MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
Wednesday, 1 April 2020

Venue: via Zoom *(details in calendar invitation)* **Start Time:** 9am

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

PART 1 – Items to be considered in public meeting

AGENDA

	BOARD ONLY SESSION (9.00 – 9.45am)		
	1.	**GOVERNANCE**	
9.45am	1.1	Apologies	
9.50am	1.2	Disclosures of Interest	
9.55am	1.3	Specific Interests	
	2.	**BOARD MINUTES**	
10.00am	2.1	Confirmation of Minutes of the Meeting of the Board – 19 February 2020/Action Item Register (Mark Gosche)	6-18
10.05am	2.2	Report on *Draft* Minutes HAC 26 February (Catherine Abel-Pattinson)	19-31
10.10am	2.3	Report on *Draft* Minutes CPHAC 26 February (Colleen Brown/Pierre Tohe)	32-35
	3.	**EXECUTIVE REPORTS**	
10.15am	3.1	Chief Executive's Report (Margie Apa)	36-40
10.25am	3.2	Health & Safety Performance Report (Elizabeth Jeffs)	41-59
	4.	**EXECUTIVE & OTHER REPORTS *(for information only, not discussion)***	
	4.1	Corporate Affairs& Communications Report	60-86
	4.2	Finance & Corporate Business Report	87-97
	4.3	CM Health Research Strategy 2020-2022	98-119
	5.	**RESOLUTION TO EXCLUDE THE PUBLIC**	120-123

Board Member Attendance Schedule 2020

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

BOARD MEMBERS' - DISCLOSURE OF INTERESTS
1 April 2020

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

Catherine Abel-Pattinson	• Board Member, healthAlliance NZ Ltd.
	• Member, NZNO
	• Member, Directors Institute
	• Husband (John Abel-Pattinson):
	  ○ Director, Blackstone Group Ltd
	  ○ Director and Shareholder, Blackstone Partners Ltd
	  ○ Director and Shareholder, Blackstone Treasury Ltd
	  ○ Director and Shareholder, Bspoke Group Ltd
	  ○ Director, Barclay Management (2013) Ltd
	  ○ Director, AZNAC (JAP) Ltd
	  ○ Director and Shareholder, Chatham Management Ltd
	  ○ Director and Shareholder, GCA Trustee Ltd
	  ○ Director, MAFV Ltd
	  ○ Director and Shareholder, Manaia No. 4 Trustees Ltd
	  ○ Director and Shareholder, Wolfe No. 1 Ltd
	  ○ Director, Greenstone Motels Ltd
	  ○ Director and Shareholder, Silverstone Property Group Ltd
	  ○ Director, various single purpose property owning companies
	  ○ Director and Shareholder, Abel-Pattinson Trustee Ltd

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 • Director, Charlie Starling Production Ltd • District Representative, Neighbourhood Support NZ Board • Chair, Rawiri Residents Association • Director and Shareholder, Travers Brown Trustee Limited

Dianne Glenn	• Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • Past President, 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.
Garry Boles	• Member, C and R • NZ Police Constable
Katrina Bungard	• Chairperson MECOSS – Manukau East Council of Social Services. • Deputy Chair Howick Local Board • Member of Amputee Society • Member of Parafed disability sports • Member of NZ National Party
Lana Perese	• Director & Shareholder, Malatest International & Consulting • Director, Emerge Aotearoa Limited Trust • Trustee, Emerge Aotearoa Housing Trust • Director, Vaka Tautua • Director, Malologa Trust
Paul Young	• TBC
Pierre Toha	• Senior Executive, Tainui Group Holdings • Trustee, Taniwha Marae
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, District Licensing Committee of Auckland Council • Member, Pacific Advisory Group for Mapu Maia – Problem Gambling Foundation • Board of Trustees Member, Holy Cross School
Tipa Mahuta	• Deputy Chair, Te Whakakitenga o Waikato • Councillor, Waikato Regional Council
Ken Whelan, Crown Monitor	• Board Member, Royal District Nursing Service NZ • Contracts with Francis Health & GE Healthcare (mainly Australia & Asia) • Crown Monitor, Waikato District Health Board

BOARD MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 1 April 2020

Director having interest	Interest in	Particulars of interest	Disclosure date	Board Action

Minutes of the Meeting of the Counties Manukau District Health Board

Wednesday 19 February 2020

Held at Counties Manukau DHB, Room 101, Ko Awatea, Middlemore Hospital, Hospital Road, Otahuhu

PART I – Items considered in public meeting

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Margie Apa (Chief Executive)
Margaret White (Chief Financial Officer)
Dr Peter Watson (Chief Medical Officer)
Jenny Parr (Chief Nurse and Director Patient & Whaanau Experience)
Ken Whelan (Crown Monitor)
Vicky Tafau (acting Board Secretary)
Donna Baker (Communications Team)

APOLOGIES

Apologies were received and accepted from Pierre Tohe.

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

Ms Rowan Quinn (Radio NZ) and Mr Nick Truebridge (Stuff Ltd) attended the public section of this meeting.

WELCOME

Apulu Reece Autagavaia opened the meeting with a prayer.

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

The Disclosures of Interest were noted with no amendment.

There were no specific interests to note with regard to the agenda for this meeting.

BOARD INDUCTION PLAN & SITE VISITS

Ms Brown noted that some site visits were scheduled for a Monday which may be problematic for some members due to other commitments.

Ms Yang to send out meeting invitations for all site visits and planned induction sessions so they go into Board members calendars.

AGENDA ORDER AND TIMING
Items were taken in the same order as listed on the Agenda.

2. BOARD MINUTES
2.1 Minutes of the Meeting of the Board 10 December 2019

Regional Disability Advisory Support Committee - Ms Brown to send a one-pager to the Chair prior to the RGG meeting (4 March).

Resolution (Moved: Reece Autagavaia/Seconded: Catherine Abel-Pattinson)

That the Minutes of the Board Meeting held on the 10 December 2019 be approved.

Carried

2.2 Action Item Register
Noted.

3 EXECUTIVE REPORTS
3.1 Chief Executive's Report (Margie Apa)
The report was taken as read.

Ms Apa welcomed Dr Peter Watson, the new Chief Medical Officer to the Board meetings.

Infectious Diseases – these are still a significant part of DHB work with the hospital still seeing around one measles case per week with the focus returning to timely immunisations as per the National Immunisations Register, especially for Maaori and Pacific babies. The DHB continues to support Samoa's response to the measles epidemic.

White Island - as at 11 February, the hospital still has 3 patients from the Whakaari/White Island incident remaining in the National Burns Service and one in the Intensive Care Unit with 4 patients repatriated last week to the USA and UK. Ms Apa advised that she was immensely thankful and proud of the dedicated staff caring for these patients. The Ministry of Health has also acknowledged the fantastic work of our staff responding to this disaster. The team have also received letters of thanks from receiving hospitals complimenting on the condition of patients received, the Australian Foreign Minister and the State Services Commissioner via the Director-General of Health.

As a result of prioritising these urgent patients, Counties Manukau Health will be working through a backlog of patients whose surgeries have been deferred over the upcoming weeks.

Cancer Deep Dive
Breast cancer is New Zealand's third most common cancer. While the risk of being diagnosed with breast cancer increases with age, it is important to note that 30% of women diagnosed with breast cancer are under the age of 50 years. Importantly for CM Health, age-standardised breast cancer

registrations have increased at over twice the national rate over the last few years (19% 2005-2018 compared to 9% internationally). Furthermore, Pacific and Maaori are disproportionately affected, and have the highest breast cancer registration and mortality rates nationally.

Breast Screen Counties Manukau – this service was started in September 2005 and performs approximately 29,000 screening mammograms per year through fixed and mobile sites. This leads to approximately 2,400 additional BreastScreen assessments in our breast radiology facilities (which include ultrasound assessment +/- biopsies) annually, and approximately 30-40 diagnostic operations per year.

In addition to breast screening, women referred with breast lumps are also assessed by CM Health's multidisciplinary 'One Stop Shop' breast clinic. It is important to emphasise that the DHBs "One Stop Shop" or "triple-assessment service" model of care is unique to the greater Auckland region and represents a gold-standard in breast cancer care that has been proven to reduce disparities related to ethnicity and age that are known to exist in breast cancer care and can lead to delays in diagnosis and treatment as well as adversely affect survival.

This model of care is highly patient centred and combines multiple appointments into one, allowing a diagnosis to be made in one afternoon and discussion and care coordination to begin with patients and whanau on the same day of referral. At the end of the appointments, patients are either discharged back to the care of their GPs or a plan for treatment is discussed with them.

The One Stop Shop is an example of different disciplines working together to ensure the best patient experience and there are opportunities to build on the high-quality, patient-centred, equity-balancing "One Stop Shop" model of care by extending the existing service and exploring ways to adapt this model to other tumour streams in concert with the Manukau Health Park redevelopment project.

The CM Health breast clinic delivered over 3,700 appointments in 2018 however, despite rising demand, the number of resourced clinic sessions has not increased since 2004.

Some efficiency measures have been put in place to date (ie) including reducing the number of follow ups, reducing the length of time of follow up for lower risk cancer patients, incorporating Saturday extra clinics etc) however, despite these, the demand exceeds capacity. Currently, all of CM Health's waiting times to be seen at the Breast Clinic are longer than target due to existing capacity issues. This has resulted in clinical risk, manifesting as delayed diagnosis of breast cancer in 35 women in 2019.

The demand for the CM Health Breast Clinic is expected to increase. The population is expected to grow by 13% over the next 10 years and the complexity of patients as well as complexity of their care coordination is rising. Therefore, the DHB is now urgently working to address capacity, both in the short term by a series of extra clinic emergency measures, and the medium term, to form a third full breast clinic, as part of planned Manukau Health Park redevelopment project.

Resolution (Moved: Mark Gosche/Seconded: Dianne Glenn)

That the Board:

Receive the Chief Executive's Report for the period 11 December 2019 – 19 February 2020.

Carried

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

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

That the Board:

Receive the Corporate Affairs & Communications Report for the period 15 November 2019 - 31 December 2019.

Carried

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

Resolution (Moved: Mark Gosche/Seconded: Dianne Glenn)

That the Board:

Receive the Finance & Corporate Report.

Carried

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

Staffing – the DHB seeks to have staff in the organisation in:

- the right numbers
- with the right skills
- in the right place
- at the right time

However, because of a variety of factors, this is not always possible and the detrimental impact this has on staff is acknowledged. A huge amount of work is being undertaken around recruitment however, high quality data is required to make decisions around how to move forward and address staffing levels. Middlemore Central does constantly monitor staffing levels and works quickly to ensure wards are staffed appropriately. 2020 has seen the biggest number of new graduates ever.

Ms Brown queried whether there is a plan to get job opportunities out into the disability sector. Ms Jeffs advised that providing disability status is voluntary when applying for positions and it is often the most difficult data to get.

Ms Jeffs to invite Colleen Brown in to give her an overview the programme of work being undertaken around recruitment at CM Health.

Maaori & Pacific Workforce Reports – Ms Jeffs confirmed that the DHB will meet the 14% 2025 deadline for Maaori & Pacific workforce.

Turnover - Ms Jeffs to provide graphs on turnover by ethnicity going forward.

Resolution (Moved: Mark Gosche/Seconded: Lana Perese)

That the Board:

Receive the Health and Safety report for the period ending 1 October to 31 December 2019.

Carried

3.4.1 Annual Influenza Campaign 2020

The report was taken as read.

The Ministry of Health strongly recommends, and expects, that all health care workers will receive annual influenza vaccination for their own protection and the protection of those in their care. The Board has previously requested all staff working with older people and children/babies to have the vaccination.

This year there will be one single vaccine provider (Seqirus (NZ) Ltd) which differs from last year and is of concern regarding the ability of a single provider to supply the whole of New Zealand with sufficient stock to run an effective influenza vaccination programme without supply disruption. Last year Pharmac supplies ran out during the campaign.

The Ministry of Health (MOH) nominated start date for influenza availability is the 1 April. April has several public holidays therefore commencing a vaccination programme on the 6 April 2020, being a short week – with Good Friday, and the following 2 weeks being school holidays, is likely to impact on CM Health staff availability to receive the vaccine as well as the wider CM Health with hospital pressure at that time. The final week of April is also a short week with ANZAC day.

For 2020, the DHB will operate an 'Opt out' approach to vaccination where teams and individuals will have to decline the vaccine rather than opt to have it, and making the vaccination readily available to all staff at all times will be a primary goal of the programme.

The Board expressed some concern that because of the Coronavirus, it may prompt more people than usual to get the flu vaccination this year.

Ms Apa to confer with other DHB CEs and send a letter to Pharmac in terms of the influenza vaccine supply to ensure there is sufficient stock to cover the potential increase in demand.

Resolution (Moved: Reece Autagavaia/Seconded: Mark Gosche/9

That the Board:

Receive the background information on the annual influenza campaign.

Note that the DHB will use an "opt out" conversation approach.

Carried

4 DECISION PAPERS

4.1 Ratification of Board Circular Resolution – Establishment of Executive Committee (Mark Gosche)
The paper was taken as read.

Resolution (Moved: Mark Gosche/Seconded: Colleen Brown)

That the Board:

Formally ratify approval of the Resolution below, which was approved by the Board by Circular Resolution on the 17 December 2019:

Resolution

That the Board:

Approve the establishment of an Executive Committee (under schedule 3 clause 38 of the New Zealand Public Health and Disability Act 2000) to consider any matters that require the urgent attention of the Board during the Christmas/New Year Board recess.

Agree that the Executive Committee be given delegated authority to make decisions on the Board's behalf relating to the urgent approval of business cases, leases and the awarding of contracts for facilities development, services and supplies and information services and on any other urgent recommendations from a Committee or the Chief Executive (same arrangements as last year).

Agree membership of the Executive Committee will comprise the Board Chair, Dianne Glenn and Lana Perese.

Agree that the Executive Committee will be dissolved as at 19 February 2020.

Carried

Formally dissolve the Executive Committee of the Board, effective 19 February 2020.

Carried

4.2 Ratification of Board Circular Resolution – WDHB Submission to Justice Committee on Inquiry into the 2019 Local Elections (Mark Gosche)
The paper was taken as read.

Resolution (Moved: Mark Gosche/Seconded: Catherine Abel-Pattinson)

That the Board:

Formally ratify approval of the Resolution below, which was approved by the Board by Circular Resolution on the 18 December 2019:

Resolution

That the Board:

Support the WDHB Submission to the Justice Committee in relation to the 2019 Local Elections.

Carried

Carried

5. GENERAL BUSINESS

5.1 Board Meetings

Board Secretary to check with Ko Awatea if there is a bigger room with better acoustics that the Board and Sub Committees could use for their meetings going forward, preferably a quieter room away from the foot traffic. The Board also asked about getting ergonomic chairs that are suitable for sitting in all day.

6. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Tipa Mahuta/Seconded: Lana Perese)

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

Mr Ken Whelan, Crown Monitor, 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 10 December 2019 and Actions	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 Draft Minutes of the 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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Healthy Together 2020 Strategy Refresh, Strategy Assumptions for 20/21 Annual Planning & Budget Setting	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)]
Authorised Bank Signatories	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)]

Bad Debt Write Offs	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Privacy** The disclosure of the 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)]
OAG Ministerial Letter	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)]
HealthSource Company Shareholding	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 the 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)]
hANZ New Director	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 the 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)]

NRA Board Directors	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 the 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)]
Manukau Health Park Business Cases	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)]
SEED Funding for Major Works Business Case Development	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)]
National Spinal Rehabilitation Service Mitigation of Current Risks & Proposed Approach for Investment in a new Spinal Unit	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)]

Budget Overspend 19-20 Financial Year	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)]
Ratification of Circular Resolution – Board Sub Committee Fees	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)]
Chief Executive's Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Public Interest** The disclosure of information is necessary to protect information that would be likely to otherwise damage the public interest. [Official Information Act 1982 S9(2)(ba)(ii)]
Risk 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)]	**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)

Carried

The public meeting closed at xxxxxam.

THE NEXT MEETING OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD WILL BE HELD ON WEDNESDAY 1 APRIL 2020.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD, BOARD MEETING HELD ON 19 FEBRUARY 2020.

BOARD CHAIR **DATE**

Counties Manukau District Health Board
Action Items Register (Public)

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
19 February 2020	**Influenza Campaign 2020**	Send a letter to Pharmac in terms of the influenza vaccine supply to ensure there is sufficient stock to cover the potential increase in demand due to the Coronavirus.	1 April 2020	Margie Apa	*1.4.20 - the MoH has moved this work into its Pandemic planning, brought forward the flu date release by 2 weeks and is actively managing the vaccine release.*	✓
10 December 2019	**Draft CPHAC Minutes 25 September 2019**	Q4 18/19 Non Financial Summary Report – Mr Choudhary had brought up the differences between North & South Inidan communities health problems. Check with HPA and MoH to see what they are doing in this space.	1 April 2020	Gary Jackson	*1.4.20 - there does not appear to be any work done or underway nationally looking at subgroups within the Indian community. Indeed for much of the work of the central agencies 'Indian' is not even separated from the general 'Asian' grouping.*	✓
26 June 2019	**Smokefree Policy**	Vaping/Changes to the Smokefree Policy - when there has been enough shift in evidence and there is a clearer picture around regulation, update the Board on vaping, including the experiences from Mid Central DHB who has recently set up a vaping area on their campus.	13 May 2020	Gary Jackson/ Basil Fernandes		

Minutes of Counties Manukau District Health Board
Hospital Advisory Committee

Held on 26 February 2020 at 1.20pm
Ko Awatea Room 101, Middlemore Hospital
100 Hospital Road, Otahuhu, Auckland

PART I – Items Considered in Public Meeting

BOARD MEMBERS PRESENT

Catherine Abel-Pattinson (Chair)
Dr Lana Perese (Deputy Chair)
Colleen Brown
Dianne Glenn
Katrina Bungard
Paul Young
Apulu Reece Autagavaia
Tipa Mahuta

ALSO PRESENT

Avinesh Anand (Deputy CFO, Provider)
Dr Kate Yang (Executive Advisor, CEO's Office)
Margie Apa (Chief Executive)
Mary Burr (General Manager Women's Health)
Dr Peter Watson (Chief Medical Officer)
Sanjoy Nand (Chief of Allied Health, Scientific & Technical Professions)
Teresa Opai (Secretariat)
(Staff members who attended for a particular item are named at the start of their item)

APOLOGIES

Garry Boles
Chris Mallon (Chief Midwife)
Dr Jenny Parr (Chief Nurse and Director of Patient and Whaanau Experience)
Dr Mary Seddon (Director Ko Awatea)

WELCOME

The tour of Ward 17 commenced at 1.20pm. The meeting commenced at 2.10pm. Ms Abel-Pattinson opened the meeting and welcomed the new Committee, reminding them that the first session is Public and as such the media are often in attendance. If there is an item that would be more suitably discussed in the Public Excluded session, please observe this. Ms Abel-Pattinson advised that she has had some discussions with management to change the reporting style going forward to better meet the needs of HAC, the Ministry's expectations and the DHBs strategic plan. This is an ongoing conversation where the DHB isn't looking to change the board paper, but rather to have a cover sheet that summarises the information for the Board up front.

The senior management team introduced themselves to the new Committee members.

No items for General Business were noted.

DISCLOSURE OF INTEREST/SPECIFIC INTERESTS
There were no Disclosures of Interest to note requiring update.

There were no Specific Interests to note regarding the agenda for this meeting.

1. AGENDA ORDER AND TIMING
Agenda items were taken in the same order as listed on the agenda.

2. BOARD COMMITTEE MINUTES

2.1 Minutes of the Hospital Advisory Committee 20 November 2019
Ms Glenn referred to item 4.5 Equitable Health Outcomes and asked that the discussion points be saved and taken forward for a future discussion on Equity.

Action: Secretariat to add Equity discussion points noted under item 4.5 to action register.

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

That the Minutes of the Hospital Advisory Committee meeting held on 20 November 2019 be approved.

Carried

2.2 Action Items Register – Public
Noted.

Ms Apa noted that the first item, a report on the birthing units in the context of our strategy for Women's Health, should be moved to the Public Excluded Action Items register. Ms Burr confirmed that the Women's Health team would be able to provide the information at the 27 May HAC meeting.

Action: Secretariat to move the above item from Public to Public Excluded Action Items Register.

3. PROVIDER ARM PERFORMANCE REPORT

3.1 Executive Summary (Margie Apa)
The report was taken as read.

Mary Burr provided key points:

- The White Island experience displayed incredible teamwork and cooperation. Of the 47 people involved in the incident, 31 were injured and the DHB treated 11 of the injured at any one time.
- The national targets for Colonoscopy and Gastroscopy are continuing to be met.
- Planned care (elective) results for November 2019 was 112.3% of planned production, which will provide a good buffer going forward. Indicative planned care result for December is 111%.
- Kidz First ED attendances are down 6% compared to last year.
- An Ocular plastic surgeon is joining the team in March 2020.
- Current maternity bed capacity has increased to 54 (from 45 this time last year).
- Recruitment around the post-natal ward is progressing, with nursing covering some of the midwifery shortfall.
- 'Our People' were acknowledged including appointment of Dr Peter Watson as CMO, the pharmacy team who reacted swiftly around the White Island response, the Tamaki Oranga service who celebrated 20 years of operation and the stroke team who are finalists in the Vodafone Innovation Fund.

- National Bowel Screening programme has identified 76 cancers to date. For the benefit of the new Committee members, Ms Abel-Pattinson explained the rationale behind the Board's request for an update at each meeting.
- The number of Ophthalmology overdue follow-up appointments has increased in December due to the reduction in outpatient services over the Christmas period, but recovery to previous levels is expected by March 2020.
- Pressure on Gynaecology assessment is based on volume and theatre access. Business cases are being worked through to identify how the DHB can better manage the volume.
- Radiology ongoing strikes are over with the collective agreement now settled. New graduates joining the DHB at the beginning of this year are assisting vacancy rates.
- Mental Health acute services community training to police and ambulance has been very successful.
- The simulated emergency event was worthwhile and was held two days before the White Island event.
- ED continues to experience very high volumes but achieved its 6-hour turnaround target across four days in December.
- The number of Measles cases has significantly reduced.
- There are challenges around Faster Cancer Treatment time due to impact of radiology strike action, slow diagnostic testing process and access to theatre by the While Island event.
- Surgical services are returning to normality after the White Island event.
- ARHOP has achieved a reduction in the use of beds due to successful community programmes.
- Overall, most national health targets are on track.

Ms Apa noted that the DHBs investment in outsourcing is making a real difference in getting through the lists.

Ms Glenn noted the efforts of Women's Health to recruit registered nurses to work alongside midwives and has discussed with Chris Mallon (Chief Midwife), the monetary impact on nurses having to do a further 2-years training and asked whether the DHB could offer to assist financially. Ms Abel-Pattinson acknowledged the concept and advised that a further discussion on Workforce is planned for a later meeting. Ms Apa advised that Elizabeth Jeffs is working on a workforce development plan refresh alongside the strategy plan and Mr Nand can work with Elizabeth on this.

3.2 Hospital Services Project Portfolio Overview (Margie Apa)

The report was noted and taken as read.

Ms Apa provided key points:

- Every $ counts is not quite where the DHB would like it to be.
- Every Hour Counts is a major cross-hospital work-flow project, which has exposed that the DHBs flow challenges are not independent problems. A cross-organisation task force is to be formed, led by Dana Ralph-Smith, to work with the services and review how the DHB is organising ambulatory care, how it can better use its workforce, and look at the area parallel to the DHBs facilities.

Ms Mahuta commented that she would like to gain an understanding of non-financial indicators in the sector. It was agreed that this would be best covered in a separate workshop session.

Action: Dr Yang to arrange to include a non-financial performance workshop as part of the induction of new board members, subject to approval of the Board Chair.

3.3 Finance Results – CMDHB Provider Arm (Avinesh Anand)

The report was taken as read.

Mr Anand provided points:

- The content of the finance report compared to other DHBs is under review.
- Deficit $2.4m largely impacted by White Island with direct costs of $2.124m. The DHB has incurred an estimated $9.8m of costs related to White Island and discussions are underway with ACC regarding funding.
- ED numbers are down 6.4% in December compared to last year.
- Plan care volumes were impacted by White Island, but overall are still on target.
- Vacancies continue in hard to recruit areas.

Ms Glenn referred to the ED presentations graph and asked if the info desk in ED has been successful in directing patients to other areas of the hospital. Dr Watson advised that while it appears that ED volumes are plateauing, those with EMQ vouchers are not included. If they were added, numbers are larger than last year. Another significant change has been putting an after-hours clinic into Otara, where a large proportion of the DHBs volume comes from.

3.3.1 Non Resident Bad Debt Summary (Avinesh Anand)

The report was taken as read.

Mr Anand advised, for the benefit of the new Committee members, that there is a detailed process for non-resident debt. Ms Abel-Pattinson reassured new members that non-resident debt is actively pursued.

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

That the Hospital Advisory Committee:

Note and receive the reports.

Carried

4. CORPORATE REPORTS

4.1 General Medicine Deep Dive Presentation (Catherine Tracy, Chris Luey)

Ms Tracy provided a presentation to the meeting.

Key points:

- General Medicine provides a range of non-surgical healthcare to adults without limit to any one organ or system/area of knowledge. Permanent inpatient beds 144, SMO FTE~24 (40 physicians), RMO FTE65, Nursing FTE239.
- Acute admissions 1400-1600/month, impatient medicine, ambulatory care 1400 FSA, 1500 follow-up/year.
- 12 ward general medicine teams with 3 teams per ward, to expand to 15 teams with the addition of ward 17.
- New roster implemented 9 December 2019, reverting to 1:3 pattern and is more ward-based and efficient system with improved utilisation of RMOs to provide more out of hours coverage without additional positions.

Ms Apa asked what roster is used by the DHBs colleagues at ADHB and WDHB. Dr Luey advised that the demands are quite different, so it was not possible to compare directly.

Ms Mahuta asked that when the workforce conversation is held, that the information identifies where there are multipliers, ie: a General Medicine staff member who is also a specialist.

Action: Secretariat to advise Ms Jeffs of Ms Mahuta's request to identify any multipliers in the upcoming workforce presentation.

- Workload is measured in three traditional ways – discharge numbers, acuity and length of stay. The DHBs discharges are 36% higher than ADHB with a similar number of doctors. Acuity is similar to other regional DHBs.
- Measuring of complexity is challenging and shows the DHBs complexity is the highest of regional DHBs with the trend and rate of increase also far higher.
- WEIS (used by MoH) doesn't reflex complexity or socio-economic impact.
- Length of stay has starting trending downward.
- Bed capacity constantly exceeded, forcing acute areas to be used to house patients. Business case to open Ward 17 permanently approved by ELT but not budgeted.
- Vulnerabilities: vacancies in SMOs, RMOs and nursing, training threatened as service demands eclipse training opportunities, workload is unsustainable, inadequate capacity, provider of last resort.
- Strengths: outstanding staff, active recruitment programme, patient flow improvements and innovation.
- Immediate term: Fully and permanently open Ward 17 and facilitate recruitment. Short term: need for organisational support for services depended on by General Medicine, ie: cardiology, respiratory, ED. Medium term need for sixth ward with three associated teams.
- Dr Luey noted that there was some concern that the flu season and corona virus may hit at the same time.

Ms Mahuta asked that Ms Tracy's presentation be added to Diligent.

Action: Secretariat to add Ms Tracy's powerpoint presentation to Diligent.

Ms Bungard left the meeting at 3.06 pm. A quorum remained present.

4.2 Bowel Screening Programme Update (Catherine Tracy)

The report was taken as read.

Ms Brown asked if the DHB was able to treat all patients that are being screened in the bowel screening programme in a timely fashion. Ms Tracy confirmed that the DHB was able to, but that Fast Cancer Treatment is impacting on the theatre times of other surgeries. Ms Apa advised that access to theatres and diagnostics are the DHBs limiting factors.

Apulu Autagavaia asked whether a breakdown of cancers was available for those that were positive. Ms Tracy advised that the DHB has a report available that can be sent through.

Action: Ms Tracy to provide Secretariat with a breakdown of cancers that were positive so that these can be included with the Minutes. (Refer Appendix 1).

Ms Mahuta asked what the likelihood was of the Ministry acting to meet its Maaori and Pasifika targets. Ms Tracy advised that a letter to the Ministry has been prepared as the DHB has concerns around its ability to increase that capacity.

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

4.3 Fast Cancer Treatment Quarterly Update (Catherine Tracy)
The report was taken as read.

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

4.4 Patient Flow – Every Hour Counts Update and Presentation (Dr Mary Seddon)
The report was taken as read.

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

That the Hospital Advisory Committee:

Note and receive the report.

Carried

Dr Seddon provided a presentation to the meeting.

Key points:

- Demand is outstripping capacity. Working to reduce/shape demand to match capacity with demand, redesign the system.
- MRI waitlist reduced from 2129 to 631 between Feb-Sep 2019, however not sustained, increasing to 910 in February, due to reduction in number of outsourced MRIs plus impact of industrial action.
- Trial of senior clinician-led triage of ED patients on Monday's 11am-11pm achieved success on 2 of 4 trial days.
- Cardiac investigation unit change to electronic booking process, introduction of morning orderly, introduction of walk in clinic for DNAs, clinics using same pacemakers and creation of electronic reported for cardiology testing have all improved flow.
- Transformational change is required with clear mandate that senior leaders and clinicians will drive change. However, sufficient capacity in clinical teams is needed in order to achieve effective engagement and involvement.

Ms Glenn asked when the bed numbering system would be available. Dr Seddon advised access to bed numbers but not who is in the bed should be available around September.

Dr Perese asked if decreases in time had impacted patient experience, both hospital and ambulatory. Dr Seddon advised that pre-work has been done in ambulatory and a small amount has been done in hospital.

Ms Abel-Pattinson asked what methods were available to recognise innovation. Dr Seddon advised she can provide the names of those at the frontline so that a letter of thanks can be provided from the Committee. Mr Nand advised that some recognition had taken place, such as morning teas, emails of thanks, articles in the Daily Dose, but agreed a letter from the Committee would be appropriate.

Action: Dr Seddon to provide names of frontline innovators to Secretariat, who will prepare letters of thanks from the Committee.

4.5 Patient Experience and Safety Report (Dr David Hughes)

The report was taken as read.

4.5.1 Safety, Experience, Compliance and Measurement Dashboard

The report was taken as read.

Dr Hughes provided key points:

- The reports reflect updates to some of the charts, in particular, the review of falls due to concerns that the data was not particularly reliable, and work on hospital associated infections.

Ms Abel-Pattinson advised the Committee that an induction would be running for new board members, to explain the terms, why the DHB measures them and the different methods of showing the data.

- There have been some issues around electronic medication reconciliation. The implementation of MedChart has significantly changed workflows for pharmacists, who are not getting to complete reconciliations as quickly as previously. The positive is the volume of scripts reviewed daily, which has doubled to 61,000 every month.

Ms Abel-Pattinson asked how many sentinel events have been stopped by MedChart. Mr Nand advised that a review has been completed and the data could be provided at a future deep dive.

Action: Mr Nand to provide data relating to MedChart sentinel events, once a deep dive has been scheduled for a future meeting

4.5.2 Safety, Experience, Compliance and Measurement Dashboard Variance Report

The report was taken as read.

4.5.3 QSM Local Report

The report was taken as read.

Dr Hughes provided key points:

- Additional reporting added relating to opioid related harm at very early stages, looking at how many patients are affected by this, eg: constipation, breathing, nausea and vomiting.

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

That the Hospital Advisory Committee:

Note and receive the reports.

Carried

4.6 Vaping Workshop

Ms Abel-Pattinson advised the meeting that the DHB had a no smoking policy over the entire campus. The consensus of a previous board discussion was that not enough was known about vaping and not all board members agreed about using it as part of a quit programme. It was determined that a workshop be held to review more recent evidence and to look at the needs of the DHBs population, particularly in Mental Health, where there are some additional needs that may not be necessary for the rest of our hospital population.

Action: Dr Yang and Secretariat to organise a date for the Vaping workshop and extend the invitation to all Board members.

Resolution (Moved: Dr Perese/Ms Glenn)

That the Hospital Advisory Committee:

Agree that a workshop be scheduled to further discuss the DHBs position on Vaping.

Carried

5. INFORMATION PAPERS

5.1 Emergency Department and Middlemore Central (John Cartwright)

The report was noted and taken as read.

5.2 Medicine and Integrated Care (Catherine Tracy)

The report was noted and taken as read.

5.3 Surgery, Anaesthesia and Perioperative Services (Pauline McGrath)

The report was noted and taken as read.

