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, 17 December 2020 commencing at 8.00am

	Karakia		8.00am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 19 November 2020		
3.	Carried Forward / Action List Items		
Reports for Noting			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	8.05-8.10am
5.	Finance Report	David Green *Acting Executive Director, Finance & Corporate Services*	8.10-8.15am
6.	Resolution to Exclude the Public		8.15am
ESTIMATED FINISH TIME – PUBLIC MEETING			**8.15am**
	Information Items: • Chief Executive's Update • HAC – 3 December 2020 – Draft Minutes		

NEXT MEETING
Thursday, 18 February 2021 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

Sir John Hansen (Chair)
Gabrielle Huria (Deputy Chair)
Barry Bragg
Catherine Chu
Andrew Dickerson
James Gough
Jo Kane
Aaron Keown
Naomi Marshall
Ingrid Taylor

Executive Support

Dr Andrew Brant – *Acting Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Acting Executive Director of Nursing*
Ralph La Salle – *Acting Executive Director, Planning Funding & Decision Support*
Paul Lamb – *Acting Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Dr Sue Nightingale – *Chief Medical Officer*
Dr Rob Ojala – *Executive Lead of Facilities*
Karalyn Van Deursen – *Executive Director of Communications*
Savita Devi – *Acting Chief Digital Officer*

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

BOARD ATTENDANCE SCHEDULE – 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	25/02/20	19/03/20	16/04/20	01/05/20 SM	21/05/20	18/06/20	16/07/20	04/08/20 EM	12/08/20 EM	20/08/20	17/09/20	15/10/20	19/11/20	17/12/20
Sir John Hansen (Chair)	√	√	√	√	√	√	√	√	√	√	√	^	√	
Gabrielle Huria (Deputy Chair)	√	√	√	√	√	√	^	√	√	√	√	√	√	
Barry Bragg	^	√	√	√	√	√	√	√	√	√	√	√	√	
Sally Buck	#	^	~	~	~	~	** 08/07/2020							
Catherine Chu	^	√	√	√	√	√	^	√	√	√	√	x	√	
Andrew Dickerson	√	√	√	√	√	√	√	√	√	√	√	√	√	
James Gough	√	√	√	√	√	√	√	√	√	√	√	√	√	
Jo Kane	√	√	√	√	√	√	√	√	√	√	√	√	√	
Aaron Keown	√	√	√	√	√	√	√	√	√	√	√	√	√	
Naomi Marshall	√	√	√	√	√	√	√	√	√	√	√	√	√	
Ingrid Taylor	√	√	√	√	√	√	√	√	√	√	√	√	√	

√ Attended
x Absent
Absent with apology
^ Attended part of meeting
~ Leave of absence
* Appointed effective
** No longer on the Board effective

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)

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Ministry Primary Industries, Costs Review Independent Panel** **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Nitrates in Drinking Water Working Group** – Member A discussion forum on nitrate contamination of drinking water. **Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Runanga o Ngai Tahu** – General Manager Tribal Entity. **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **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.

	Farrell Construction Limited - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee 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 Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Paenga Kupenga Limited** – Chair Commercial arm of Ngai Tuahuriri Runanga **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Verum Group Limited** – Director Verum Group 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.
Catherine Chu	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Andrew Dickerson	**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.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park (under construction) **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **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.

	Christchurch City Council – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 19 November 2020 commencing at 9.30am

BOARD MEMBERS
Sir John Hansen (Chair); Gabrielle Huria (Deputy Chair); Barry Bragg; Catherine Chu (via zoom); Andrew Dickerson (via zoom); James Gough; Jo Kane; Aaron Keown; Naomi Marshall; and Ingrid Taylor.

BOARD CROWN MONITOR
Dr Lester Levy (via zoom)

APOLOGIES
An apology for absence between 12.15pm and 12.30pm was received from Dr Lester Levy.

EXECUTIVE SUPPORT
Dr Andrew Brant (Acting Chief Executive); Savita Devi (Acting Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services); Becky Hickmott (Acting Executive Director of Nursing); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Paul Lamb (Acting Chief People Officer); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Sue Nightingale (Chief Medical Officer); Dr Rob Ojala (Executive Lead for Facilities); Karalyn van Deursen (Executive Director Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

EXECUTIVE APOLOGIES
An apology was received and accepted from Evon Currie, General Manager, Community & Public Health.

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
Gabrielle Huria declared a conflict of interest regarding Item 4 – Gifting of Name for New Hospital Building.

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (52/20)
(Moved: James Gough/seconded: Gabrielle Huria – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 15 October 2020 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward/action items were noted.

4. GIFTING OF NAME FOR NEW HOSPITAL BUILDING (Ratification of Resolution)

Sir John Hansen, Chairman, presented this paper which had been circulated and approved by the Board via e-mail. It was noted that feedback around the new name has been positive. It was also noted that from an operational perspective there will be a transition period from the "Hagley" name.

Resolution (53/20)
(Moved: Sir John Hansen/seconded: Ingrid Taylor – carried)

"That the Board:

i. acknowledges the gift of the name "Waipapa" for the new hospital building, currently known as Hagley; and
ii. accepts and endorses the use of the name "Waipapa" for the new hospital building, currently known as Hagley."

5. DELEGATIONS

David Green, Acting Executive Director, Finance & Corporate Services, presented this paper which was recommended to the Board by the Quality, Finance, Audit & Risk Committee. Mr Green commented that this is a regular review of our delegations and we have taken some time in reviewing these in light of comments from the Minister of Health. He added that there has been a reduction in the delegation to the Chief Executive in regard to Capital Expenditure from $1m to $500k, which is in line with other DHBs and this will be reviewed in 12 months.

Resolution (54/20)
(Moved: Barry Bragg/seconded: Ingrid Taylor – carried)

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

i. notes that existing delegations and enhanced processes are in place to support the points raised by the Minister of Health in relation to new personnel, community provider contracts, and approval of capital plans;
ii. notes the delegations as identified in the EY report have been reviewed, noting capital delegation levels have been set in relation to the proportion and composition of investments CDHB makes, and payroll related expenses enable approval of rosters for line managers;
iii. approves the existing "Delegation of Authority by the Board of the Canterbury DHB" policy (Appendix 1) remaining in place, unchanged;
iv. notes the "Delegation of Authority to Staff" policy (Appendix 2) which is supported by a Delegations Guidance that provides the framework and definitions of delegations; and
v. approves the Instrument of Delegation to the Acting Chief Executive Officer (Appendix 3), noting a change in delegation for Capital Expenditure reduced from $1M to $500K, to be reviewed in 12 months' time (November 2021)."

6. COVID-19 HEALTH SYSTEM RESPONSE: VENTILATOR & RESPIRATORY EQUIPMENT

David Green also presented this report which was recommended to the Board by the Quality Finance, Audit & Risk Committee. Mr Green advised that as part of the COVID response the Ministry is giving some equipment to DHBs. This has been reviewed by our clinicians and we will be accepting about $1.5m worth of equipment and returning the rest to the "National Pool". It was noted that there is an equity injection that comes with this.

Discussion took place regarding whether the DHB would have enough equipment if we were to have a major outbreak. It was noted that no matter how much equipment we have, we also need staff and space to support this.

Resolution (55/20)
(Moved: Ingrid Taylor/seconded: Aaron Keown – carried)

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

i. notes that Cabinet has agreed to supply additional ventilators and respiratory equipment to DHBs, free of capital charge;
ii. notes the equipment allocated to CDHB totals $1,741,442;
iii. notes that CDHB can only clinically support $1,466,042 worth of equipment, with the remaining $275,400 being equipment either not currently used or not appropriate for use without increased clinical risk for the CDHB;
iv. endorses the acceptance of $1,466,042 of equipment and return of $275,400 of equipment;
v. notes that additional time and effort will be required to operationalise the new equipment in terms of staff training and commissioning;
vi. notes that CDHB was already well prepared in advance for the Covid-19 pandemic and had bought forward capital requests for ventilators; and
vii. accepts equity funding of $1,466,042."

7. ACCESSIBLE INFORMATION CHARTER

Dr Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical, presented this paper which was recommended to the Board by the Community & Public Health & Disability Support Advisory Committee (*CPH&DSAC*). Dr Lunday-Johnstone advised that there had been a good discussion around this at the CPH&DSAC meeting highlighting accessibility and setting out our intention to be accessible for all people who have difficulty with communication and accessible information around health care. She added that previously the focus had been on accessible "buildings" - this is another way of us ensuring that people who have these difficulties get the correct information in the format they can use to support them to participate in their health care journey. Dr Lunday-Johnstone advised that it would appear that we are the first DHB in NZ to endorse this approach and it supports us on a journey.

A query was made in regard to recommendation (v), innovative ways and opportunities, as to whether there are any specific plans or timelines around these and it was noted that if this paper is endorsed these will included into the Disability Action Plan going forward.

Board member Aaron Keown advised that the Christchurch City Council Disability Committee have invited Minister Carmel Sepuloni, Minister for Disability Issues, to have a conversation around disability issues going forward and if this takes place he will also invite members of the CDHB Committee.

Resolution (56/20)
(Moved: Aaron Keown/seconded: Gabrielle Huria – carried)

"That the Board, as recommended by the Community & Public Health & Disability Support Advisory Committee:

i. endorses the New Zealand Government Accessible Information Charter (the *Charter*);
ii. approves a signed copy of the Charter being forwarded to the Office of Disability Issues and the Charter's founder within the Ministry of Social Development to recognise CDHB's commitment;
iii. notes the Terms of Reference for the Accessible Information Working Group;

iv. notes that six monthly updates will be provided to CPH&DSAC on actions undertaken to meet the objectives of the New Zealand Government Accessible Information Charter; and
v. looks at innovative ways and opportunities to source new monies to help support the budgets in this area."

8. CHAIR'S UPDATE

Sir John Hansen, Chair, thanked Deputy Chair, Gabrielle Huria, for standing in for him while he was a "mystery shopper" in the health system. He commented that from his experience in the health system the comments around the great services we provide are correct.

Sir John also thanked Dr Peter Bramley, Dr Andrew Brant and the staff at all levels for their hard work over the last while and also Dr Rob Ojala and the migration team for their hard work around the move to Waipapa. He also mentioned the handling of the two COVID cases which had been dealt with exceptionally well.

Sir John advised that work continues in relation to deficit reduction and he acknowledged the work being done at every level around this.

The update was noted.

9. CHIEF EXECUTIVE'S UPDATE

Dr Andrew Brant, Acting Chief Executive, thanked everyone for their welcome and support since he has been here and commented that it is a privilege to be working with the Canterbury DHB. He also acknowledged the Executive Management Team who have been rising to the challenge and working incredibly hard.

Dr Brant advised that there have been some major events taking place in the last month. Waipapa is impressive, the planning has been superb and it is already coming together with the environment being very calm and organised with patient safety at the top of everyone's list.

He advised that the approach to the recent COVID cases was swift and thorough and incredibly well handled. So a big thanks to our Public Health Team.

In regard to finances, Dr Brant advised we are sitting just above where we expect to be if we exclude COVID and Holiday's Act costs which is excellent. He commented that the Accelerating Our Future Programme is really maturing; we are getting the systems and processes in place with a lot of ideas coming through the organisation and he expects to see good progress through that plan. In regard to other performance, Dr Brant added that electives are going well and we are also doing well on our other headline targets.

A query was made regarding the COVID-19 survey results, with only 58% saying they felt they were given consistent information by staff members - what work is being done to rectify this result? It was agreed that a written response would be provided to Board members regarding this.

A query was made regarding the COVID tracing workforce which is 30 staff, with a requirement of 150. This seems a significant shortfall so how would we cope if there was an outbreak? Dr Brant commented that we are very mindful of this. Work is taking place to see if we can expand the workforce from within the CDHB and also we are looking outside the DHB for people who could be trained and brought on board if we had an outbreak. We can never take our eye off the ball around this as we still have to keep running the rest of the health service at the same time and that is where we would be drawing people from.

It was noted that the two people who had tested positive for COVID here in Canterbury have recovered.

Dr Sue Nightingale, Chief Medical Officer, commented regarding our vaccination strategy. She commented that the National COVID-19 Immunisation Implementation Advisory Group are looking at this. It was noted that Vince Barry, Chief Executive, Pegasus Health, is a member of this group. A report regarding the vaccination strategy was requested for the next Board meeting.

A query was made regarding the reference to 4% on page 9 under COVID Catch-up Almost Complete. It was noted that this should read that 4% of the outpatient events cancelled are still to be fulfilled.

The Chief Executive's update was noted.

10. FINANCE REPORT

David Green, Acting Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read.

Mr Green advised that with an adjustment for the Holiday's Act and COVID the results are slightly favourable against budget for the month and year to date. It was noted that Holiday's Act and COVID costs are reported to the Ministry of Health on a monthly basis.

Mr Green added that the $180m equity support is not reflected in the results, but will be in the October results.

There was no discussion on the report, which was noted.

The meeting moved to Item 12.

12. ADVICE TO BOARD

Community & Pubic Health & Disability Support Advisory Committee (CPHDSAC)

Aaron Keown, Chair, Community & Pubic Health & Disability Support Advisory Committee, provided the Board with an update on the Committee's public meeting held on 5 November 2020.

Mr Keown advised that this had been a good meeting which had been attended by Anne Hawker from the Ministry of Social Development who provided the Committee with an update about "Working Matters" an Action Plan to ensure disabled people and people with health conditions have an equal opportunity to access employment.

The Committee also received an update from the Chair of the Disability Steering Group, Mr Grant Cleland.

In addition, the Committee received a presentation on Oral Health, as well as the Canterbury Accessibility Charter.

The update was noted.

The meeting took a break between 10.10am and 10.30am.

11. COVID-19 TESTING – ORAL UPDATE

Dr Ramon Pink, Public Health Physician/Medical Officer of Health; Hannah Gordon, Primary Care GP overseeing testing; and Vanessa Buchan, Laboratories; spoke to the meeting regarding COVID testing.

Dr Pink commented that the approach being used is "keep it out and stamp it out". As well as monitoring the Managed Isolation Quarantine Facilities (*MIQs*) in Christchurch (six in Christchurch),

they also have to manage the Ports of Lyttleton and Timaru, and also Christchurch Airport. He added that the bulk of the repatriation is coming from Auckland and direct to Christchurch, and it should be noted that points of entry are the greatest risk to our country.

