CANTERBURY DHB BOARD

Thursday, 19 July 2018
9:00am

Board Room
Level 1
32 Oxford Terrace
Christchurch

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 19 July 2018 commencing at 9:00am

			Approx. Times
ADMINISTRATION			**9.00am**
	Apologies		
1.	**Conflict of Interest Register** *Update Board Conflict of Interest Register and Declaration of Interest on items to be covered during the meeting*		
2.	**Confirmation of the Minutes of Previous Meetings** • **Public Meeting** *21 June 2018*		
3.	**Carried Forward/Action List Items**		
4.	**Patient Story**		
REPORTS			**9.05am**
5.	**Chair's Update (Oral)**	Dr John Wood *Chair, CDHB*	9.05-9.10am
6.	**Chief Executive's Update**	David Meates *Chief Executive*	9.10-9.45am
7.	**Finance Report**	Justine White *Executive Director, Finance & Corporate Services*	9.45-9.55am
8.	**Audit NZ Fraud Risk Assessment**	Justine White	9.55-10.05am
9.	**Hurunui Health Services**	Carolyn Gullery *Executive Director, Planning Funding & Decision Support*	10.05-10.20am
10.	**Schedule of Meetings – 2019**	Justine White	10.20-10.30am
11.	**Resolution to Exclude the Public**	Justine White	10.30am
INFORMATION ITEMS			
•	Nil		
ESTIMATED FINISH TIME – PUBLIC OPEN MEETING			**10.30am**
NEXT MEETING: Thursday, 16 August at 11.00am			

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

Dr John Wood (Chair)
Ta Mark Solomon (Deputy Chair)
Barry Bragg
Sally Buck
Tracey Chambers
Dr Anna Crighton
Andrew Dickerson
Jo Kane
Aaron Keown
Chris Mene
David Morrell

Executive Support

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Sue Nightingale – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*
Stella Ward – *Chief Digital Officer*
Justine White – *Executive Director Finance & Corporate Services*

Anna Craw – *Board Secretariat*
Charlotte Evers – *Assistant Board Secretariat*
Kay Jenkins – *Executive Assistant, Governance Support*

CONFLICTS OF INTEREST REGISTER CANTERBURY DISTRICT HEALTH BOARD (*CDHB*)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

(As disclosed on appointment to the Board/Committee and updated from time-to-time, as necessary)

Dr John Wood **Chair CDHB**	**Advisory Board NZ/US Council** – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director. **Member of the Governing Board of the Office of Treaty Settlements, Ministry of Justice (as Chief Crown Treaty of Waitangi Negotiator)** – Ex-Officio Member The Office of Treaty Settlements, Ministry of Justice, are responsible for negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations. **Chief Crown Treaty Negotiator for Ngai Tuhoe** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Treaty Negotiator for Ngati Rangi** Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment. **Chief Crown Treaty Negotiator, Tongariro National Park** Engagement with Iwi collective begins July 2018. **Chief Crown Treaty Negotiator for the Whanganui River** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations** High level agreement in principle reached. Aiming for deed of settlement end of 2018. **Governing Board, Economic Research Institute for ASEAN and East Asia (ERIA)** – Member ERIA is an international organisation that was established by an agreement of the leaders of 16 East Asia Summit member countries. Its main role is to conduct research and policy analysis to facilitate the ASEAN Economic Community building and to support wider regional community building. The governing board is the decision-making body of ERIA and consists of the Secretary General of ASEAN and representatives from each of the 16 member countries, all of whom have backgrounds in academia, business, and policymaking. **Kaikoura Business Recovery Grants Programme Independent Panel** – Member The Kaikoura Business Recovery Grants Programme was launched in May 2017 and is intended to support local businesses until State Highway One reopens by way of grants which can be applied for by eligible businesses. This programme is now closed.

	School of Social and Political Sciences, University of Canterbury – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment. **Te Urewera Governance Board** –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee. **University of Canterbury (*UC*)** – Chancellor The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation. **University of Canterbury Foundation** – Ex-officio Trustee The University of Canterbury Foundation, Te Tūāpapa Hononga o Te Whare Wānanga o Waitaha, is dedicated to ensuring that UC's tradition of excellence in higher education continues. From its earliest beginnings in 1873, philanthropic support and the generosity of donors and supporters has played a major part in making the university the respected institution it is today. The UC Foundation is dedicated to continuing that tradition. **Universities New Zealand** – Elected Chair, Chancellors' Group Universities New Zealand is the sector voice for all eight universities, representing their views nationally and internationally, championing the quality education they deliver, and the important contribution they make to New Zealand and New Zealanders.
Ta Mark Solomon **Deputy Chair CDHB**	**Claims Resolution Consultation – Senior Maori Leaders Group** – Member This is an Advisory Board to MSD looking at the claims process of those held under State care. **Deep South NSC (National Science Challenge) Governance Board** – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities. **Greater Christchurch Partnership Group** – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work). **He Toki ki te Rika / ki te Mahi** – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury.

Liquid Media Operations Limited – Shareholder
Liquid Media is a start-up company which has a water/sewage treatment technology.

Ngāti Ruanui Holdings – Director
Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki.

Oaro M Incorporation – Member
'Oaro M' Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at 'Oaro M', Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations.

Police Commissioners Māori Focus Forum – Member
The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation.

Pure Advantage – Trustee
Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth.

QuakeCoRE – Board Member
QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission.

Rangitane Holdings Limited & Rangitane Investments Limited - Chair/Director
The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne's settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members.

SEED NZ Charitable Trust – Chair and Trustee
SEED is a company that works with community groups developing strategic plans.

Sustainable Seas NSC (National Science Challenge) Governance Board – Member
This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement.
The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC.

	The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding. **Te Ohu Kai Moana** – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.
Barry Bragg	**Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Managing Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **Farrell Construction Limited** - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Chairman The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Property Limited** – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.
Tracey Chambers	**Chambers Limited** – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise. **Rata Foundation** – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars

	in grants each year to community organisations across their funding region.
Dr Anna Crighton	**Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage **Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage **Heritage New Zealand –** Honorary Life Member CDHB owns buildings that may be considered to have historical significance.
Andrew Dickerson	**Accuro (Health Service Welfare Society)** - Director Is a not-for-profit, member owned co-operative society providing health insurance services to employees in the health sector and (more recently) members of the public. Accuro has many members who are employees of the CDHB. **Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
Jo Kane	**HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.
Chris Mene	**Canterbury Clinical Network** – Child & Youth Workstream Member

	Core Education – Director Has an interest in the interface between education and health. **Regenerate Christchurch** – General Manager, Partnerships and Engagement Regenerate Christchurch (*RC*) - established to lead regeneration activities across Christchurch. RC will work with strategic partners, including the Canterbury DHB, the community, iwi and other stakeholders to plan and drive development in key areas of the city. **Wayne Francis Charitable Trust** - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.
David Morrell Board Member	**British Honorary Consul** Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time. **Canon Emeritus - Christchurch Cathedral** The Cathedral congregation runs a food programme in association with CDHB staff. **Friends of the Chapel** - Member **Great Christchurch Buildings Trust** – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing. **Heritage NZ –** Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance. **Hospital Lady Visitors Association** - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time. **Nurses Memorial Chapel Trust** –Chair (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 21 June 2018 commencing at 11.00am

BOARD MEMBERS

Dr John Wood (Chair); Ta Mark Solomon (Deputy Chair); Barry Bragg; Sally Buck; Tracey Chambers; Dr Anna Crighton; Andrew Dickerson; Jo Kane; Aaron Keown; Chris Mene; and David Morrell.

APOLOGIES

Apologies for lateness were received and accepted from David Morrell (11.05am); Dr Anna Crighton (11.10am); and Barry Bragg (11.20am).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning & Funding and Decision Support); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Mick O'Donnell (Communications Advisor); Justine White (Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

Ta Mark Solomon opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

Resolution (40/18)
(Moved: Aaron Keown/seconded: Ta Mark Solomon – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 17 May 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

David Morrell joined the meeting at 11.05am.

The carried forward items were noted.

4. PATIENT STORY

Dr Anna Crighton joined the meeting at 11.10am.

The Patient Story was viewed.

5. CHAIR'S UPDATE

Dr Wood advised that he had attended the National Chair's & Chief Executive's meeting in Wellington on 14 June 2018. The Minister of Health had attended the meeting and taken the opportunity to introduce the new Director General of Health, Dr Ashley Bloomfield.

Dr Wood advised the Board of two matters in particular that had been discussed. Firstly, there is some work taking place with the Institute of Directors at a national level to provide a service to DHBs in governance skills and induction of new Board members. He also advised that he had shared the CDHB's experience with the Ombudsman around Quality, Finance, Audit & Risk Committee meeting papers, and there was some interest in having a sector discussion with the Ombudsman.

In regard to the Truth and Reconciliation process, the Board noted that the first full formal meeting was held in Wellington last week with the new Director General in attendance. Dr Wood advised that the CDHB is engaged in this three month process where issues will be discussed.

A query was made regarding the Minister's review of the Health System. Dr Wood advised that the sector review is led by Heather Simpson and that Ms Simpson and the Minister's Advisory Group had attended the last South Island Alliance meeting to introduce themselves. He also advised that the draft Terms of Reference for the review are available on the Ministry's website.

The Chair's update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read and highlighted the following:

- The recognition of Professor Spencer Beasley and Dr Martin Sage in the Queen's Birthday Honours.

Barry Bragg joined the meeting at 11.20am.

- The Canterbury DHB MoH Certification Audit is taking place this week with 18 Auditors on site. Whilst we expect a few corrective actions, feedback from the Auditors has been quite remarkable. The Board Chair has met with the Lead Auditor.
- The Clinical Team Coordinator (*CTC*) role mentioned on page 3 of the report is unique to Christchurch.
- The Cards Help Communication mentioned on page 5 of the report, expanded by the Youth Advisory Council.
- Acute surgery pressure – this will remain an ongoing challenge. The DHB is undertaking almost the same amount of surgery after hours as during normal hours, however, we will probably still need to contract out the equivalent of a full theatre.
- Mana Ake has now been introduced to two school clusters as the beginning of an accelerated roll out over the next three years. This will have a profound impact on our children.
- He acknowledged the incredible work done by Home Dialysis around the chlorination of water.
- The significance of Health Pathways, with a large multi-national organisation attempting to rollout a similar product which they have now cancelled.

A query was made regarding the new model of care in Hurunui. It was noted that this will be presented to the next CPHAC/DSAC Committee and then the Board.

Discussion took place regarding Hospital car parking and surrounding areas. The Chief Executive provided an update to the Board around this.

A query was made regarding the Nurses' Strike and it was noted that notice of strike action had been received and mediation is currently taking place.

A query was also made regarding coding and when it is likely to be up to dare. It was noted that this is almost back to normal.

Discussion took place regarding the End of Life Choice Bill and a query was made as to whether DHB staff would receive training around this if the Bill was passed. The Chief Executive commented that there is some quite strongly diametrically opposed views between professionals around this Bill. We need to let the legislative process proceed and we will then look at updating our procedures.

Resolution (41/18)
(Moved: Ta Mark Solomon/seconded: Jo Kane - carried)

"That the Board:

i. notes the Chief Executive's Update."

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report showed that the consolidated Canterbury DHB financial result for the month of April 2018 was a deficit of $7.176M, which was $0.731M unfavourable against the annual plan deficit of $6.445M. The year to date position is $4.481M unfavourable to the annual plan.

Ms White advised that the May year to date variance becomes $8.4M. The Chief Executive commented that every DHB has seen a significant deterioration in the month of May.

A query was made as to whether there are any other drivers leading to the higher deficit and it was noted that Aged Residential Care is higher than planned, as well as Pharmaceuticals and the outsourcing for ESPI compliance.

Resolution (42/18)
(Moved: Barry Bragg/seconded: Sally Buck – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 30 April 2018."

8. CAPITAL CHARGE PAYMENT JUNE 2018

Justine White, Executive Director, Finance & Corporate Services, presented this report. She advised that this is the annual Capital Charge payment of 6% to the Ministry of Health.

The Board Chair commented that we have a view that the Capital Charge should be reviewed as a matter of urgency.

A query was made regarding the DHBs ability to pay this and it was confirmed that it could be paid.

Resolution (43/18)
(Moved: David Morrell/seconded: Ta Mark Solomon– carried)

"That the Board:

i. approves payment of $14,914,800 to the Ministry of Health (*MoH*) as soon as practicable after the Board meeting."

9. CONSTITUTION OF BRACKENRIDGE SERVICES LIMITED

Justine White, Executive Director, Finance & Corporate Services, presented this report. There was no discussion on the paper which was self-explanatory.

Resolution (44/18)
(Moved: David Morrell/seconded: Chris Mene – carried)

"That the Board:

i. adopts the Constitution of Brackenridge Services Ltd 2018."

10. ANNUAL PLAN APPROVAL – 2018/19

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, presented this paper which requested the Board to delegate approval for the submission of the first draft of the DHBs Annual Plan for 2018/19 due to the timing of meetings.

Resolution (45/18)
(Moved: David Morrell/seconded: Aaron Keown - carried)

"That the Board:

i. delegates to the Chair and Deputy Chair of the Board and the Chair of the Quality, Finance, Audit and Risk Committee (*QFARC*) sign-off of the first draft of the Annual Plan for submission to the Ministry of Health on 16 July 2018."

11. COMMITTEE MEMBERSHIP

The Chair presented this report which was taken as read. There was no discussion on the paper which was self-explanatory.

Resolution (46/18)
(Moved: Jo Kane/seconded: Barry Bragg – carried)

"That the Board, as recommended by the Remuneration and Appointments Committee:

i. approves the extension of Bill Tate's membership on the Quality, Finance, Audit & Risk Committee until May 2020, noting that the Board has the right at any time within that term to review the membership of any Committee."

12. ADVICE TO BOARD

Hospital Advisory Committee Draft Minutes

Andrew Dickerson, Chair, Hospital Advisory Committee, provided the Board with an update from the Committee meeting held on 31 May 2018 and presented the draft minutes.

Resolution (47/18)

(Moved: Andrew Dickerson/seconded: Barry Bragg – carried)

"That the Board:

i. notes the draft minutes from the Hospital Advisory meeting held on 31 May 2018."

13. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (48/18)

(Moved: Dr John Wood/Seconded: Ta Mark Solomon – carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and the information items contained in the report;

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 17 May 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Statement of Intent Final Draft	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	NZ Health Partnerships' Statement of Performance Expectations 2018-19	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Windows 10	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Canterbury Linen Services Capital Expenditure	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Burwood Birthing Unit Demolition	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Forecast - Reconciliation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

9.	Insurance Briefing	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	S9(2)(a) s9(2)(j) s9(2)(h)
12.	Advice to Board: • Facilities Committee (Oral) *21 Jun 2018* • HAC PX Draft Minutes *31 May 2018* • QFARC Draft Minutes *29 May 2018*	For the reasons set out in the previous Committee agendas.	

iii notes that this resolution is made in reliance on the Act, Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982."

The Public meeting concluded at 12.05pm.

_____ _____

Dr John Wood, Chair Date

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 19 JULY 2018

DATE	ISSUE	REFERRED TO	STATUS
15 Mar 18	Maternity Strategy Update	Carolyn Gullery	Report to 16 August 2018 meeting.
21 Jun 18	Future planning for palliative care	Carolyn Gullery	Presentation to 16 August 2018 meeting.
21 Jun 18	Breakdown of buildings and insurance values	Justine White	Report to 16 August 2018 meeting.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Chief Executive**

DATE: **19 July 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the Canterbury DHB.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

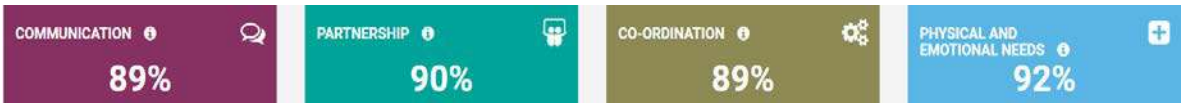
3. DISCUSSION

PUTTING THE PATIENT FIRST – PATIENT SAFETY

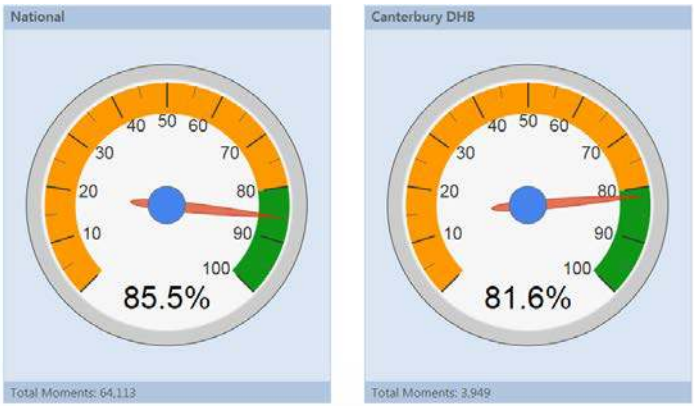
Patient Safety

- **Patient experience: Email Procedure**: The procedure outlining the process for email between clinician and patient is currently going through the approval process. It is informed by the ACC and MSD email procedures with consumers. It is envisaged that once this is possible the collection of patient email addresses held in the patient management systems will increase. This will have a flow on effect to increase access to our patients to provide feedback.
- **Inpatient Survey:** The inpatient experience portal (adult; excludes mental health) provides a view of the two weekly survey data collected from recently discharged patients. It holds both quantitative and qualitative data. It can be split by time period, age, gender, ethnicity, specialty and location and each question. All feedback is held but only areas with 20 or more responses are displayed as a view. The data below are for April – June 2018.

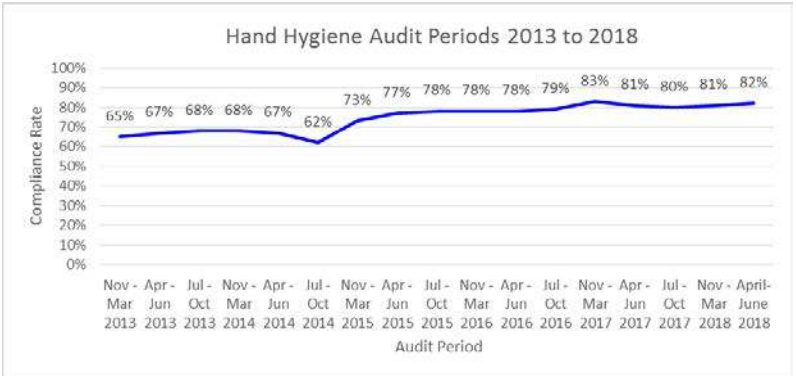
- **Outpatient Survey:** The outpatient patient experience survey pilot survey in Ashburton invites all patients who have attended an outpatient clinic in the two weeks prior. The results below are for the period April to June 2018.



- **Hand Hygiene:** Canterbury DHB Hand Hygiene results for the April – June 2018 Audit Period was 81.6%. Slight improvement of 1% from previous audit period and 3.9% below the national average.

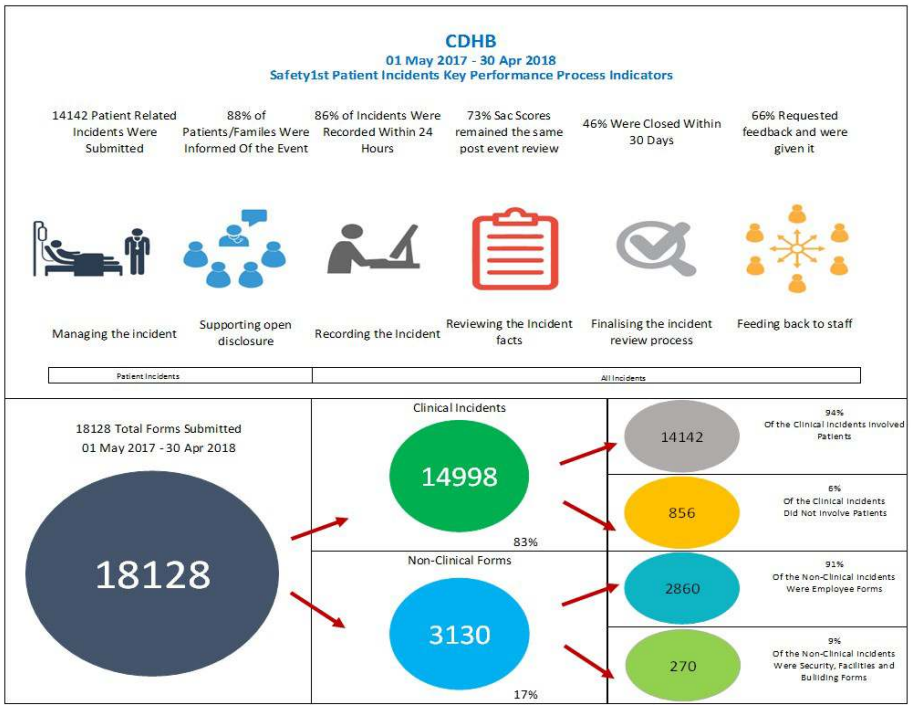


- Canterbury DHB Audit Results over time; from 62% October 2014 and to 82% and results have been sustained.