5.4 Central Clinic Services (Ian Dodson)

The report was noted and taken as read.

5.5 Women's Health (Mary Burr)

The report was noted and taken as read.

5.6 Kidz First (Nettie Knetsch)

The report was noted and taken as read.

5.7 Adult Rehabilitation and Health of Older People (Dana Ralph-Smith)

The report was noted and taken as read.

5.8 Mental Health and Addictions (Tess Ahern)

The report was noted and taken as read.

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

That the Hospital Advisory Committee:

Note and receive the reports.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
Public Excluded Minutes of 20 November 2019 and Actions	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.
Workshop 2020 Work Plan including Site Visits and Reports	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Committee to carry out, without prejudice or disadvantage, commercial activities.

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
Facilities, Engineering and Asset Management 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** The disclosure of information would not be in the public interest because of the greater need to enable the Committee to carry out, without prejudice or disadvantage, commercial activities.

Carried

The Public Meeting closed at 3.43 pm.

The next meeting of the Hospital Advisory Committee will be held on Wednesday, 8 April 2020.

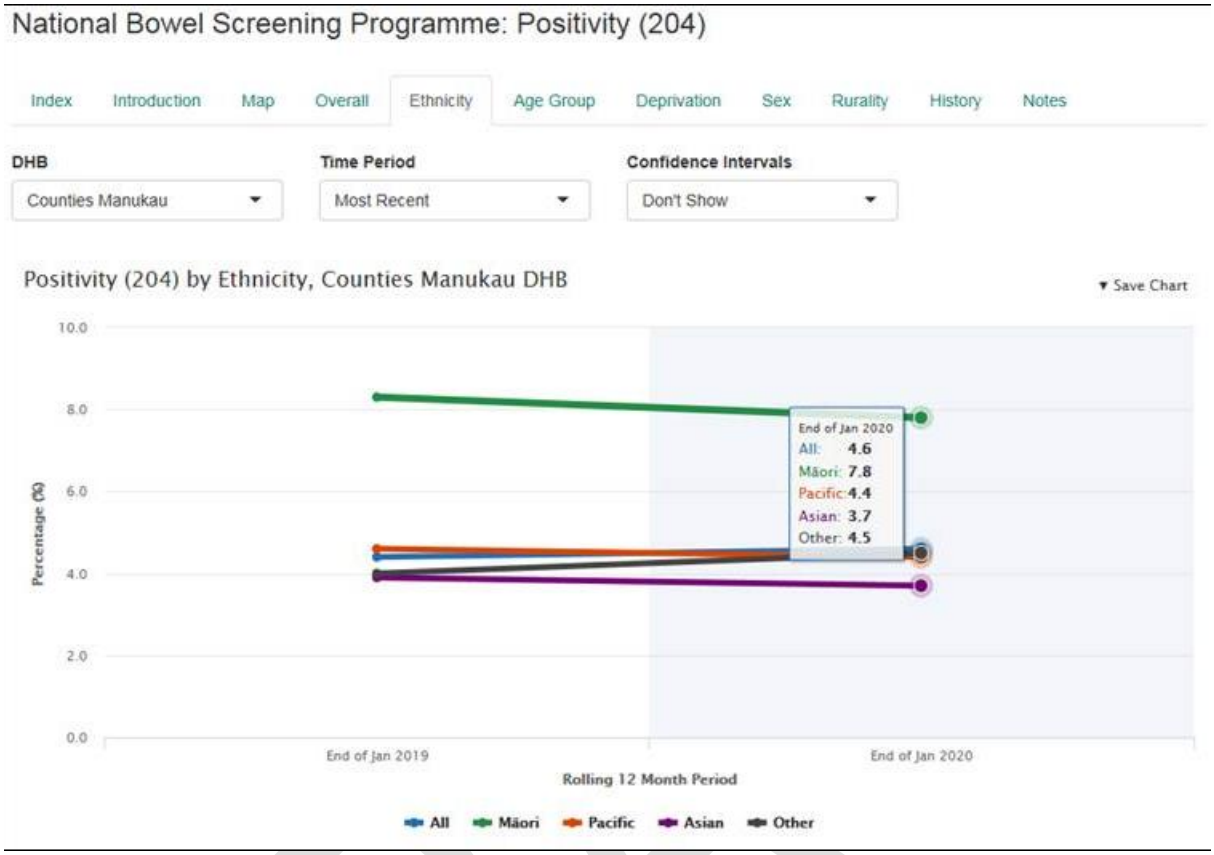
Signed as a true and correct record of Counties Manukau District Health Board's Hospital Advisory Committee meeting held on 26 February 2020.

Catherine Abel-Pattinson
Chair

Date

Appendix 1

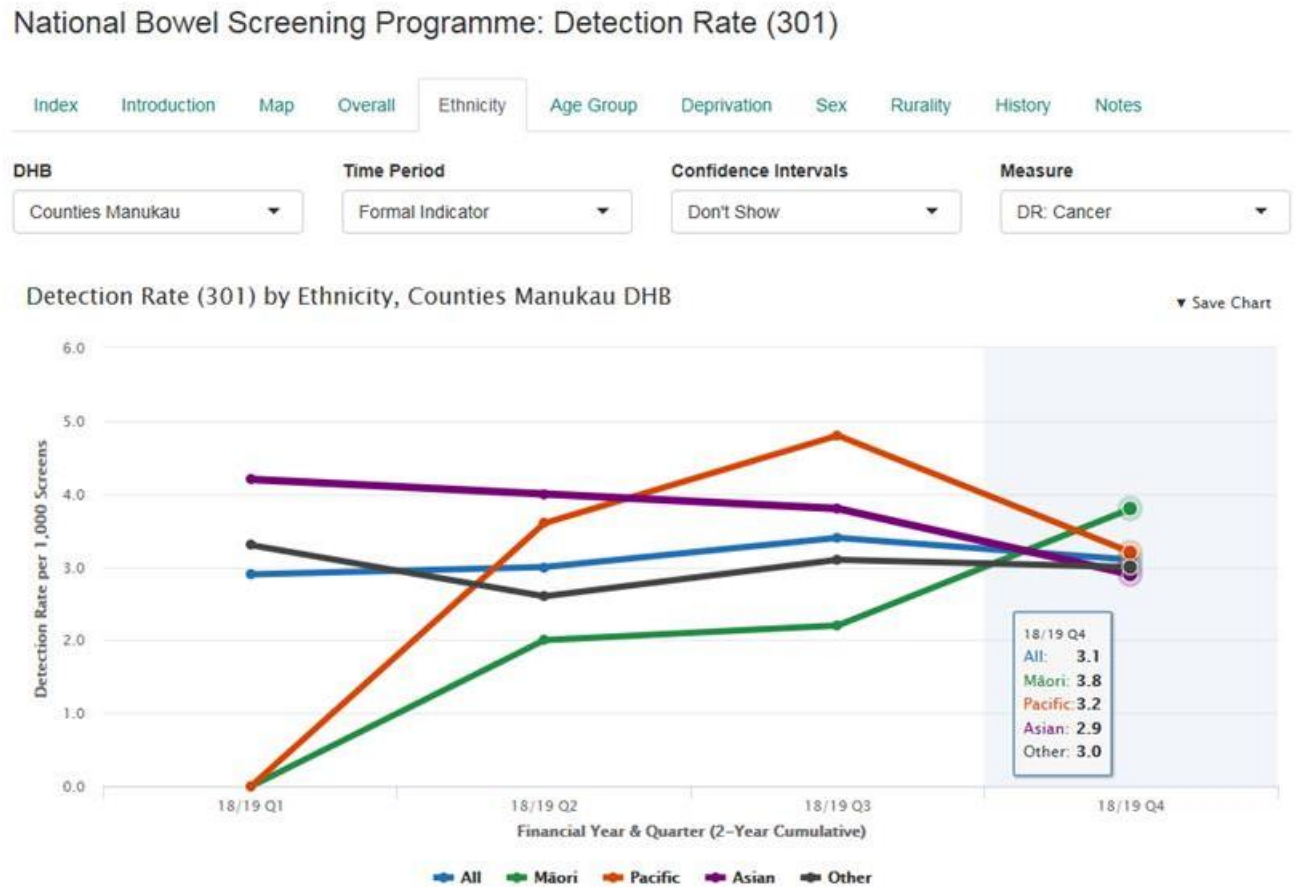
Report on Positivity Rate by Ethnicity



BSP Colonoscopy Rate Due to Positive Kit Broken Down by Ethnicity

	2019												2020		
Ethnicity	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Total**	**%**
Asian	6	10	7	12	10	13	9	11	10	19	13	10	10	140	18.6%
European	18	21	38	34	35	32	27	25	29	37	35	22	32	385	51.2%
Maaori	4	8	10	7	4	5	8	9	10	10	7	8	5	95	12.6%
Middle Eastern/ Latin American/ African	1			1				5	3	3	2	1		16	2.1%
Pacific Peoples	6	14	7	6	4	8	8	8	10	10	7	7	10	105	14.0%
Not Stated						1	1		2		2	2	3	11	1.5%
Grand Total	**35**	**53**	**62**	**60**	**53**	**59**	**53**	**58**	**64**	**79**	**66**	**50**	**60**	**752**	**100.0%**

Number of Cancers Detected (positive colonoscopy) by Ethnicity "Cancer Detection Rate"



Maaori have a much higher Kit positivity rate, but cancer detection is similar, be it a bit higher, than other ethnicities at the moment.

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

Held on Wednesday, 26 February, 2020 at 9.00am – 12.00pm
Ko Awatea, Room 101, Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Co-Chair)
Pierre Tohe (Co-Chair)
Barry Bublitz
Dianne Glenn
Katrina Bungard
Lana Perese
Paul Young
Apulu Reece Autagavaia
Robert Clark
Tipa Mahuta

ALSO PRESENT

Fepulea'i Margie Apa, Chief Executive
Dr Gary Jackson (Director, Population Health)
Aroha Haggie (Director, Funding & Health Equity)
Dr Kate Yang (Executive Advisor to the CE)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

A reporter from NZ Doctor was present at this meeting.

WELCOME

The meeting commenced at 9.00am with a mihi and karakia from Pierre Tohe and Robert Clark.

1. AGENDA ORDER AND TIMING

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

2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Campbell Brebner and Tipa Mahuta (lateness).

2.2 Register of Interests

The amendments to the Disclosures of Interest were noted and will be actioned by Ms Tafau (add Barry Bublitz and Robert Clark as Mana Whenua Representatives).
The amendment to the Disclosure off Specific Interests was noted by Ms Tafau.

2.3 Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 6 November 2019.

Resolution (Moved: Dianne Glenn/Seconded: Reece Autagavaia)

That the minutes of the Community and Public Health Advisory Committee meeting held on 6 November 2019 be approved.

Carried

2.4 Action Items Register/Response to Action Items

Action Items are to be discussed as part of the Workplan 2020 discussion in the Public Excluded section of this meeting..

3. BRIEFING

3.1 **Auckland Regional Public Health Service Briefing** (William Rainger, Medical Officer of Health, ARPHS)

Report was taken as read.

As a new board is in session, Dr Rainger gave an overview of ARPHS and their functions; health protection, health promotion and disease prevention.

In response to the measles outbreak and the Covid event, ARPHS works in conjunction with the DHB around strategies to address immunisation issues. The Northern Region Health Coordination centre has been activated. Currently ARPHS staff are at the airport meeting patients and providing information to them.

The first stage is to keep Covid 19 out of New Zealand and this sits within ARPHS area of responsibility. The second stage requires DHB assistance as ARPHS don't have capacity to manage the scale of that response.

Customs are currently monitoring people seeking entry to NZ and determining where they have been in the last 14 days.

Ms Brown mentioned the catch up campaign for measles immunisations and was advised that money will be allocated from Government, but the amount is yet to be determined.

In regard to Mumps and countries that don't immunise for it, we can monitor those coming in and catch them up. Ultimately a policy change would be required to ensure, for example, seasonal workers coming in to New Zealand are denied entry until fully immunised. A policy change can be an expensive exercise.

Recommendation to the Board

CPHAC would like the Board to consider advocating, both regionally and with ARPHS/intersectorally, for stronger immunisation policies for those wishing to enter New Zealand, in particular for education/work.
Moved: Dianne Glenn/**Seconded:** Robert Clark
Carried: Unanimously

Measles is a good story to show how, in order to prevent these types of outbreaks, we need to understand and support communities with their issues.

The Metro DHBS work closely with Northland DHB, but CPHAC was wondering if there could be a closer working relationship between the four DHBs in order for there to be better coordinated responses to certain events? The Northland Public Health Service and ARPHS meet monthly to discuss issues where they may work together. Dr Rainger is interested to to see if the Health & Disability Review will strengthen this area of focus.

How could we have worked better with Asian/Maori/Pacific Communities very early on to mitigate the spread of the disease is a question that ARPHS has been looking at.

Reducing inequities is part of the ARPHS overarching objectives. From an organisation perspective, for long term development, ARPHS will reinvigorate the Treaty of Waitangi perspective and also have a structured organisational approach to inequities.

Action
ARPHS will come back to CPHAC with details around the make up of their staff in relation to the population they are representative of.

In regard to vaping, ARPHS is currently waiting for Government direction. CM Health is planning a workshop regarding Vaping and this is to be discussed today at HAC. CPHAC wants to make sure there is a strong submission from the Metro DHBs with a regional input (ARPHS). Ms Apa will circulate the submission to Board for their feedback.

Dr Rainger reiterated that Vaping should be advertised as a Quit Smoking Tool, however, that is not the approach that the Government is taking. ARPHS will suggest ensuring tobacco retailers, like alcohol retailers, must be licenced.

ARPHS will return in six months' time (12 August 2020).

6. RESOLUTION TO EXCLUDE THE PUBLIC

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

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

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

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
2.1 Confirmation of Public Excluded Minutes 6.11.19 3.1 & 3.2 CPHAC TOR and Work Plan 2020 Discussion.	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]

Carried

This first part of the meeting concluded at 11.00am.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 26 FEBRUARY 2020.

Colleen Brown
Committee Co-Chair

Pierre Tohe
Committee Co-Chair

Information Paper
Counties Manukau District Health Board
Chief Executive's Report – Public

Recommendation

It is recommended that the Board:

Receive the Chief Executive's Report for the period 20 February 2020 – 1 April 2020.

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

Introduction

This report covers the period from 20 February 2020 – 1 April 2020. This has been a busy period marked by a step up in our response to Covid-19 pandemic preparedness. This Board report has been streamlined to reflect that teams have not been able to complete normal business reporting as most senior staff have diverted their time to preparedness.

COVID19 Preparedness

At the time of writing this report, 29 March 2020:

- Cases confirmed in the District: 38
- Cases currently in hospital as inpatients: 1 'probable'
- Cases currently in ICU status: 0

Tumu Tikanga, Mahaki Albert, has gifted us with a whaakatauaakii 'Aakina to ora, hei oranga mauroa'. This means 'look after yourself to preserve health and wellbeing', and is a reminder to all of us to make sure we looking after ourselves so that we are better able to serve others. We have a long journey ahead and it is important to me that staff are well looked after.

I echo the Prime Minister and the Director General of Health's message in that all of us have a part to play in reducing the transmission of Covid-19 in the community. Even though we have community transmission, we can still dramatically reduce the rate and spread as a community by maintaining physical distances and observing hygiene practices at home as well as at work. Our northern regional modelling confirms what the Government is trying to achieve – we can avoid the devastating situation that we see overseas. Our aim is to contain Covid19, so that we can manage presentations and admissions within the capacity we have.

We are particularly concerned to manage two risks to population health in the District:

- The likely burden of COVID19 infection that may be borne disproportionately by the large numbers of Maaori, Pacific, Asian and low socioeconomic and older people in our District; and
- The likelihood of harm to people with high healthcare needs whom may be affected by a significant shift from face to face, to virtual or telehealth consultations that may reduce access to primary or community healthcare for complex needs.

This report highlights preparedness to date in the DHB:

Structures

The response is coordinated at multiple levels as illustrated in the figure 1 below. The key features being:

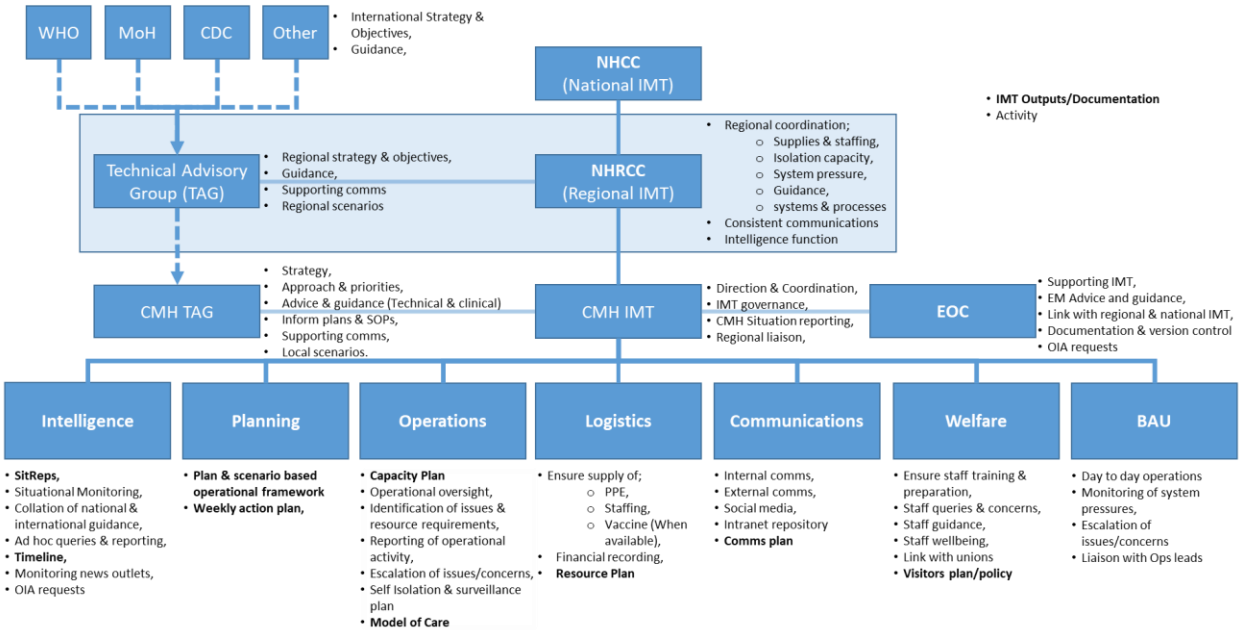


Figure 1 National, regional and local incident management structures

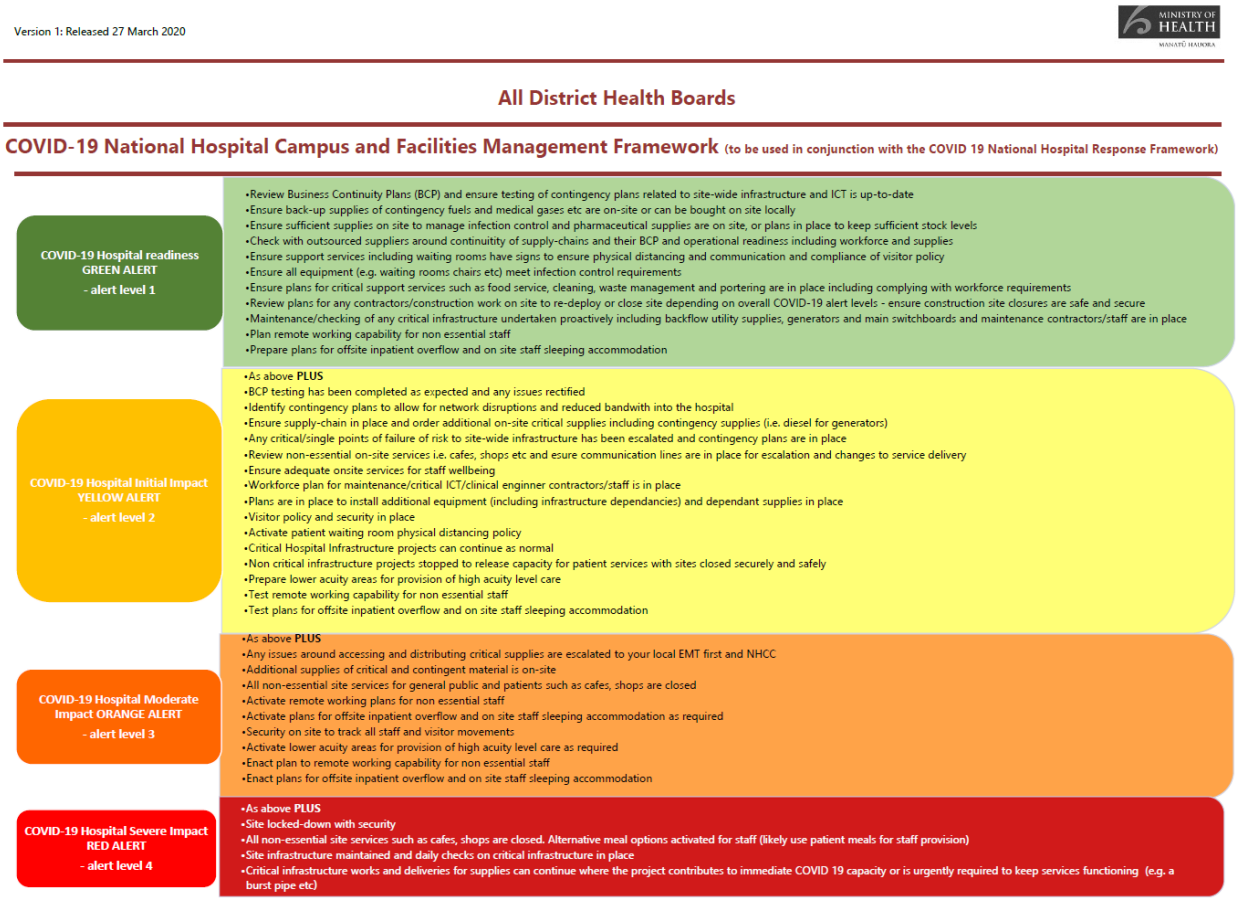
- **National:** Ministry of Health led National Health Coordination Centre (NHCC) who work with All of Government efforts on behalf of health and direct/guide the activities of DHBs to respond. More recently the MoH have led the development of guidance and co-ordination of DHB efforts to provide the Government with a timely picture of capacity, its utilisation and management of risks including guidance on use of PPE, hospital preparedness, communications and other clinical issues that require national guidance;

- **Regional:** the NHRCC continues to lead our Northern regional response while in the 'Keep it out/Stamp it out' pandemic phase. Responsiveness to following up cases and subsequent contract tracing is a significant feature of regional activity to date. Increasingly, however, over the last 2 weeks in particular the region is also agreeing common approaches to guidance and aligning planning for hospital capacity, primary and community responsiveness and other service changes as appropriate. Dale Bramley, CEO, Waitemata DHB is the lead CEO for emergency responsiveness for the Northern region; and

- **Local:** The DHB local incident management team structure that translates this preparedness to our local context. This includes implementing regional and national guidance rapidly to the organisation to comply with the Government's Level 4 status for all of New Zealand, hospital preparedness and other instructions as issued by the Ministry of Health. Activity was significantly heightened over the last week since the Government introduced and then executed the Level 4 status for the country. Our local IMT is hosted in the Emergency Department/Middlemore Central Division and staffed by senior executives redeployed from throughout the organisation.

Hospital Preparedness

Attached is a national framework issued by the Ministry of Health (developed in consultation with the Ministry of Health). Against this framework, CMDHB is at status yellow.



The MoH released the Covid-19 National Hospital Response Framework to support a nationally consistent and managed approach to clinical service delivery in hospitals. These levels are different to the Pandemic Plan Levels and the National Alert Levels, but are aligned to them. This is because while we may have community transmission, for example, it may take some time for us to see hospital presentations.

This national status also identifies trigger points at which we will make decisions and changes we will make. At the time of writing, Middlemore Hospital remains at Status 2 – Yellow, on the National Hospital Response Level Status. This means that we still operate within Covid-19 management plans, while preparing for escalation.

While we continue to provide services as usual, some of the ways we are operating changed. This includes new ways of working to keep our staff and community safe, a new visitor's policy aligned with the regional approach and bolstering our staffing now so that we are well prepared.

In keeping with the lockdown, we are increasing virtual clinics and telephone consults where possible and appropriate. We have also put in place physical distancing for patients who need to have face to face appointments. All patients have been informed to 'ring first' and to not attend outpatient appointments when unwell.

We are prioritizing elective surgery to ensure we are providing interventions to those with the most clinical urgent treatment needs.

We have sufficient personal protective equipment, such as masks and hand sanitizers. We are progressing with training on how to utilise personal protective equipment (PPE) properly.

Visitor Policy

The three district Health Boards of the Auckland Region have moved to a no visitors policy with only a few exceptions, in line with the lock down. Exceptional circumstances include a nominated person who is supporting the patient through end of life care or a parent/guardian who is supporting a child. In all circumstances the visitor will be screened before they are allowed to enter the care environment, to ensure we keep our patients, staff and community safe.

Staff welfare

Staff welfare is of utmost importance. Our Human Resources team has been working hard to ensure staff are well supported during this time. Teams have been encouraged to support each other and to talk together as a team so we can together plan for these disruptions. We have also been reminding staff of independent support available through virtual consultations with EAP Works and our hospital chaplains.

This year, we have changed our flu vaccination policy from an opt-in to an opt-out policy which has been highly successful. In the first week of launch, our Occupational health team has distributed 6000 flu vaccines.

Our People

In this time of business, it is important that we recognise the continued great work of our teams. I am pleased to share some highlights below.

Healthcare Award for Best Mental Health Programme

Congratulations to our Wellness Support team on winning the NZ Primary Healthcare Award for Best Mental Health Programme. Tau kee!

Long Service Awards – Mental Health and Addictions

Mental Health and Addictions staff celebrated long service of 19 staff members. The Long Service Awards recognised a combined 390 years, an outstanding achievement. I'd like to thank all of these people, including Nancy Dally for 50-years' service to CM Health, for their continued dedication and loyalty to Cm Health.

Patient Feedback

Every month, Feedback Central receives verbal and written feedback from throughout the organisation. The Feedback Central team works hard to co-ordinate fair, simple, speedy, efficient patient and whaanau centred resolution of all feedback – both good and bad – working in partnership with services across Counties Manukau Health. We have made a number of changes to the way we operate and deliver care during this time of Covid-19 response, and it is important to me that this is done with patients and whaanau in mind.

I want to share with you some messages received from patients these past two months.

"Everyone has been kind, thoughtful, professional and cheerful – nothing was too much trouble. Special mention to Taylor and Joan as I had more to do with them. Thanks also to all the surgical team, physio team and to Desmond."

"It was awesome. Everyone assisted me in every way from being admitted to getting discharged all was explained so well. Dr's, Nurses and all of the others were excellent. Food was good. Lovely stay, thanks to all. You are all amazing."

“Fabulous stay here all of the nurses at Manukau SuperClinic, Julia the cleaner is absolutely amazing, has kept my room sparkling clean, the bathroom cleaned and comes very often and clears. She always offers any help or if I needed a drink - she deserves a lot of credit amazing cleaner.”

“All of the nurses were lovely and took care of me amazingly, the doctors are amazing too. Thanks to the lovely lunch ladies too. You are all fabulous!”

“I am really grateful to each and every one of you for taking such good care of my mum. I am especially grateful for those who took their time out and for your patience in answering my millions of questions regarding mum. To all the charge nurses, thank you… all the staff here have been so kind. Special shout-out to Joan and Jennifer, you both are so nice and I wish you well and mum gives her blessings. Jayden (Physio) he is an exceptional student and we see you are going far ahead in your career.”

“First and foremost my heartfelt "thanks" to all Doctors, Nurses, Assistants for all medical care during my stay. I would like to also convey special thanks to Jyothi, a great nurse for her utmost care and respect received during my stay. She leaves no stone unturned to have my queries answered. I wish her well for the future. We as patients are so fortunate to have her in our midst. No complaints at all this Ward 33 North is up with the "best". I especially enjoyed hearing all explanations regards to why I was there in the first place. I leave today feeling 100% better then when I arrived. Thank you also for food and ward maintenance.”

“I have had wonderful service; everyone has been kind, helpful and caring. Lovely smiley people, nurses, doctors, healthcare assistants, kitchen people, physio's all so kind and could not wish for better care. Special thanks to Mr Jannack he's a gem; a wonderful occupational therapist.”

Counties Manukau District Health Board
Occupational Health and Safety Performance Report

Recommendation

It is recommended that the Board:

Receive the Health and Safety report for the period ending 31 January 2020.

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

Glossary for Monthly Performance Scorecard and Report

Lost time incidents	Any injury claim resulting in lost time.
Lost time injury Frequency Rate	Number of lost time Injuries per million hours worked. **LTIFR (Lost Time Injury Frequency Rate)** = (Number of Lost Time Injuries / Hours Worked) x 1,000,000.
Injury Severity Rate	Mathematical calculation that describes the number of lost hours experienced as compared to the number of hours worked. **LTISR (Lost Time Injury Severity Rate)** = (Number of Lost Hours / Hours Worked) x 1,000,000.
Notifiable Injury/illness	(a) Amputation of body part, serious head injury, serious eye injury, serious burn, separation of skin from underlying tissue, a spinal injury, loss of bodily function, serious lacerations. (b) any admission to hospital for immediate treatment (c) any injury /illness that requires medical treatment within 48 hours of exposure to a substance (d) any serious infection (including occupational zoonosis) to which carrying out of work is a significant factor, including any infection attributable to carrying out work with micro-organisms, that involves providing treatment or care to a person, that involves contact with human blood or bodily substances, involves contact with animals, that involves handling or contact with fish or marine mammals. (e) any other injury/illness declared by regulations to be notifiable.
Notifiable Incident	An unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure to an escape, spillage or leakage of a substance; an implosion explosion or fire; an escape of gas or steam; an escape of a pressurised substance; an electric shock; a fall or release from height of any plant or substance; collapse or partial collapse of a structure; interruption of the main system of ventilation in an underground excavation or tunnel; collision between two vessels or 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
ARF	Audit, Risk and Finance
ASRU	Auckland Spinal Rehabilitation Unit
BBFE	Blood and/or Body Fluid Exposure
CCS	Central Clinical Services
DHB	District Health Board
EAP	Employee Assistance Programme (Counselling)
ELT	Executive Leadership Team
EMIC	Emergency Medicine and Integrated Care
F&E	Facilities and Engineering
HR	Human Resources
HSNO	Hazardous Substance New Organisms Act
HSR NZQA	Health and Safety Representative New Zealand Qualifications Authority
HSWA	Health and Safety at Work Act 2015
IRS	Incident Reporting System
JCC	Joint Consultative Committee
LTI	Lost Time Injury
MH	Mental Health
MMC	Middlemore Central
OHN	Occupational Health Nurse
OHP	Occupational Health Physician
OHSS	Occupational Health and Safety Service
PHCS	Primary Health & Community Services
PEHS	Pre-Employment Health Screening
SAP	Surgical, Anaesthesia & Perioperative
SPEC	Safe Practice and Effective Communication
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 and risks to the Counties Manukau District Health Board. This report covers Health and Safety performance statistics from January with the exception of January LTIFR figures which are dependent on payroll data.

Executive Summary

Notifiable event and WorkSafe notification:
There was one CMH notifiable event in January 2020 where a large branch from a tree situated in the Western Campus uncovered car park broke off and fell onto a staff member's car. No one was in the vehicle or immediate area at the time and no witnesses are known to have been present. An investigation was led by FEAMs resulting in a plan to have all trees inspected. WorkSafe have advised the FEAMs team they are happy with the investigation and actions being taken.

There was one HealthSource incident that was notified to WorkSafe in December. The Inwards Goods worker injured their back when lifting cartons. The injury required admission to hospital and ongoing medical treatment. The employee is currently on a return to work plan. Initiatives are being worked through with HealthSource for a suitable mechanical aid to assist when unloading stock. Incident reporting and escalating processes have been clarified with all involved. WorkSafe have advised there is no further action.

Incident Reporting in January:
January 2020 incidents increased from 135 in December 2019 to 142. Of the 133 incidents, 37 related to aggression and violence incidents which remained consistent with December 2019 figure of 37. 25 related to BBFE incidents which increased from 21 in December 2019. The 'other category' has a continued trend of staff either hitting into stationery/ falling/ moving objects , insect bite/sting and lacerations/ cut/ tear.