Dr Pink advised that there had been a new Boarder Order this morning increasing the testing of our border areas and he added that they are really appreciative that Minister Hipkins has acknowledged our boarder workers who are protecting our cities and nation. Dr Pink also advised that there is a fortnightly testing strategy which responds to what is happening around the country at a certain point in time, along with some generic advice.

Hannah Gordon provided a breakdown of the different areas of testing:

- Community –the majority of testing in the community is being undertaken in Primary Care with 112 out of 116 practices involved.
- Testing Centres – Orchard Road has the most flexibility to step up.
- Whanau Ora, Pages Road – this is really important in improving the equitable access in Canterbury.
- Ashburton – testing is available here in Primary Care and Testing Centres when necessary.

In regard to presence at the borders, Ms Gordon advised that MIQs are running their own testing and the main areas that our teams are involved with are the airport and ports.

It was noted that there are 426 identified staff that require swabbing on a fortnightly basis at the airport.

The ports are more complicated as there is swabbing of staff and also crew who require shore leave. In these instances, there are a couple of clinicians who go on board to test these people.

It was noted that the port is a challenging space as over 30 agencies work out of this area. In addition, there is some resistance on the ground around how people feel about what is being imposed on them. There are 422 staff requiring swabbing and maybe about 80 per week are being picked up (around 50%). There are also challenges around space for testing and we are securing a more permanent site that people can come to.

Vanessa Buchan advised that the role of the Lab is analytical testing. The first test was undertaken on 3 February which was the first test in New Zealand. We have now done 145,000 tests of which 110,000 are from Canterbury. In the last month 20,600 tests have been completed. Canterbury has settled at a much higher baseline of testing than previously.

Dr Sue Nightingale, Chief Medical Officer, commented that there has been a huge amount of very cooperative work across the sector which is fantastic.

Discussion took place around pop-up testing and it was noted that this is a huge task which is organised with about 12 hours notification. There are usually 20 staff involved and in addition IT set-up; equipment, including marquees, waste management and traffic management; and infection control.

The team also commented as follows:

- Have had conversations with the Ministry around how we do some positive communication about port workers.
- Public complacency is a concern.
- The sustainability of the response is a concern as a finite group of people are in the front line.
- The importance of adequate time for leave and restoration.
- The constraint of political pressure.

- Around the country many laboratories are reliant on a single platform.

Discussion took place regarding to what extent do we haven input into government decisions that put pressure on our community like the Russian fishermen etc. It was noted that the DHB has just sent a formal review to the Ministry around this.

Discussion also took place regarding the stigma around those working in the front line and those who are tested.

The Chair passed the Board's thanks to the presenters and their teams at every level of the organisation.

The update was noted.

13. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (57/20)
(Moved: Sir John Hansen/seconded: Gabrielle Huria - 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 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 public excluded meetings – 15 October 2020	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	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.	Chief Executive - Emerging Issues	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)
4.	Hillmorton Laundry Building Fitout – To Enable CAF Outpatient Service Consolidation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Parkside Block A Strengthening	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Supply Chain Relocation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Ministry of Health Q1 Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

8.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	People Report	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)
10.	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)
11.	Advice to Board: • QFARC Draft Minutes *3 November 2020*	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 11.10am

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Sir John Hansen, Chair Date of approval

BOARD MEETING 19 NOVEMBER 2020 – MEETING NOTES

Clause No	Item	Action Points	Staff
	Apologies	Nil	
1.	Interest Register	Gabrielle Huria – Item 4 – Gifting of Name for new Hospital Building	Kay Jenkins
2.	Confirmation of Minutes – 15 October 2020	Adopted: James Gough / Gabrielle Huria	Kay Jenkins
3.	Carried Forward/Action Items	Nil	
4.	Gifting of Name for New Hospital Building	Adopted/Ratified: Sir John Hansen / Ingrid Taylor	
5.	Delegations	Adopted: Barry Bragg / Ingrid Taylor	Anna Craw
6.	COVID-19 Health System Response: Ventilator & Respiratory Equipment	Adopted: Ingrid Taylor / Aaron Keown	Anna Craw
7.	Accessible Information Charter	Adopted: Aaron Keown / Gabrielle Huria	Anna Craw
8.	Chair's Update	Nil	
9.	Chief Executive's Update	• COVID-19 vaccination strategy – provide written report to December 2020 Board meeting **(Report due to Anna Craw: 3 December 2020)** • Work being done to rectify COVID-19 survey response to the question: Do you feel you were given consistent information by staff members? (58%). **(Provide written response to be circulated to Board members – to Anna Craw by COB Friday, 27 November 2020.)**	Dr Sue Nightingale Sue Wood
10.	Finance Report	Nil Moved to Item 12.	
11.	COVID-19 Testing	Nil Moved to Item 13.	

12.	Advice to Board: • CPH&DSAC – 5 November 2020 - Draft Minutes	Nil Meeting adjourned from 10.10 to 10.30am Moved to Item 11.	
13.	Resolution to Exclude the Public	Adopted: Sir John Hansen / Gabrielle Huria	Kay Jenkins
	Information	Meeting closed at 11.10am. Meeting adjourned for morning tea from 11.10 to 11.30am.	Kay Jenkins

Distribution List:
Dr Sue Nightingale
Sue Wood
Kay Jenkins

CC: Rochelle Audeau

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 17 DECEMBER 2020

DATE	ISSUE	REFERRED TO	STATUS
15 Oct 20	Review of CDHB/Manawhenua MOU	Kay Jenkins	Under action.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

FINANCE REPORT 31 OCTOBER 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **David Green, Acting Executive Director, Finance & Corporate Services**

APPROVED BY: **Dr Andrew Brant, Acting Chief Executive**

DATE: **17 December 2020**

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 consolidated financial result for the month of October 2020 including the impacts of Covid-19 and Holidays Act compliance is a net expense of $16.202M, being $0.726M unfavourable to the annual plan agreed by the Board on 20 August 2020. The YTD result is now $5.409M unfavourable to the annual plan;
ii. notes the consolidated financial result for the month excluding the impact of Covid-19 and the Holidays Act compliance provision is favourable to plan by $0.088M (YTD $0.400M favourable);
iii. notes that the full year impact of the Holidays Act Compliance is estimated to be $17.701M; and
iv. notes that CDHB has agreed to change the accounting treatment of the Manawa lease from an operating lease to a finance lease. The annual accounts for 2019/20 have been adjusted to account for this, and the impact for the 2020/21 financial year will be accounted for from November.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result

The table below shows the net October result excluding Covid-19 and Holidays Act Compliance:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.135)	0.000	(0.135)	0.012	0.000	0.012
Funder	(9.020)	(8.710)	(0.310)	(31.443)	(31.376)	(0.067)
DHB Provider	(6.233)	(6.766)	0.533	(18.712)	(19.167)	0.455
Canterbury DHB Group Result	**(15.388)**	**(15.476)**	**0.088**	**(50.143)**	**(50.543)**	**0.400**

4. KEY FINANCIAL RISKS

Savings plans – Although we are largely on target with our phased savings plans to date, there is a risk that we do not substantively achieve these savings. The savings plans are heavily phased in the later part of the financial year.

Liquidity - We are forecasting that we will not need to use our overdraft facility until next financial year. However, as we will continue to incur deficits, we will require further equity support in the future.

Covid-19 – the forecasted impact of Covid-19 on CDHB's performance is dependent on a number of uncertain parameters, our current assumption is that Canterbury will remain at Level One.

CDHB is managing six Managed Isolation Quarantine Facilities (*MIQFs*) for the Canterbury Region and also providing support for contact tracing and testing. The Primary Care sector remains heavily involved in testing and our primary care costs exceed the funding made available at the end of October by $1.2M.

Holidays Act Compliance – the workstream to determine CDHB's liability under the Holidays Act is continuing. We have accrued a liability based on the draft report from EY; there is risk the final amount differs significantly from this accrued amount. We are likely to have a qualified opinion on this issue in our annual report (as was done last year).

Certain new **Ministry of Health initiatives** have cost implications for CDHB (eg, the national bowel screening programme, as noted in previous months will crystallise this year).

The new **Waipapa facility** opened on 16 November 2020. The annual plan had assumed 1 November 2020, this delay will likely impact the operating result of CDHB.

5. APPENDICES

Appendix 1: Financial Results including the impact of Covid-19 and Holidays Act compliance
Appendix 2: Financial Result before indirect revenue & expenses (excluding Covid-19 / Holidays Act compliance)
Appendix 3: CDHB Group Income Statement
Appendix 4: Statement of Financial Position
Appendix 5: Cashflow

APPENDIX 1: FINANCIAL RESULTS INCLUDING THE IMPACT OF COVID-19 AND HOLIDAYS ACT COMPLIANCE

The following table shows the impact of Covid-19 and the Holidays Act compliance for the month and year to date:

	Period to date							Year to date						
October 2020 Result	Month Actual $000	Month Budget $000	Month Variance F/(UF)	Covid-19 $000	Holidays Act $000	Excl Covid-19 & Hols Act $000	Underlying Variance	YTD Actual $000	YTD Budget $000	YTD Variance F/(UF)	Covid-19 $000	Holidays Act $000	Excl Covid-19 & Hols Act $000	Underlying Variance
MOH Revenue	(164,208)	(161,371)	2,837	(1,442)		(162,766)	1,395	(654,027)	(645,487)	8,540	(6,279)		(647,748)	2,261
Patient related revenue	(6,949)	(6,082)	866	(1,330)		(5,619)	(464)	(29,973)	(24,194)	5,778	(6,120)		(23,853)	(342)
Other Revenue	(3,940)	(3,591)	349	(2,024)		(1,916)	(1,675)	(17,128)	(13,964)	3,164	(5,633)		(11,495)	(2,469)
Total Operating Revenue	(175,097)	(171,044)	4,052	(4,796)	-	(170,301)	(744)	(701,128)	(683,645)	17,483	(18,032)	-	(683,096)	(549)
Employee expenses	82,234	80,749	(1,485)	1,834	1,270	79,130	1,619	324,879	316,084	(8,795)	6,789	5,580	312,509	3,575
Outsourced Personnel	1,617	1,654	37	148		1,469	185	7,118	6,628	(489)	357		6,761	(132)
Treatment Related costs	14,415	13,740	(675)	802		13,613	127	59,968	54,740	(5,228)	2,530		57,439	(2,699)
Other expenses	10,769	10,195	(574)	736		10,034	161	41,070	39,353	(1,717)	1,874		39,195	158
External Provider costs	73,915	71,804	(2,111)	820		73,095	(1,291)	290,139	283,755	(6,384)	6,711		283,428	327
Total Operating Expenditure	182,950	178,142	(4,808)	4,339	1,270	177,340	802	723,173	700,560	(22,613)	18,261	5,580	699,332	1,228
Operating result - (Surplus) - Deficit	7,853	7,098	(755)	(456)	1,270	7,040	58	22,045	16,915	(5,130)	229	5,580	16,236	679
Total Indirect revenue and expenditure	8,349	8,378	29	-		8,349	29	33,907	33,628	(279)	-		33,907	(279)
Total - (Surplus) / Deficit	16,202	15,476	(726)	(456)	1,270	15,388	88	55,952	50,543	(5,409)	229	5,580	50,143	400

MoH revenue covers most of the external provider costs incurred to date, which relate mainly to community surveillance and testing. In total, $11.296M of specific funding is available in 2020/21 for the Covid-19 response. This includes $6.504M of new funding or External Provider expenditure, and $4.792M for the Public Health Unit (PHU) and the Primary Mental Health Response. YTD October, $6.279M of this funding has been recognised as revenue.

There is risk that there will be insufficient funding to cover Covid-19 additional costs.

Patient related revenue includes revenue for MIQFs. We are discussing with the MoH on a change in the funding model from October onwards.

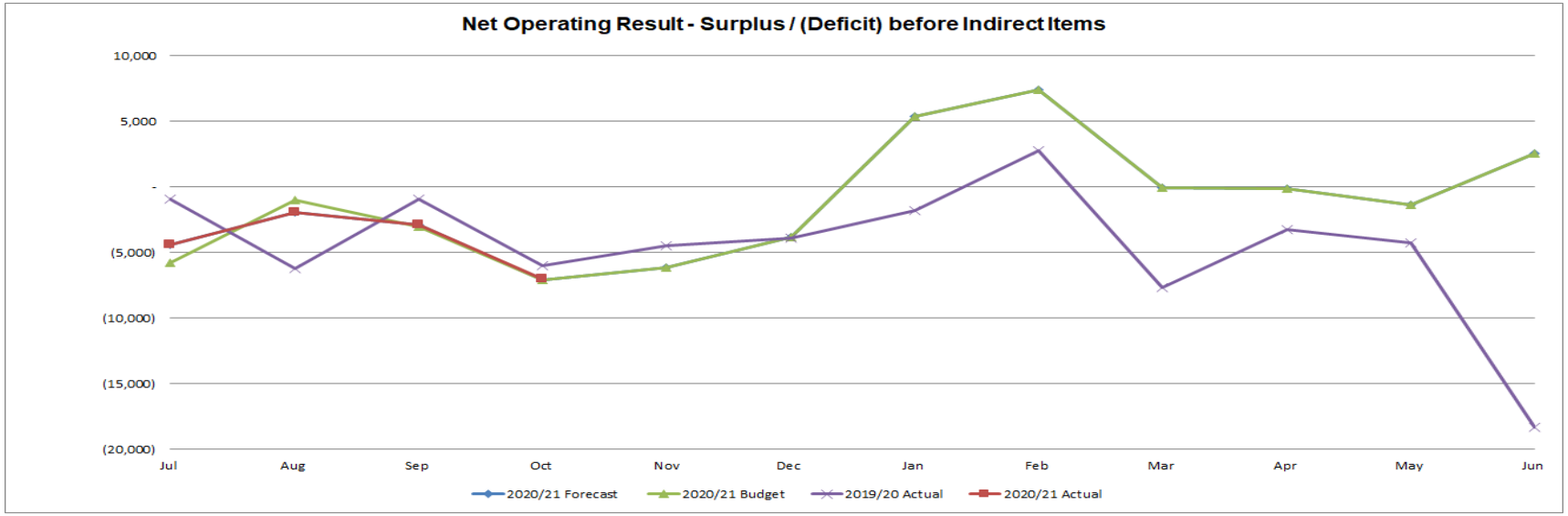
The annual cost of running MIQFs for CDHB has been estimated at $24M based on running 6 isolation hotels at full capacity and including all costs.