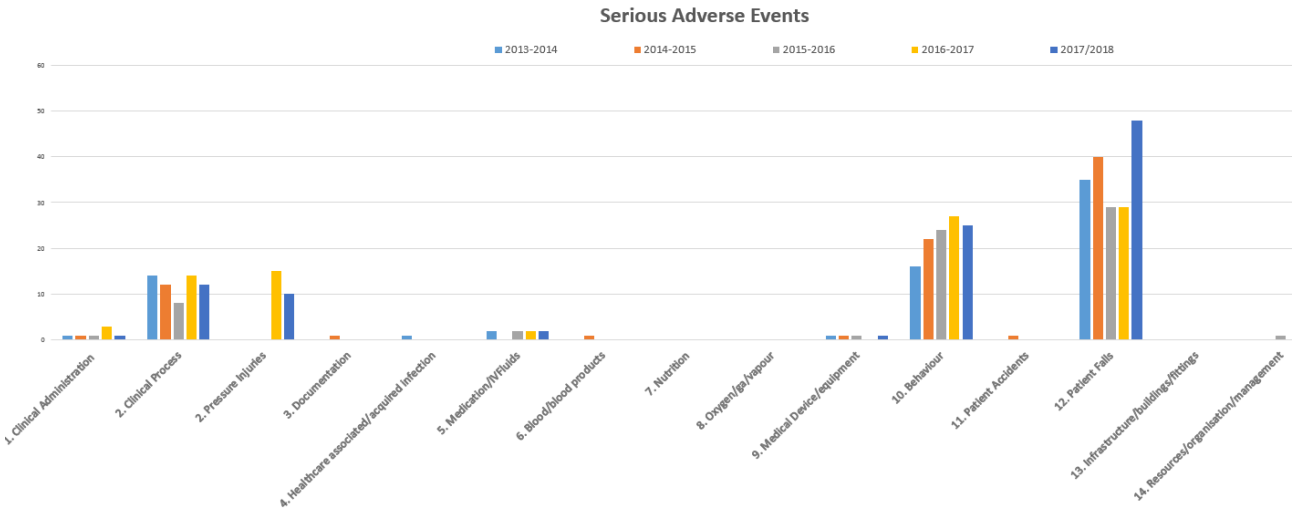


- The spread of hand hygiene monitoring to all inpatient areas is at 80%. The remaining areas are planned to come in over the next 6 months.
- **Deteriorating Patient: Patient and Family/Whanau Escalation of Care (HQSC):** The Canterbury DHB Case Study which is part of the HQSC pilot will be submitted at the end of this week. It includes the findings from the initial 2 week test of the parent/family information pamphlet and communication prompts for staff in PHDU. The building in of the communication prompt of *"Have you any concerns?* alongside routines such as *"Have you any questions?"* is working well and parents are reporting positive feedback on this approach. The proposal for the next test phase will include the revised parent/family information, continuation of the communication prompts and the agreed tiered escalation process.
- **Releasing Time to Care (RT2C):** The focus remains on medication safety at all stages of the administration process. Medication vests are being worn at Burwood and Ashburton with the 'Respect the Vest' campaign in full swing. Staff continue to work with Pharmacy around standardisation and imprest medications. E-handover training continues at Burwood and Ashburton for the GO LIVE date 25 July. Christchurch Women's Hospital are looking to adapt the eHandover tool for transfers to the Primary units and discharges to LMCs.

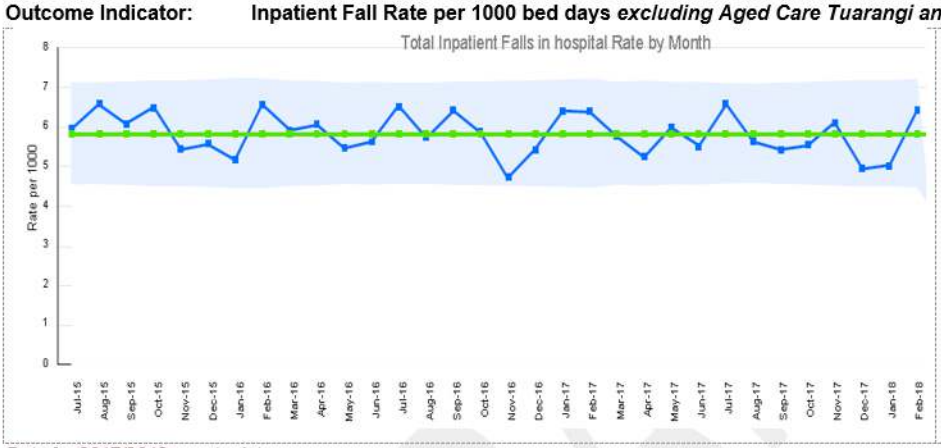
- **Incident Management Process Indicators:** Improvement processes continues with improved results for open disclosure and the focus needing to move to improving staff experience of feedback.



- **Serious Adverse Events:** While there have been more reported falls serious adverse events this year the overall inpatient fall and injury rates remain within control limits. We have adjusted the IDT recording and intentional rounding to make discussion on falls prevention overt.



Outcome Indicator: **Inpatient Fall Rate per 1000 bed days *excluding Aged Care Tuarangi and Rural Hospitals***



Target: *To reduce the rate to 5.58 per 1000 inpatient bed-days by the 30th of June 2018.*

Numerator: Number of inpatient[3] falls (excluding falls in Tuarangi Home and the Rural Hospitals), in the period.

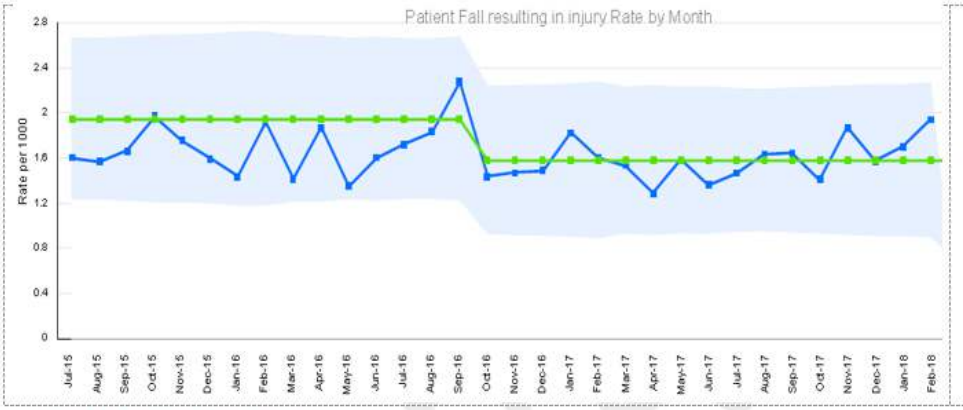
Denominator: Total number of inpatient bed days (excluding borders and well babies, Tuarangi Home and the Rural Hospitals), in the period.

Calculated as a rate per 1,000 inpatient beddays

Data for 2017/2018 year to date:

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	2016/17	2015/16
Total Inpatient Falls in hospital															
Numerator	215	188	174	173	183	144	147	180					1,404	2,128	2,122
Denominator	32,616	33,314	32,087	31,243	29,970	29,039	29,185	27,999					245,453	364,645	358,502
Rate per 1000	6.59	5.64	5.42	5.54	6.11	4.96	5.04	6.43					5.72	5.84	5.92

Outcome Indicator: **Patient Falls resulting in injury rate per 1000 bed days**

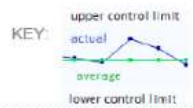


Target: *To reduce the rate to 1.65 per 1000 inpatient bed-days by the 30th of June 2018.*

Numerator: Number of patient falls[4] resulting in injury reported in the month.

Denominator: Total number of inpatient bed days (excluding borders and well babies), in the period.

Calculated as a rate per 1,000 inpatient bed days

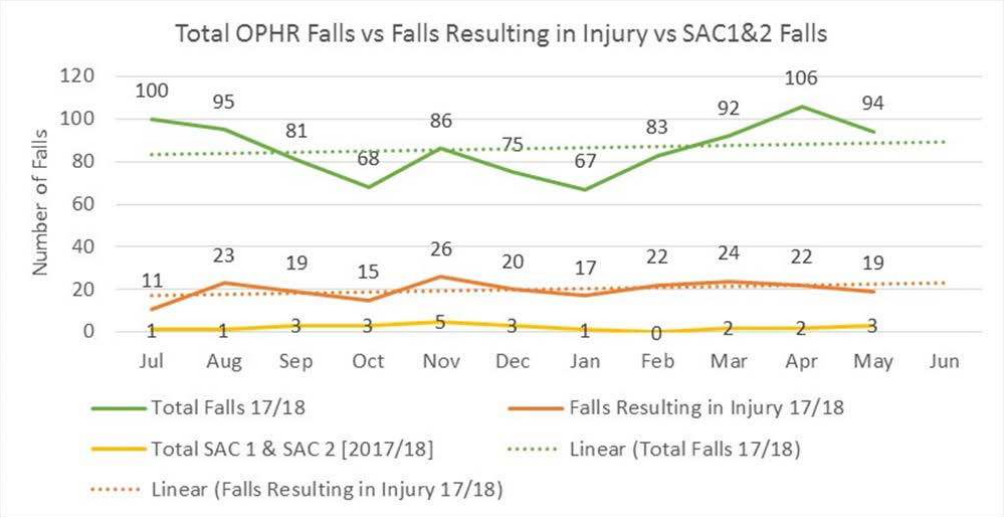


Data for 2017/2018 year to date:

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	2016/17	2015/16
Patient Fall resulting in injury															
Numerator	51	58	56	47	60	49	53	58					432	631	630
Denominator	34,888	35,570	34,161	33,394	32,083	31,192	31,227	29,890					262,405	389,840	384,100
Rate per 1000	1.46	1.63	1.64	1.41	1.87	1.57	1.70	1.94					1.65	1.62	1.64

- **Older Persons Health & Rehabilitation (OPH&R):** Overall, reporting of incidents has increased across OPH&R. The graphs below illustrate an increase in falls and pressure injuries. Reporting limitations include: absence of bed days comparative to falls; complexity of the patient's condition/care requirements on admission; communication at handover upon transfer etc. These are also integral factors that impact upon the number of incidents pulled from Safety1st. In addition, the patient demographic within OPH&R has an increased risk of compromised skin integrity, deconditioning and mobility/balance/coordination challenges.
- So, what are we doing? OPH&R have promoted the CDHB "April Falls" campaign via the department of Nursing and the Quality Team; Pressure Injury reporting, management and monitoring has been promoted at by a growing infrastructure of newly appointed NEs and CNSs, working collaboratively with the Quality Team.
- Falls prevention
    - Intentional rounding.
    - Falls strategy "Never Alone" looking at the first 48 hours of admission.
    - "Safe Recovery" programme based on recent Randomised Controlled Trial (RCT) evidence, a Safe Recovery Programme Educator position (Nursing, fixed-term position) has been advertised to resource the implementation of the programme.
    - A footwear policy that ensures the removal of socks as footwear on admission and includes footwear as part of the mobility assessment and how to access prescribed footwear as a falls prevention strategy.
- Pressure injuries
    - A new system that alerts the CNS: Wound Care of all skin/tissue injuries raised in Safety1st for timely assessment and management
    - Trial of the University of Leeds visual traffic light system for the assessment and management of pressure injuries with support of the CDHB Pressure Injury Group and led by OPH&R Clinical Governance: Prevention Strategies are being finalised prior to trialling in three wards.
- These reports are seen and discussed by OPH&R Management and Leadership, Serious Event Review, Nursing Governance and Clinical Governance Groups. Our systems and processes are proactive with leadership and culture at the heart of achieving actions within timeframes. Innovation and best practice is part of the OPH&R culture and is visible where the governance and leadership groups support the trialling of initiatives – actively keeping the patient's safety at the centre of all that we do.
- **Year to Date** (Jul-17 to April-18) comparison to same YTD period last year (Jul-16 to April-17):
    - 947 falls compared to 838 the previous year (increase of 13% (109))
    - 24 SAC 2 fall events compared to 14 the previous year (increase of 71% (10))
    - 11% (24/217) of falls resulting in injury were reported were SAC 2 events
    - 23% (218/947) of falls **resulted in injury** compared to 26% (217/838) the previous year
    - 36% (342/947) were **repeat** patient falls compared to 36% (300/838) the previous year
    - Falls accounted for 40% (947/2364) of total OPH&R incidents compared to 46% (838/1827) the previous year

- 58% (553) fall incidents occurred in the patient's bedroom and followed by 15% (139) in the bathroom.



- **Paediatric diabetes outreach sessions for newly diagnosed patients:** When children are first diagnosed as having diabetes the people that care for them are often uncertain about how best to support them to undertake their normal daily activities. The diabetes outreach team has been providing a range of opportunities for patients' families and school staff to be provided with information, and develop confidence in this situation. Group sessions are run for parents three or four times a year. These sessions include an opportunity to refresh the information given to families at the time of diagnosis, provide information about pump use and updates on recent research findings. When a patient is newly diagnosed the team visits with school staff and parents to provide information about the needs of the child in that setting. Group sessions are also provided for teachers, teacher aides and office first aid staff – two of these sessions have been provided this year. Alongside these group sessions, access is provided to excellent online resources and written material. Feedback provided by those attending the sessions has been overwhelmingly positive, noting that these sessions are a key part of the information and support provided. Bringing the schools and whanau together soon after diagnosis demystifies the diagnosis for the teachers and allows discussion about what is required to enable children with diabetes to experience a normal, active childhood.

- **Use of alternating air mattress in the community:** The Child Development Service works with children with disabilities throughout the district, providing support to the children and their families. When children's movement is diminished even sleeping a full night can create the risk of pressure sores developing. If this occurs infection can follow creating significant discomfort and pain, along with the potential for significant harm or even death. One family cared for by the service has a 14 year old son with cerebral palsy. Throughout his life his mother has had to wake three times a night to turn him in order to avoid development of pressure sores. The service has been working with this family over time, trialling a range of approaches including positioning systems and various mattresses. The most recent approach has been successful – this involves use of an alternating air mattress. This is a mattress that uses changes in air pressure to avoid discomfort and the development of pressure areas. The mother reports that in the first two weeks of the trial she has only woken to care for her son during the night three times in total. This has ensured that this young man now sleeps comfortably most nights, provided a significant improvement in the mother's quality of life, while eliminating the risk of pressure sores developing that might lead to the requirement for hospital level care.

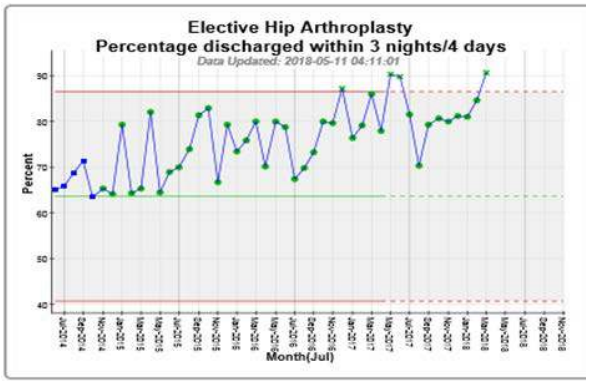
- **Scientists identify bug likely to cause bowel cancer:** New Zealand scientists led by a Canterbury District Health Board surgeon, have identified a toxic bug they believe may cause bowel cancer and could lead to a life-saving vaccine or early detection test for the too-often

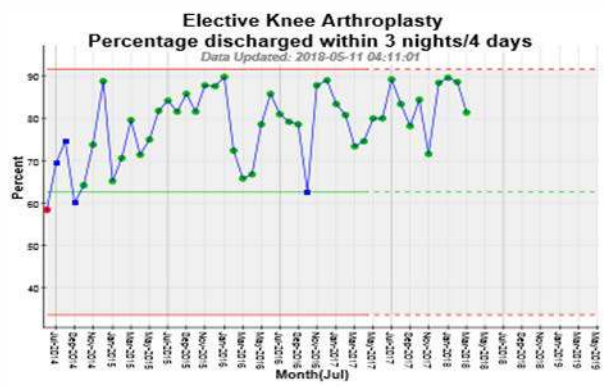
deadly disease. The University of Otago, Christchurch, researchers found a toxic form of a bacteria called *Bacteroides fragilis* in the gut of almost 80 percent of people with a pre-cancerous lesion – a precursor to the disease. *Bacteroides fragilis* is a common bug in our gut, and for the most part, helps with digestion and the general health of the colon. However in some people the bug produces a toxin that disrupts the cells that line the gut and starts the process of cancer in the bowel.

- More than 1,300 New Zealanders die of bowel cancer every year. The disease is becoming increasingly common in people under the age of 50, which could be due to changes in our diet. Diet has a direct influence on our gut health, and the microorganisms living there. Professor Frank Frizelle, Canterbury DHB bowel cancer surgeon and head of the University of Otago, Christchurch, research team describes the study findings as a 'game-changer'. "It gives us a clue as to what is actually driving the cancer, and in doing so, it gives us a possible means of being able to manage it." With further time and money, the discovery could be used to screen for people with the bug, and it could be used to develop a lifesaving vaccine.

IMPROVING FLOW IN OUR HOSPITALS

- **Older Persons Health & Rehabilitation (OPH&R)**





- **Enhanced Recovery After Surgery (ERAS**): Overall trend for both Elective Hips and Knees seeing improvement in the percentage of patients discharged within the target. While achieving a good consistency, we continue to audit outcomes as a balancing metric. Readmissions range has narrowed demonstrating further consistency in our approach.

- **Burwood Spinal Unit:** Recruitment to all roles and vacancies in nursing has occurred. The move from the existing spinal unit occurred with successful move of services and patients. Supported by families and wider teams across Burwood the spinal unit are now in Ward FG at Burwood and the 18 month programme of works will commence.

- **Vitamin C trialled as life-saving treatment for intensive care patients with sepsis:** Sepsis is a life-threatening complication where the body's own response to infection damages its tissues and organs. If sepsis progresses to septic shock, blood pressure drops dramatically, and organs fail. Sepsis is the main cause of death in the Intensive Care Unit, causing the death of one in five New Zealand patients in that setting. Although rates are increasing, treatment options are limited. Two small clinical trials overseas have found that use of Vitamin C for patients in Intensive Care Units was associated with an 80 percent drop in mortality from the life-threatening condition. Local findings indicate that patients in sepsis appear to require a higher vitamin C intake than is usually required in order to maintain normal levels. The high intake required cannot be provided orally. University of Otago, Christchurch, researchers are teaming up with intensive care specialists in Christchurch to further study whether intravenous infusions

of vitamin C could be a life-saving treatment for patients with sepsis. Dr. Anitra Carr hypothesises that cardiac dysfunction, and resulting drug treatments, could be avoided if patients have appropriate vitamin C levels. "When sepsis patients experience cardiac problems, they are often given drugs to stimulate the cardiovascular system. Vitamin C is potentially involved in a similar natural process, and if levels were high enough patients might not need as much medication," she says.

- The results from using the natural product as a medicine were considered by many to be too good to be true, so the Christchurch project will rigorously test these findings. The Christchurch research team will study whether people with sepsis who get the vitamin are more likely to survive and have a better recovery than those who receive conventional treatment. The group of patients who get vitamin C will also get conventional treatments. This research is a key part of our commitment to improving the treatment we provide to patients and potentially reduces the time that people spend in hospital by avoiding the consequences associated with sepsis in the Intensive Care Unit.

- **Using ePrescribing alerts to reduce opioid related harm:** The range of drugs known as opioids includes a number of medicines used to manage pain. The use of these is associated with constipation which causes discomfort for patients, when not managed properly this can create significant harm. A local audit of patient coding shows that opioids are the most common cause of inpatient adverse drug reactions – with a rate of 3.9 per 1,000 admissions. Constipation accounts for nearly a quarter of these. While constipation caused by these drugs is manageable through the provision of laxatives alongside opioid drugs, audit has shown that around two thirds of patients prescribed opioid drugs were also prescribed a laxative.