The remainder of the incidents is spread across the remaining incident types, stress and fatigue remained consistent with December 2019 of 22. Slip, trip, falls with an increase from 8 in December 2019 to 12 and moving and handling with a decrease from 16 in December 2019 to 10.

The Health and Safety team is reviewing Health and Safety compliance at the Spinal Unit and will provide a full brief for the People and Culture Sub-committee in April 2020. Initial information indicates that there were 184 RiskPro's submitted by staff in 2019 with the majority in January and February 2019. Of these, three were directed to the Health and Safety team. The RiskPro system is being upgraded so that RiskPro's can be sent to multiple departments.

Blood, Body Fluid Exposure incidents (BBFE):
An analysis has been completed on the BBFE incidents reported to OHSS in the last year *(refer to Appendix 1).* The results indicate inattention/distraction is the predominant causation of injury according to staff incident reports (97/304). Five staff attributed their exposure to unnecessary haste, six staff stated fatigue and tiredness was a contributing factor.

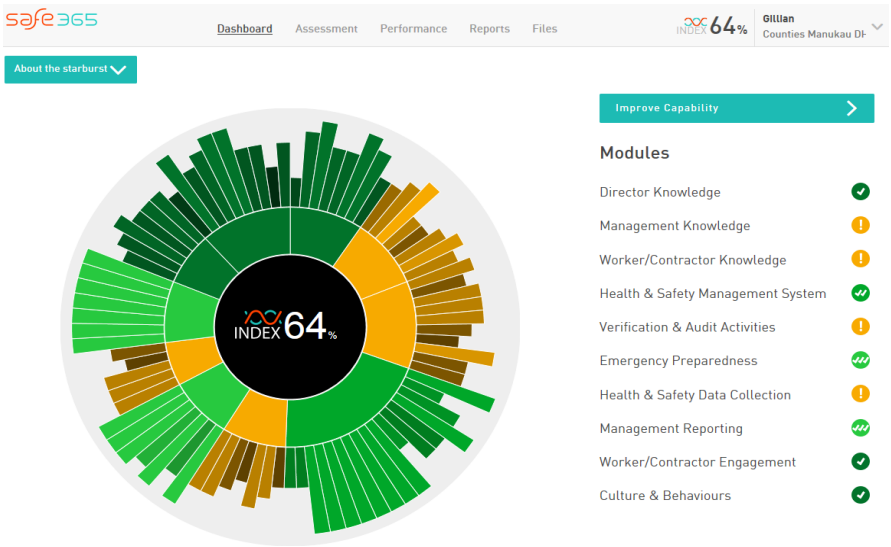
Human behaviours resulting in a BBFE incident include by-passing safety devices, i.e. recapping patient's own devices, improper work techniques, PPE not used, procedures not followed. Further analysis by the OHSS nurses post incident has identified the majority of reported injuries occur in theatre when tips of fingers are not always visible. Incidents in theatre could also include staff receiving a needle stick injury by a colleague whilst assisting a procedure. OHSS will work with Infection Control to design a communication regarding BBFE incidents.

Worker Participation
OHSS are engaging with the H&S Representatives who will represent the CMH Health and Safety Representatives at the next Executive H&S Committee meeting. Training for HSRs is being arranged for the 2020 and 2021 period.

Safe365
The online safety management tool has been set up in 23 areas across Counties Manukau with the initial facilitated sessions for baseline assessment, running from 9th October 2019 to 12th December 2019. OHSS will now target areas that have not yet completed their baseline assessments. The next phase of baseline assessments will commence in March 2020.

OHSS will populate informative/guidance to be placed on the OHSS Paanui pages to enable ongoing monitoring and governance for improvement. Results will be reflected as an increase in scores on Safe365 dashboards. OHSS will also work with HSR's to define their roles in managing Safe365.

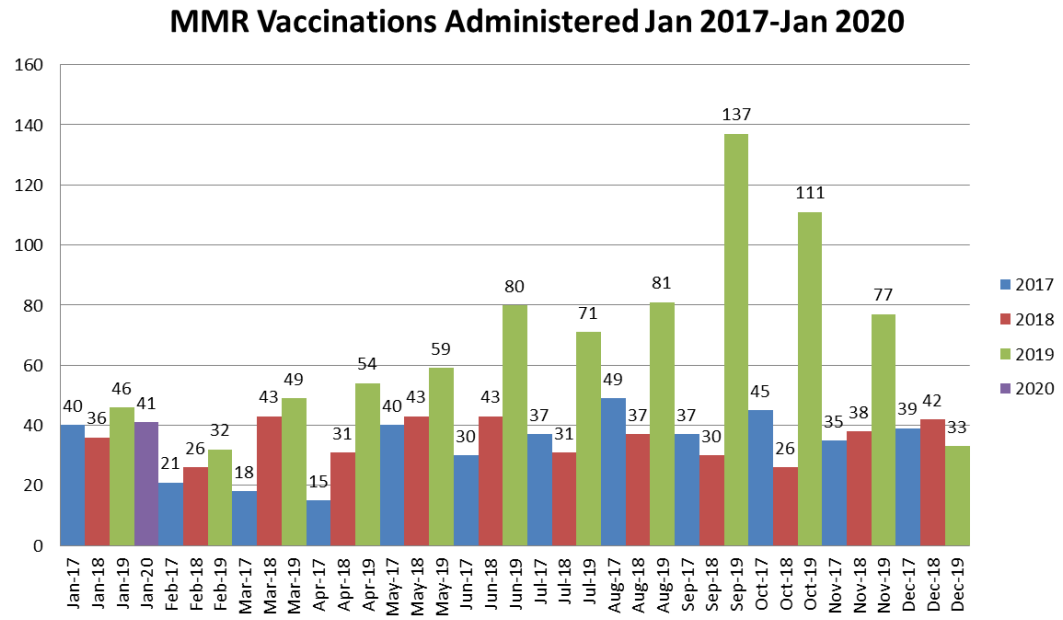
The initial and current focus for Facilities, Engineering & Asset Management on Safe 365 is on the lowest performing modules prioritised in the following order, to achieve significant improvements in the total index score:



• Worker/ Contractor knowledge
• Management knowledge
• Verification & Audit Activities
• Health & Safety Data Collection

Measles Outbreak

The graph below reflects the increase in MMR vaccinations and boosters given in the OHSS clinic in 2019 when compared to the previous 2 years. 41 MMR vaccinations were administered over January 2020. This is consistent with the number of vaccinations administered in January 2017-2019, which indicates that the amount of MMR vaccinations administered on a monthly basis to have returned to normal levels.



Graph 1 MMR Vaccinations 2020

Coronavirus 2019 (COVID-19)

OHSS have received and advised on numerous calls from staff regarding their travel over the December 2019 and January 2020 period. OHSS continue to offer advice to staff in conjunction with guidance from the CMH incident response team. OHSS have requested supportive resources from EAP which will be placed on the Wellbeing page on Paanui.

EAP

January 2020 EAP data is included in this report. OHSS have requested a report from EAP on activity relating to the White Island incident in 2019. This report will be included in the next Board of Directors paper.

Influenza Campaign 2020

The OHSS team is managing the project plan in preparation for the Counties Manukau Health 2020 campaign. Currently the following activities are underway;

- Peer vaccinators are being established and training material prepared
- Clinics are being planned at Middlemore and at offsite locations
- A Project Coordinator is being sourced
- A communications plan is being established for rollout in April 2020.

Health and Safety Performance Scorecard

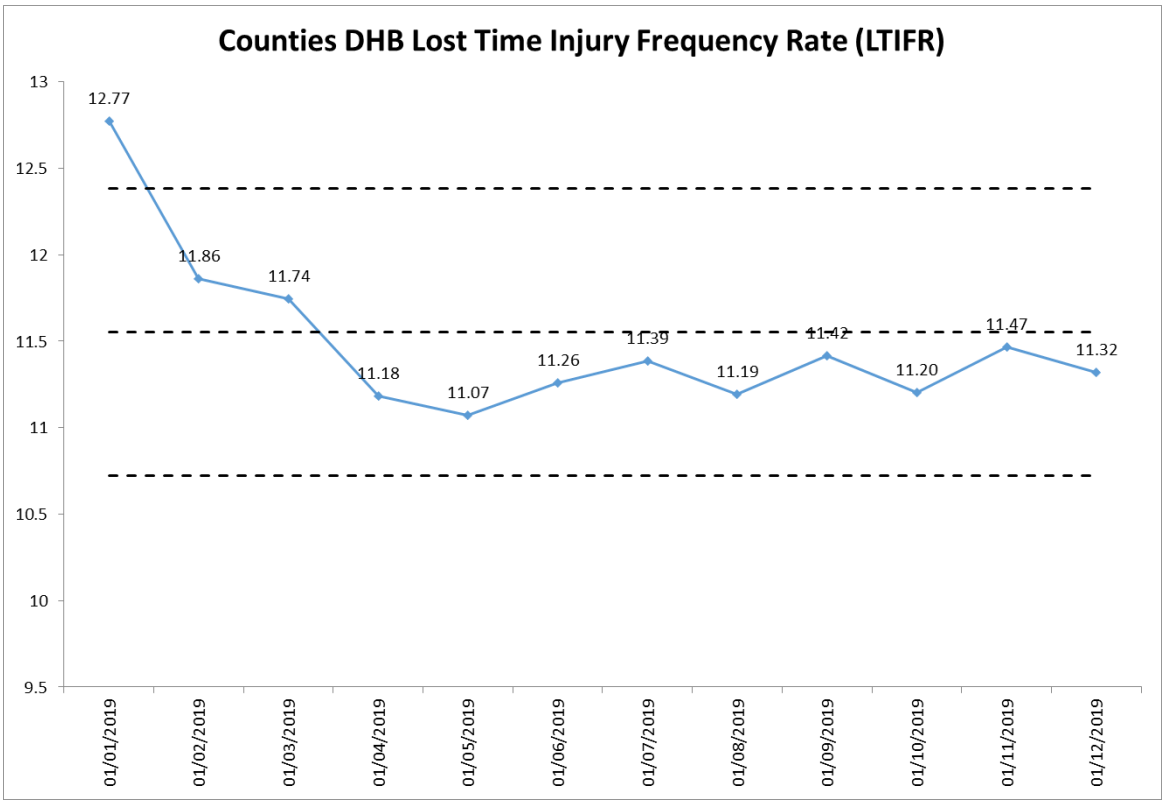
Lagging Indicators		Jan 2020	Target*	Dec 2019	Status
Reported Incidents	Counties Manukau Staff	142	~	135	↑
	healthAlliance	1		~	~
	Contractors	3	~	4	↓
	Visitors	3	~	5	↓
Near Miss reported Incidents		4	~	0	↑
**Targets not specified will be based on a reduction in severity and year on year performance data*					
Injury Claims	New Claims Registered	40	~	28	↑
	Open (active) Claims	94	~	81	↑
	Lost Time Claims	1	<5	5	↓
	Days lost per month (due to Lost Time Claims)	3	~	22	↓
	Lost Time Frequency Rate (LTIFR)	TBA	<10	11.32	↓
	Lost Time Severity Rate	TBA	<630	201.54	↓
	Claims costs (to date)*	$59,690	~	$58,523	↑
** Claims costs are adjusted as additional treatment is required*					
Critical risk incidents	BBFE	25	~	21	↑
	Aggression & Violence	37	~	37	~
	Moving & Handling	10	~	16	↓
	Slips, Trips, Falls	12	~	8	↑
	Stress & Fatigue	22	~	22	~

Leading Indicators		Jan 2020	Target	Dec 2019	Status
Pre-employment	Health screening	100%	100%	100%	~
Clinic appointments	Dr & Nurse clinics	333	~	430	↓
Vaccinations	dTap, VZV, HepB and MMR	172	~	126	↑
Safe365 implementation	Initial set up of Safe365	5	100%	5	↑
Training sessions attended (OHSS team)	Engaging with Maaori	2	~	1	↑
Risk Assessments completed		0	~	1	↑
HSW internal audits completed		0	~	~	↑
OHSS attendance at patient walk-arounds	January 0	0	1/month	~	↓

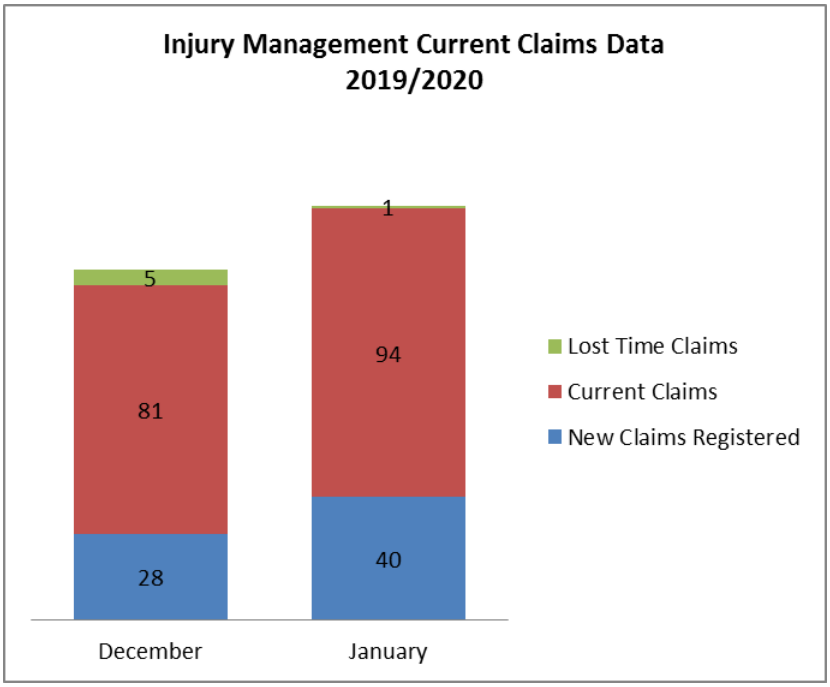
Key Indicators Commentary	
LTIFR	12 month rolling average figure remains above the target (10) at 11.32 in December 2019 (5 lost time incidents). The December 2019 figure remains consistent with November (11.47) figure. The January LITFR will be available for the next Board of Directors paper
Claims costs	Monthly claims costs increased in January due to increased claims for this month
Dr & Nurse clinics	Significant decrease in Occ Health clinic appointments in January 2020 (33) when compared to December 2019 (430) figure. The shutdown period for the festive season was a contributing factor
Vaccinations	Increase in vaccinations administered during the month of January 2020 (172), when compared to December 2019 figure of 126. MMR vaccinations administered on a monthly basis have returned to what was administered prior to the measles outbreak *(refer to Graph 1 MMR Vaccinations 2020)*

LTIFR

The LTIFR rolling average figure is at 11.32 in December 2019 and remains reasonably constant with the November 2019 figure of 11.47.



Claims Data (by month)



- In December 2019, there were 28 new claims registered with 5 lost time claims. In January 2020, 40 new claims with 1 resulting in lost time.
- In December 2019 there were 81 current claims being managed by the Counties Manukau and Wellnz Case Managers and 94 being managed in January 2020.
- Open (active) claims being managed by the Case Managers range from the 2016 to 2020 period. One 2016 injury claim is due for hand-back in March 2020.
- Declined claims increased in January 2020 to 10 when compared to 4 in December 2019.

Key Health and Safety Risks and Current Project Activity

CM Heath Key H&S risks management update, including key initiatives to reduce/manage risk. Note some projects are planned for 2020, awaiting additional resource.

Key	
🟢	Risk is well managed –all significant actions complete
🔵	Risk is well managed - some minor actions to be completed
🟡	Risk is being managed and has some significant actions underway
🔴	Risk is being managed and has some significant actions yet to progress

Risk: Staff and others exposed to Aggression and Violence		
Previous Report Action	**Current Action**	
• All incidents are being reviewed and actions underway for each situation as an ongoing focus • A risk assessment has been completed from information in the security report and a working group is being planned to work on the actions from the risk assessment	• A project manager has been engaged to work through a project plan addressing aggression and violence as highlighted in the security report. OHSS are involved in this project • An analysis is being carried out by OHSS on aggression incident types across CMH. This information will form the basis for the working group activities	🔴
Risk: Inability to manage the risk of harm from the work being carried out by Contractors		
Previous Action Point	**Current Action (FEAM's update)**	
• Some work has been conducted previously on the contractor management policy & procedure. This is currently being reviewed and is prioritised for implementation. In the interim some mitigating actions have been implemented, such as electronic contractor sign in and induction. The health & safety component of higher risk contractor work is also discussed at management meetings.	• Health & safety inductions have commenced for the main contractors engaged by Facilities, Engineering & Asset Management. • The contractor policy & procedure is currently being drafted, with a view to sharing with key CM Health stakeholders by close of business, Thursday 5 March.	🔴
Risk: Musculoskeletal injuries sustained whilst moving patients and other manual handling		
Previous Action Point	**Current Action**	
• Ongoing incident and Injury Management focus • Manual Handling has been added to the OHSS Health planner for targeted action in September. This will include a communication topic • A Risk Assessment will be completed for this risk • OHSS attend Safe Moving meetings for targeted actions	• The Safe Patient Moving training is due to start again in February 2020	🔴

Risk: Lone Workers unable to access immediate assistance during an emergency situation		
Previous Report Action	**Current Action**	
• Lone work App is being implemented across community workers phones • Working group is under planning to set up procedures and extend the rollout to all lone workers	• A lone work policy and procedure have been written, and are due for consultation with HSRs • A project resource has been assigned to ensure the technology supporting the app is sufficient. • An oversight group to ensure the effective roll out is meeting.	
Risk: Staff wellbeing adversely affected by aspects of work		
Previous Report Action	**Current Action**	
• Some Occ H&S team attended wellbeing training and seminars in late 2019. This will form the basis for wellbeing initiatives in 2020 • EAP report is attached and will form the basis for activities in 2020. OHSS manage the EAP contract and have a strong working relationship with the onsite counselor • EAP support for White Island Incident • Liaison continues with Universities to provide health checks for CMH staff	• OHSS have meet with EAP to discuss strategy in 2020 including onsite clinics and debrief sessions post critical incidents • SMO Wellbeing Advisor, Dr Joanne Sinclair, appointed and commences in this role on 9 March. • DHB has invested in the Health Roundtable Workforce Wellbeing Index which will be piloted by Dr Sinclair with SMO's. • Staff Survey feedback on Wellbeing is being analysed.	
Risk: Staff experience stress/fatigue in the workplace		
Previous Report Action	**Current Action**	
• National GM HR/DON participated in Massey University/Union/MBIE Code of Compliance trial • Rostering system business case has been presented • CCDM • Trendcare • Nursing Accord (NZMO MECA) • Midwifery Accord (MREA's MeECA • SMO Wellbeing Advisor is being set up	• EAP and incident management • National Wellbeing Project – Fatigue management with DHB's and MoH.	
Risk: Staff are exposed to blood and body fluid (BBFE)		
Previous Report Action	**Current Action**	
• Ongoing Incident and Occ Health Nurse focus • BBFE has been added to the Occ Health planner for targeted action in April. This will include a communication topic, particularly for RMO & and graduate nurse inductions	• An analysis of BBFE incidents has been completed to assist in the planning for the communication topic *(refer to appendix 1)*	
Risk: Staff and others sustain slips, trips or falls in the workplace		
Previous Report Action	**Current Action**	
• Ongoing incident focus • STF has been added to the Occ Health planner for targeted action in June 2020. This will include a communication topic • STF analysis is included in Appendix 3	• Incident management • No further action this month	

Risk: Suboptimal evidence of adherence to H&S legislative requirements		
Previous Action Point	**Current Action**	
• Safe365 baseline assessments and set up across CMH has commenced • H&S Reps training is being planned for 2020 • Work is being planned to update operational risk registers	• Work continues in the implementation of Safe365 across all CMH services • Safe365 organisers are preparing information that will be placed on Paanui for users to keep up to date with Safe365 activity and their next steps planning	
Risk: Failure to have adequate identifiable worker participation in HSW management system		
Previous Action Point	**Current Action**	
• H&S Reps names have been updated on Paanui • H&S Rep training plans are underway for 2020 • Training plan will be presented to ELT for approval • H&S Reps elections for representation on ELT H&S Committees is underway	• HSRs who will represent all HSRs across CMH at ELKT H&S committee meetings have been established • OHSS will work with these HSRs in preparation for their attendance at the next Executive H&S Committee meeting	

Reported Incidents

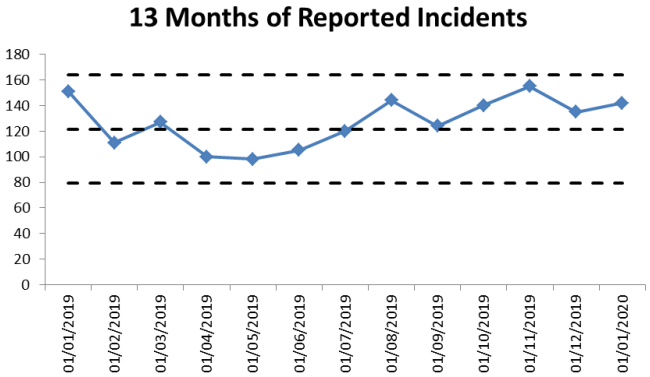
Rolling year-on-year average comparison:

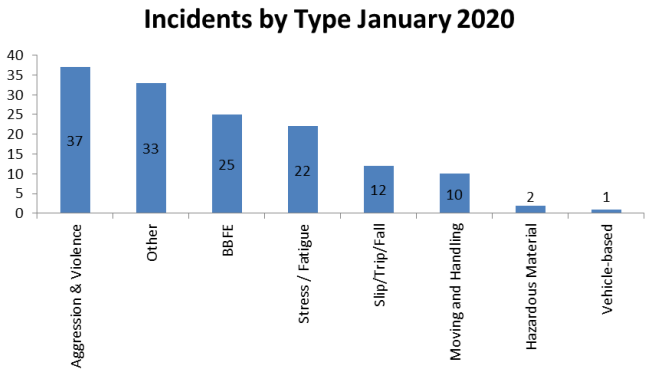
Previous 13 months – 125
Current 13 months – 127

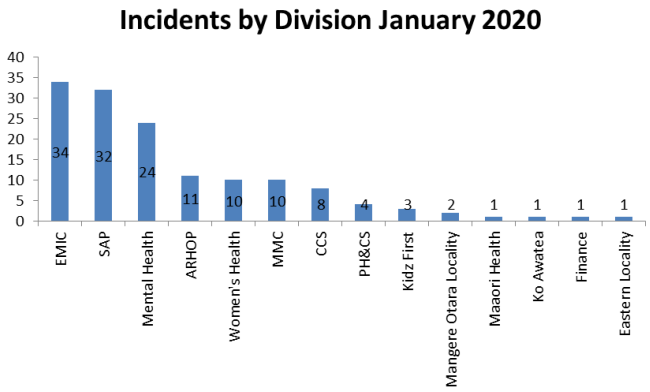
The level of reporting remains consistent.

Key Observations:

- **Other (33):** Increased from the December 2019 figure of 25.
- Causation profile in January:
  - Hitting stationary/falling/ trapped by moving object: 9
  - Bite/sting by insect/spider: 6
  - Laceration/cut/tear: 5
  - Hit/bitten/scratched by person unintentionally: 3
  - Bite/scratch – animal: 2
  - Property damage/vandalism: 2
  - Theft actual/alleged: 2
  - Burn/scald: 1
  - Cleanliness of facility: 1
  - Crushed/pushed/stepped on: 1
  - Safely policy violation: 1
- **Aggression and Violence (37):** Remains in top three incident rates. Consistent with December 2019 figure of 37. ED is continuing to capture incidents within the Code Orange initiative with higher risk incidents being reported within Riskpro.
- **BBFE (25):** Remains in top three incident rates. Slight increase from December 2019 figure of 21. OHN investigating trend/causation through follow up with services and individuals. Highest incidents continue to occur within SAP service reviewing causation factors to identify areas for improvement.
- **Stress and Fatigue (22):** New entry into the top three incident rates. Increased from December 2019 figure of 22. EMIC service has the highest number of incidents.
- **Slip/Trip/Fall (12):** Significant increase from December 2019 figure of 8. SAP had the highest reported incidents. Busy periods within the hospital can be a contributing factor to the increase in reported incidents.
- **Moving and Handling (10):** Decreased from December 2019 figure of 16 SAP had the highest number of incidents.







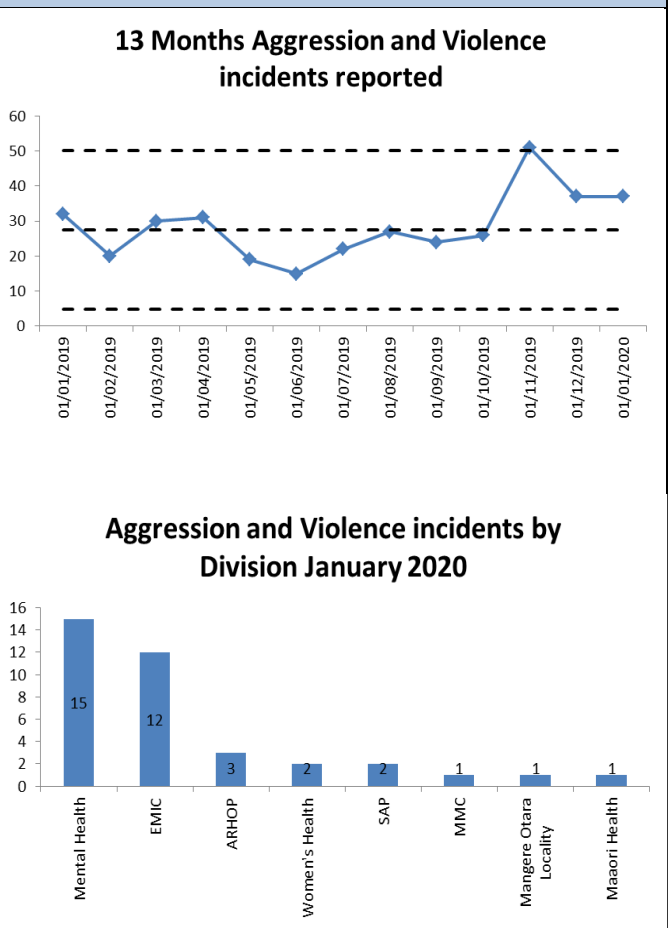
Aggression and Violence

Rolling year-on-year average comparison:

Previous 13 months – 29
Current 13 months – 28.5

- Aggression and Violence monthly figure in December 2019 and in January 2020 (37).
- Incidents higher than last 13 months: 31 (2019).
- ED 'Code Orange' is in use and work with Security Services is ongoing to better control elevated behaviour.
- MH services have the highest number of reported incidents, with initiatives identified between services, security and H&S to raise awareness and address immediate issues. EMIC has the second highest number of reported incidents.

- Causation profile in January:
  - Assault – physical: 17
  - Behaviour – inappropriate: 9
  - Behaviour – aggressive/ threatening: 8
  - Behaviour – harassment: 1
  - Assault – verbal/gesture: 2

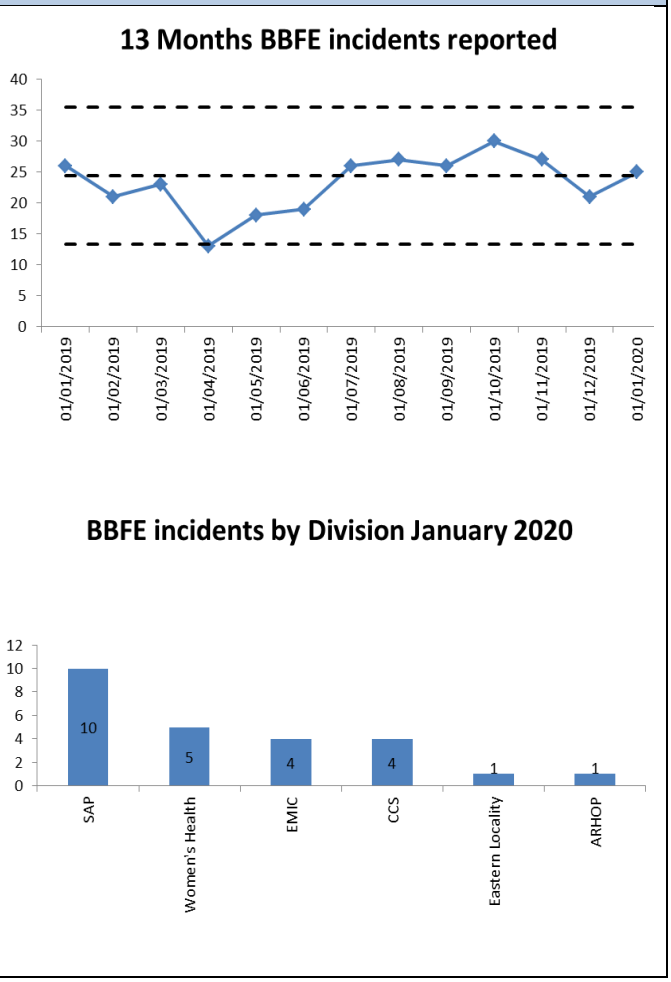


BBFE (Blood or Body Fluid Exposure)

Rolling year-on-year average comparison:

Previous 13 months – 27
Current 13 months – 23

- BBFE monthly figure in December 2019 (21) and in January 2020 (25).
- BBFE incidents consistent when compared with the last 13 months of reporting: 26 (2019).
- SAP service continues to have the highest number of incidents, with follow up discussions happening with the service. Women's Health has the second highest number of reported incidents.
- OHSS is tracking trends and following up with services to reduce reoccurrence.
- Detailed incident analysis is attached (appendix 1).
- Causation profile in January:
  - Inattention/ distraction: 8
  - Job factor: 6
  - Acts of others: 3
  - Bypassing safety devices: 2
  - Other: 2
  - PPE not used: 2
  - Defective tools: 1
  - Unnecessary haste: 1

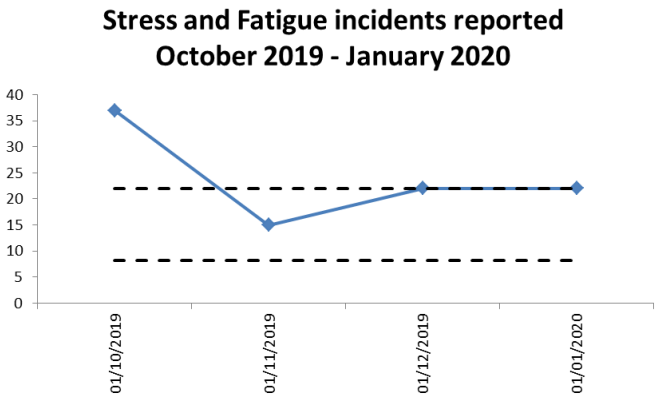


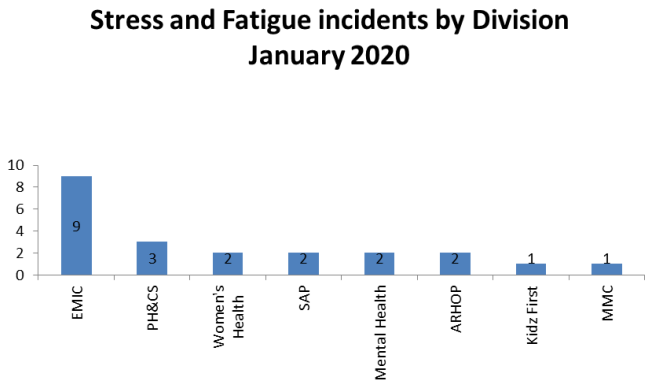
Stress and Fatigue

Rolling year-on-year average comparison:

- New to this report, OHSS have provided a change in stress and fatigue reporting methodology. This data now consists of both stress and inadequate staffing reported incidents. Due to this the previously reported monthly figures have been adjusted
- Stress and Fatigue monthly figures in October (27 to 37), November (10 to 15), December 2019 (11 to 22) and in January 2020 (22).
- EMIC has the highest number of reported incidents.