Other revenue is from Covid-19 pathology tests processed by Canterbury Health Laboratories (CHL) for Canterbury and other regions.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES (EXCLUDING COVID-19 / HOLIDAYS ACT COMPLIANCE)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 OCTOBER 2020

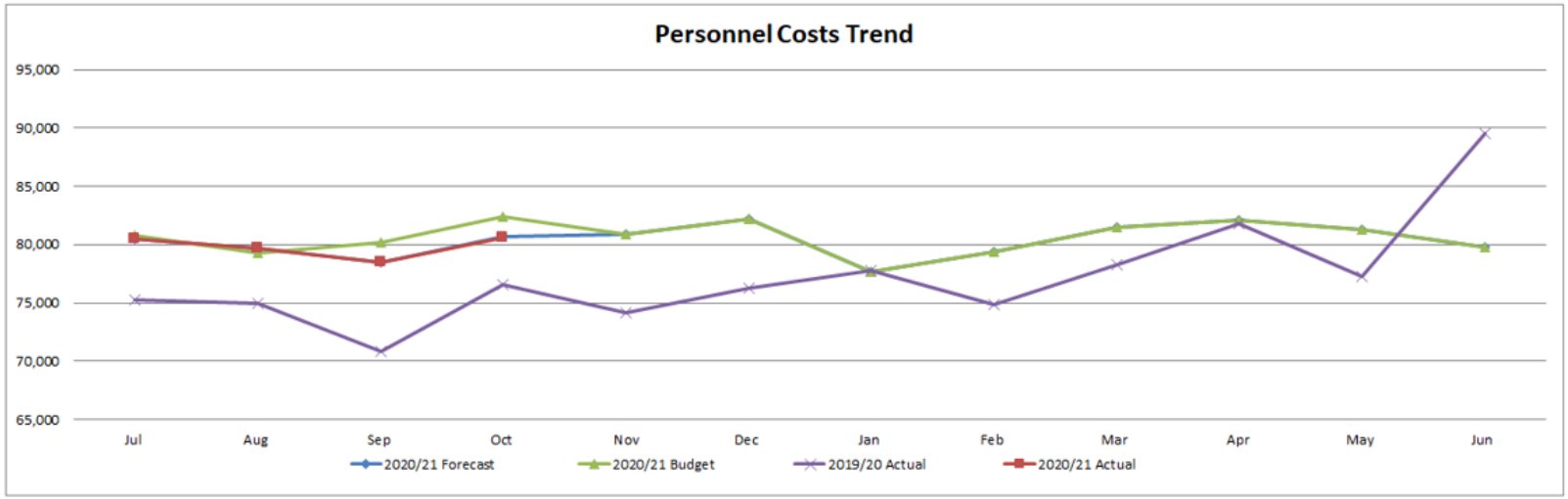
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Surplus/(Deficit) before Indirect items	(7,040)	(7,098)	58	-1% ✔	(16,236)	(16,915)	679	-4% ✔	(54,827)	(23,257)	(23,257)	-	0% ✔

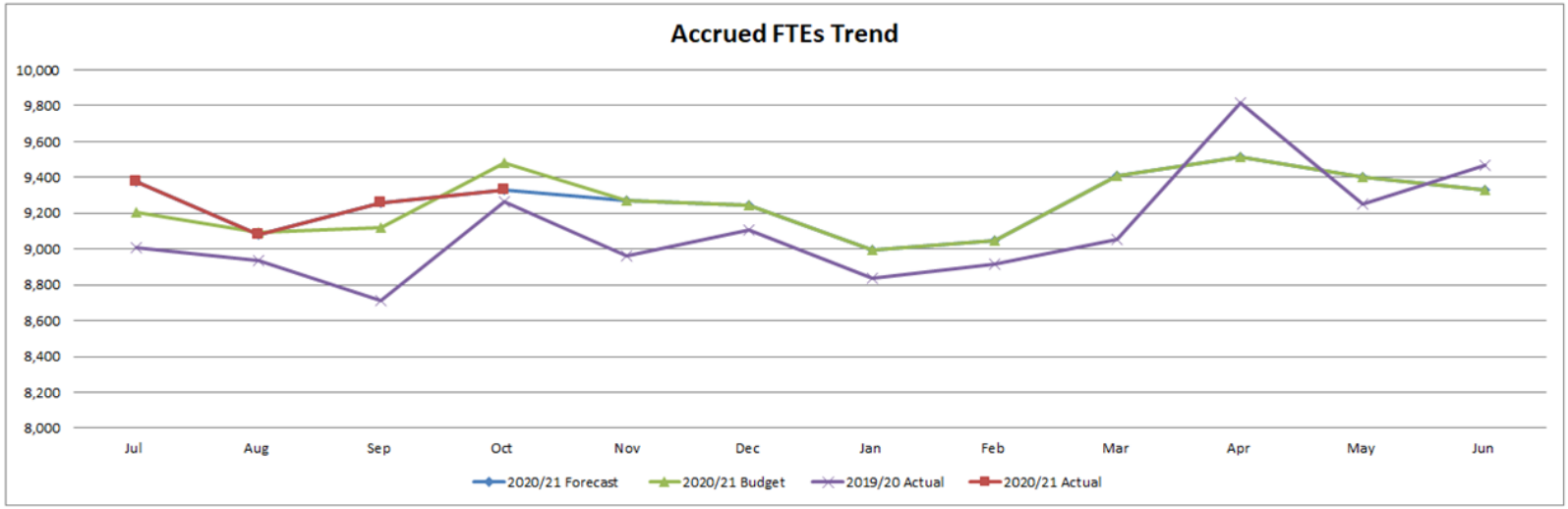


KEY RISKS AND ISSUES

Our YTD result is in line with budget and saving targets, however the full year saving plan is heavily weighted in the last 2 quarters of the year.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE





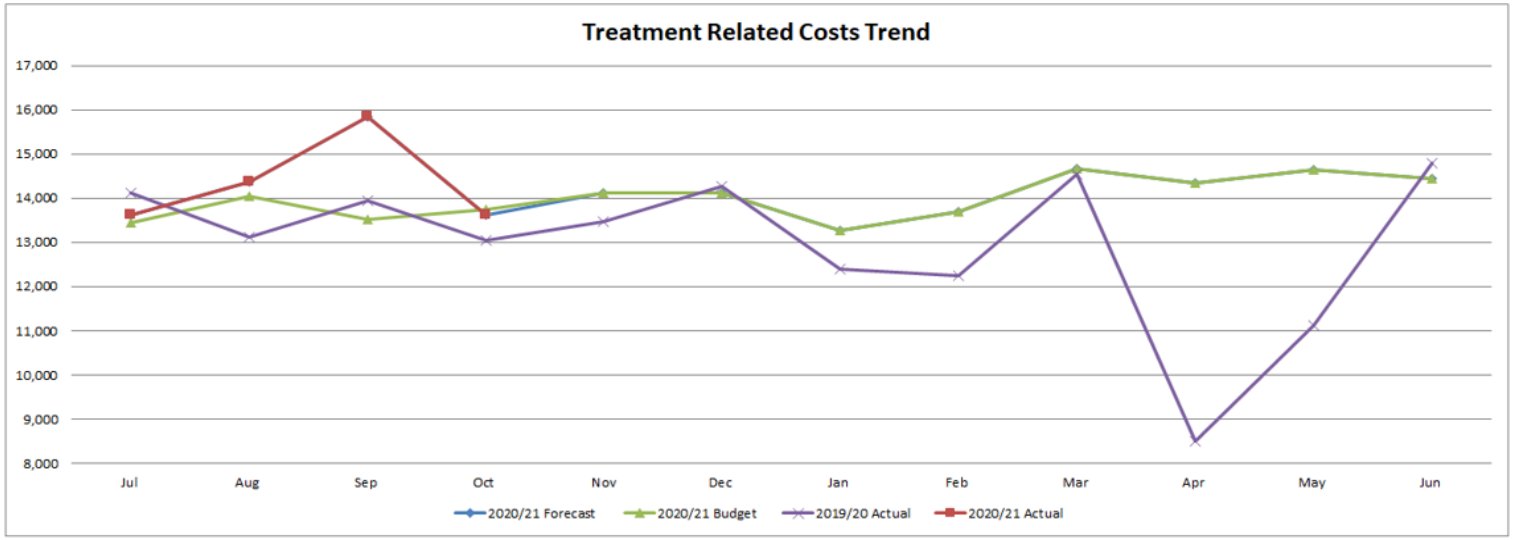
KEY RISKS AND ISSUES

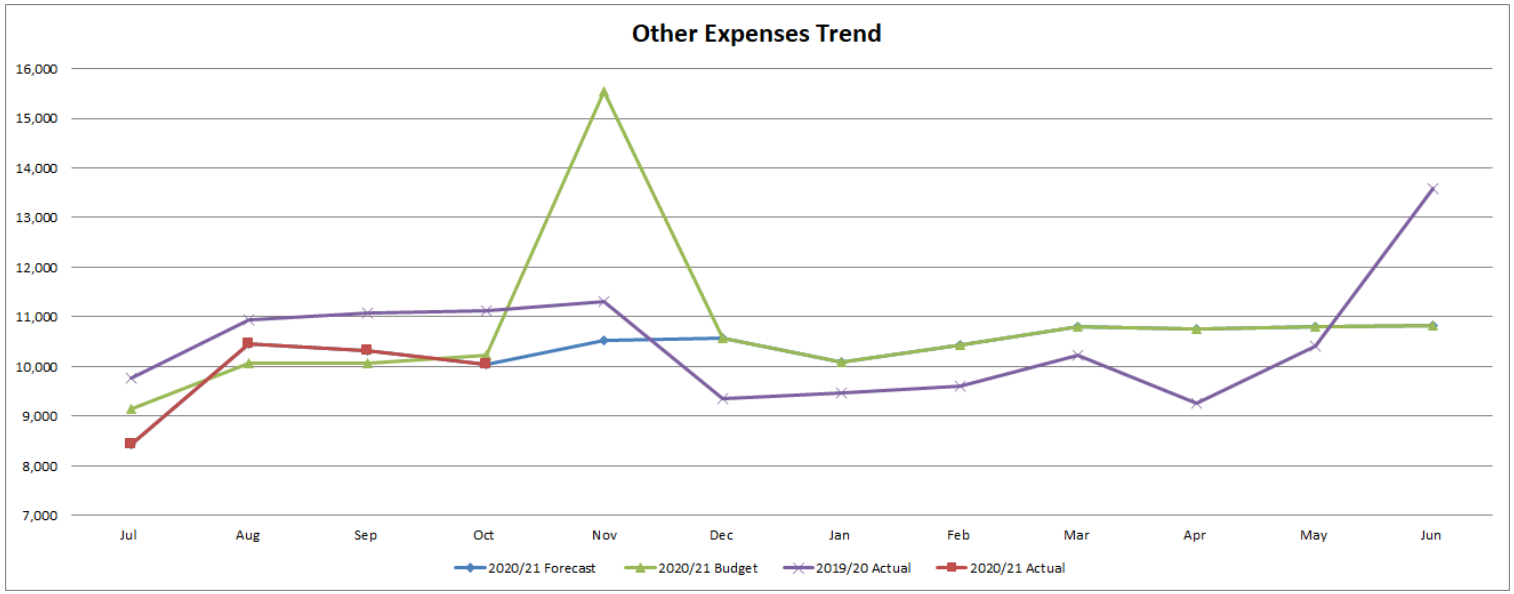
YTD BAU personnel costs continue to be favourable to plan.

YTD FTEs are favourable to plan

Note the FTE shown in this graph is an “accrued” FTE, and differs from contracted FTE. The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days (the range is 21-23 across the year), the accrual proportions, annual leave impacts (particularly school holidays and Easter, Christmas and New Year periods), etc. The accrued FTE largely correlates with the trend in contracted FTE.

TREATMENT & OTHER EXPENSES RELATED COSTS





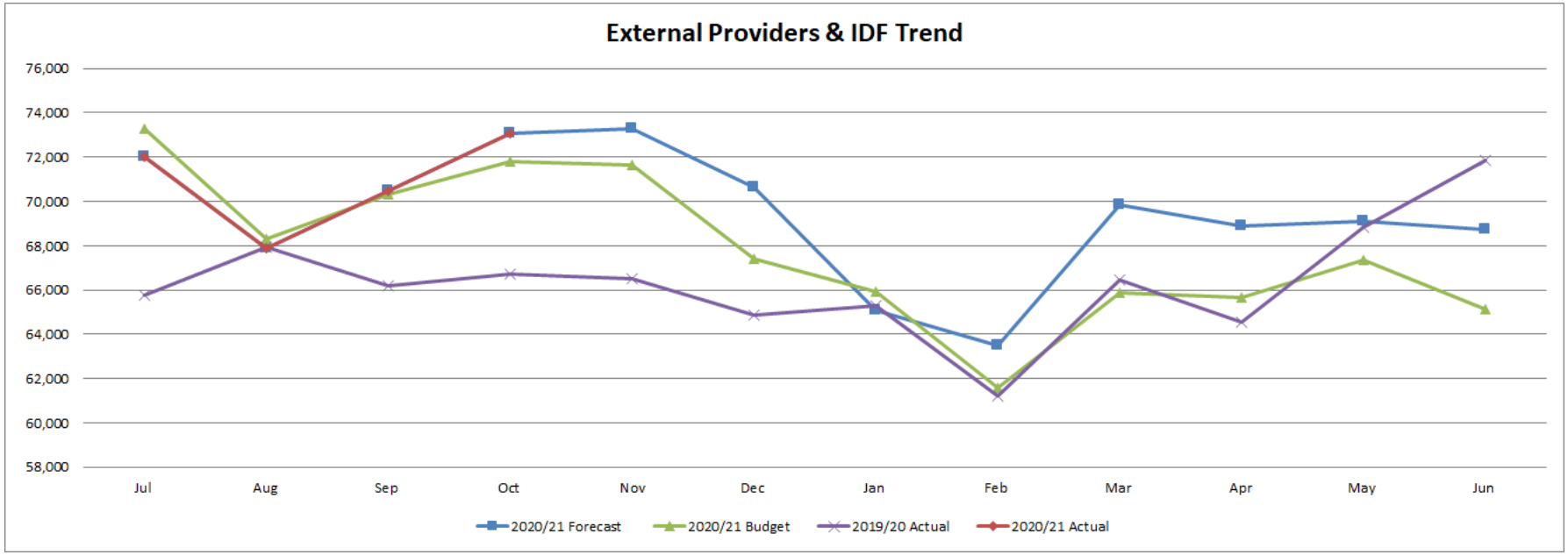
KEY RISKS AND ISSUES

YTD we have had a higher than expected number of acute patients and higher ED attendances. YTD ED attendances are up 1.4% on the prior year, and the October month increase was 6.9% over the prior year. We also continue to incur higher than expected costs in Orthopaedic and Spinal implants. The BAU treatment related costs decrease in April 20 primarily related to lower patient activity during the Covid-19 pandemic lock-down period.