- The implementation of ePrescribing has given us an opportunity to improve on this. Under the guidance of clinical leadership groups covering analgesic use and the use of the alert functions within ePrescribing we have put in place a series of alerts in the electronic medication charts that alert prescribers that they have prescribed an opioid and there is no corresponding prescription for a laxative. This change has been associated with an improvement in the co-prescribing of laxatives, increasing it from 65% to 87%. A recent evaluation of coding data has shown a 17% reduction in the number of opioid associated adverse drug reactions and a 16% reduction in constipation in people prescribed opioids. This has demonstrated the benefit provided by structure clinical stewardship over analgesic use and the sparing use of ePrescribing alerts, it has reduced the harm we create for patients and is expected to contribute to avoidance of extended stays in hospital.

- **Donor breast milk pick-up service launched:** Previous updates have provided information about the activity of the Human Milk Bank at Christchurch Women's Hospital's neonatal unit. Currently 16 donor mums from around Christchurch are supplying around 10 litres of breast milk a week to feed babies in the unit. The donated milk is needed because many new mothers in the neonatal unit have underlying issues that affect their supply, such as premature delivery, birth and medical complications. These can lead to a delay in milk coming in, and the preferred alternative to supplementing a preterm or unwell infant's feeding is by using pasteurised donor milk rather than infant formula.

- In the past mothers have indicated they would love to donate and support the Milk Bank, but they can't get into hospital to drop their milk off. So, in a further development to the work of the only human milk bank in New Zealand, we are now offering a pick-up service to breast milk donors. Donors are provided with sterilised bottles and labels, and each week are emailed a date and time when their milk will be picked up. The Milk Bank will take donations of raw breast milk that's been frozen for up to three months. Following pasteurisation it can then be stored for up to another three months. The work of the human milk bank supports our most vulnerable babies to receive the nutrition they need to grow and stay as healthy as they possibly can.

REDUCING THE TIME PEOPLE SPEND WAITING

Medical & Surgical and Women's & Children's Services

- **Faster Cancer Treatment Targets: 62 Day Target:** For the three months March, April and May 2018 Canterbury District Health Board submitted 171 records to the Ministry with 33 missing the 62 days target. Of these 24 missed the target through patient choice or clinical reasons leaving 147 patients included in the target cohort. On this basis Canterbury District Health Board once again met the target of having at least 90% of patients receive their first treatment within 62 days of referral with 93.3% of eligible patients being treated within 62 days.

- **31 Day Performance Measure:** CDHB submitted 354 records towards the 31 day measure in the same three month period. This figure includes patients also eligible for the 62 days target. 90.4% of eligible patients met the 31 day measure, meeting the 85% target.

- **Elective Services Performance Indicator (ESPI) Target Outcomes:** Latest preliminary reporting from the Ministry of Health shows that Canterbury District Health Board achieved a red result for elective services performance indicator two (covering first specialist assessment) at the end of May. This is the fourth month that this indicator has shown as red. 16 of the 26 services that contribute to this measure had no patients waiting longer than 120 days, five services had three or fewer and five services had more than ten.

- The same report shows that Canterbury District Health Board achieved a red result for elective services performance indicator five (covering waiting time for surgery) for the tenth month in a row. Five of the 13 services that contribute to this measure had no patients waiting longer than 120 days, seven services had less than ten patients and one service had more than ten patients waiting for longer than this. The Ministry of Health has provided Canterbury District Health Board with dispensation from financial penalties for Elective Services Performance Indicator achievement between January 2018 and June 2019 to recognise the pressures associated with facility limitations and issues associated with data transition. These measures will continue to be provided and Canterbury District Health Board remains committed to working towards its goal that patients will not wait longer than 100 days for elective services they have been offered.

- **Nurse clinics providing timely appointments for people with small aneurysms.** Aneurysms are a bulge in a blood vessel, caused by a weakness in the wall of the vessel. When aneurysms in a major artery are of a significant size there is a risk that they will rupture, leading to internal bleeding and death. However when they are small there is not significant risk of rupture and there is no benefit to be gained from immediate surgery. On this basis we do not offer these patients appointments with a surgeon, if we did it is likely that there would be a long waiting time for such appointments due to the number of people with higher priority conditions also needing those appointments. However without a way to be provided with information and reassurance many patients experience significant anxiety about their condition. Since 2010 the vascular specialist nurses have been running small aneurysm clinics. These clinics enable patients to be seen in a timely manner, provided with a structured assessment and provision of information about aneurysms, the surveillance programme, open aneurysm repair and endovascular repair, risks of surgery, as well as the nature of follow-up care required following any surgery. If, in the presence of a significantly sized aneurysm, a patient would be willing to receive surgery they are offered ongoing surveillance. Following this a plan is made with the patient and whānau covering the management of their aneurysm. If appropriate, smoking cessation is discussed as is the most appropriate medical treatment of their aneurysm. The patient leaves the appointment with reassurance and a clear, documented, plan that is sent to the patient and their GP. If the patient indicates that they would never wish to have surgery then surveillance is not required and the patient's notes are updated to show that in the case of an emergency presentation with a ruptured aneurysm the patient does not wish to receive high

risk surgery. Around ten patients per month are seen at this clinic – a total of 860 people since its launch. This clinic offers significant benefit to the patients seen, ensuring that they are provided with reassurance, guidance on what future options are and a pathway to manage their condition appropriately over time. This approach ensures that patients that can benefit from the skills of our highly competent nurses while reserving surgeon appointments for patients that can only benefit from a surgeon's intervention.

- **Elective Health Target Delivery.** Ministry of Health reporting shows that following April 2018 Canterbury District Health Board was running 287 discharges (around 2%) behind its Elective Health Target. Internal reporting, which is more up to date, shows that at 22 June we had provided more elective discharges than planned. Within this, it is clear that in house delivery is above planned levels and outsourced discharges are running shy of target, catching up on delayed data entry along with some corrections being put in place will increase the outsourced count. We will meet the Elective Health Target at the end of June. Note however that there is a mismatch between target and delivery in the various sub-categories (i.e. arranged versus elective and between specialties). For example we have provided 316 more arranged discharges than planned. This represents good practice, as it ensures that patients receive surgery soon after an acute event, without having to be waitlisted. Canterbury District Health Board is working through these mismatches with the Ministry of Health. Achieving this outcome has required a deliberate effort from all services involved. For example General Surgery has been constantly monitoring how many elective discharges it has been providing throughout the year, and regularly fine tuning the way it is working to ensure that in-house and outplaced delivery was higher than its target. This has been achieved by holding extra hernia and gallbladder clinics and backfilling as many theatre sessions as physically possible.

- **Cultural Competence in Canterbury District Health Board Maternity.** Ensuring that women and whānau are made to feel welcome and comfortable around the time of the birth of a new baby is important to ensure that the best start is provided to a new life. An important part of ensuring an appropriate environment is supporting our staff to care for people in ways that are culturally appropriate, and that women and whānau are not alienated from our service. The activity described below is just some that we carry out to achieve this:

    - Kathy Simmonds, our Kaiāwhina Whaea me ngā pēpi, Māori Health worker at Christchurch Women's is available to help patients and staff across throughout Christchurch Women's Hospital and in our Midwife led units when specific advice is required. Kathy attempts to visit all women who identify as Maori or Pasifika, especially where they have antenatal issues, a baby who has died, care and protection issues or babies in the neonatal intensive care unit. She works closely with the whole team for these women.

    - Our Executive Director for Maori and Pacific Health has become closely involved in maternity in the past year due to a number of areas that we felt needed strengthening for staff, particularly midwifery staff. Hector and Kathy provide a two hour session as a part of the Core Competency day delivered to all midwives employed by the District Health Board to explore Tangata Whenua. Hector assists the group to explore their knowledge and understanding of cultural values for Maori. The workshop includes video recordings of women discussing their experiences in our units, assisting staff to review the impact their actions and words can have particularly for young Maori and Pasifika women when the importance of whanau is not fully appreciated. We use edited versions of their stories to help midwives and others understand the Turanga Kaupapa described for the midwifery profession by Nga Maia. Both of these components set the tone of the Core Competency day and have been well received.

    - Ward Clerks have been provided with access to a course in relation to reception of the various cultures that attend Christchurch Women's.

- We have worked with the security team to inform its de-escalation processes and provide an understanding of the sometimes stressful environment of maternity. This team has been very responsive as it works through the tension between the need for generic responses while also appreciating the different cultural responses to stress in maternity.
- A Maternity Consumer Council has been in place over the past twelve months. This provides stronger links with Manu Whenua, with three representatives attending most meetings. We have also been approached now by Ngai Tahu to inform a wider programme of work particularly to ensure all new babies to Ngai Tahu whanau have received the benefits from the iwi they are entitled to.
- Our recent review of visiting hours within our maternity facilities, as well as our approach to partners staying overnight, was prompted by complaints we had received from mainly Maori and Pasifika women specifically in relation to cultural sensitivity and the importance of whanau. The feedback given during the review has staff gain insight into the way that we use language and the various misunderstandings that can occur when people are asked to wait to see their family member.
- Many of the trainee interns, senior house officers, registrars and senior medical officers have participated in a workshop on the Meihana model run by the Medical School this year.

- **Christchurch Hospital orderly first in the country to achieve national orderly qualifications – twice!** Having an effective and accessible training system in place is one important component of attracting and maintaining a motivated and capable workforce. In recent years the orderly workforce in Christchurch has been participating in a new training framework for orderlies. Within this Craig Stewart of Christchurch Hospital is something of a ground breaker. Craig already had 15 years of experience when he was offered the opportunity to have his skills recognised and get his first qualification through workplace training.

- In 2014 he became the first orderly in the country to achieve New Zealand's first ever orderly qualification, the National Certificate in Health, Disability and Aged Support (Orderlies) Level 3. Four years on, Craig is the first orderly in New Zealand to achieve the New Zealand Certificate in Health and Wellbeing Social and Community Services Community Facilitation Level 4. Following completion of his initial qualification Craig was given an assessor role. Assessors are an important part of the workplace training cycle. They oversee the formal marking process and provide mentoring and support to their trainees in the workplace. In this new role, Craig realised that he needed more tools to be able to help his colleagues get through their training and to be more valuable to them, as some of them had literacy and numeracy difficulties. Along with other educators from Canterbury DHB, he has studied and completed the National Certificate in Adult Literacy and Numeracy Education Level 5 with the support of Careerforce. Canterbury District Health Board continues to invest in training many of our support staff including the orderlies, health assistants, dental assistants and cleaners to help provide even better health outcomes for the people in our communities.
- **DRANZCOG Advanced Oral Examination Award - Dr Brendan Marshall.** The Canterbury District Health Board works in partnership with our colleagues at the West Coast District Health Board across many services. Obstetrics is one of the key services involved in

this 'transalpine' approach to ensure provision of safe, sustainable services to women and their families on both sides of the Southern Alps. This includes regular visits to Christchurch Women's by staff from the West Coast, provision of leave cover on the West Coast by Christchurch based clinicians and a joint approach to clinical governance. While we are in a period where there is a stable specialist obstetric workforce based on the West Coast previously we have experienced significant periods where we have been required to rely on a piecemeal approach, using short term locums to ensure a full roster. Recently, both DHBs with support from HWNZ have looked at a unique approach that looks to train locally based doctors, providing them with advanced obstetric skills ultimately helping ensure more certainty of the service for West Coast women. This model has been available in Australia and we've recently demonstrated, that this approach to training can be replicated in New Zealand. Dr. Brendan Marshall, a general practitioner and rural hospital generalist working in Greymouth has recently completed an Advanced Diploma in Obstetrics (Adv. DRANZCOG). This enables Brendan to participate in providing obstetric support to women, including the provision of Caesarean section, assisted deliveries and other procedures that have previously only been provided by specialists. In order to complete this qualification Brendan has been seconded to Christchurch Women's Hospital for about the last six months, allowing Brendan to complete the practical components of the Advanced Diploma while simultaneously developing key relationships with the staff at CWH. Both DHBs have been reassured that the training they are able to offer is of high calibre, as Brendan recently received word he had achieved the highest marks in Australasia in his Advanced Oral Examination, despite Christchurch being the first NZ centre to offer Adv. DRANZCOG training in over 20 years. He will travel to Adelaide to receive this award at the Fellowship Awards Ceremony in September. This model has real potential to help us to sustainably develop a workforce that will provide for the needs of women on the West Coast (and indeed large parts of rural NZ) over the long term, ensuring that women can safely give birth closer to home, with the majority avoiding the need for a trip across the alps.

- **Coordination of high volume capital purchases throughout the organisation.** Items such as beds, physiological monitors, intravenous pumps and refrigerators are used in wards right across the District Health Board. Previously purchasing of these items was coordinated at a facility level with the result that many business cases for the purchase of these relatively high volume minor capital items converged on Corporate Finance for processing each year. We are now taking a coordinated approach to managing these capital purchases centrally. Recent work in this area includes:

    - A single register of all beds owned by the organisation has been developed based on existing information in Maximo and the result of a bed audit. This has allowed analysis of the age and model of existing beds and is allowing us to prioritise replacement more deliberately. This has become more important because the use of motorised technology in beds, required to support the health and safety of both patients and staff, has reduced the life expectancy of beds over the past few decades. Taking a coordinated approach will reduce transactional costs associated with developing and responding to multiple business cases from several sites, will enable a consistent approach to the prioritisation of replacement and provide leverage on prices through a more structured approach to procurement.

    - Development of a system to analyse data from AeroScout, a centralised system used to measure and record refrigerator and drug room temperatures, has enabled us to target our replacement of refrigerators. Priority has been given to replacing drug and vaccine refrigerators that were alarming the most often. The coordinated approach has enabled us

to take a consistent approach to the specification of refrigerators purchased to store drugs in. Domestic refrigerators used for this task are being replaced with medical fridges. This approach has helped us to avoid the expense associated with discarding expensive medicines because of refrigerator failures.

- **General Surgery's ongoing focus on admin team efficiency paying off.** Previous updates have outlined changes put in place by the booking team in General Surgery that are allowing it to release time to other tasks including assisting other services. Over recent months this freed capacity has allowed it to focus on cleaning old data – an essential step as we prepare to transition from Homer to the Patient Information Care System. This has included assisting other services with cleaning their data, wait listing of their patients and sharing their experience so that all services are supported to continue their vital role of booking patients for clinics and surgery in an efficient manner throughout the upcoming changes. General Surgery's Medical Secretaries have also been improving the way that they work with a focus on reducing the time taken to turn dictation around. Over the past six months the average turnaround time has reduced by nearly 20% from 2.2 to 1.8 days despite an increase in both the number of jobs and total time required to transcribe (there were 1,316 transcription jobs in November 2017 and 1,811 in May

Specialist Mental Health Services (SMHS)

- **Demand for Specialist Mental Health Services**: The SMHS divisional leadership team and Planning & Funding continue to closely monitor use of Mental Health Services. Demand for adult general services is continuing to grow. Our staff work exceptionally hard to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff. A range of initiatives are contributing to ongoing improvements. These include:

    - Plans are underway for a building modification designed to contain a high care area (HCA) to assist with addressing significant health and safety concerns that exist in the AT&R unit. This is the inpatient service for people with intellectual disability and challenging behaviour. An interim environmental modification has seen a significant improvement in incidents related to a specific individual cared for in this environment, however there continues to be significant incident rates overall within this unit. The AT&R unit reported zero seclusion hours for June 2018.

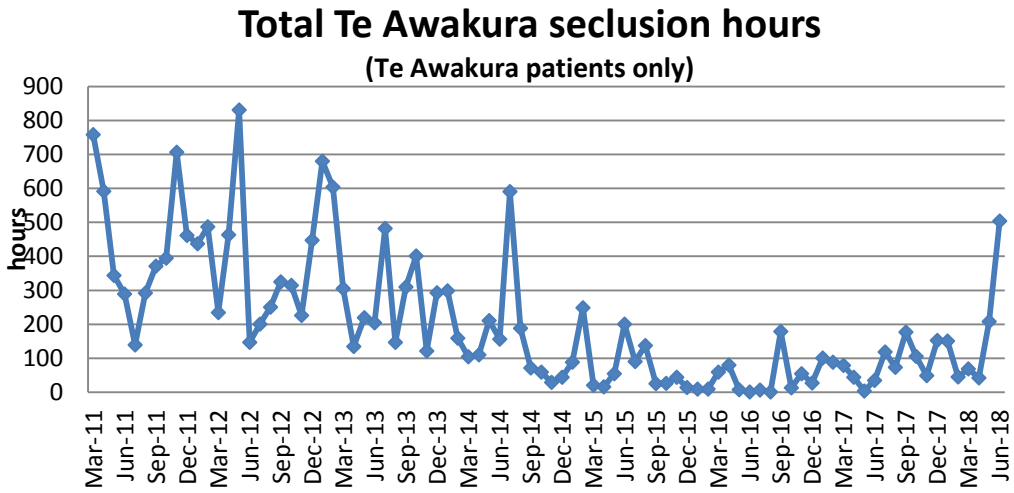
    - Nurse Coaches were established within Te Awakura (the adult acute inpatient service) in late 2017. These roles were established to support practice for both registered and enrolled nurses in their first year of Mental Health practice. A formal 3-stage evaluation of the impact of the role has been completed with positive feedback and recommendations made for consideration. There are currently several AT&R staff on ACC due to serious work related injuries. Strategies have been put in place to maintain staffing levels for the unit through using pool staff familiar with the area and a short term staff secondment to assist in continuity of care. Maintaining this level of staffing is an ongoing challenge.

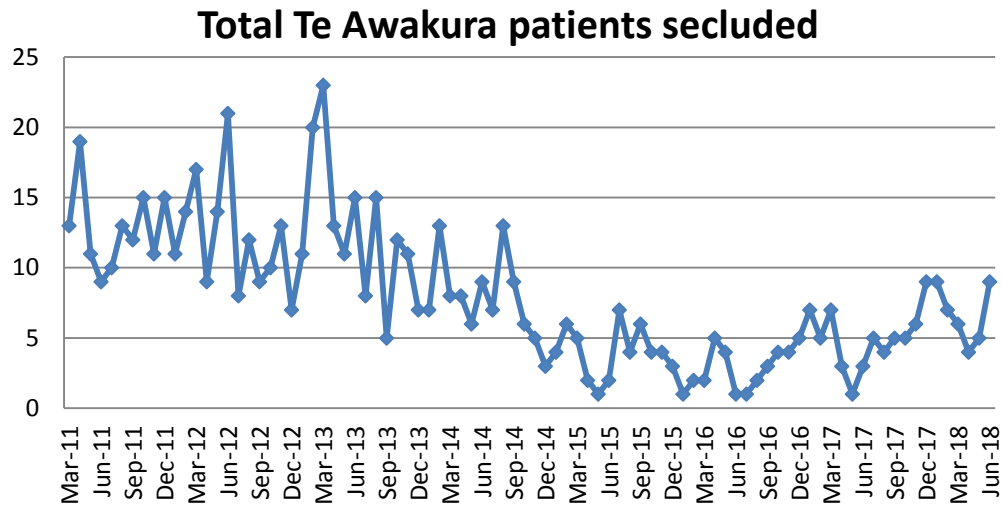
- Occupancy of the **adult acute inpatient service** has been high at 100% in June 2018. Such high occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of a community service that will provide an 8 bed alternative to an acute inpatient admission.