- Causation profile in January:
  - Assistance unavailable/ staffing inadequate: 19
  - Job factors/ work arrangement/ organization: 2
  - Equipment malfunction/ faulty: 1





Slips, Trips and Falls

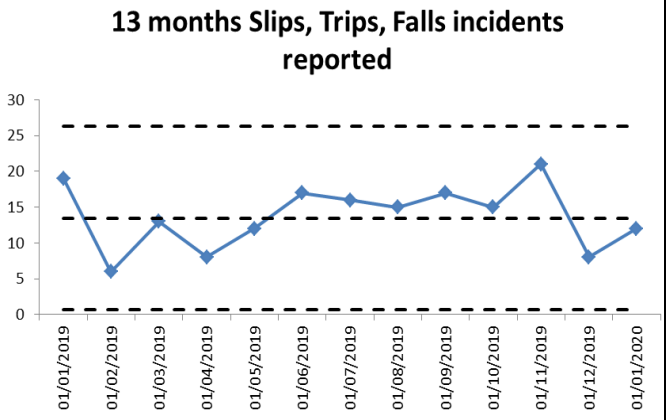
Rolling year-on-year average comparison:

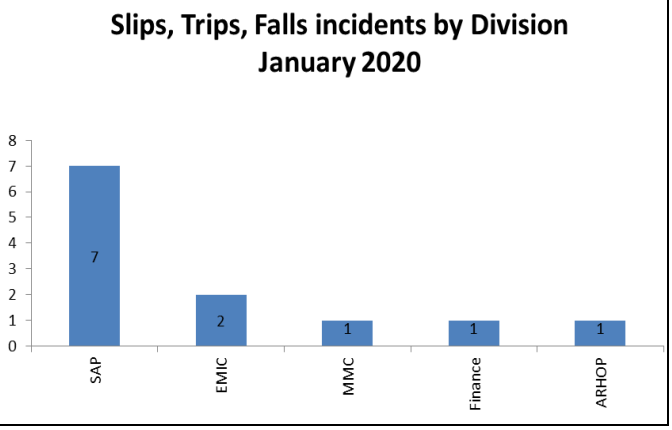
Previous 13 months – 14
Current 13 months – 14

- Slips, Trips and Falls monthly figure in December 2019 (8) and in January 2020 (12).
- Slips, Trips and Falls incidents significantly lower when compared with the last 13 months of reporting: 19 (2019).
- SAP service has the highest number of reported incidents.

- Causation profile in January:
  - Slipped/ tripped/ stumbled: 4
  - Human factors: 2
  - Stepping/kneeling/ sitting on: 2
  - Surface – slippery/ wet: 2
  - Equipment malfunction/faulty: 1
  - Storage inadequate/ incorrect: 1

- Incidents continue to be monitored by OHSS.





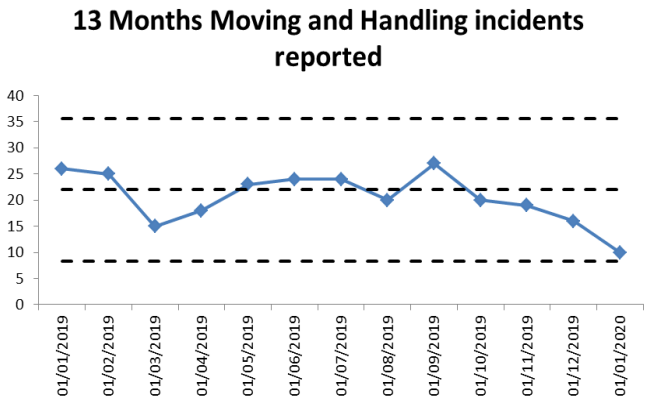
Moving and Handling

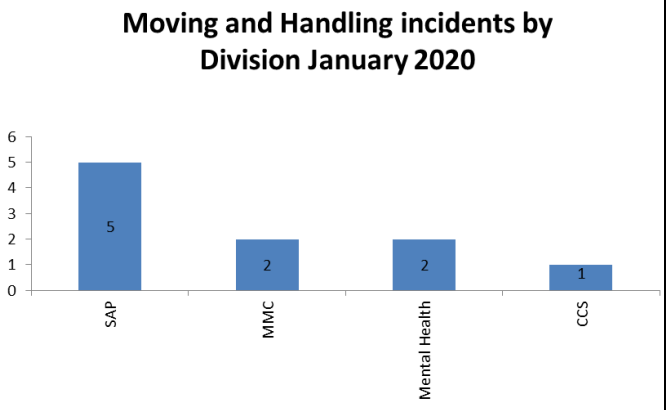
Rolling year-on-year average comparison:

Previous 13 months – 25
Current 13 months – 20.5

- Moving and Handling monthly figure in December 2019 (16) and in January 2020 (10).
- Moving and Handling incidents significantly lower when compared with the last 13 months of reporting: 26 (2019).
- SAP service has the highest number of incidents.
- H&S team working with non-clinical teams to review M&H training requirements. OHSS now attend Safe Moving meetings to assist in suitable actions.

- Causation profile in January:
  - Awkward position/ posture while lifting/ handling/ carrying: 3
  - Lifting/ handling/ carrying: 3
  - Action/behaviour of employee/patient/visitor: 2
  - Assistance unavailable: 2

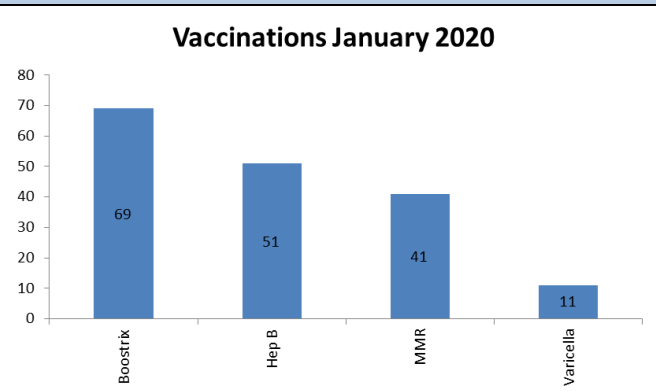




Occupational Health Service Update

Vaccinations:

Vaccinations administered as part of the pre-employment screening and other staff vaccinations has resulted in full utilization of OHN clinics in January.



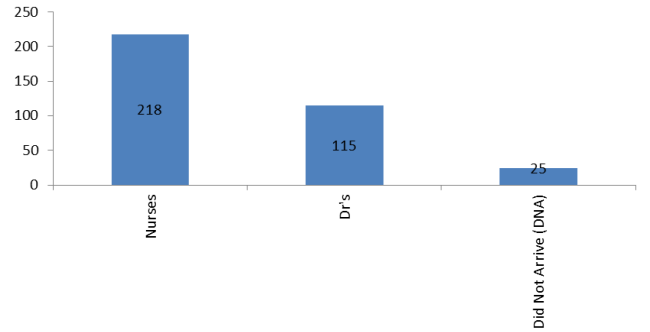
Clinic Appointments:

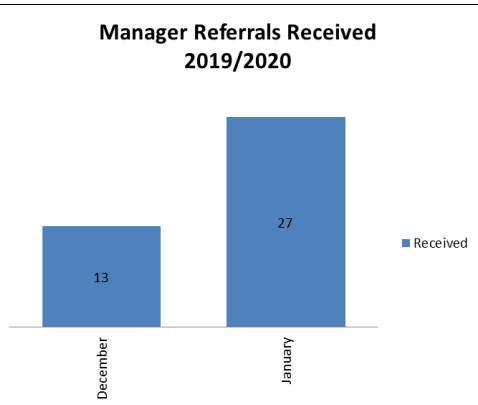
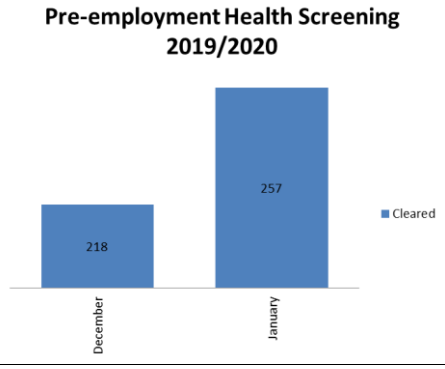
OHP appointments are high with 115 consultations and 218 OHN clinics in January 2020.

Full clinics delivered services to:

- Staff returning from injury (RTW/Fitness to work) together with ergonomic evaluations in service.
- Increase in referrals/complexity of cases resulting in longer close out periods.
- OHN clinics are full with PEHS vaccinations

Staff non-attendance at clinic appointments has increased to 7.5% of total appointments. OHN follow up phone calls to identify key reasons for DNA with illness and workload being contributing factors.



Manager's referral for December 2019 (13) and January 2020 (27). Pre-employment Health Screening for December 2019 (218) and January 2020 (257).	 

Employee Assistance Programme (EAP) update:

Summary of Employee Assistance Programme Usage at Counties Manukau DHB – 1/02/2019 to 30/01/2020: Provided by EAPworks;

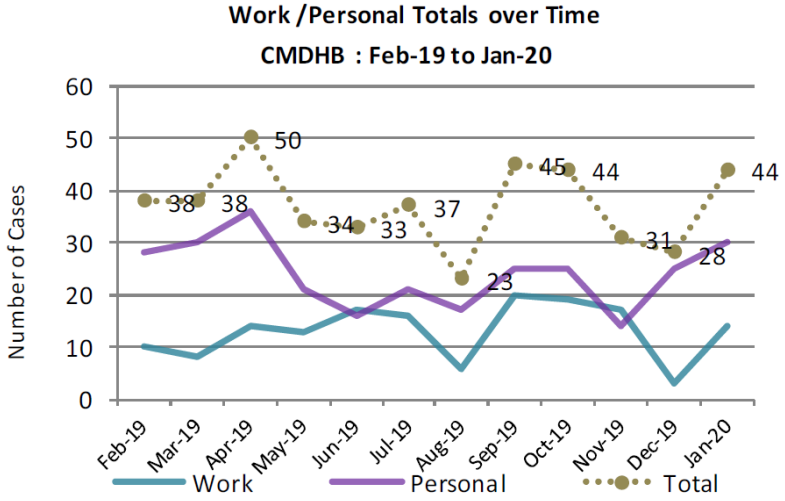
Consideration is advised of:

- Comparison of usage with other DHBs and other general users to see if our demographics are reflective of others.
- Review of communications about this service.

Work/Personal Split

The overall total number of employees who sought help through EAP during the previous 12 months was **445**, made up of **157** employees identifying work related issues as their primary presenting issue and **288** as non-work issues.

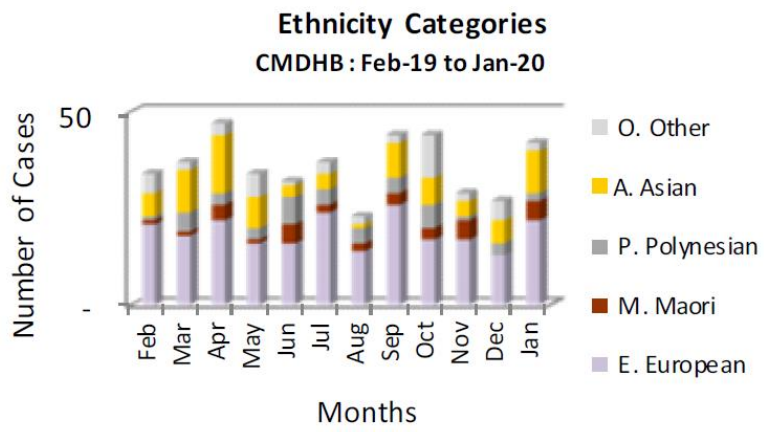
Work/Personal Totals over Time



The YTD monthly ratio is **35%: 65%** Work/Personal.
The **Personal Issues** categories were the overall highest presenting issue categories for the period with **46%**.

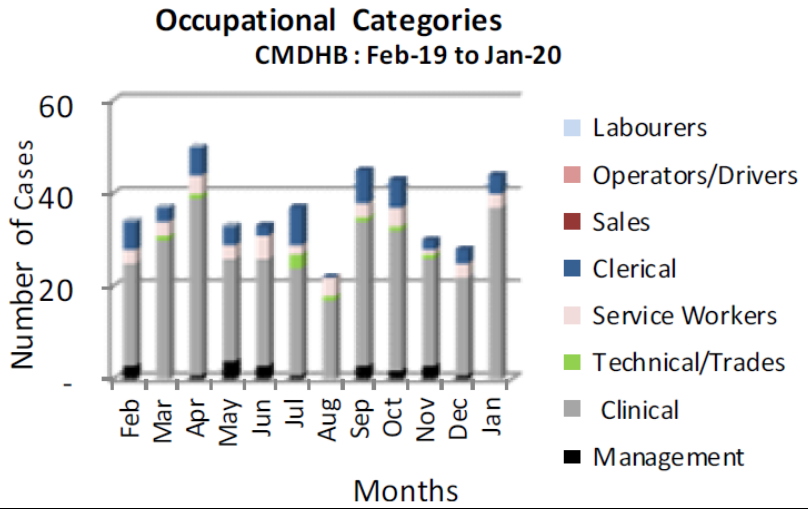
Ethnicity Categories

In the year to date the most frequent users of the service within each demographic category has been identified as:



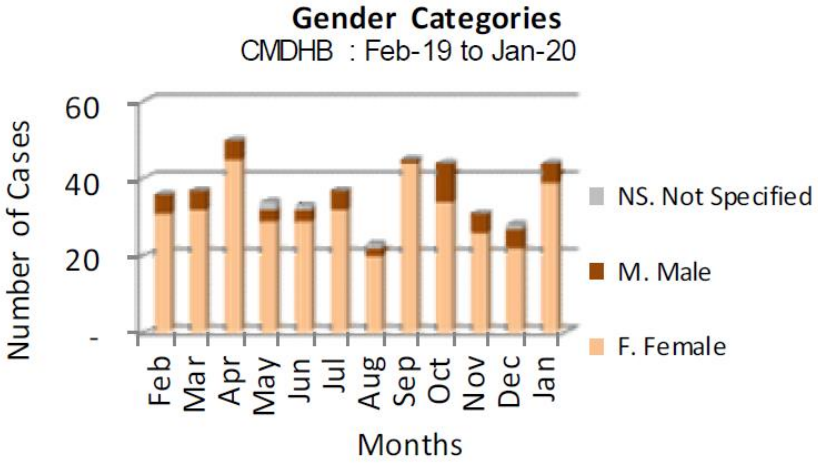
The Ethnicity category **European** representing **53%** of the total identified usage.

Occupational Categories

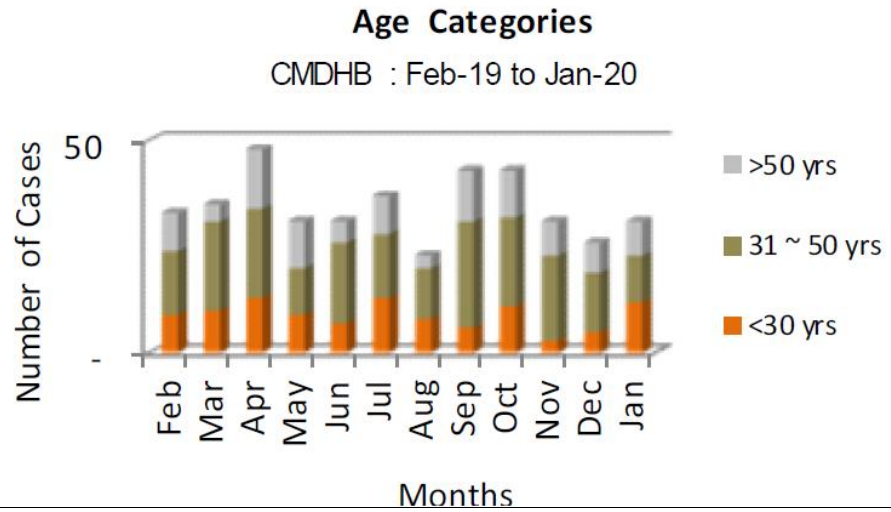


The occupational category **Clinical** representing **72%** of the total identified usage.

Gender Categories



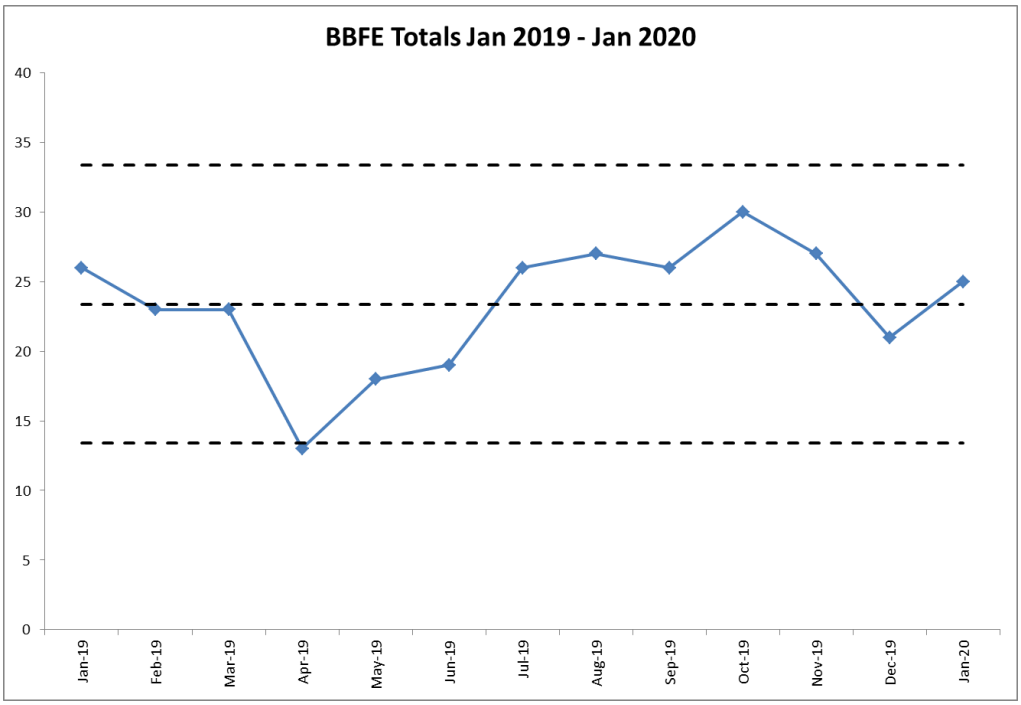
The gender category **Female** representing **87%** of the total identified.

Age Categories

The Age category **31 ~ 50 yrs.** representing **50%** of the total identified usage.

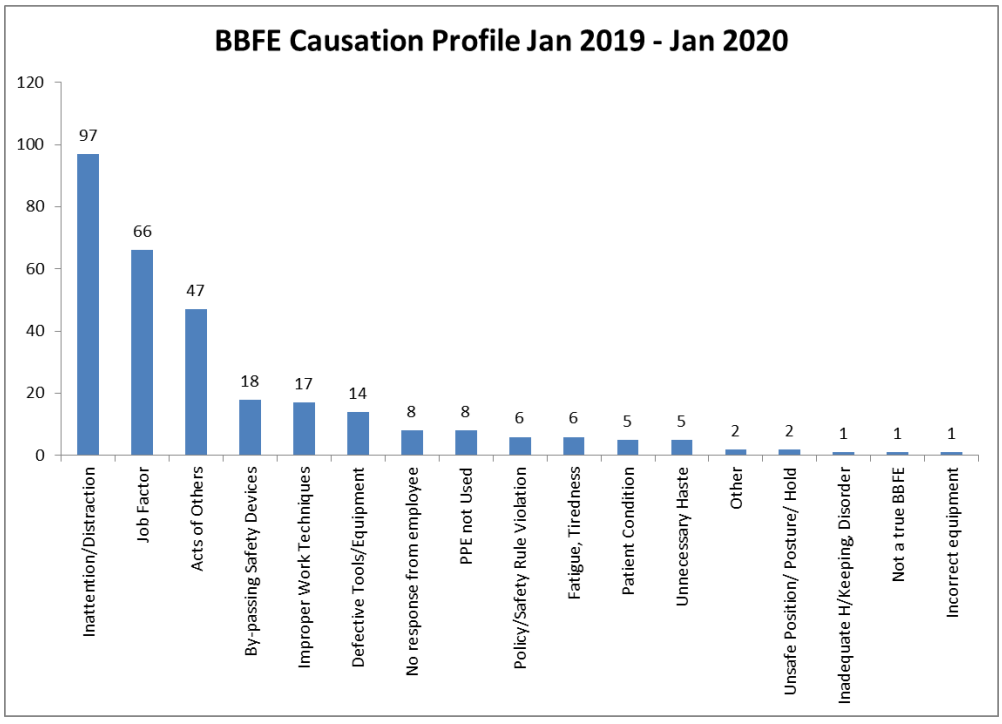
Appendix 1: BBFE Causation Profile for January 2019 – January 2020

Total number of employee BBFE incidents reported = 304.
October 2019 had 30 reported BBFE incidents, which was the highest over the 13 month period.

There is an average of 23 BBFE incidents reported each month.

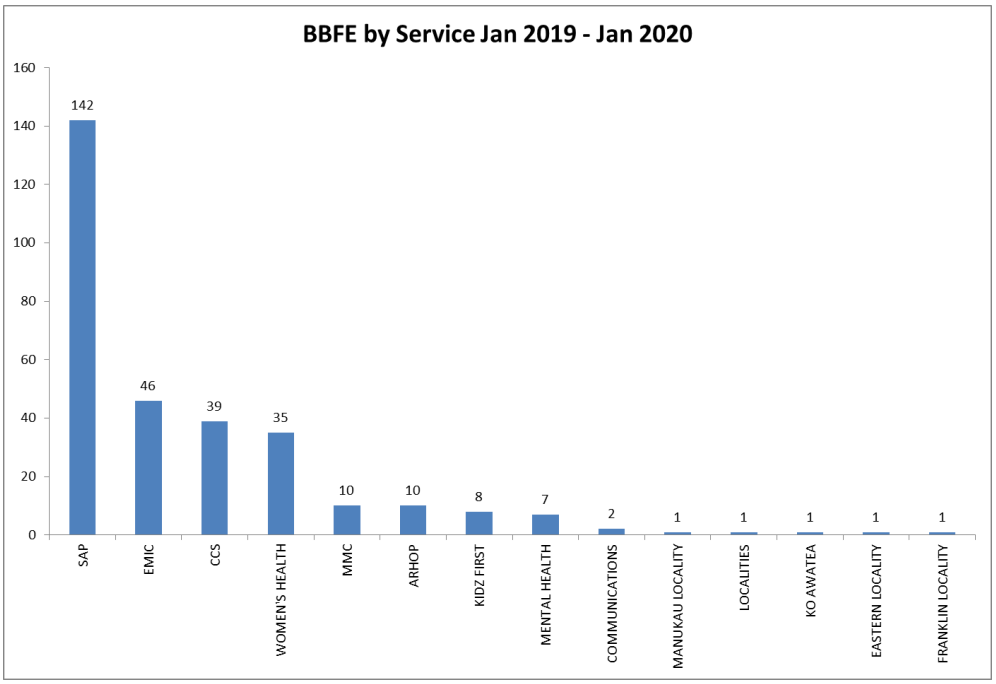


Top causes of reported BBFE Incidents
In the last 13 months 97 BBFEs were caused by inattention/distraction.
66 caused by job factors.
47 caused by acts of others.
18 caused by by-passing safety devices.
17 caused by improper work techniques.
14 caused by defective tools/equipment.



Breakdown of Services by BBFE incidents

In the last 13 months 142 BBFEs were reported by SAP, 46 by EMIC, 39 by CCS, 35 by Women's Health, 10 by ARHOP and MMC respectively.



Counties Manukau District Health Board
Corporate Affairs and Communications Report

Recommendation

It is recommended that the Board:

Receive the Corporate Affairs and Communications Report for the period 31 December 2019 – 29 February 2020.

Prepared and submitted by Donna Baker, General Manager Communications and Engagement and Parekawhia Mclean, Director Strategy and Infrastructure.

Purpose

This paper provides an update on Corporate Affairs and Communications activity for the Period 31 December 2019 – 29 February 2020

Coronavirus

Once again the Communications team is supporting the CM Health Incident Management Team (IMT) with regards to COVID19, with the GM Communications and Engagement acting as the Public Information Manager.

A regional IMT has also been set up, which the Communications team is liaising with. One member of Counties Manukau Health Comms team is now working in the regional team to support community engagement. Most media calls about COVID-19 are being handled by either the Ministry of Health or the regional IMT comms staff.

This is a rapidly evolving situation and messaging and resources are constantly changing. Pull up banners and posters have been placed around the hospital with generic messaging. A landing page for COVID-19 has been set up on PAANUI for regular staff updates and resources. Key messages are also being published by email and via the Daily Dose.

The Communications team is ramping up with additional resources as the situation evolves.

COVID-19 MoH and Regional Collateral Shared							
Pull Up Banners	Posters	Pamphlets	Screen Savers	Email Banners	Paanui Landing Page	Social Media Tiles	Videos

Covid-19 Videos

Regional collaboration between Waitemata and Auckland DHBs Asian Health teams with the production of a video in three languages (English, Mandarin and Cantonese) about Covid-19. The videos feature three doctors who are members of the Auckland Chinese Medical Association who have strong ties to the community. The videos have been shared on our Social Media and also shared by ARPHS and the Ministry of Health.

COVID-19 Videos Social Media Post Reach & Views					
SOCIAL MEDIA CHANNELS	CM Health Facebook	CM Health Vimeo	ARPHS You Tube	NZ Chinese website Medialn	WeChat Group Auckland Central Chinese Network & Search Network
VIDEO	English Video	English Video Mandarin Video Cantonese Video	English Video Mandarin Video Cantonese Video	Mandarin Video Cantonese Video	Mandarin Video Cantonese Video
REACH & VIEWS	22.2k reach	2.5k views	1.2k views	13k views	2.3k unique views (in 24 hours)

Whakaari/White Island Volcanic Eruption

The Communications Team continue to receive media requests related to this event. The current media requests are for interviews with clinicians about their experiences during the event, and staff and services effected since the eruption. The White Island extensive workload is currently on-going and we have advised that this type of interview is premature at this stage.

A release thanking people for donations and the overwhelming offers of help during the incident was posted on our CM Health website as below:
Whakaari/White Island generosity humbling: *Media release 30 January 2020 | Counties Manukau Health has acknowledged the generosity of the community and companies who responded to calls for support in the wake of the Whakaari/White Island tragedy.*

https://www.countiesmanukau.health.nz/news/new-whakaari-white-island-generosity-humblingblog/

Flu Campaign 2020

Messaging throughout the Flu campaign will take into consideration any information regarding the current COVID-19 situation and the timing regarding the flu season. Planning for the 'Flu Campaign 2020' is in the advanced stages for promotion internally and for the wider community as below:

- Re-curring meetings with the flu planning group internally and the wider community
- Photoshoot with Maaori, Korean and Indian whaanau for flu campaign collateral
- Finalising radio and digital advertising to go live in May through to the end of July, this includes interview spots on ethnic radio stations.
- Design of winter and flu collateral refresh sign off completed by the Maaori, Pacific and Asian teams.
- Collateral being translated in Maaori, Cook island Maaori, Samoan, Tongan and simplified Chinese and Hindi, utilising the Department of Internal Affairs translation services.
- Currently seeking two social media influencers to promote campaign.
- PHO co-ordinating list of low cost Accident & Medical clinics for distribution of updated collateral
- Asian Health team planning contines: Flu fighter's community pharmacy vaccination project for 65+
- Maaori and Pacific 65+: we are working with the Manukau Locality replicating the same planning and process used by Asian Health for the Flu fighter's Community Pharmacy Vaccination project for 65+.

External Communications

CM Health Website Media Releases

- Statement regarding three month sonography strike
- Contingency plans in place for sonographers strike
- CM Health welcomes $5 million boost for Kidz First
- Whakaari/ White Island generosity humbling
- General public health advice available on novel coronavirus

CM Health Website Proactive Stories

- **Family of toddler with rare disorder thankful for Kidz First.** The family of a three-year-old Manurewa toddler with a rare chromosome condition say they would be lost without the support of the Kidz First children's hospital at Middlemore, which has been a second home to their family in recent years. The family's journey has been a challenging one since Roy Jr was diagnosed with a rare chromosome disorder known as Testrasomy 18p.
- **CM Health welcomes $5 million boost for Kidz First**: The Government's announcement today of an estimated $5 million investment for a neonatal refurbishment at Kidz First. The investment will deliver extra capacity in the form of around eight new cots to meet the growing demand for neonatal care.
- **Qlik Sense:** Acquisition of a new data analysis platform. CM Health now has a licence to use the programme Qlik Sense. Qlik Sense allows healthcare workers to see health data as it happens in a transparent and easily-understood format.
- **Green Prescription:** programme offered through CM Health. Free community-based programme improving whaanau health and wellbeing. The one-year-long free programme – delivered in Otara, Mangere, Manurewa and Papakura – supports children aged five to 13 years and their families to lead healthier and more active lifestyles through whaanau-based nutrition education, physical activity and lifestyle programmes**.**
- **CM Health Chief Medical Officer, Peter Watson:** Three days into Pete Watson's new role as Chief Medical Officer at Counties Manukau Health he found himself in the midst of an unprecedented medical crisis. While certainly overwhelming, Dr Watson, formerly the clinical director of Mental Health at CM Health, says the experience reinforced his belief in the organisation's people and values.

- **Former orderly Neil Waaka enjoying journey to being a Doctor:** Today, the 26-year-old is walking the same corridors, only this time, with a stethoscope around his neck as he embarks on putting theory into practice as a fourth-year medical intern training to be a doctor. The young trainee doctor was interviewed by TVNZ's Te Karere programme.

Official Information Act (1982) (OIA)

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

February OIAs received and responded to were from a variety of sources, although primarily from media outlets. Following the initial high media interest in Whakaari/ White Island response, there are several requests now for detailed reports of costs/ deferral of other services.

There is an emerging interest in 'one-off/ad-hoc' data related to Elective/ Planned Care specialty services, including retrospective information on declined referrals, wait times, outcomes and adverse events/complaints. These requests require substantial time to provide responses to, including further negotiation and/ clarification with requesters, liaison with Ministry of Health / other DHBs, Analyst time to extract and present data, and Clinical Service validation of data.

Written Parliamentary questions have also resumed for 2020, although still largely focussed on measles outbreak response.

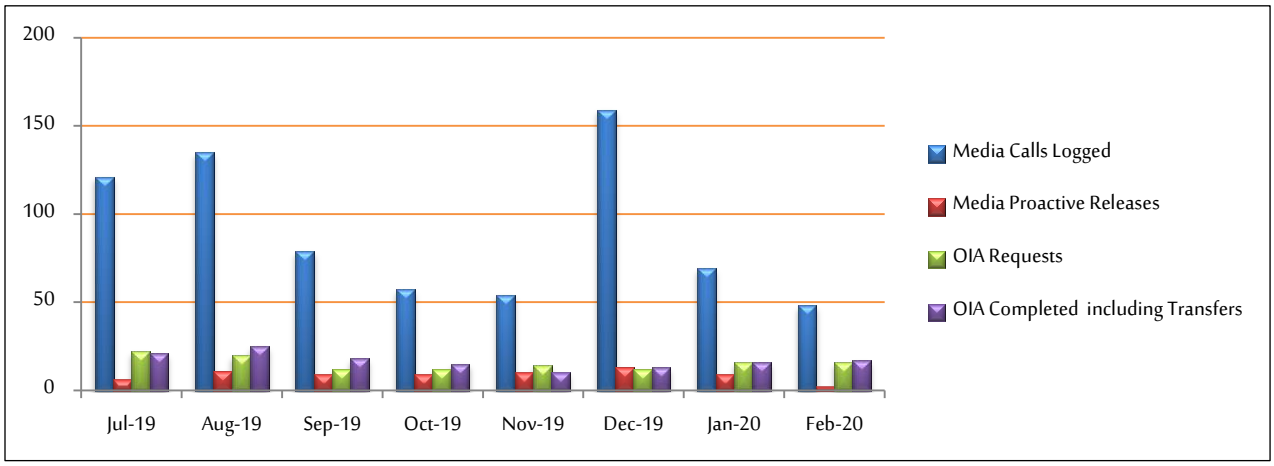
We were advised of a Complaint made to Ombudsman in January 2020, related to a response provided in December 2019, on Community Laboratory Contract. There has been no formal notice received as yet from Office of the Ombudsman. A further request on this matter was also responded to in February 2020.

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

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

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

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



	Data	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
	Media Calls	121	131	79	57	54	159	69	48
	Media Proactive Releases	6	11	9	9	10	13	9	2
	OIA Requests	22	20	12	12	14	12	16	16
	OIA Completed/Transfers	21	25	18	15	10	13	16	17

Internal Comms

Connect+

The first edition for 2020 Connect+ magazine will be available Mid-March. One of the main features is the response and support from both our teams to the Whakaari/White Island Incident. The new CM Health Local Hero Awards initiative is introduced. We feature the Middlemore Clinical Trials Team promoting their business to increase participation rates in trials. This edition also features the milestone achievements of the Scott Building recladding project and more organisational projects, updates and achievements.

Franklin:

Meetings have continued with the Franklin Memorial Hospital Community Working Group. A media release has been prepared, on behalf of the group, for the local paper to support the call for a public meeting in April.