The budget increase in November relates to the tunnel project and is equally offset by revenue; this was accrued in June 2020 and is therefore not in our year end forecast for the current year.

EXTERNAL PROVIDER COSTS EXCLUDING COVID-19

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
External Provider Costs	73,095	71,804	(1,291)	-2% ✗	283,428	283,755	327	0% ✓	790,838	832,518	814,341	(18,177)	-2% ✗



Community pharmacy costs are unfavourable to plan but this is offset by additional revenue. Some MoH contract spend has been delayed, which is a timing issue only.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 19/20 $'000
Equity	617,755	512,729	(105,026)	Cash	130,805	(51,324)	182,129	(6,966)

KEY RISKS AND ISSUES

Equity

The October 2020 variance shown in the graph is due to the equity support of $180M ($145M was budgeted in November and a further $41M in January 2021), offset by the additional Holidays Act compliance provision made at 30 June 2020.

Cash

On 5 October 2020 we received $180M cash for equity support. Our Annual Plan had forecasted to receive $135M in November and another $41M in January 2021.

Spend on the Mental Health facilities redevelopment continues and is expected to increase as construction activity starts in November 2020 (we have received an initial equity drawdown for the Mental Health project and a further drawdown of $1.434M was received on 8 October).

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 4 months ending 31 October 2020

Month					Year to Date				Annual (Year End)	
20/21 Actual 000's	20/21 Budget 000's	19/20 Actual 000's	Variance to Budget 000's		20/21 Actual 000's	20/21 Budget 000's	19/20 Actual 000's	Variance to Budget 000's	20/21 Budget 000's	19/20 Actual 000's
165,488	162,732	154,512	2,756 ✓	MoH Revenue	659,142	650,931	617,646	8,211 ✓	1,952,782	1,864,766
5,668	4,721	4,357	947 ✓	Patient Related Revenue	24,858	18,750	17,234	6,108 ✓	55,498	53,364
3,940	3,591	3,335	349 ✓	Other Revenue	17,128	13,964	15,135	3,164 ✓	47,534	48,770
175,097	**171,044**	**162,203**	**4,052**	**Total Operating Revenue**	**701,128**	**683,645**	**650,015**	**17,483**	**2,055,814**	**1,966,900**
83,850	82,403	76,591	(1,447) ✗	Personnel Costs	331,996	322,712	297,619	(9,284) ✗	967,342	1,000,806
14,415	13,740	13,039	(675) ✗	Treatment Related Costs	59,968	54,740	54,212	(5,228) ✗	168,059	160,676
73,915	71,804	66,756	(2,111) ✗	External Service Providers	290,139	283,755	266,614	(6,384) ✗	814,341	810,046
10,769	10,195	11,013	(574) ✗	Other Expenses	41,070	39,353	42,849	(1,717) ✗	129,329	133,335
182,950	**178,142**	**167,400**	**(4,808)** ✗	**Total Operating Expenditure**	**723,173**	**700,560**	**661,294**	**(22,613)** ✗	**2,079,071**	**2,104,863**
(7,853)	**(7,098)**	**(5,196)**	**(755)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(22,045)**	**(16,915)**	**(11,279)**	**(5,130)** ✗	**(23,257)**	**(137,963)**
167	48	46	119 ✓	Interest Revenue	343	192	206	151 ✓	577	695
-	-	-	- ✓	Capital Charge Relief / Debt Equity Swap Fund	-	-	-	- ✓	10,170	8,220
261	243	15	18 ✓	Donations	487	732	1,035	(245) ✗	2,674	3,674
2	-	-	2 ✓	Profit on Sale of Assets	34	-	13	34 ✓	-	17
430	**291**	**61**	**139** ✓	**Total Indirect Revenue**	**864**	**924**	**1,253**	**(60)** ✗	**13,421**	**12,606**
2,437	2,437	2,961	- ✓	Capital Charge	9,748	9,748	11,844	- ✓	48,762	38,136
6,300	6,124	5,963	(176) ✗	Depreciation	24,772	24,372	23,860	(400) ✗	85,108	74,960
42	108	55	66 ✓	Interest Expense & Forex Gains and Losses	249	432	145	183 ✓	1,300	315
-	-	45	- ✓	Loss on Sale of Assets	2	-	53	(2) ✗	-	57
8,779	**8,669**	**9,025**	**(110)** ✗	**Total Indirect Expenses**	**34,771**	**34,552**	**35,902**	**(219)** ✗	**135,170**	**113,468**
(16,202)	**(15,476)**	**(14,160)**	**(726)** ✗	**Total Surplus / (Deficit)**	**(55,952)**	**(50,543)**	**(45,928)**	**(5,409)** ✗	**(145,006)**	**(238,826)**

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 October 2020

Unaudited 30-Jun-20 $'000		Group Actual 31-Oct-20 $'000	Group Budget 31-Oct-20 $'000	Annual Group Budget 30-Jun-21 $'000
597,378	Opening Equity	492,272	558,272	558,272
136,588	Net Equity Injections / (Repayments) During Year	181,435	-	26,139
200	Other Movements	-	5,000	719,355
(3,068)	Reserve Movement for Year	-	-	-
(238,826)	Operating Results for the Period	(55,952)	(50,543)	(145,006)
492,272	**TOTAL EQUITY**	617,755	512,729	1,158,760
	Represented By:			
	Current Assets			
4,066	Cash & Cash Equivalents	130,805	1,033	31,443
750	Short Term Investments	750	750	750
105,853	Trade and Other Receivables	92,567	103,253	103,253
5,649	Prepayments	10,892	5,649	5,649
14,549	Inventories	14,796	14,549	14,549
14,666	Restricted Assets	14,567	14,425	14,425
145,533	**Total Current Assets**	264,376	139,659	170,069
	Less Current Liabilities			
11,032	Overdraft	-	52,357	-
165,172	Trade and Other Payables	129,744	137,762	128,015
21,974	Income in advance	25,822	22,224	22,224
14,691	Restricted Funds	14,859	14,256	14,256
343,643	Employee Benefits	350,431	277,644	277,644
534,538	**Total Current Liabilities**	520,856	504,243	442,139
(389,005)	**Working Capital**	(256,480)	(364,584)	(272,070)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,153	3,225	3,225
884,340	Fixed Assets	877,549	880,376	1,433,893
887,581	**Term Assets**	880,718	883,617	1,437,134
	Non Current Liablilties			
6,304	Employee Benefits	6,484	6,304	6,304
6,304	**Term Liabilities**	6,484	6,304	6,304
492,272	**NET ASSETS**	617,755	512,729	1,158,760

Restricted Assets and Restricted Liabilities include funds held by the Māia Foundation on behalf of CDHB. The Holidays Act compliance provision is shown under Employee Benefits, and was not included in the budget.

APPENDIX 5: CASHFLOW

Unaudited 30-Jun-20 $'000		Actual 31-Oct-20 $'000	YTD Budget 31-Oct-20 $'000	Budget 30-Jun-21 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(48,394)	**Net Cash from Operating Activities**	(23,871)	(28,950)	(72,459)
	CASHFLOW FROM INVESTING ACTIVITIES			
(63,551)	**Net Cash from Investing Activities**	(19,793)	(20,408)	(109,917)
	CASHFLOW FROM FINANCING ACTIVITIES			
136,788	**Net Cash from Financing Activities**	181,435	5,000	220,785
24,843	Overall Increase/(Decrease) in Cash Held	137,771	(44,358)	38,409
(31,809)	Add Opening Cash Balance	(6,966)	(6,966)	(6,966)
(6,966)	**Closing Cash Balance**	130,805	(51,324)	31,443

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Anna Craw, Board Secretariat**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Support**

DATE: **17 December 2020**

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, 11, 12 & 13 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 public excluded meetings – 19 November 2020	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	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.	Chief Executive - Emerging Issues	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)
4.	Laboratory Solutions Pre-Analytical Handling and High Volume Analysers Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Collective Insurance MDBI Risk Sharing Agreement 2020/21	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	Service Changes	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Health One Limited Partnership Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Parkside Enhancements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Riverside Full Height Panel Strengthening	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Carparking	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Ashburton Boiler Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	CDHB Capital Intention - Updated	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Budget Reforecasting	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Dr Andrew Brant, Acting Chief Executive**

DATE: **17 December 2020**

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 performance from the Chief Executive to the Board of the Canterbury DHB. Content is provided by Operational General Managers, Programme Leads, and the Executive Management Team.

2. DISCUSSION

COVID Update

Cases in international cricketers: Fifty-four squad members arrived in Auckland on 24 November 2020 via commercial flight through Dubai to Auckland. One unwell squad member was taken off in Auckland and transferred to the Jet Park Facility. Fifty-three squad members arrived by an air bridge flight to Christchurch early evening on Tuesday 24 November. Ten positive cases have been identified in total (six on Day 1 testing, one on Day 3 testing, and three on Day 6 testing) and four cases have been deemed to be historical (to date). There has been significant media interest in these cases.

Cases in workers at the Sudima Airport Hotel (Managed Isolation and Quarantine Facility - MIQF): No further cases have been identified in relation to the two positive cases (associated with the international mariner's cases) at the MIQF. This outbreak will be considered closed on 12 December 2020.

COVID Resurgence Planning during Christmas period

Canterbury DHB remains ready to activate an Emergency Coordination Centre and Emergency Operations Centres, as required, to suit any event, including a resurgence of COVID-19 in the community.

Community & Public Health (C&PH) has confirmed that there is sufficient capacity available over the Christmas period to manage two thirds of their target level of cases over this period. C&PH have a contact tracing target number provided by the MoH Public Health team that they have to be ready to trace at any time. There is a requirement to be ready to trace two thirds of that over the holiday period. While this status is confirmed, it is important to note this is contingent on the wider Canterbury DHB releasing staff who have been trained to undertake contact tracing roles. Recognition must be given to the importance for staff involved in contact tracing, MiF and MiQF management to have the opportunity to take a break. To this end we caution against importing large numbers to MiQFs during the holiday period.

Hospital departments are prepared with on-duty call rosters throughout the holiday period to respond to any resurgence or other emergency over the period 14 December 2020 to 9 February 2021.

C&PH have Medical Officers of Health available throughout the holiday period.

Labs remain operating throughout the holiday period.

Three Community Based Assessment Centres (CBACs) remain operational and testing is done at the majority of general practices, most of which will be open during the holiday period. The Community COVID Testing team confirm that they have capacity at CBACS over Christmas, as well as plans for surge

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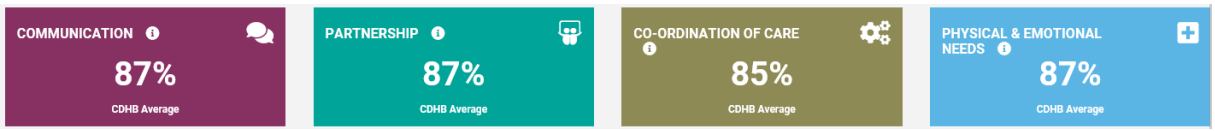
capacity in the holiday period are in place. CBACs will be closed Christmas Day and New Year's Day and are on standby to open if needed for those two days.

PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY & IMPROVEMENT

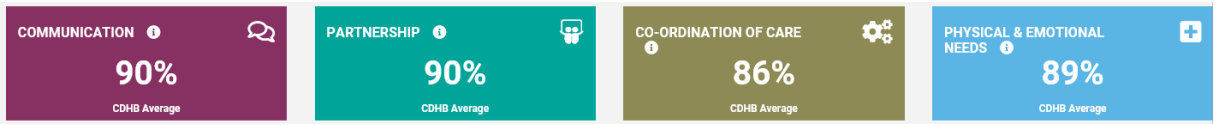
Performance Highlights

Patient Experience Results for October 2020: Patient experience is monitored with continuous feedback received on an ongoing basis. Staff can filter feedback by question by age, gender, ethnicity, facility, hospital, service, clinic, method of clinical delivery, and disability and over 4,000 comments are published monthly - giving teams and services a rich understanding and valuable insight of how people experience healthcare. Sentiment analysis is currently being tested so that qualitative feedback can be themed which will provide further insights into how we are doing.

Inpatients October 2020 (n=456 surveys returned)



Outpatients October 2020 (n=1024 surveys returned)



Feedback Changing Practice: Feedback serves as a reminder to staff for best practice opportunities and encourage teams to think about different ways of working that are more consumer focused. Some of the changes made as a result of feedback are simple, such as moving the scales from the corridor in outpatients so that the weight is not recorded in a public place. Other changes are more complex. Comments from consumers about the information on the bedside boards not being updated resulted in a drive for bedside boards that are easier for staff to access so the information can be easily updated. These boards also contain the safe mobility plans for patient so that families, support staff and patients understand how to move about safely and prevent a fall. The quality improvement initative has been rolled out to other areas with larger boards having gone up in Waipapa and Riverside and Parkside getting their new boards next week.

MĀORI AND PACIFIC HEALTH

Performance Highlights

Free Vegetables Initiative Improves Nutrition: Pātaka Kai is a service that has recently begun at He Waka Tapu, with free fresh vegetables available to the community throughout the week. A help yourself fridge is located in the main foyer area with clean fresh vegetables added every day. He Waka Tapu have collaborated with Jax Hamilton, a celebrity cook, who is making videos and sharing "Jax Food Haxs" with the community utilising the vegetables grown in the He Waka Tapu gardens.