- **Demand for Adult Services** continues to increase. There were 218 new crisis case starts in June 2018. New crisis case starts require an assessment and response within a day of referral. The adult general service is exceeding national targets with respect to wait times for adult Specialist Mental Health Services. The wait time targets are 80% of people seen within 21 days and 95% within 56 days. In June 2018, 96.3% of people referred to the Adult Community

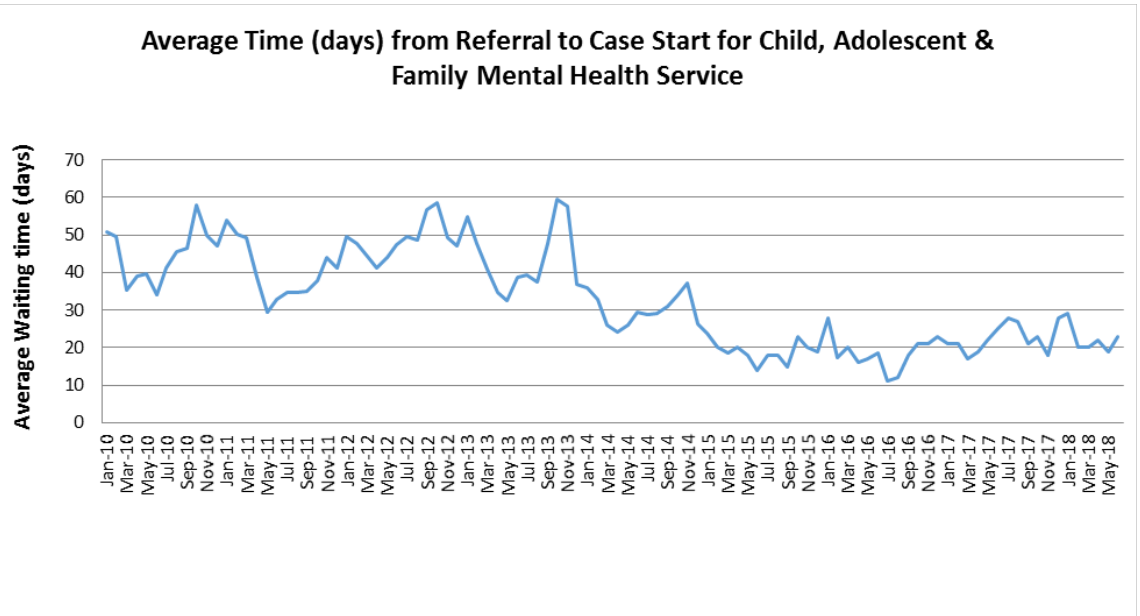
Service were seen within 21 days and 99.4% were seen within 56 days. The percentages for June 2018 were 87.84% and 97.18% respectively when other adult services i.e. Specialty, Rehabilitation and Forensic were included.

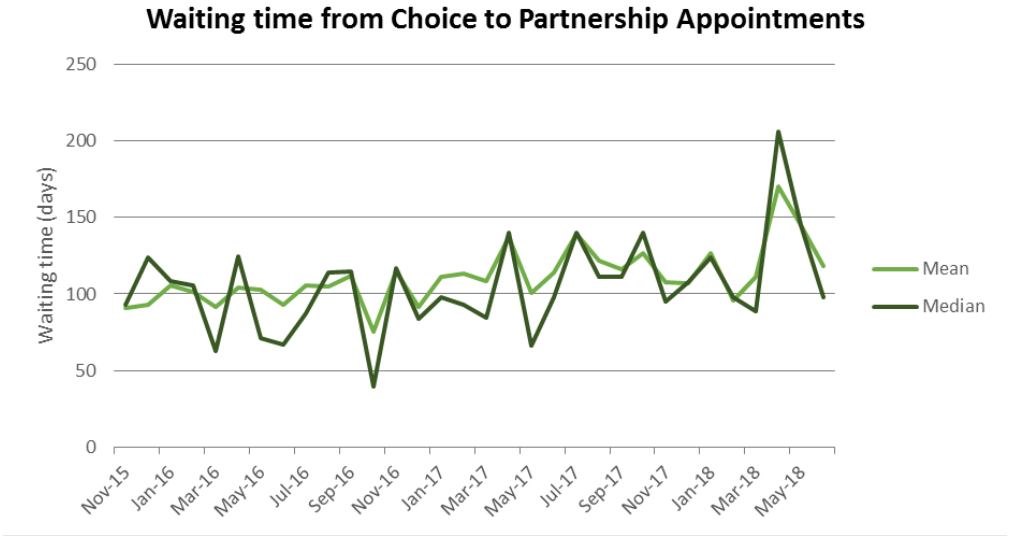
- Our focus on **least restrictive practice** continues. Staff are working extremely hard to continue to provide care for people in a least restrictive manner. There has been an increase in our seclusion rates over the last 2 months which can be attributed to higher than usual numbers of acutely unwell consumers, further compounded by an increase in Methamphetamine use. For Te Awakura there were 24 seclusion events for June 2018 for a total of 504.2 hours. This comprised of nine unique individuals, with one person experiencing 397 hours during the month. The monthly average for the previous 12 months is currently 141.4 hours.





- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remains a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for June 2018 show that 64.6% of children and adolescents were seen within 21 days and 90.1% within 56 days. Child, Adolescent and Family Services had 224 new case starts in June 2018.





- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. This, combined with the provision of alternate treatment pathways for consumers has resulted in a marked increase in reported waiting time (as shown in the graph above for April 2018) but with a concurrent significant reduction of 100 people waiting to be seen.

- **Schools based Mental Health Team** continues to be approached by new schools across Canterbury requesting engagement. The team responds to each request and provides an individualised approach for each schools. Term two has been very busy across Canterbury. The school counsellor forum was held at the end of June with the focus on working more collaboratively with school counsellors and improving communication. The team attends regular pastoral care meetings in many schools, and participates in Rock On meetings at which attendance issues are discussed. Networking and fostering strong relationships across schools and with the Ministry of Education remains a major function. We have begun engaging with the new Mana Ake workers, and will continue to build on this as the roll out progresses.

Older Persons Health & Rehabilitation (OPH&R)

- Our patient volumes are being reviewed regularly in line with the winter planning process of increasing beds across the inpatient environment. Most winter flex resourcing is in place for winter. To meet the vacancies of registrars we are utilising an additional Clinical Team Coordinator (CTC) to support flow across the services. Our Clinical Nurse Specialist (CNS) Liaison position has now been made permanent. This has been a positive step with the gains made during the pilot sustained and further work across Christchurch Campus to support flow to OPH.

- **Winter Planning**- In preparation for forecast winter impacts we are continuing with the joint approach to winter planning. The lessons learnt around activity from 2017 continue with a number of the actions indicated in the Winter Review document now embedded as our new norm of activity. This includes our 0830 huddle, confirmation of the clinical nurse specialist liaison role at Christchurch Campus.

- **Brain Injury Service:** Across the Slow Stream Rehabilitation Community beds there is a lack of capacity in community for slow stream rehab for BIRS patients needing this following discharge. This is leading to delayed discharges. These are Disability Support Services funded patients, however are often unable to be discharged and they remain in the BIRS service. In working with planning and funding we are using our adult pathway format with Lifelinks to look for alternatives to support these patients. We will continue to develop options within the Adult Rehabilitation Review.

- **Older Persons Mental Health:** the Older Persons Mental Health Service is appointing a Nurse Consultant and this appointment will bring the service in to line with Specialist Mental Health who have had these roles now for a number of years.

- The Nurse Consultant role is to provide advanced professional nursing leadership and facilitate the ongoing development of mental health nursing practice. The Service has relied heavily on the Charge Nurse Managers and latterly the Clinical Nurse Specialists for nursing leadership and the Nurse Consultant will support this and give strategic direction by working closely with the Clinical Directors, Service Manager and AHP leads. While the service has been well supported in terms of older person's rehabilitative nursing expertise a specific focus on the core of the work will be a huge boost to nursing and to the wider service, enhancing the Interdisciplinary Team approach that is vital for successful patient care. The Nurse Consultant will work collaboratively with SMHS colleagues to ensure OPMH maintains best practice and importantly continues to be seen as a great place to work.

- **Adult rehab update:** The Steering Group have met to review progress with activities and ensuring that we have an understanding and connection to all the connected pieces of work – including- CREST Review, ACC/Non Acute Rehab Project, Spinal Cord Impairment Action Plan, Traumatic Brain Injury ACC Contracts, Restorative Care framework development, Community re-design, Technology, Equipment Projects including short term loan and Bariatric, Disability Support Services Meetings. The comprehensive nature of aligning and supporting transformation for an enhanced journey across the system. Work streams have commenced in relation to:

    - Transition from child health to adult services – OPH&R continues to contribute to this work stream to support the transition process from paediatric care to adult services.

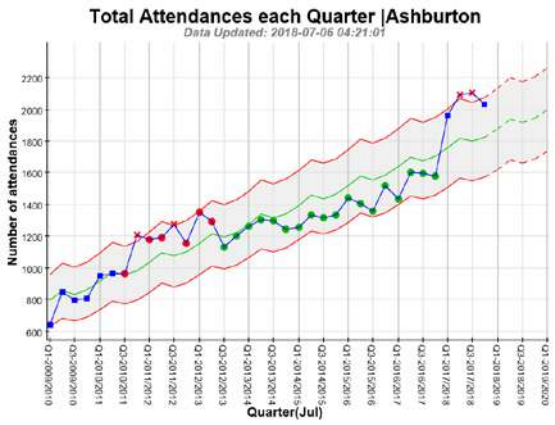
    - Point of Entry – explore option how referrals, especially complex ones, have a cross service assessment for appropriate care.

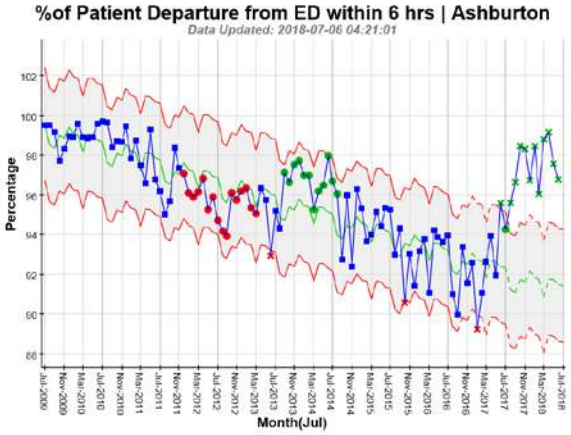
- Transfer of Care – enhancing the transfer of care for patients between Christchurch and Burwood Hospitals. Trialling the use of Floview to improve the communication and information transfer. Also looking at the option of trialling Collaborative worklists.
- Workforce – keeping visible the workforce issues across the adult rehab services, whilst we work through the future needs related to the project.
- Funding Pathways for community placements – continuing progress on developing relationships across the stakeholder to understand, identify and address barriers to discharge.
- Stoke patients – exploring options and opportunities in relation to early Supported Discharge opportunities to support patient flow and rehabilitation.

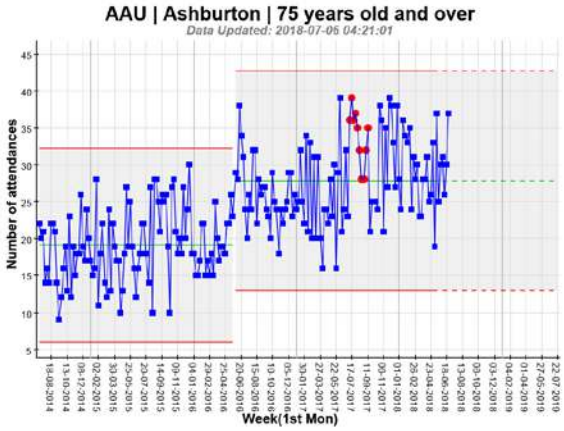
- **Tele-health:** The use of Tele-health within the spinal service continues to grow. We are developing a strategy for all telehealth opportunities in spinal. Recently as part of an outreach visit to the Hawkes Bay DHB we tested the devices to enable this ongoing. We have recently utilised this and continue to use this to connect for meeting with a patient, staff and family in Dunedin ICU.
- **Confirmation Line:** In August 2017 we commenced a confirmation line for Orthopaedic surgery at Burwood. The graph below shows the volume of messages left on the Burwood confirmation line. This has diverted the bulk of phone calls (most ringing only to confirm) from the Orthopaedic medical secretary's office reducing unnecessary distraction. There is also some minor improvement in DNA % overall average but not hugely significant. But does seem to have taken out some of the large spikes in DNA's we used to see of 10-11% some weeks.

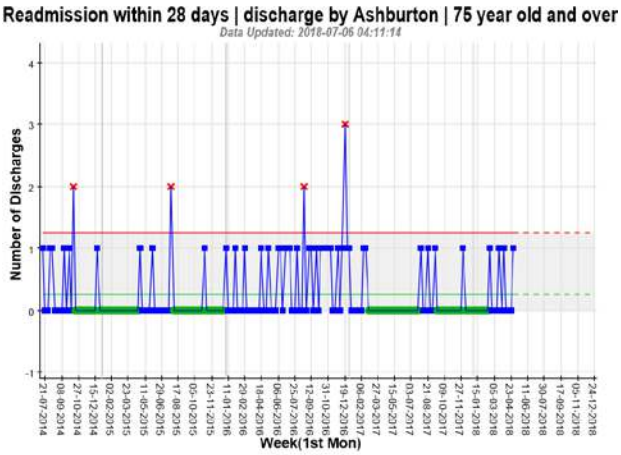
Ashburton Health Services

- **Acute and Inpatient Care Delivered in Ashburton Hospital**









- Fluctuation in presentations and occupancy of Acute Medical ward on par with seasonal projections. A total of 705 presentations to the Acute Assessment Unit (AAU) in June 2018, compared with 525 in June 2017, noting that the "8 – 8" primary care cover for Ashburton was well established in June 2017. The increase is predominately in patients identified as Triage 3 and Triage 4 on presentation, with no growth in patients identified as Triage 5.

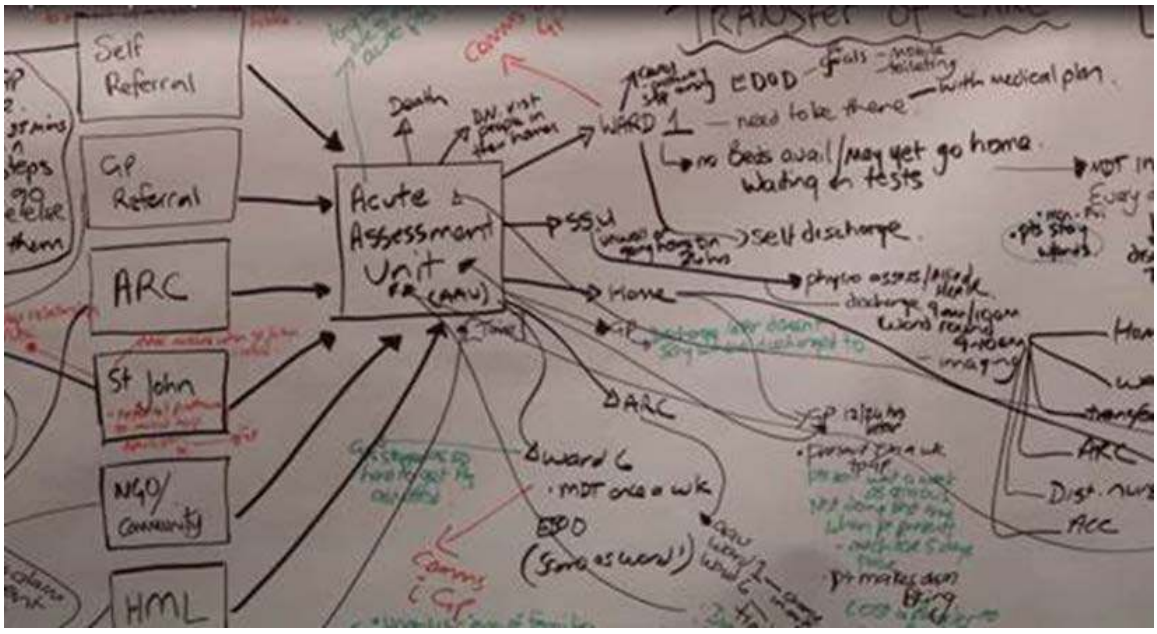
- To support a system wide approach to understanding this presentation cohort further, information is being gathered on patient presentations by practice, that will be shared in a discussion with the local practices, with clinical representation from the AAU and practice, supported by PHOs. This was planned for July and has been delayed a month due to constraint in local resources responding to the LPS planning processes. Local service improvement work under includes expanding the discharge planning identified through the Assertive Board Round every week day morning at 11.00. Expanding on this, FloView is being implemented for Ward 1 in preparation for our go live with South Island PICS, providing the opportunity localise our wider MDT approach to discharge, eg identifying Home Support and District Nursing contribution. Opportunities for alignment with community and primary care are being progressed through a small operations group set up as a sub-set from the Ashburton Service Level Alliance.

- The Ward 6 occupancy is providing a different type of challenge. This is the Ashburton ward where non-weight bearing patients and Assessment, Treatment and Rehabilitation (AT&R) patients are cohorted, occupancy has been consistently full during the May and June. In previous years the planning for this 19 bed ward has worked on a principle of approximately 10

beds occupied with Non Weight Baring Patients from across the Canterbury DHB district, over recent months this has steadily increased to a minimum of 15 beds with a waiting list for transfers from Christchurch. Recently as the wider system is pressured we are accepting Non Weight Bearing patients into Ward 1 for several days, awaiting a vacant bed in Ward 6. As these patients have an occupancy of an average of six weeks, this is an area we are conscious to identify any system improvement locally, as failure in good planning in this area has the potential for us to gridlock the system and reduces our capacity to provide ATR for local Ashburton patients.

- **Frail Elderly Pathway:** Ashburton Service Level Alliance, in partnership with the Canterbury Clinical Network, hosted a co –design workshop session to develop a Frail Elderly Patient Pathway Workshop specific to the needs of the Ashburton population.

- We discussed how our system is currently functioning, specifically looking at referral pathways to and from secondary care services. We explored how we wish our frail elderly pathway to look like in two to three years' time; what are the barriers, the opportunities and the professional ambitions of the health providers. The turnout was very successful, attendees included service providers, funders, non-government organisations and most importantly consumers. As a community we are very fortunate to have a multitude of organisations and consumers willing to come together to work on a holistic and collaborative patient journey for the people living in our community. The workshop was facilitated by Carol Glover, Pegasus Health Rural Health Manager. Patient journey with highlighted enablers and barriers has been created which we can bring back to our key stakeholders. From here this will be presented at the Ashburton Service Level Alliance, we are excited to continue supporting the development of this integrated pathway.



Laboratory Services

- **Key appointments:** Dr Anja Werno has been permanently appointed to the Chief of Pathology and Laboratories position, after holding the fixed term appointment over the past 10 months. This has enabled Anja to extend her leadership skills and knowledge of pathology and labs. This is complemented by her 13 years of working experience as a senior medical officer and also previously as the Medical Director of Microbiology for Canterbury Health Laboratories (CHL). Her leadership capabilities, combined with her regional, national and international networks will complement the role of Chief of Pathology and Laboratories at CHL.

- Associate Professor Chris Hemmings has been appointed to the Clinical Director of the Anatomical Pathology Department. Thanks to Dr Gavin Harris for his leadership and contribution to the Anatomical Pathology Department over the last six years as Clinical Director.
- **Key update items:** Another very busy month for CHL. The last month has seen the highest ever volume in Anatomical Pathology, which exceeded 14250 tests. Other services within CHL have also seen a significant increase in demand – including hospital, community and commercial requesting.
- A very successful national Lab Meeting was held on 22/23 May 2018. Good feedback received from attendees.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management

- Winter planning in different parts of the system has been the focus for the last few months. Acute Demand Management Services continue to be well utilised and St John's continue to divert almost 40% of 111 calls away from the Emergency Department (ED) to other community supports (largely general practice).
- The Frail Older Person's Pathway in ED will be supported by increased physiotherapist resource to conduct function reviews which will enable people to return home where appropriate. A new post-discharge voucher programme will begin in June which is anticipated to assist in reducing readmission rates.
- There is significant daily variance but ED volumes have eased slightly, following heavy volumes early in the year, however the average growth rate over the last 12 months is still over 6%. The DHB achieved the ED health target in the last two quarters, but with the winter impact beginning we are may just miss the 95% target in quarter four.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Rural Restorative Care Models for Canterbury:** In late 2017, Rural Health Workstream and Community Services Service Level Alliance representatives discussed creating a rural Early Supported Discharge Service, to support the delivery of a more integrated, coordinated restorative care model in rural settings. A co-design workshop set to be held at the end of June has been postponed due to the nurse's strike, we expect this to be rescheduled in six to eight weeks' time.
- This work will feed into the implementation of the Rural Sustainability Project, which has been focusing on confirming a Model of Care for Hurunui and Oxford. It is hoped that this work will result in a more developed early supported discharge service for rural areas, where more intensive services will be delivered post-discharge with restorative follow-up in home-based support services and district nursing. It is anticipated that the delivery of this intensive period of care may rely, at least in part, on the further development and creative utilization of telehealth services.

Mental Health

- **Mental Health Workforce:** High demand and workforce fatigue continue to be reported throughout primary, community, and specialist mental health services. Integration and collaboration are the primary mechanisms for increasing efficiency in order to provide some relief. Primary and community mental health services in particular are looking at innovative models to respond to the ongoing demand. Pay Equity for mental health and addiction workers was confirmed by Cabinet recently. Work is continuing with the Ministry of Health regarding implementation.
- **Mental Health Inquiry:** The Mental Health and Addictions Inquiry Panel met with stakeholders and the wider community in Christchurch in early July. The messages from the panel to date indicate they are looking for future focused discussions and potential solutions to current challenges. The DHB has supported stakeholders to engage with the Panel and helped to coordinate the panel meetings. Mana Ake was used to show-case Canterbury's across agency approach to mental health and well-being.