Employee Survey

More than 4080 staff (56%) completed the survey that was extended to the 31st January. CEO Margie Apa will present the results, trends identified and feedback at the Staff Forum 3rd March 2020. This will be an on-going project with HR to support the ideas and experiences shared by staff in the survey.

Raise Visibility for the Chief of Allied Health, Scientific & Technical Professions Sanjoy Nand

A bi-monthly newsletter aimed at the Allied Health directorate is being developed featuring team highlights and important updates from Sanjoy to keep staff engaged. This is part of a profile raising activity to provide more visibility of Chief of Allied Health, Scientific & Technical Professions Sanjoy Nand. A template will be designed and content reviewed prior to publishing the newsletter via MailChimp.

Staff Forums 2020 'Save the Date'

MAR	APR	JUN	SEP	OCT	NOV
3	6	16	7	14	30
MMH Staff Forum	MSC Staff Forum	MMH Staff Forum	MSC Staff Forum	Pukekohe Hospital CEO Meet & Greet	MMH Staff Forum
16	15		29	21	
Pukekohe Hospital CEO Meet & Greet	Botany Superclinic CEO Meet & Greet		MMH Staff Forum	Botany Superclinic CEO Meet & Greet	

Counties Manukau Local Hero Awards

Promotion for the CM Health 'Local Hero Awards'
This is part of the staff awards programme.
A Local Hero will be selected
each month from the nominations submitted for staff
that have gone above and beyond for patients, whaanau
and their colleagues representing our CM Health values
'**Kind** **Excellent** **Valuing Everyone** **Together**'.
Our Every Day People 'Local Heroes'

Our Values
We inspire to live and breathe our values every day as the foundation of our strategic actions:
Valuing everyone
Make everyone feel welcome and valued
Kind
Care for other people's wellbeing
Together
Include everyone as part of the team
Excellent
Safe, professional, always improving

Community and Stakeholder Engagement

Campaign Promotion & Support

- **Alcohol Harm Minimisation:** We continue to support the AHM team summer campaign with messages and collateral on 'easing up on the drink' and promoting the Alcohol ABC Approach.
- **Maaori Workforce Development:** We are supporting the MWD team to promote a number of 2020 courses for staff including Te Reo Maaori and culturally competency.
- **Wellness Support:** The programme has been nominated for a Primary Care Award. We facilitated an interview with the Maaori TV team.
- **Te Ranga Ora:** Communications Plan for Te Ranga Ora to support the new long term conditions programme. The communication plan includes key messages, strategic vision, key risks, and communications services and support.

Community and Stakeholder Engagement Proactive Stories & Media

- **Active Families:** A story about Active Families is available on our CM Health website. The one-year-long free programme – delivered in Otara, Mangere, Manurewa and Papakura – supports children aged five to 13 years and their families to lead healthier and more active lifestyles through whaanau-based nutrition education, physical activity and lifestyle programmes.
- **National Bowel Screening Programme**: The Ministry released a national media release on an update on the programme and included our story on Papatoetoe local David Broughton. TVNZ Breakfast interviewed David Broughton and clinical lead of the CM Health bowel screening programme.
- **Asian Health**: A story for the Lunar New Year was posted on PAANUI. 'Lunar New Year celebrations connected friends and colleagues from different cultures together; which is important to the wellbeing of individuals, families, communities and organisations'.
- **Maori TV and Te Karere:** Covered a symposium on alcohol minimisation within the Maaori community.

- **Maori TV** interviewed key staff in relation to wellness support after CM Health was named as a finalist for the NZ Primary Healthcare Awards.

Comms Team Collateral Suites

Campaign/Promotion	Daily Dose	Paanui	Screensaver	Social Media	Website Digital	Video	Photography	Posters	All Staff Email	Other
Coronavirus **(Regional Designed Collateral and Comms)**	*	*	*	*	*	*	*	*	*	*
Staff Forum	*	*	*					*	*	
Alcohol Harm Minimisation			*		*	*				*
Bowel Screening **(Personalised Pull Up Banners)**										*
Luna New Year	*	*	*	*						
CM Health Local Hero Awards	*	*	*	*	*			*	*	*
SUDI 'The Survive and Thrive 2025'										

Videography, Photography and Design

Some of the work completed by our multimedia designers and videographer**.**

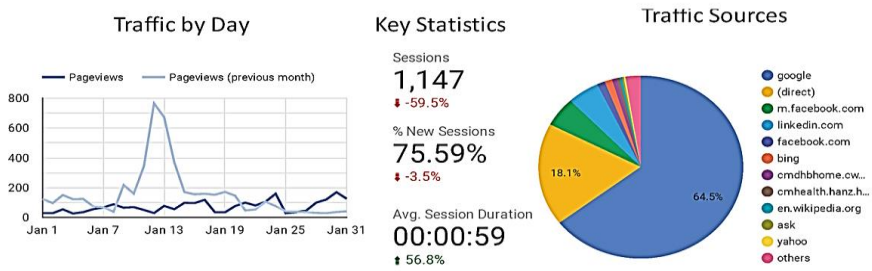
Team	Videos	Content
Stakeholders & Communities	**Midwives of Counties Manukau**	Counties Manukau Health (CM Health) recently created three short videos profiling Counties Manukau midwives sharing their experiences working, living and thriving in our rohe to support the recruitment of midwives.
Stakeholders & Communities	**Women's Health** (This video will be shown at the next LARC contraception promotion at training meeting being held at MSC on 20 February)	Video of a young Maaori women about what, a positive experience would look like when engaging with a doctor, nurse or midwife about contraception
Stakeholders & Communities	**COVID-19** (Regional collaboration between Waitemata and Auckland DHBs Asian Health teams. Languages English, Mandarin and Cantonese)	The videos feature three doctors who are members of the Auckland Chinese Medical Association who have strong ties to the community.
Internal Comms	**CEO Latest Video Update** (Employee Survey Results)	First CEO video update for 2020. This video highlighted certain key findings from the Employee Survey results. This can be viewed on PAANUI.

Sustainability Promotions

Digital Channels (January 2020)

Website (www.countiesmanukau.health.nz**)**
As expected with the holiday season, we see a dip in traffic for the January period. During this time we see a 20% increase in organic traffic (from Google).

News / Media Release Readership



Top 5 Popular Articles			
Page Title	Page Views	%Unique Page Views	Avg Session Duration
Free-community-based programme improving whaanau health and wellbeing	184	78.25%	00:01:12
Visitor car park rates increase at Middlemore Hospital Counties Manukau	157	86.62%	00.01.19
Family of toddler with rare disorder thankful for Kidz First	115	93.04%	00:00:02
New tool improves clinician access to health data	87	86.21%	00:00:30
Wanted Down Under-BBC visit CM Health	70	92.86%	00:00:17

Social Media – Total Weekly Awareness and Engagement Metrics								
Channel	Followers	Followers+/-	Posts	Reach	Avg Reach per Post	Engagement	Avg Engagement per Post	Clicks
Facebook	17.885	0.57%	36	113,321	3,147.81	6,117	169.92	8.897
Instagram	8,350	0.35%	18	6,371	353.94	428	23.78	166
Linkedin	8,350	2.19%	11	28,020	2,547.27	2,179	198.09	1,393

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Figure 1 Web Site Data Metrics from Google Analytics

decrease in engagement despite steady impression numbers.

Social Media	Total Followers	Follower increase	Messages Sent	Impressions	Impressions per Post	Engagements (incl. post clicks)	Engagements per Post	Post Clicks
CM Health Facebook	17,917	0.18%	36	113,321	3,148	6,117	169.92	8,897
CM Health Instagram	751	3.86%	18	6,371	354	428	23.78	166
CM Health LinkedIn	8,350	2.19%	11	28,020	2,547	2,179	198.09	1,393

Figure 2 Summary of Reach and Engagement Metrics for each Social Media Channel

Audience Growth	Totals	Change (vs. last growth)
Total Fans	29,810	
New Facebook Fans	32	-68.50%
New LinkedIn Followers	179	-126.39%
New Instagram Fans	29	103.68%
Total Fans Gained	240	-25.47%

Figure 3 Audience Growth Overview by Social Media Channel CM Health Facebook

CM Health Facebook

As expected we see a decrease in numbers over the holiday period – in both reach and engagement. Christmas messaging was our most engaging post this month followed closely by a Coronavirus update.

Posts by Engagement Rate						
Date	Post Message	Reach	Likes	Comments	Shares	Engagement Rate
Jan 6	Some of our gorgeous neonatal Christmas babies who got dressed for the occasion. Welcome to the world little ones. .	7,757	394	13	12	19.4%
Jan 23	You may have heard in the media that there has been a number of cases of coronavirus in Wuhan, China. ..	3,867	46	1	22	16.6%
Jan 10	"After a month and half in Hospital I was able to live again. I went back to work. I could drive, I could walk. Every time I stand now I look back and think of Middlemore Hospital – the home, the staff and now my saviour. I decided to come back and thank you all. The Nurses, Surgeons, Doctors, Orderlies, Therapists Caterers, Cleaners for your devotion to your work and tell you all that I live today, I walk today because of you all." Read the rest of Jagjot's story here: http://bit.ly/Jagjot-story Thank you for your very kind donation Jagjot! #peoplehelpingpeople	4,243	111	9	3	14.87%
Jan 9	We couldn't resist sharing some more photos of these gorgeous little ones!	2,811	124	0	1	11.42%
Jan 7	We've had many of our amazing staff go over to help whaanau in Samoa during their measles outbreak. Dr Loana Tanielu is one of them. Learn more about this awesome wahine below. #teamcounties #manawahine	3,259	306	22	21	10.71%
Jan 16	Know someone looking to study this year towards improving access to health services for Pacific peoples? An awesome opportunity is available through the Ministry of Health. Feel free to tag and share! The Programme WAT team is available to support those making their application too. To request support from them, email waat@middlemore.co.nz. Visit the Ministry of Health's website for more information and to apply https://bit.ly/3afco8M or email pacificscholarships@health.govt.nz.	494	5	0	3	9.31%

CM Health Facebook Photos

Jan 10
Jagjot! #peoplehelpingpeople

Jan 9
(Photo courtesy of Neonatal Team)

Jan 7
teamcounties#manawahine

Jan 16
Pacific Health Scholarships 2020 MoH Promotion Collateral

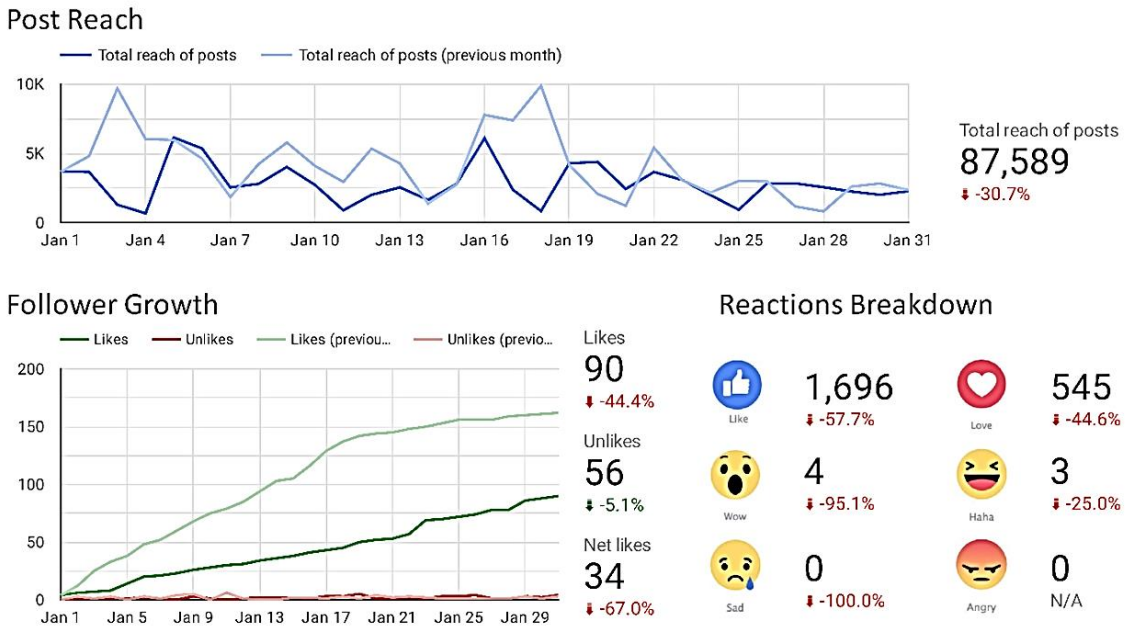
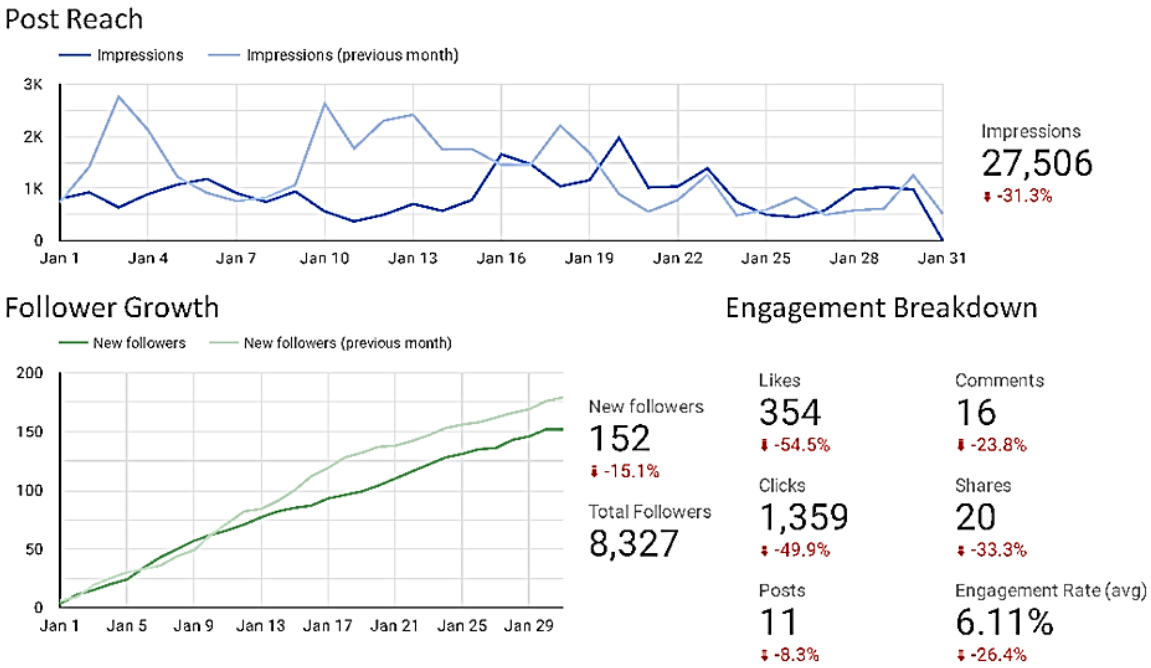


Figure 4 CM Health Facebook Metrics and Posts

CM Health LinkedIn

Similar to Facebook we see a dip in impression and engagement metrics that is consistent with the time of year. Messaging welcoming new staff continues to thrive on this channel once again taking out the top spot for most engaging post. Other popular messaging includes a nod to the LIFE Church for their generous donation towards a makeover of the play room in Kidz First.



CM Health Linkedin Post Breakdown								
Update title	Created	Impressions	Video Views	Clicks	CTR	Reactions	Comments	Shares
CMH New Employee Portal All followers	1/30/2020	565	-	16	2.83%	9	0	0
Free community-based programme Improving whaanau health and wellbeing All followers	1/29/2020	991	-	29	2.93%	9	0	0
A big welcome to graduate midwives Amanda and Annie graduate ... All followers	1/28/2020	1,201	-	40	3.33%	18	0	0
Nau mai and welcome to all our new Starters! We had a full house today... All followers	1/23/2020	1,652	-	139	8.41%	23	1	0
New tool improves clinicians access to health data All followers	1/22/2020	1,265	-	71	5.61%	31	0	0
Maaori Research Advisor (Full time or Part Time). Ko Awatea CM Health All followers	1/20/2020	1,387	-	52	3.75%	16	0	2
Our People – Richard Tchernegovski-Gore All followers	1/19/2020	987	-	40	4.05%	8	1	0
We are extremely grateful to LIFE church for their recent generous donations towards a.... All followers	1/16/2020	3,615	-	288	7.97%	94	2	1
Ministry of Health Pacific Health Scholarships available! Do	1/15/2020	3,311	-	257	7.76%	52	4	10

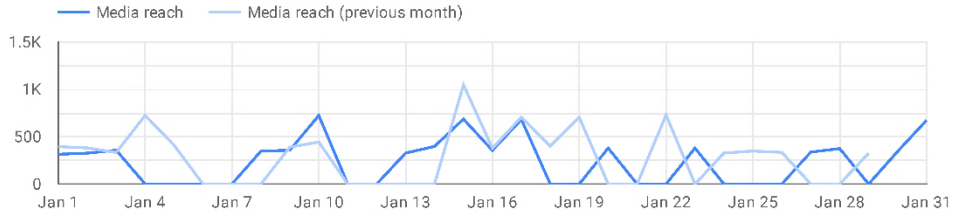
you know.. All followers								
Health and Safety Advisor (Full time). CM Health All followers	1/8/2020	1,649	-	34	2.06%	16	0	1
Are you a New Zealand based or International midwife reflecting on what... All followers	1/4/2020	2.003	-	35	1.75%	16	0	0

Figure 5 CM Health Linkedin Metrics & Posts

CM Health Instagram

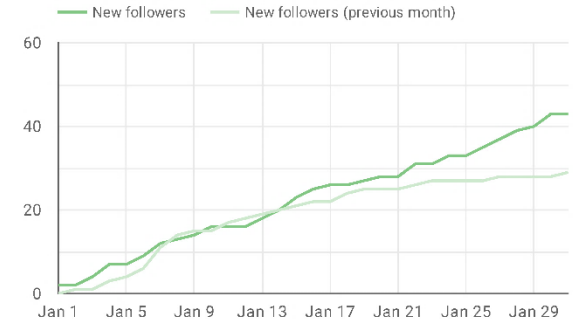
Despite a dip in numbers as is consistent with the time of year we are pleased to see a 48.3% increase in new followers compared to last period. Positive messaging again travels well on this channel with all 3 top posts this period being celebratory.

Post Reach



Media reach
7,358
-12.1%

Follower Growth



New followers
43
48.3%

Total Followers
751

Engagement Breakdown

Likes
477
-20.2%

Comments
11
-26.7%

Engagement
495
-20.5%

Post Saves
7
-30.0%

Posts
21
-4.5%

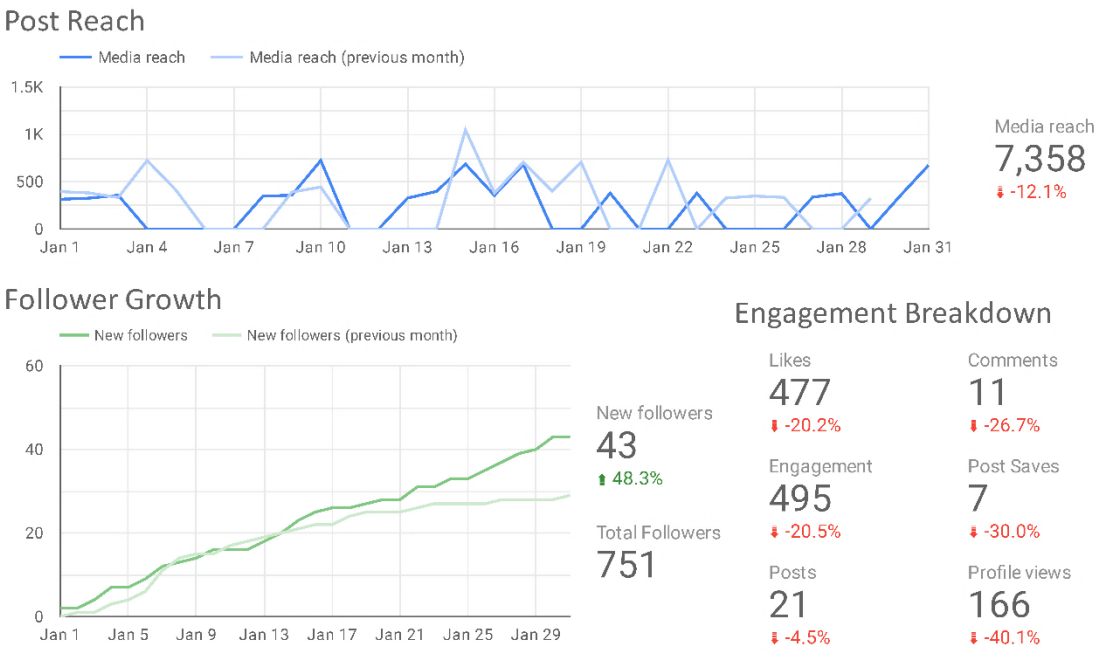
Profile views
166
-40.1%

Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Jan 23	Nau mai and welcome to all our new starters! It was a full house today at our Raahiri	Welcome to CM Health event. The room was packed with physios, occupational therapists, MRTs, ward clerks, surgical coordinators, managers in HR and health and safety, nursing staff and health care assistants! Welcome to the CM Health whaanau, we wish everyone all the best on their journey 👐🎉. #TeamCounties #welcometotheteam #newstarters		379	40	1	1	11.08%
Jan 10	One of our fabulous Social Workers Craig set up a collection point at Middlemore Hospital for those who wanted to help by donating supplies for the suffering animals caught up in the Australian bushfires 🐾. The generosity and kindness of our staff has been contagious – the young son of one of our ward receptionists when told of our plea asked his mother to take him out, and he purchased a metal bucket, training pads and a Trixie suckling bottle set out of his own pocket money –amazing! "I will sleep better tonight, my heart has been lifted knowing that I have actually achieved something really significant of true value (going from a feeling of helplessness to being able to help those poor wee animals)," says Craig. Financial donations can be made to the Bucklands Beach Veterinary Clinic. Any donations received that are too late to include today will be donated to the Wildlife Rescue (WIRES) – emergency fund for wildlife. Details are as follows: Bank of New Zealand.Account: 02-0192-0200911-001 Bank Account NAME: Bucklands Beach Veterinary Clinic. Click the links below to see how else you can help👍: https://bit.ly/30517mA https://bit.ly/2QH3xVI #peoplehelpingpeople #TeamCounties		378	40	0	0	10.58%
Jan 17	We are extremely grateful to @lifenzdotorg church for their recent generous donation towards a makeover of our play room at Kidz First. Their donation funded the painting of the walls, revamping the vinyl floor, new toys from Baby Factory Manukau, new kids furniture from Kesco Educational NZ and a new bench squab from Abbecca		342	35	0	0	10.23%

1 - 20 / 21

Despite a dip in numbers as is consistent with the time of year we are pleased to see a 48.3% increase in new followers compared to last period. Positive messaging again travels well on this channel with all 3 top posts this period being celebratory.



Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Jan 23	Nau mai and welcome to all our new starters! It was a full house today at our Raahiri | Welcome to CM Health event. The room was packed with physios, occupational therapists, MRTs, ward clerks, surgical coordinators, managers in HR and health and safety, nursing staff and health care assistants! Welcome to the CM Health whaanau, we wish everyone all the best on their journey 🙌🎉. #TeamCounties #welcometotheteam #newstarters		379	40	1	1	11.08%
Jan 10	One of our fabulous Social Workers Craig set up a collection point at Middlemore Hospital for those who wanted to help by donating supplies for the suffering animals caught up in the Australian bushfires 🙌. The generosity and kindness of our staff has been contagious – the young son of one of our ward receptionists when told of our plea asked his mother to take him out, and he purchased a metal bucket, training pads and a Trixie suckling bottle set out of his own pocket money – amazing! "I will sleep better tonight, my heart has been lifted knowing that I have actually achieved something really significant of true value (going from a feeling of helplessness to being able to help those poor wee animals)," says Craig. Financial donations can be made to the Bucklands Beach Veterinary Clinic. Any donations received that are too late to include today will be donated to the Wildlife Rescue (WIRES) – emergency fund for wildlife. Details are as follows: Bank of New Zealand.Account: 02-0192-0200911-001 Bank Account NAME: Bucklands Beach Veterinary Clinic. Click the links below to see how else you can help👍: https://bit.ly/30517mA https://bit.ly/2QH3xVI #peoplehelpingpeople #TeamCounties		378	40	0	0	10.58%
Jan 17	We are extremely grateful to @lifenzdotorg church for their recent generous donation towards a makeover of our play room at Kidz First. Their donation funded the painting of the walls, revamping the vinyl floor, new toys from Baby Factory Manukau, new kids furniture from Kesco Educational NZ and a new bench squab from Abbecca		342	35	0	0	10.23%

1 - 20 / 21

Figure 6 CM Health Instagram metrics and posts

News/Media Listening

Peaks

1st January	13th January	End January
Whakaari/White Island survivor in Middlemore Hospital 'up and alert'	Whakaari/White Island victim dies in Australia – further updates on patients in Middlemore Hospital	Family of Whakaari/White Island victim "blast" tour on lack of safety. Not relevant but there are mentions to the victim's stay in Middlemore Hospital