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Fitness Challenge Supports Healthier Lifestyle Choices: Tangata Atumotu's November Pasifika Fitness Challenge has been a great success with a range of physical activity options provided daily including: Waka Ama, jungle gym, aqua aerobics, Siva Samoa and yoga. The partnership with CCC and Ministry of Pacific Peoples aims to remove barriers to our Pasifika community accessing and trialling a range of physical activities. Participation has grown week on week. Tangata Atumotu expect 800-900 people to have participated upon completion of the month-long programme.

Increased Capacity for Supporting Healthier Choices: Tangata Atumotu has also recently employed a Healthy Lifestyles Advisor within the Green Prescription programme and a new Stop Smoking Practitioner within the Te Hā – Waitaha programme. These roles will provide increased support to our pacific population in making healthier lifestyles choices for themselves and their families.

NETP – Nursing Entry to Practice Growing Our Māori and Pacific Workforce: In 2018 Pegasus Health began supporting Māori and Pacific providers as placements for NETP positions. The Māori NETP position is called Korimako and the Pacific NETP position is called Toloa. Both the Korimako and Toloa positions have been confirmed for 2021 and letters of offer sent to a selected Māori and Pacific nurse, both selected through the recent October 2020 recruitment drive.

LIVING WITHIN OUR MEANS

Performance Highlights

The consolidated financial result for the month of October including the impacts of Covid-19 ($0.456M favourable) and Holidays Act compliance ($1.270 unfavourable) is a net expense of $16.202M, being $0.726M unfavourable to the annual plan agreed by the Board on 20 August 2020. The YTD result is currently $5.409M favourable to the annual plan. The following table provides the breakdown of the October result:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.135)	0.000	(0.135)	0.012	0.000	0.012
Funder	(8.398)	(8.710)	0.312	(31.875)	(31.376)	(0.499)
DHB Provider	(7.668)	(6.766)	(0.902)	(24.089)	(19.167)	(4.922)
Canterbury DHB Group Result	**(16.202)**	**(15.476)**	**(0.726)**	**(55.952)**	**(50.543)**	**(5.409)**

COMMUNITY & PUBLIC HEALTH SERVICES

Performance Highlights

Getting Through Together: The Getting Through Together Campaign, a partnership with the Mental Health Foundation of NZ and Te Hiringa Hauora (Health Promotion Agency), completed its latest national campaign a month ago. The campaign was for Mental Health Awareness Week (21-27 September) and invited people to '*Reimagine Wellbeing Together, He Tirohanga Anamata.*' This was fitting for the challenges of 2020, a year where many of us have had to reconsider the experiences, actions and surroundings that make us feel good, function well, and relate to others. Evaluation of the campaign demonstrated that it is highly effective. Among survey respondents, there was 46% awareness of the campaign at a population level, about half of those aware of the campaign were inspired to take action as a result, and 91% believed the campaign was valuable for their community. The campaign's effectiveness extends to its equity of impact, with Māori and Pasifika populations more likely to find the campaign

valuable for their family, friends, and workmates. The Getting Through Together campaign funding has been extended to the end of June 2021 and planning is now underway for a summer campaign.

Equity Initiative

Canterbury Wellbeing Survey Data Tracks Impact of Earthquakes: An equity focused paper using data from the Canterbury Wellbeing Survey has been published by the Australia and New Zealand Journal of Public Health on 30 November. This paper considers population wellbeing, as measured by the WHO-5 emotional wellbeing scale, by household income group, with the objective to track population mental wellbeing following the 2010/2011 Christchurch earthquakes and aftershocks. The paper is authored by staff from Community and Public Health together with Professor Philip Schluter from the University of Canterbury and covers the time period of 2013 to 2019. The paper identified that recovery takes time and pre-existing inequities persist, despite the implementation of recovery processes aimed at mitigating these risks. The full paper can be found at https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.13054.

Workforce Highlight

Workforce Response to COVID-19: The ongoing professionalism of our own staff and those of our partner's organisations continues to be a highlight of the COVID-19 response. Community and Public Health staff have taken on new tasks including health promotion staff who have been trained as case investigators, these is daily and ongoing contributions from many teams including Infection Preventions & Control, Canterbury Health Laboratories, nursing staff at the isolation and quarantine facilities, staff in coordination roles for the Managed Isolation & Quarantine Facilities and the Ministry of Health. Primary Care teams and PHOs continue to support the testing stations. We also acknowledge the support of St John Ambulance in Christchurch with redeployment of some administration and support staff to the COVID-19 response in the context of Level 3 and Level 4 alert levels. An advertising campaign is due to be rolled out in the coming fortnight asking for further support from people available for training and ready to work in the response as case investigators, admin support etc.

PRIMARY AND COMMUNITY SERVICES

National Bowel Screening Programme: Canterbury DHB launched the National Bowel Screening Programme on 29 October. Bowel Screening is now available to people aged 60-74 in Canterbury and will be rolled out over the next two years. Priority populations including Māori, Pacific peoples, can be invited at any stage to encourage participation. The project team are currently working to provide education and resources across Canterbury for both general practitioners and priority groups, to support a high level of engagement. Local programme champions have been engaged to share the importance of bowel screening to their own communities.

Measles Catch Up: The recent release of the Measles campaign resources by the Ministry of Health has enabled us to make progress on Canterbury DHBs measles programme. This includes posters for general practice, community pharmacy, and billboards. We continue to work closely with Pacific leaders to promote the programme and identified ways to support general practice teams. The DHB staff programme commenced this month, with the first round of Canterbury promotion occurring. The recent recruitment of a DHB Measles Coordinator, will ensure a focused effort on this programme and we are working across the South Island to share ideas and utilise successful concepts with other DHBs.

Maternity Strategy: The DHB Maternity strategy celebrated its 1st Birthday, with a Hui designed to reflect on the first year. The key points were how the Maternity Strategy design has changed the way the system works and plans together. While COVID has impacted on the overall delivery of the strategy,

one major improvement has been made, the introduction of oral misoprostol for induction of labour, this appears already to be having positive impacts on the Labour and Birth process.

Rangiora Health Hub Expanded: The Minister of Health has now approved the DHB's proposal to lease land at the Rangiora Health Hub to the South Link Health Services group to build and operate an integrated family health centre offering extended operating hours. The lease can now be signed and plans with be announced to the North Canterbury community. This announcement will also note that the former Rangiora Hospital building is being demolished to make way for the new IFHC.

Improving Access with Virtual Consultations: The virtual consultations programme 'Online Clinical Conversation' is expected to go live in January or February 2021. This will start with Child & Families Speciality towards the end of January and then with Cardiology a month later. General practitioners will be able to book online for a 15-minute scheduled conversation with a specialist to discuss treatment and management plan for their patients. We will be evaluating the programme in terms of GP uptake; reduction in ad hoc phone calls, acute admissions, referrals for first specialist assessments and outcomes from the scheduled conversation. Discussions are underway to add a third specialty into this pilot phase.

Risk Management Update

Rural Primary Care Capacity: Reduced emergency and urgent care capacity at Amberley Medical Centre from October has impacts for the Amberly community as well as the populations of Cheviot Health and Waikari Health general practices. The latter practices are aiming to introduce their own nurse-led model to meet their community's need for access to timely emergency and urgent clinical care after-hours. Both practices are talking with local nurses, and with volunteers from St John and Fire & Emergency NZ about support for nurses when responding to urgent calls. Initial discussions have been very positive, and the practices are now working with nurses to establish roster arrangements. Waitaha Primary Health PHO and the DHB's Planning & Funding team have been closely assisting the practices with developing their new model of care. Availability of timely emergency and urgent clinical care after-hours in the northern Hurunui is also at-risk as Amuri Health and Hanmer Springs Health are experiencing difficulties recruiting and retaining doctors. Waitaha Primary Health is providing considerable assistance to Amuri Health, securing locum doctors, and has successfully filled almost all clinic hours over the November-January period. There is some prospect of improvement, with Amuri Health recently appointing a new practice manager, and practices' collaborating more closely.

Patient Story / Workforce Highlight

Primary Care Survey Influencing Improved Patient Experience: The Health Quality and Safety Commission primary care survey is designed to help general practice understand the patient's experience of their healthcare. To date, over 25,000 responses have been received. The results tell us that 94% of patients feel listened to, 96% are treated with respect, and 95% are treated with kindness and understanding. Survey results are being used to improve services with examples of changed practice including: staff wearing name badges and improving carpark flu clinics and COVID assessments during the lockdown. Several general practices have also adjusted their processes to reduce waiting times.

Hospital HealthPathways Turns Five Years Old: Hospital HealthPathways went live in November 2015 and included clinical management pathways, guidance about performing procedures and resource pages linking to other useful information. The team celebrated a five-year milestone this month reflecting there are now there are 884 pages with 368 clinical pathways with more than 50,000-page views per month and 2.1 million-page views since launch. A recent survey of junior doctors and medical students at the DHB showed that: 98% use Hospital HealthPathways at least once a week; 72% use it every or most working days; and between 92% and 97% of respondents agreed that it made their job easier, improved the care they provided to their patients.

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Canterbury District Health Board
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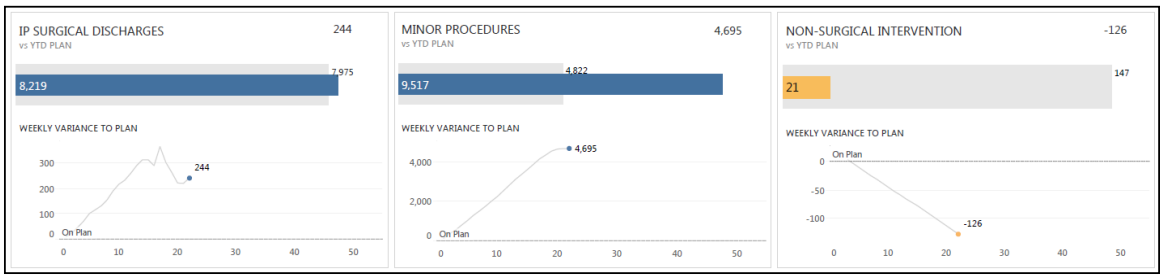
MEDICAL / SURGICAL SERVICES

Performance Highlights

Planned Care Performance: We are on track against the target delivery of 19,614 surgical inpatient discharges for 2020/21 – 432 more than the 2019/20 plan. As at 30 November we have delivered 8,219 planned surgical discharges, 244 discharges ahead of target. While non-surgical interventions are behind schedule we are well ahead of target for minor procedures delivered in hospital and community settings.



Reducing Waiting Times: As at 4 December, internal results show the DHB's **First Specialist Assessment** (ESPI 2) improvement plan is on track however there are still 1,124 people waiting longer than 120 days. The reduction in non-compliant ESPI 2 patients has plateaued over the past few weeks, specifically the numbers are most notable in Eyes, Plastic Surgery and Vascular Surgery. There is ongoing focus by the eye service, assisted by other teams, on people waiting for FSA and follow up care from it. There is a fresh effort to provide assistance to Plastic Surgery.

COVID-19 Catch-up Almost Complete: At the end of November all but one of the med/surg admitting events cancelled due to the COVID-19 lockdown have been closed. Data also shows that 99.7% of the 11,000+ outpatient events cancelled during this period have been fulfilled, teams are working towards booking and providing the last remaining 37 care events.

Faster Cancer Treatment: From August to October the DHB comfortably meet both Faster Cancer Treatment targets. For the 62-day pathway (receipt of referral to 1st treatment) our compliance rate was 96%, well above the target of 90%. With 94% of eligible patients receiving their 1st treatment within 31 days of agreeing a treatment, Canterbury is also well above the 85% target.

Linear Accelerator Capacity: Work is underway to replace the oldest two of Christchurch Hospital's four linear accelerators which are used to provide radiation therapy to patients with cancer. This programme of work is scheduled to take 10 months, within which there is a one-month buffer. Demand for radiation therapy exceeds the capacity available from the DHB's four machines and some care is already purchased from St. George's Hospital. The service has been running two of its machines for extended hours to replace the capacity lost by having a machine out of action. Staff have committed to providing longer hours for the 10-month period required for the replacements. The first replacement machine is due to go live on 1 February 2021.

Cathlab Replacement: A programme of work is underway to replace both existing Cathlabs and build a new one. This is the first time that this equipment type has been installed in New Zealand and while the project took longer to complete than planned (eight weeks), due to COVID-19 travel restrictions on international staff and delays in the supply chain, the first Cathlab replacement has been completed with go live on 30 November. Replacement of the second Cathlab will occur next year and the outage period is expected to be shorter for this replacement. The service is exploring whether it is feasible to carry out the work to build and equip a third Cathlab prior to the replacement of the second to enable improved management of the clinical risks and reduce service delays while the Cathlab is 'down'.

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Equity Initiative

Reducing DNAs in the Respiratory Department: Senior Medical Officers are working with colleagues from the Equity Taskforce (Planning and Funding, Quality, Māori Health and Decision Support) to increase attendance by Māori and Pacific People at appointments with the Respiratory Outpatient Service. Attendance rates for Māori and Pacifica at respiratory appointments currently sits around 80%. Rather than highlighting a deficit in DNA rates, the team is focussing on increasing attendance in this group of patients by 5% over the next six months. Changes being made or considered include updating Hospital and Community Health Pathways to ensure pre-testing (community spirometry and sleep assessment) is accessible in the community so that patients do not have to come onto the campus.

Reducing DNAs in the Otorhinolaryngology (ORL) Department: Analysis shows that the overall DNA rate in ORL sits around 8% overall. The rate is not homogenous throughout the service, around 20% of appointments with the Audiology department are not attended and work to support attendance of Māori and Pacifica children at Audiology appointments is being prioritised. As an initial step, appointment letters sent to Māori and Pacifica families will provide information enabling them to link with Te Pūtahitanga (the local Whānau Ora provider) if they would like a navigator to help with attending the appointment. Further analysis will be carried out mid-February and if this approach is successful implementing it more widely within the ORL service will be considered.

Workforce Highlight

Leave Care Improving: As at mid-October 1,260 people on the Christchurch campus have a red category annual leave balance (i.e. >30 days). Based on current leave bookings 195 (15%) of these people will move out of red status by the end of January 2021. Annual leave taken by Christchurch Hospital Campus employees in the four months to the end of October 2020 has been higher each month than in 2019. Between June and October campus employees have taken a total of 453,772 hours of leave, compared with 404,219 hours in the same months of 2019 - a 12% increase. Leave bookings for the summer months continue to increase.