Primary Care

- **Pharmacy:** DHBs are finalising a new contract offer for community pharmacy services for implementation from 1 October 2018. It is planned that this contract will have no fixed expiry date and includes a mechanism for an annual review process. The annual contract review will allow ongoing improvement to services and funding models in order to deliver the national Pharmacy Action Plan. Local pharmacies are increasingly playing an important role in protecting our community against influenza. Eighty of the 120 pharmacies in Canterbury are currently funded by the DHB to vaccinate people 65 years and over and pregnant women, we expect this number to increase over time.
- **Free General Practice Consultation for People Discharged from Hospital:** In preparation for the flu season the Urgent Care Service Level Alliance have been exploring ways to manage increasing demand, especially throughout the winter months where there is a risk that demand could exceed capacity in Christchurch and Burwood Hospitals.
- One strategy identified was the introduction of a voucher for a free general practice visit post hospital discharge. The aim of the voucher is to reduce the risk of patients requiring a readmission or re-presenting to the ED. The programme commenced on Monday 2 July 2018.
- **Features of the post-discharge voucher programme:** At the discretion of the discharging team a voucher will be given to those patients assessed as at a high risk of readmission or re-presentation to ED following discharge. The voucher applies to select patient groups at Burwood and Christchurch Hospitals.
- Those patients discharged to an Age Residential Care facility will not be eligible. The project will be evaluated in terms of its effectiveness at reducing readmission rates. If successful it will be considered as a regular feature of our winter planning.
- **Integrated Family Health Services and Community Health Hubs**

  Closer integration of health services is being pursued in several rural areas.
- **Hurunui** – Recommendations from the Hurunui Health Services Development Group are the subject of a separate paper to the Board. Five general practices in Hurunui are trialing new after-hours roster arrangements from July 2018. We are also supporting practices to explore the benefits of working more closely together in other ways.
- **Oxford** – The Oxford and Surrounding Area Health Services Development Group is continuing to develop a proposal for improved local access to health services. The group is

about to seek feedback from the community. Key areas of focus are: transport for access to health services in Christchurch, telehealth for local access to specialist clinics, urgent care after-hours, and restorative care in the community for people following hospital discharge.

- **Akaroa** – Construction of the new Health Centre is underway and expected to be completed in time for services to begin on site in June 2019. Akaroa Health Ltd general manager, Jenni Masters, is preparing an implementation plan for the new Model of Care in consultation with the Akaroa Health Services Committee and DHB staff.

Maori and Pacific Health

- **Te Puawaitanga:** Our Tamariki Ora / Well Child service delivered by our provider, Te Puawaitanga, based in Hornby, has recently welcomed two new nurses to its Tamariki Ora team. They have the requisite post graduate qualification and have experience delivering the Well Child schedule. The Tamariki Ora team now comprises only nurses, a change that has been made to help manage the high numbers of whānau with new pēpi requesting this service with Te Puawaitanga.

- Attached to this report **(Appendix 1)** is the latest Well Child Tamariki Ora Quality Improvement Framework Indicators report for the quarter ending March 2018. The report illustrates progress against the quality indicators in this service. Te Puawaitanga are now delivering the kaupapa Māori antenatal education programme Whānau Mai. The programme is being regularly run by two midwives. The programme meets the Ministry of Health's specifications for antenatal education as well as including Māori birthing approaches.

- Rapuora is the name of the Māori Mobile Disease State Management service staffed by two RN's and a kaiwhakapuawai (Māori Health Worker). It is for those over 18 years old who have or are at risk of respiratory, heart and diabetic conditions. We support whānau to attend their medical appointments and to understand their condition and how to manage it. Referrals are received from across the health system including primary, secondary and tertiary as well as directly from whānau. The service is delivered throughout Christchurch by Te Puawaitanga and is experiencing growth in referrals and demand.

- **NetP Partnership:** The Nursing Entry to Practice (NetP) enables nursing graduates to begin their careers well-supported, safe, skilled and confident in their clinical practice, equipped for further learning and professional development, meeting the needs of health and disability support service users and employers. NetP builds a sustainable pathway for the New Zealand registered nurse workforce into the future. One of our NetP partners is Pegasus Health. In partnership with Pegasus we have now agreed to begin our inaugural NetP positions to gain shared placement in a Māori and Pasifika provider.
    - Inaugural Māori NetP position -0.4 Māori NGO - Te Puawaitanga and 0.5 Te Rawhiti Medical Centre
    - Inaugural Pasifika NetP position - 0.4 at Tangata Atumotu Trust and 0.5 East Care Health Centre

- It is anticipated that both roles will roll out September 2018. This is a tremendously exciting opportunity for both NGO providers as well as the Pegasus practices involved. NetP has been a pathway for new graduates for many years and this is the first time placements in our Māori and Pasifika NGO providers. We anticipate that this will also provide a pathway for Māori and Pasifika graduates wanting to work in their communities.

Promotion of Healthy Environments & Lifestyles

- **Workplace Wellbeing – *All Right?* at work** - *All Right?* will formally launch a workplace wellbeing hub in July 2018. Called '*All Right* at Work? the hub will be part of the *All right?* website (www.allright.org.nz) and will feature information for both employers and employees about mentally healthy workplaces. Video clips of employers talking about their efforts to create workplaces to support staff wellbeing will be a central focus of the hub, along with information about the business case for workplace wellbeing, and links to helpful resources such as the Mental Health Foundation's Five Ways to Wellbeing at Work Toolkit.

- **Manly As** - The 'Manly As' campaign part two will launch in August 2018. The first campaign was aimed at breaking down the stereotypical image of masculinity and the second phase will build on that theme. As part of the campaign *All Right?* is supporting a panel discussion at the WORD Festival amongst male authors who have all explored themes of masculinity in their writing.

- **Yaldhurst Air Quality Monitoring Programme:** The results of the Yaldhurst air quality monitoring programme were released on 22 June 2018. The monitoring programme was designed to inform of any potential public health risks from dust potentially arising from a number of quarries in the area. Health effects from dust depend on the size of the particles, the amount of dust there is, the composition of the dust, how long people have been exposed to dust, and people's health. Community & Public Health have been working closely with Environment Canterbury and the Christchurch City Council through-out the monitoring project.

- PM10 (particles less than 10μm) dust particle results were compared with the 1 hour average trigger threshold of 150μg/m3 for dust nuisance and the 24 hour average National Environmental Standard (NES) PM10 standard of 50μg/m3 for guaranteed level of public health protection. The results for PM10 showed some short term one-hour exceedances of the dust nuisance threshold but no exceedance of the NES.

- The Respiratory Crystalline Silica (RCS) particle results were compared against the Californian Chronic Reference Exposure Levels (REL) for respirable crystalline silica (RCS). This guideline level is 3μg/m3. A chronic REL is an airborne level of a chemical at or below which no adverse health effects are anticipated in individuals indefinitely exposed to that level. The results for RCS showed no exceedance of this guideline level.

- Overall, the results of the monitoring programme show no indication of a public health risk to Yaldhurst residents from environmental airborne (ambient) dust. Nuisance dust levels will not cause long term health effects. However nuisance dust levels need to be kept to a minimum to ensure they do not escalate to become a health concern. Environment Canterbury have issued a number of compliance and enforcement measures to improve the management of dust around quarries.

- **Chlorination of Christchurch water supply:** Non-complying well heads mean that Christchurch drinking water no longer complies with the protozoa requirements in the New Zealand Drinking Water Standards. The well heads are at risk of contamination from surface water/stormwater. This is especially so for those wells placed in chambers (below ground) near where sewerage overflows occur during periods of high rainfall (several wells become inundated with storm/wastewater in this situation). Chlorination has been introduced to help address this risk. Chlorination is common throughout the world and in New Zealand over 80% of drinking water supplies serving more than 100 people are chlorinated. At the levels of chlorination being undertaken adverse health effects are not expected. What is challenging for the Christchurch City Council is that there is no central location to undertake chlorination treatment. Instead the treatment is being replicated across 53 pump stations (each having between two and six wells

on site). In addition, as Christchurch's water supply is not usually chlorinated, it is likely that a build-up of biofilm has occurred inside of the city's water pipes. This provides organic matter for the chlorine to react with. The disinfection by-products that are formed from chlorine reacting with organic matter are likely to be responsible for the taste and odour complaints that are currently being received by the council. These complaints are anticipated to decrease in number as the organic matter reduces.

- **Exercise Micro – non-seasonal influenza exercise at Christchurch International Airport:** Community and Public Health and Christchurch International Airport Ltd. (CIAL) jointly conducted a major exercise on the afternoon of Wednesday 13 June. The scenario comprised three unwell persons, in a family, arriving at Christchurch Airport as part of a Trade Delegation from Singapore. The unwell passengers were displaying symptoms of non-seasonal influenza against a backdrop of: human to human transmission of novel influenza in Singapore and elsewhere; WHO in session to decide whether to declare a PHEIC; the Ministry of Health issuing a Code White alert. The exercise took place over three locations – CIAL EOC; a bus (replicating an Air New Zealand aircraft) with 20 passengers (volunteers) and four Air NZ cabin crew on board; and the passenger access corridor at gate 33 set up with duty free, Customs, Immigration and MPI stations.

- In all, 11 agencies and 99 persons participated in the exercise which took place over three hours and was cold debriefed on completion. A hot inter-agency debrief has since occurred and a Public Health cold debrief has also taken place. While the inter-agency response was generally good, the purpose of the exercise was achieved in that some interesting issues arose and weaknesses in response procedures and protocols were discovered. The findings will lead to relevant plans being amended and staff training provided where necessary. A full report will be submitted to Sally Gilbert, Manager, Environmental and Border Health, Public Health, Protection Regulation and Assurance, Ministry of Health.

- **Measles outbreak declared over on 14 June 2018:** Measles outbreak 4th April – 14 June 2018: The source case is suspected to have travelled from Australia to Queenstown. The transmission from the source case to the index case occurred on 22 March between 9:40am – 1:40pm either at Queenstown Airport or on a domestic flight between Queenstown and Christchurch. A total of 16 confirmed cases have been epidemiologically linked to this outbreak throughout the South Island; 1 Nelson/Marlborough, 6 Southern, and 9 in the Canterbury DHB. Of the nine confirmed cases in the CDHB region three were hospitalised. C&PH identified 403 confirmed contacts through contact tracing. Isolation of susceptible contacts was practiced.

- Media releases by the Medical Officer of Health provided public health advice. A measles outbreak group was initiated within C&PH and a South Island Measles Outbreak Group (SIMOG) involved all South Island DHBs, ESR, and the Ministry of Health. The learnings from the previous outbreak enabled C&PH to act quickly and effectively to set up an outbreak group with the Medical Officer of Health (Incident Controller for the outbreak) allocating tasks. With the establishment of the SIMOG excellent relationships and a high level of cooperation were established and maintained with the Canterbury Health Laboratories, ESR, other South Island PHUs, and the Ministry of Health. In addition, the cooperation of Christchurch Hospital and the infection control nurses was greatly valued when information was required, regarding cases and contacts. The outbreak was declared over on 14 June 2018.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Acute Services Building**
  - Wireless installation is progressing and is ready to test in some areas and we have received updated schedules for the building.
  - Working with main contractor to provide network connectivity as required for main-contractor provided systems.
  - Meeting Room Audio Visual equipment has been reviewed and trimmed a little to reflect actual room size and function, particularly around TV sizes.
- **Christchurch Outpatients**
  - Good progress on floorplans and equipment distribution, but other areas slow due to lack of resource. This is being addressed.
  - Wireless installation is progressing as is network connectivity in conjunction with the main contractor.
  - As with ASB, meeting room Audio Visual equipment has been reviewed and trimmed a little to reflect actual room size and function, particularly around the Demo Kitchen on Ground floor.
  - Risks continue to be monitored fortnightly by the project team and are escalated to the monthly ISG steering group. Key risk at present is ISG having multiple capital projects commissioning within a similar timeframe and competing for the same resources.
- **Cardiac Test Repository**
  - Regional delivery framework and Governance agreed and in place between all participating DHB's.
  - Network design, device audit and test plan development in progress, but slow. Discussions underway regarding next steps.
- **Electronic Medicines**
  - The ePharmacy project went live on 1 May 2018 with no disruption to the hospital services.
  - The upgrade will make it easier to integrate MedChart and ePharmacy in the future.
- **End of Bed Chart (Clinical Cockpit):**
  - Project to collate information from a number of systems on a hand-held device, including Medchart, Patientrack and Éclair results
  - Preferred vendor selected, with negotiations to follow in conjunction with ISG Architects.
- **Health Connect South**
  - Independent report into service improvements completed, and a plan to implement recommendations is being prepared.
  - A release to bring in new functionality was completed in May, with various sub-releases (not requiring outages) scheduled to continue to add functionality.
- **South Island Patient Information Care System (SIPICS)**
  - Preparations continue for the rollout of the software into the main Christchurch Hospital, although this has been delayed to ensure all of the "go-live" requirements are met.
  - Work flows are being documented for each service that to assist with detailed planning.
- **Windows 10**
  - The Board approved the business case on 21 June and recruitment is underway for this project.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- Proactive communication activity during June was dominated by communication and contingency planning for the two nurse/midwife/healthcare assistant strikes scheduled for July. Although the first strike notice was lifted, the preparation of a media schedule, communication materials and messages for staff and the public had already been completed by that time.

Media

- Media queries for June were constant with a key topic being the Detailed Seismic Assessment Update on the Riverside Building at Christchurch Hospital, commissioned by the Ministry of Health. CEO David Meates was interviewed by Radio New Zealand and The Press and also appeared live on Newstalk ZB's Canterbury Mornings with Chris Lynch programme. Some of the other issues media enquired about were:
  - A Violence in Emergency Department study which was published in the NZ Medical Journal
  - Earthquake prone buildings on the Christchurch Hospital campus
  - Contingency planning for proposed strike action by nursing, midwife and healthcare workers
  - The relocation of the Christchurch Hospital Park & Ride shuttle service, from Deans Avenue to the Lichfield Street Car Park building.
- The author of the Violence in Emergency Department study, Nurse Practitioner Dr Sandra Richardson was interviewed extensively across all media outlets, including live on Television New Zealand's Breakfast programme. Emergency Consultant Dr Susi Hamilton was also interviewed for TV3's The Project, and 1News.
- Media releases were issued on the relocation of the Park & Ride shuttle service; a thank you to volunteers providing priceless support in Christchurch hospitals; and a health warning was issued for Lake Forsyth/Te Roto o Wairewa.
- Live radio interviews – Canterbury Mornings with Chris Lynch – featured Clinical Manager Social Work Raegan Kitto on elder abuse and neglect; and Nursing Director Richard Scrase on winter health and hand hygiene.
- **Facilities Redevelopment:** Our regular communications channels were kept up to date, including a new video showing the latest photos from inside the acute services building and Christchurch Outpatients for the screens in Christchurch Hospital (Great Escape café and main reception).
- **Christchurch Hospital shuttle:** Canterbury DHB's hospital shuttle service was relocated to the Christchurch City Council's Lichfield Street Car Park building on 2 July. Ahead of this a large communications and media exercise began on 20 June, informing patients, hospital visitors, staff including our volunteers, and interested stakeholders including consumer groups and other health organisations across Canterbury about the change.
- The work included: media releases jointly with the Christchurch City Council, posters, flyers and leaflets sent across Christchurch and Canterbury as well as to stakeholders in other District Health Boards/Primary Health Organisations/General Practice surgeries etc, web and intranet information, a media campaign of press advertisements, online and radio advertisements, plus banners, flags, signs and new bus livery, all designed in-house.

- We worked closely with hospital operations, administration and transport staff and the telephone office to ensure that systems were set up to manage this change and that all patients received notice of the new arrangements by letter, text or phone. A new 0800 number with the latest hospital parking information was a key part of this planning.
- We also worked closely with Christchurch City Council staff and the manager of the parking building on signage and other arrangements at the car park and other information e.g. Christchurch City Council signposting a new walking route to the hospital for those able/willing to try it.
- **Manawa (Health Research Education Facility) building:** We worked with communications staff from Ara and University of Canterbury to plan the blessing ceremony for the Manawa building, held on 6 July.
- **Acute Services building:** Ongoing work communicating site activity related to the Acute Services and Outpatients builds, mostly via the daily global and weekly CEO updates.
- **CEO Update stories**
    - The Pain Management Clinic at Burwood Hospital has introduced a half-day pre-clinic seminar, named the Burwood Advancement Screening Education Seminar (BASE), to give people who have chronic pain more access to information and support and ensure those who need more comprehensive assessment and treatment are triaged more efficiently and appropriately. Prior to its introduction the clinic had a model of declined referrals and this was causing frustration for patients, referrers and staff, says Senior Clinical Psychologist, Pain Management Clinic, Bronny Trewin. There was a recognition that pain services needed to be refined to achieve an integrated health pathway for sufferers of chronic pain. Consumers report that it's the perfect programme for people interested in learning practical tools and strategies to more effectively self-manage their long term pain and regain control over how they are feeling.
    - Long serving Customer Services Manager, Joy Sixtus, retired at the end of June. Joy dealt with much understanding and patience with the many concerns and enquiries from patients, and provided support and guidance for patients and their families, and the staff working with them.
    - Canterbury Eye Service staff took the opportunity to celebrate World Orthoptic Day by dressing up in pirate costumes at one of their paediatric clinics, much to the delight of their young patients. World Orthoptic Day is an opportunity to heighten the visibility of the Orthoptic profession and promote the work of orthoptists locally, nationally, and internationally. Orthoptists are specialised in the diagnosis of eye movement disorders and vision problems. The majority of the patients they see are children who have amblyopia, commonly known as 'lazy eye'.

- A key figure in the psychological recovery from the Canterbury earthquakes, Caroline Bell, was farewelled last week from her role as Clinical Head of Canterbury DHB's Anxiety Disorders Service. Caroline has had a dual role with Canterbury DHB's Specialist Mental Health Service (SMHS) and the University of Otago, Christchurch School of Medicine. She leaves to return to her role as Associate Professor at the university. She began her role as Clinical Head of the Anxiety Disorders Service in 2007. Caroline was a very supportive leader of her clinical team through her respectful, calm, sensible and wise approach, says General Manager, Mental Health Services, Toni Gutschlag.

- Older Persons Health & Rehabilitation (OPH&R) community teams took time out to celebrate the 10th anniversary of the significant changes to their 'Model of Care'. The change involved a major reconfiguration of staff from separate departments into three large community Interdisciplinary Teams – the South West Community Team, North East Community Team and the Older Persons Mental Health Community Team. It also involved the formation of Single Point of Entry, now the Adult Community Referral Centre (ACRC). Needs Assessment and Service Coordination and Allied Health had previously been organised and managed separately, says Service Manager Janice Lavelle. The change melded these together in order to bring more coherence to the patient journey.

- Whānau Ora Nurse Sue Parsons of Te Tai O Marokura, a kaupapa Māori Health and Social Service, was in the right place at the right time when a member of the community knocked on the clinic's door recently. The man described to Sue all the symptoms of a heart attack and she was able to take him to hospital, provide her observations to medical staff and contact his partner. He was transferred to Christchurch Hospital by helicopter and is now back home and Sue has been visiting him and co-ordinating with his general practice team. The organisation, which has been operating in the Kaikoura district for over 30 years, is one of Canterbury DHB's Māori health providers. They offer a number of services and their nurses visit the homes of people with longstanding illnesses such as chronic obstructive pulmonary disorder, diabetes and heart failure. Canterbury DHB Maori/Pacific Portfolio Manager Ngaire Button, says there is huge benefit in the link that organisations such as Te Tai o Marokura, provide to help the Māori community better access services. This has been especially true in the post disaster community of Kaikoura.

- Diane Whitehead of the New Zealand Blood Service has received an award from the New Zealand Organisation for Quality (NZOQ) for outstanding service to the organisation. She has been on the Canterbury NZOQ committee for 15 years. Diane is a Medical Laboratory Scientist for the NZBS Blood Bank and is based at Christchurch Hospital.