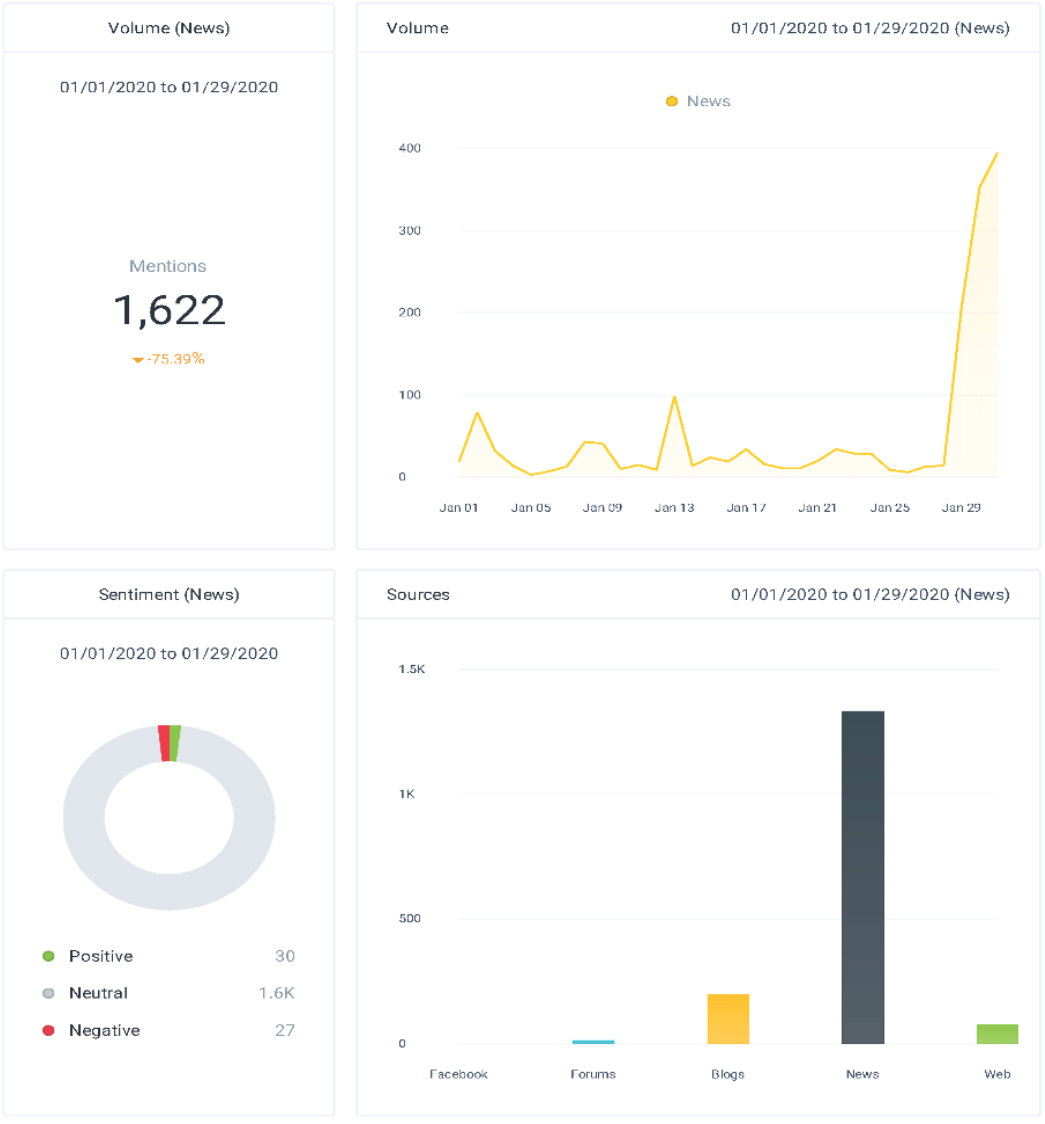


Figure 5 News Volume, Sentiment and Sources

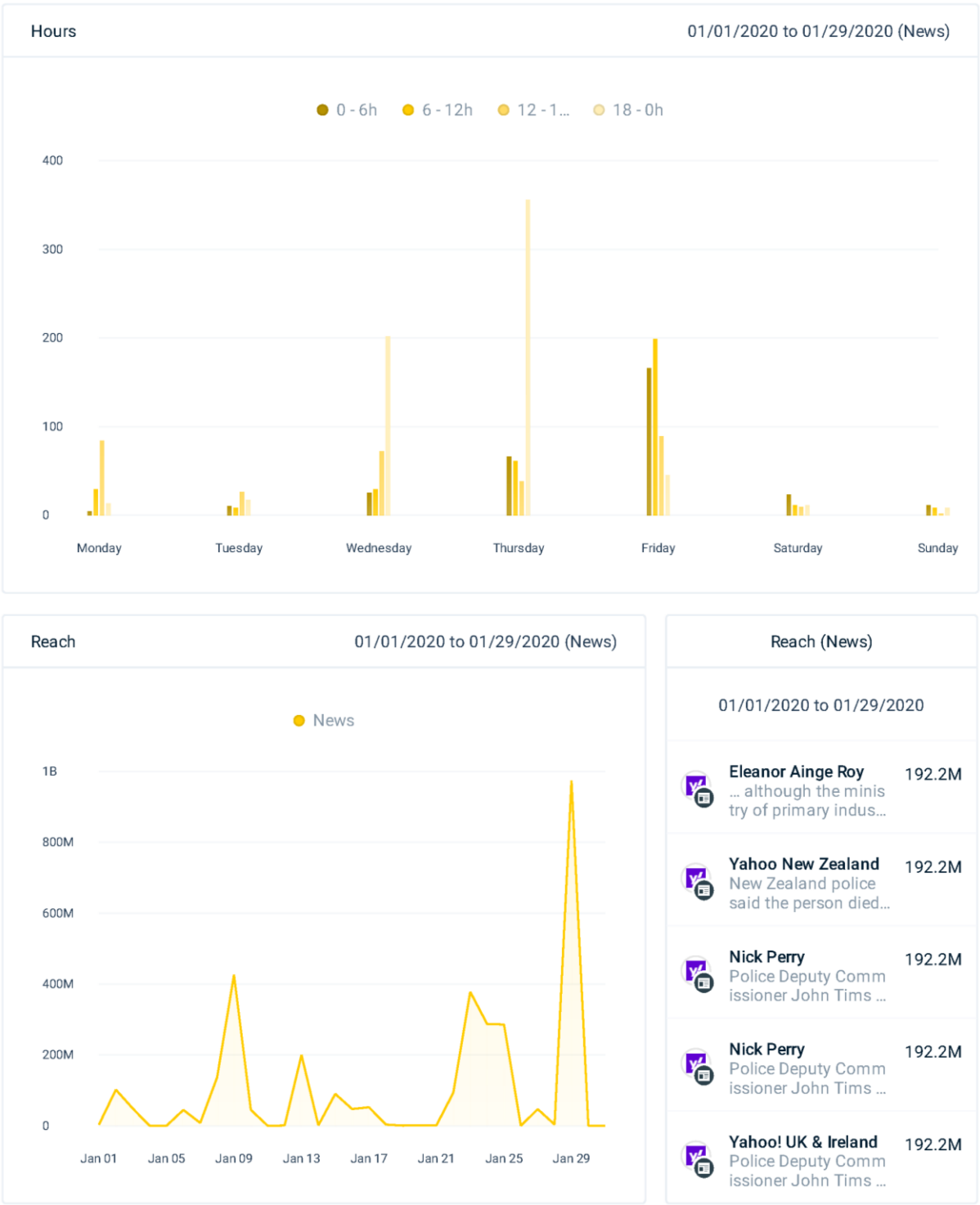


Figure 6 hours and reach

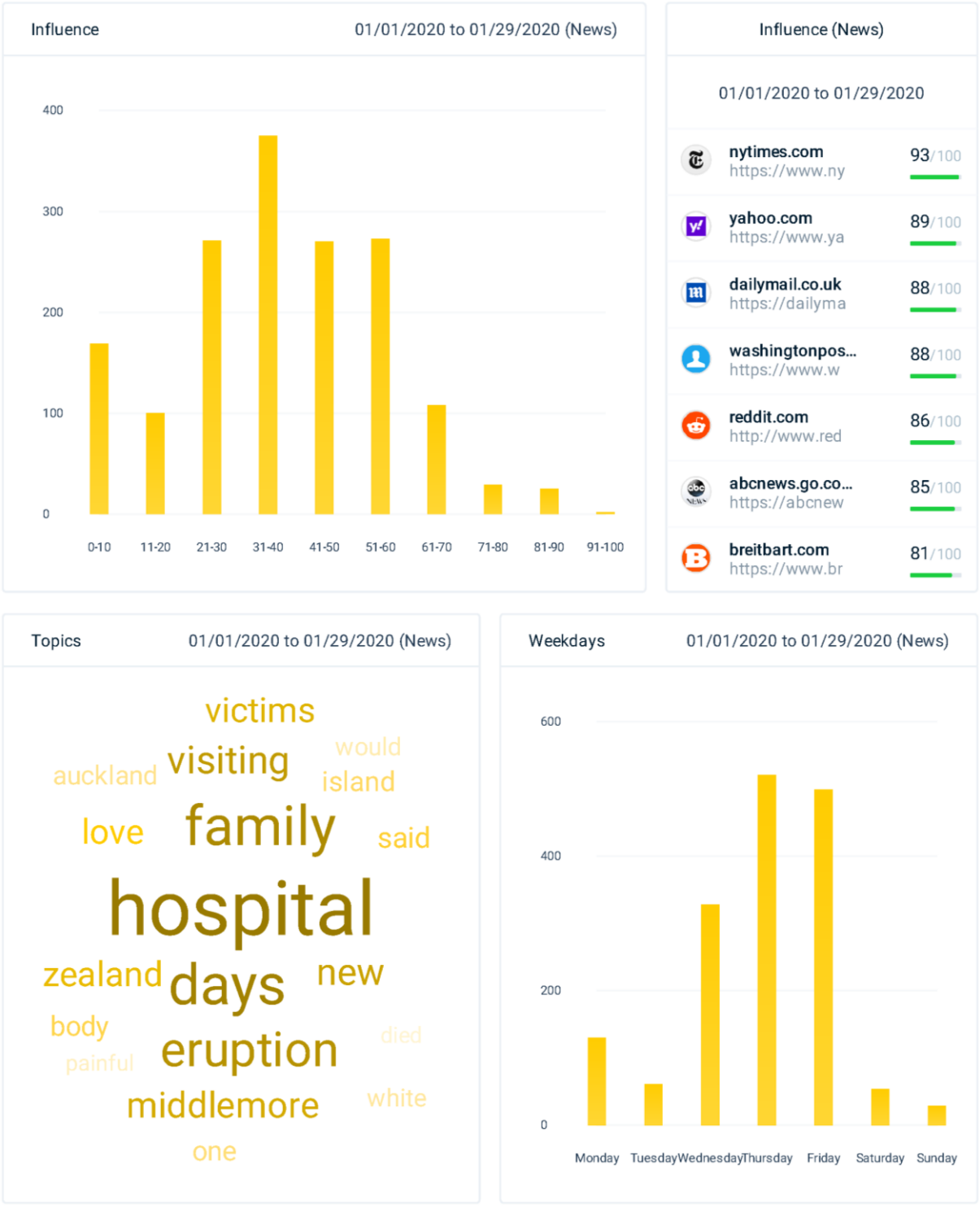


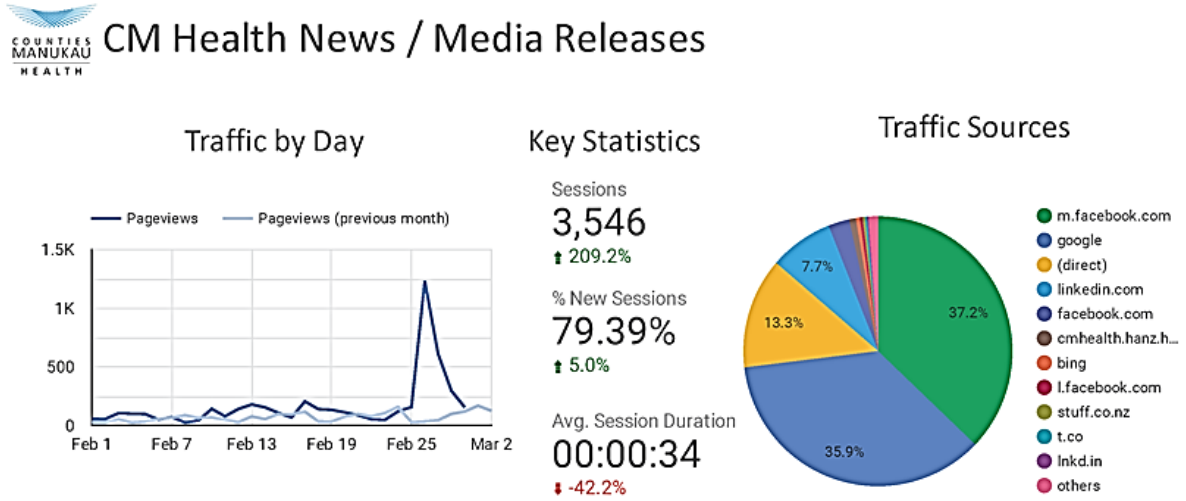
Figure 7 Influence, topics, and weekdays

Digital Channels (February 2020)

Website (www.countiesmanukau.health.nz**)**

We begin to see a return to normal numbers now that the holiday season is over. During this period, we see a large amount of traffic coming from Facebook, which can be credited to Nick's story – an orderly's journey to become a doctor – which was widely successful across all of our channels.

News / Media Release Readership



Top 5 Popular Articles				
	Page Title	Page Views	% Unique Page Views	Avg Session Duration
1	Former orderly enjoying journey to being a Doctor	2.048	92.97%	00.00.16
2	New CMO reflects on remarkable first few weeks	549	91.26%	00.00.29
3	Visitor car park rates increase at Middlemore Hospital	161	86.96%	00.01.17
4	Successful first year for new primary care mental health model	112	91.96%	00.01.28
5	Free community based programme improving whaanau health	96	88.54%	00.00.14

Social Media – Total Weekly Awareness and Engagement Metrics								
Channel	Followers	Followers+/-	Posts	Reach	Avg Reach per Post	Engagement	Avg Engagement per Post	Clicks
Facebook	17,997	0.45%	28	114,160	4,077.14	9,688	346	13,488
LinkedIn	8,517	2.15%	9	34,721	3,857.89	4,826	536.22	3,280
Instagram	791	3.67%	12	4,852	404.33	446	37.17	271

Figure 8 Web Site Data Metrics from Google Analytics

Social Media

We see a big jump in impressions per post and engagements per post on the January period, which is a combination of a few key pieces of high-performing content and the holiday season coming to a close. Facebook's engagement rate doubled, and LinkedIn's engagement rate almost tripled in February.

Social Media	Total Followers	Follower Increase	Messages Sent	Impressions	Impressions per Post	Engagement (incl.post clicks)	Engagements per Post	Clicks
CM Health Facebook	17,997	0.45%	28	114,160	4,077	9,688	346.00	13,488
CM Health Instagram	791	3.67%	12	4,852	404	446	37.17	271
CM Health Linkedin	8,517	2.15%	9	34,721	3,858	4,826	536.22	3,280

Figure 9 Summary of Reach and Engagement Metrics for each Social Media Channel

Audience Growth	Totals	Change (vs.Last Growth)
Total Fans	30,101	
New Facebook Fans	80	149.55%
New LinkedIn Followers	179	-100.11%
New Instagram Fans	29	-392.52%
Total Fans Gained	288	9.09%

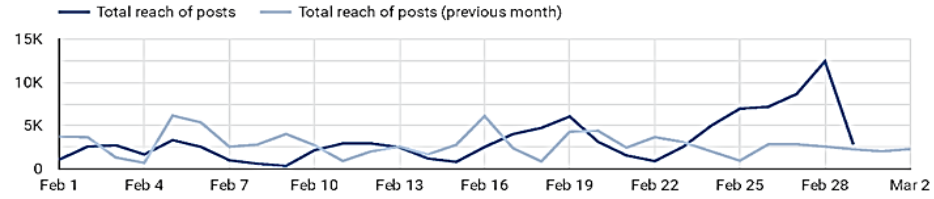
Figure 10 Audience Growth Overview by Social Media Channel CM Health Facebook

CM Health Facebook

A notable increase in all metrics for Facebook in Febuary. Attributable to two very high-performing posts: Ward 4 winning the Sustainable Lunch competition and the story of Nicks' journey from Orderly to Doctor.

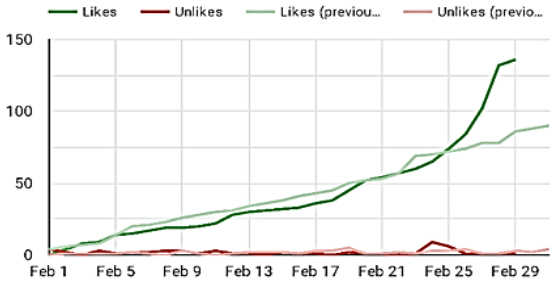
CM Health Facebook Metrics

Post Reach



Total reach of posts
96,400
⬆ 10.1%

Follower Growth



Likes
136
⬆ 51.1%

Unlikes
54
⬇ -3.6%

Net likes
82
⬆ 141.2%

Reactions Breakdown

Like	2,435 ⬆ 42.9%	Love	612 ⬆ 11.5%
Wow	25 ⬆ 525.0%	Haha	0 ⬇ -100.0%
Sad	0 N/A	Angry	0 N/A

Posts by Engagement

Date	Post Message	Reach	Likes	Comments	Shares	Engagement Rate
Feb 20	Congratulations to Ward 4 on winning the Sustainable Lunch competition with their amazing "Boodle Fight" style lunch set up to celebrate Lunar New Year. "This comes from the Philippines and is a military style of eating where long tables are prepared and the food is placed on top of banana leaves. It is strictly hands only – very eco-friendly as there is minimal waste at the end. Any waste will go back to the gardens/compost for staff," says Charge Nurse Manager James Chambers.	7,091	359	24	7	29.14%
Feb 26	Four years ago, Nicholas Waaka was working as a young orderly at Middlemore Hospital, wheeling patients in his care along hospital corridors to their next destination. Today, the 26-year-old is walking the same corridors, only this time, with a stethoscope around his neck as he embarks on putting theory into practice as a fourth-year medical intern training to be a doctor. Read more on Nick's story below.	9,474	1,839	227	61	29.06%
Feb 20	We had a full house today at our Raahiri | Welcome to CM Health event. Nau mai and welcome to all our new starters, we're excited to have you on our team and look forward to working with you all!	3,423	70	6	1	21.36%
Feb 3	Lunar New Year celebrations at CM Health brought friends and colleagues from different cultures together. Cultural diversity wasn't the only thing celebrated – we also learnt more about Asian cultures to provide better care to our Asian patients, their families and communities. Happy Lunar New Year!	2,904	61	2	4	14.5%
Feb 18	Thank you to Mitre 10 Mega Manukau for your donation of garden tools! I'm sure the adult rehabilitation ward's garden will be brimming with delicious kai in no time!	3,860	144	7	4	12.88%
Feb 19	"I deliberately chose Middlemore for my clinical training years as a student and then, in my first year as a doctor, I came back to Middlemore. It's full of Maaori and Pasifika patients. I feel an affinity for our Maaori and Pasifika whanaunga and I just felt that section of society needed more help." A great profile on one of our ED doctors Inia Tomas.	4,724	245	16	12	11.16%

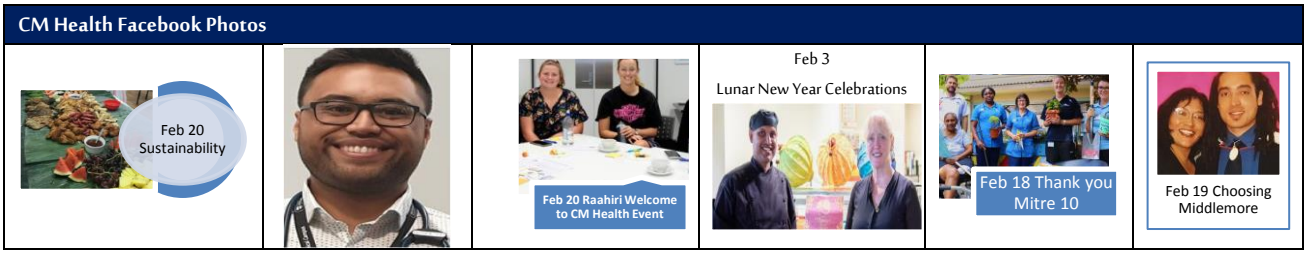
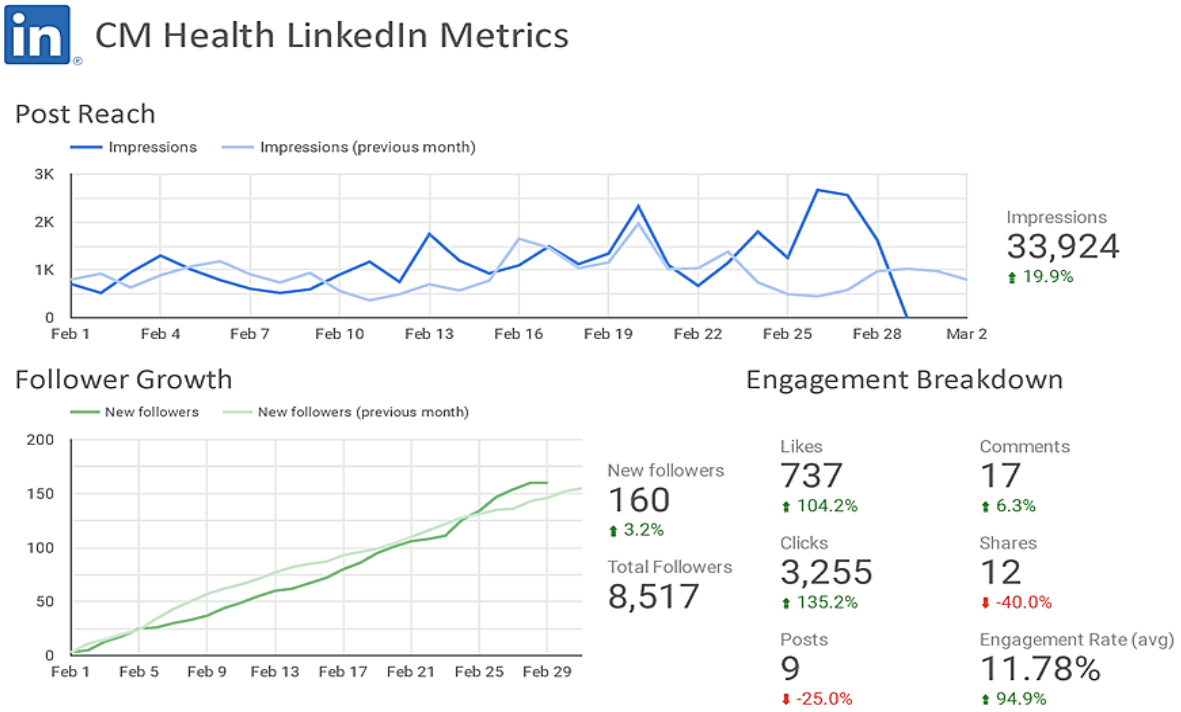


Figure 11 CM Health Facebook Metrics and Posts

CM Health LinkedIn

As with Facebook, LinkedIn performed well in February with a couple of key posts leading the charge. Celebration and staff culture continues to be the favourite on this channel, with our Lunar New Year celebration and staff welcome event both hitting an engagement rate 30%.

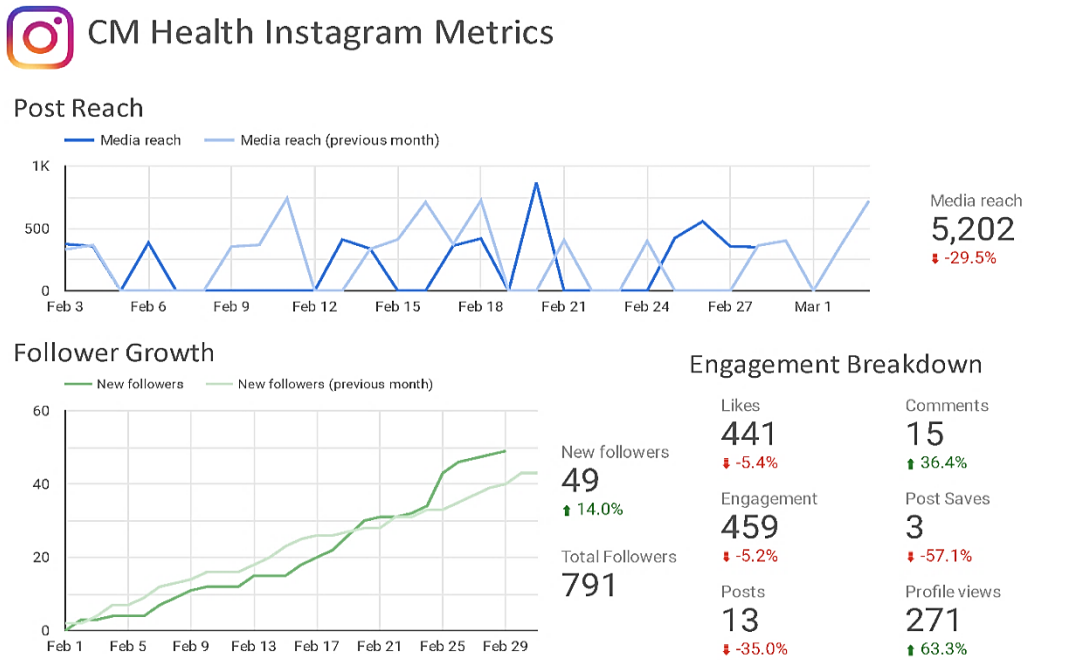


Update title	Created	Impressions	Video views	Clicks	CTR	Reactions	Comments	Shares
Congratulations to our Wellness Support team on winning the NZ Primary... All followers	3/1/2020	1,365	-	69	5.05%	35	1	1
Former Orderly enjoying journey to being a Doctor All followers	2/25/2020	7,975	-	369	4.63%	353	9	4
Arnold joined the Counties whaanau over 26 years ago as an orderly and now, twice ... All followers	2/24/2020	1,695	-	29	1.71%	48	4	0
We are looking for a communications advisor to join our internal communicatio... All followers	2/24/2020	1,457	-	86	5.9%	25	0	0
We had a full house today at our Raahiri | Welcome to CM Health event. Nau mai an... All followers	2/20/2020	2,506	-	714	28.49%	40	0	0
Inia Tomas: 'Get your arse back into the fight' All followers	2/18/2020	2,878	-	94	3.27%	74	2	0
Do you want to help make a difference? CM Health has five voluntary Consumer Coun... All followers	2/16/2020	1,741	-	38	2.18%	19	0	1
New CMO reflects on remarkable first few weeks All followers	2/13/2020	4,032	-	337	8.36%	90	1	2
Unique Māori mental health approach recognised for awards All followers	2/10/2020	2,186	-	82	3.75%	50	3	1
Lunar New Year celebrations at CM Health brought friends and colleagues from... All followers	2/3/2020	4,039	-	1,261	31.22%	64	0	2

Figure 5 CM Health Linkedin Metrics and Posts

CM Health Instagram

Despite a dip in engagement numbers as a whole, it's positive to see an increase in reach and an increase in "high value" engagement (comments). Nick's story was once again a favourite, achieving a 21% engagement rate and the beneficiary of more than half of our comments on this channel for the month of February.



Posts by Engagement Rate

Date	Media caption	Media	Reach	Likes	Commen...	Saves	Engagement Rate
Feb 26	Four years ago, Nicholas Waaka was working as a young orderly at Middlemore Hospital, wheeling patients in his care along hospital corridors to their next destination. Today, the 26-year-old is walking the same corridors, only this time, with a stethoscope around his neck as he embarks on putting theory into practice as a fourth-year medical intern training to be a doctor. Read more on Nick's story here: https://bit.ly/39YTguC		557	109	8	1	21.18%
Feb 6	From our whaanau to yours, have a safe and enjoyable Waitangi Day.		386	44	3	0	12.18%
Feb 20	Congratulations to Ward 4 on winning the Sustainable Lunch competition with their amazing "Boodle Fight" style lunch set up to celebrate Lunar New Year. "This comes from the Philippines and is a military style of eating where long tables are prepared and the food is placed on top of banana leaves. It is strictly hands only – very eco-friendly as there is minimal waste at the end. Any waste will go back to the gardens/compost for staff," says Charge Nurse Manager James Chambers.		453	51	2	0	11.7%
Feb 13	So grateful to the wonderful knitters doing amazing things like this 🥰🧶. #Repost @middlemorefoundation (@get_repost) • • • Baby Finnley was born over 3 weeks premature. Finnley's family received a donation of beautiful knitting from our wool programme. Her family are extremely grateful to the many wonderful knitters who donate to the Middlemore Foundation. #peoplehelpingpeople		411	47	1	0	11.68%
Feb 25	Arnold joined the Counties whaanau over 26 years ago as		424	46	1	0	11.08%

1 - 13 / 13

Figure 8 CM Health Instagram Metrics and Posts

News/Media Listening

Peaks

1st February	5th February	10th February	17th February	19th February	20th February
Whakaari/White Island victim dies in Middlemore Hospital, children orphaned.	Man plead guilty to manslaughter of assault victim who died in Middlemore Hospital	*Update on Whakaari/White Island victims still in *Middlemore Hospital Cyclist hit by police car, sent to Middlemore Hospital	Middlemore doctor slams Government over obesity 'inaction'	Middlemore Hospital offials deny PM Adern's 'sewage down walls' claim	*"Middlemore Hospital knew about extensive leaks, rot and mould at two years before it says it did" *Cancer "crisis" at Middlemore Hospital

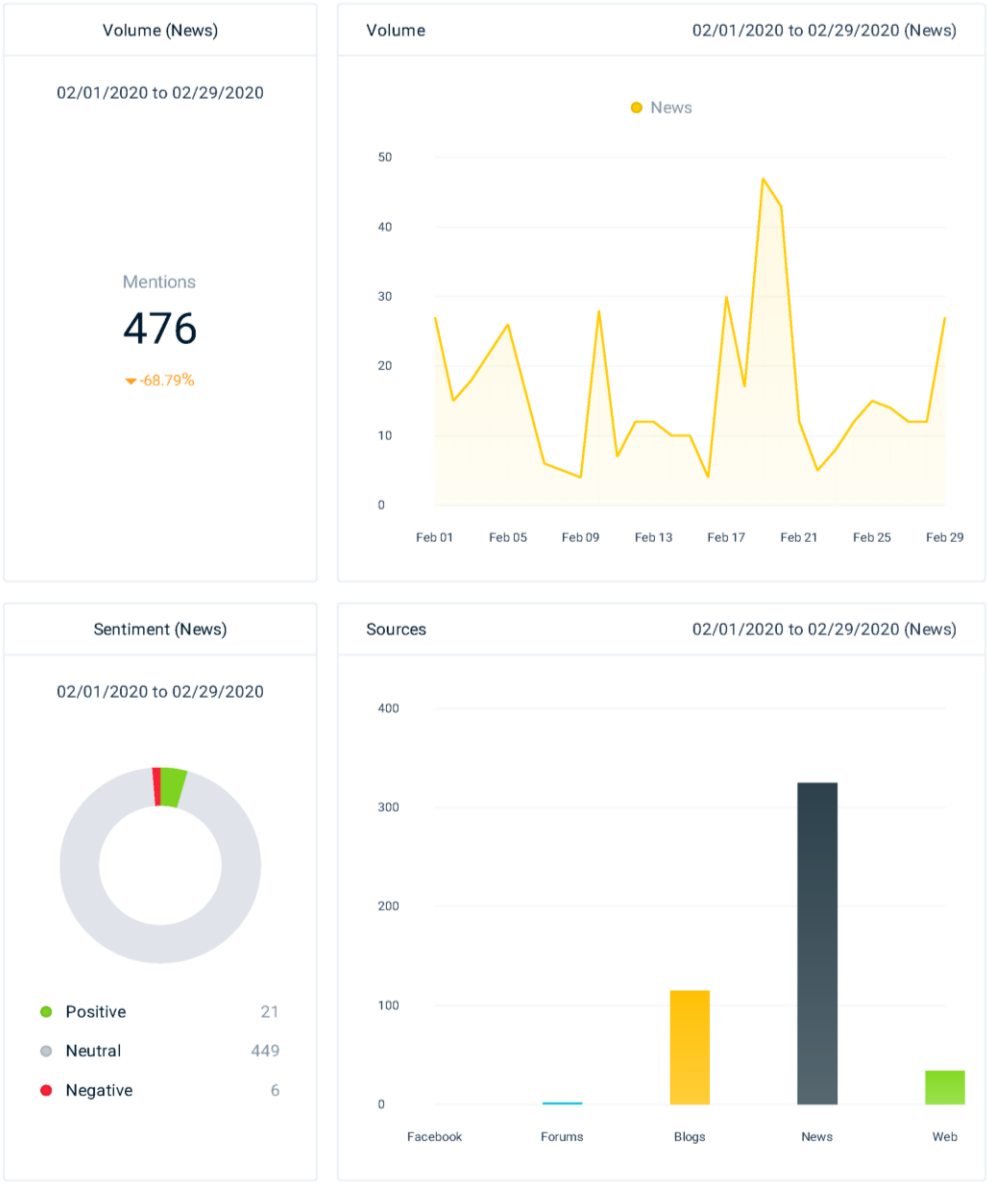


Figure 12 news volume, sentiment and sources

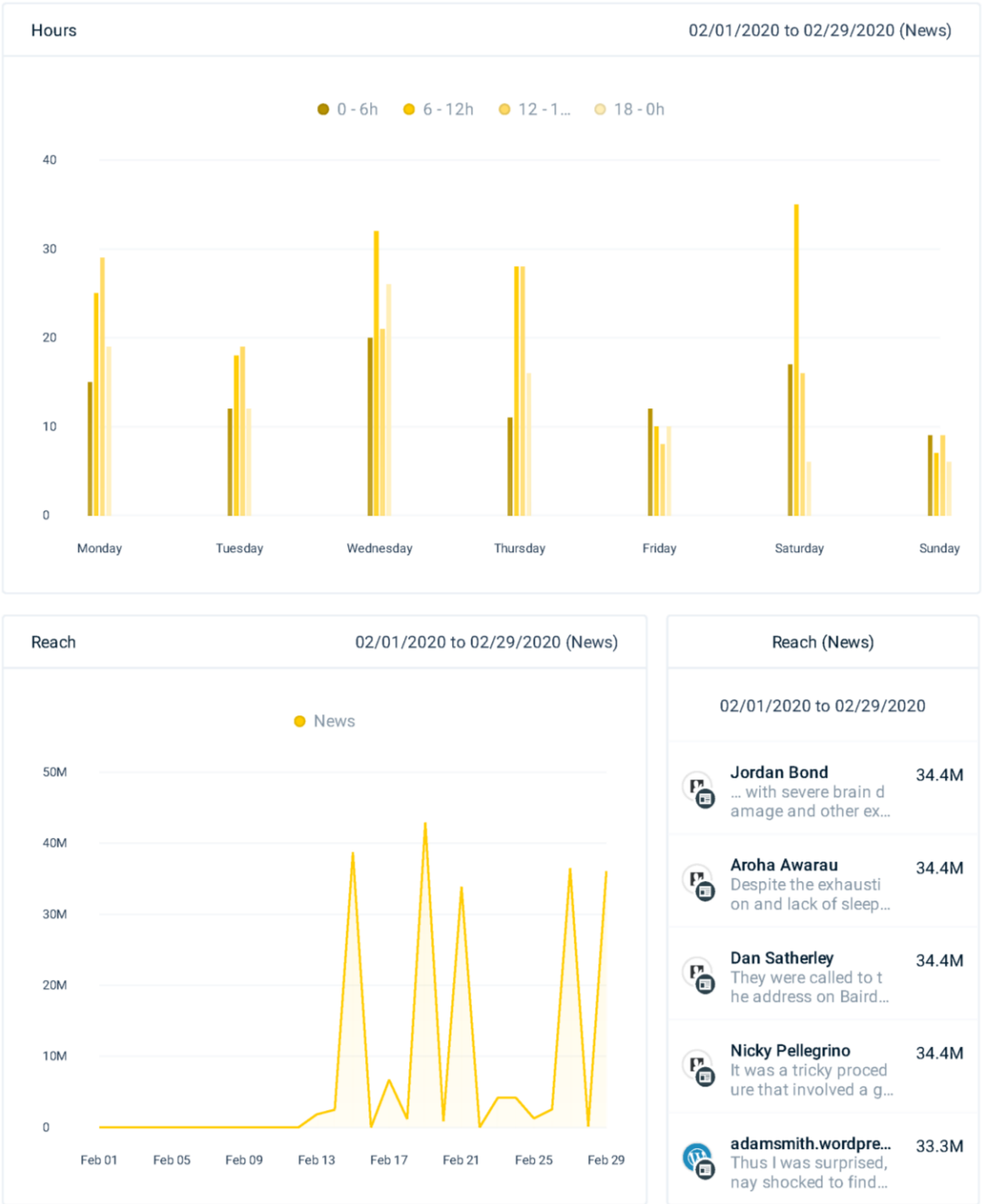


Figure 13 hours & reach

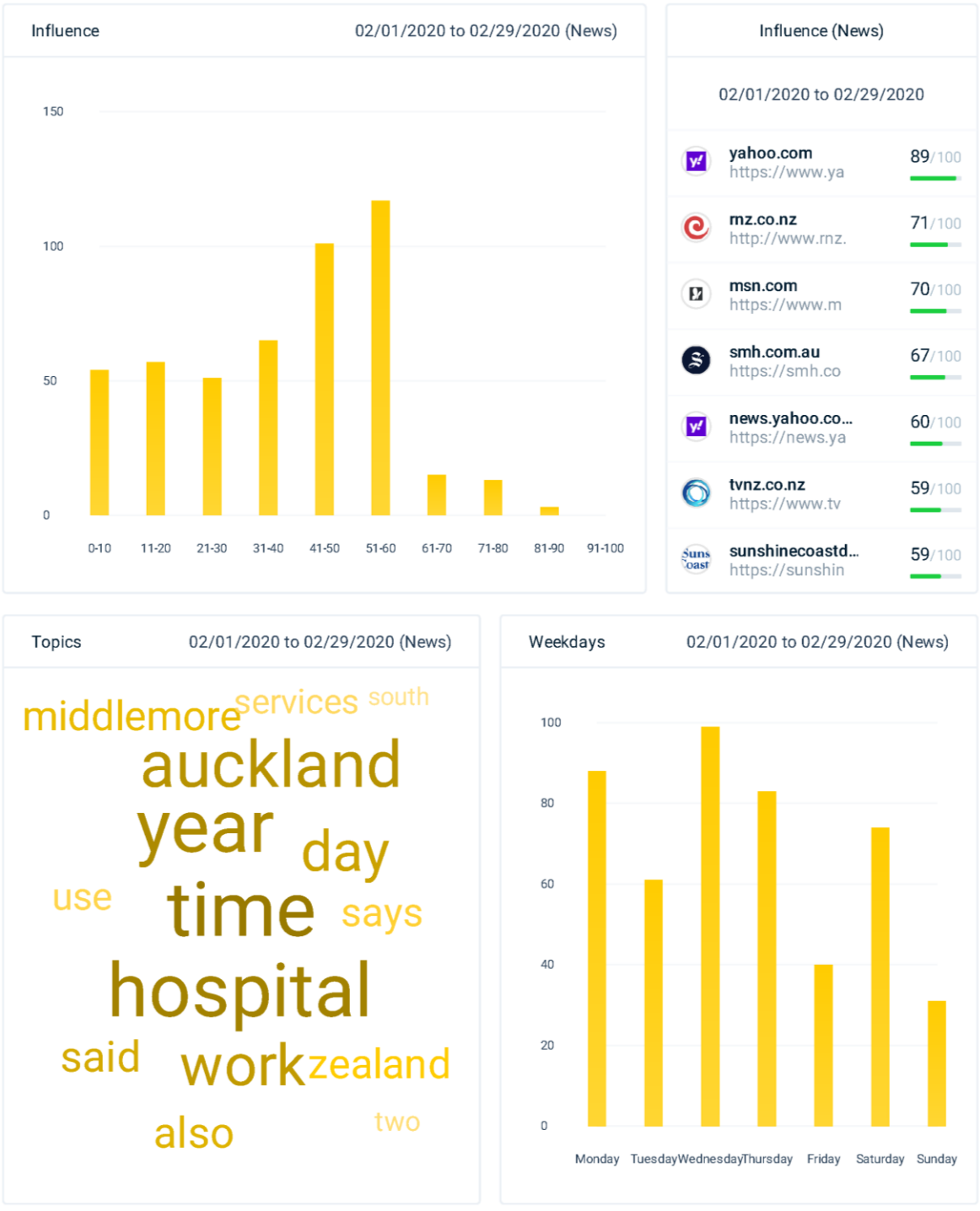


Figure 14 influence, topics, and weekdays

Information Paper
Counties Manukau District Health Board
Finance and Corporate Business Report

Recommendation:

It is recommended that the Board.