Risk Management

Increased Demand for Acute and Urgent Care: As highlighted last month, Canterbury is experiencing a sustained increase in Emergency Department (ED) attendance, in line with similar increases being seen nationally. Tracking and analysis is underway to determine whether this change is simply a response to influencing factors. The increase started on 12 October 2020 (prior to the move to Waipapa) and has remained consistently higher than the previous attendance pattern (prior to the COVID-19 lockdown). The previous pattern had a rate of attendance at the ED of 350 per week, this has increased to 375 attendances per week with EDs busiest day ever on 15 November with 360 attendances. A cross sector group has been formed to identify the drivers of the increased demand and will use their findings to develop and implement processes that will direct people to where their needs can most appropriately be met. Early analysis being conducted is population-based, this seeks to identify who is attending ED and why, patterns and trends of urgent care centre attendances, general practice capacity, and the impact of COVID and delays in people accessing health services in a planned way.

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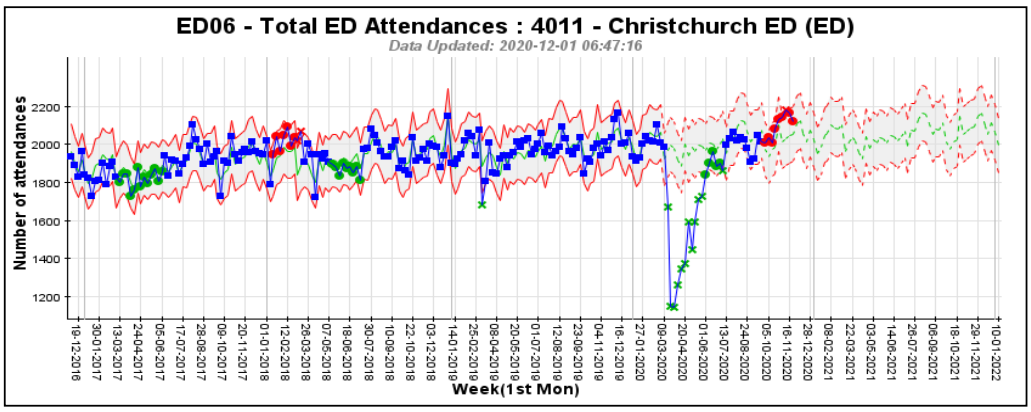


Sterile Services Capacity: In the months before opening of Waipapa concerns emerged that Sterile Supply capacity will be under pressure with the shift to a new facility with Sterile Supply capacity currently a constraint to fully utilise the new theatre schedule. A range of actions have been taken to mitigate this while service get used to the new facility and schedules. Services have been asked to slightly reduce the surgery provided in each session and elective theatre sessions at Christchurch hospital has been reduced by not backfilling sessions left vacant by surgeon leave and maintaining some outplacing.

Medical Oncology Update: The Medical Oncology capacity risk in Medical Oncology was reported in October. The service is continuing to work hard to minimise the impact for patients and keep waiting time as low as possible. Business processes are in place for prioritisation of new patient referrals, treatment review and follow up appointments to help manage demand for services. Recruitment of new SMO capacity is going well and one, 0.8 FTE SMO will begin work on the first of December 2020. A further has accepted an offer of appointment and will begin work at the end of January 2021. In addition to these two new positions a SMO is in negotiation to fill a vacant position. Some oncologist capacity has been outsourced with oncologists from Nelson and Tauranga providing capacity. An agreement with St. George's for oncologist capacity is being negotiated. An additional fixed term registrar will also start work on 8 December providing further capacity to assist with patient care. Nursing capacity is proving useful with a nurse-led testes clinic being implemented and the Lung Cancer Clinical Nurse Specialist taking on work that was previously provided by a SMO. A new model of care and clinic structure is in development and will increase the multi-disciplinary work carried out between nurses and doctors.

All patients whose booked treatment needed to be delayed were spoken with several weeks ago. These patients have been assigned priority levels and are being booked for appointments. The Canterbury Initiative team in Planning & Funding is assisting with communication with primary care and updating Community Health Pathways. Production Planning is also underway to assist in defining future capacity required to manage the population's need for care. Management capacity has been temporarily boosted to enable the complex set of workstreams required to improve the current scenario.

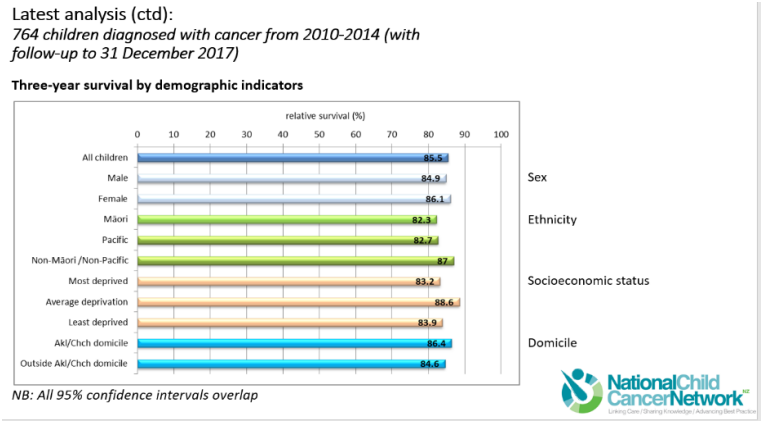
WOMEN'S AND CHILDREN'S HEALTH SERVICES

Performance Highlights

Recognition for the Paediatric Diabetes Team: Christchurch Hospital's Paediatric Diabetes Team is achieving outstanding glycaemic control outcomes for children and adolescents aged 16 and under who have type 1 diabetes. The team have been ranked second among 11 major children's hospitals including Starship Children's Hospital in Auckland and the Royal Melbourne Children's Hospital. The achievement was highlighted in a recent benchmarking report from the Australasian Diabetes Data Network. The team has created clinics for newly diagnosed children with diabetes to ensure complete support and education for families, and new transition clinics held at the Diabetes Centre are conducted to optimise

adolescents' move to the adult diabetes service. New advances in technology have helped better oversight of blood sugar levels by the clinical team which in turn facilitates appropriate and timely adjustments to insulin regimens. Aligned with our health system vision of providing care closer to home, the team are providing the service outside of Christchurch Hospital, conducting outreach clinics on the West Coast, Rangiora, and Ashburton. There is a plan to start clinics at the new Rolleston Health Hub when commissioned. This will reduce travel for families living in those regions.

Child Haematology and Oncology Clinic: Work undertaken as a part of a national model for child cancer services has been shown to deliver both equitable and high-quality care. Two specialist cancer centres (Christchurch and Auckland) and 14 shared care centres have worked together to develop and share nationally consistent protocols and guidelines, enrol patients on international trials to ensure access to latest developments and create and continually improve a shared care model. Follow-up data for children treated between 2010 and 2014 shows there are similar survival outcomes for Māori, Pacifica and other children, across deprivation indices and for children living both within and outside of the specialist cancer treatment centre areas. It is also clear that New Zealand's child cancer survival rate is comparable with New Zealand's usual benchmark systems including Australia, Switzerland, Canada, Germany and the United States of America.



Equity Initiative

Additional Support for Indian Mothers: Following the recent release of the **Canterbury Maternity Strategy** there has been significant engagement between Maternity Services and the Indian Community in Canterbury. Statistics that have been jointly explored show that Indian mothers are more likely to experience cardiovascular disease, type 2 diabetes and gestational diabetes and that their babies are likely to be born earlier and be smaller. In response to this, and other factors, Indian communities are embarking on a programme that will teach Indian families to cook their own delicious food with a kiwi twist to support healthier conception, pregnancy and childbirth. The restriction in international travel caused by COVID-19 also means that many Indian women are giving birth and settling in at home with their new baby without the usual support that would be provided by their family. Indian communities are being supported to organise themselves so that other experienced mothers will support new mothers as a substitute for the usual family support.

Workforce Highlight

Festive List Ensuring Support for Childbirth around Christmas: Over the past four years the DHB has worked with the Midwifery Resource Centre to put in place pre-natal classes in the community, a festive list identifying community midwives available to be called out for childbirth in the four weeks around Christmas and arrangements for post-natal care. This approach has led to significant improvement in providing certainty to women and ensuring that continuity of care is improved. While four years ago there were 150 women that arrangements had to be made for late in the year, there are now only 14 women who are needing assistance and are being worked with.

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OLDER PERSONS HEALTH & REHABILITATION | COMMUNITY DENTAL

Performance Highlights

Ensuring Access to Ongoing Dental Care: At the end of every year the Community Dental Service transfers all of its patients in school year 8 to general dental practices where teenagers receive free dental care until they turn 18. One of the priorities for the service is ensuring all 7,400 year 8 students have a dental check before this occurs. Due to the impact of COVID restrictions, during which the community dental service was unable to operate, there was a significant backlog of these children to be seen. Work has been focused around several areas such as daily adjustments to the logistics plan which enabled year 8 students to be specifically targeted, leading to significant progress in reducing the backlog. As of 1 December 2020 there are just 409 students left to receive a dental check and the service is on track to ensure that all of these can be delivered before the end of the school term.

Equity Initiative

Another Successful Year for Project Search: On 2 December Older Person's Health Services celebrated the graduation of our second year of Project Search interns. This programme supports young people with disabilities to gain work experience in the DHB and as part of the initiative each intern has been supported to develop a range of skills that can be used to gain paid employment post-graduation.

Workforce Highlight

Improving Staff Wellbeing and Safety: Older Person's Health and Rehabilitation Services, in conjunction with the Wellbeing, Health & Safety team, are trialling a new Wellbeing, Health and Safety dashboard to monitor staff incidents. Senior leadership are reviewing and monitoring reported incidents to develop initiatives to improve our workforce wellbeing, avoid injury and target areas of concern. Recently this included providing targeted manual handling training and support to Burwood theatre staff in response to workplace injuries.

SPECIALIST MENTAL HEALTH SERVICES (SMHS)

Performance Update

Progress with the Health Quality & Safety Commission (HQSC) Seclusion Reduction Initiative: Leaders from the HQSC Mental Health & Addiction Quality Improvement Programme recently visited Hillmorton Hospital for an update on progress with the seclusion reduction initiatives. Our focus has been on 'Safer for All' including a goal to reduce the seclusion rate by 50% after hours (4pm - 7am) by increasing cultural resource and allied health interventions and activities after hours. . There has been considerable improvement over the last five years in seclusion, however the figures from the HQSC below show there has been progress in reducing seclusion practices for Maori and Pacific but non-Maori, non-Pacific seclusion remains relatively static over recent months. While the environment provided by our current facilities hinders reduction of seclusion our teams are focusing on practices and welcoming environments that support de-escalation. Upon admission there is a focus on whanaungatanga and the welcoming process for new admissions. While the areas for admission to our inpatient units are poor, the use of decals featuring South Island scenery and Maori symbolism have supported people to settle, especially our tangata whaiora. We will also be changing the garden spaces and the use of Pou to 'soften' the entries to our services

Seclusion outcome measures, adult units, by ethnicity (grouped Māori and Pacific/ non-Māori, non-Pacific), September 2018 - August 2020

Seclusion outcome measures, forensic units, by ethnicity (grouped Māori and Pacific/ non-Māori, non-Pacific), September 2018 – August 2020

Source: PRIMHD data (Ministry of Health, extract date 28 October 2020). Extracts only include data captured electronically.

Equity Initiative

Broader Role for Te Kahui Pou Hauora Māori: The SMHS governance function for the co-ordination of Te Korowai Atawhai is provided by Te Kahui Pou Hauora Māori and the team is committed to ensuring improvement in the provision of services to address the needs of Māori and the ongoing development of, and support for, culturally appropriate pathways of care. Te Kahui Pou Hauora Māori has recently been invigorated to provide a broader health system view, with membership expanded to include Māori leaders from across the DHB and from key community NGO partners. The group has identified key indicators to inform progress on equity and access to services.

Workforce Wellbeing

Addressing Staff Safety: The Adult Community Mental Health Service teams have identified an increasing risk of violence and aggression occurring within the outpatient environment at Fergusson building. To mitigate this risk, clinical staff, service leaders, unions and health & safety advisors are working through the "10 Point Plan to End Violence and Aggression – A Guide for Health Services",

developed by the Australian Nursing & Midwifery Federation. This tool guides the review of the management and occupational health and safety systems to help identify risk and the actions required. Several initiatives have already been implemented, including a duress response process and increased visibility of incidents. These initiatives have been clinically driven to improve staff safety in our service.

Accelerating our Future Update

Working Better: Initial analyses reviewing the differences between overtime/pool staffing for Forensic and Intellectual Disability services, compared with the cost of developing more robust rosters, have been calculated. The analyses demonstrate that regularising staff in rosters may be cost neutral, however this could have significant benefits in reducing sick leave and potentially reducing annual leave liabilities. Sensitivity testing is being conducted to further understand impacts before further progress is made.

Risk Management Update

Waipapa Migration: Service migration into Waipapa encompasses SMHS Crisis Resolution and Psychiatric Consultation services as part of the Emergency Department. These teams meet with people experiencing significant distress or mental health problems. Environmental risks associated with the new facility are being worked through and mitigated. These include the addition of cameras in clinical rooms to address safety of consumers and clinicians entering the rooms and alteration of locks to allow safe egress for staff. While time is required to embed new processes to work in the new spaces, the new facility provides improved spaces in which to work with consumers.

New Building Delays: The building of new 'pods' for forensic intellectual disability consumers in our Assessment Treatment and Rehabilitation (AT&R) service has been slightly delayed with an expected completion date of 22 December. The fit-out is will then be completed in January with curtains and duress systems in place followed by the transition to the new facility, over an extended period to ensure the consumers are introduced to the new space and settled before final occupation. The later than expected occupation of AT&R, and associated reduction in bed numbers (while the construction is completed) has resulted in pressure from Disability Support Services who are required by the Courts to place people under the Intellectual Disability (Compulsory Care and Rehabilitation) Act in beds across the country. Although less than desirable, we are working with Disability Support Services planning solutions should we be compelled to accept a new consumer. They would likely be placed in an Acute Adult bed with additional staffing for a limited period.