NZOQ presented her with the Special Service award at its recent 40th Anniversary Dinner

- Te Panui Runaka – the regular Ngai Tahu magazine: Mindful movement for the whole whānau with no ages, no limits. That's the philosophy behind a set of mindful breathing exercises developed by the All Right? campaign in partnership with Māori wellness leaders. Hikitia te Hā is a simple breathing exercise supported by Canterbury's All Right? campaign. Following the success of the first video, three new Hikitia te Hā videos have now been developed, with the exercises extended into tai chi, taiaha, and yoga. Vaea Coe from All Right? says the three new options, based on Māori values, make Hikitia te Hā accessible to whānau of all ages. Māori are leading a lot of the work around mindfulness in Ōtautahi, and are working alongside local Māori businesses and organisations that are experts in their art of oranga (wellbeing) to make more people aware of what's out there and how it can help.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Detailed planning is continuing for disconnecting the Chemo Day Ward for Parkside. Pricing negotiations are ongoing with the ASB link main contractor.
- **Clinical Service Block roof strengthening above Nuclear Medicine:** Current delivery dates for the equipment are forecast for 1 Sep 2018. The equipment will be stored at Print Place. Design consultants are reviewing detailed user requirements. Engineering has brought the design within budget and has CLG approval. Design Team working towards consent / tender documents issue early August.
- **Lab Stair 3:** Complete.
- **Lab Stair 4:** Initial / scoping work has begun.

Christchurch Women's Hospital

- **Stair 2:** Awaiting review from fire engineer to enable planning as part of the overall Women's Risk analysis. This continues to be delayed due to the release of the master plan which is required to determine available space for decanting of clinical spaces.
- **Level 4:** Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels, but will endeavour to pick this up during Women's Passive Fire works.
- **Level 5:** Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time, but will endeavour to pick this up during Women's Passive Fire works.
- **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering**
  - Database designs complete and in use by Site Redevelopment on current passive work. Currently developing brief for digitalization of the passive fire system and database and within the digitalization programme the forms and documents will be updated to e-forms. Awaiting M&E senior management to approve / comment on draft policies.

- Test rig complete and installer testing has commenced. RFP for materials complete, primary and secondary suppliers in final contract preparation stage.
- Continue to identify more non-compliant areas as other projects open walls/ ceilings.

- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (MoH)
  - Service Tunnel: Complete. Steam provided by coal boilers to Outpatients and Hospital. Final connection for ASB still to be completed.
  - Energy Centre: ROI for boilers completed.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre and new energy centre commissioned.
- **Parkside renovation project to accommodate clinical services, post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on advice from MoH as to outcome of master planning process. Draft master plans have been provided for review. The SRDU team are having regular meetings with the MoH project managers (Projex) to assist in their information gaps.
- **Back up VIE tank:** Initial proposed strengthening scheme has been approved by BOC. Quantity Surveyor pricing proposed strengthening scheme. Work cannot commence until primary VIE tank becomes operational. This is currently affected by the Antigua Street exit widening works.
- **Antigua St Exit widening:** Work commenced on site 29 May. Due completion end July.
- **New Outpatient project (managed by MoH**): Architectural / services fit out on all floors well underway. Completion programme issued. Certificate of Public Use (*CPU*) sometime in August. Practical completion planned for 27th September 2018.
- **Avon Generator Switch Gear and Transformer** Relocation. Design work underway. Due to the small size and engineering component this is now being managed by M&E.
- **Otakaro/CCC Coordination.** Otakaro programme slipped – Antigua St open. Oxford Gap closed 7 Apr to Dec 2018. Land swap discussion still with LINZ.
- **Parkside Canopies:** Temporary repairs to plastic wrap have been made. Planning underway to replace the wrap at the main entry.
- **Hagley Outpatients 2 Storey demolition:** Business case completed awaiting approval in early July.
- **New Outpatients Cafeteria:** Detail design completed. Business case approved. Contract negotiation with Leighs construction underway and subject to QS review and approval of pricing. Aiming for completion of café on or before occupation.
- **Diabetes Demolition:** Demolition tender to be issued in August with a view to obtaining a demolition cost for business case. Demolition to occur after home dialysis relocates to refurbished leased facility.

Burwood Hospital Campus

- **Burwood New Build**: Defects continue to be addressed as they come to hand.

- **Burwood Admin old main entrance block:** Feasibility study complete and work to commence on repurposing building to accommodate community teams for TPMH. Project management resource available to start 4 Jul 2018.
- **Burwood Mini Health Precinct:** User groups have been engaged with to identify space needs and expectations. Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further.
- **Spinal Unit:** Ward HG (Spinal unit) has decanted in t ward FG. Tenders have been evaluated and work will start shortly after clearing final contract tags.
- **Burwood Birthing/Brain Injury Demolition**: Demolition work commenced 2 July 2018. The demolition programme continues to show work being completed in December 2018.
- **Burwood Tunnel Repairs:** Work is now complete.
- **2nd MRI Installation:** Work commenced on site on 2 July 2018 to construct the Faraday cage.
- **Decision making frame work**: Workshops completed. Final report submitted to the Board for consideration.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** Previously completed strengthening schemes have been reviewed and concept cost estimates updated. Recommendation to strengthen to 67% IL2.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements.
- **Mental Health Services:** Review of all Forensic services including PSAID, AT&R, Roko being completed, including refurbishment verses rebuild cost and logistic process. Awaiting results of clinical review. RFP for consultants on the new High Care Area at AT&R has closed Reviews completed. Estimated start of design process will be 13 July 2018.
- **Decision making frame work**: Workshops completed. Final report submitted to the Board for consideration.

The Princess Margaret Hospital Campus

- **Older Persons Health (*OPH*) Community Team Relocation:** The Feasibility study is now complete and work is to commence shortly on repurposing the old Burwood Administration building to accommodate community teams.
- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in September 2017. The next step is the development of Detailed Business Case which is planned for July 2018 for submission.

Ashburton Hospital & Rural Campus

- Stage 1 and 2 works are complete. Final claims have been agreed with the contractor. Final defects resolution and retention release expected to be resolved in next two months.
- **Tuarangi Plant Room**: Concept drawing completed and safety consultant report received. Now looking to hand over to M&E to implement.
- **New Boiler and Boiler House**: Project process commenced. This is currently being managed by M&E.

Other Sites/Work

- **Decision Making Frame Work:** This work is now being led by Planning and Funding. Site Redevelopment Unit (SRU) will continue to be heavily involved to ensure a streamlined process is achieved. Workshops have been completed and final report has been presented for board approval.
- **Akaroa Health Hub:** Retaining walls and major earthworks practically complete. Building foundations in the early stages. Poor weather in May and June has affected site progress. Delays are being monitored and completion dates may need to be adjusted.
- **Kaikoura Integrated Family Health Centre:** Scoping of cosmetic damage due to November's earthquake is complete. Estimates provided to Corporate Finance. Driveway repair completed. Trial sound proofing complete. Beca working on repair strategy for damage to floor and supporting structure after which a pricing and operational impacts to be assessed.
- **Rangiora Health Hub:** Main contractor RFP to go onto GETS on 12 July 2018. Availability of Hagley Outpatients building has been set as 12 Nov 2018.
- **Home Dialysis:** Business case approved by Board. Tender documents due out mid July. Programme forecast completion in Feb 2019.
- **SRU:** Project Management Office manuals re-write and systems overview. Approximately 70% complete. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring:** Business Case approved.
- **HREF:** SRU continues to be involved in providing construction and contract administration / interpretation advice to the HREF project. Building has been blessed and is partially occupied.
- **Annual Damage reviews:** Reports have now been completed.

Project Programme Key Issues

- The recent notification of Fletcher Construction closing down their building and interiors division will have effects on current work programmes and pricing. SRU continue to review outstanding work faces and projects to identify the risks and issues for delivery of these projects. Meetings held with Fletchers senior management.
- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Additional peer reviews of Parkside and Riverside structural assessments, being undertaken by the MoH, are now complete. Clarity on the direction of the Master Planning process is required to plan the next stage of the POW.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. The urgent works undertaken to facilitate the MoH run link corridor works has further affected this. Restricted access has been given to one area.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames.

- Passive fire issues are now being raised in the labs building. Work completed and in final review. Potential passive fire issues around comm floor 80 and use of all proof collars at outpatients, ASB and Burwood are currently under review and proposed solutions have been provided. We will work with contractors, designers and the MoH to ensure we get the appropriate systems installed.

- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more building will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. SRU have started work on assessing these items.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of May 2018 was a deficit of $12.814M, which was $3.920M unfavourable against the annual plan deficit of $8.894M. The year to date position is $8.401M unfavourable to the annual plan. The table below provides the breakdown of the May result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.014)	-	**(0.014)**	(1.577)	-	(1.577)
Funder	(0.635)	(2.953)	**2.318**	(18.618)	(19.804)	1.186
DHB Provider	(12.164)	(5.941)	**(6.223)**	(34.721)	(26.710)	(8.011)
Canterbury DHB Group Result	**(12.814)**	**(8.894)**	**(3.920)**	**(54.915)**	**(46.514)**	**(8.401)**

4. APPENDICES

Appendix 1: Well Child Tamariki Ora Quality Improvement Framework Indicators – March 2018

Report prepared by: David Meates, Chief Executive

DELIVERING AGAINST THE NATIONAL HEALTH TARGETS – PRELIMINARY RESULTS ONLY		Q1	Q2	Q3	Q4	Target	Status
 **Shorter Stays in ED** Patients admitted, discharged or transferred from an ED within 6 hours	Canterbury DHB met the health target in quarter three with 95% of patients admitted, discharged or transferred from ED within 6 hours The Acute Demand Management Service continues to play a critical role in keeping people well in the community and avoiding unnecessary presentations to ED. More than 7,806 acute demand packages of care were provided in quarter 3.	94%	95%	95%		95%	✓
 **Improved Access to Elective Surgery** Canterbury's volume of elective surgery	Canterbury missed target at 97%, or 15,341 elective surgeries, against the YTD target of 15,808. Quarter 4 continues to be adversely affected by coding delays, with these being worked through. It is anticipated that we will meet the electives target.	4,989 (90%)	10,344 (96%)	15,341 (97%)		21,330	✗
 **Increased Immunisation** Eight-month-olds fully immunised	Canterbury DHB achieved the health target with 95% of eligible children fully vaccinated at eight months. Only 2% (32 children) were not immunised on time (excluding declines and opt-offs of). Coverage was high across all population groups, meeting the health target for most ethnicities (96% Asian, 95% Pacific, and 96% New Zealand European). Māori coverage increased this quarter to 93%.	95%	95%	95%		95%	✓
 **Better Help for Smokers to Quit** Smokers enrolled in primary care receiving help and advice to quit	Canterbury DHB achieved the health target in quarter three with 91% of smokers enrolled with a PHO offered advice and help to quit smoking against the 90% target. Canterbury DHB's cessation support indicator is again the highest in the country at 56%. This indicator shows the percentage of current smokers who have taken the next step from brief advice and accepted an offer of cessation support services in the last 15 months.	91%	90%	91%		90%	✓
 **Faster Cancer Treatment** Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	Canterbury DHB achieved the 90% target in the 3 month period March to May '18 with 93.9% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.	95%	94%	91%		90%	✓
 **Raising Healthy Kids** Percent of children identified with obesity at their B4SC offered a referral for clinical assessment and healthy lifestyle intervention	Canterbury DHB achieved the health target in quarter 3 with 98% of four-year-olds identified as above the 98th centile for their BMI (height and weight measurement) referred for clinical assessment and healthy lifestyle intervention. This is a 2% increase on the previous quarter. 'Referrals declined' fell slightly to 26% this quarter.	93%	96%	98%		95%	✓

Well Child Tamariki Ora Quality Improvement Framework Indicators

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Canterbury Results

to March 2018 (Published by MoH)

Target met | Within 5% of target | Missed target by 6%+ | No data

		Total	Maori	Pacific	High Dep	2018 Target	Change (Total)
1	WCTO referral by 28 days	n/a	n/a	n/a	n/a	95%	
2	WCTO core Contact 1 before 50 days	78%	69%	70%	56%	90%	↓
3	All WCTO core contacts received by age 1	68%	60%	49%	60%	90%	↓
4	Breastfed at 2 weeks	77%	75%	75%	72%	90%	↓
5	Breastfed at LMC discharge 6 weeks	74%	67%	72%	68%	60%	↑
6	Breastfed at 3 months	61%	52%	56%	49%	60%	—
7	Smokefree household at 6 weeks	n/a	n/a	n/a	n/a	90%	
8	Screened for family violence	54%	50%	42%	46%	100%	↓
9	SUDI prevention information provided	78%	80%	80%	88%	90%	↓
10	Newborns enrolled with GP	75%	69%	61%	n/a	90%	↓
11	Children 0-4 years enrolled with oral health service	62%	44%	52%	n/a	95%	—
12	Reduce dmft in 5 year old children	4.11	4.38	5.43	n/a	4.00	—
13	Fully immunised at age 5	93%	93%	100%	95%	95%	↑
14	B4SC started before 4 1/2 years	94%	89%	87%	91%	75%	↓
15	Children with healthy weight at age 4	93%	93%	80%	99%	95%	↑
16	Children with BMI >98th percentile are referred	98%	97%	97%	100%	95%	↑
17	Children have low SDQ-P scores	96%	93%	95%	92%	95%	—
18	Children with high SDQ-P scores are referred	100%	100%	100%	100%	95%	—

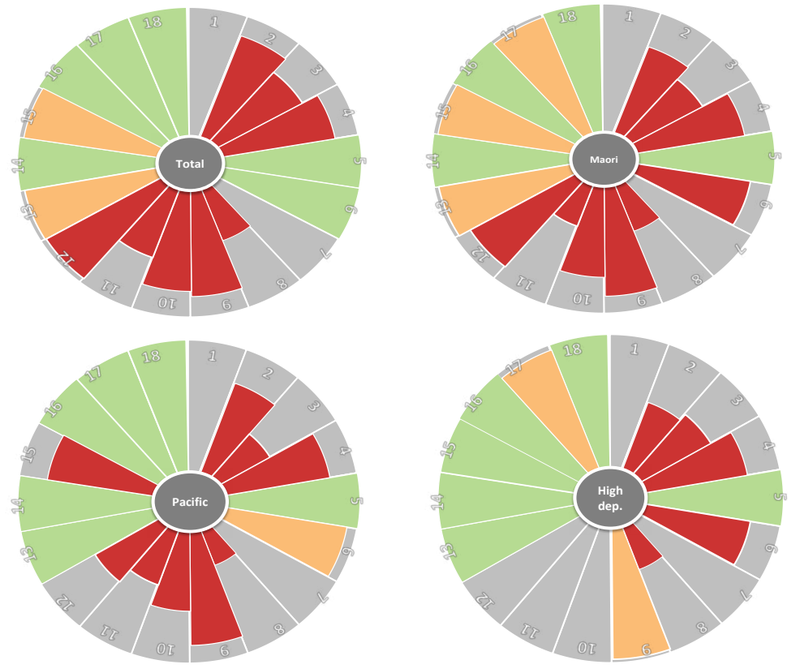
If no result is available, please type NA

Well Child Tamariki Ora Quality Improvement Framework Indicator Report, March 2018. Acknowledgement: West Coast DHB Planning and Funding

Dashboard

Total (T), Maori (M), Pacific (P) and High Deprivation (HD) Populations

Target met | Within 5% of target | Missed target by 6%+ | NA/Distance to target



FINANCE REPORT – AS AT 31 MAY 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Finance**

DATE: **19 July 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters to the Board of the Canterbury DHB. A more detailed report is presented to and reviewed by the Quality, Finance, Audit and Risk Committee monthly, prior to this report being prepared.

2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 31 May 2018.

3. DISCUSSION

Overview of May 2018 Financial Result

The consolidated Canterbury DHB financial result for the month of May 2018 was a deficit of $12.814M, which was $3.920M unfavourable against the annual plan deficit of $8.894M. The year to date position is $8.401M unfavourable to the annual plan. The table below provides the breakdown of the May result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(12.113)	(5.946)	**(6.167)**	(34.510)	(26.683)	(7.827)
Community & Public Health	(0.092)	(0.023)	**(0.068)**	(0.460)	(0.100)	(0.360)
Total In-House Provider excl Subsidiaries	**(12.204)**	**(5.969)**	**(6.235)**	**(34.971)**	**(26.783)**	**(8.187)**
Add: Funder & Governance						
Funder Revenue	132.310	132.402	(0.092)	1,452.157	1,456.302	(4.145)
External Provider Expense	(55.695)	(58.128)	2.433	(620.412)	(626.572)	6.160
Internal Provider Expense	(77.250)	(77.227)	(0.023)	(850.363)	(849.534)	(0.829)
Total Funder	**(0.635)**	**(2.953)**	**2.318**	**(18.618)**	**(19.804)**	**1.186**
Governance & Funder Admin	(0.014)	-	(0.014)	(1.577)	-	(1.577)
Total Canterbury DHB (Parent)	**(12.854)**	**(8.922)**	**(3.932)**	**(55.165)**	**(46.587)**	**(8.577)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.034	0.017	**0.017**	0.056	0.003	0.053
Canterbury Linen Services Ltd	0.005	0.011	**(0.006)**	0.194	0.070	0.123
Canterbury DHB Group Surplus / (Deficit)	**(12.814)**	**(8.894)**	**(3.920)**	**(54.915)**	**(46.514)**	**(8.401)**

4. APPENDICES

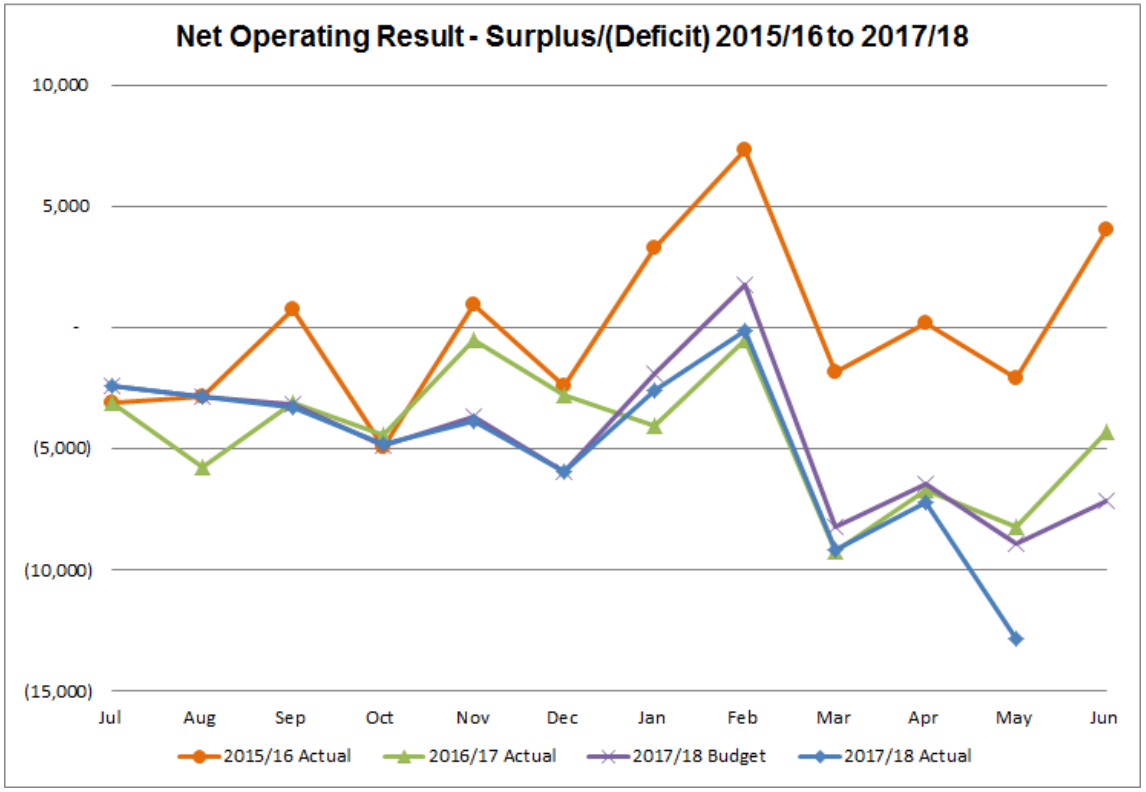
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

Report prepared by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD APRIL 2018

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(12,814)	(8,894)	(3,920)	44% ✗	(54,915)	(46,514)	(8,401)	18% ✗



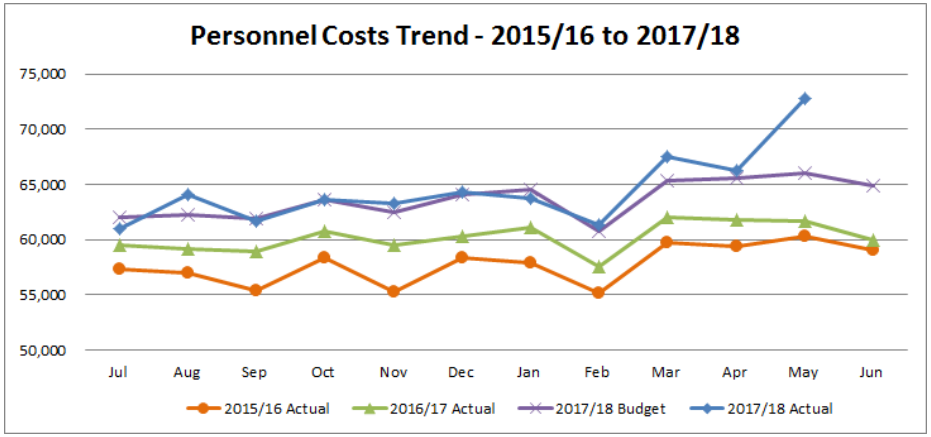
Our approved 17/18 Annual Plan is a deficit of $53.644M.

