I am pleased with the support boards have given and the work of an across boards team in preparing a draft code.

I recently conducted consultation on the draft code. Feedback has been very positive with good support for its introduction. As a result I have decided to apply the code.

Application of the code of conduct

Pursuant to section 17(3) of the Public Service Act 2020 I hereby apply the Code of Conduct for Crown Entity Board Members, a copy of which is attached, to the board members of your entity. Your board members are required to comply with the minimum standards set out in the code of conduct (section 18(1)).

The date of commencement for application of the code will be 19 April 2021. The commencement date has been deferred to allow time for your board to make any arrangements necessary for implementation of the code.

Changes from the consultation draft

For your information, based on feedback received, I have made one change from the draft code issued in consultation. I have deleted the sentence "We avoid wherever possible any conflicts of interest with our board roles or the appearance of a conflict, current or future" from the conflicts of interest standard as it could have been seen to be expanding on board members obligations in the Crown Entities Act 2004. This doesn't detract from the importance of thorough and regular management of interests.

Implementation of the code of conduct

The code is written at an overall levelI. I have specified in the code that a board should put in place a board charter or governance manual to guide its activities which includes ethics provisions for board members as appropriate to support these standards and suit the entity's particular circumstances. Boards usually already have such provisions or their own code of conduct in place and this step may just involve ensuring there is no inconsistency with the Code of Conduct for Crown Entity Board Members.

Your role

Thank you for your leadership in these matters. Your high standards of integrity are a vital part of the government's and the public's trust and confidence in the public sector. I also encourage you to continue to support your management in emphasising the importance of integrity throughout your entity.

Yours sincerely

Peter Hughes (he/him)
Te Tumu Whakarae mō Te Kawa Mataaho
Public Service Commissioner | Head of Service

Code of Conduct
For Crown Entity Board Members

Te Kawa Mataaho
Public Service Commission

Crown entities deliver public services, exercise significant powers and directly impact the lives of New Zealanders. To be effective, Crown entities must have the trust and confidence of New Zealanders and the Government.

ACTING IN THE SPIRIT OF SERVICE

Boards oversee the operations and performance of Crown entities. As board members we bring to our roles a spirit of service to the community and a desire to improve the wellbeing of New Zealand and New Zealanders, including of Māori consistent with Te Tiriti o Waitangi. A key requirement of our roles is to act with the highest levels of integrity and professional and personal standards.

RESPONSIBILITIES UNDER THIS CODE

PERSONAL INTEGRITY

We are honest and open

We act with honesty and with high standards of professional and personal integrity.

We are truthful and open. We speak up in board meetings on decisions or advice that may be detrimental to the public interest.

We are fair

We deal with people fairly, impartially, promptly, sensitively and to the best of our ability.

We do not act in a way that unjustifiably favours or discriminates against particular individuals or interests. We help create an environment where diverse perspectives and backgrounds are encouraged and valued. We treat other members and staff employed by the entity with courtesy and respect.

We speak up

We report unethical behaviour when we see it. We treat all concerns raised by others seriously.

We support the entity to have clear policies and procedures in place that help expose serious threats to the public interest, and encourage open organisation cultures where all staff feel safe speaking up.

PROFESSIONAL CONDUCT

We use our positions properly

When acting as a member, we do not pursue our own interests at the expense of the entity's interests.

We do not misuse official resources for personal gain or for political purposes. We behave in a way that reflects well on the reputation of the entity and do not do anything to harm that reputation.

We never seek gifts, hospitality or favours for ourselves, members of our families or other close associates. We inform the Chair or other proper authority, or otherwise follow our entity's procedures, in relation to any offers of gifts or hospitality. We ensure that, where a gift or hospitality is accepted, it is recorded in a register as required under the entity's procedures.

Issued by the Public Service Commissioner under section 17(3) of the Public Service Act 2020 to apply to board members of statutory entities (excluding corporations sole) and Crown entity companies (excluding Crown Research Institutes and their subsidiaries)

IMPLEMENTATION

This Code sets out minimum standards of integrity and conduct. The board should put in place a board charter or governance manual to guide its governance activities, which includes ethics provisions for board members as appropriate, to support these standards and suit the entity's particular circumstances.