Receive that this paper noting that it presents an overview of the financial position presented to the Audit Risk and Finance Committee at their meeting on 11 March 2020.

Submitted by: Margaret White – Chief Financial Officer

Glossary

ACC	Accident Compensation Corporation
ALOS	Average Length of Stay
AMHU	Acute Mental Health Unit
CIC	Capital Investment Committee
CER	Capital Expenditure Request
CFO	Chief Financial Officer
CTU	Council of Trade Unions
DRG	Diagnosis Related Group
ELT	Executive Leadership Team
ENT	Ears, Nose & Throat
FPIM	Finance Procurement & Information Mgmt
FY	Financial Year
HCA	Healthcare Assistant
HR	Human Resource
ICR	Investor Confidence Rating
IDF	Inter District Flows
IT	Information Technology
iPM	Integrated Project Management
LOS	Length of Stay
LTS	Long Term Supports
MBIE	Ministry of Business, Innovation & Employment
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Government Organisation
NRA	Northern Regional Alliance
NZHPL	New Zealand Health Partnerships Limited
NTS	National Technology Solution
PBFF	Population Based Funding
PCT	Post Cycle Therapy
PHO	Primary Health Organisation
RSP	Regional Service Plan
RN	Registered Nurse
SMO	Senior Medical Officer
TAS	Technical Advisory Services Limited
WIES	Weighted Inlier Equivalent Separations
WIP	Work in Progress
YTD	Year to date

Purpose

The purpose of this paper is to provide the Audit Risk Finance Committee with overview of the financial position presented to the Audit Risk and Finance Committee.

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1. Key Messages

- **January and YTD Financial result:** We are delivering on plan. The underlying result (ex-Whakaari White Island) is $563k favourable (YTD $293k Favourable). Refer Section 2. For detail. The Feburary 2020 result (closed March) is also in line with budget.
- **Whakaari:** The 9 December Whakaari White Island erruption has had a material impact across many services with operational and financial impacts becoming clearer during January and February. Section 6.2 of the Public Health Acute Service (PHAS) Annual Services Agreement has been triggered (additional funding for emergency response) and ACC has confirmed intention to meet Costs related to the burn victims. MOH have also confirmed support to resolve other costs incurred by DHBs. CM Health will continue to lead this work and engage with other burns centres.
- **Provider Activity:** While the DHB has continued to respond to a number of clinical pressure points, notably general medicine, overall activity remains moderate when compared to previous periods.
- **2020/21 Annual Plan & Budget:** First draft CM Health 2020/21 Annual Plan and Statement of Performance Expectations (incl financials) was submitted to the MOH on Monday 2 March following a 26 February Board workshop and subsequent resolution to endorse submission. Importantly this submission reflects a point in time status update of non-financial and financial planning.

  The PBFF release has been delayed pending release of the National Budget release on 14 May (this may be further delayed due to COVID19, TBC) . We will bring updates to ARF and Board meetings during May leading up to planned Final submission to ARF and Boards in June.

- **Finance Procurement and Information Management System (FPIM)** – Further to the National Business case approved by Boards in 2019, the Northern Region and Taranaki DHBs are in the process of standing up the FPIM Regional Implementation Programme (FPIM RIP). The FPIM RIP has a target implementation programme which currently has CM Health going live in April 2021.

2. Financial Results and Key Financial Updates

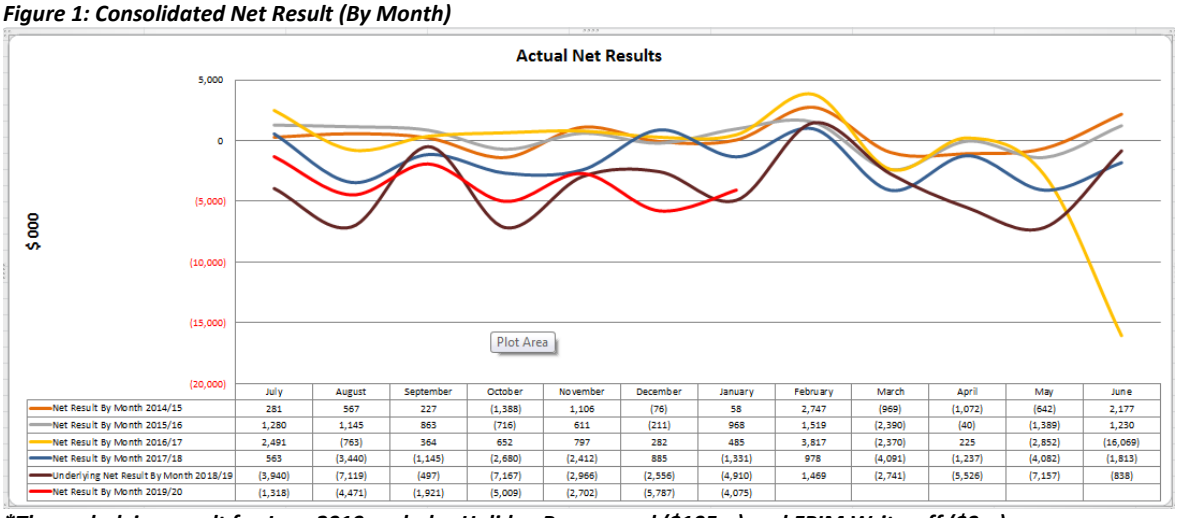
2.1 Summary Result and Financial Commentary for the period ended 31 January 2020

The consolidated result for the month ended 31 January 2020 was $830k unfavourable to budget (YTD $3.2m unfavourable). This result includes the impact of the Whakaari White Island response with a net cost of $1.4m in the month (YTD $3.5m). **The underlying result (ex-Whakaari White Island) is thus $563k favourable (YTD $293k favourable).** Additional YTD revenue is largely offset by additional related expenditure, with a small upside in depreciation and financing costs YTD. Under delivery on the target savings programme has been absorbed YTD.

Table 1: Summary month and YTD result by division for the period ended 31 January 2020

Net Result	January 2020						Full Year	
	Month			Year to Date				
	Act	**Bud**	**Var**	Act	Bud	Var	Bud	Fcast
	$000	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
Provider	(7,210)	(6,611)	(599)	(45,297)	(42,234)	(3,063)	(76,877)	(85,266)
Funder	3,280	3,558	(278)	21,026	21,669	(643)	40,769	40,769
Governance	(145)	(192)	47	(1,011)	(1,493)	482	(2,487)	(2,099)
Surplus/(Deficit)	**(4,075)**	**(3,245)**	**(830)**	**(25,282)**	**(22,058)**	**(3,224)**	**(38,595)**	**(46,595)**

Figure 1: Consolidated Net Result (By Month)



	July	August	September	October	November	December	January	February	March	April	May	June
Net Result By Month 2014/15	281	567	227	(1,388)	1,106	(76)	58	2,747	(969)	(1,072)	(642)	2,177
Net Result By Month 2015/16	1,280	1,145	863	(716)	611	(211)	968	1,519	(2,390)	(40)	(1,389)	1,230
Net Result By Month 2016/17	2,491	(763)	364	652	797	282	485	3,817	(2,370)	225	(2,852)	(16,069)
Net Result By Month 2017/18	563	(3,440)	(1,145)	(2,680)	(2,412)	885	(1,331)	978	(4,091)	(1,237)	(4,082)	(1,813)
Underlying Net Result By Month 2018/19	(3,940)	(7,119)	(497)	(7,167)	(2,966)	(2,556)	(4,910)	1,469	(2,741)	(5,526)	(7,157)	(838)
Net Result By Month 2019/20	(1,318)	(4,471)	(1,921)	(5,009)	(2,702)	(5,787)	(4,075)					

****The underlying result for June 2019 excludes Holiday Pay accrual ($105m) and FPIM Write-off ($3m)***

Whakaari/White Island Eruption - The 9 December Whakaari White Island erruption has had a material impact across many services with operational and financial impacts becoming clearer during January. CM Health as lead burns unit is working with the MOH and ACC regarding funding for costs incurred. Discussions to date are positive:

- Confirmed that Section 6.2 of the PHAS Annual Services Agreement has been triggered (additional funding for emergency response)
- ACC confirmed intention to meet Costs related to the burn victims
- Agreed that these costs will be ring-fenced from other burns unit costs for purposes of cost recovery
- Agreed that as the majority of patients have now been discharged, CM Health will work with ACC to confirm the ACTUAL costs incurred for those discharged (costs reported to date are forecast only). ACC will work through questions and format with CMH before extending request to other centres. CM Health will manage liaison with other burns unit CFOs. Some patients will have received care in several units.
- MOH and ACC to confirm funding flows (ACC-MOH-DHBS)
- Agreed that costs will extend to capital items required for emergency care of these burns patients
- Agreed that CM Health will also work with ACC regarding skin purchased for these patients.

As at 31 January 2020, CMDHB has recognised costs of $3.52m reflecting direct patient care (theatre time, clinical supplies including skin) and those incurred as a result of the incident (incident management costs, diversion of acute etc). Additional outsourcing costs and costs associated with the diversion of patients to other hospitals are still to be confirmed but may reach $1.8m.

Costs booked to 31 January 2020 have been recognised in the following account code categories:

Account code category	**$ '000**
Revenue - ACC	$56
Revenue - donations	$4
Personnel costs	($1,056)
Outsourced services	($166)
Clinical supplies (incl skin)	($2,305)
Other expenses – incl food	($50)
Total	**($3,517)**

Commentary on DHB Consolidated Financial Performance

Provider **-** The Provider Arm produced a $599k unfavourable result against budget for January 2020 (YTD $3.063m unfavourable) to budget.

The January result has been driven by the Whakaari White Island incident of the 9th December. January direct costs in response to this incident were $1.39m, YTD $3.52m.

Vacancies have continued across the system in difficult to recruit to positions that have been offset by cover provided by locums, bureau, overtime, casual staff and additional outsourced clinical services. Added pressure on services during the Whakaari White Island incident, the measles epidemic, as well as the ongoing impact of Apex Strikes has led to further YTD clinical outsourcing to meet planned care volumes.

Delayed implementation of savings programmes and YTD overspends for unbudgeted additional capacity has reflected unfavourably on the YTD result.

Funder **-** The Funder Arm is $278k unfavourable (YTD $643k unfavourable) to budget driven mainly by Pharmaceutical overspend in Community offset by Mental Health and HOP underspends.

Governance **-** Governance Arm is $47k favourable (YTD $482k favourable). Both month and YTD favourable are driven primarily by vacancies in the Governance & Funding division.

Table 2: Consolidated Net Result (Cumulative YTD)

Net Result	January 2020						Full Year	
	Month			Year to Date				
	Act	Bud	Var	Act	Bud	Var	Bud	Fcast
	$000	$000	$000	$000	$000	$000	$000	$000
Revenue								
Crown	150,303	149,351	952	1,062,069	1,045,494	16,575	1,792,291	1,822,058
Other Revenue	3,922	3,329	592	25,569	23,865	1,704	40,471	41,411
Total Revenue	**154,225**	**152,680**	**1,545**	**1,087,638**	**1,069,359**	**18,279**	**1,832,763**	**1,863,469**
Expenses								
Personnel	61,318	61,012	(306)	414,375	421,046	6,671	724,892	713,761
Outsourced Personnel	1,094	854	(240)	12,460	5,982	(6,478)	10,246	21,773
Outsourced Services	7,932	6,929	(1,003)	50,529	49,033	(1,496)	84,058	84,100
Funder Provider Payments	65,395	63,893	(1,502)	464,026	450,487	(13,539)	768,641	792,920
Clinical Supplies	10,834	9,928	(907)	79,867	71,614	(8,253)	123,725	138,381
Infrastructure	5,563	7,217	1,655	49,782	50,610	828	86,687	86,168
Operating Expenditure	**152,136**	**149,833**	**(2,303)**	**1,071,039**	**1,048,771**	**(22,268)**	**1,798,250**	**1,837,104**
Operating surplus	**2,089**	**2,847**	**(758)**	**16,599**	**20,588**	**(3,989)**	**34,513**	**26,365**
Depreciation	3,362	3,267	(95)	22,266	22,868	602	39,203	39,148
Interest	-	-	-	-	-	-	-	-
Capital Charge	2,802	2,825	23	19,615	19,778	163	33,905	33,812
Net Surplus/(Deficit)	**(4,075)**	**(3,245)**	**(830)**	**(25,282)**	**(22,058)**	**(3,224)**	**(38,595)**	**(46,595)**

Commentary on DHB Consolidated Financial Performance

Month Result – Major variances to budget are described below:

Revenue is favourable to budget by $1.5m (1.0%) reflecting:

- $1.3m additional Primary Health Organisation (PHO) Inter District Flows (IDF) practice revenue plus pharmacy funding of $183k, matched by additional costs.
- $197k Non Residents billing is higher than budget.
- Unbudgeted revenue recognised for increased use of funded Non-PCT drugs (Rituximab, Influximab & Tocilizumab), for the month $552k.
- ACC revenue has deteriorated during the month, ($592k) unfavourable. Cancellation of ACC surgery due to the Whakaari White Island incident has impacted on ACC elective and ACC rehab revenue.
- Unrealised target savings, ($95k).

Operating Expenditure is unfavourable to budget by $2.3m (1.5%) reflecting:

- ($306k) Personnel unfavourable driven by the unbudgeted direct costs associated with the Whakaari/White Island incident, ($630k) unfavourable, unrealised target savings,

($790k) and unbudgeted approved additional capacity (Ward 17, Ward 34, Surgical Services), ($387k). Underlying vacancies for the month, $1.5m.

- ($240k) additional Outsourced Personnel costs to cover vacancies in difficult to recruit to positions as well as unplanned leave across the Hospital Services, mainly in Mental Health and Facilities Services. Additional resource was required in Opthalmology to meet waitlist targets.
- ($1.003m) Outsourced Services unfavourable variance reflects timing of outsourcing for gastro, angiogram, echoes and gynae ($664k), additional costs for Ophthalmology Mega Clinic initiative to reduce waitlists ($88k). Outsourced Corporate services of ($133k) is driven by an increase in costs of healthSource and HR project costs (enablers for savings programme), funder services ($65k) and unrealised savings ($53k).
- ($1.5m) Provider Payments mainly from additional funded PHO payments ($1.345m) (matched by additional revenue), higher utilisation of Community Pharmaceuticals ($766k) (partly matched by additional revenue), Mental Health upside $307k plus favourable Pay Equity adjustment $49k, ($347k) Budget savings unachieved and closing out of provisions no longer required $800k.
- ($907k) Clinical Supplies reflects costs associated with Whakaari/White Island, ($622k), increase in domestic acute burns patients (unrelated to Whakaari White Island) has driven an increase in grafts and dressings usage ($310k), unrealised target savings for the month of ($629k). Under delivery of acute and elective volumes for the month has resulted in favourable variances across the services, particularly bloods and renal fluids $328k, testing kits $106k and implants and prostheses $222k.

Part offset by favourable variances of:

- $1.655m Infrastructure includes a revision of the Bad Debt calculation methodology resulting in a one-off favourable variance of $1.2m. Month underspends in corporate training and other infrastructure costs $793k are offset by pharmacy cost of sales ($196k) (revenue funded) and unrealized target savings ($142k).

Year to Date Result – Major variances to budget are described below:

Total Revenue is favourable to budget by $18.3m (1.7%) reflecting:

- $12.6m additional PHO practice revenue plus Pay Equity funding $763k and pharmacy funding $1.3m, all matched by additional costs.
- ($275k) unfavourable DHB Corporate revenue made up of lower interest revenue and lower Smokefree revenue (offset by matching reduction in costs).
- Mental Health Service Integration (Governance & Funding Arm) revenue $408k greater than Budget with matching expenditure.
- Unbudgeted revenue recognised for increased use of funded Non-PCT drugs (Rituximab, Influximab & Tocilizumab), $1.67M.
- Non-Residents billing favourable to budget, $1.4m, partly driven by a long term Tongan patient (admitted in August and likely to be here for a further 6 months). The current debt of $715k has been guaranteed by the Tongan Government.
- Retail Pharmacy sales offset by COGs, $1.3m.
- Unrealised target savings, ($993k).

Operating Expenditure is unfavourable to budget by $22.2m (2.1%) reflecting:

- ($6.5m) additional Outsourced Personnel costs to cover vacancies in difficult to recruit to positions and unplanned leave across the Hospital Services, in particular Mental Health and Anaesthesiology. YTD Additional approved resource was required in Opthalmology and Gastro to address waitlists.
- ($1.55m) additional Outsourced Services reflects timing of outsourcing for gastro, angiogram, echoes and gynae ($528k) and additional costs for Ophthalmology Mega Clinic initiative to reduce waitlists ($432). Outsourced Corporate services of ($614k) is driven by an increase in costs of healthSource and HR project costs (enablers for savings programme). Funder services $120k favourable, surgical procedures not undertaken in Urology and orthopaedics $326k and unrealised savings ($371k) have contributed to the variance.
- ($13.5m) Provider Payments mainly from additional funded PHO payments of ($12.5m) and Pay Equity payments ($763k) and higher utilisation of Community Pharmaceuticals ($4.4m) (partly matched by additional revenue) net of underspends in Health of Older People (HOP) $718k, Mental Health $354k, Localities $175k, Smokefree $163k and close out of provisions no longer required $2.4m.
- ($8.2m) Clinical Supplies, YTD unfavourable variance is mainly driven by unrealised target savings in the Provider Services $(4.40m) and the direct costs of the Whakaari/White Island incident $(2.1m). An increase in domestic burns patients and Tahitian burns patients volumes have driven rising grafts and dressings costs in Surgical services, $(884k). An increased use of PCT drugs (Rituximab, Influximab & Tocilizumab) for non cancer patients due to funding approval through Pharmac has resulted in an overspend of $(721k), offset by revenue.

  Part offset by favorable variances of:

- $6.7m Personnel favourable due to vacancies across the system.
- $828k infrastructure driven by facilities maintenance costs $970k (offset by outsourced personnel costs), underspends in IT costs (leases and maintenance fees) $776k, YTD underspends in other operating expenses and transportation $1.3m, offset by pharmacy cost of sales ($1.3m) and unrealised target savings $(935k).

3. Statement of Financial Position as at 31 January 2020

Table 3: Statement of Financial Position as at 31 January 2020

	Act $ 000	Budget $ 000	Var $ 000	Dec-19 $ 000	Movement $ 000
Current Assets					
Petty Cash	8	8	-	8	-
Bank	23,538	(1,388)	24,926	29,155	(5,617)
Trust	836	843	(6)	836	-
Prepayments	3,257	742	2,515	2,558	699
Debtors	46,836	52,936	(6,100)	41,890	4,946
Inventory	9,105	8,868	237	9,532	(427)
Assets Held for Sale	5,320	5,320	-	5,320	-
Total current Assets	**88,900**	**67,329**	**21,572**	**89,299**	**(399)**
Fixed Assets					
Land	193,430	193,430	-	193,430	-
Buildings, Plant & Equip	664,268	682,622	(18,354)	661,416	2,852
Information Technology	2,299	2,126	173	2,223	76
Information Software	2,213	1,724	489	2,060	153
Motor Vehicles	1,472	2,122	(650)	1,472	-
Total Cost	**863,682**	**882,024**	**(18,342)**	**860,601**	3,081
Accum. Depreciation	(76,053)	(93,273)	17,220	(72,692)	(3,361)
Net Cost	**787,629**	**788,751**	**(1,122)**	**787,909**	**(280)**
Work In-progress	45,729	54,933	(9,204)	43,541	2,188
Total Fixed Assets	**833,358**	**843,684**	**(10,326)**	**831,450**	**1,908**
Reversionary car park interest	1,934	1,934	-	1,934	-
Investments in Assoc	57,303	58,466	(1,163)	57,127	176
Total Assets	**981,495**	**971,413**	**10,083**	**979,810**	**1,685**
Current Liabilities					
Creditors	100,676	92,115	8,559	107,783	(7,107)
Income in Advance	13,882	9,480	4,402	12,998	884
GST and PAYE	14,419	16,853	(2,434)	22,685	(8,266)
Payroll Accrual & Clearing	30,021	27,681	2,340	23,066	6,955
Employee Provisions	218,609	218,474	135	216,527	2,082

Total Current Liabilities	**377,607**	**364,603**	**13,002**	**383,059**	**(5,452)**
Working Capital	(288,707)	(297,274)	8,570	(293,760)	5,053
Net Funds Employed	**603,888**	**606,810**	**(2,919)**	**596,751**	**7,137**
Non-Current Liabilities					
Employee Provisions	35,353	35,353	-	35,353	-
Trust and Special Funds	836	836	-	836	-
Insurance Liability	1,035	1,035	-	1,035	-
Total Non-Current Liabilities	**37,224**	**37,224**	**-**	**37,224**	**-**
Crown Equity					
Crown Equity	435,193	434,885	308	423,980	11,213
Revaluation Reserve	393,379	393,379	-	393,379	-
Retained Earnings	(261,908)	(258,678)	(3,227)	(257,832)	(4,076)
Total Crown Equity	**566,664**	**569,586**	**(2,919)**	**559,527**	**7,137**
Net Funds Employed	**603,888**	**606,810**	**(2,919)**	**596,751**	**7,137**

Commentary on Major Variances:

- Closing bank was $25m favourable to budget in January 2020. Net cash flows from operations (revenue, expenses and payroll) was $14.2m unfavourable to budget for the month (refer cash flow variance explanation for further details).

- Prepayments were $2.5m higher than Budget due to timing of invoices, in particular insurance pre-paid for the year plus Whakaari White Island urgent capital expenditure unbudgeted ($850k).

- Debtors were $6.1m lower than budget as a result of improved collections.

- Net fixed assets are below Budget by $10m due to the timing of capital spend. Building, Plant and Equipment and Accumulated depreciation are both have both had assets with a $0 net book value to the value of $14.9m removed resulting in the significant variance.

- Creditors are $8.6m above Budget due to timing of invoices and accruals.

- Income In Advance was higher than Budget by $4.4m largely due to timing of revenue recognised in the month.

- The favourable working capital variance to Budget in January 2020 of $8.5m is mostly attributable to the timing matters detailed above.

4. Statement of Cash Flows as at 31 January 2020

Table 4: Statement of Cash flow for the period ended 31 January 2020

	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	131,576	137,882	(6,306)	984,021	965,178	18,843
Other	18,477	14,723	3,754	113,393	103,285	10,108
Cash was applied to:						
Suppliers	(109,264)	(88,812)	(20,452)	(652,343)	(627,721)	(24,622)
Employees	(52,282)	(61,013)	8,731	(411,893)	(421,046)	9,153
Interest paid	-	-	-	-	-	-
Capital charge	-	-	-	(16,812)	(16,953)	141
Net cash from Operations	**(11,493)**	**2,780**	**(14,273)**	**16,366**	**2,743**	**13,623**
Cash flows from Investing activities						
Cash was applied to:						
Fixed assets	(5,270)	(6,111)	841	(32,836)	(42,774)	9,938
Investments	(176)	-	(176)	(1,838)	(3,000)	1,162
Interest received	109	75	34	726	900	(174)
Restricted & Trust Funds	-	-	-	-	-	-
Net cash from Investing	**(5,337)**	**(6,036)**	**699**	**(33,948)**	**(44,874)**	**10,926**
Cash flows from Financing activities						
Cash was provided from:						
Sale of Asset	-	-	-	62	-	62
Equity injection	11,213	10,044	1,169	26,622	26,313	309
Net cash from Financing	11,213	10,044	1,169	26,684	26,313	371
Net increase / (decrease)	**(5,617)**	**6,788**	**(12,405)**	**9,102**	**(15,818)**	**24,920**
Opening cash	29,999	(8,168)	38,167	15,280	14,437	843
Closing cash	**24,382**	**(1,380)**	**25,762**	**24,382**	**(1,381)**	**25,763**

Reconciliation Summary

Net Surplus/(Deficit)	**(4,075)**	**(3,238)**	**(838)**	**(25,282)**	**(22,052)**	**(3,230)**
Add/(Less) non-cash items						
Impairment of Intangibles	-	-	-	-	-	-
Depn and Amortisation of assets	3,362	3,268	94	22,266	22,870	(604)
	(713)	30	(744)	(3,016)	818	(3,834)
Add/(Less) items Classified as Investing or Financing activities						
Interest received	(109)	(75)	(34)	(727)	(900)	173
Gain on Disposal	-	-	-	72	-	72
Add/(Less) Movements in Financial Position items						
Debtors and Other Receivables	5,645	-	5,645	(3,586)	-	(3,586)
Inventories	(427)	-	(427)	237	-	237
Creditors	(32,220)	2,825	(35,045)	30,258	2,825	27,433
Employee Entitlements	16,332	-	16,332	(6,872)	-	(6,872)
	(10,670)	2,825	(13,495)	20,037	2,825	17,212
Net Cash flow from Operations	**(11,493)**	**2,780**	**(14,273)**	**16,366**	**2,743**	**13,623**

Commentary on Major Variances for the year:

- Revenue from the Crown and other revenue were $46m favourable to budget YTD mainly due PHO practice revenue variances (offset by additional expenditure).
- Payments to suppliers in January were $20.4m higher than budget mainly as a result of variations to the planned timing of supplier payments in the budget.
- Fixed Assets $9.9m YTD favourabe to budget representing the delayed timing of capital spend for major capital projects.
- The movement in Investments of $1.8m reflects payments to NZHPL for FPIM capex billing.

Information Paper
Counties Manukau District Health Board
Te Mahere Rautaki Rangahau Hauora o Counties Manukau Health
Counties Manukau Health Research Strategy 2020-2022

Recommendation

It is recommended that the Board:

Receive Te Mahere Rautaki Rangahau Hauora o Counties Manukau Health Research Strategy 2020-2022.

Prepared and submitted by: Dom Madell, PhD, Senior Researcher, Ko Awatea **on behalf of** Mary Seddon, Director, Ko Awatea.

Executive Summary

The previous 'Te Rautaki Rangahau Hauora o Counties Manukau Health Research Strategy' (Counties Manukau Health Research Strategy 2015-2018) was developed with the aim of developing a research culture at the District Health Board (DHB), to encourage staff to carry out health research, and to implement research projects that are of potential benefit to patients and/or staff. Given the expiration of the previous Research Strategy, and the need to establish new goals, a new Research Strategy for 2019-2022 is presented here.

The new Research Strategy focuses on three key strategic goals. These are: (1) a Focus on Population Health and Culture, (2) DHB Systems to Encourage Research and Use of Research Findings, and (3) Formation of Collaborative Networks. The objectives and outcomes sitting under these goals are detailed below, and KPIs are detailed in the table on Page 4 of the Strategy document – see Appendix 1.

The Strategy itself focuses on research activities related to: population health; an emphasis on our unique culture and issues of equity; increased research leadership; allocated time and resources for staff research; increased employment of research staff within divisions and services; better systems and frameworks for support of research and dissemination and translation of research findings. These activities are described below and in more detail in the Strategy.

Background

The previous 'Te Rautaki Rangahau Hauora o Counties Manukau Health Research Strategy' (Counties Manukau Health Research Strategy 2015-2018) was developed with the aim of developing a research culture at Counties Manukau Health (CM Health), to encourage staff to understand how to carry out health research, and to implement research projects that are of potential benefit to patients and/or staff.

By 2019, successes in meeting this Strategy included: improvements to research education through the development of research workshops that have substantial and growing attendances; increases in the numbers of Maaori- and Pacific-focused projects; increases in publications with CM Health identified on them; the establishment of a successful 'Research Week' that offered DHB research presentations, workshops and posters, and external research speakers; and general improvements in staff capability for carrying out research and audits across the DHB as exemplified by increases in this type of work.

Given the expiration of the previous Research Strategy, and the need to establish new goals, a new Research Strategy for 2019-2022 is presented here.

Proposal

This new Research Strategy, formed through consultation with health professionals at CM Health, the University of Auckland and Middlemore Clinical Trials (names detailed on Page 15 of the Strategy) provides a roadmap for the continued development of a research culture across the DHB. The three key strategic goals of the Strategy align with the Health Research Council New Zealand Health Prioritisation Framework (NZHPF) as shown in the table on Page 4. Objectives and expected outcomes are detailed below:

Objectives	Expected Outcomes
Strategic Goal 1. Focus of DHB research: Focus on Population Health and Culture	
1.1 A focus on population health	Increased research focusing on early intervention
	Increased research into metabolic syndrome and related conditions
	Metabolic Research 'Hub' developed
1.2 Emphasis on our unique culture and issues of equity	Increased development and recruitment of Maaori, Pacific and Asian researchers
	Increased research relating to Maaori, Pacific and Asian populations, and culturally responsive services
	Maaori Child Health Research 'Hub'
Strategic Goal 2. DHB Systems to Encourage Research and Use of Research Findings	
2.1 Increased research leadership	Research leadership training for managers and clinical leaders
	Departments or professions have their own research plans and research leadership structures
2.2 Allocated time and resources for staff research	Increased funding for research activities, including to 'backfill' staff time taken for research
	Research requirements built into job descriptions, salary scales, key performance indicators (KPIs), and professional development goals for appropriate mid- to senior-level clinical staff and managerial/ coordinating staff
2.3 Increased employment of research staff within divisions and services	Employment of staff with research expertise, including those who can support Health Research Council (HRC) research grants
2.4 Better systems and frameworks for support of research and dissemination and translation of research findings	Efficient and effective systems for the support of a research culture
	Increased dissemination of research findings through academic and non-academic routes
2.5 Access to knowledge and information resources	Continued investment in DHB knowledge and information resources
2.6 Increased nursing research	Development of a specific Nursing Research Strategy and specific pathways and funding for nurses to pursue higher studies and lead research projects relevant to DHB strategic goals
Strategic Goal 3. Formation of Collaborative Networks	
3.1 Local networks	Encouragement of collaborative research, including through DHB research funding mechanisms
3.2 Regional and national networks	Coordinated approach to research through networks
	Development of regional and national research networks

In terms of costs, delivering the Research Strategy will require increased effort by divisions and services to meet the outcomes described, and the extra financial input. However, the benefit is the development of a thriving research culture at CM Health, with research that supports effective and efficient clinical services.

The key advantage of delivering the Research Strategy is the development of a DHB that delivers better research, that contributes to cost savings through contribution to efficient and effective clinical services. In addition, we will develop a plan for the existing structures that are responsible for research at the DHB (the CM Health Research Office, Middlemore Clinical Trials, and the Academic Health Alliance with the University of Auckland) to work better together to provide increased impact (see Page 14). The disadvantage is a financial cost, as requested above, and extra effort for departments or professions in the hospital to develop their own research cultures through specific plans, in alignment with the goals and objectives presented.

While it is difficult to determine exactly the financial and health benefits that will arise from establishing this Research Strategy, efficient and effective services cannot be developed without the knowledge that comes from research. Effort has been made to align the three key Strategic Goals of the Strategy with the new Health Research Council New Zealand Health Prioritisation Framework (NZHPF), which will become increasingly important in the coming years. The CM Health Research Office and the Research Committee will be responsible for coordinating the activities described in the Research Strategy over the next three years, and will engage with, and support, relevant staff at the DHB to deliver the Strategy.