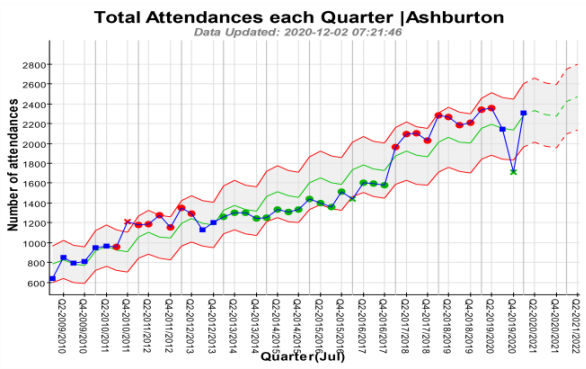
ASHBURTON RURAL HEALTH SERVICES

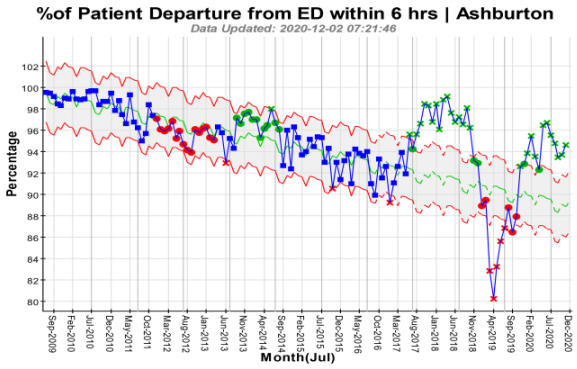
Performance Highlights

Managing Acute Flow: The recently high presentation trend to the Acute Assessment Unit (AAU) appears to be returning towards previous levels, with an average daily presentation rate of 27 patients. One of the core challenges is the variability in flow, with some day's presentations of less than 20, followed by several days of 34 to 35 patients. The team continues to focus on ensuring the patient experience and time in the Unit is minimised where appropriate. The graphs below demonstrate the team's performance in terms of discharge from the ED within six hours. The implementation of our Acute and Inpatient Cluster and Nurse Manager in January 2021 will support a comprehensive view of quality, safety and resource optimisation and integrated acute and admission flow across the hospital.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha





Equity Initiative

Building Capacity to Lead Parenting Development: Ashburton's primary birthing team have identified a gap in our community with regards to the provision of qualified and culturally appropriate education and engagement programmes preparing our future parents. Connecting with ARA and our philanthropic partners, the plan is to co-ordinate local scholarships to enable participation in the part-time two-year programme run by ARA designed to equip participants with the skills and knowledge required to facilitate quality, informed pregnancy, childbirth and early parenting education. Using a blended delivery model combining online and face-to-face learning, this programme can be studied anywhere in New Zealand. This is a core resource required in rural communities and can be much more successful if developed and sponsored locally.

Workforce Highlight

Developing Our Rural Workforce: A large proportion of our workforce development continues to be delivered through our Rural Health Academic Centre (RHAC). The faculty of RHACA taught the inaugural **Medical RiSc** course October. Run by the University of Otago the Rural Postgraduate Programme is designed specifically for interprofessional rural hospital teams in New Zealand. It is an immersive 3-day course that focuses on emergency medical care using highly realistic skills simulations and workshops. This was successfully conducted in the RHACA Sim Centre, with 20 nursing and medical participants from different rural centres and hospitals around New Zealand including Ashburton, Balclutha, Taupo and Wairoa. Despite the challenges of COVID 19, the course went very smoothly, the concept was proven, demand is high, feedback was excellent, and there are plenty of things to build on with plans to hold one Medical RiSC and one Trauma RiSC course annually.

Accelerating our Future Update

Working Better Together: The community team are reviewing the historical practice of running independent rehabilitation groups for individual chronic conditions, e.g. diabetes, respiratory, cardiology and considering the opportunities of moving to a generalist model. The new focus will build a closer partnership between nursing and allied health and will provide the community team with the ability to reach a wider group of patients in community in a less resources intensive way. The rehabilitation model will be restorative/wellbeing focused and will combine medication management, care plans, healthy behaviours and support for lifestyle change which have been individually addressed in previous models.

Optimising Wound Care: An interdisciplinary community wound care group has been established to build capacity across primary care and district nursing in wound management. Led by the clinical nurse specialist in wound care, the group incorporates our ACC expertise to ensure we are optimising our resources in this space and capturing all appropriate revenue in relations to our community service delivery where patient conditions and new events occur.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

LABORATORY SERVICES

Performance Highlights

Laboratory Automation Project: This month has seen good progress with High Volume Automation project. Negotiations with the preferred vendor have concluded to a point that the contract is now progressing though internal DHB approvals. CHL is looking forward to seeing the first of the analysers on site for test verification in January 2021. Stakeholders have been involved in designing the optimal layout in both CAD formats and physically in the Design Lab.

Volume Activity Recovering: As reported previously Cantebrury Health Laboratories had a significant drop in referral activity over the COVID-19 lockdown period. This has now recovered in full – the overall volume over the last 12 month remains stable but this includes the lockdown period where volumes were significantly impacted. Volumes for the last five months of FY 20/21 are **4.7% higher** then same period FY 19/20. COVID-19 testing contributes approximately 3.5% to this increase.

Workforce Highlights

New Consultant Joins Anatomical Pathology: This month Cantebrury Health Laboratories welcomed Dr David Guard, the newest consultant to join the Anatomical Pathology (AP) Department. David has taken up a fixed term placement to backfill a parental leave post.

Royal College of Pathologists of Australasia (RCPA) appointment: Assoc Prof Chris Hemmings (Clinical Director, Anatomical Pathology) has been appointed as RCPA Vice President for NZ Committee and RCPA Board of Directors. In this role Chris will chair the NZ committee of the College and sit on the RCPA Board of Directors and attending various other committees such as the Pathology Roundtable and the Council of Medical Colleges in NZ.

Risk Management

Supply Constraints: This month has seen increasing supplier notifications regarding product and supply constraints nationally and internationally. This is driven by international demand for COVID-19 and other laboratory testing materials. Our teams continue ensure that stocks are ordered in sufficient quantity and standing orders are in place to maintain availability in anticipation of supply shortages and interruptions.

EFFECTIVE INFORMATION SYSTEMS

Performance Highlights

Equitrac Print Service Upgrade: The Equitrac Print Service Upgrade Project has been delivered and this system is now operating on 310 printers across Canterbury DHB sites from Kaikoura to Ashburton. This project migrated our print service from an old siloed structure to a new distributed structure, greatly enhancing reliability and resilience of the service. A key thrust was migrating to FollowMe printing (which allows staff to print to a shared print queue and roam and release their print job from any enabled output device) enabling greater staff mobility and providing the flexibility for different ways of working.

National InterRAI upgrade: The InterRAI application which is used to assess assessments related to an older person's care needs has a major upgrade every year. This year Canterbury is the national host of the InterRAI delivered upgrade which included application changes requested by Central TAS, a COVID-19 assessment and enhanced security measures. This major upgrade also impacted the Momentum Mobile

application which is used to access InterRAI on devices around New Zealand. This meant Canterbury DHB had to enable and support other DHB IT teams to roll out this change to their devices. The upgrade was successfully completed in the Azure Cloud environment, benefitting approximately 5,000 users across 20 DHB sites and aged residential care facilities nationwide.

Workforce Highlight

Waipapa Massive ICT Mission: ISG/ICT teams celebrated the successful coordination, deployment and migration of IT and communications equipment for Waipapa to support the move of 25 hospital and clinical services. The team were involved in the delivery, set up and connection of: **800** PC& VDI access sites, **150** printers, **900** Phones, **100** Dashboards for FlowView, Scope, EDaaG, Radiology, and Security, **30** Meeting Rooms, **12** with video conferencing, **90** new Nurse call base-stations, updates and testing for **18** clinical and support applications, **25** RTs radio telephones, **625** wifi access points, **175** network switches and **1000+** kilometres of network and fibre optic cabling. ISG also developed a dedicated electronic form to report ICT issues during the migration, embracing Waipapa's paper lite mandate. This new approach allowed our team to rapidly triage and prioritise issues for resolution. The team also created a dashboard reporting view that displayed job metrics in real-time to help the team view the impact of our efforts.

Accelerating our Future

Electronic Delivery of Outpatient Clinic Letters to GPs: On 25 November the DHB started electronically sending clinical letters to general practice from general surgery. This is currently running in parallel with the manual process and the next step is to refine the way the process works so we can build confidence across the system and eliminate the need to send a letter through the post. This will be completed in the next two weeks and we will monitor performance with a view to rolling it out to other services in the New Year.

Risk Management

Paging Replacement System: Our paging system is end of life and requires replacement. Capital expenditure has been approved in principle and we are working through procurement options alongside defining our business requirements and specifications.

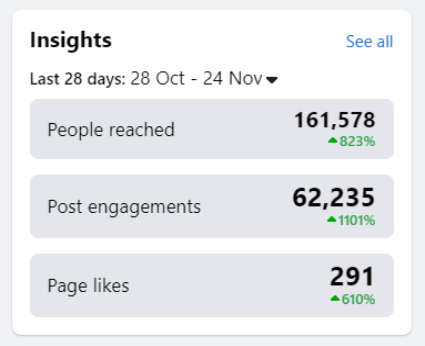
Cyber Security*:* Canterbury DHB continues to increase our maturity to mitigate the risk of cybersecurity threats. This includes updating policies, delivering security awareness and phishing training, penetration testing and remediation and improving security solutions such as email, web and end point security. We are on track to deliver an improved End Point Protection solution at the end of December 2020.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Performance Highlights



Waipapa Move: The DHB's move into the new Waipapa building has been the subject of extensive promotion over the past month. This has included a large-scale communications campaign including online, print and radio advertising, signage across the Christchurch Hospital campus and mail outs to community groups and healthcare providers, including general practices and pharmacies. The communications team has also sent media releases, promoted the move in CEO Updates and published a large volume of social media posts promoting the move. Our Facebook page has benefitted from this with our 'post reach', page likes and engagement stats skyrocketing over the past month:

Clinical Ethics Advisory Group Established: The Canterbury DHB Clinical Ethics Advisory Group has been established and is meeting monthly. The intention is to provide support and guidance to clinical teams when facing challenging cases that involve ethical dilemmas or concerns. The advisory group includes Canterbury DHB's corporate solicitors, the chief medical officer, and a group of clinicians with expressed interest in clinical ethics. Several members also have formal ethics qualifications and together contribute considerable experience and wisdom. In addition to providing advice on complex ethical dilemmas as and when required, the group will be working to raise awareness and promote education.

HAC – 3 DECEMBER 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Anna Craw, Board Secretariat**

APPROVED BY: **Naomi Marshall, Deputy Chair, Hospital Advisory Committee**

DATE: **17 December 2020**

Report Status – For:	Decision	☐	Noting	☐	Information	☑

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 3 December 2020.

2. APPENDICES

Appendix 1: HAC Draft Minutes – 3 December 2020

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 3 December 2020, commencing at 9.00am

PRESENT

Naomi Marshall (Deputy Chair); Jan Edwards; James Gough; Jo Kane; Dr Rochelle Phipps; and Ingrid Taylor.

Via Zoom – Catherine Chu.

APOLOGIES

Apologies for absence were received and accepted from Barry Bragg; Andrew Dickerson; Michelle Turrall; and Sir John Hansen (Ex-officio).

EXECUTIVE SUPPORT

Dr Andrew Brant (Acting Chief Executive); Becky Hickmott (Acting Executive Director of Nursing); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Dr Rob Ojala (Executive Director for Facilities); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES

Dr Sue Nightingale (Chief Medical Officer); and Kirsten Beynon (General Manager, Laboratories) – absence.

IN ATTENDANCE

Full Meeting

Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Dr Helen Skinner, General Manager & Chief of Service, Older Persons Health & Rehabilitation
Dr Greg Hamilton, General Manager, Specialist Mental Health Services
Win McDonald, Transition Programme Manager Rural Health Services
Berni Marra, Manager, Ashburton Health Services

Item 4

Cherie Porter – Clinical Manager, Older Persons Health & Rehabilitation
Claire Pennington, Director of Allied Health/Interim Group Operations Manager, Older Persons Health & Rehabilitation

Naomi Marshall, Deputy Chair, HAC, opened the meeting welcoming those in attendance. Ms Marshall noted she would be Chairing today's meeting in the absence of Andrew Dickerson (Chair, HAC).

1. INTEREST REGISTER

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

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.

The meeting moved to Item 3.

3. CARRIED FORWARD / ACTION ITEMS

Dr Rochelle Phipps joined the meeting at 9.04am.

The carried forward action items were noted.

4. PRESSURE INJURY PREVENTION PROJECT (PRESENTATION)

Ingrid Taylor joined the meeting at 9.06am.

The Committee received a presentation on the Pressure Injury Prevention Project from Dr Helen Skinner, General Manager & Chief of Service, Older Persons Health & Rehabilitation; Cherie Porter, Clinical Manager, Older Persons Health & Rehabilitation; and Claire Pennington, Director of Allied Health/Interim Group Operations Manager, Older Persons Health & Rehabilitation. The presentation included:

- Background
- Purpose-T Risk Assessment Tool
- Why change was needed
- What was done next
- Key early objectives
- Project progress so far
- Outcome to date
- Learning so far
- What next?

Ms Marshall thanked the presenters for the positive work being undertaken. She queried whether there were any thoughts of rolling this work out to Christchurch Campus. It was noted the project is due to be evaluated around March/April 2021. It will be important to evidence outcomes first prior to rolling out further.

A member noted it was good to see things starting to head in the right direction and it is good to see an intentional effort to address this problem.

Another member offered congratulations to the team, noting this was a very well structured initiative. The member noted the possibility of sharing the initiative with the Aged Residential Care sector.

There was discussion around over-reporting. The Committee was advised this is being addressed as part of the clinical governance structure, where all incidents are reviewed every week, regardless of harm level, and it is able to be picked up from the narrative that is provided with those incidents if things have been incorrectly coded. In addition, we also validate each month via deep dives what actually did happen and correct recordings in the system if appropriate to do so – authority to do this sits at a senior clinical level. It does not change the end month reporting, but obviously will change for the month after. There is a slight risk that we will over report at the time, but over time that will be adjusted and show a more accurate reflection of pressure injuries.