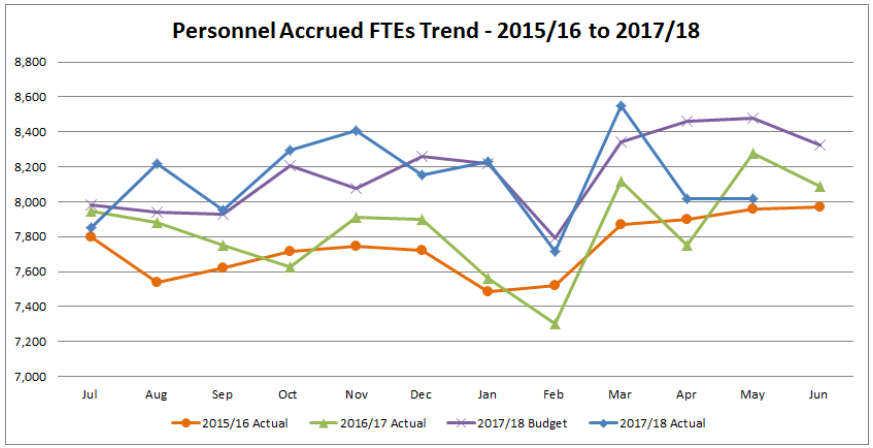
Our latest forecast is for a deficit of $63.881M, which is $4.040M higher than that forecast last month due in part to anticipated additional MECA settlement costs.

KEY RISKS AND ISSUES

We expect to continue to incur earthquake related repair and maintenance expenditure and the depreciation impacts of quake related capital spend for a significant number of years into the future. There will be variability between the expected and actual timing of these costs.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

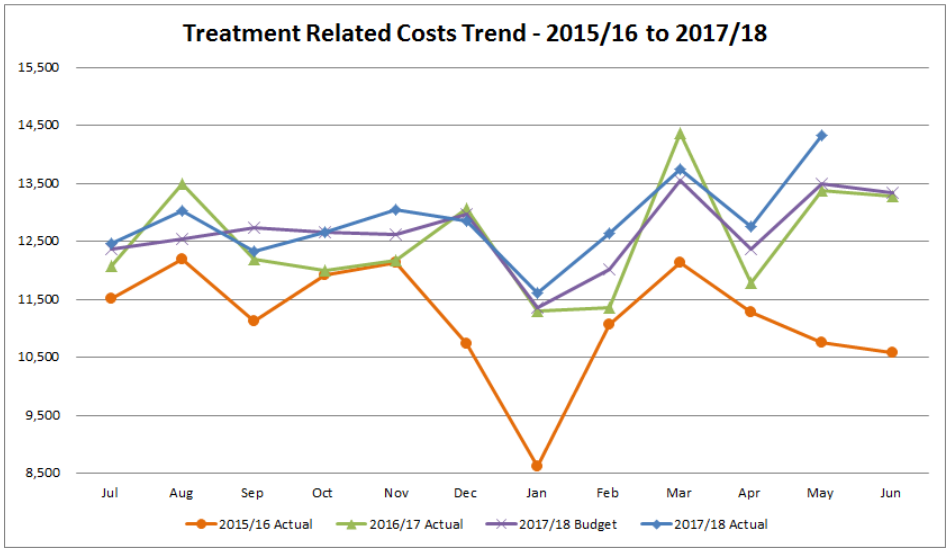


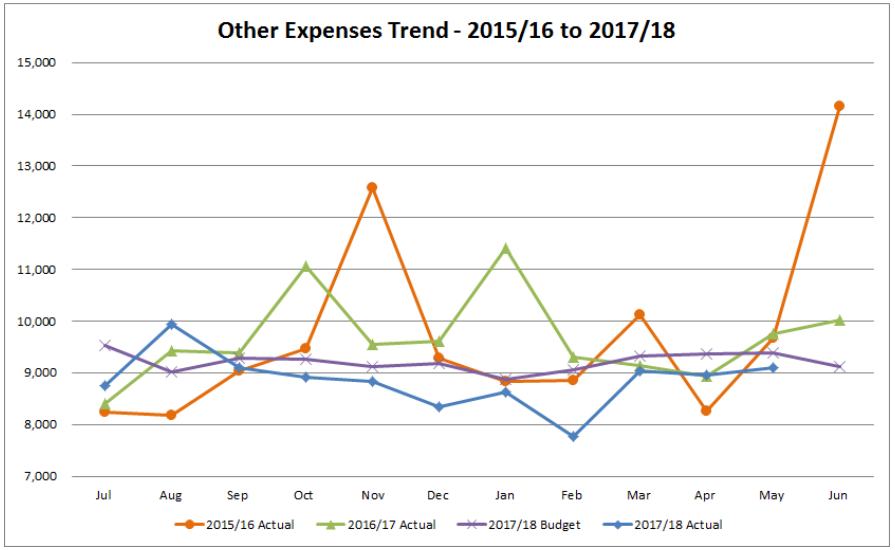


KEY RISKS AND ISSUES

Pressure will continue on personnel costs into the foreseeable future, as a result of settlements as well as additional resource required for the new ASB redevelopment.

TREATMENT & OTHER EXPENSES RELATED COSTS





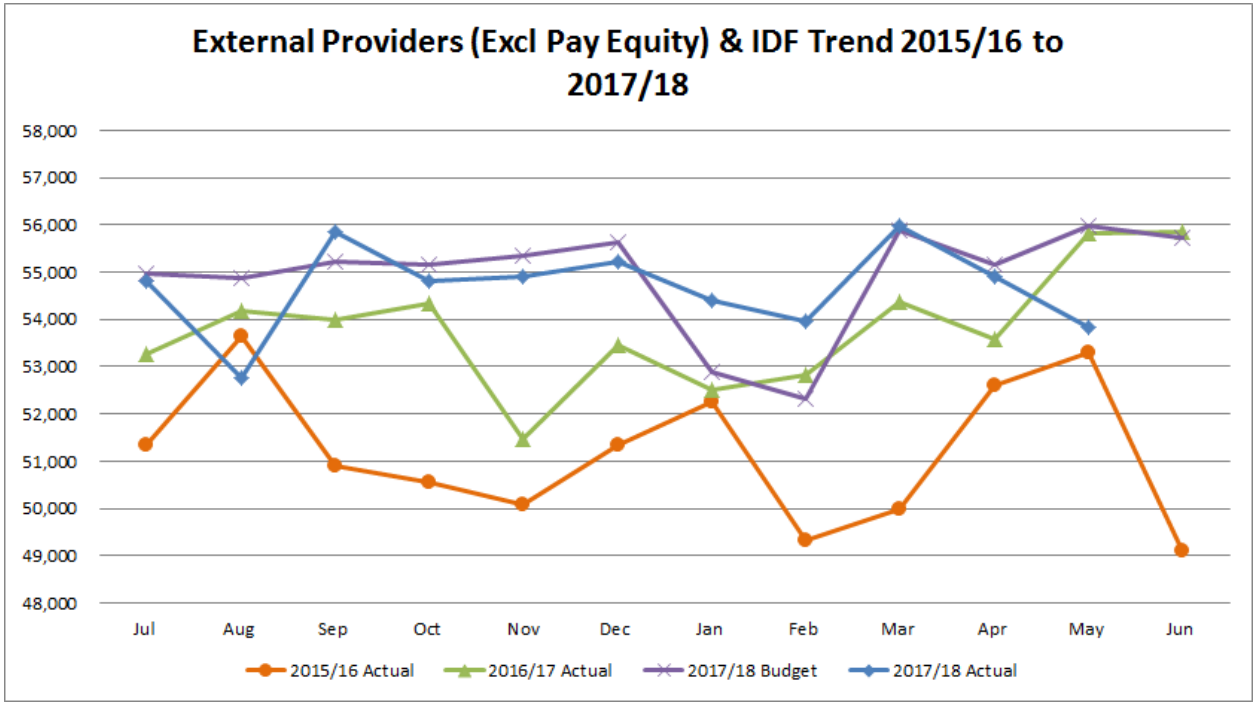
KEY RISKS AND ISSUES

Treatment related costs are influenced by activity volume, as well as complexity of patients.

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital campus. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Earthquake expenditure is lower than planned due to the timing of the repairs, and the split between capex and opex repairs.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Pay Equity	1,858	2,142	284	13%	✓	18,931	23,148	4,217	18%	✓
IDF Expenditure	2,934	2,928	(7)	0%	✗	32,112	32,204	92	0%	✓
Other External Provider Costs	50,903	53,058	2,155	4%	✓	569,368	571,220	1,852	0%	✓
Total External Provider Costs	55,695	58,128	2,433	4%	✓	620,412	626,572	6,160	1%	✓



External provider expenditure is $3.728M favourable YTD.

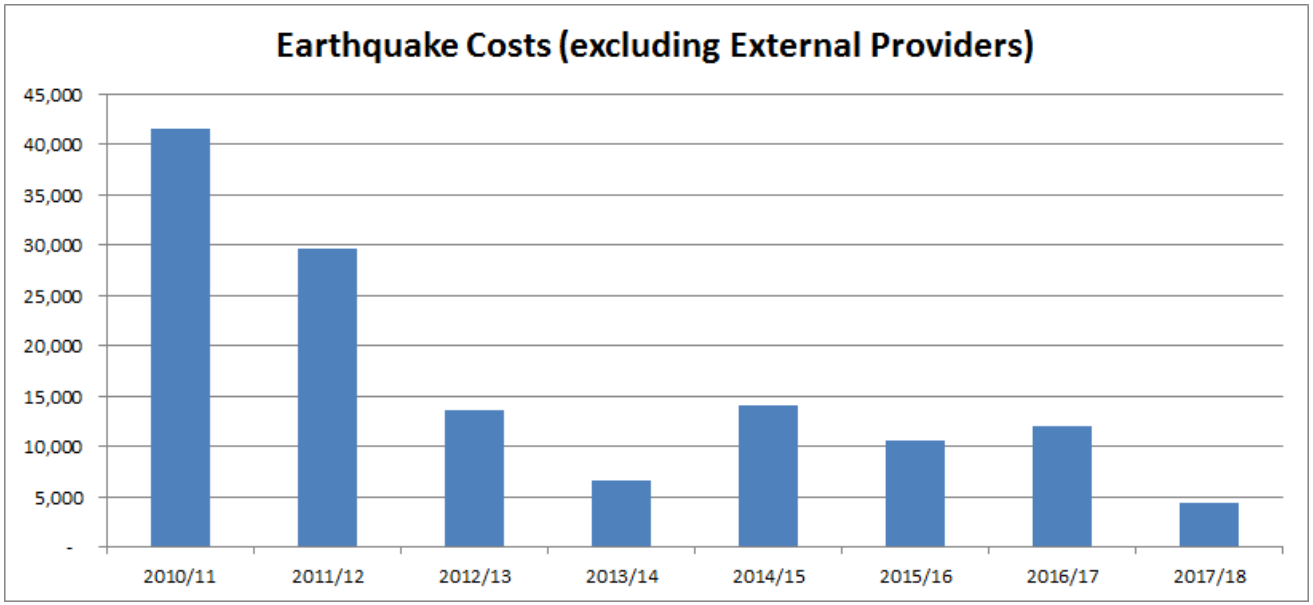
Excluding pay equity and a May accrual for an extra $2.4M of PHARMAC rebate, external providers would be $0.457M unfavourable YTD.

KEY RISKS AND ISSUES

Any catchup on favourable expenditure areas will impact unfavourably on our overall result. Additional outsourcing to meet electives targets, as well as the impact on community rebates as a result of recent PHARMAC changes may result in additional year end costs if these risks materialise.

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	$'000	$'000	$'000			$'000	$'000	$'000		
Total Earthquake Revenue (Draw Down)	**198**	**842**	**(644)**	**100%**	✗	**3,004**	**6,962**	**(3,958)**	**100%**	✗
Earthquake Costs - Repairs	234	842	608	100%	✓	3,010	6,962	3,952	100%	✓
Earthquake Costs - External Provider	808	808	-	100%	✓	8,896	8,896	-	100%	✓
Earthquake Costs - Non Repairs	129	114	(15)	100%	✗	1,321	1,188	(133)	100%	✗
Total Earthquake Costs	**1,171**	**1,764**	**593**	**100%**	✓	**13,227**	**17,046**	**3,819**	**100%**	✓



Earthquake (EQ) operating costs include EQ repair works and other non-repair related costs such as additional security and building leases.

EQ repair (integral part of the DHB EQ Programme of Works) costs are offset by an equivalent amount of insurance revenue that will be progressively drawn down to minimise the impact of EQ repair costs on the net result. The insurance revenue relates to the portion of earthquake insurance settlement amount that was repaid to the Crown in 2013/14 for future draw down by the DHB as and when appropriate to fund the earthquake repairs and programme of works.

Note: 'Quake' costs associated with additional funder activity such as increased outsourced surgery are captured under external provider costs.

KEY RISKS AND ISSUES

The variability and uncertainty of these costs will continue to put pressure on meeting our monthly budgets in future periods.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	507,177	534,152	(26,975)	-5%	✗
Cash	1,053	17,349	(16,296)	-94%	✗

The sweep account was overdrawn at the end of May with a balance of $1.611M. The impact of the extra GST payment in the month of May was mitigated by receiving $35M of deficit funding for the 16/17 year, however this was $15.8M less than planned.

The improvement in the equity balance is also due to the $35M deficit funding received in May.

KEY RISKS AND ISSUES

If future deficit funding is less than the expected amount, cash flows will be impacted, and the ability to service payments as and when they fall due will become a potential issue.

APPENDIX 2: CANTERBURY DHB GROUP STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd
For the 11 months ended 31 May 2018

Month					Year to Date				Annual
17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget		17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget	17/18 Budget
137,604	137,788	132,166	(184) ✗	MoH Revenue	1,507,307	1,515,661	1,440,003	(8,354) ✗	1,653,435
4,508	3,830	3,663	678 ✓	Patient Related Revenue	45,221	41,930	37,898	3,291 ✓	45,765
2,825	3,283	2,327	(458) ✗	Other Revenue	31,097	33,660	33,129	(2,563) ✗	36,947
144,938	**144,901**	**138,155**	**37**	**Total Operating Revenue**	**1,583,625**	**1,591,252**	**1,511,031**	**(7,626)**	**1,736,147**
72,743	66,021	61,693	(6,722) ✗	Personnel Costs	709,757	698,568	662,545	(11,189) ✗	763,497
14,330	13,500	12,962	(830) ✗	Treatment Related Costs	141,410	138,654	133,833	(2,756) ✗	151,996
55,695	58,128	58,128	2,433 ✓	External Service Providers	620,412	626,572	589,825	6,160 ✓	684,378
9,095	9,388	7,548	292 ✓	Other Expenses	97,439	101,549	113,130	4,110 ✓	110,657
151,863	**147,037**	**140,331**	**(4,826)** ✗	**Total Operating Expenditure**	**1,569,018**	**1,565,343**	**1,499,332**	**(3,675)** ✗	**1,710,528**
(6,925)	**(2,136)**	**(2,175)**	**(4,789)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**14,608**	**25,909**	**11,699**	**(11,301)** ✗	**25,619**
611	611	450	- ✓	Capital Charge Funding for Revaluation & Rate Change	6,724	6,724	2,700	- ✓	7,332
98	195	140	(97) ✗	Interest	1,246	1,373	1,858	(127) ✗	1,579
360	138	65	222 ✓	Donations	2,582	1,718	2,495	864 ✓	1,860
461	-	(1)	461 ✓	Profit / (Loss) on Sale of Assets	482	-	728	482 ✓	-
1,530	**944**	**654**	**586** ✓	**Total Indirect Revenue**	**11,034**	**9,815**	**7,781**	**1,219** ✓	**10,771**
2,470	2,487	1,563	17 ✓	Capital Charge	27,730	27,843	14,614	113 ✓	30,330
4,949	5,215	4,833	266 ✓	Depreciation	52,768	54,395	52,124	1,627 ✓	59,704
-	-	-	- ✓	Interest Expense	60	-	0	(60) ✗	-
7,419	**7,702**	**6,396**	**283** ✓	**Total Indirect Expenses**	**80,557**	**82,238**	**66,738**	**1,681** ✓	**90,034**
(12,814)	**(8,894)**	**(7,918)**	**(3,920)** ✗	**Total Surplus / (Deficit)**	**(54,915)**	**(46,514)**	**(47,259)**	**(8,401)** ✗	**(53,644)**

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 31 May 2018

Audited 30-Jun-17 $'000		Group Actual 31-May-18 $'000	YTD Group Budget 31-May-18 $'000	Annual Group Budget 30-Jun-18 $'000
199,933	Opening Equity	517,833	517,833	517,833
372,224	Net Equity Injections / (Repayments) During Year	44,259	62,833	114,618
(1,491)	Reserve Movement for Year	-	-	-
(52,833)	Operating Results for the Period	(54,915)	(46,514)	(53,644)
517,833	**TOTAL PUBLIC EQUITY**	507,177	534,152	578,807
	Represented By:			
	Current Assets			
1,985	Cash & Cash Equivalents	2,664	17,349	-
1,350	Short Term Investments	750	1,350	1,350
63,240	Trade and Other Receivables	79,949	63,238	116,882
9,629	Prepayments	6,925	9,411	9,411
9,119	Inventories	9,481	9,119	9,119
11,815	Restricted Assets	10,435	11,815	11,815
97,138	**Total Current Assets**	110,204	112,282	148,577
	Less Current Liabilities			
16,505	Overdraft	1,611	-	2,250
107,154	Trade and Other Payables	115,285	106,374	93,937
12,111	Restricted Funds	10,451	12,110	12,110
156,703	Employee Benefits	169,262	156,700	156,700
292,473	**Total Current Liabilities**	296,609	275,184	264,997
(195,335)	**Working Capital**	(186,405)	(162,902)	(116,420)
	Non Current Assets			
296	Restricted Funds	16	296	296
5,936	Investment in NZHPL	5,936	5,936	5,936
713,091	Fixed Assets	693,824	696,977	695,150
719,323	**Term Assets**	699,775	703,209	701,382
	Non Current Liablilties			
6,155	Employee Benefits	6,194	6,155	6,155
6,155	**Term Liabilities**	6,194	6,155	6,155
517,833	**NET ASSETS**	507,177	534,152	578,807

APPENDIX 4: CASHFLOW

Audited 30-Jun-17 $'000		Actual 31-May-18 $'000	YTD Budget 31-May-18 $'000	Budget 30-Jun-18 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
15,897	**Net Cash from Operating Activities**	12,617	7,316	(6,940)
	CASHFLOW FROM INVESTING ACTIVITIES			
(55,202)	**Net Cash from Investing Activities**	(41,303)	(38,280)	(41,762)
	CASHFLOW FROM FINANCING ACTIVITIES			
11,239	**Net Cash from Financing Activities**	44,259	62,833	60,972
(28,066)	Overall Increase/(Decrease) in Cash Held	15,573	31,869	12,270
13,546	Add Opening Cash Balance	(14,520)	(14,520)	(14,520)
(14,520)	**Closing Cash Balance**	1,053	17,349	(2,250)

AUDIT NEW ZEALAND – FRAUD RISK ASSESSMENT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Finance**

DATE: **19 July 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to table a Client Fraud Questionnaire completed by management for Audit New Zealand.

2. RECOMMENDATION

That the Board, as recommended by the Quality, Finance, Audit and Risk Committee:

i. notes the Client Fraud Questionnaire completed by management at the request of Audit New Zealand; and
ii. approves submission of the Client Fraud Questionnaire to Audit New Zealand.

3. SUMMARY

Audit New Zealand have requested that Canterbury DHB complete the Client Fraud Questionnaire attached at Appendix 1. This has been completed by management and is now provided for approval.

4. APPENDICES

Appendix 1 Client Fraud Questionnaire
Appendix 2 Fraud Policy

Report prepared by: David Green, Financial Controller

Report approved for release by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1

Client Fraud Questionnaire

Client name : Canterbury District Health Board
For the year ended : 30 June 2018

Questions	Response
1. How are fraud risks identified? What fraud risks have been identified? Have any disclosures been identified where there is a potential risk of fraud?	Risk registers are provided by Divisions on a regular basis, submitted to EMT and tabled at QFARC and the Board. This is used as indicators of potential fraud risk areas. The risk registers are one of the sources used for setting the audits in the internal audit work program. Additionally, we have a fraud policy (Appendix 2) that requires all suspected fraud to be reported to management and notified to the Manager Risk and Assurance. Further, finance staff (amongst other staff) are trained to be aware of potential areas of concern.
2. Has a formal fraud risk assessment been completed? If so, what procedures were performed and what were the results of this process? How often is this undertaken? Who is involved in this process?	As noted above, a risk register is maintained and regularly reported on.
Areas susceptible to a risk of material misstatement due to fraud	
3. What is management's assessment of the risk that the financial statements could include a material misstatement due to fraud? Where could this occur?	The assessment of a material misstatement to the financial statements due to fraud is low. The area of most concern would be supplier payments, including those paid through Sector Services, as the risk of regular large payments of an improper nature are likely to be higher than perpetrating a fraud through payroll.
Communication about fraud	
4. How are fraud risks and the responses communicated to those charged with governance? Are those charged with governance involved in the risk assessment process?	The risk register is regularly updated and tabled at QFARC. The Manager, Risk & Assurance presents the paper at QFARC, and takes questions. The Fraud Policy is approved by QFARC and the Board (last reviewed 2017).

5. How are expectations of appropriate business practice and ethical behaviour communicated to employees? What is done if employees are not behaving appropriately?	New staff go through an induction program. The conflicts of interest and probity policies have been reviewed and combined into one policy and reissued April 2016.
Role in relation to fraud	
6. What role do those charged with governance (the Board) have in monitoring management's exercise of its fraud prevention responsibilities?	QFARC agree and review the internal audit program. The Manager, Risk & Assurance attends and provide regular updates to QFARC, as well as tabling final reports on areas of work. Internal audit focuses on the areas susceptible to the risk of fraud (in payroll, procurement and accounts payable) and the internal audit plan reflects this focus.
7. How does management communicate identified fraud risks? How do they provide assurance that anti-fraud controls are in place and operating?	Risks are communicated through EMT and GM meetings, and regular general email communications (for example, when there is an increase in cyber attacks). Assurance is gained by utilising the internal audit function (the internal audit program is adjusted depending upon the most pressing needs), as well as gaining assurance through the external audit.
8. If a fraud risk assessment has been completed, what input did those charged with governance have? Do you consider that the fraud risk assessment was a robust process?	This Audit NZ fraud risk assessment is prepared by Finance, but circulated to the Manager, Risk & Assurance for comment, as well as submitting to QFARC and the Board for review and approval.
9. How are those charged with governance informed of actual, suspected or alleged frauds?	The fraud policy sets out the positions that are to be notified of suspected fraud.
Actual, suspected, or alleged frauds	
10. Have any frauds been identified or are there any suspected or alleged frauds?	None aware of.
11. What has been the result of any fraud investigations? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered? Please provide copies of any investigation reports for these.	None aware of.

Completed by Senior Management

Position: Executive Director, Finance & Corporate Services

Signature:

Those charged with governance: do you agree with management's responses?

Yes / No

If no, can you please provide more detail here:

Position:

Signature:

Internal auditor (if applicable): do you agree with management and those charged with governance's responses?

Yes / ~~No~~

If no, can you please provide more detail here:

Position: Sai Choong Loo, Manager, Risk & Assurance

Signature:

Fraud policy

Contents

Definitions

Fraud is dishonestly obtaining a benefit by deception or other means.

Policy

All suspected fraud in the Canterbury District Health Board (CDHB) must be reported immediately to the Manager Risk and Assurance (Internal Audit). The Manager Risk and Assurance will notify the Chief Executive Officer (CEO). The CEO is responsible for determining the appropriate actions to be taken.

As determined by the CEO, Manager Risk and Assurance may be delegated responsibility for organising and overseeing any investigation of suspected fraudulent activities. Where appropriate, internal or external parties may be approached to assist or to conduct the investigation. The investigation will be conducted in an objective, fair and equitable manner. A report of the investigation will be provided to the CEO.

If, after the investigation, there is sufficient evidence of serious wrongdoing due to fraud, the offender will be liable to instant dismissal or termination of contract in line with the relevant employment agreement, CDHB Disciplinary Action Policy or contract for service and to prosecution through the Police. Recovery will be sought for all losses occasioned by the fraud, regardless of the amount.

No employment reference is to be provided for any employee who resigns or is dismissed for proven or admitted fraudulent activity.

Purpose

The CDHB is committed to protecting its assets including funds, property and information. The CDHB will take all appropriate actions to prevent and detect any attempt to gain beneficially by improper activity. This includes a zero tolerance to fraud.

Scope/Audience

This policy applies to the activities of:

- All employees, including those of subsidiary entities;
- All former employees;
- All volunteers, visiting health professionals, students and Board members;
- All individuals seconded to the CDHB;
- All individuals or organisations engaged or contracted to the CDHB, including community service providers (to the extent that fraud involves the CDHB).

Roles and responsibilities

Each manager is responsible for the implementation of adequate systems of internal control to prevent, mitigate and detect fraudulent activities.

Management should be aware of the types of improprieties that could occur within their area of responsibility and be alert for any indications of irregularity.

All employees have the responsibility to report suspected fraud and assist with the prevention and detection of fraudulent activity.

Associated documents

- Code of Conduct Policy
- Disciplinary Action Policy
- Conflict of Interest, Probity and Gifts Policy
- Information Security Management Policies
- CDHB Manual, Volume 4 – Authorities and Purchasing

Examples of fraud

Fraud encompasses a range of irregularities and illegal acts characterised by intentional deception or misrepresentation in order to

obtain a benefit. The benefits can be tangible or intangible, monetary or non-monetary. Examples of fraud include but are not limited to:

- Misappropriation of assets (theft);
- Charging for goods or services that are incomplete or not delivered (includes activities by external suppliers and external providers of services);
- Serious and intentional non-compliance with the Conflict of Interest, Probity and Gifts Policy;
- False claim for reimbursement of expenses;
- Unauthorised use of assets (equipment, computers, vehicles, telephones, etc.) for personal gain;
- Misuse of assets, including confidential information, for personal gain;
- Embezzlement - wrongful taking or conversion of the property of another by a person to whom it has been lawfully entrusted (or to whom lawful possession was given).
- Incurring a cost, causing a loss, or avoiding or creating a liability by deception or without authority;
- Making, using or possessing forged or falsified documents;
- Manipulation of information/data for personal gain;
- Failing to provide information where there is an obligation to do so;
- Any offence of a like nature to those listed above.

Procedure

1. Any person who suspects (or is informed of) fraudulent activity must report this to the Manager Risk and Assurance. Manager Risk and Assurance will assess the available information and report available facts related to the fraudulent activity to the CEO. Care must be taken to ensure the suspected perpetrator is not prematurely alerted and given the opportunity to conceal activities or destroy evidence.

   Where possible, the confidentiality of staff who report a suspected fraud will be protected. All participants in a fraud investigation shall keep the details and results of the investigation confidential, unless authorised otherwise by the CEO.

2. Others who may be informed and consulted at the discretion of the CEO or the Manager Risk and Assurance include:
   - The General Manager of the service affected or with the responsibility (budget) for the contracted service.
   - The General Manager, People and Capability
   - The General Manager Finance and Corporate Services
   - The Chairperson of the CDHB.

- The Chairperson of the Quality, Finance, Audit and Risk Committee.
- The CDHB insurers.
- The Communications Manager.
- Where a significant fraud is confirmed, the Chairperson of the Quality, Finance, Audit and Risk Committee and the Board will be advised.

3. The CEO is responsible for determining what actions will be taken before, during and after the investigation. Advice will be sought on employment and legal issues as appropriate.

   The Manager Risk and Assurance has primary responsibility, when delegated by the CEO, for organising and overseeing any investigation. The investigation will be conducted in an objective, fair and equitable manner.

   A report of the investigation will be provided to the CEO.

   If the improper activity involves an external party or a contracted provider of services, or is of a sophisticated and/or significant nature, then external agencies may be used to assist or to conduct the investigation.

   As soon as practical, the necessary steps for obtaining, securing and safeguarding evidence will be taken.

   All individuals coming under investigation shall have their rights respected as afforded to them under their employment contract, the CDHB Code of Conduct and the Bill of Rights, or under their contract for service including funding contracts. The CDHB will also respect the principles of natural justice in dealing with any case.

4. The results of the investigation will be reported to the CEO who will determine what further actions will be undertaken.

   Where the investigation identifies sufficient evidence of serious wrongdoing, the policy is to dismiss the person(s) or terminate any contract involving that person and to lay a complaint with the Police for criminal prosecution.

   The Manager Risk and Assurance, has primary responsibility (through consultation with Security Services Manager, for liaising with the Police. Recovery of all losses is to be sought and prime responsibility for this action will be the relevant General Manager. This may involve court-ordered restitution.

   The CDHB Communications Manager will be informed prior to any complaint being laid with the Police.

   Depending on the nature and extent of the improper activity, the Chief Executive Officer will be responsible for informing the external auditors and any other party as required.

5. Risk and Assurance will assess the control weaknesses arising from the activity and advise on any improvements necessary to prevent recurrence of the improper activity.

Measurement/Evaluation

The Fraud policy will be measured by evidence (documentary and/or verbal) supporting compliance with the Procedures, including reports to the CEO and the Quality, Finance, Audit and Risk Committee where appropriate.

Policy Owner	Manager Risk and Assurance
Policy Authoriser	Chief Executive Officer
Date of Authorisation	22 August 2017

HURUNUI HEALTH SERVICES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Planning & Funding**

DATE: **19 July 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This paper reports on recommendations of the Hurunui Health Services Development Group (*HHSDG*) to improve healthcare for the communities of the Hurunui District.

2. RECOMMENDATION

That the Board:

i. notes the key recommendations of the HHSDG and endorses work proceeding to implement these.

3. SUMMARY

A range of opportunities to improve health services for the communities of the Hurunui District have been identified and recommended by HHSDG. Key recommendations relate to:

- Urgent care after-hours.
- Telehealth.
- Acute observation.
- In-home rehabilitation.

Work on implementing these has already begun with the trial of new arrangements between local providers for providing urgent care-after hours.

4. DISCUSSION

In July 2015 health providers in the Hurunui held a workshop which explored areas of opportunity for improving services. The HHSDG was formed in late 2015, bringing together local health service providers, DHB staff and community representatives, to further define these opportunities. It is led by Marie Black, Hurunui Deputy Mayor, and facilitated by programme staff of the Canterbury Clinical Network (*CCN*). In early 2018 the HHSDG, following input from the community and local health staff, finalised its model of care and presented this to CCN's leadership team. The model of care encompasses a range of recommendations for how health services can be improved and sustained. The key recommendations are discussed below.

Urgent Care After-Hours

Delivery of urgent primary and emergency care after-hours for the communities of the Hurunui is the responsibility of the five local general practices and St John. The HHSDG recommends all six providers work together more closely to provide more consistent access, and in particular that:

a. Amuri Health and Hanmer Springs Health share responsibility for the northern Hurunui area;
b. Amberley Medical, Cheviot Health and Waikari Health share responsibility for the southern Hurunui area;
c. patient management systems of all Hurunui practices are connected so that, at whichever practice a Hurunui patient is treated, the treating clinician has access to their full medical record; and
d. a patient enrolled with any Hurunui practice, when receiving urgent care after-hours from a practice other than their own, be charged by that practice the same fee it charges its own enrolled patients for this care.

The practices are trialling these new arrangements for urgent care after-hours from July with support from St John.

Telehealth

Telehealth offers less need for rural people to travel to Christchurch for outpatient appointments, and better access to specialist support for local clinical staff handling medical emergencies. The Rural Canterbury Primary Health Organisation recently installed desktop telehealth equipment in all Hurunui practices, and increasingly this is being used, however, slow data connections for rural practices limits its capability. The HHSDG recommends ultra-fast broadband connections are fast-tracked for all Hurunui practices and Waikari Hospital.

In February HHSDG Chair, Marie Black, wrote to responsible Ministers informing them of the work of the Group, and seeking their help to fast-track the roll-out of ultra-fast broadband in the Hurunui.

Acute Observation

People who suffer an acute medical event can sometimes be safely treated and then observed locally, avoiding transport and admission to Christchurch Hospital. The HHSDG recommends using existing capacity either at Waikari Hospital or an aged-care residence in Amberley to provide a local acute observation service with medical oversight by a local GP on-call.

Development of this service is planned within the next few months, involving staff of Amberley Medical, Waikari Hospital and aged-residential care providers.

In-Home Rehabilitation Support

Following a health set-back and hospital treatment, people may better recover their function and independence with daily support in their own home from a trained home support worker. Access to such rehabilitation support is very limited in rural areas such as the Hurunui meaning the discharge of rural people from hospital may be delayed. The HHSDG recommends the development of a service model for rural access to in-home rehabilitative support.

CCN has begun a project to design such a service model with input from rural consumers and provider representatives.

Other recommendations

The HHSDG made a range of other recommendations to improve how health services are delivered and the sustainability of local providers. These will be addressed once the key recommendations noted above have been completed.

Report prepared by:	Michael James, Portfolio Manager, Primary Care Team, Planning Funding and Decision Support
Report approved for release by:	Carolyn Gullery, Executive Director, Planning Funding and Decision Support

SCHEDULE OF MEETINGS - 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Corporate Services**

DATE: **19 July 2018**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2019 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board:

i. notes that Facilities Committee (*FAC*) meetings will take place at 8.30am on the day prior to HRPG meetings, with FAC dates to be added to the schedule once 2019 HRPG meeting dates have been advised;
ii. notes that for planning purposes, the assumption has been made that the Community and Public Health Advisory Committee (*CPHAC*) and Disability Support Advisory Committee (*DSAC*) will continue as one committee (the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)) through 2019, however, should they revert back to two separate committees following review at the end of 2018, CPHAC and DSAC meetings will take place on the scheduled CPH&DSAC dates, with CPHAC meetings starting at 9:00am and DSAC meetings starting at 1.00pm;
iii. notes a proposed change to the start time of Quality, Finance, Audit and Risk Committee (*QFARC*) meetings, to 9.00am;
iv. confirms support for the proposed schedule of meetings for 2019 (Appendix 1); and
v. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. DISCUSSION

This report seeks the Board's support for a proposed schedule of meetings for the 2019 calendar year.

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee and the Hospital Advisory Committee in particular. The proposed meeting cycle for 2019 is:

- Board – monthly meetings on a Thursday, starting at 9:00am or 11.00am (dependent on FAC meetings. Where FAC meetings are scheduled on a Board meeting day, Board meetings will start at the later time of 11.00am).
- FAC – monthly meetings, starting at 8:30am. Meetings to take place the day prior to HRPG meeting dates. FAC dates will be confirmed as soon as 2019 HRPG meeting dates have been advised.

- QFARC – monthly meetings on a Tuesday, starting at 9.00am.
- HAC – bi-monthly meetings on a Thursday, starting at 9:00am.
- CPH&DSAC – bi-monthly meetings on a Thursday, starting at 9:00am. It has been assumed, for planning purposes, that the Community and Public Health Advisory Committee (*CPHAC*) and Disability Support Advisory Committee (*DSAC*) will continue as one committee (the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)) through 2019, however, should they revert back to two separate Committees following review at the end of 2018, CPHAC and DSAC meetings will take place bi-monthly on a Thursday, with CPHAC starting at 9.00am and DSAC starting at 1.00pm.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the *Act*) and in accordance with Standing Orders (Clause 1.14.1), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2019 are based on a similar cycle to 2018 meetings, with Committee meetings on Tuesdays and Thursdays (with the possible exception of FAC), and Board meetings on the third Thursday of each month (with the exception of the December Board meeting).

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On rare occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the Act.

4. APPENDICES

Appendix 1: 2019 Schedule of Meetings - Draft

Report prepared by: Anna Craw, Board Secretary

Report approved for release by: Justine White, GM, Finance & Corporate Services

	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed
January 2019			NEW YEARS DAY 1	PUBLIC HOLIDAY 2	3	4	5/6	7	8	9	10	11	12/13	14	15	16
February						1	2/3	4	5	WAITANGI DAY 6	7	8	9/10	11	12	13
March						1	2/3	4	QFARC TC 9AM 5	6	CPH&DSAC 9AM 7	8	9/10	11	12	13
April		1	QFARC 9AM 2	3	HAC 9AM 4	5	6/7	8	9	10	11	12	13/14	15	16	17
May				1	2	3	4/5	6	QFARC TC 9AM 7	8	CPH&DSAC 9AM 9	10	11/12	13	14	15
June	1/2	QUEEN'S BIRTHDAY 3	4	5	6	7	8/9	10	11	12	13	14	15/16	17	18	19
July		1	QFARC TC 9AM 2	3	CPH&DSAC 9AM 4	5	6/7	8	9	10	11	12	13/14	15	16	17
August					HAC 9AM 1	2	3/4	5	6	7	8	9	10/11	12	13	14
September	1	2	3	4	5	6	7/8	9	10	11	12	13	14/15	16	17	18
October			QFARC 9AM 1	2	HAC 9AM 3	4	5/6	7	8	9	10	11	12/13	14	15	16
November						1	2/3	4	5	6	7	8	9/10	11	12	13
December	1	2	QFARC 9AM 3	4	HAC 9AM 5	6	7/8	9	10	11	CDHB BOARD MEETING 12	13	14/15	16	17	18

Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	
17	18	19/20	21	22	23	24	25	26/27	28	QFARC 9AM 29	30	HAC 9AM 31			January 2019
14	15	16/17	18	19	20	CDHB BOARD MEETING 21	22	23/24	25	26	27	28			February
14	15	16/17	18	19	20	CDHB BOARD MEETING 21	22	23/24	25	26	27	28	29	30/31	March
CDHB BOARD MEETING 18	GOOD FRIDAY 19	20/21	EASTER MONDAY 22	23	24	ANZAC DAY 25	26	27/28	29	30					April
CDHB BOARD MEETING 16	17	18/19	20	21	22	23	24	25/26	27	QFARC 9AM 28	29	HAC 9AM 30	31		May
CDHB BOARD MEETING 20	21	22/23	24	25	26	27	28	29/30							June
CDHB BOARD MEETING 18	19	20/21	22	23	24	25	26	27/28	29	QFARC 9AM 30	31				July
CDHB BOARD MEETING 15	16	17/18	19	20	21	22	23	24/25	26	QFARC TC 9AM 27	28	CPH&DSAC 9AM 29	30	31	August
CDHB BOARD MEETING 19	20	21/22	23	24	25	26	27	28/29	30						September
CDHB BOARD MEETING 17	18	19/20	21	22	23	24	25	26/27	LABOUR DAY 28	QFARC TC 9AM 29	30	CPH&DSAC 9AM 31			October
14	CANTERBURY SHOW DAY 15	16/17	18	19	20	CDHB BOARD MEETING 21	22	23/24	25	26	27	28	29	30	November
19	20	21/22	23	24	CHRISTMAS DAY 25	BOXING DAY 26	27	28/29	30	31					December

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Corporate Services**

DATE: **19 July 2018**

Report Status – For: **Decision** ☑ **Noting** ☐ **Information** ☐

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the *Act*), Schedule 3, Clauses 32 and 33, and the Canterbury DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and the information items contained in the report;

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 21 June 2018	For the reasons set out in the previous Board agenda.	
2.	NZ Health Partnerships	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Microsoft Negotiations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
5.	2018/19 Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Reprioritisation Framework for Earthquake Strengthening	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Wellfood – Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	S9(2)(a) s9(2)(j) s9(2)(h)
10.	Advice to Board: • QFARC Draft Minutes *3 Jul 2018*	For the reasons set out in the previous Committee agendas.	

iii notes that this resolution is made in reliance on the Act, Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982.

In addition Clauses (b) (c) (d) and (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and form part of the minutes of the Board.

Approved for release by: Justine White, Executive Director, Finance & Corporate Services