This Code should be read in conjunction with the collective and individual duties of members as set out in the Crown Entities Act 2004. This Code does not override any statutory provisions including those in an entity's empowering legislation, the Crown Entities Act 2004, the Public Service Act 2020, the Public Finance Act 1989 and the Companies Act 1993. This code is not intended to limit the ability of an entity or statutory officer to act independently in regard to any statutorily independent function.

We use information properly

We use information we gain in the course of our duties only for its intended purpose and never to obtain an advantage for ourselves or others or to cause detriment to the entity.

We are well informed about privacy, official information and protected disclosures legislation. We fully comply with entity procedures and only disclose official information or documents when required to do so by law, in the legitimate course of duty or when proper authority has been given.

We are politically impartial

We act in a politically impartial manner. Irrespective of our political interests, we conduct ourselves in a way that enables us to act effectively under current and future governments. We do not make political statements or engage in political activity in relation to the functions of the Crown entity.

When acting in our private capacity, we avoid any political activity that could jeopardise our ability to perform our role or which could erode the public's trust in the entity. We discuss with the Chair any proposal to make political comment or to undertake any significant political activity.[1]

We use care, diligence and skill

We carry out our work with care, diligence and skill.

We give proper consideration to matters and seek and consider all relevant information.

ACTING LAWFULLY

We meet our statutory and administrative requirements

We understand and act in accordance with all statutory and administrative requirements relevant to our roles.

We play a full and active role in the work of the board and fulfil all our duties responsibly. We respect the principle of collective decision-making and corporate responsibility. This means once the board has made a decision, we support it. We follow board protocols for public comment.

We identify and manage conflicts of interest

We identify, disclose, manage and regularly review all interests.

We become familiar with, and follow, all conflicts of interest requirements, including those of the board, the entity, and all statutory and professional requirements including the Crown Entities Act 2004, sections 62-72.

[1] *These provisions apply to elected board members in the same way as to appointed members. However elected board members have a relationship with their constituency in addition to their accountability to the responsible Minister. Elected Board Members must consider how to maintain that relationship while, as for all members, ensuring their actions do not jeopardise the effective governance of the entity.*

Hon Andrew Little
Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry

31 MAR 2021

Vui Mark Gosche
Chair
Counties Manukau District Health Board
c/o jessica.ibrahim@middlemore.co.nz

Dear Mr Gosche

Approval of Counties Manukau's business cases

Thank you for your correspondence of 21 December 2020 regarding my recent approval of two business cases submitted by Counties Manukau District Health Board (DHB). I apologise for the delay in responding to you.

I appreciate you taking the time to write, and I am pleased to hear that the Board and staff from Counties Manukau DHB were satisfied with the approval before Christmas.

DHBs play a vital role delivering health care to New Zealanders, and this Government is committed to supporting you in maintaining and improving the quality and range of services provided.

I am looking forward to seeing both the Grow Manukau Health Park and the Kidz First Neonatal Unit projects when they are finalised. I am sure they will be greatly appreciated by the local community.

Thank you again for writing. I wish you well in this important work.

Yours sincerely

Hon Andrew Little
Minister of Health

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+64 4 817 8707 | a.little@ministers.govt.nz | beehive.govt.nz

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 3 March 2021	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Clinical Print Contract	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(j)]
MoH Digital Enablement & Planned Care Funding	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial 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)]
Planned Care Funding	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial 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)]

Post Implementation Reviews	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities & Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)(j)]
Potential Disposal of Community Properties	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities & Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)(j)]
Potential Disposal of Area B	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)
Build Manukau Preliminary Design	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Negotiations** The disclosure of 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. [Official Information Act 1982 S9(2)(j)]
Risk Management	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)]

Infrastructure Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities & Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)(j)]
Final External Audit Management Report YE 30.5.20	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]
Chief 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)]
Low Income Workers 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)]	**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)]
NZHP Strategic Plan 2021-2024	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)]

Mana Whenua/Waikato Tainui Letters	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)]