Discussion

Given the progress already made in the period covered by the last Research Strategy towards providing research education and building capability, a key focus of this new Strategy is ensuring that organisational systems and structures are in place to support research into the future. The stakeholders who were consulted in the development of this Strategy are included on Page 16. They include representatives from CM Health, Middlemore Clinical Trials, and The University of Auckland. The CM Health Research Committee has also endorsed this Strategy.

While there is the risk that benefits of the implementation of the Strategy will be difficult to identify, this will be mitigated by collection of data using the Research Capacity and Culture (RCC) tool (for example, Matus et al., 20191) at regular intervals. The tool includes 52 questions that examine participants' self-reported success or skill in a range of areas related to research capacity or culture across three domains, including the organisation (18 questions), team (19 questions), and individual (15 questions). In addition, the success of the Strategy will be measured through the KPIs described in Table 4. KPI data is mostly already collected on the CM Health Research Registry and can be analysed by the Research and Evaluation team in Ko Awatea.

Finally, it is recognised that many of the goals, objectives and outcomes of this Strategy are high level and aspirational, but there is a need to have a vision for research in the DHB in the coming years for the reasons described.

Appendix

1 - Research Strategy 2020-2022.

[1] Matus, J., Wenke, R., Hughes, I., and Mickan, S. (2019) Evaluation of the research capacity and culture of allied health professionals in a large regional public health service. *Journal of Multidisciplinary Healthcare, 12,* 83-96.

COUNTIES MANUKAU HEALTH

Te Mahere Rautaki Rangahau Hauora o Counties Manukau Health

Research Strategy 2020-2022

Te Mahere Rautaki Rangahau Hauora o Counties Manukau Health
Counties Manukau Health Research Strategy 2020-2022

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Foreword

The previous 'Te Rautaki Rangahau Hauora O Counties Manukau Health Research Strategy' (Counties Manukau Health Research Strategy 2015-2018) was developed with the aim of developing a research culture at the District Health Board (DHB), to encourage staff to understand how to carry out health research, and to implement research projects that are of potential benefit to patients and/or staff. The strategy focused on building research capacity and capability at CM Health, especially through improvement of the environment in which we carry out research by focussing on research systems and infrastructure in the DHB.

By 2019, successes in meeting this strategy included: improvements to research education through the development of research workshops that have substantial and growing attendances; increases in the numbers of Maaori- and Pacific-focused projects; increases in publications with CM Health identified on them; the establishment of a successful 'Research Week' that offered DHB research presentations, workshops and posters, and external research speakers; and general improvements in staff capability for carrying out research and audits across the DHB as exemplified by increases in this type of work (see 'Progress towards the Research Strategy 2015-2018' Report).

An annual fund (Tupu Fund) of $200 000 is also in place for DHB research projects, for which 36 projects were funded between 2015 and 2019. In addition, a Small Costs Fund was recently established that funds research costs up to $2,000 (for example, ethics or publication fees).

Given the expiration of the previous Research Strategy, and the need to establish new goals, a new Research Strategy for 2019-2022 is presented here. This new Research Strategy, formed through consultation with health professionals (Appendix 1), provides a roadmap for the continued development of a research culture across the DHB, and identifies three key goals for CM Health to work towards from 2020-2022.

Given the progress already made in the period covered by the last Research Strategy towards providing research education and capability building, a key focus of this new strategy is ensuring that organisational systems and structures are in place to support research into the future.

Professor Andrew G Hill MBChB MD EdD FACS FRACS
Clinical Lead Research and Evaluation, Ko Awatea
Counties Manukau Health

Vision Statement

CM Health considers that health and health systems research should contribute to the highest levels of health and well-being for the people of the Counties Manukau, and should be translated into effective delivery of health services to our communities and beyond. Through the activities identified in this Research Strategy, our vision is also for CM Health to become the leading indigenous research hub in New Zealand. CM Health emphasises principles of rangatiratanga (partnership), whai wahi (participation) and kaitiakitanga (protection) in all of its research.

Mission

CM Health's mission is to create a visible and effective health research environment that supports cutting-edge research, encourages translation of findings into practice, and results in improved health outcomes and reduced inequities for the people of the CMH region and beyond.

Principles

Research activity carried out at Counties Manukau Health will:

- Involve the community, to ensure that it meets their needs
- Use a health systems approach to inform the delivery of evidence-based interventions or structural changes
- Be carried out in partnership with national and international research institutions, contributing to strong research networks
- Provide evidence that is of direct relevance to decision makers, to encourage translation of findings
- Be carried out with the intention of disseminating findings to health professionals, the scientific community and the public
- Be supported by an intellectually stimulating research environment that provides appropriate training and learning tools
- Meet the highest legal and ethical standards.

Our Unique Population

Counities Manukau Health has:

- Diversity:
    - the highest Pacific (21%; n=109 050) and Asian (23%; N=116 680) population in New Zealand
    - the second highest Maaori population in New Zealand (16%; N=80 760)[1]

- High deprivation:
    - CM Health has more deprived people than any other DHB.[2] We have an estimated 205,000 in Dep 9 and 10 areas and 56% of our admissions come from low decile

[1] https://www.countiesmanukau.health.nz/assets/About-CMH/Demographics-and-populations/f17cdca696/Census-2013-profile-for-residents-of-Counties-Manukau.pdf#page=19&zoom=100,116,114

houses. One in two children live in the most socioeconomically deprived areas. As such we have high rates of illnesses associated with deprivation, such as respiratory conditions, gastroenteritis, skin infections and rheumatic heart disease.

- Very high rates of obesity and illnesses associated with this: two-thirds of people are overweight or obese and as such there are high rates of illnesses such as metabolic syndrome, diabetes mellitus, end-stage renal disease and cancer.

[2] https://www.health.govt.nz/new-zealand-health-system/my-dhb/counties-manukau-dhb/population-counties-manukau-dhb

Strategic Goals, Objectives, Outcomes and KPIs for Counties Manukau Health

The table below summarises the goals, objectives, expected outcomes and Key Performance Indicators (KPIs) that will support this Research Strategy in order to meet our vision for research at CM Health. In addition to these, research capacity and culture will be measured at regular intervals using the Research Capacity and Culture (RCC) tool (for example, Matus et al., 2019[3]). The tool includes 52 questions that examine participants' self-reported success or skill in a range of areas related to research capacity or culture across three domains, including the Organization (18 questions), Team (19 questions), and Individual (15 questions). It is noted that many of our objectives align with the New Zealand Health Prioritisation Framework (NZHPF)[4].

Strategic Goal	Area of focus	Outcomes	KPIs
Strategic Goal 1: Focus of DHB Research: Population Health and Equity **(aligning with Domain 1: 'Healthy people, whanau and communities' and Domain 2: 'People-centred healthcare of NZHPF')**	1.1 Population health	Increased research focusing on early intervention	Increasing numbers of projects with a focus on early intervention from 2020-2022
		Increased research into metabolic syndrome and related conditions	Increasing numbers of projects with a focus on metabolic issues from 2020-2022
		Metabolic Research 'Hub' developed	Development of Metabolic Research Hub
	1.2 Culture and equity	Increased development and recruitment of Maaori researchers Increased development and recruitment of Pacific and Asian researchers	A 50% increase in numbers of Maaori researchers as part of research project teams between 2020 and 2022 (baseline to be established in 2020)
			An increase in numbers of Pacific and Asian researchers as part of research project teams between 2020 and 2022 (baseline to be established in 2020)

[3] Matus, J., Wenke, R., Hughes, I., and Mickan, S. (2019) Evaluation of the research capacity and culture of allied health professionals in a large regional public health service. *Journal of Multidisciplinary Healthcare, 12,* 83-96.
[4] https://www.hrc.govt.nz/sites/default/files/2019-12/NZ%20Prioritisation%20Framework-web.pdf

			A 50% increase in the number of Maaori nurses leading research projects by 2022 (baseline to be established in 2020) A 50% increase in the number of Pacific nurses leading research projects by 2022 (baseline to be established in 2020)
			Establishment of a Maaori Research Workshop with attendance of 45 annually, by 2022
		Increased research relating to Maaori, Pacific and Asian populations, and culturally responsive services	Increase in number of research proposals with a Maaori, Pacific or Asian focus: from 30 Maaori and 30 Pacific projects per annum in 2019 to 45 Maaori and 45 Pacific projects by 2022. Also, a 50% increase in Asian projects from 2020 to 2022 (baseline to be established in 2020)
		Maaori Child Health Research 'Hub'	Establishment of a Maaori Child Health Research 'Hub'
	1.3 Health services research	Increased Health Services research	Research that focuses on health services delivery will be increased from 2020 to 2022 (baseline to be established in 2020).
Strategic Goal 2: DHB Systems to Encourage Research and Use of Research Findings (aligning with Domain 3: 'Meeting our needs in a changing world' and Domain 4: 'Connected Government and Systems' of NZHPF)	2.1 Increased research leadership	Research Leadership training for managers and clinical leaders	Research Leadership Workshop to run twice per year, with a total of 30 attendees annually by 2022
		Departments or professions have their own research plans and research leadership structures	Number of services and professions with an individual research strategy, that include how it will support and resource research to be monitored, with an expectation of increase, from 2020 to 2022
	2.2 Allocated time and resources for staff research	Increased funding for research activities, including to 'backfill' staff time taken for research	Increase in number of Tupu projects funded annually by 50%, from 18 in 2018/2019 to 27 by 2022
			Annual funding of three DHB Research Fellowship (one PhD and two Masters) positions focusing on DHB health research needs aiming to build capability and capacity ($300 000 per year)
			Increased Tupu funding (to $500 000 per year)

		Research requirements built into staff goals where appropriate, such as: job descriptions, salary scales, Key Performance Indicators, and professional development goals for appropriate mid- to senior-level clinical staff and managerial/ coordinating staff	Intentions for this detailed in Departmental Research Strategies.
	2.3 Increased employment of research staff within divisions and services	Employment of staff with research expertise, including those who can support Health Research Council (HRC) research grants	Increase in numbers of staff employed by divisions / departments to support research activity (baseline to be established in 2020)
			Increase in number of academic health professionals employed in DHB from 2020 to 2022 (baseline to be established in 2020)
			Increase in number of DHB staff positions with time specifically allocated for research from 2020 to 2022 (baseline to be established in 2020)
			Increase in number of staff within DHB undertaking research degrees by 2022 (baseline to be established in 2020)
	2.4 Better systems and frameworks for support of research and dissemination and translation of research findings	Efficient and effective systems for the support of a research culture	250 research workshop attendances per annum by 2022 (including Research leadership workshop), with a minimum 80% of attendees indicating that they would recommend workshops to colleagues
			Continue to deliver and obtain feedback on annual Research Week, with minimum 80% of participants rating the event “good” or “very good”
			Increase in number of annually approved research applications by 25%, from 220 in 2018 to 275 in 2022

			Increased admin support in Research Office from 1.5 to 2.0FTE, to support extra demand on Research Office due to Research Strategy targets
			Recruitment of increased number of Maaori and Pacific staff to Research Office, including Maaori Research Adviser.
		Increased dissemination of research findings through academic and non-academic routes	By 2022, 80% of final reports from completed research projects received in the Research Office and shared on accessible registry, with translation plan
			An increase in the number of research publications per annum with CM Health identified on them from 193 in 2018 to 250 by 2022
	2.5 Access to knowledge and information resources	Continued investment in DHB knowledge and information resources	Ongoing availability of DHB knowledge and information resources in CM Health Library
	2.6 Increased Nursing Research	Development of a specific nurse research strategy and specific pathways and funding for nurses to pursue higher studies and lead research projects relevant to DHB strategic goals	Development of a Research Strategy for Nursing
			Increase in the number of nurses leading research projects by 2022 (baseline to be established in 2020)
Strategic Goal 3: Formation of Collaborative Networks (aligning with 'Domain 3: Meeting our needs in a changing world' and 'Domain 4: Connected Government and Systems' of NZHPF)	3.1 Local Networks	Encouragement of collaborative research, including through DHB research funding mechanisms	Increasing numbers of projects in conjunction with community and external organisations from 2020-2022
	3.2 Regional and National Networks	Coordinated approach to research through networks	Draft of an integrated plan for units that have formal commitment to research in DHB to work together
		Development of regional and national research networks.	Greater awareness of and increased research activity through the Academic Health Alliance (AHA)
			Increased research collaborations with organisations outside the boundaries of health

Strategic Goal 1: Focus of DHB Research

This section describes some key issues for research over the next three years, including a focus on population health, healthcare equity, health services delivery, and an emphasis on our research culture. This is not to suggest that other forms of research are not also of importance, but a particular focus on these areas, that relate to our strategic priorities – healthy services, healthy communities and healthy people, whanau and families, are seen as particularly important.

1.1 Population health

Research needs to focus not only on specific diseases, but also on issues that encourage the health of our population before they become sick. A population health focus to research will be encouraged where appropriate, and this should involve current community partnerships and even sectors outside of health to make sure that all factors that could have an impact on patient health are considered.

In particular, research should focus on early intervention with a life-course approach, so that the long-term health of our population can be improved. Investigation into allied health and non-pharmacological interventions, such as psychological therapy and occupational therapy are of as much value in health research as medical interventions. Research into and with Primary Care services will be of key importance in this approach.

Continued work into patient experience, co-design and evaluation will be key methodologies contributing to such research to ensure that they are of value to patients. Qualitative research is considered as important as quantitative research in achieving positive health outcomes for patients.

Specific health conditions: diabetes[5], obesity[6] and, by extension, metabolic syndrome, are especially prevalent in our population and require continued research. The early origins of such diseases in fetal life and infancy need greater priority. DHB research funding (for example, the Tupu Fund) will be prioritised towards projects with this focus. In addition, the feasibility of establishing a Metabolic Research 'Hub' (likely to be a network of researchers rather than a physical space) will be explored through the recently signed Academic Health Alliance between CM Health and the University of Auckland.

In general, the focus of research within the DHB should be on making concrete improvements to the health of our population. Translation of findings should be as much a

[5] 8.4% of adults in CM Health vs 5.8% of adults nationally: https://minhealthnz.shinyapps.io/nz-health-survey-2014-17-regional-update/_w_95596668/#!/compare-indicators

[6] 70.7% of adults in CM Health vs 66.3% of adults nationally: https://minhealthnz.shinyapps.io/nz-health-survey-2014-17-regional-update/_w_95596668/#!/compare-indicators

priority of the research as carrying it out in the first place, as well as evaluation of initiatives relating to this goal.

1.2 Culture and equity

CM Health subscribes to the NEAC (December, 2019) vision of research in the New Zealand context, including in relation to the Treaty of Waitangi, that emphasises principles of 'rangatiratanga (partnership), whai wahi (participation) and kaitiakitanga (protection) which should inform the interface between Maaori and research'. The DHB also subscribes to principles of Maaori Data Sovereignty as described by Te Mana Raraaunga[7], which include Rangatiratanga (Authority), Whakapapa (Relationships), Whanaungatatanga (Obligations), Kotahitanga (Collective benefit), Manaakitanga (Reciprocoty), and Kaitiakitnaga (Guardianship), and will continue to promote these values.

CM Health will continue to honour its responsibilities to the Treaty of Waitangi. Given that 16% of the CM Health population is Maaori[8], CM Health should take a leadership role in research that relates to Maaori, should develop Maaori researchers, and should seek to attract researchers that wish to work on issues that benefit Maaori and address issues of health equity. In addition, research partnerships with organisations that have a similar goal of improving Maaori health should be encouraged. The enormous value of Kauapapa Maaori research ('research by Maaori, for Maaori and with Maaori'[9] is recognised, including non-Western approaches that are grounded in Maaori tradition, and meets Maaori expectations.

In general, Counties Manukau child health outcomes are worse than those of children in the other Northern DHBs[10]. Given the ethnic and age make-up of our population (a large Maaori population with a large youth population), understanding this group in more depth is important. Work on developing a Maaori Child Health Research 'Hub' will be encouraged, again through the Academic Health Alliance (this is more likely to take the form of a network of researchers rather than a physical space).

Given our population, research that focuses on other well-represented ethnic groups, such as Pacific and Asian should also be prioritised (Pacific: 21% of CM Health population[11], Asian:

[7] https://cdn.auckland.ac.nz/assets/psych/about/our-research/documents/TMR%2BM%C4%81ori%2BData%2BSovereignty%2BPrinciples%2BOct%2B2018.pdf
[8] https://www.health.govt.nz/new-zealand-health-system/my-dhb/counties-manukau-dhb/population-counties-manukau-dhb
[9] https://neac.health.govt.nz/system/files/documents/publications/national-ethical-standards-health-disability-research-quality-improvement-2019.pdf
[10] The Health Status of Children and Young People in the Northern DHBs (2011)
[11] https://countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Maori-and-pacific-health/2017-0711-2017-18-CMHealth-Pacific-Health-Plan-FINAL.pdf

25%[12]). This would also support the CM Health strategic goal of 'achieving health equity for our community'.

The research focus should include not only health outcomes for these groups but also how to develop culturally responsive services and culturally appropriate models of delivery. Measures of patient outcome must be included to ensure delivery of meaningful health benefits, rather than considering process measures alone. Guidelines or standards will be necessary to achieve consistency in ethnicity and equity reporting and analysis across the DHB

Equity measurement should also be a key focus of research going forward, as a means to understand the inequalities that exist, to better tailor equitable interventions and to continue to track our progress against our equity goals.

Significantly, the DHB requires better reporting on health data relating to Asian people, who comprise 25% of our population. Currently, this group is not reported on separately for every service.

1.3 Health services research

CM Health will encourage research into health services in order to provide improved effectiveness and efficiency of delivery. For example, research may take place in the areas of: health technologies, health service organisation and delivery, health economics, implementation science, and equity. Research will help decision-makers to identify critical problems, and describe the costs and benefits of possible solutions. New knowledge about the best forms of delivery for health services will be translated to contribute to better quality care for patients.

[12] https://countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Annual-reports-and-plans/2017-0706-2017-18-CMHealth-Asian-Health-Plan-FINAL.pdf

Strategic Goal 2: DHB Systems to Encourage Research and Use of Research Findings

Research is carried out within systems that either encourage or inhibit it from taking place. This section considers how our systems can best allow better research outcomes over the coming three years. The development of systems that encourage research to take place include:

- Increased research leadership
- Allocated time for staff to conduct research
- Increased employment of research staff within divisions and services
- Better systems and frameworks for dissemination and translation of research findings
- Access to knowledge and information resources
- Increased nursing research

2.1 Increased research leadership

There is still a need for research to be seen as an integral part of DHB service delivery, not as something extra and optional. In order to encourage good practice in developing systems that encourage research, ongoing recognition and promotion at a senior level of the wider benefits of research-active services is necessary. This goes beyond recognition of the benefits of individual projects themselves, or general supportive comments. It involves communicating that the use of evidence is vital to sound clinical and service provision decision making, and ensuring that research can be carried out through favourable frameworks, policies, procedures and documentation.

The promotion of research and enabling research to be done by staff in all departments and services should be in the remit of service managers and other DHB leaders to ensure that high-quality research continually and consistently occurs in the DHB. In some services, research activity is still directed from the bottom up. To achieve better research leadership, training will be provided by the Research Office for managers and clinical leaders. Services in which research is working well will be consulted to see how they create success, and their practices emulated, and these models can be transferred. Departments or professions will be encouraged to have a member of staff that leads research, and a research plan that aligns with the overall research strategy, with a plan for translation included.

2.2 Allocated time for staff research

Time for staff to carry out research needs to be specifically allocated wherever possible and appropriate. At present, few staff currently have time allocated specifically for research. The DHB often relies on the good will of particularly enthusiastic staff to carry out research in

their personal time, which is not ideal and certainly not sustainable. Extra staff time for research would demonstrate a long-term commitment to developing a research programme, the development of research strategies, and ensuring the translation of knowledge.

It is recognised that time used for research may come at the expense of clinical time and that increased funding for some services may be necessary to cover time taken by staff to carry out research. Given that research often leads to better and more efficient ways of delivering healthcare, this funding can be seen as an investment in the long-term.

Building research requirements into appropriate mid- to senior-level clinical and managerial /coordinating staff job descriptions, salary scales, Key Performance Indicators and professional development goals would provide staff with more power to request time for research from their supervisors.

2.3 Increased employment of research staff within divisions and services

Employment of research staff, such as research nurses, coordinators, assistants and fellows, as salaried employees within services and divisions, will allow staff to promote research and to mentor their colleagues in research. There is also a need in the DHB to employ experienced researchers who can support staff to be able to apply for competitive research funding streams, including for example Health Research Council (HRC) research grants. Increased numbers of clinical academic positions will contribute to this. While the current research workshops provided by Ko Awatea have proven to be useful in encouraging basic research skills among staff, increased access to this next level of mentorship is still required.

2.4 Better systems and frameworks for dissemination and translation of research findings

To build a stronger research culture, research cannot be carried out in isolation, it must have a direct effect on clinical practice. This requires strong systems for the dissemination and translation of research. For example, there is now a repository of research reports that staff can access at Counties Manukau Health, but ways need to be found to amplify the use of this system among staff, and to encourage the use of findings stored on the repository. In addition, better follow up on reports that have been completed to include them in the repository is required.

While publication and presentation of research findings continues to be important, our DHB staff should not be limited only to the academic model of research publication and dissemination, especially given our applied work setting. Research findings also need to be communicated in non-academic language and through non-academic avenues so that it can be useful to all who work in healthcare, including those who do not come from academic

backgrounds. It should also be disseminated to the community, through culturally specific channels where appropriate. Our ultimate focus should be on the use of research to improve health outcomes through whatever means work best.

2.5 Access to knowledge and information resources

Access to knowledge and information resources is key to a successful research culture within the DHB. The DHB should continue to provide easy and comprehensive access to academic research databases and literature, and provide assistance to staff for carrying out literature searches, so that their research projects and clinical decision-making are informed. Knowledge and information resources are used across the entire DHB and so the cost of them can be seen as a highly worthwhile investment. These resources should be maintained.

2.6 Increased nursing research

As a profession, nurses register the least research at CM Health, despite being the largest professional group (of 162 projects from March to September 2019, 43% were from Doctors, 34% were from Allied Health professionals, 13% were from other professionals, and 10% were from nurses). There are a significant number of nurses who are research trained (completed research Masters) but conversion rates to being independent researchers and/or pursuing higher degrees are low. From a recent scoping review, only 0.43% (n=10) of nurses at CM Health could be identified as completing research outside of an educational programme and none of these independent nursing researchers were Maaori or Pacific. The development of a specific nurse research strategy and specific pathways and funding for nurses to pursue higher studies and lead research projects, are some ways in which nursing research capacity and capability can be increased. In addition, the appointment of nurses to nursing clinical academic roles, who could support other nurse researchers, would also contribute to these goals.

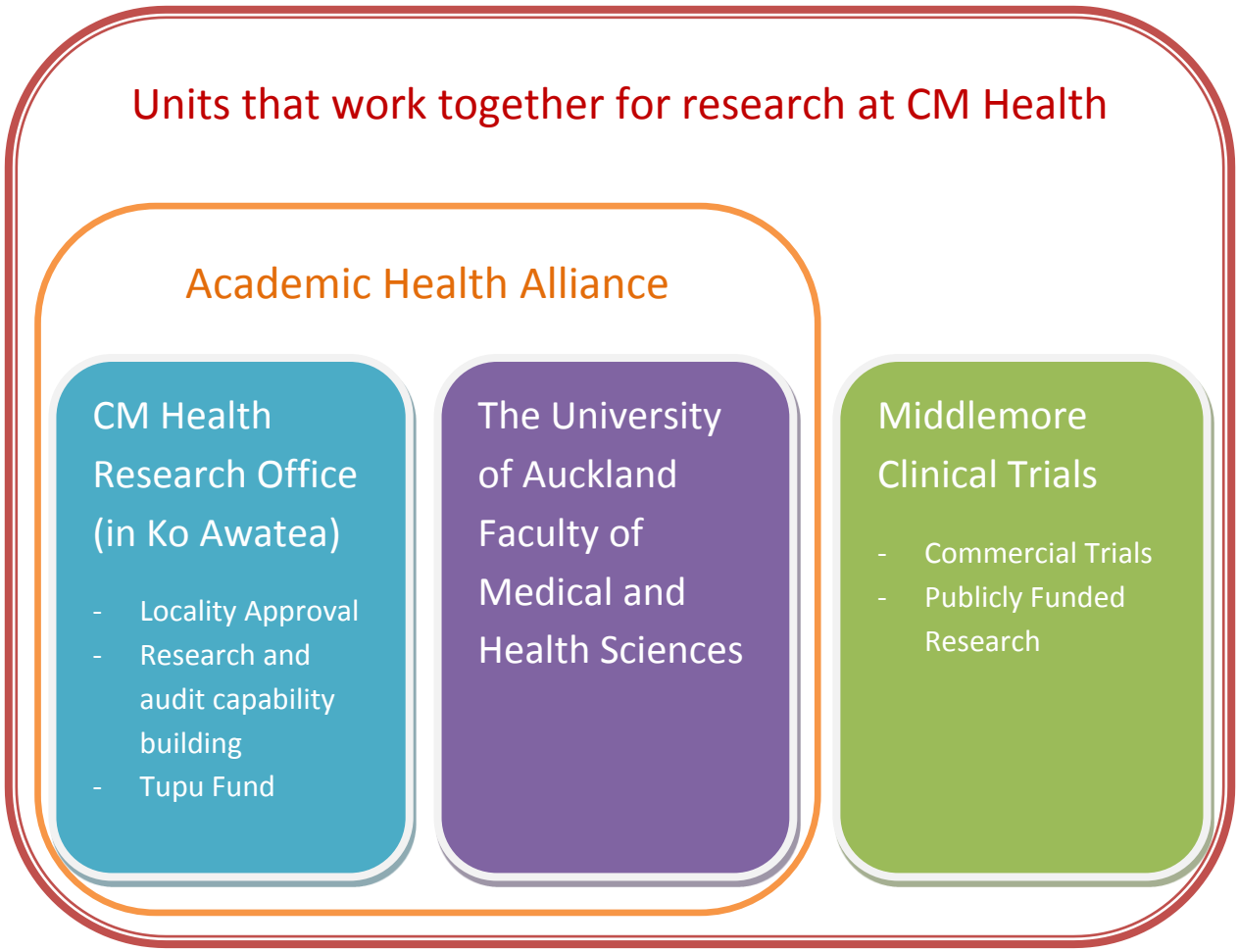
Strategic Goal 3: Formation of Collaborative Networks

In order for research to have maximum impact in our DHB and beyond, it is important for it to be collaborative in nature, and unconstrained by artificial boundaries. It is important to consider local and regional networks in relation to this.

3.1 Local networks

Within the DHB, improvements to internal research networks will contribute to a more coordinated approach to research, and prevent staff from duplicating their efforts. Collaborative and unique research that aligns with CM Health strategic goals should be encouraged through DHB research funding mechanisms, such as the Tupu Fund, and any other funding that becomes available. In addition, improvements to methods of sharing research, as described in the previous section, will contribute to this.

Further, there is a need to develop an overarching research plan to integrate the existing units responsible for managing the different research-related activities at CM Health, and that should have an influence on shaping the CM Health research culture in years to come, as presented in the diagram below (the CM Health Research Office sits within Ko Awatea in the DHB). Middlemore Clinical Trials currently manages commercial and grant-funded research for CM Health. Finally, as discussed, there is a new Academic Health Alliance between The University of Auckland and CM Health.



At the present time, there is increasing collaboration with MMCT: however, further integration is possible and desirable in order to further advance CM Health research capacity and capability. More needs to be made of the agreement with the University of Auckland as part of the Academic Health Alliance. In order to achieve this we need to better understand and assess different possible models for our working together. Further, the role of the other Universities doing research at CMH needs to be more clearly defined and developed. This Research Strategy proposes to carry-out the necessary work towards an integrated plan during the next three years, which will include:

- In depth discussions with active researchers, and CM Health Management and other key stakeholders
- Cost-benefit analysis of different possible integrated models: for example a review of how the DHB manages publicly-funded research may be useful
- Analysis of further CM Health research funding opportunities.

3.2 Regional and national networks

In order to maximise the impact of research at the DHB, collaboration and consultation with other organisations who have complementary goals will be essential. This will not only allow impactful research to be carried out, but also will provide an impact on the regional and national systems and structures that support and guide research in New Zealand, including ethics and other governance processes, and issues of data privacy.

Regional and national research networks such as the recently established Academic Health Alliance, between CM Health and the University of Auckland, the national Research Office Managers Alliance (ROMA), and the ANZ Clinical Trials Network will provide opportunities for a coordinated approach to research and research processes to be developed, and provide opportunities for national and regional research collaboration. For example, research infrastructure and expertise, e.g., trials data management and biobanking, are available through the Academic Health Alliance, as well as access to relevant Centres of Research Excellence. These networks should be supported through allocated staff time and subscriptions. In addition, connection with Maaori centres of research excellence will be important, for example such as Ngā Pae O Te Māramatanga.

In some research and evaluation projects, it will also be necessary to talk with organisations outside the boundaries of health, such as those relating to housing and social care, to ensure that other factors that impact on health are addressed.

Appendix 1: Consultation Log

Requests for consultation for this Strategy were sent out via the Research Office mailing list (which includes contact details for DHB Clinical Directors, Clinical Leaders, General Managers and Service Managers, as well as several hundred other research-interested staff), and also via the CM Health 'Daily Dose' Newsletter, at Research Week 2019, and at Research Committee meetings. The staff shown in the table below were consulted with, and were also shown a draft version of the Strategy to comment on. The Stratgey was also circulated to Research Committee members. Two pieces of anonymous feedback were also obtained through online 'Survey Monkey' consultation.

Name	Job Role	Department and Organisation
Adrian Trenholme	Clinical Head Kidz First	Kidz First, CM Health
Andrew Hill	Clinical Lead Research and Evaluation	Ko Awatea, CM Health
Brooke Hayward	Senior Evaluation Officer	Ko Awatea, CM Health
Cath Aspinall	Nursing Research Capability & Capacity Project Lead	Management Suite, CM Health
Chris McKinlay	Senior Medical Officer	Kidz First Neonatal Care , CM Health
Conroy Wong	Consultant Specialist Physician	Respiratory, CM Health
Dom Madell	Senior Researcher	Ko Awatea, CM Health
Ed Watson	CEO	Middlemore Clinical Trials
Gary Jackson	Director of Population Health	Population Health Strategy & Investments, CM Health
Haze White (Ngaati Tipa)	Evaluation Officer	Ko Awatea, CM Health
Jacqueline Schmidt-Busby	Research Fellow	Ko Awatea, CM Health
Jenny Parr	Chief Nurse and Director of Patient & Whaanau Experience	Executive Management, CM Health
Julian Dimech	Anaesthetic Consultant	Anaesthesia & Pain Medicine, CM Health
Kitty Ko	Asian Health Gain Advisor	Population Health Strategy & Investments, CM Health
Lynne Maher	Innovation and Improvement Clinical Director	Ko Awatea, CM Health
Luis Villa	Research and Evaluation Manager	Ko Awatea, CM Health
Marie Chester	Supervision Educator	People and Professional Development, CM Health
Mary Seddon	Director	Ko Awatea, CM Health
Megan Putteril	Strategic Projects Manager	Faculty of Medical and Health Sciences, The University of Auckland
Peter Murgatroyd	Library and Knowledge Services Manager	CM Health Library
Siniva Sinclair	Public Health Medicine Specialist	Planning, CM Health

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:

Mr Ken Whelan, Crown Monitor 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 19 February 2020 and Actions	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 26 February Hospital Advisory Committee, Community & Public Health Advisory Committee and Executive Sub 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)]	**Confirmation of Minutes** As per the resolution from the public section of the minutes, as per the NZPH&D Act.
Bad Debt Write Offs	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Privacy** The disclosure of the 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)]
Sale & Lease Back Arrangement	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)]

Audit Planning Documents	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)]
Interventional Radiology Unit	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)
Serious Fraud Office Investigation	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 the 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)]
Major Capital Advisory Group Revised Terms of Reference	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)]
Ratification of Circular Resolution – First Draft 20/21 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)]	**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)]

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)]
Improvement to Internal Controls	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 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)
Social Wellbeing Board Update	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i))of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	**Commercial Activities** The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]
Risk Management 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.	**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. **Commercial Position** The disclosure of the information would be likely to prejudice the commercial position of the person who supplied or who is the subject of the

	[NZPH&D Act 2000 Schedule 3, S32(a)]	information. **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)(i)&(j); 9(2)(b)(ii) and 9(2)(f)(iv)
Final External Audit Management 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** 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)]
Executive Sub Committee Meeting Papers 27 March 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)]	**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)]