In response to a query, it was noted that most of the actual injuries are sustained from people being in bed with their head up past 30 degrees. It has been established that the positioning of the bed and how we change that is preventing harm. Also, there are people who sit for long periods of time, for hours on end in a seated position, so it is important to encourage them to

adhere to best practice, which is to move every 30 minutes for a minimum of 30 seconds. Extensive education is also important around what a neutral pelvis looks like and what a good sitting position looks like.

The meeting moved to Item 2.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (15/20)
(Moved: Naomi Marshall/Seconded: Jan Edwards – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 1 October 2020 be approved and adopted as a true and correct record."

The meeting moved to Item 5.

5. CDHB ALLIED HEALTH STRATEGIC DIRECTION (PRESENTATION)

The Committee received a presentation on CDHB's Allied Health strategic direction from Dr Jacqui Lunday Johnstone, Executive Director, Allied Health, Scientific & Technical. The presentation included:

- Allied Health. Who are we and where are we based?
- Allied Health Strategic Plan
- What do we need?
- Six strategic dimensions:
    - Workforce Development
    - Enhancing Leadership
    - Partnership, Participation and Empowerment
    - Digital Optimisation
    - Professional Practice & Skills Development
    - Research, Innovation & Improvement Science

There was no discussion.

Ms Marshall thanked Dr Lunday Johnstone for the presentation, noting the trajectory in terms of utilising Allied Health Professionals earlier and preventing admissions is key, particularly for the elderly population.

6. CARE CAPACITY DEMAND MANAGEMENT UPDATE

Becky Hickmott, Acting Executive Director of Nursing, presented the report which was taken as read. Ms Hickmott also provided the Committee with a presentation on CDHB Trendcare Staffing. The presentation highlighted the following:

- TrendCare is the CDHB's acuity tool which measures efficiency and productivity of the ward environment. It is internationally validated and used by all of NZ.
- It forms part of the Care Capacity Demand Management (*CCDM*) Programme. It is the only validated acuity tool available and is utilised in all DHBs across New Zealand.
- CDHB commenced late 2019 and is progressively implementing sequentially throughout all inpatient areas.
- Some wards have already completed their Inter-rater Reliability (*IRR*) testing (the extent that two or more nurses or midwives agree on the acuity), averaging a score of over 98% with external testing completed by the CCDM Coordinators for robustness.

- Safe Staffing Healthy Workplaces Unit recommends that wards should have a productivity index of approximately between 85-95% during the day and 75-85% in the afternoon shift and the night shift to ensure all care can be delivered during the shift. Most wards fell within this index or were above this index. This means that staff are working at maximum capacity because hours required for patient care are closely matched to staffing hours available. Critical event(s) or unplanned admission(s) could result in staff potentially being unable to meet demand.
- What the data shows:
    - Canterbury has the lowest actual cost per FTE nurse $5K below the national average.
    - The physical environment of hospital wards in both Riverside and Parkside are challenging to provide nursing care within. For example: frail elderly patients' access to appropriate ablutions further impacts on nursing time.
    - Transfer of patients from these above areas into Waipapa theatres or procedure areas also means approximately 20-30 minutes away from ward. These issues are not taken account when entering the TrendCare data, yet we are already fully utilising all patient time allocated.
    - The impact of high churn of full capacity wards becomes apparent in TrendCare.
    - CDHB has less beds, shorter length of stay.

Ms Hickmont noted the letter attached to the report from the Safe Staffing Health Workplaces Unit (*SSHWU*) was very positive. We are the only one in the nation who received a positive letter. Feedback was noted from both the NZNO Union and staff involved from SSHWU around the exceeding pace that CDHB is moving at and being impressed with the quality of data to date.

There was a query around how long it will be before CCDM is embedded across the organisation. Ms Hickmott advised the one group that there has been delays with is Allied Health, who have unique challenges. Ms Jacqui Lunday Johnstone noted it was useful that the MoH supported the implementation of CCDM with some resource, but did not do this for Allied Health. Whilst some preliminary work has been done, it is quite different in terms of the requirement of the MECA. For us within Canterbury it is the missing piece of the jigsaw to complement all of the other data we have, because we know Allied Health make a particular contribution to patient flow, but also that if you have been seen by Allied Health you are much less likely to be readmitted. These are key things in terms of the overall pattern of activity.

In response to a query, Ms Hickmott advised we have permanent pool staff that are utilised all of the time – a highly utilised group that are able to be mobilised very quickly. Where possible we try to use permanent staff to fill planned gaps and leave areas. Most nurses are comprehensive trained nurses, so we should be able to mobilise them anywhere with some support, but where possible we also use other resources at hand immediately because they are more familiar in that space. Ms Hickmott noted we have competent, exceedingly skilled senior nursing staff, who keep a very sharp focus on the issues. Ms Hickmott advised what worries her at the moment more than anything is that staff are very tired.. She thought initial leave loading and sickness was not built in accurately from the beginning, because we are not getting people away and this is probably why we are seeing sick leave increase and why we are not seeing annual leave being taken.

There was a query about what the Accord agreement actually means. Ms Hickmott advised that with the Accord agreement reached, every DHB must rollout Trendcare, which we did. The other component we have to do is that once Trendcare has been rolled out, within a 12 month period of having data that is verified, we would then undertake FTE calculations. The first DHB to settle on their calculations was Capital & Coast DHB. The rest of the areas are underway, but still have some time to go. Canterbury will not have the benefit of years of data, which will be a challenge for us. Our data will be just for 12 months, whereas other DHBs have had Trendcare for ten years. We will have to come to an agreement on the FTE calculations,

which will be monitored from the SSHWU's perspective – they take all the FTE calculation data we give them, they then provide the calculation and recommendations. We will then work with the Chief Executive and members of EMT to come to agreement at that stage, with our Unions, as to what that will look like.

Ms Hickmott emphasized that CDHB is the lowest, by $40M less, than other DHBs in the agency usage space. She also spoke of the cost of FTE, noting the plan that has been in place for a number of years around bringing new graduates through – we have a good skill mix of senior and junior nurses. By not taking as many graduates, that skill level will change and be reflected in FTE costs.

The Care Capacity Demand Management Update report was noted.

7. ACCELERATING OUR FUTURE (*AOF*) UPDATE

Dan Coward, General Manager, Programme Management Office, presented the report which was taken as read. It was noted the report covers off and highlights the six key focus areas for change and improvement.

Mr Coward noted the paper touches on a couple of examples that gives a sense of work that the campuses are doing that are around both ensuring the improvement of care, maintaining the quality of outcomes, but also where initiatives can derive a saving and changing the structure that sits around it.

Ms Marshall noted she had spoken to Mr Dickerson about it being helpful for this Committee to have more detail around AOF, without duplicating reporting that is provided to the Quality, Finance, Audit and Risk Committee (*QFARC*), in order for members to provide more helpful input.

There was discussion around every change made having an impact, and how ongoing impacts would be monitored over time. For example, SMO recruitment – is that being impacted, is CDHB still an attractive place to work, are we attracting people to come into these roles, has this changed over time?

The Accelerating Our Future Update report was noted.

The meeting adjourned for morning tea from 10.40am to 10.50am.

8. CHATHAM ISLANDS HEALTH CENTRE

Win McDonald, Transition Programme Manager, Rural Health Services, presented the report which was taken as read.

There was a query around the decrease in telehealth use. Ms McDonald advised this was more about what telehealth was being used for. In 2015/16, telehealth was about connecting specialists so you could go into the clinic and share that knowledge and understanding of what to do and who to contact. Now that those contacts are sorted and there are such good working relationships in place, there is less of that. Telehealth appointments still continue, but sit within the individual specialities – for example diabetes, paediatrics, dietitians. Also not recorded here is external telehealth that is done by a mental health contractor.

In response to a query, Ms Win advised the Department of Internal Affairs leads the Whole of Government approach that is underway, noting a stakeholder group has been up and running for three years – a combination of MSD, IRD, Oranga Tamariki, Health, Police and Corrections. They meet and look at what are the best things that can be done to improve the overall wellbeing of the community. For example, upgraded the airport and port, a lot of roading work. Ms Win

noted there is a Strategic Plan for the Chatham Islands, which focuses on five to six key areas – this will be forwarded to Committee members for their information.

Ms Win confirmed that at the stakeholders meeting, they are aware of the health infrastructure issues and limitations faced. She further noted that it is an environment that is working really well together, doing the best things that are possible on Island.

There was a query around connectivity and internet reliability on the Island. Ms Win advised satellite connection is used. She further noted that at the stakeholders meeting just gone there was a commitment to improve that. There is a bigger case being written for government consideration for a $65M fibre cable. This has been an ongoing request to the government since the stakeholder group was established. A member noted this was an expensive cable per person.

There was a query where Island electricity comes from. Ms Win advised electricity is diesel generated.

The Chatham Islands Health Centre report was noted.

9. H&SS MONITORING REPORT

The Committee considered the Hospital and Specialist Services Monitoring Report for November 2020. The report was taken as read.

General Managers introduced their respective divisions and spoke to their areas as follows:

Rural Health Services – Win McDonald, Transition Programme Manager

- Ongoing staffing issues, mainly due to the age of the workforce.

Rural Health Services – Berni Marra, Manager, Ashburton Health Services

- Biggest focus for the past month has been standing up the new Ashburton Nursing Leadership and Operational Structure, which will bring a generalist model in.
- Another focus has been on nurse manager integration - a lot of the work that traditionally sat in campus with the hospital services, which are really primary care services.

There was a query whether there was good buy-in from staff for the generalist model. It was noted this is an evolving space. Where necessary, there is a wraparound package of education which will be worked through to develop staff and bring them up to required levels.

Specialist Mental Health Services (*SMHS*) – Dr Greg Hamilton, General Manager

- Following significant growth since the earthquakes, this report highlights a slowdown in mental health presentations over the past couple of years, which is entirely what the literature said should happen.
- Noticeable during COVID-19 that community work did not change at all in terms of volumes, but inpatient work did.
- HoNOS measure shows we are the same as the rest of NZ for our acuity on admission, but quite a degree higher acuity for our community services. We have more advanced community services than most, so this points to the fact that there is a higher underlying mental health burden of disease in Canterbury, as we may have expected.

There was a query about the increasing impact of substance abuse. Dr Hamilton advised we are seeing a change in those people with addiction problems in terms of what they are using.

In response to query, Dr Hamilton advised that with regards to the wait time from referral to telephone triage, 73% of people were seen in one day.

A member asked whether ADHD referrals could be removed from this data. It was noted that this is not straightforward. With regards to ADHD, Dr Hamilton advised that there is a question whether ADHD is a mental health problem and where the recipient of it is at risk, the rest of the government sector is not dealing with that higher risk and we, by default, receive them as a provider of last resource. It also means our ability to have therapeutic interventions with that group is not as high. People are using that assessment to get other services from other agencies. We are caught in a system that is not really working well. The member asked whether there was a better pathway for the ADHD assessment to which Dr Hamilton responded that nobody else is providing it unless you have a lot of money. Ms Hickmott commented it was a cross agency issue, but was not something that would be solved locally - there needs to be a whole of government approach.

Medical/Surgical; & Women's & Children's Health; & Orthopaedics – Pauline Clark, General Manager

- Have moved into Waipapa.
- Focus is on production to meet MoH targets and ESPIs.
- Engaged around Accelerating Our Future opportunities.
- Medical Oncology team is coming together. New SMO appointment starts next week, with a second starting early in 2021. There is an opportunity for a third SMO to join mid 2021.
- LINAC replacement programme is going well, and is scheduled to complete the middle of 2021. Also have one or two Cathlabs down at the same time.
- Xmas midwifery service is well organized.
- Xmas/New Year plans are well developed. Using predictive tools, which suggest we will have the usual challenges. Plans this year include the possible resurgence of COVID-19.

There was discussion around the Medical Oncology team, noting it was very much a multidisciplinary team.

In response to a query about outsourcing surgery, Ms Clark advised outsourced is still out. With regards to outplaced, this is back, however, in coming back to Waipapa it has exposed some teething challenges while Sterile Services are settling in. With the support of the Chief of Surgery and Planning & Funding, we have outplaced a small amount of work for a short period of time to give everyone breathing space to get settled in. Ms Hickmott noted that no-one probably understood the full depth of requirements in maintaining a business as usual service, moving into a new facility and then adding the extra outplaced back in. Ralph La Salle, Acting Executive Director, Planning Funding & Decision Support, advised that we have agreed to outplace up to four half day sessions a day between now and Xmas if needed. Over the past two and a half weeks we have not used that much.

With regards to ESPIs, Ms Clark advised we are going well. Against the plan we put to the MoH we are on target.

There was a query around data provided in the table on page 11 of Appendix 1. It was noted that all MoH data for September was incorrect. Resubmission has been made and will be refreshed with the end of October data.

Older Persons Health & Rehabilitation Service – Dr Helen Skinner, General Manager & Chief of Service

- Highlighted one project being worked on in terms of Accelerating Our Future – the implementation of a formal Transalpine Service for Complex Wheelchair and Seating Services.

The H&SS Monitoring report was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (16/20)
(Moved: James Gough/Seconded: Dr Rochelle Phipps – carried)

"That the Committee:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1 and 2;

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 the minutes of the public excluded meeting of 1 October 2020	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(if required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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."

INFORMATION ITEMS

- Quality & Patient Safety Indicators – Level of Complaints
- 2020 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.30am.

Approved and adopted as a true and correct record:

Andrew Dickerson
Chairperson

Date of approval

HAC MEETING 3 DECEMBER 2020 – MEETING ACTION NOTES

Item No	Item	Action Points	Staff
	Apologies	Absence – Barry Bragg, Andrew Dickerson, Michelle Turrall, and Sir John Hansen.	Anna Craw
1.	Interest Register	Nil	
2.	Minutes – 1 October 2020	Adopted: Naomi Marshall / Jan Edwards	Anna Craw
3.	Carried Forward Items	Nil	
4.	Pressure Injury Prevention Project	Nil	
5.	CDHB Allied Health Strategic Direction	Nil	
6.	Care Capacity Demand Management Update	Nil	
7.	Accelerating Our Future Update	Nil	
8.	Chatham Islands Health Centre	Chatham Islands Strategic Plan to be circulated to Committee members for information.	Anna Craw
9.	H&SS Monitoring Report	Nil	
10.	Resolution PX	Adopted: James Gough / Dr Rochelle Phipps	Anna Craw
	Info Items	Nil	

Distribution List: