

**AGENDA - PUBLIC****CANTERBURY DISTRICT HEALTH BOARD MEETING**

**To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch  
Thursday, 20 September 2018 commencing at 11:00am**

	Karakia		11.00am
	Apologies		
1.	<a href="#">Conflict of Interest Register</a>		
2.	<a href="#">Confirmation of Minutes – 16 August 2018</a>		
3.	<a href="#">Carried Forward / Action List Items</a>		
4.	Patient Story		
5.	<a href="#">Chair's Update</a>	Dr John Wood	11.05am
6.	<a href="#">Chief Executive's Update</a> 6.1 <a href="#">Appendix 1: Kia Ora Hauora Te Waipounamu Quarterly Report Q4</a>	David Meates	11.10am
7.	<a href="#">Finance Report</a>	Justine White	11.40am
8.	<a href="#">CPH&amp;DSAC Advice to Board</a> 8.1 <a href="#">CPH&amp;DSAC Draft Minutes – 30 August 2018</a>	Tracey Chambers Dr Anna Crighton	11.50am
9.	<a href="#">Resolution to Exclude the Public</a>	Justine White	11.55am
<b>ESTIMATED FINISH TIME – PUBLIC MEETING</b>			<b>11.55am</b>

**NEXT MEETING: Thursday, 18 October 2018 at 11.00am**

**ATTENDANCE****Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**CANTERBURY DISTRICT HEALTH BOARD MEMBERS**

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

**Executive Support**

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

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

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

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

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

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

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

	<p>industries in Canterbury.</p> <p><b>Liquid Media Operations Limited – Shareholder</b> Liquid Media is a start-up company which has a water/sewage treatment technology.</p> <p><b>Maori Carbon Foundation Limited – Chairman</b> The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country.</p> <p><b>Ngāti Ruanui Holdings – Director</b> Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki.</p> <p><b>NZCF Carbon Planting Advisory Limited – Director</b> NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited.</p> <p><b>Oaro M Incorporation – Member</b> ‘Oaro M’ Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at ‘Oaro M’, Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations.</p> <p><b>Police Commissioners Māori Focus Forum – Member</b> The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation.</p> <p><b>Pure Advantage – Trustee</b> Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth.</p> <p><b>QuakeCoRE – Board Member</b> QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission.</p> <p><b>Rangitane Holdings Limited &amp; Rangitane Investments Limited - Chair</b> The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne’s settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members.</p>
--	---

	<p><b>SEED NZ Charitable Trust</b> – Chair and Trustee SEED is a company that works with community groups developing strategic plans.</p> <p><b>Sustainable Seas NSC (National Science Challenge) Governance Board</b> – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding.</p> <p><b>Te Ohu Kai Moana</b> – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community.</p> <p><b>Te Waka o Maui</b> – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.</p>
Barry Bragg	<p><b>Canterbury West Coast Air Rescue Trust</b> – 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.</p> <p><b>CRL Energy Limited</b> – Managing Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.</p> <p><b>Farrell Construction Limited</b> - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch.</p> <p><b>New Zealand Flying Doctor Service Trust</b> – Chairman The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.</p> <p><b>Ngai Tahu Property Limited</b> – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.</p>
Sally Buck	<p><b>Christchurch City Council (CCC)</b> – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.</p> <p><b>Registered Resource Management Act Commissioner</b> From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.</p> <p><b>Rose Historic Chapel Trust</b> – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a</p>

	CCC owned facility.
<b>Tracey Chambers</b>	<p><b>Chambers Limited</b> – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise.</p> <p><b>Rata Foundation</b> – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.</p>
<b>Dr Anna Crighton</b>	<p><b>Christchurch Heritage Limited</b> - Chair - Governance of Christchurch Heritage <b>Christchurch Heritage Trust</b> – Chair - Governance of Christchurch Heritage <b>Heritage New Zealand</b> – Honorary Life Member</p> <p>CDHB owns buildings that may be considered to have historical significance.</p>
<b>Andrew Dickerson</b>	<p><b>Accuro (Health Service Welfare Society)</b> - Director Is a not-for-profit, member owned co-operative society providing health insurance services to employees in the health sector and (more recently) members of the public. Accuro has many members who are employees of the CDHB.</p> <p><b>Canterbury Health Care of the Elderly Education Trust</b> - 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.</p> <p><b>Canterbury Medical Research Foundation</b> - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB.</p> <p><b>Heritage NZ</b> - 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.</p> <p><b>Maia Health Foundation</b> - 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.</p> <p><b>NZ Association of Gerontology</b> - Member Professional association that promotes the interests of older people and an understanding of ageing.</p>
<b>Jo Kane</b>	<b>HurriKane Consulting</b> – Project Management Partner/Consultant



	<p>A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.</p> <p><b>Latimer Community Housing Trust</b> – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p><b>NZ Royal Humane Society</b> – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.</p>
<b>Aaron Keown</b>	<p><b>Christchurch City Council</b> – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.</p>
<b>Chris Mene</b>	<p><b>Canterbury Clinical Network</b> – Child &amp; Youth Workstream Member</p> <p><b>Core Education</b> – Director Has an interest in the interface between education and health.</p> <p><b>Wayne Francis Charitable Trust</b> - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.</p>
<b>David Morrell</b> Board Member	<p><b>British Honorary Consul</b> Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (FCO) may expect Honorary Consuls to become involved in trade initiatives from time to time.</p> <p><b>Canon Emeritus - Christchurch Cathedral</b> The Cathedral congregation runs a food programme in association with CDHB staff.</p> <p><b>Friends of the Chapel</b> - Member</p> <p><b>Great Christchurch Buildings Trust</b> – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.</p> <p><b>Heritage NZ</b> – Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance.</p> <p><b>Hospital Lady Visitors Association</b> - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.</p>



	<p><b>Nurses Memorial Chapel Trust –Chair</b>          (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.</p>
--	---

## MINUTES

**DRAFT**  
**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING**  
**held at 32 Oxford Terrace, Christchurch**  
**on Thursday 16 August 2018 commencing at 9.00am**

### **BOARD MEMBERS**

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

### **APOLOGIES**

Apologies were received and accepted from David Morrell and Barry Bragg.

### **EXECUTIVE SUPPORT**

David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Hector Matthews (Executive Director, Maori & Pacific Health); Karalyn van Deursen (Executive Director of Communications); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance).

Ta Mark Solomon opened the meeting with a Karakia.

### **1. INTEREST REGISTER**

#### **Additions/Alterations to the Interest Register**

There were no additions or alterations to the Interest Register

#### **Declarations of Interest for Items on Today's Agenda**

There were no declarations of interest for items on today's agenda.

#### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

### **2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING**

#### **Resolution (56/18)**

(Moved: Tracey Chambers/seconded: Chris Mene – carried)

“That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 19 July 2018 be confirmed as a true and correct record.”

### **3. CARRIED FORWARD/ACTION LIST ITEMS**

It was noted that the carried forward items were on today's agenda.

### **4. PATIENT STORY**

The Patient Story was viewed.

## 5. CHAIR'S UPDATE

Dr John Wood, Chair, advised that there has been some interaction with the Minister of Health since the last meeting. He commented that he and the Chief Executive had met up with him at the opening of Three Rivers Health in Ashburton on Saturday, 4 August. He also had a long conversation with him yesterday on the telephone. He advised that the Minister calls DHB Chairs from time to time to keep up to date with any occurrences.

The update was noted.

## 6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, commented that the Board had probably noticed the ongoing focus on service improvement and enhancement. He added that over the last few weeks most of the CDHB's health system has been operating at 100% occupancy, which is challenging for both staff and patients.

In regard to Christchurch Hospital, Mr Meates commented that whilst there has not been the burden of flu cases, they have been managing many complex patients with the system at full capacity. However, in spite of this, Canterbury DHB is the only DHB to achieve five out of the six Health Targets in Quarter 4, just missing out on the Shorter Stays in ED Target.

Mana Ake continues to be rolled out across Canterbury schools. 46 schools are currently involved and it is expected that this will grow to around 70 by October 2018.

Changing the Park N Ride service from Deans Avenue to the Litchfield Street carpark has gone relatively smoothly. However, work currently taking place around Hagley Outpatients has resulted in the loss of disabled carparks, which has caused many issues for disabled staff and patients, as well as on-call Doctors. The DHB is working with the Council to re-designate some parks on the street for people with disabilities and there is also some work taking place around a Park N Ride service in this regard. The Board noted that this is part of the ongoing complexity of the site, with access being very limited.

Mr Meates informed the Board that the move into Manawa in terms of nursing, Ara and the University of Canterbury went well and the building is now almost at full occupancy with feedback being very positive.

### **Resolution (57/18)**

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

“That the Board:

- i. notes the Chief Executive's Update.”

## 7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report showed that the consolidated Canterbury DHB financial result for the month of June 2018 was a deficit of \$9.044M, which was \$1.914M unfavourable against the annual plan deficit of \$7.130M. The draft full year position is \$10.315M unfavourable to the annual plan.

It was noted that the unfavourable result was largely contributable to Aged Residential Care volumes, the recent MECA settlement, and outsourcing costs.

Ms White advised that the July result is largely on track for the Annual Plan and accruing is taking place for revenue for the nurses MECA settlement.

Discussion took place regarding the Passive Fire issue and it was noted that there will be an update on this at the next Board meeting, which will include time and money spent to date, along with an estimate of how much more time is required and the total cost expected.

**Resolution (58/18)**

(Moved: Jo Kane/seconded: Aaron Keown – carried)

“That the Board:

- i. notes the financial result and related matters for the period ended 30 June 2018; and
- ii. acknowledges the drivers for the \$10.315M unfavourable result to the Annual Plan.”

*The meeting moved to Item 9.*

**9. NZHP – REAPPOINTMENT OF INDEPENDENT DIRECTORS**

Mr Meates presented this paper and advised that the Chair will be requested to vote on this at the NZHP Annual General Meeting in September 2018.

**Resolution (59/18)**

(Moved: Ta Mark Solomon/seconded: Dr Anna Crighton – carried)

“That the Board:

- i. approves the reappointment of NZ Health Partnerships’ Independent Directors for the term outlined in the attached letter; and
- ii. notes that the Chair will vote on this at the NZ Health Partnerships’ Annual General Meeting in September 2018.”

*The meeting moved to Item 11.*

**11. ADVICE TO THE BOARD**

Hospital Advisory Committee

Andrew Dickerson, Chair, Hospital Advisory Committee, presented the draft minutes of the Committee meeting held on 2 August 2018.

**Resolution (60/18)**

(Moved: Andrew Dickerson/seconded: Dr Anna Crighton – carried)

“That the Board:

- i. notes the draft minutes from HAC’s public meeting on 2 August 2018.”

*The meeting moved to Item 8.*

**8. MATERNITY STRATEGY UPDATE - PRESENTATION**

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, introduced Norma Campbell, Jen Coster, Jo Gullam and Nicola Austin who provided this presentation.

The presentation provided information to the Board around: the underlying principles from the Canterbury Health System around maternity care; where Canterbury babies are born; why a refreshed strategy is timely; births at Christchurch Women's Hospital; inductions; the neonatal unit; women having more complex needs than previously; and workforce.

Discussion took place regarding the number of inductions taking place and the issues created by these interventions.

The Chair thanked the presenters for coming to the meeting.

#### **Resolution (61/18)**

(Moved: Tracey Chambers/seconded: Chris Mene – carried)

“That the Board:

- i. supports the direction of travel of the Maternity Strategy as presented.”

*The meeting adjourned for morning tea at 10.25am, resuming at 10.40am.*

*The meeting moved to Item 10.*

### **10. PALLIATIVE CARE UPDATE – PRESENTATION**

Dr Kate Grundy, Clinical Director, Canterbury Integrated Palliative Care Services, provided the Board with this presentation which provided information on: palliative care in the Canterbury DHB; illness trajectories; the New Zealand landscape – including mortality statistics for CDHB; new service initiatives (Nurse Maude); Advance Care Planning; challenges, gaps and opportunities.

The Chair thanked Dr Grundy for making time to present at the Board meeting.

*The meeting moved to Item 12.*

### **12. RESOLUTION TO EXCLUDE THE PUBLIC**

#### **Resolution (62/18)**

(Moved: Ta Mark Solomon/Seconded: Sally Buck – 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 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:

	<b>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</b>	<b>GROUND(S) FOR THE PASSING OF THIS RESOLUTION</b>	<b>REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)</b>
1.	Confirmation of minutes of the public excluded meeting of 19 July 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)

3.	Energy Centre – Boiler Configuration	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	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)
6.	Advice to Board: <ul style="list-style-type: none"> <li>Facilities Committee - Verbal 14 Aug 2018</li> <li>HAC PX Draft Minutes 02 Aug 2018</li> <li>QFARC Draft Minutes 31 Jul 2018</li> </ul>	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 11.30am

\_\_\_\_\_  
Dr John Wood, Chairman

\_\_\_\_\_  
Date

**CARRIED FORWARD/ACTION ITEMS****CANTERBURY DISTRICT HEALTH BOARD  
CARRIED FORWARD ITEMS AS AT 20 SEPTEMBER 2018**

DATE	ISSUE	REFERRED TO	STATUS
------	-------	-------------	--------

No carried forward / action items as at 20 September 2018



**CHAIR'S UPDATE**

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

**NOTES ONLY PAGE**

**CHIEF EXECUTIVE'S UPDATE**

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

**SOURCE:** Chief Executive

**DATE:** 20 September 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

### 1. ORIGIN OF THE REPORT

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

### 2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.

### 3. DISCUSSION

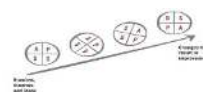
## PUTTING THE PATIENT FIRST – PATIENT SAFETY

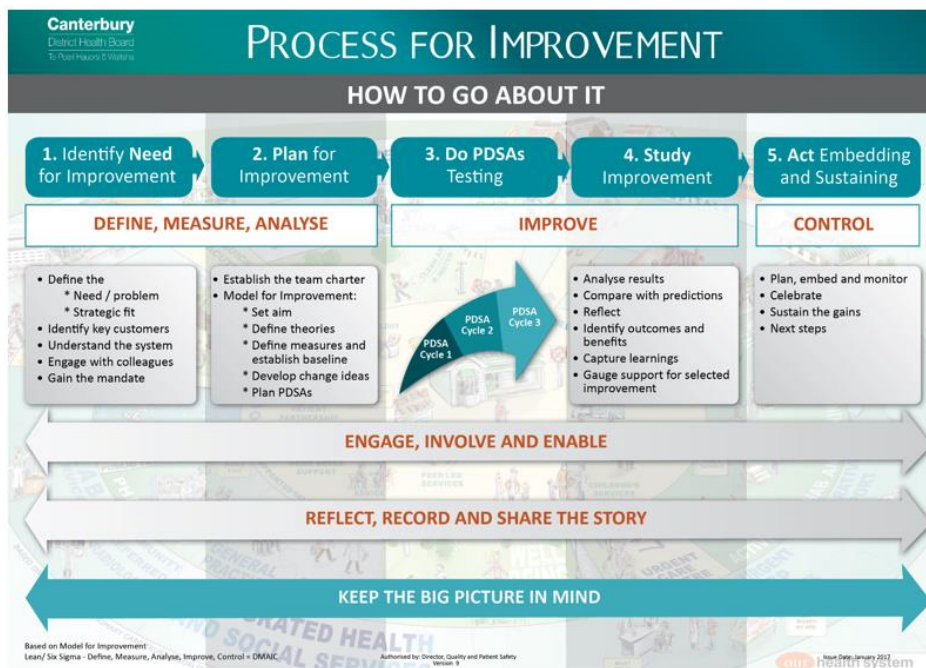
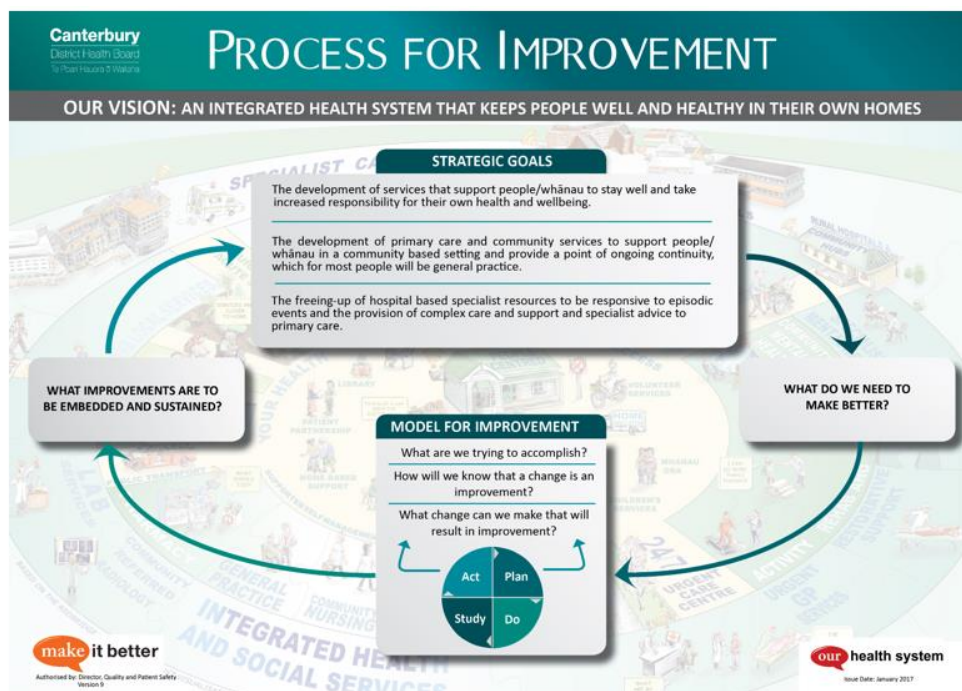
### Quality & Patient Safety

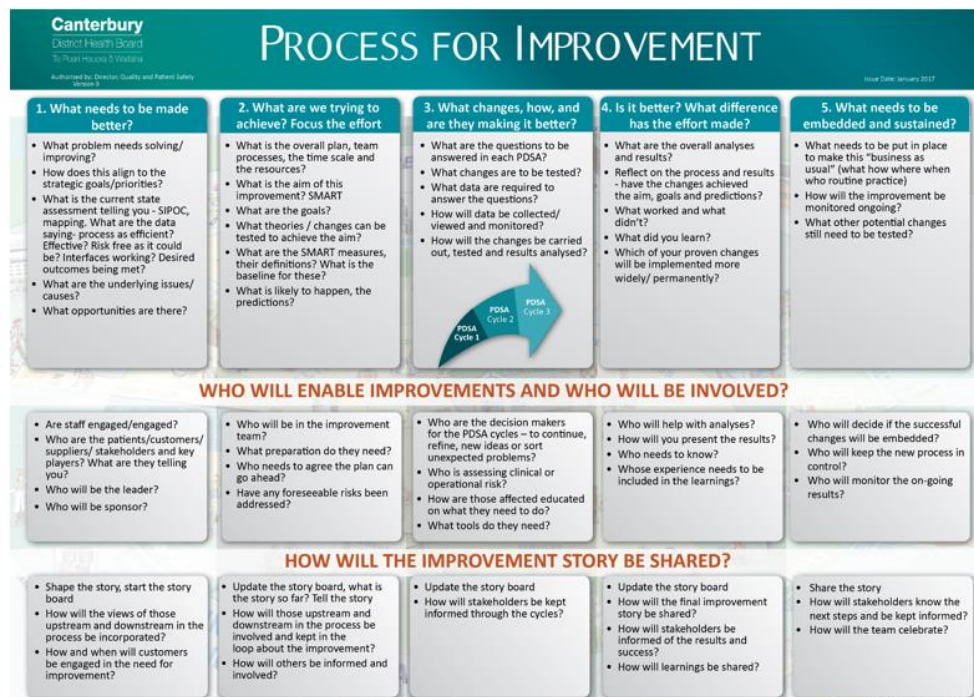
- **Quality Improvement Showcase:** The Quality Improvement Showcase 2018 will be held in the Manawa Building later this year.

The afternoon will consist of lightning talks - sharing the excitement of local initiatives, a small exhibition of local leaders' work across the health system, and the Awards Ceremony celebrating the 51 entrants in the 2018 Quality Improvement and Innovation Awards.

51 expressions of interest have been received from across the Canterbury Health System. The work (displayed as posters) will be assessed using a scoring matrix as per the process for improvement. All potential entrants attended briefing sessions prior to putting in their expression of interest.







- **HQSC Markers:**

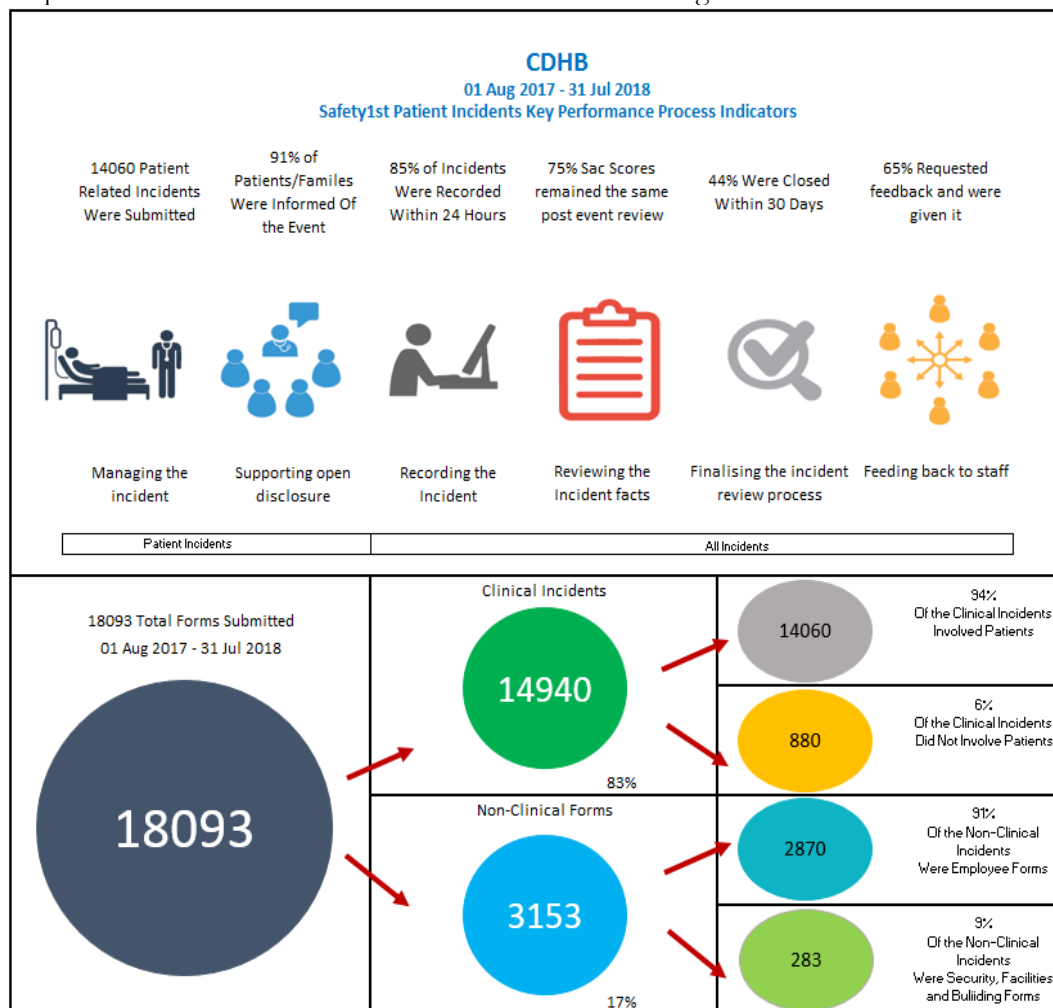
- *Pressure Injury Prevention* - The new process audit tool and randomisation of patients for collecting the HQSC Pressure Injury Quality and Safety markers was successfully trialled at Burwood in August. Organisation wide data collection is to be in place by the end of the month.
- *New Zealand Early Warning System* – A Canterbury DHB working group has been reviewing the response to the red triggers in the system. In all 6-7% of all observations are triggering in the red zone in 9-10% of patients; 80% of these triggers are from a single vital sign and 52% of all red zones patients were being seen within the specified time period.

- **Releasing Time to Care (RT2C):**

- *Restorative Care* – The Canterbury DHB Restorative Care working group is currently standardising patient information and resources for restorative care models within Christchurch Hospital. Over the next few weeks the RT2C team will be undertaking Get Up – Get Dressed – Get Moving audits of medical ward/AMAU patients: of the number of patients able to be up, capturing the number of patients dressed and number of patients that have mobilised.
- In partnership with People and Capability, RT2C have launched a staff survey about the RT2C programme to help us formally evaluate RT2C, especially any considerations for future use. The survey runs until 20 September and already has a steady flow of responses coming in.

- **ACC ICNet Expansion Programme** – as part of ACC's support for infection prevention Canterbury DHB has been contracted to host and support the DHBs' clinical and technical teams who are going to take up and use Canterbury DHB's ICNet instance. The first region to prepare is Midland and meetings have been held with the cross functional teams there to assist them prepare and plan their implementations

- Incident Management Process Indicators:** Improvement in open disclosure has been sustained. Initiatives for incidents to be closed within 30 days are underway. A new method to provide feedback to the submitter of the incident is being tested.



### Christchurch Campus

- Improving Hand Hygiene compliance:** It is recognised that hand hygiene improvement initiatives aim to reduce the harm and cost of healthcare associated infections. New Zealand DHBs are working with the Health Quality and Safety Commission on a structured approach to monitor and improve this area of our performance. The national hand hygiene target is set at 80% and in June 2018 was 85.6%.
  - Christchurch Hospital has increased its hand hygiene compliance from 77.6% in October 2017 to 79.4% in June 2018. The October 2018 quarter is tracking well at 82.2% for Christchurch hospital with two months to go. Christchurch Hospital Medical Surgical Division's improvement in hand hygiene compliance has been due to the following:
    - Hand hygiene is a standard agenda item at bi-monthly service quality meetings. The most recent quarter's hand hygiene compliance percentage is discussed and initiatives and interventions explored.
    - There has been an increased interest from a clinical governance perspective. CDs and Chairs of quality meetings (sometimes the same person) are looking at the stats and coming up with innovative ways to raise awareness within their service. It is seen as critical that front line staff have ownership of these improvements.

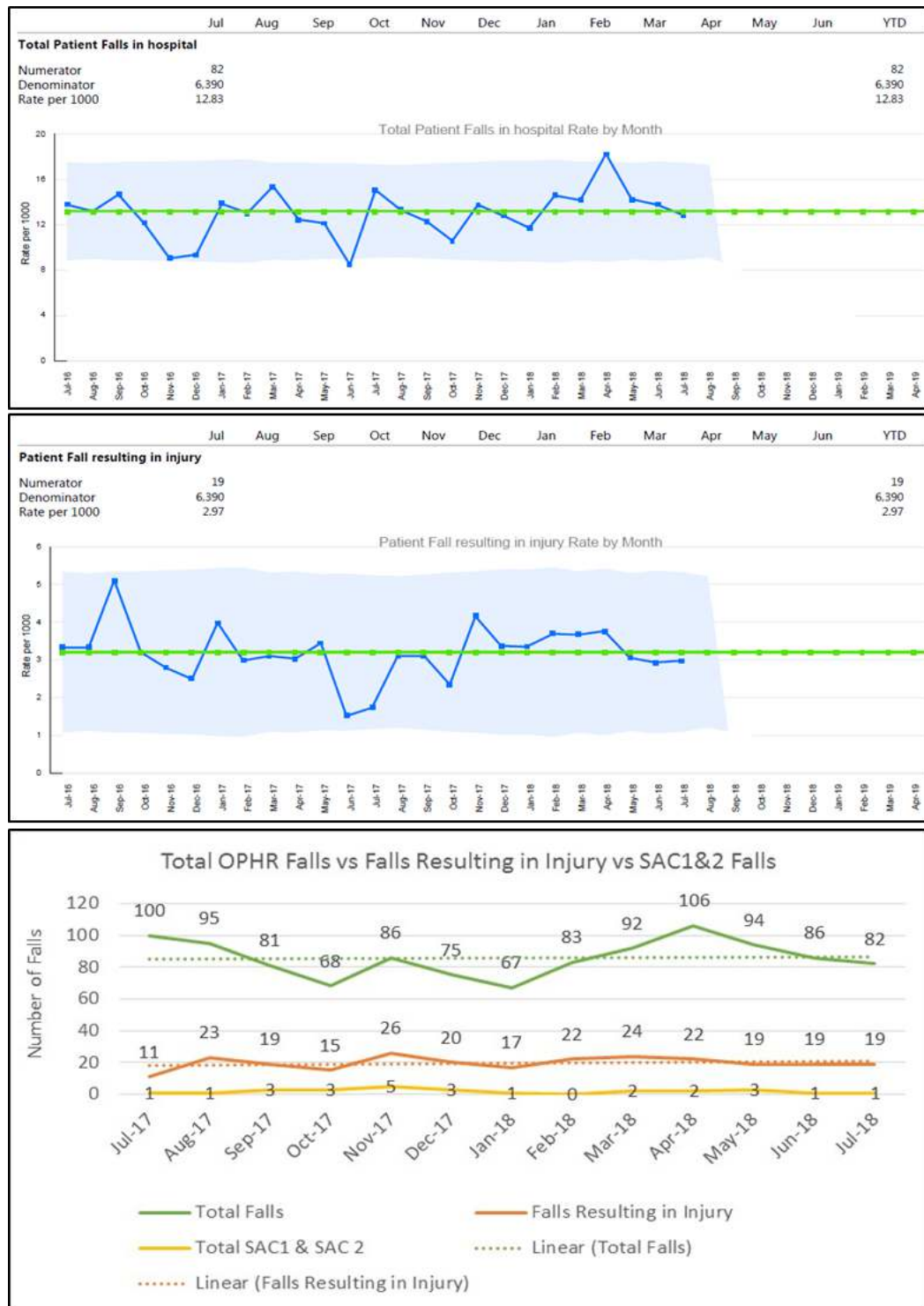


- There are annual update self- learning packages that staff access through healthLearn.
- As with other divisions some staff on the floor are gold auditors. Some services have established a team of gold auditors who work across all shifts promoting correct hand hygiene; complete audits and email a summary report on the day of the audit explaining what is going well and where improvement is needed.
- In services where patients may be immunocompromised, patients and their visitors are constantly educated on hand hygiene.
- Services have completed environment audits resulting in improving the location and number of Alcohol Based Hand Rub dispensers and locating clearly visible posters and signage near the service area entrance.
- Two areas, the Acute Renal Dialysis Unit and the Bone Marrow Transplant Unit (BMTU) have consistently been over the 80% compliance goal for hand hygiene at Christchurch Hospital for the last 3 quarters.
- In the last full quarter (June 18) Ward 25, Ward 20, Ward 19 and Orthopaedic Trauma Unit, Ward 11, BMTU and Acute Renal were all over the 80 % compliance.
- **Allergy Patient Information Kit:** Epipen is a device that allows patients who have severe allergic reactions to easily provide themselves with a measured dose of adrenalin to treat anaphylaxis. While the operation of these devices is relatively easy it is important for patients to be provided with clear information about when to use and how to use the devices. The Emergency Department Clinical Pharmacist has put together an education kit to support Emergency Department staff to educate patients who have had severe allergic reactions that are likely to require an Epipen™. The kit contains an Epipen™ training device, information for patients on allergic reactions, how to use an Epipen™ and information about obtaining funding for the device via ACC. Providing clear training to patients dispels fear about using the device for the first time. This ensures that that patients receive urgently required treatment prior to receiving attention by St John or in the Emergency Department.

### Older Persons Health & Rehabilitation (OPH&R)

- Overall, the reporting of Safety1st incidents remains consistently high with the graphs below illustrating an increase in falls and pressure injuries. The number of Serious Events (SAC 1 & 2) have also increased from 13 events in 2015-2016 to 21 events (2016-2017) and 33 events (2017-2018). Since July 2018, there have been 5 SAC 2 events reported. Contributing to this increase is the inclusion since July 2016 of Stage III and above hospital acquired pressure injuries of which there were 4 reported in 2016-2017 and 3 reported in 2017-2018.
- The Serious Events investigations and resulting recommendations are monitored weekly and discussed by OPH&R Management and Leadership and Clinical Governance Groups. All SAC 3 and 4 incidents are also monitored weekly and are seen by Serious Event Review, Nursing Governance (including Nurse Educator and Clinical Nurse Specialist) as well as Clinical Directors.
- Falls Prevention:
  - Financial Year to Date (July 2017 to June 2018) comparison to previous YTD (July 2016 to June 2017)
  - 1,033 falls compared to 891 the previous year period (increase 16%)
  - 25 SAC 1 or 2 fall events compared to 16 the previous year period (increase 56%)
  - 23% of falls resulted in injury compared to 25% the previous year period

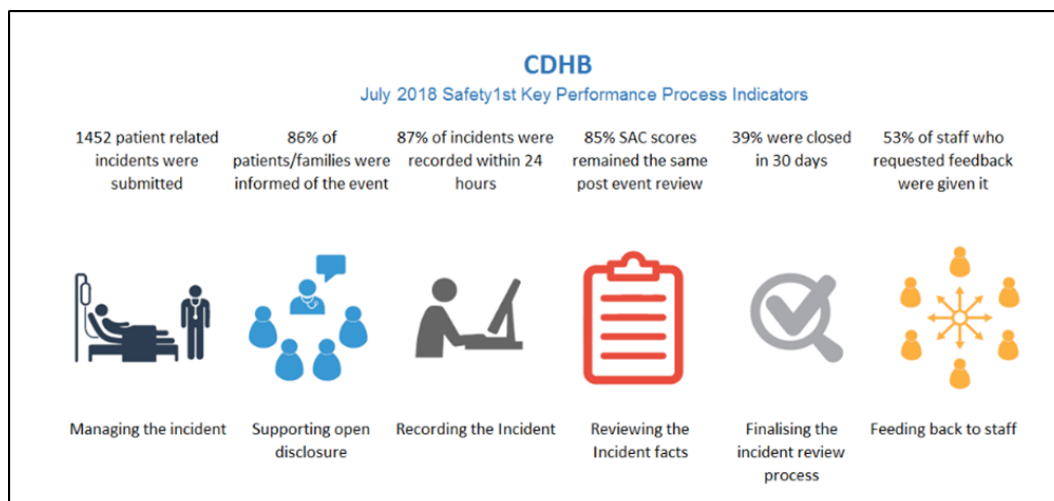
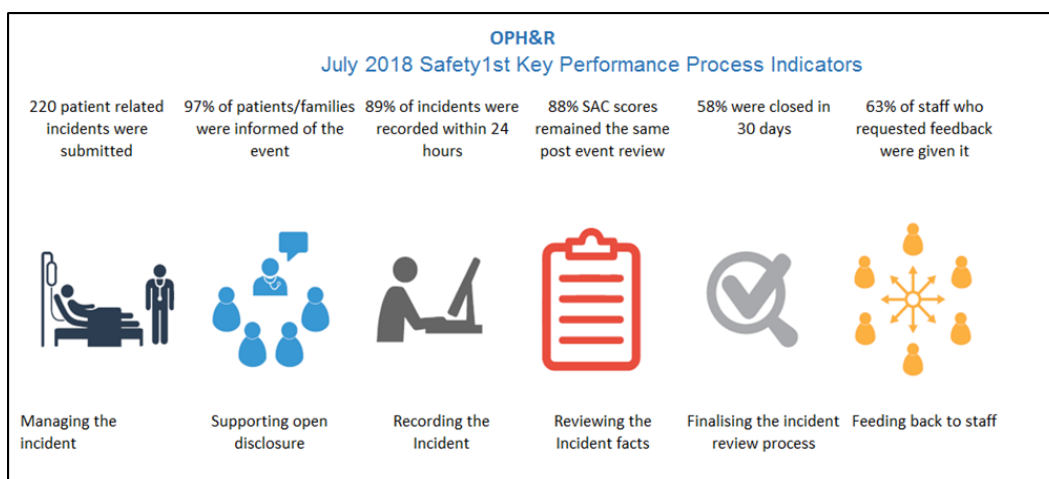
- Falls accounted for 40% (1,033/2,572) of total OPH&R incidents compared to 45% (891/1993) the previous year



- Intentional Rounding initiative based on the 4P framework asking patients about their experience with their positioning, personal needs, pain and placement. This is currently trialled in two OPH wards as part of the Nursing Service Delivery project (will also tie in with Bedside Handover initiative).



- Safe Recovery pilot is currently underway in four OPH wards and is a patient-focused education program aimed at modifying their own intrinsic risk taking behaviour, and empowering them with safe strategies for mobilisation and seeking assistance. The pilot will also include the trial use of ex-nursing trained volunteers to deliver part of the education intervention. This is to help consider alternative roles for the large number of volunteers available to the OPH service that may be able to improve patient care.
- Canterbury DHB Inpatient Close Observation policy (and associated Inpatient Close Observation Record) has replaced divisional documentation and is providing clear guidelines for staff to document the rationale for assigning the task for close observation (including the level of observation required). As well as the rationale for discontinuing the need for close observation that can be indicative of a reduced risk of falling.



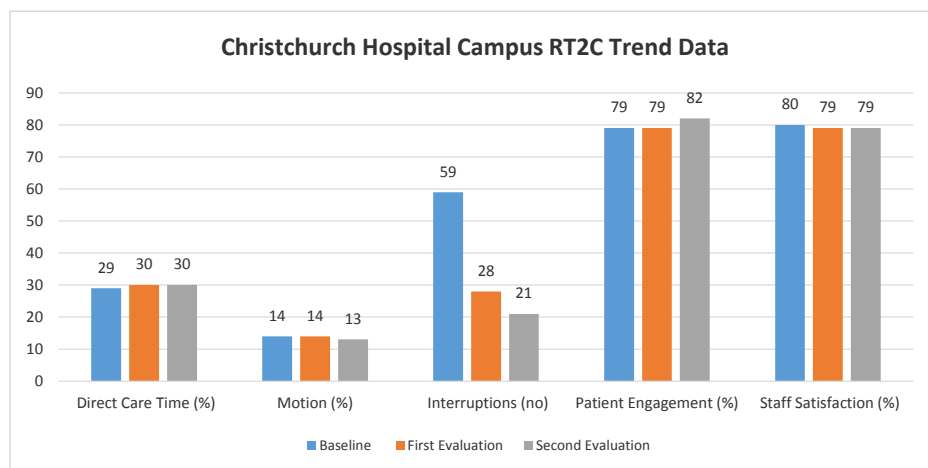
## IMPROVING FLOW IN OUR HOSPITALS

### Christchurch Campus

- **Ward 24 Medical & Stroke Patients Spending Less Time in Bed:** Providing patients with a good reason to leave their beds and move around is an important part of helping them to recover following strokes and other medical events. Even simple activity such as getting out of bed and walking from one room to another can be a challenging but important part of a patient's recovery. Patients who are in Ward 24 following a stroke, or other medical events,

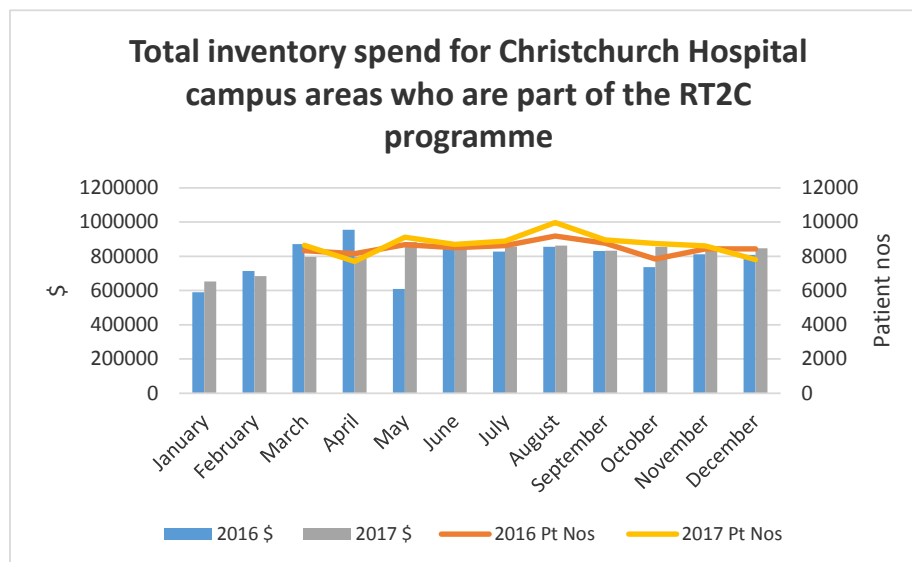
will be spending less time in bed and more time getting involved. Aimee Taylor, the Allied Health Assistant based on the ward, managed to secure a generous amount of money from the Volunteer service. Aimee then worked with the volunteer team to select appropriate games and activities to help with patient recovery. She will use the equipment, which includes an iPad operating current recovery apps, during her sessions with the patients. Future ideas include developing groups and 'patient' tournaments.

- Releasing Time to Care:** The Releasing Time to Care programme is a framework to support change and develop a robust process for improvement. It supports ward based quality improvement to help ward/unit teams redesign and streamline the way they work - releasing more time to care for patients. The programme is being used to guide staff to new facilities - the Christchurch Outpatients and the Hagley buildings. This update provides some brief highlights from recent measures and activities.
  - Key safety metrics and survey results are displayed in each ward/unit on the **'Knowing How We are Doing'** boards which are available for staff, patients, whānau and other members of the healthcare team to view. Combined data for all areas progressing from their baseline evaluation through to two years after the programme's commencement are shown in the graph below.



- The direct care time (time spent by nurse directly with the patient/family) has remained at 30%, largely due to constraints within the current environment which encourages a centralised way of working. Our new facilities are designed to facilitate more tasks being provided at the point of care.
- The motion time shows the proportion of time nurses spend walking, waiting, collecting, returning and looking. This is also affected by the current facility design and changes are expected as we shift.
- The average number of interruptions a nurse experiences on an 8.5 hour shift has dropped by over half due to a number of quality initiatives that have been implemented such as Assertive Board Rounds, medication related initiatives, environmental changes through Well Organised Workplace initiatives, bedside handover and introduction of new tools such as FloView.
- Patient engagement (in response to the question – “I know what is happening to me today and tomorrow”) remains high at 82%.
- Staff satisfaction (in response “I would recommend the ward I am working in as a great place to work”) remains high at 79%.

- A specialist wound group was set up to look at the number of dressings that the Canterbury DHB was purchasing. The group evaluated all of the wound care products ordered and reduced our use from 462 to 195 products. The group has also established a pathway/process so that the number of dressing can be monitored and managed.
- The total inventory spend for areas which are part of the programme has remained static despite increased patient numbers.

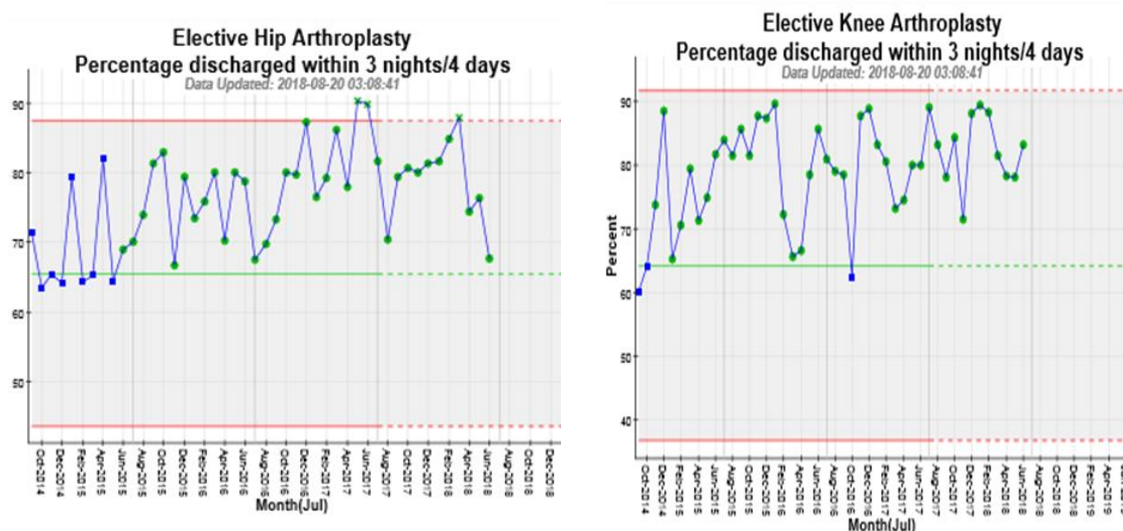


- **“Patient Status at a Glance”** has involved the introduction of visual management tools to show important patient information so it can be updated regularly, seen ‘at a glance’ and used effectively. This work includes the design, use and placement of Bedside Patient Status at a Glance Boards (inclusive of safe mobility plans), use of FloView across all wards and units and introduction of assertive Board Rounds/huddles - into all areas where this was not regular practice.
- The aim of the **Nursing Service Delivery** work is to provide teams with a framework that will assist with service integration to the new facilities to embed ways of working that are patient centred and encourage patient involvement their care. This includes the introduction or enhancement of patient focused team nursing with geographical patient allocation, bedside handover and incorporation of key questions into nurses’ regular interactions with patients.
- A series of Admission/Discharges/Transfers workshops have led to a range of changes including a review of the material provided to patients when we welcome them onto wards and the development of a modified eHandover template and process. The system has reduced the time taken to share information, decreased interruptions and provides a permanent record.
- Releasing Time to Care will continue to be the framework to support the transition of areas to new facilities.
- **Improving the way that we work – requests for Orderly services:** Orderlies are a critical part of the clinical team, delivering services which are absolutely essential to the care we provide. Requesting the services of an Orderly has involved the use of a screen in the Homer Patient Management System at Christchurch Hospital, with the impending transition to the new Patient Information Care System a new way of carrying out this task was required. The Max development team from People and Capability has worked with orderly, nursing, administration and technology teams, to develop a new system based on the same technology and platform that has been used to create Max. The new system was released on 31 August,

only five weeks following the initial workshop called to begin its design. By 2pm of the day it was launched the new application had processed over 300 requests. The system is 100% mobile responsive, and allows our clinicians and others to submit requests on the go through the device of their choice. The Orderly workforce will be equipped with smartphones to enable on the move receipt and fulfilment of requests. Use of this system will improve visibility and drive insights into how we're deploying and supporting our orderly workforce. The efforts of all involved to achieve this target have been nothing short of remarkable and they're absolutely consistent with our shared commitment to making work, work better for our people. Initially the service has been made available for the Christchurch Campus, with roll-out plans for Burwood and Ashburton. As with all services we release, enhancements and continual improvement will be delivered based on new requirements gathered from the feedback received from users of the service.

- Improving multi-service care of trauma patients:** People admitted to hospital with multiple traumatic injuries are often cared for by several different medical and surgical services to ensure that each type of injury they have receives the best possible care. Often these patients have a suspected spinal injury and are cared for in a ward or unit that does not routinely care for patients with these injuries. In order to ensure that the right precautions and other aspects of care are provided, the trauma committee has been working on a new form that will be filled in following the Orthopaedic assessment in the Emergency Department and will accompany the patient to the ward that they are admitted to. This form has been developed with the changes that the introduction of CORTEX will bring to the Orthopaedic Service in mind. The form provides key information about the care of the patient including the type of spinal precautions required, the other teams involved in the patient's care and the types of observations and review required. It is just one example of health professionals from different areas collaborating to ensure that we can systematically provide the right care to patients with complex care requirements, ensuring that the right care is provided first time, the care is documented effectively and that recovery occurs as smoothly as possible.

### Older Persons Health & Rehabilitation (OPH&R)



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

## REDUCING THE TIME PEOPLE SPEND WAITING

### Christchurch Campus

- Faster Cancer Treatment Targets: 62 Day Target:** For the 3 months of May, June and July 2018 Canterbury DHB submitted 167 records to the Ministry of Health with 35 missing the 62 days target. Of these 24 missed the target through patient choice or clinical reasons leaving 143 patients included in the target cohort. Canterbury DHB once again met the target of having at least 90% of patients receive their first treatment within 62 days of referral with 92.3 % of eligible patients being treated within 62 days.
- 31 Day Performance Measure:** Canterbury DHB submitted 386 records towards the 31 day measure in the same 3-month period. Unlike the 62 days target all reasons for missing the target are included: there are no exceptions made for patient choice or clinical considerations but the threshold remains at 85%. With 90.9% of eligible patients receiving their first treatment within 31 days from a decision to treat, the Canterbury DHB met the 85% target.
- Elective Services Performance Indicator (ESPI) Outcomes:** Latest final reporting from the Ministry of Health shows that Canterbury DHB achieved a red result for elective services performance indicator two (covering first specialist assessment) at the end of July. This is the sixth month that this indicator has shown as red. 14 of the 26 services that contribute to this measure had no patients waiting longer than 120 days; six services had between one and eight or fewer; and six services had more than fifteen. The same report shows that Canterbury DHB achieved a red result for elective services performance indicator five (covering waiting time for surgery) for the eleventh month in a row at the end of July. Two of the 13 services that contribute to this measure had no patients waiting longer than 120 days; nine services had between one and ten; and two services had twelve or more patients waiting for longer than this. The Ministry of Health has provided Canterbury DHB with dispensation from Elective Services Performance Indicator achievement between January 2018 and June 2019 to recognise the pressures associated with facility limitations and issues associated with data transition. Canterbury DHB remains committed to working towards its goal that patients will not wait longer than 100 days for elective services they have been offered.
- Keeping patients up to date with parking information:** Recent changes to parking availability for patients attending appointments at Christchurch Hospital highlighted the importance of being able to provide up to date information to patients. Relying on traditional methods, providing printed material via the post, is not agile enough and creates a risk that patients will not have up to date information when they come to their appointment. Patient appointment letters encourage people to use one of two sources of information to find the most up to date information.

For patients that have internet access comprehensive, up to date parking information is found at [cdhb.health.nz/parking](http://cdhb.health.nz/parking) including information about shuttle services, how to pay for parking, drop off zones, mobility parking and alternative transport options.

For other patients a dedicated Christchurch Hospital Car Park Information Line **0800 555 300** has been established, enabling patients to make a free call and listen to the latest Christchurch Hospital Car Park Information. This provides information about where to park, access to and operating hours of shuttles that run between the carpark and hospital. The new phone service was introduced on 13 June 2018. Over the subsequent 11 weeks 513 calls were made to the service.



- Coding outpatient activity and finding lost income:** Following an inpatient stay the Clinical Coding team reviews the patient's clinical records, rendering various aspects of the patient's engagement with the hospital into a series of codes. These codes help us to understand the demands on the system including indications that patients present to hospital with, and the procedures provided to patients during their stay. However codes that enable us to count the effort put into care provided within an outpatient are entered into our patient management system by the department providing the care, this depends on reliable processes and routines being developed and maintained within each department. When these processes fall off over time, for example where we have high turnover in a busy service, we lose the ability to understand the impact that changing demand or practice has on the amount of work carried out as a part of outpatient events. Alongside this it often means that we miss out on a flow of income associated with patients who live in other districts.

During our planning round for 2018/19 some gaps in coding have been identified. A conservative estimate is that in one service alone, during 2017/18, we missed counting approximately 1,000 procedures. 31 of these provided to patients from other districts, the missed inter-district flow income for these 31 procedures is worth around \$12k.

New processes are being developed in this service that involve clinicians noting key information onto a clinic list template, ensuring that the booking team has access to key information including key procedures carried out, updated diagnosis, outcome, required review period and priority of review. The booking team will then ensure this information is updated in our information system so that key information required to direct future care and understand the work done by the service is easily available from the data.

Christchurch Campus Finance and Decision Support are working to assist other departments to monitor the volume of procedures coded in the system to both to ensure that we have good information to support planning and that relevant inter district flow is quantified. This support includes provision of reports clearly showing the volume of each Purchase Unit Code entered by each specialty and ongoing discussions between finance team members and service managers.

- Customised intravitreal injection packs created for the eye service:** Age related macular degeneration is a chronic condition that causes loss of sight in older people. It can be managed through regular injection of drugs into the eye. This service is largely provided during dedicated clinics. In order to ensure smooth process the range of consumable items

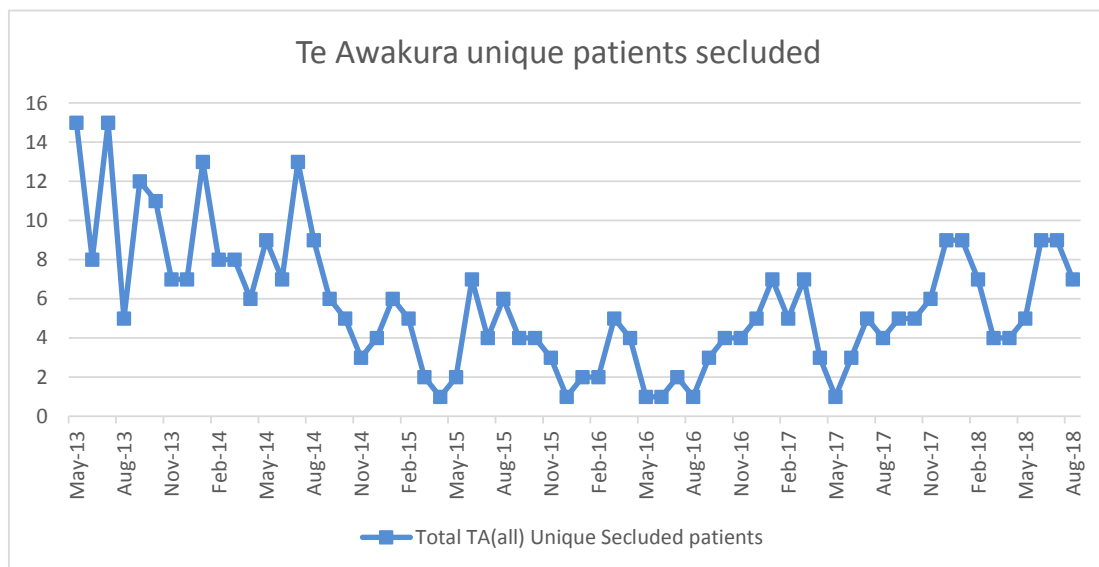
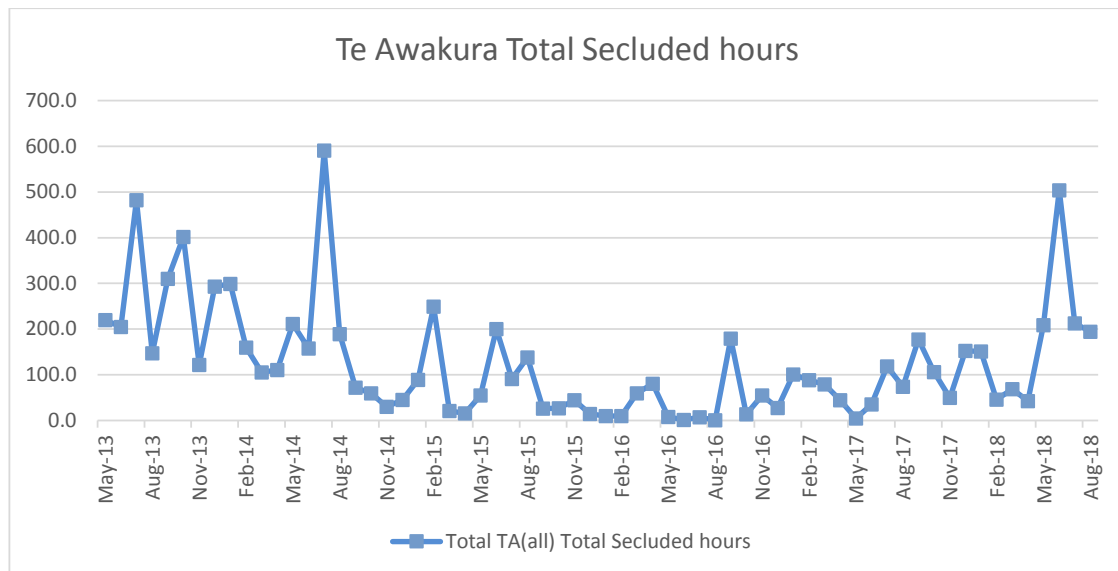


required to provide this care are provided in pre-sterilised packs. Until recently these packs contained a number of items that were not used in our clinics and did not contain other items, such as the draping material used during treatment. One of the General Practitioner Injectors working with Canterbury DHB's Eye Service identified an opportunity to improve this and the service has worked with a provider who now provides us with customised packs, designed specifically for these clinics. These contain the drape and other consumable equipment required. These packs have been trialled in the service and found acceptable by the clinicians providing the service. This avoids wasting a significant amount of sterile consumable material that was not used, and has provided us with significant savings. Around 2,650 packs will be purchased in the coming year, saving nearly \$73k a year compared with previous practice, this represents a 43% saving.

### Specialist Mental Health Services (SMHS)

- **Demand for Specialist Mental Health Services:** We continue to closely monitor use of Mental Health Services. Our staff are working exceptionally hard to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff.
- Occupancy of the **adult acute inpatient service** was 88% in August 2018. High occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of a community service that will provide an 8 bed alternative to an acute inpatient admission.
- **Demand for Adult Services** continues to be high. There were 235 new crisis case starts in August 2018. New crisis case starts require an assessment and response within a day of referral. The adult general service continues to exceed national targets with respect to wait times for adult Specialist Mental Health Services. The wait time targets are 80% of people seen within 21 days and 95% within 56 days. In August 2018, 93.65% of people referred to the Adult Community Service were seen within 21 days and 99.0% were seen within 56 days. The percentages for August 2018 were 83.14% and 94.18% respectively when other adult services, i.e. Specialty, Rehabilitation and Forensic, were included.
- Our focus on **least restrictive practice** continues. Staff are working extremely hard to continue providing care for people in a least restrictive manner. There has been a slight rise in our seclusion rates when compared to the previous three months. For Te Awakura there were 11 seclusion events for August 2018 for a total of 194.2 hours. Seclusion was experienced by seven people. The monthly average for the previous 12 months is currently 159.3 hours.



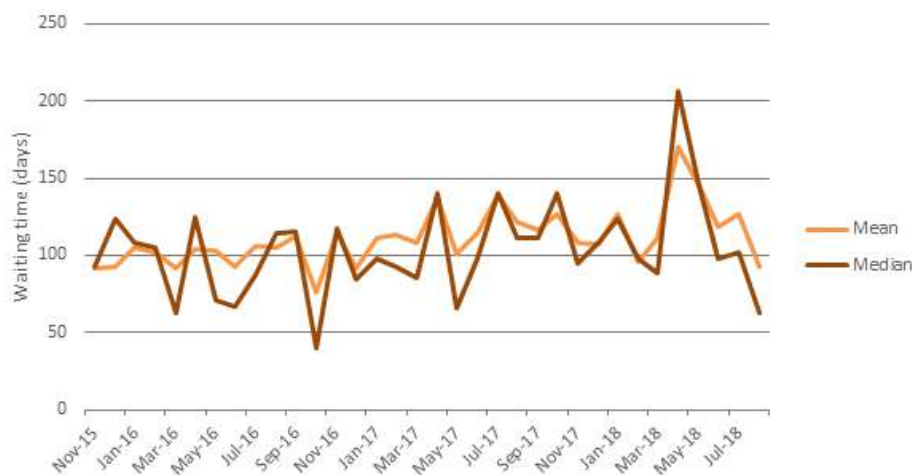


- Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for August 2018 show that 59.5% of children and adolescents were seen within 21 days and 82.6% within 56 days. Child, Adolescent and Family Services had 301 new case starts in August 2018. There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 70 per week). We are working on improving health pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).

### Average Time (days) from Referral to Case Start for Child, Adolescent & Family Mental Health Service



### Waiting time from Choice to Partnership Appointments

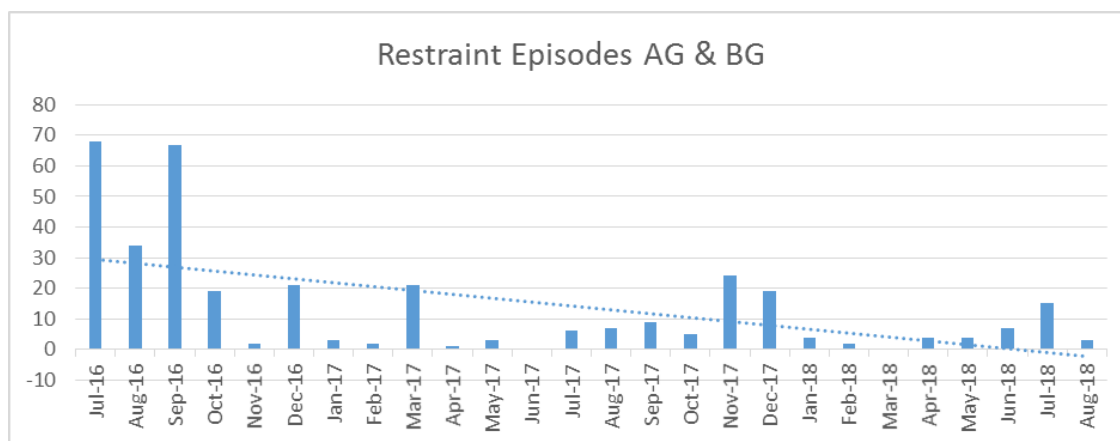


- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. This, combined with the provision of alternate treatment pathways for consumers has resulted in a marked increase in reported waiting time (as shown in the graph above) for partnership appointments.
- **Schools based Mental Health Team** continues to be approached by new schools across Canterbury requesting engagement. The team responds to each request and provides an individualised approach for each schools. The term three start has been very busy across Canterbury. The most recent school counsellor forum held in September focussed on working more collaboratively with school counsellors and improving communication. The team attends regular pastoral care meetings in many schools, and participates in Rock On meetings at which attendance issues are discussed. Networking and fostering strong relationships across schools and with the Ministry of Education remains a major function. We have engaged with the Mana Ake staff, and will continue to build on this as the roll out progresses.

**Sparklers**, the new toolkit developed in association with the All Right? Campaign, is about to be rolled out to intermediate schools.

## Older Persons Health & Rehabilitation (OPH&R)

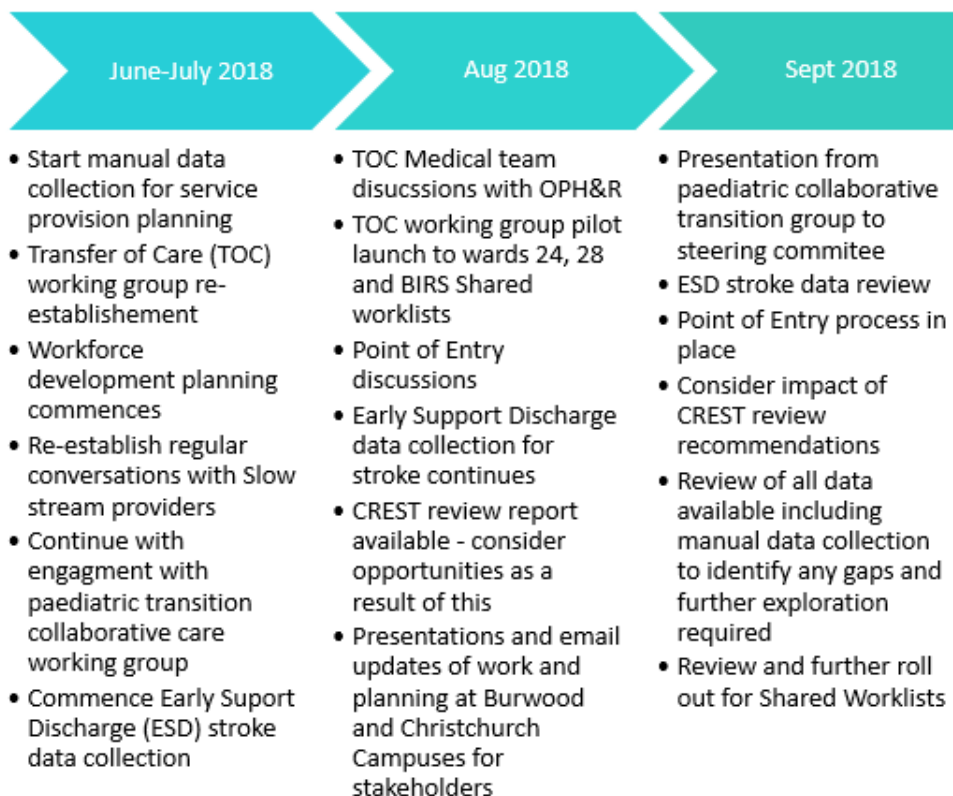
- Older Persons Mental Health:** Older Persons Mental Health Service has appointed a Nurse Consultant. The Nurse Consultant role will provide advanced professional nursing leadership and facilitate the ongoing development of mental health nursing practice. While the service has been well supported in terms of older person's rehabilitative nursing expertise a specific focus on the core of the work will be a huge boost to nursing and to the wider service, enhancing the interdisciplinary team approach that is vital for successful patient care. The Nurse Consultant will work collaboratively with SMHS colleagues to ensure OPMH maintains best practice and importantly continues to be seen as a great place to work. The Service continues to experience good results with restraint. All forms of mechanical restraint have been removed from wards. Ward AG had 12 episodes of locking the main door to control the movement of a patient at risk during July.



- Adult Rehab Update:** The Steering Group have met to review progress with activities and ensuring that we have an understanding and connection to all the connected pieces of work, including CREST review, ACC/Non Acute Rehab Project, Spinal Cord Impairment Action Plan, Traumatic Brain Injury ACC contracts, Restorative Care framework development, Community re-design, Technology, Equipment projects including short term loan and Bariatric, Disability Support Services meetings. The comprehensive nature of aligning and supporting transformation for an enhanced journey across the system. Work streams have commenced in relation to:
  - Transition from child health to adult services – OPH&R continues to contribute to this work stream to support the transition process from paediatric care to adult services.
  - Point of Entry – we are currently in week 2 of a pilot using Health Connect South creating a virtual ward and team for assessment of patients to determine the right location of transfer. The team made up of consultants across the varying services is able to virtually update notes and assessments to make timely and appropriate decision making for rehab, especially complex ones, have a cross service assessment for appropriate care.
  - Transfer of Care – enhancing the transfer of care for patients between Christchurch and Burwood Hospitals. Trialling the use of Floview to improve the communication and information transfer. Also looking at the option of trialling Collaborative worklists.
  - Workforce – keeping visible the workforce issues across the adult rehab services, whilst we work through the future needs related to the project.
  - Funding pathways for community placements – continuing progress on developing relationships across the stakeholder to understand, identify and address barriers to discharge.

- Stroke patients – exploring options and opportunities in relation to early Supported Discharge opportunities to support patient flow and rehabilitation.

Our current activity:



- Enhanced Recovery After Surgery (ERAS):** Overall trend for both Elective Hips and Knees seeing improvement in the percentage of patients discharged within the target. While achieving a good consistency, we continue to audit outcomes as a balancing metric. Readmissions range has narrowed demonstrating further consistency in our approach. We have made changes to theatre access for Orthopaedics which will make changes to fractured neck of femur (#NOF) surgery. An additional ten sessions have been made over the four week schedule. The changes will support flow to theatre with additional capacity. The flow on effect will be a reduction in elective sessions converted at Burwood Hospital to accommodate increased acute activity. During the 2017/2018 year over 350 acute cases were undertaken at Burwood.

### Ashburton Health Services

- Acute and Inpatient Care Delivered in Ashburton Hospital**

**Table 1. Acute Assessment Unit (AAU) volume comparison**

Triage level	Total volume presented		Daily Average		Admit Rate	
	August 17	August 18	August 17	August 18	August 17	August 18
Triage 1	4	4	0.1	0.1	75%	100%
Triage 2	54	55	1.8	1.8	59%	56%
Triage 3	269	342	9.6	11.4	54%	39%
Triage 4	211	247	7.0	8.2	25%	14%
Triage 5	107	90	3.6	3.0	1%	2%
<b>Total</b>	<b>665</b>	<b>738</b>	<b>22.2</b>	<b>24.6</b>	<b>37%</b>	<b>28%</b>

We continue to monitor the growth in presentation volumes through the Acute Assessment Unit and its ongoing impact into ward admissions. The above table compares the volume

cohorts by triage presenting in August 2017 and August 2018. As previously reported, the total volumes per month have increased from 2017, however the increase continues to be in Triage 3 and Triage 4 patients, not Triage 5. Not only are we experiencing this increase in total volume, but you will also note our admission rate has reduced. The admission measurement includes any admissions to our Short Stay Unit, where we are regularly admitting patients whilst waiting on diagnostics before the clinical decision to admit into Ward 1 or discharge can be progressed. The most common recorded reason for admission is medical other for both Christchurch and Ashburton. The impending implementation of Emergency Department At A Glance (EDAAG) in both Christchurch and Ashburton will mean we move to a more robust coding of data. The team are looking forward to this more comprehensive detail of information that can be utilised in service improvement and health pathway development both within the hospital and with our primary care partners, in particular the work we are progressing with primary care increasing their local response to acute demand.

In line with this, the Rural Hospital Medical Specialists (RHMS) have also raised the discussion that this information gathered does not give a comprehensive report on the level of complex clinical care that is provided in the unit. Dr Steven Withington and Dr John Lyons are working with their Christchurch colleagues to connect with accepted health system methodologies that will better represent the work that is delivered within the unit, the plan is to incorporate this in the presentation to the Hospital Advisory Committee (HAC) in October.

Also of note is that whilst this provides the average flow in August, it does not represent the spikes that are experienced. On Saturday 1 September, 47 people attended the unit within a 24 hour period, generally our average per weekend day is 26. Whilst the number may seem small, the unit has a total of 8 beds and has limited medical and nursing staff to call upon for back up on the weekend. We continue to explore options with our primary care partners to manage seasonal peaks such as this. The majority of presentations on the day, 40%, were triage 4. A significant contributor is flu like illness increasing in the district.

- **Supporting the Maternity Strategy:** our primary birthing unit is introducing local antenatal breastfeeding classes facilitated by Charge Midwife Manager, Julie Dockrill. One of the many initiatives aimed at increasing the utilisation of our facility, these will be informative but casual classes designed to engage the local birthing community and their supports, fostering a familiarity with the Maternity unit.

## Laboratory Services

- **Coronial and Forensic Pathology Services:** In 2017 Canterbury DHB entered a tender process for delivery of coronial and forensic pathology services to the Ministry of Justice. Canterbury Health Laboratories is one of four suppliers nationally who have been awarded contracts to deliver these services on behalf of the Ministry of Justice from September 2018. This contract represents a new long term commitment between the Ministry of Justice and providers to establish sustainable coronial and forensic pathology and mortuary services across the South Island and nationally. This new service will continue to be supported by the local Mortuary team who assist our pathologists and support the Tūpāpaku (deceased) referred from within the hospital and community. In addition this new service will complement the National Perinatal Pathology services of which CHL is a lead provider in the South Island.

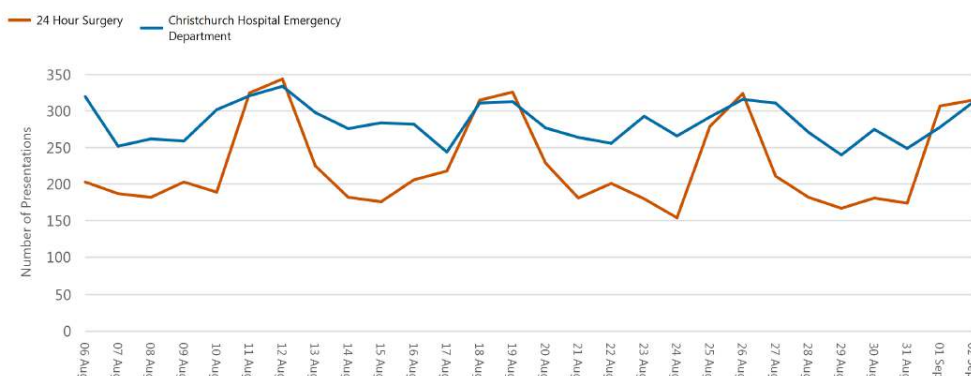
## INTEGRATING THE CANTERBURY HEALTH SYSTEM

### Acute Demand Management

- After a lighter period of variable volumes in ED the impact of winter has hit the system with influenza not being a significant contributor to increased volumes. The number of people attending ED has spiked with an average of over 300 attendances at Christchurch and Ashburton Hospitals each week. The increase in volume has resulted in extremely high bed occupancy from 27 July.
- ED attendances have been consistently high and the 24 HS has maintained a strong weekly pattern with volumes on the weekend (when normal general practice is closed) matching or exceeding ED. We are seeing a change in complexity with almost all of the volume growth at ED being in Triage 2 and 3 and a notable trend of increasing admission rates and increasing referrals from primary care that generally require admission.

### Daily Utilisation of Emergency & 24 hour care Services

Last 28 days



	Aug														Sep		Total
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	
Arrival Day	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	
24 Hour Surgery	203	187	182	203	189	325	344	225	182	176	206	218	315	326	229	181	6366
Christchurch Hospital Emergency Department	320	252	262	259	302	321	334	298	276	284	282	244	311	313	277	264	7958
Total	523	439	444	462	491	646	678	523	458	460	488	462	626	639	506	445	14324

- Community service providers and general practice have been asked for assistance to manage people safely in the community where appropriate. The extreme levels have resolved, however occupancy remains high and will continue to be an issue until we move in to the new facilities, which will temporarily provide some relief.
- The Acute Demand Management Services continue to be well utilised with more than 32,000 referrals in 2017/18.

## SUPPORTING OUR VULNERABLE POPULATIONS

### Christchurch Campus

- Countdown Kids Hospital Appeal:** The Countdown Kids Hospital Appeal officially began today, and will run until the end of October. The nationwide appeal is in its 12th year of raising money for medical equipment for children across the country. Of the \$11.6 million raised since 2007, \$1.2 million has been donated to Canterbury DHB's Child Health Division

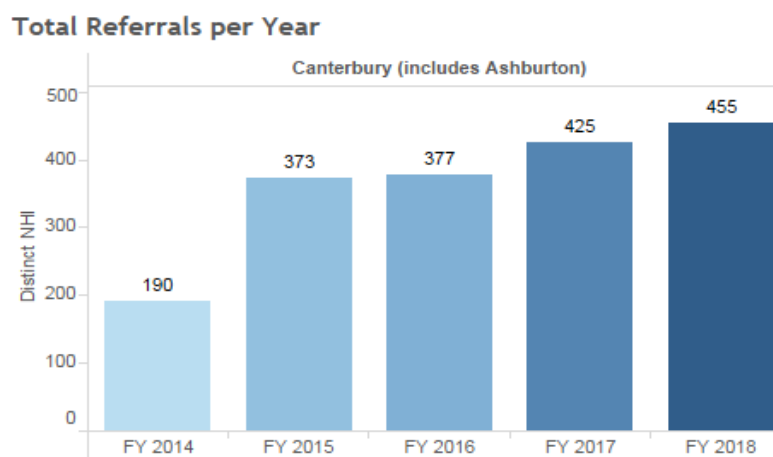


- funds which make a practical difference to the wellbeing of children in its care. Countdown Group Manager Penny Hardaker says many of Countdown's staff have first-hand experience of hospital visits with their children, and there is great enthusiasm and determination to raise funds for such a worthy cause. This year's appeal will raise funds for medical and play equipment for use throughout the Canterbury Health System. Clinical Director of Paediatrics at Christchurch Hospital, Clare Doocey, says the generosity of Countdown staff never fails to amaze, and Canterbury DHB greatly appreciates the time and energy they devote to the cause. Canterbury DHB's Child Health Service is also running a number of fundraising events. Keep an eye out for events happening at Christchurch Hospital or at a Countdown near you. The appeal runs until 31 October. To make a donation, you can:

- Visit your local Countdown supermarket and donate at the checkout;
- Visit [www.countdown.co.nz](http://www.countdown.co.nz) to make a donation online;
- Text KIDS to 3066 to make a \$3 donation (charges apply).

### Older Persons' Health

- **NZ Healthy Ageing Strategy:** Staff from the Canterbury DHB will attend the Health of Older People South Island Alliance (HOPSLA) meeting in early September in order to progress the NZ Healthy Ageing Strategy and the NZ Dementia Framework. This meeting will provide an opportunity to share learnings from our respective regions and identify local actions that could work at a South Island level.
- **Dementia:** It is predicted that our ageing population will lead to an increase in the number of Cantabrians living with dementia. As shown in the graph below, referrals to Dementia Canterbury have increased each year since 2013/14 with over 450 new referrals last year. Dementia Canterbury currently provides support and services to around 550-600 people each quarter. The DHB is investigating solutions that will support people with dementia to continue living in the community for as long as possible.



Dementia Canterbury and other NGO providers have developed services to support people with dementia at various stages of the disease process so that:

- health and quality of life are promoted and maintained;
- carers and families of people with dementia are able to continue in their support roles and assist to manage those with dementia at home; and
- knowledge about the disease is increased for people with dementia their families/whānau, carers, and the wider public.

We will continue to work with these providers to ensure that our response to increased demand will be fit for purpose.

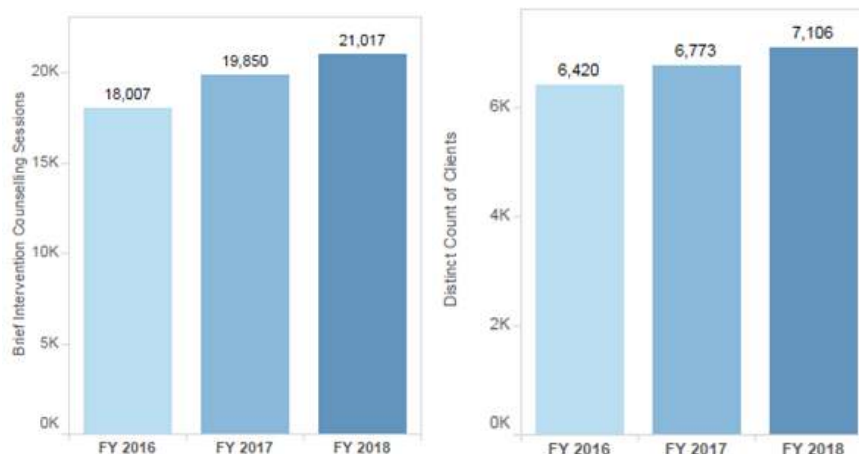


## Child, Youth & Family Health

- The Child and Youth Workstream has started working on an initiative focusing on the 'first 1000 days' of a child's life. This focusses on the period from conception to two years of age which is known to be crucial period for child psychological development that is heavily influenced the social, emotional and economic environment into which an infant is born. The determining factors for a good start to life includes a healthy mother having a healthy pregnancy and a healthy infancy for the child. Creating positive early childhood conditions which include loving, responsive and secure relationships with parents/caregivers and whānau, provides the basis for positive childhood development and for all future health and wellbeing. Conversely, early childhood exposure to violence, infant maltreatment or neglect can have a profound and lifelong impact on a child for the rest of their life. It is anticipated that the Canterbury focus on this topic is will be consistent with the Government's focus on Child Health and Wellbeing.

## Mental Health

- Primary Mental Health Services:** Service demand continues to be high, particularly in urban practices. Brief intervention counselling (BIC) sessions continue to rise in Canterbury with a 14% increase in sessions provided by PHOs in the past two years. PHOs are grappling with how to increase capacity while still providing a high quality service, in 2017/18 more than 7,000 individuals received brief intervention counselling. Evidence informed strategies such as centralised triage, and shorter session times are having a positive impact. Extended GP consults are being well utilised, particularly for targeted groups, including youth and people with long term mental health conditions who need physical health care.



- Community/NGO Services:** Support services are operating at full capacity across the community with strong collaboration between NGO providers and Specialist Mental Health Services (SMHS). The Community Acute Residential Service is under development by Pathways Trust. Efforts to secure a suitable facility and recruit to key positions are currently underway. Development of operational procedures will follow with service delivery commencing early 2019.

Youth services are looking to find ways of reconfiguring services to better meet need across the community. The range of services available includes respite (mobile and residential), in-home support services, and residential services.

- Mana Ake – Stronger for Tomorrow (School Based Mental Health Services):** In early August the Sponsors Group met with the Minister of Education [Hon Chris Hipkins] to provide an update on the progress of the Mana Ake – Stronger for Tomorrow initiative. The Minister also met with Mana Ake Kaimahi, Principals, and Special Education Needs

Coordinator's from the Hornby cluster and has taken an interest in the collaborative co-design approach.

We have advertised for a Practice Lead to support the project team in ongoing service enhancement as well as team leader positions who will support the Kaimahi. Recruitment has closed for the Practice Lead position and the appointment process is underway. The team leader advertising closes at the end of August.

- **Leading Lights:** The "Leading Lights" website went live on Wednesday 1 August. The site has been made available to all Mana Ake Kaimahi, the 39 schools that are in Phases 1 and 2 of Mana Ake. Schools that are entering the initiative in Phase 3 will have access to "Leading Lights" from October. The website will be made available to all schools in December this year. The publically available HealthInfo site is being updated to reflect the advice on Leading Lights.

### Primary Care

- **Pharmacy Agreement:** All DHBs have offered new service agreements to pharmacies to begin from 1 October 2018, when existing agreements end. These increase some funding rates by around 2% and introduce a new fee to recognise the professional healthcare outside of dispensing which pharmacy teams provide every day for people in our communities. Reactions from pharmacy sector representatives locally and nationally have so far been very positive.

### Maori and Pacific Health

- **Kia Ora Hauora (KOH)** is a national Māori health workforce development programme that was established in 2009 to increase the overall number of Māori working in the health and disability sector. It supports growth in the Māori health workforce that is more reflective of the communities the workforce serves and supports.

KOH engages with Māori students, current health workers, and community members seeking a career in health to promote health careers, both clinical and non-clinical. KOH is an information hub that provides knowledge, tools and resources to get started on a health career pathway.

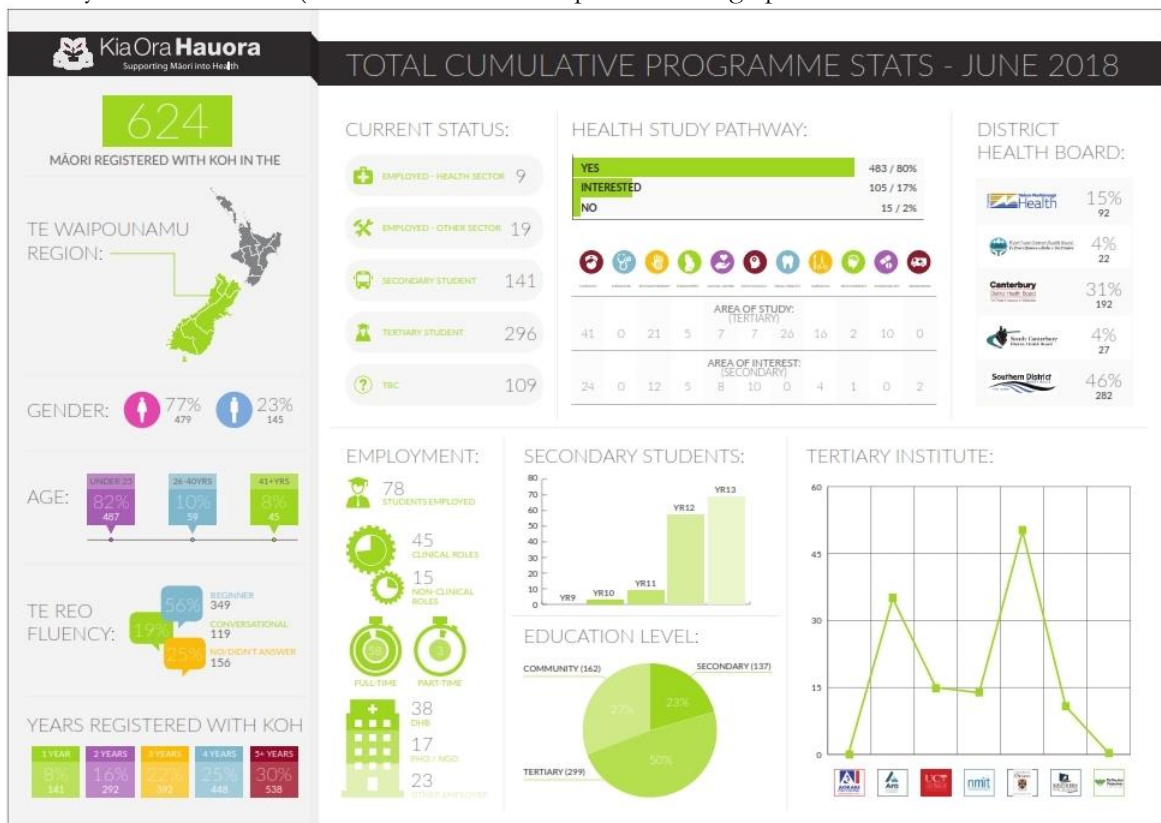
The programme is sponsored by Tumu Whakarae, the DHBs' National Māori General Managers' group. KOH is led by four regional District Health Board (DHB) hubs who actively deliver the programme within their regions. Canterbury DHB is the lead DHB in Te Waipounamu and contracts a Māori provider, Mokowhiti, to deliver in Te Waipounamu.

The KOH Vision: Whakamau, Whakau, Whakaora i te Ao Māori! - Recruit, Retain and Revitalise the Māori health workforce!

KOH has created an established place for Māori within the health workforce sector through collaborative relationships, formal partnerships, employer engagement and national communications. KOH has the highest number of Māori registrations across any 'Careers Programme' in New Zealand. KOH has a priority focus to increase Māori employment in health to reflect their local populations by 2025. This means 6,500 new Māori health workers in the next seven years across the health sector.

Nationally, Māori health workforce development is a key strategy for supporting Māori participation in the health sector. Building capacity through robust targeted approaches in line with the national and local workforce needs. KOH is investing in the growth of Māori workforce in the health sector.

The latest quarterly update for our Te Waipounamu region is attached as Appendix 1. The report is very extensive and details the significant activity in the programme. A summary of key measurable data (also contained in the report) is in the graphic below.



- Heybro 0800**

Heybro 0800 phone line, reported to the Board earlier this year, has been a successful pilot to date. The line launched 5 June 2018, supported by online social media marketing – this was beneficial to socializing the number and the responses received were very encouraging. Multiple calls have been received nationwide from organisations wanting to share and use the number within their region. Media supported the launch with radio interviews and written articles.

The calls being received are gaining momentum and the quality and wrap around supports for the men calling have been beneficial. Calls received are a variety of calls from low to high risk, but all have resulted in no arrests but rather, de-escalation and wrap around support. One call was escalated to police intervention.

He Waka Tapu, the provider of the service, are in the beginning stages of talks with “It’s not OK” campaign, who are keen to support this line. This also coincides with an MOU with Canterbury Rugby League where the 0800 HEYBRO number has been printed on all referees uniforms and unsponsored player jerseys.

Police are networking the number nationwide, it will be supplied to inmates upon release back into the community from prisons throughout the country. There are four men working in rotation on the support line 24 hours 7 days a week.

He Waka Tapu have received very positive feedback including from the Police, Family Works South Canterbury and tāngata whaiora who have had the opportunity to seek intervention when it matters.

He Waka Tapu are receiving referrals into the service within 48 hours of initial contact from within the precinct, which supports the mahi and referrals received through Integrated Safety Response Team.

- **Suicide Prevention Symposium**

This was held on 24 August 2018. The focus this year was on the community and ensuring information was applicable, relatable and easy to understand. 740 registrations were received with others attending throughout the day.

The event lead up started 12 weeks out from the symposium with multiple video releases launched on social media, building momentum is important and engagement starts from the beginning so a strong focus was put on the social media presence and the messages we were sending with them. The videos approached suicide prevention through lived experiences, the people involved shared what strengthened them and also what helped them through the tough times towards wellbeing. The selection of lived experiences, symposium promotions and the mindfulness techniques being shared through mau rākau, tai chi and yoga was a mix of helpful and informative short videos. The response rate and engagement received from these videos was very positive. The number of people reached in total were 254,112 and the videos were shared 1,116 times.

- **Governance Training**

Manawhenua Ki Waitaha in partnership with Canterbury DHB are coordinating the provision of Governance Training this September, aimed at Māori but specifically targeting Māori active in the Canterbury health sector. This is an exciting partnership activity intended to help one of the areas identified as a vulnerability in small NGOs.

## Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update:**

**Manly As 2.0** – The second phase of the 'Manly As' campaign was launched on 2 August. The first 'Manly As' campaign celebrated the caring side of men while this follow up campaign takes the message a step further. Using a strength-based approach the campaign seeks to validate a broader range of positive things men may be into, and showcases other sides to masculinity. The goal of the campaign is to socialise a broader view of manliness and extend concepts of what constitutes 'Manly As' by shining a spotlight on some the stereotypes men feel pressure to live up to, or conform to, e.g. in relation to sport (in particular rugby), vocation (having a manly day job), appearance (the pressure to be the same), relationships (being heterosexual) and pub culture ('real men drink beer').



The objectives of the campaign are to:

- help Canterbury blokes be honest and confident in their own skin, to be themselves in whatever form that is;

- encourage society to broaden their view of what it means to be a 'bloke' challenging the Kiwi stereotypes of manliness; and
- to socialise a broader view of manliness and spark a conversation around what "Manly As" is.

**Sparklers Website launch** – Sparklers now has its own website allowing for more interactivity and also the potential for further development. The website was launched at Breen's Intermediate on 10 August by Duncan Webb (standing in for Minister Megan Woods). The website now includes over 50 activities for students in Years 1-8.

The activities teach children things they can do to stay calm, manage worries, be kind and feel good. There are pages on the website for parents and whanau, with a link to the *All Right?* parenting page. In addition, a newly developed wellbeing section has been developed specifically for teachers. The recently completed evaluation of Sparklers indicates that the resource is used by a great number of teachers around Canterbury (and some nationally too), who appreciate its simplicity and ease of use. Key informants described valuing the strengths-based approach of Sparklers, noted how Sparklers supported whole of school wellbeing promotion, and respondents also appreciated the fact that teachers do not need to be experts in mental health in order to create classrooms supportive of wellbeing skills development for all children.

**Website for dissemination of *All Right? 'Recipe'*** – *All Right?* has received some additional resource from the Ministry of Health to create a platform for sharing the learning from the campaign with those involved in planning for disaster recovery. A stand-alone website will be created which will enable the sharing of tools and resources that the *All Right?* campaign has used in supporting the psychosocial recovery of Cantabrians over the past five years.

**The Future** – Campaign staff have had several meetings with Ministry of Health officials to discuss the future of the *All Right?* campaign. Funding officially ends in June 2019 so the discussions have been focused on the potential for further support from Government, given the now widely accepted view that psychosocial recovery can take from 5-10 years. Meetings have also focused on the current government's wellbeing agenda with some discussion about the contribution that the *All Right?* campaign might make to a national conversation on this topic. A meeting with Minister David Clark gave the campaign team an opportunity to share what had been learned from facilitating a wellbeing campaign over the last five years. A similar opportunity arose when the campaign team met with members of the Mental Health Inquiry panel.

- **Collaborating with University of Canterbury's College of Education**

Each year Health Promoting Schools' staff are regularly requested to speak to undergraduate and post-graduate health and education students studying to become teachers. Health Promoting Schools' staff delivered two lectures to over 50 students in July and August this year, sharing examples of how schools and kura are identifying, planning and taking actions to improve the health and wellbeing of their school communities.

This year a more proactive approach was taken to collaborate with University of Canterbury College of Education Lecturers Tracey Clelland and Rachael Ismail, to better align and update the Health Promoting Schools' theory and practice being taught. Student teachers now have assignments, as part of their school placements, which involve them in inquiring about a school's health and wellbeing priorities, strategies, plans and actions. The aim is for these students to have a role as agents of change in promoting health and wellbeing within the school settings in which they are placed. At the same time, it is anticipated that this assignment will enhance student learning regarding the importance of health and wellbeing for educational achievement.



- **World Health Organisation Joint External Evaluation of International Health Regulations - Visit to Community and Public Health 27 November, 2018**

Planning is underway for New Zealand's 2018 Joint External Evaluation (JEE) pertaining to International Health Regulations monitoring and evaluation. The aim is to assess our capacity to prevent, detect and rapidly respond to public health threats that are naturally occurring, deliberate, or accidental.

The JEE is a component of the international monitoring and evaluation framework for assessing countries' core capacities under the International Health Regulations (IHR, 2005), a binding international legal instrument designed to, 'prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade'.

The JEE process is undertaken with World Health Organization (WHO) support. WHO helps countries identify strengths, and the most critical gaps within their systems, in order to prioritise opportunities for enhanced readiness and responsiveness. The JEE is not intended to be an audit or an inspection, rather the external evaluation team will work collaboratively with New Zealand officials to jointly agree indicator scores and recommendations that can be utilised to enhance our readiness. As at June 2018, 76 JEEs have been conducted worldwide, with New Zealand having already participated in four evaluations (as at end August 2018).

There are two parts to the JEE process, which involve significant engagement from multiple New Zealand government agencies, crown entities and institutions:

1. Self-assessment – an evaluation against the 19 technical areas in the 'JEE Tool' which will be submitted to WHO as a written report along with supporting evidence for our capacity in October 2018.
2. External evaluation – between 25 and 30 November 2018 a team of 10 to 11 subject matter experts from other countries and key international organisations, such as the Food and Agriculture Organization (FAO) and WHO, will assess New Zealand's capacity and capability against the 19 technical areas. The week will include peer to peer interactive discussions, along with key site visits that demonstrate New Zealand's capacity.

Community and Public Health has been approached by the Ministry of Health to host a site visit by the external evaluation team on 27 November 2018.

The site visit will demonstrate and build on proven aspects of Canterbury and New Zealand's capacity in the following technical areas:

- IHR coordination, communication and advocacy
- Biosafety and biosecurity
- Surveillance
- Linking public health and security authorities
- Points of entry
- Emergency preparedness
- Emergency response operations
- Risk communication

## SUPPORTING OUR TRANSFORMATION

### Effective Information Systems

- **Acute Services Building**
  - Wireless Design close to resolution in current form (Canterbury DHB Wireless Simulation Report V0.5), although there is likely to be further adjustments as a result of post installation testing.
  - No further updates this month as focus is on Outpatients.
- **Christchurch Outpatients**
  - Wireless testing in progress. Looking good so far, but some further adjustment is likely.
  - Audio Visual (AV) for meeting room requirements revised and has come in at a lower cost than the original specification.
  - Outpatients Scheduling remains a risk given time remaining before building goes live.
  - Additional PCs have been ordered and are due for arrival this week, putting us ahead of schedule
- **Cardiac Test Repository**
  - Network design, device audit and test plan development in progress, but slow.
  - Discussions with Epiphany, Fuji and the regional DHBs ongoing regarding next steps
- **End of Bed Chart (Clinical Cockpit):**
  - Project to collate information from a number of systems on a hand-held device, including Medchart, Patienttrack and Éclair results
  - Preferred vendor selected.
  - Business case now with Finance for review.
- **Health Connect South**
  - Sub -releases (not requiring outages) scheduled to continue to add functionality.
  - The South Island Strategic Partnership Agreement (SISPA) between Orion Health and the Regional DHBs, including Canterbury DHB, has been signed.
  - Regional Service Desk workshop held to explore how the regions DHBs can all work together
- **South Island Patient Information Care System (SIPICS)**
  - Preparations continue for the rollout of the software into the main Christchurch and Ashburton Hospitals.
  - Work ongoing at the Christchurch Campus and Ashburton with detailed planning and preparation for Phase Two of the programme at Canterbury DHB.
    - The Programme is in the final stages of developing the detailed cutover schedule which outlines all facets of the rollout for Canterbury DHB.
    - The current target date for implementation is 5 October.
  - A weekly Quality Review document for the Programme Board and other key stakeholders is being produced and is being used to monitor progress towards the target go-live date.
  - Staff training for the Christchurch Campus and Ashburton commenced in April and is ongoing up to and beyond go-live. There are several core modules offered, and these are based around staff roles and responsibilities.
  - Work to install several hundred label and wristband printers is nearing completion, along with work on printer connectivity, interface testing and integration to other applications
  - Mission critical is a successful migration of data from current systems to SIPICS.



- Decision Support is developing the critical operational reports which will be delivered from the Shared DataWarehouse

### **Integrated Family Health Services and Community Health Hubs**

Closer integration of health services is being pursued in several rural areas.

- **Hurunui** – the Hurunui Health Services Development Group is now overseeing work on implementing the recommendations to improve access to local health services, as endorsed by the Board at its meeting in July. A six month trial of new arrangements between local practices for delivering urgent care after-hours is underway. Advice is also being sought on options to improve the future sustainability of the four community trust-owned practices.
- **Oxford** – The Oxford and Surrounding Area Health Services Development Group is continuing to develop recommendations for improved local access to health services. Key areas of focus are: transport for access to health services in Christchurch; telehealth for local access to specialist clinics; urgent care after-hours; and restorative care in the community for people following hospital discharge. The Group now seeks feedback from the community on their draft recommendations.

## **STAFFING, TRAINING, EMPLOYEE ENGAGEMENT AND PERFORMANCE MANAGEMENT**

### **Christchurch Campus**

- **Professional Development for Personal Assistants - Engaging with their counterparts at Christchurch City Council:** Personal Assistants on the Christchurch Campus are invited to participate in a forum every two months, providing an opportunity for them to engage and learn together. Recently, building on relationships built at a recent event, counterparts at Christchurch City Council accepted an invitation to attend a forum to enable Personal Assistants from the two organisations to learn from one another. There was much energy in the room and people took away information and strategies that were relevant for everyone. A similar forum will be hosted by the council in the near future. It is expected that continued engagement will further strengthen relationships with our Council colleagues.
- **Staff Doing Their Bit for Dry July:** Dry July is an annual fundraiser that challenges people to give up alcohol for a month and raise money for those affected by cancer. Staff at the Canterbury Regional Cancer and Haematology Centre participated in this year's Dry July by abstaining from alcohol and asking friends and family to sponsor them. Clinical Manager Philippa Daly says both local and regional patients have benefited from the money raised over the past three years with more than \$350,000 allocated to various projects. The latest project involves offering every patient who enters the Oncology Service at Christchurch Hospital a water bottle, supported by Pure Waters of New Zealand and funded through Dry July. The bottle has a measuring guide along the side to help patients who need to drink a certain amount of water before they have radiation treatment. Previous fundraising has helped purchase recliner chairs, exercise equipment, music systems, treatment chairs, family rooms, massage vouchers, electric beds, iPads, magazine subscriptions, humidifiers, AirPal mattresses, murals and many other items to improve the patient experience.

Staff in the Emergency Department approached Dry July from a different perspective. Instead of participating in Dry July, they took the opportunity to raise awareness about the risks of alcohol consumption by educating their patients and their families, whānau and visitors. “We provided information, much of it from HealthInfo, and then advertised the ways in which we can help”, says Nurse Coordinator Clinical Projects, Polly Grainger. The leaflets have obviously been well read as staff have had to top up the supply each morning. Barb Halligan of the Psychiatric Consult Liaison Team says they are very pleased with the number of patients who have discussed their alcohol use with the doctors.

- **Respiratory Physiology Laboratory Success and Awards**

The Respiratory Physiology Laboratory at Christchurch Hospital is celebrating a number of successes. Scientific Director of the Laboratory Maureen Swanney has been made a fellow of the Thoracic Society of Australia and New Zealand (TSANZ). She is the first New Zealand scientist to receive the honour and one of the first two New Zealand recipients. The presentation was made at this year's TSANZ conference held in Adelaide recently.

For the second year in a row a staff member of the laboratory has won the 'New Investigator' award at the Australian and New Zealand Society of Respiratory Science (ANZSRS) conference. In 2017, Canterbury DHB Respiratory Physiologist Rachel Kingsford won it with her presentation of her Master's research: 'Acute altitude exposure in patients with treated versus untreated severe obstructive sleep apnoea'. This year Canterbury DHB Clinical Physiologist Laura Ploen collected the same award for the presentation of her Master's work: 'Winds of change: Bronchodilator responsiveness from more than one direction'. This is a prestigious award within the society and reflects well on the calibre of the laboratory within Australasia. Both Laura and Rachel were awarded their Master's degrees with Distinction.

A further success for the Laboratory is that two of its scientists, Canterbury DHB Clinical Respiratory Physiologists Sarah Jones and Carmen Brussee-Roelofs have recently passed the Certified Respiratory Function Scientist (CRFS) examination, which has an 80% pass mark. This means that all scientific staff in the laboratory are now certified for performing complex respiratory function testing.

Attracting capable scientific staff and providing an environment within which they can succeed is one key element that enables the DHB to provide a high quality service to its patients in this complex area.

- **Bowel Cancer Surgeon Recognised for Global Leadership:** Bowel cancer researcher and surgeon Frank Frizelle has been awarded an honorary fellowship from the Royal College of Surgeons in Ireland. The award is the highest honour bestowed by one of the world's largest surgical colleges. It recognises the recipient's global leadership in surgery.

"I see it as recognition of the whole team's work over a long period of time, both University of Otago researchers and my Canterbury DHB clinical colleagues. We are all trying new approaches and to challenge conventional wisdom to ultimately improve outcomes for patients." Bowel cancer is one of the leading causes of cancer death in New Zealand but has gone under the radar for a long time because people are often embarrassed to talk about it, he says. This is slowly changing, and survival rates are improving thanks to growing awareness of the disease as well as medical and research improvements.

The global recognition comes on the heels of some crucial research breakthroughs for Frank and his University of Otago, Christchurch, research team. They recently identified a toxic bug they believe may cause bowel cancer and could lead to a life-saving vaccine or early detection test for the too-often deadly disease. The team found a toxic form of bacteria called Enterotoxigenic Bacteroides Fragilis in the gut of almost 80% of people with a pre-cancerous lesion – a precursor to the disease.

In another breakthrough, Frank and his team were first to show differences in the gut microbiome were linked to different type of bowel cancer. The discovery could mean in future clinicians can give patients the treatments, surgery or medications shown to work best for particular types of cancer.

## COMMUNICATION AND STAKEHOLDER ENGAGEMENT

### Communications and Engagement

The Communications Team has been working with the Quality and Patient Safety team on stories for the WellNow Canterbury Quality Accounts edition magazine. Publication is likely to be around mid-November 2018.

The Communications Team is working with a team of Clinical Specialists on beginning some awareness and education work around hepatitis C to encourage people at risk to get tested and if appropriate, get treated.

#### • Media

- August was a busy month for media queries with more than 100 received on a variety of subjects. Throughout the month there were regular enquiries as to the rates of influenza in Canterbury, with a spike in confirmed cases occurring later in the month. The assault on a nurse by a patient at Hillmorton Hospital was also widely reported. Some of the other issues media enquired about were:
  - Shortage of dementia beds in Canterbury
  - Nurses' concerns over the handling of complaints of sexual harassment by patients
  - The progress of the Annual Plan 2018/19 and forecast deficit; and
  - The unannounced inspection of Specialist Mental Health Services Hillmorton Hospital by auditors from the office of the Ombudsman.
- Media releases were issued on health advice for anyone coming down with winter bugs, and on the launch of the Countdown Kids Hospital Appeal.
- A health warning was lifted on the collection and consumption of shellfish from Akaroa Harbour.
- A film crew contracted by the Health Promotion Agency filmed a video for stroke awareness. The filming required extensive pre-planning by our media advisor, with numerous locations used at Christchurch Hospital, and also involved several staff.
- Live radio interviews – Canterbury Mornings with Chris Lynch – featured midwife Sarita Gargiulo-Welch on the importance of breastfeeding; and Medical Officer of Health Dr Alistair Humphrey on flu prevention and treatment measures.

- **Facilities Redevelopment** – our regular communications channels have been kept up to date. The latest edition of the facilities newsletter, Issue 12, is being distributed.
- **Christchurch Outpatients** - Weekly videos and information sheets are now being produced for staff ahead of migration into the building in late October. The videos cover all the topics that staff need to know ahead of the move and feature General Manager Pauline Clark introducing each one. The staff handbook for the building is complete and will shortly be available online to staff as part of the healthLearn building orientation module.
- **Acute Services building** - Work is ongoing communicating site activity related to the Acute Services build, mostly via the daily global and weekly CEO updates.
- **Christchurch Hospital – new mobility shuttle** - Following the loss of most of the mobility parking at the western end of the Christchurch Hospital campus, a mobility shuttle service began operating on 28 August as a stopgap measure to cater for people in wheelchairs. The shuttle, operated by Gold Band Taxis, runs to and from the CCC's Lichfield Street Car Park building and is bookable by phone. An associated information sheet and timetable has been distributed to staff and to patients through the appropriate networks.
- **CEO Update stories**
  - Staff at the Canterbury Regional Cancer and Haematology Centre participated in Dry July to help raise funds for people affected by cancer. This involved abstaining from alcohol for the month of July and asking friends and family to sponsor them. Local and regional patients have benefited from the money raised over the past three years with over \$350,000 allocated to various projects. The latest project has every patient who enters the Oncology Service at Christchurch Hospital being offered a water bottle which has a measuring guide to help those patients who need to drink a certain amount of water prior to having their radiation treatment. Other projects have included recliner chairs, exercise equipment, music systems, treatment chairs, family rooms, massage vouchers, electric beds, iPads, magazine subscriptions, humidifiers, and mattresses. During July Emergency Department staff took the opportunity to inform people about the risks of alcohol consumption by providing information leaflets.
  - Anja Werno has been appointed permanently as Chief of Pathology and Laboratories, after holding the role in an acting capacity for a year. Up until 2017 she was Clinical Director of the Microbiology service and had been in that position for nearly eight years. Since 2005 Anja has held the fellowship of the Royal College of Pathologists of Australasia as a specialist microbiologist.
  - Specialist in Obstetrics and Gynaecology, Michael Laney retired from Canterbury DHB on Friday but will continue working in private practice. Mike teamed up with John Doig to raise funds for establishing the South Island's first In Vitro Fertilisation (IVF) unit at Christchurch Women's Hospital (CWH). The unit opened in 1991 and continues to successfully serve the South Island population. Michael was key in establishing CWH in a new building on the Christchurch Hospital campus in the mid-2000s moving from its outdated facilities in Colombo St that were built in the 1950s. He also helped establish Oxford Women's Health (then known as Oxford Clinic) and the Endometriosis Centre which provides medical and surgical management for women with endometriosis. In 1995 Michael was appointed Clinical Director of Gynaecology and Gynaecological Oncology at Christchurch Women's Hospital, a post that he held continuously until 2006.
  - The need for ongoing monitoring of nursing students in pre and post disaster setting of the Christchurch earthquakes is one of the findings of research published in an international journal. The article, Psychological Health and Resilience: the impact of significant earthquake events on tertiary level professional students: A cross-sectional

study, was written by Canterbury DHB, University of Otago and Ara Institute of Canterbury staff, and has been published by academic publisher Routledge. It appeared in the latest issue of 'Contemporary Nurse', an Asia-Pacific forum for nurse educators, researchers and practitioners. The team who worked on the article were Brian Dolan, Becky Hickmott and Gail Houston (Canterbury DHB), Henrietta Trip, Kosta Tabakakis, and Virginia Maskill (University of Otago), Sandra Richardson, (University of Otago and Canterbury DHB), and Heather Josland, Lisa McKay, Anna Richardson, and Lois Cowan (Ara).

- Canterbury DHB's Child Development Service which works with children with disabilities, providing support to them and their families has helped improve a Canterbury mother and her son's quality of life. Ben Reid, aged 14, has spastic quadriplegia cerebral palsy and throughout his life his mother Andrea has had to get up to him at least three times a night to help him get more comfortable in bed. About four months ago Andrea spoke about Ben's discomfort with the Child Development Service team. Her husband had died recently and she felt she was "dangerously tired". The service trialled a range of approaches and found success with an alternating air mattress which automatically inflates and deflates, changing the pressures on the body to avoid discomfort and the development of pressure areas. In the first two weeks trialling the mattress Andrea only woke to care for Ben during the night three times in total. He now sleeps comfortably most nights.
- For a number of years quilts and baby blankets have been sourced and distributed within the Specialist Mental Health Service (SMHS). They are made by a group of community quilters called 'Hugs all Round' and by Pat Town who lives in Timaru and is the mother of Business Systems Analyst, Quality and Patient Safety team, Barbara Bee. Pat crochets woollen blankets for the SMHS's Mothers and Babies Unit which is based at The Princess Margaret Hospital. Blankets are given to mums for their babies to use in hospital and to take home. Quilts have also been placed in de-escalation rooms and are used to cover consumers when they are in recovery following Electro-Convulsive Therapy.
- Christchurch Hospital Pharmacist Geoff Stark found himself caught up in local hostilities on his most recent trip helping out at a hospital in Zambia. Geoff and his wife Lyn, a nurse, met in Zambia in the late 1980s and have spent a lot of time there over the years. The couple worked at Kalene Mission Hospital from 1996 to 2001 and have made several trips back to provide professional and educational support, including with their daughter, Erika, a first-year house officer at Christchurch Hospital. Last year there was considerable governance tension which resulted in the resignation of the administrator and executive director of the hospital and the chairman of the Kalene Hospital Board. So he returned alone to act as interim hospital administrator. However when Geoff went to leave he was blocked from doing so by a mass turnout of mission hospital supporters. They highly value Geoff and his family's input into the community owned hospital and were concerned that when he left the government might take it over. After hours of negotiating and diplomatic pressure Geoff was smuggled out of the hospital covered in blankets in the back of a car at night.
- Claire Pennington is the new Director of Allied Health, Older Persons Health and Rehabilitation (OPH&R). She spent her career working for the National Health Service in Britain in a variety of different capacities and has a wealth of experience and knowledge with a special interest in lean methodology and patient safety.
- Canterbury DHB's Community Dental Service and one of its therapists have been recognised at the New Zealand Dental and Oral Health Therapists Association conference. The Community Dental Service was awarded the Region of the Year for the changes seen within the service, the growth of the local branch and the connection the service is making. Community Dental Therapist Celeste Compton, who works at



Northcote Community Dental Clinic, was a finalist in the “Dental Therapist of the Year” category. She provides mentoring and is an inspiration to new graduates.

- Health professionals gathered for an evening on self-care and spiritual wellbeing. The trigger for organising the interdenominational meeting was a new section of the Declaration of Geneva added last year at the World Medical Association (WMA) meeting, at the instigation of the New Zealand contingent, says Haematologist Ruth Spearing, a Board member of the New Zealand Medical Association. The Declaration of Geneva (Physician's Pledge), adopted by the General Assembly of the WMA in Geneva in 1948, is a declaration of a physician's dedication to the humanitarian goals of medicine. The Oath now includes the statement “I will attend to my own health, well-being, and abilities, in order to provide care of the highest standard”. The event looked at how health professionals can care for themselves and use mental strength to keep themselves resilient.
- **Te Panui Runaka** - The August edition of Ngai Tahu's publication, Te Panui Runaka, featured a column from Canterbury DHB about the latest All Right? campaign directly challenges some of the traditional 'Kiwi bloke' stereotypes. It encourages men to just be themselves – that's Manly As. The campaign features local men such as Tyrone Smith. Tyrone gives the following advice to boys growing up: "Leave the ego at the door. Be real to yourself, be who you are and always be truthful."

## FACILITIES REPAIR AND REDEVELOPMENT

### General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Detailed planning is continuing for disconnecting the Chemo Day Ward for Parkside. Pricing negotiations are ongoing with the ASB link main contractor, which has been engaged under an early contractor involvement agreement to progress the temporary works design. Cost estimates for preliminary design of priority areas currently being prepared.
- **Clinical Service Block roof strengthening above Nuclear Medicine:** Equipment has now been received. The equipment will be stored at Print Place. RFP out to three contractors closing 14 Sept. Business Case applied for.
- **Lab Stair 3:** Complete.
- **Lab Stair 4:** Drawings near completion. EOI being compiled. Consent exemption application in progress.
- **Christchurch Women's Hospital**
  - **Stair 2:** Draft review completed by fire engineer as part of the overall Women's risk analysis. Balance of analysis to be completed once strategic assessment process is approved by Board. This continues to be delayed due to the release of the master plan which is required to determine available space for decanting of clinical spaces.
  - **Level 4:** Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels, actively working with staff to look at options to commence the remedial and passive fire works.
  - **Level 5:** Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time, but will endeavour to pick this up during Women's passive fire works.
  - **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

## Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering**
  - Database designs are complete, additional information added as test data received and in use by Site Redevelopment on current project/passive work. Currently developing the process for digitalization of the passive fire system and database. The forms and documents will be updated to e-forms and will be part of the digitalization programme. Continue discussion with Maintenance and Engineering on management of the Passive Fire programme.
  - Test rig being used weekly by Canterbury DHB and Engineers for training and evaluations. Materials supply is well established with savings being made.
  - We continue to identify non-compliant areas as other projects open walls/ceilings.
  - Second Stage RFP for installer fixed cost is in final stage of the procurement progressing.
  - Passive programme continues to receive positive support from wider construction/insurance industries following presentation to Insurance Council at the end August.
- **Christchurch Hospital Campus Energy Centre:** This is managed by the Ministry of Health (MoH).
  - Service Tunnel: Complete. Steam provided by coal boilers to Outpatients and Hospital. Final connection for ASB still to be completed.
  - Energy Centre: Tender submissions out to market.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new Energy Centre constructed and commissioned.
- **Temporary Accommodations on Antigua/Tuam St.** Business case approved. Resource consent lodged. All items have been costed.
- **Parkside Renovation Project to Accommodate Clinical Services, post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the Canterbury DHB. Still waiting on advice from MoH as to outcome of master planning process. Draft master plans have been provided for review.
- **Back up VIE Tank:** Initial proposed strengthening scheme has been approved by BOC. Quantity Surveyor has completed estimate. Business case being formed. Primary VIE tank is operational.
- **Antigua St Exit widening:** Minor works remain for completion. Canterbury DHB work completed in advance of Otakaro requirements.
- **New Outpatient Project (managed by MoH):** Architectural / services fit out on all floors well underway. Code compliance achieved. Practical completion currently planned for 10 Sept 2018.
- **Avon Switch Gear and Transformer Relocation.** Design complete. Business case to be submitted for approval. Project is being managed by Maintenance & Engineering.
- **Otakaro/CCC Coordination.** Otakaro programme slipped – Antigua St open. Oxford Gap closed 7 April to December 2018. Land swap discussion still with LINZ. Regular Wednesday meetings are occurring. Crossing from main campus to Outpatients due to be completed 1 October 2018
- **Parkside Canopies:** Temporary repairs to plastic wrap have been made. Planning underway to replace the wrap at the main entry once the Oxford Terrace access reopens.



- **Hagley Outpatients 2 Storey demolition:** Business case approved. Contractor appointed. Working plan and programme. Work on site will begin 12 November 2018 following the Outpatients department relocation to the new building.
- **New Outpatients Cafeteria:** Detail design completed. Business case approved. Contract negotiation with Leighs construction agreed, contract to be awarded.
- **Diabetes Demolition:** Demolition to occur after Home Dialysis Training Centre has relocated to refurbished leased facility. Request for tender issued 16 July 2018 with a closing date of 24 August. Four contractors have been selected following the registration of interest process. Tenders received and currently being assessed. Tender values will inform a revised business case.

### **Burwood Hospital Campus**

- **Burwood New Build:** Defects are being addressed as they come to hand.
- **Burwood Admin Old Main Entrance Block:** Meeting to be organised with community team leadership group to assess requirements and then formalise repair design process. This will enable the repurposing of the building to accommodate community teams from TPMH.
- **Burwood Mini Health Precinct:** User groups have been engaged with to identify space needs and expectations. Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further.
- **Spinal Unit:** Construction main contract awarded to HRS Ltd. Work progressing with demolition underway. Known asbestos has been removed and clearance obtained.
- **Burwood Birthing/Brain Injury Demolition:** Demolition continues. Due to asbestos not being able to be segregated a dirty demolition process is required to complete demolition.
- **Burwood Tunnel Repairs:** Work is now complete in all accessible areas between buildings. Areas underneath building will still require repair.
- **2<sup>nd</sup> MRI Installation:** MRI installed. Commissioning taking place.

### **Hillmorton Hospital Campus**

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** A high level building assessment has highlighted potential issues with the roof and the switchboard. This work is to be considered as part of structural upgrade and may form part of the proposed works.
- **Cotter Trust:** Ongoing occupation being resolved as part of overall site plan requirements.
- **Mental Health Services:** New High Care Area for AT&R is in design development stage with all consultants working well. Final contracts will be agreed by mid September 2018. Currently working on developments for building 1 and 2. New High Care Area alterations redevelopment.

### **The Princess Margaret Hospital Campus**

- **Older Persons Health (OPH) Community Team Relocation:** The Feasibility study is now complete and work is to commence shortly on the options for repurposing the old Burwood Administration building to accommodate community teams.
- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in September 2017. The Detailed Business Case is awaiting Ministry of Health and Capital Investment Committee approval.

### Ashburton Hospital & Rural Campus

- **Stage 1 and 2 Works are Complete:** Final claims have been agreed with the contractor. Final defects resolution and retention release is protracted and expected to require several more months to resolve.
- **Tuarangi Plant Room:** Concept drawing completed and safety consultant report received. Now looking to hand over to Maintenance & Engineering to implement.
- **New Boiler and Boiler House:** Approval has been granted to proceed to consultants procurement. Pending outcome of the tender process. This is currently being managed by Maintenance & Engineering.

### Other Sites/Work

- **Akaroa Health Hub:** In construction. Floor slab pour completed. Steel and timber framing to begin in early September. Programme remains at previous delay due to early winter weather.
- **Kaikoura Integrated Family Health Centre:** Repair strategy received from Beca. SRU to meet with local Project Manager to discuss extent of repairs, confirm scope and resubmit pricing based on revised scope.
- **Rangiora Health Hub:** Main contractor appointed – HRS Construction. First site visit meeting held 31 August 2018. Work to begin at Christchurch on 12 November 2018 and at Rangiora in November.
- **Home Dialysis Relocation:** Business case approved by Board. Tender evaluation 5 September. Programme forecast completion February 2019.
- **SRU:** Project Management Office manuals re-write and systems overview. Scope has increased as understanding of documentation required had been realised. Completed sections are now in use daily by the SRU team. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring:** Fee proposals received from engineer. Reviewing scope and availability of suitable providers. The outcome of this will form part of the business case for Board approval.
- **HREF:** SRU continues to be involved in providing construction and contract administration/interpretation advice to the HREF project. Building has been blessed and is occupied. Currently in defect liability stage.
- **Annual Damage reviews:** Reports have now been completed.

### Project/Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Additional peer reviews of Parkside and Riverside structural assessments, being undertaken by the MoH, are now complete. Clarity on the direction of the Master Planning process is required to plan the next stage of the POW.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and Canterbury DHB Board.

- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRDU is looking at options to decant teams to adjacent spaces to allow works to commence. This will however, not be possible until ASB project is complete and space in Parkside becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up but the budget for this has not been formalised. Ongoing repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames.

Potential passive fire issues at Outpatients, ASB and Burwood are continually being reviewed. We will work with contractors, designers and the MoH to ensure we get the appropriate systems installed.

- Uncertainty of delivery of MoH projects continues to affect our ability to programme projects and allocate resources efficiently.
- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. The programme of works and business as usual projects are currently being reviewed in conjunction with the approved revised decision making framework in an attempt to identify tranches of work for commencement. This process is still largely dependent on master planning. Guidance from the Board will be required as to the timing and suitability of any proposed projects to mitigate on going risks to the Canterbury DHB.

## LIVING WITHIN OUR FINANCIAL MEANS

### Live Within our Financial Means







- The consolidated Canterbury DHB financial result for the month of July 2018 was a deficit of \$4.146M, which was \$0.066M unfavourable against the annual plan deficit of \$4.081M. The table below provides the breakdown of the July result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$M	\$M	\$M	\$M	\$M	\$M
Governance	0.115	-	0.115	0.115	-	0.115
Funder	(3.324)	(4.012)	0.688	(3.324)	(4.012)	0.688
DHB Provider	(0.937)	(0.069)	(0.868)	(0.937)	(0.069)	(0.868)
<b>Canterbury DHB Group Result</b>	<b>(4.146)</b>	<b>(4.081)</b>	<b>(0.066)</b>	<b>(4.146)</b>	<b>(4.081)</b>	<b>(0.066)</b>

## 4. APPENDICES

Appendix 1: Kia Ora Hauora Te Waipounamu Quarterly Report Q4

Report prepared by: David Meates, Chief Executive

DELIVERING AGAINST THE NATIONAL HEALTH TARGETS			Q1	Q2	Q3	Q4	Target	Status
	<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours	Canterbury DHB just missed the Shorter stays in ED health target in quarter four with 94% of patients admitted, discharged or transferred from ED within 6 hours. The Acute Demand Management Service continues to play a critical role in keeping people well in the community and avoiding unnecessary presentations to ED. More than 8,135 acute demand packages of care were provided in quarter four, more than 32,000 were provided during the year.	94%	95%	95%	94%	95%	✗
	<b>Improved Access to Elective Surgery</b> Canterbury's volume of elective surgery	Canterbury DHB met the year end improved access to elective surgery health target with 21,402 elective surgeries, against the target of 21,330.	4,989 (90%)	10,344 (96%)	15,341 (97%)	21,402	21,330	✓
	<b>Increased Immunisation</b> Eight-month-olds fully immunised	Canterbury DHB achieved the increased immunisation health target with 95% of eligible children fully vaccinated at eight months. Canterbury met the target for all ethnicities this quarter (96% Asian, 99% Pacific 100%, Maori 95%, and New Zealand European 96%).	95%	95%	95%	95%	95%	✓
	<b>Better Help for Smokers to Quit</b> Smokers enrolled in primary care receiving help and advice to quit	Canterbury DHB achieved the better help for smokers to quit target in quarter three with 93% of smokers enrolled with a PHO offered advice and help to quit smoking against the 90% target.  Canterbury DHB's cessation support indicator is again the highest in the country at 60%. This indicator shows the percentage of current smokers who have taken the next step from brief advice and accepted an offer of cessation support services in the last 15 months.	91%	90%	91%	93%	90%	✓
	<b>Faster Cancer Treatment</b> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	Canterbury DHB achieved the faster cancer treatment target in quarter four with 94% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.	95%	94%	91%	94%	90%	✓
	<b>Raising Healthy Kids</b> Percent of children identified as obesity at their B4SC offered a referral for clinical assessment and healthy lifestyle intervention	Canterbury DHB achieved the raising healthy kids target in quarter four with 100% of four-year-olds identified as above the 98th centile for their BMI (height and weight measurement) referred for clinical assessment and healthy lifestyle intervention. This is a 2% increase on the previous quarter. 'Referrals declined' fell slightly to 22% this quarter.	93%	96%	98%	100%	95%	✓



Kia Ora **Hauora**  
Supporting Māori into Health

# QUARTERLY REPORT

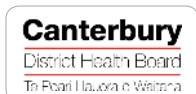
**Q4** 1 APRIL 2018 -  
30 JUNE 2018

## TE WAIPOUNAMU



# Whakamau, Whakaū, whakaora i te ao Māori

## *Recruit, Retain and Revitalise the Māori Health Workforce*



## CONTENTS

1. CONTRACT DETAILS	04
2. KEY HIGHLIGHTS	05
3. SUMMARY OF ACTIVITIES (APR-JUN 2018)	12
4. SUMMARY OF ACTIVITIES (JUL-SEP 2018)	13
5. PROGRAMME REGISTRATION DATA	14
6. RBA REPORTING Q4, APR-JUN 2018	15
7. APPENDICES	16



# 1. CONTRACT DETAILS

## PROVIDER

Mokowhiti Ltd

## PROGRAMME

Promotion of Māori as a Career Programme

## CONTRACT NUMBER

Provider Code: 573057  
Agreement ID: 334162/02

## REPORT NUMBER AND TYPE

Quarterly reports submitted to the Canterbury District Health Board,  
National Coordination Centre and The Ministry of Health

## REPORT DUE DATE

20 July 2018

## REPORTING PERIOD

Quarter 4 | 1 April 2018 - 30 June 2018

## ATTENTION

Karen Koopu  
Ministry of Health  
PO Box 5013  
Wellington 6011.  
Karen.koopu@moh.govt.nz

## PROGRAMME SPONSOR

Hector Matthews  
Executive Director, Māori & Pacific Health  
Canterbury District Health Board  
Hector.Matthews@cdhb.govt.nz

## REPORT AUTHOR

Trudy Thomson  
Te Waipounamu Regional Coordinator  
trudy@mokowhiti.co.nz

# 2. KEY HIGHLIGHTS

## A) HIGHLIGHTS THIS PERIOD

Kia Ora Hauora ki Te Waipounamu presented at the following events and organisations during this reporting period 1 April – 30 June 2018

- Educators Breakfast: West Coast DHB
- Christchurch Work Placement Programme
- Nelson Careers Expo
- West Coast Careers Expo
- CDHB and WCDHB HR engagement
- TSGA Funding
  - NMIT – Neehi Māori Hui-a-tau Tamaki Makaurau
  - Te Oranga ki Otakou Freshers Hui Otakou
  - ARA - Neehi Māori Hui-a-tau Tamaki Makaurau
- MOTUS scholarship awarded

## EDUCATORS BREAKFAST: WEST COAST DHB

KOH hosted an Educators Breakfast in Greymouth. It was timely to engage back with the sector as an opportunity to highlight and celebrate the gains that have been and to continue to build relationships with the education sector on the West Coast. There are ongoing challenges when supporting students in rural area's as both the education and health sector have a transient workforce so it is positive for KOH to promote the programme and reinforce the work we do in the area. The purpose of the Educators breakfast is to re-engage with schools to inform them of what events we facilitate and where we can further support both schools and rangatahi towards health career pathways.



Invitations were sent out to all secondary schools, Community base organisations and staff within the Grey Hospital that have supported the Kia Ora Hauora programme. It was a very positive and uplifting event with over 25 in attendance including 3 Principals. In addition there was also a large number of staff from the West Coast DHB, this was important as this showed the value and need to have more Māori working within their DHB.



## INVITATION TO EDUCATORS BREAKFAST

West Coast District Health Board and Kia Ora Hauora warmly invite you and members of your team to attend the Educators Breakfast being held on Tuesday 3rd April 2018.

This event is an opportunity for educators to learn more about the Kia Ora Hauora programme, our achievements to date and what we are doing to accelerate and promote health career pathways.

**DATE:** Tuesday 10th April 2018 **DATE CHANGE**  
**TIME:** 7.30am – 9.00am  
**VENUE:** The Ashley Hotel, Rimu Room, 74 Tasman Street, Greymouth  
**WELCOME:** Gary Coghlan, General Manager Māori Health, West Coast District Health Board  
**MC:** Lee Luke, Director Mokowhiti Ltd

Kia Ora Hauora is a national workforce development programme, which aims to increase the recruitment of Māori into a range of health careers through providing access to quality Māori health career information, increasing uptake and retention of Māori tertiary students studying in School science and addressing recruitment and retention of Māori tertiary students studying in health or health related qualifications.

There is no cost to you to attending this breakfast meeting although we do ask for catering purposes that you RSVP to [trudy@mokowhiti.co.nz](mailto:trudy@mokowhiti.co.nz) or text 0212574984 by Thursday 28th March 2018.

**West Coast District Health Board**  
*Te Pouti Hauora o Kahurangi Te Pouti*

**Kia Ora Hauora**  
 Supporting Māori into Health

## EDUCATORS BREAKFAST AGENDA

Tuesday 10th April 2018  
 7.30am – 9.00am  
 The Ashley Hotel  
 Rimu Room, 74 Tasman Street, Greymouth

TIME	ITEM	OWNER
7.30am	Karakia / Welcome	Gary Coghlan
7.40am	Introduction	Mokowhiti Team
7.45am	Working Breakfast	Mokowhiti Team
8.00am	Presentation by Kia Ora Hauora Team	Mokowhiti Team
8.35am	Patai / Questions	Open floor
8.50am	Close	Gary Coghlan

**Kia Ora Hauora**  
 Supporting Māori into Health

**West Coast District Health Board**  
*Te Pouti Hauora o Kahurangi Te Pouti*

KIA ORA HAUORA – SUCCESS STORIES

# NINJA SKILLS LEAD TO STUDY SUCCESS

**Matu Solis**  
 KAI TAHU | KATI WAEWAE

I'm from the West Coast. I was born in Greymouth and grew up in Arahura, which is about twenty minutes south. Mum and dad lived in the paddock.

I went to Hokitika Primary and Intermediate and then Christchurch Boys' High. I really loved school and pushing myself to achieve. I did art all through school as well as science, biology, chemistry, maths and English.

When I was on the West Coast I did my black belt when I was thirteen in high school. It taught me discipline and focus.

**Aspirations**

I'm currently applying to go home to the West Coast to do the Rural Medical Immersion Programme in my full fifth year. You apply and then they ballot you out to one of six rural centres in New Zealand. Greymouth is one of which is important for me to go home and reconnect with the whenua and my people.

At the end of that year, I'll return to Christchurch and sit my final year as a trainee intern where we learn how to be a House Officer or a newly graduated doctor.



**Top three study tips:**

- Find a space that makes you feel good e.g. the top floor of a library with a mean view, looking out into a nice bit of open garden or greenery. Rather than the corner of a sterile room.
- Use colour, mind maps and pictures to help you remember your notes.
- Do yoga, stretch, go to the gym and then hit the library. Sitting down is depressing, it's like the new thing and we sit so much.

**Applying for scholarships:**

- Keep a diary and write down dates, or when scholarship applications are due.
- Put all forms and important documents such as bank deposit slips or papers signed by a Justice of the Peace into a folder so it's easy to find.

**West Coast District Health Board**  
*Te Pouti Hauora o Kahurangi Te Pouti*

**Kia Ora Hauora**  
 Supporting Māori into Health

**STUDENT UPDATE FOR THE WEST COAST DISTRICT HEALTH BOARD**

TO DATE, THERE ARE 32 STUDENTS REGISTERED ON THE WEST COAST KŌH TE WAIPOUNAMU DATABASE

25 WĀHINE | 6 TĀNE

Year	BULLER HIGH SCHOOL	JOHN PAUL II HIGH SCHOOL	GREYMOUTH HIGH SCHOOL	WESTLAND HIGH SCHOOL
2014:	7	6	9	7
2015:	7	6	9	7
2017:	9	6	9	7
TOTAL:	23	6	9	7

**SECONDARY SCHOOL STUDENT YEAR LEVELS:**

YEAR 11: 3 | YEAR 12: 6 | YEAR 13: 9

**FROM THE FOLLOWING SCHOOLS:**

BULLER HIGH SCHOOL | JOHN PAUL II HIGH SCHOOL | GREYMOUTH HIGH SCHOOL | WESTLAND HIGH SCHOOL

**COMMUNITY**

14 STUDENTS GRADUATED A BACHELOR OF NURSING

3 STUDENTS ARE WORKING FOR THE WESTCOAST DHB

1 WORKS FOR THE CANTERBURY DHB

3 ARE STUDYING HEALTH RELATED COURSES AT TŪ POUTI

3 ARE STUDYING AT OTAGO UNIVERSITY (GENERAL PRACTICE MEDICINE)

1 IS STUDYING AT CANTERBURY UNIVERSITY (NURSING IN PUBLIC LABORATORY)

3 REMAIN ON THE DATABASE AS THEY ARE STILL INTERESTED IN A HEALTH CAREER PATHWAY

**WWW.KIAORAHAUORA.CO.NZ**

JULY 2018

## B) OVERVIEW OF KEY HIGHLIGHTS

### WORKSTREAM ONE - PROMOTE HEALTH CAREERS



#### CHRISTCHURCH HOSPITAL WORK PLACEMENT PROGRAMME

The Work placement programme was set for 21-25 May 2018, and was a success with 10 students attending from the following schools:

- Hillmorton x 2
- Burnside High School
- Te Kura Kaupapa Māori o Te Whanau Tahī
- Riccarton High School x 2
- Avonside Girls
- Darfield High School x 2
- Lincoln High School

We had an overwhelmingly positive response to the uptake of the programme as it was advertised to schools on a Monday and by the Wednesday was fully booked with 10 students and 6 on the waiting list, by the following week we had a waiting list of 10. There has been a request from school to register year 12 students for the 2019 programme. This is a key success factor which speaks to the caliber of the programme.

Setting the agenda for the week has also become competitive with a number of departments requesting time on the programme, with limited spaces and time we were able to customise the programme to meet the needs and interest of each student. We are now able to add flexibility to the programme booking one off exposure for students. eg: We had only one student in this round that has an interest in Social Work, instead of all the group attending this area, this student was able to spend the morning with the social work team.

#### Feedback from the social worker regarding the student:

*"Iri has been with me this morning and both myself and other MDT were impressed with the questions that Iri asked and also her enthusiasm to learn more about the Social Work role and interest in how we work with the other MDT professions on the ward. Iri interacted well with patients when needed and also showed great initiative and insight about interactions when discussing assessments after seeing a patient. She was a pleasure to have today."*

#### Feedback for careers teacher at Iri High school:

*"Hi Trudy. Thank you for your email. I spoke with Iri after her week at Kia Ora Hauora and she was so grateful to have been given the opportunity to attend.. She told me she had been with the Social Work team, and that she felt it is really what she wants to do. It is a fantastic outcome to hear that a student is inspired to further their education in the health industry.. I wish to thank you again for having our students on this fantastic week."*

The two students that attended from Riccarton High School were asked to write a paragraph on the work placement to give an overview of the programme and had these final words to say.

*"We would highly recommend this amazing Kia Ora Hauora Maori Work Placement Programme, as it is an unforgettable experience."*

As part of the programme we start and finish our day with karakia and work with individual's students on their pepeha, reinforcing the importance of their whakapapa.

During this week long work placement students attended the following areas:

- Ward visits with Nga Ratonga Hauora Maori kai mahi
  - Accident and Emergency department
  - Children's Acute Assessment Unit
  - Children's Hematology Oncology Centre
  - Christchurch Woman's + Neonatal Services
- St John
- Canterbury Health Labs
- Diabetes Management
- Community Public Health: Health Promotion
- Older Persons Health
- Burwood Hospital: Nursing
- Physiotherapy
- Radiology
- University of Otago: This is a full day programme that has its own agenda
  - Dr Sean Macpherson: Haematology (Maori Indigenous Health Institute)
  - Pathology Museum Tour
  - Professor Margreet Visseures (free Radical Research)

As our numbers of clinical Māori health workforce continue to grow within the CDHB we have added to the programme a space for our past KOH students now working within the hospital to korero with our rangatahi. This year we had the following attend: 1 Maori Doctor, 4 x fifth year Medical Students and 2 Maori Pharmacist. This is an amazing opportunity for our students to ask questions about the life of a student, time management, Māori support within Universities, student loans, relationships within their clinical teams and the importance of whakawhanaungatanga.. This is by far our most popular session as our rangatahi leave highly motivated and inspired.







## CAREERS EXPOS

In this reporting period we have attend the both the Nelson and West Coast Careers Expos.

### NELSON CAREERS EXPO

We see the value in attending Careers Expo for both our students and teaching staff. It is an opportunity to inform teach of what is happening within the Tertiary provider sector for Māori students. This year in Nelson was no different, we had open discussion with our students around transitioning in to tertiary what this looks like how to make the decision on what tertiary provider will meet both their needs and the needs of their whānau. Often as part of the expos we support students to gather relevant information from other stall holders that attend the Expo's to help start and support conversations with the tertiary providers. Eg: Universities and Polytechnics.

Expos are also an opportunity to reengage with our exciting database students from that area.

We update teachers on events eg: REACH at Otago, Work placement in Nelson Hospital this year there is a lot of interest this year around scholarships and the new government free first year. It is important to be able to give whanau informed information.

The Nelson expo is set over three days, each day you attend and set up in 2 different schools, this allows for schools from rural areas to attend the expo.

The following schools attended

- Waimea College
- Nayland college
- Motueka High School
- Garin College
- Tapawera Area Scjpp;s
- Te Ura Correspondence School
- Golden Bay High School
- Collingwood Area School
- Rai Valley Area School
- Young Parents Home school

### WEST COAST CAREERS EXPO

West Coast careers expo is set over 3 days starting in West Port then moving down to Greymouth and Hokitika.

The following schools attended over the 3 days

- Buller High School
- Karamea Area School
- John Paul II
- Greymouth High School
- Westland High School
- South Westland Area School

## WORKSTREAM THREE - SUPPORT TERTIARY SUCCESS

### CDHB AND WCDHB ENGAGEMENT

#### DENTAL RECRUITMENT

During this reporting period we were contacted by 6 Māori Dental students who are in their final year at University of Otago. They reached out to us after attending the Te Ao Marama hui as their understanding is that there may be some difficulties transitioning into employment after they graduate. They contacted us requesting information on the process of putting their best foot forward for employment in to a DHB. We contact the CDHB HR team to make a time to meet with them and discuss the process and job opportunities within the CDHB and WCDHB. This meeting was a very valuable meeting as it gave us insight into both employment opportunities and processes within the CDHB and how to best support our students. The Oral Health Coordinator also offered to support applicants with a placement at the CDHB. We have held subsequent meetings with Tracey Sutherland: Recruitment Specialist-People and Capability Services CDHB and WCDHB. Jacqui Power: Oral Health Centre practice coordinator CDHB.

#### TSGA FUNDING

In this reporting time Te Waipounamu Kia ora Hauora has funded the following Tertiary Student Group Associations. Please see below preview of each event:

**ARA:** For nursing students to attend the Neehi Maori Hui a tau in Auckland

**NMIT:** For nursing students to attend the Neehi Maori Hui a tau in Auckland

**OTAGO UNIVERSITY:** Te Oranga Ki Otakou: Funding to help support the Te Oranga Ki Otakou Fresh Hui 2018.

### MOTUS SCHOLARSHIP 2018

KOH Te Waipounamu facilitate the MOTUS Scholarship. The 2018 MOTUS scholarship was awarded, to Bridget Watson. To be successful in this scholarship you must be studying physiotherapy at University of Otago, be able to show proof of cultural links within Te Ao Maori and life and work experience within a Maori community.

Bridget is a third year physio student that has show great commitment to the Maori community with a long term goal to work with tamariki in the disabilities sector. Bridget attended and supported the KOH work placement programme held at Christchurch Hospital and was open with the rangatahi talking about student life, student dept, what to expect in your first few weeks at Otago and the importance of getting involved in your Māori community while studying at the University Otago. Bridget is a fantastic role model.



### 3. SUMMARY OF ACTIVITIES

1 APRIL - 30 JUNE 2018

The following table provides a summary of activities completed for the last quarter. This table is taken directly out of the TW Annual Plan.

DATES	SUMMARY OF ACTIVITIES	DHB	LOCATION	TARGET GROUP	WORK STREAM
10 April	KOH Educators Breakfast	WCDHB	Mawhera	Community	1
17 April	South Island Workforce Hub Workshop	CDHB	Otautahi	Strategy	1
4 April	Te Oranga ki Otakou - Freshers Hui	SDHB	Otakou	Tertiary	3
27 April	Te Herenga Hauora	ALL	Otautahi	Strategy	5
8 May	KOH Operational Meeting K2K	ALL	Tamaki Makaurau	Strategy	5
15-17 May	Darfield High Career Expo	CDHB	Darfield	Secondary	1
21-24 May	Nelson Careers Expo	NMDHB	Whakatu	Secondary/Community	1
25 May	Christchurch Hospital Work Placement Programme	CDHB	Otautahi	Secondary	2
May	KOH Operational Meeting	ALL	Teahuri	Strategic	5
June	HR CDHB Recruitment	CDHB	Otautahi	Tertiary	3
2 June	National Neehi Māori Hui-a-tau	SDHB	Tamaki Makaurau	Tertiary	3
18 June	Kaikoura/ Marlborough Careers Expo	CDHB	Wairau	Secondary/Community	1
20-22	Buller/Greymouth/Hokitika Career Expo	WCDHB	Kawatiri	Secondary/Community	1
29 June	KOH Operational Meeting K2K	ALL	Poneke	Strategy	5
29 June	Ngā Ratonga Hauora Maori	CDHB	Otautahi	Secondary	2
June	Café Korero - KoH 1st Year Otago Uni tauira	SDHB	Otakou	Tertiary	3

### 4. SUMMARY OF ACTIVITIES

1 JULY - 30 SEPTEMBER 2018

The following table provides a summary of activities planned within the Te Waipounamu rohe during the next quarter reporting period.

DATES	SUMMARY OF ACTIVITIES	DHB	LOCATION	TARGET GROUP	WORK STREAM
July	Educators Breakfast	CDHB	Otautahi	Community	5
July	Study to Mahi Workshop - ARA	CDHB	Otautahi	Secondary	4
July	South Island Workforce Development Hub - Collaborative Project	CDHB	Otautahi	Tertiary	1
July	Southland Careers Expo	SDHB	Murihiku	Secondary	2
July	Café Korero x3	SDHB	Murihiku	Tertiary	2
Aug	KOH Operational Hui	ALL	Otautahi	Operations	5
Aug	CDHB HR Team	ALL	Otautahi	Strategy	5
Aug	Te Herenga Hauora Meeting	ALL	Otautahi	Strategy	5
Aug	Café Korero	CDHB	Otautahi	Secondary/Tertiary	2
Sept	Greymouth Hospital Work Placement	WCDHB	Mawhera	Secondary	2
Sept	Promote See the Solutions resource to 30 Māori FYHS students to access for the 2018 academic year	ALL	Otakou	Tertiary	3
Sept	Promote See the Solutions resource to 29 Māori Year 13 students to access for the 2018 academic year	ALL	Otakou	Secondary	2

## 5. PROGRAMME REGISTRATION AND DATA

As at **30 June 2018** there are currently 3206 Māori registered on the programme of that 633 are Te Waipounamu registered which comprises of 19% of programme total.

*Demographics of registered users for Te Waipounamu are*

- 616 (97.2%) Māori, 17 (2.8%) Pakeha + Other
- 485 76.5% female and 148 23.5% male
- The spread of **Māori registered per DHB region** within the programme is shown in the table below, as per Region & DHB.

DHB	PLACE	JUNE 2018 NUMBER	TOTAL AS OF AUGUST 2018	% AS OF AUGUST 2018
SCDHB	Temuka	0	24	3.8%
	Timaru	20		
	Other	4		
WCDHB	Hokitika	11	23	3.6%
	Mawhera	7		
	Tai Poutini	5		
NMDHB	Wairau	7	95	15%
	Whakatu	80		
	Waitohi	0		
CDHB	Motueka	8	190	30%
	Otautahi	182		
	Hakaterere	2		
	Kaikoura	5		
SDHB	Other	1	301	47.6%
	Otakou	258		
	Murihiku	43		
TOTAL	Other	0	633	100%

- The spread of **Māori secondary school students registered** within the programme is shown in the table below, as per Te Waipounamu region & education year.

YEAR 9	YEAR 10	YEAR 11	YEAR 12	YEAR 13	TOTAL
0	2	8	55	73	138

- The spread of **Māori tertiary students registered** within the programme is shown in the table below, as per Education Level.

1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR	6TH YEAR	FINAL YEAR	TOTAL
51	101	55	24	8	19	57	315

## 6. RBA REPORTING

Completed/Reported Every Qtr 1,2,3,4

Completed/Reported 6 Mthly - July, Jan

Completed/Reported Ann - Jan

HOW MUCH? (#) (Quarterly): Jan-Mar, Apr-Jun, Jul-Sept, Oct-Dec			
PERFORMANCE OBJECTIVE	QUANTITY (BASED ON CONTRACT)	REPORTING SOURCE	COMMENTS
# 624 of KOH students (clients) registered on the programme	Numerator = #56 – 11% of new Maori registered in the Qtr Denominator = 40 (per quarter)	Te Waipounamu region programme stats provided by NCC	Total of 140 new recruits annually
# 104 of KOH secondary school students (clients) engaged in the programme	Numerator = #104 engaged Denominator = 138 Total sec school student	Regional reports from coordinators	Engaged in an activity
# 86 of KOH Māori tertiary students (clients) engaged in the programme	Numerator = #86 engaged Denominator = 315 Total tertiary student	Regional reports from coordinators	Engaged in an activity
#6 secondary school science KOH activities/programmes	#6 Implemented in Qtr 6/7 Planned activities for Qtr 4	Regional report	
#5 tertiary KOH activities/programmes	#5 Implemented in Qtr 5/5 Planned activities for Qtr 4	Regional report + TSGA reports	

HOW WELL? (%) (Quarterly): Jan-Mar, Apr-Jun, Jul-Sept, Oct-Dec			
PERFORMANCE OBJECTIVE	QUANTITY (BASED ON CONTRACT)	REPORTING SOURCE	COMMENTS
% eligible KOH students registered on the programme by type secondary/tertiary	Secondary Numerator = 22% Denominator = 138 eligible student Tertiary Numerator = 49% Denominator = 315 eligible student	If the number of registrants is #633 we are reporting the percentage of secondary and tertiary students by type	
% KOH students (clients) who are engaged in the programme activities by type	By Type: Secondary Career Expos: 69 Workplace exposure: 10 Educator Breakfast: 25 Tertiary TGSA Support: 80 HR Recruitment: 6 Secondary Denominator= 138 Students registered Tertiary Denominator=315 Students registered	Regional report + TSGA reports  Note: Denominator = the number of tertiary and secondary students (as indicated in the Te Waipounamu info graph/regional database cumulative stats for region).	

\* Please Note: Cumulative Info-graph does not collaborate with data pulled regionally from the database, nor do the numbers add up

i.e Info graph provided by NCC shows

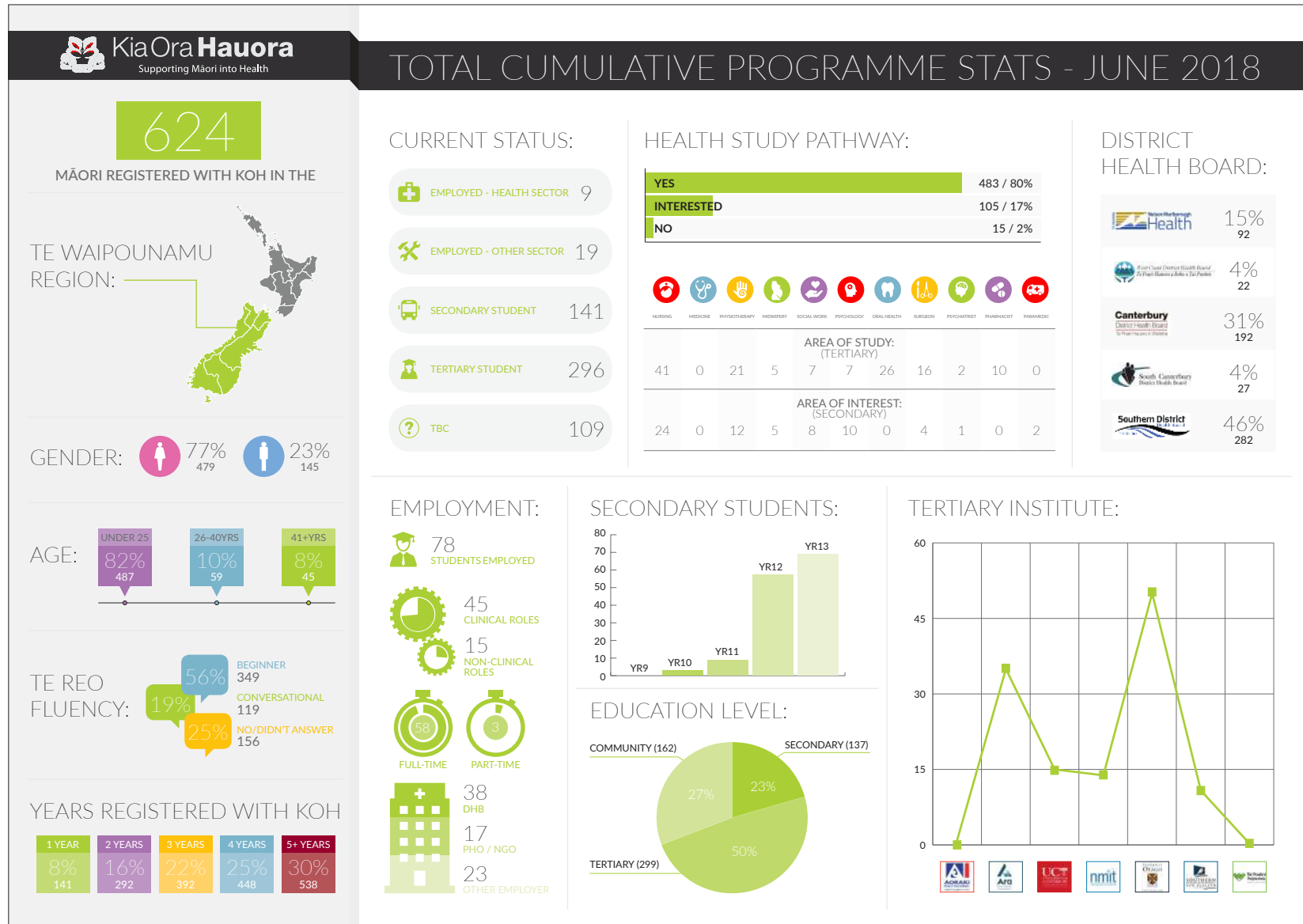
- 624 on the Te Waipounamu database
- 141 Secondary students
- 296 Tertiary students
- 109 TBC

This doesn't add up to the total of 624 members

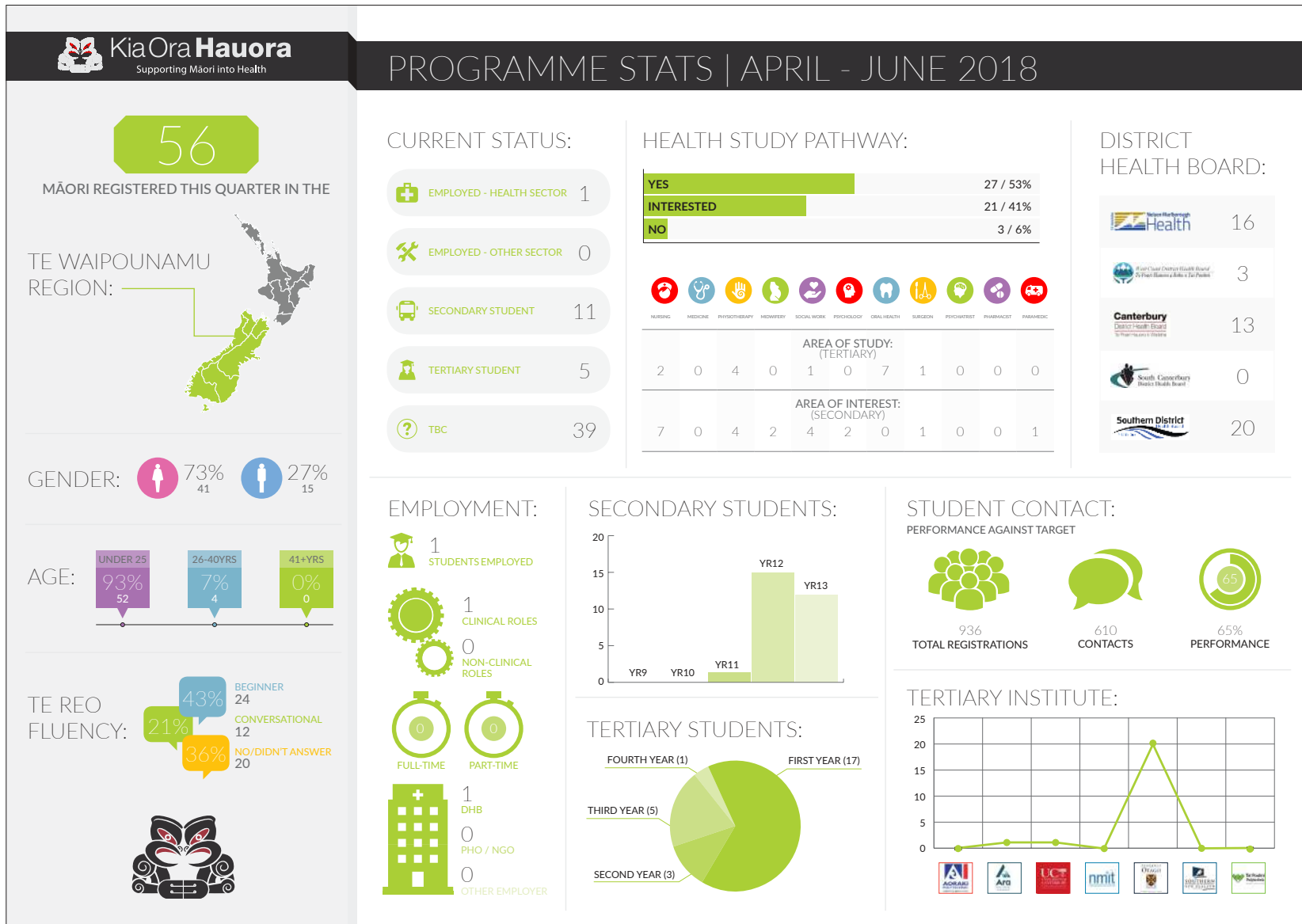
Our Te Waipounamu data shows

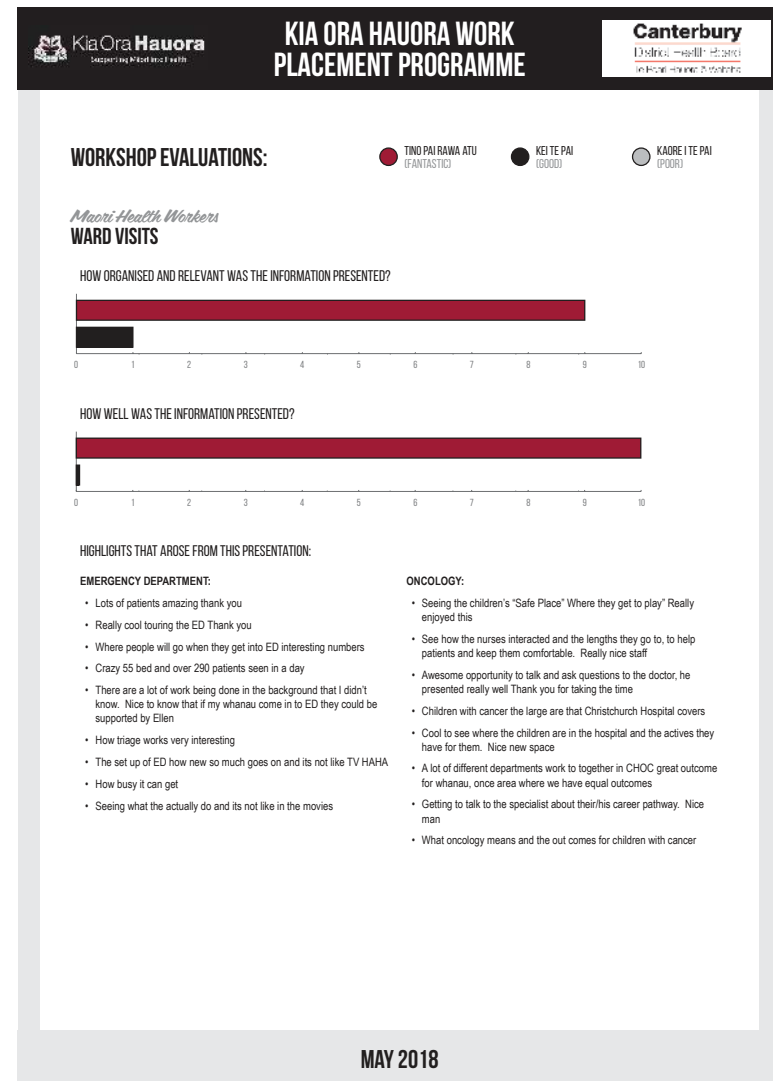
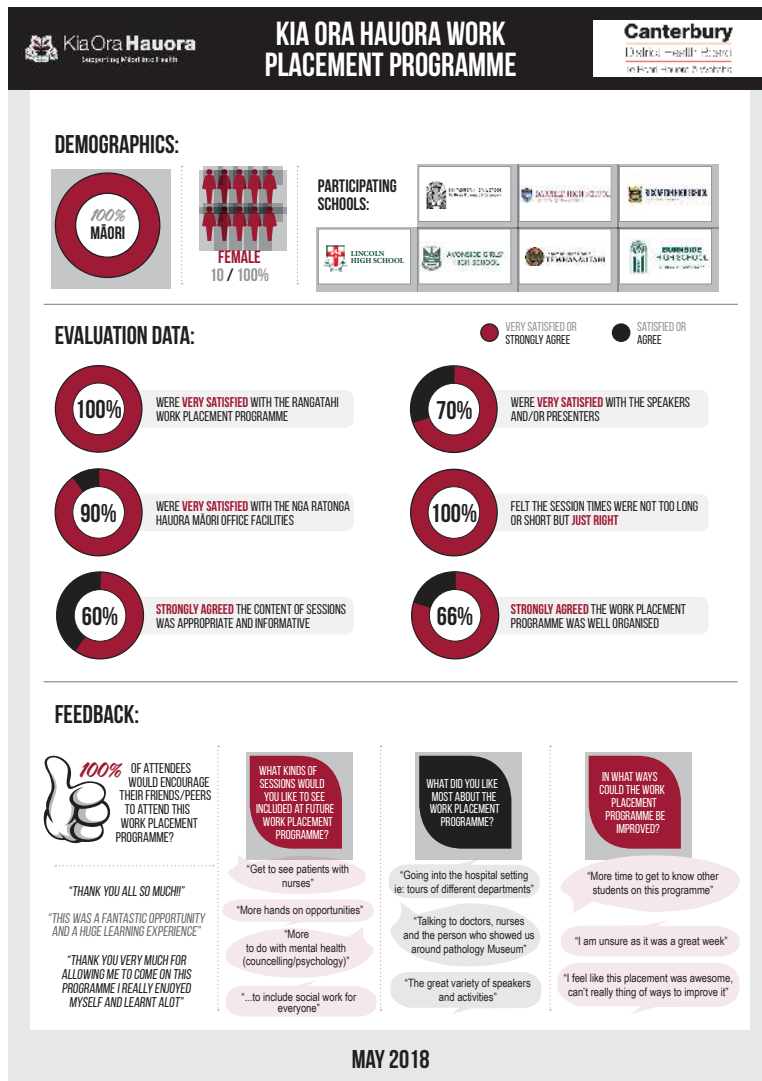
- 633 total on the Te Waipounamu database
- 138 Secondary Students
- 315 Tertiary Students
- 180 Community members + Employed + others (TBC)

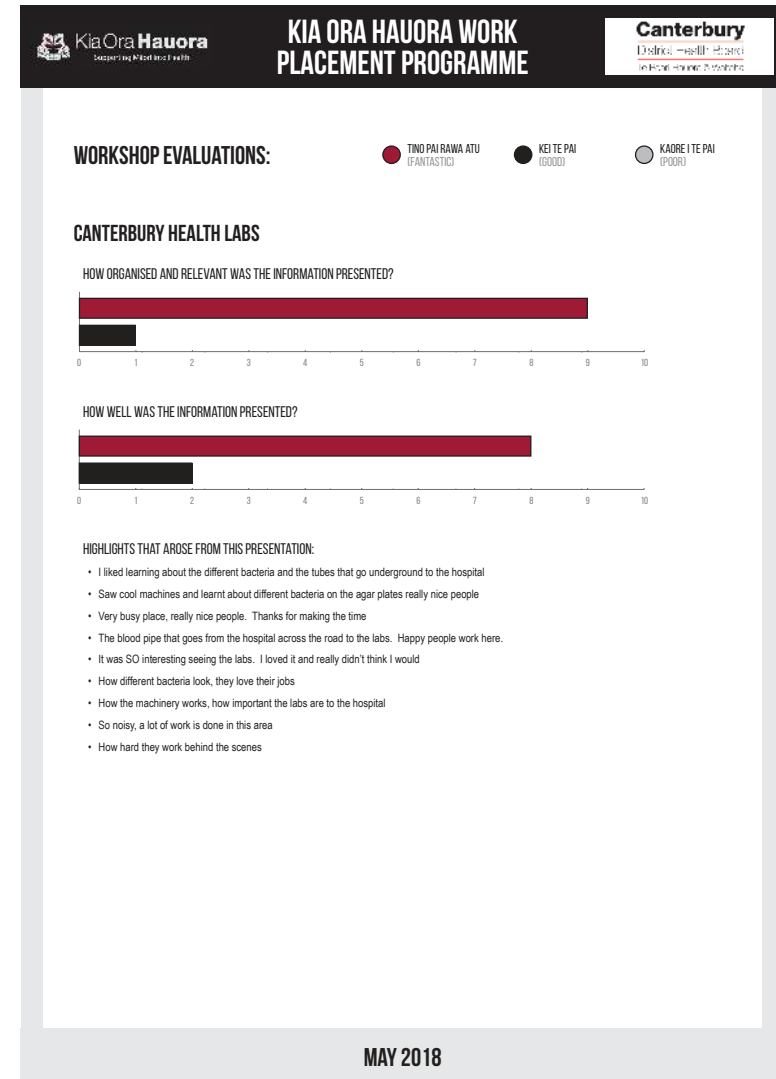
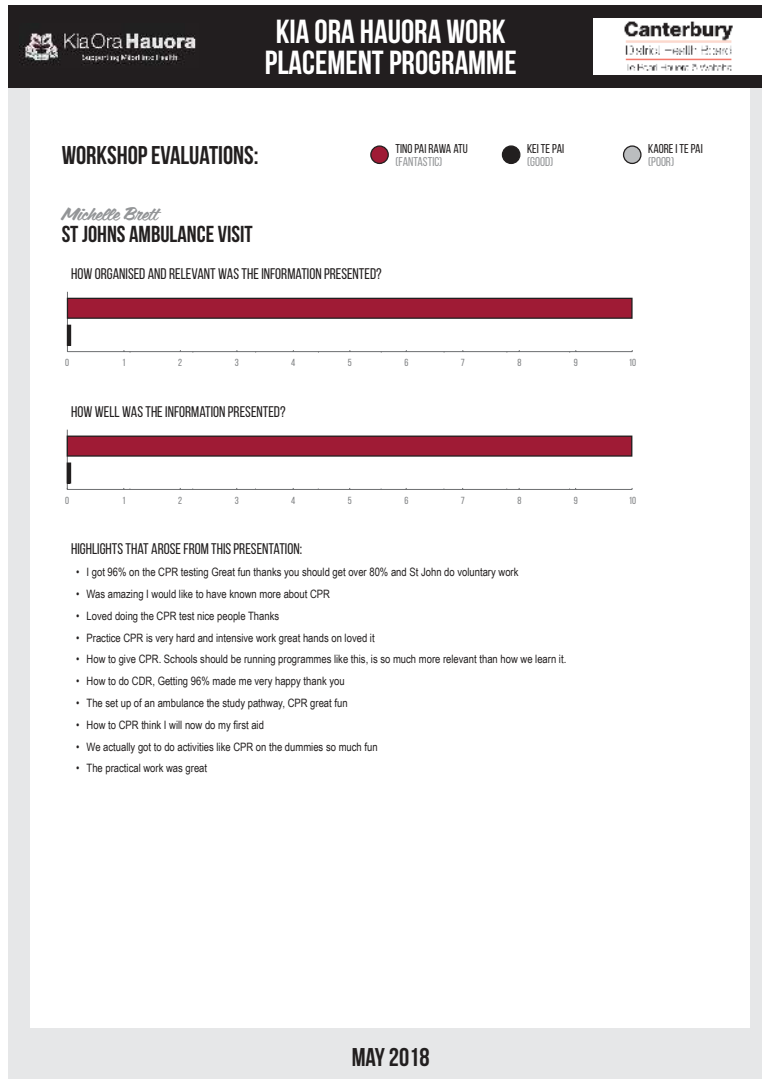
## 7. APPENDICES

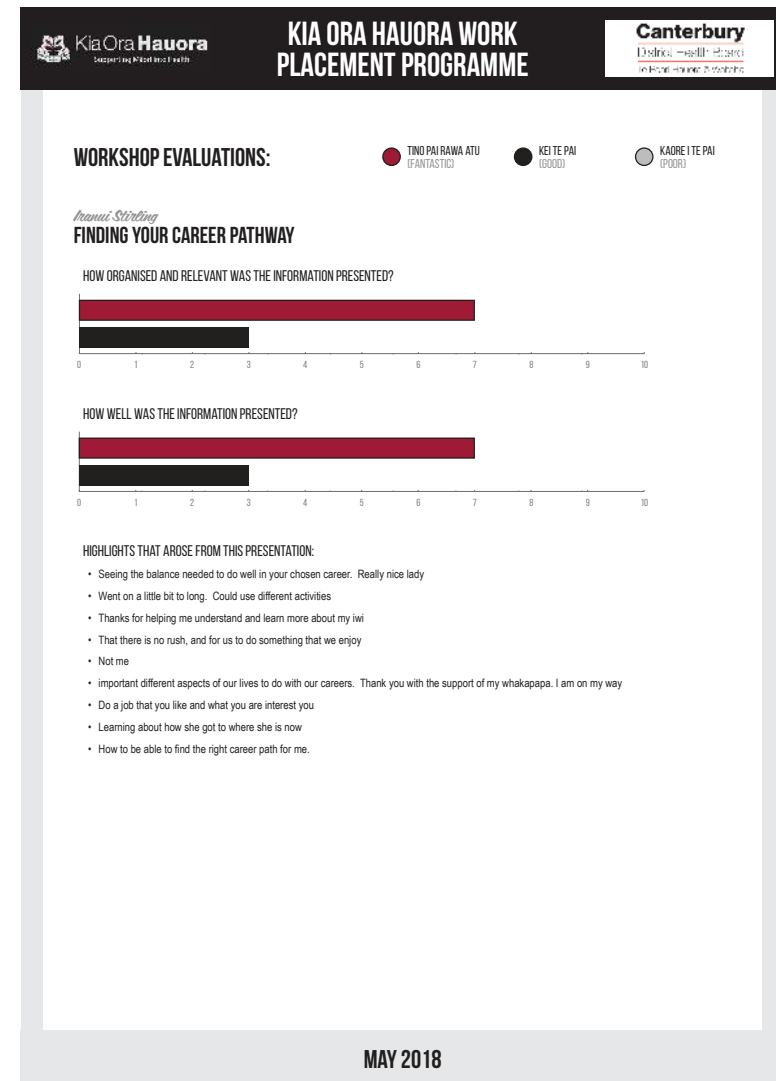
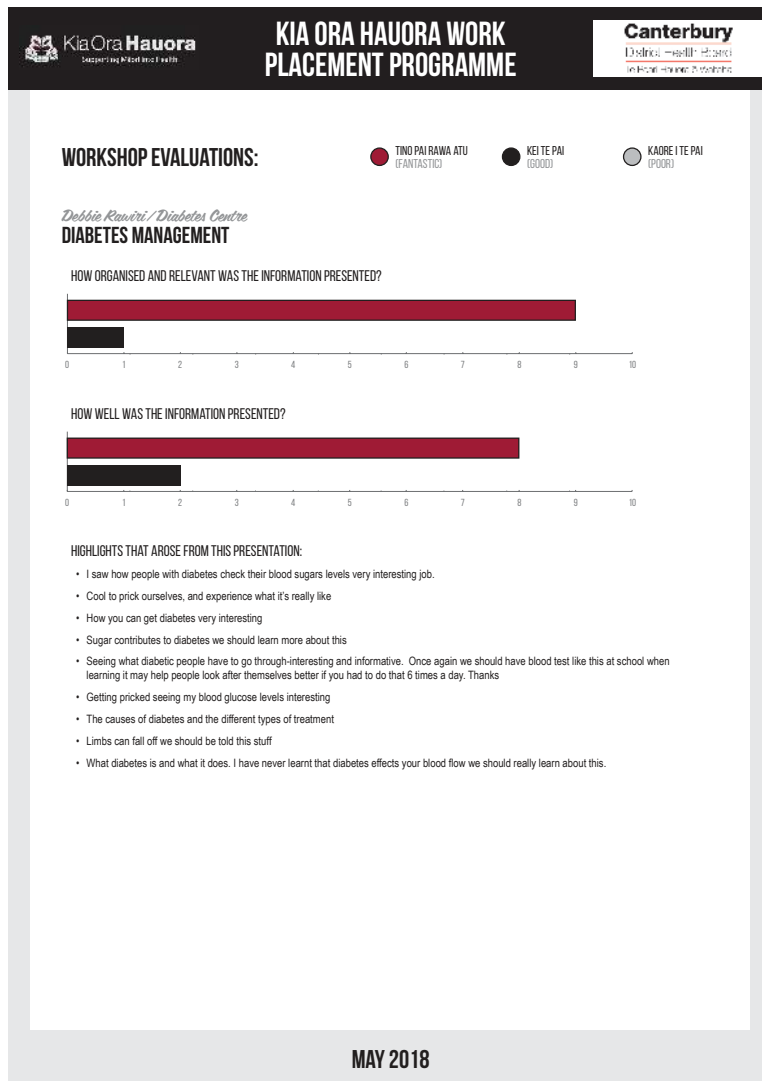


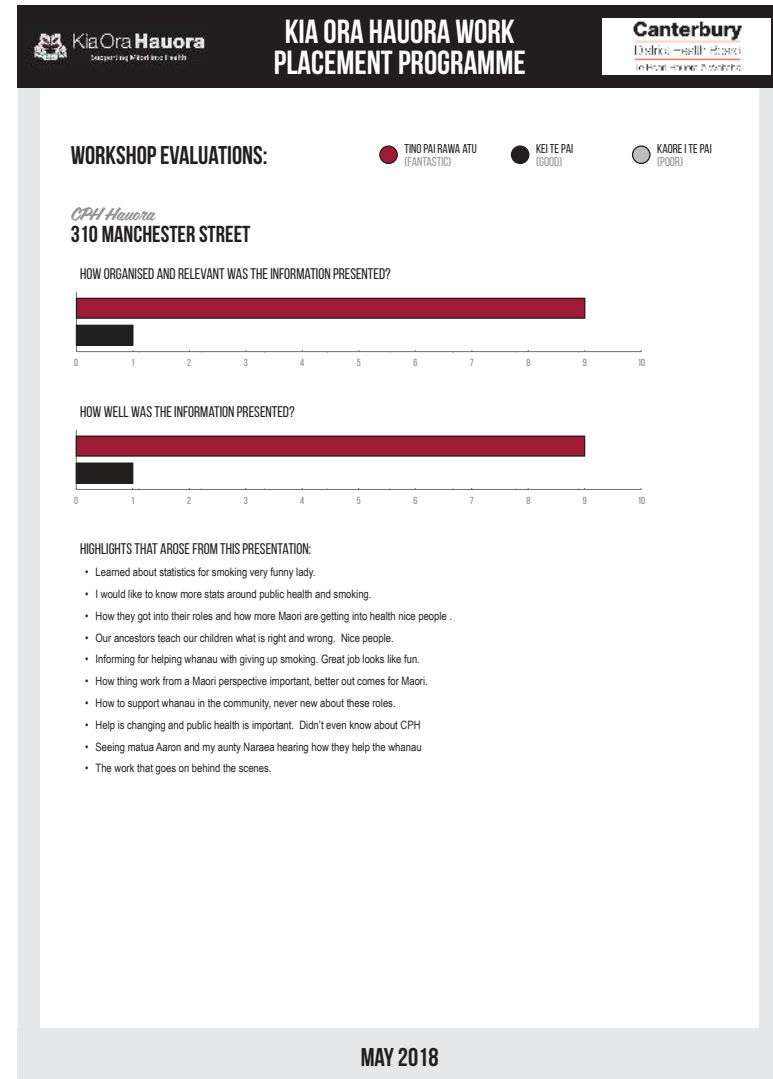
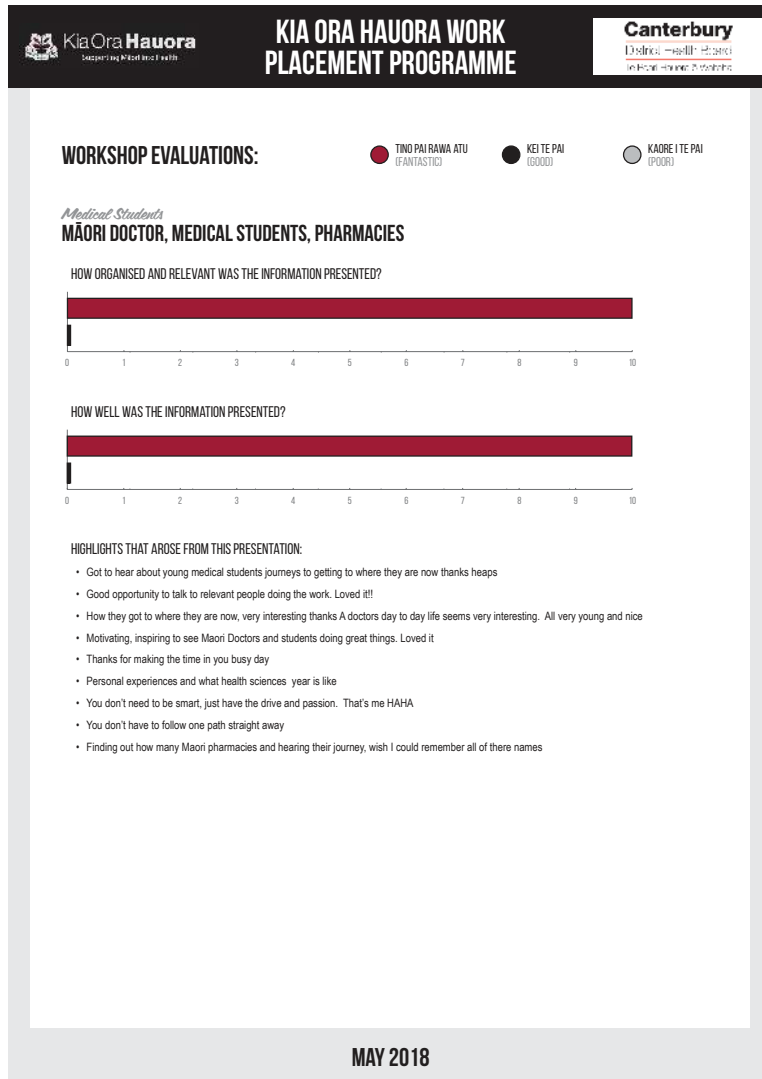


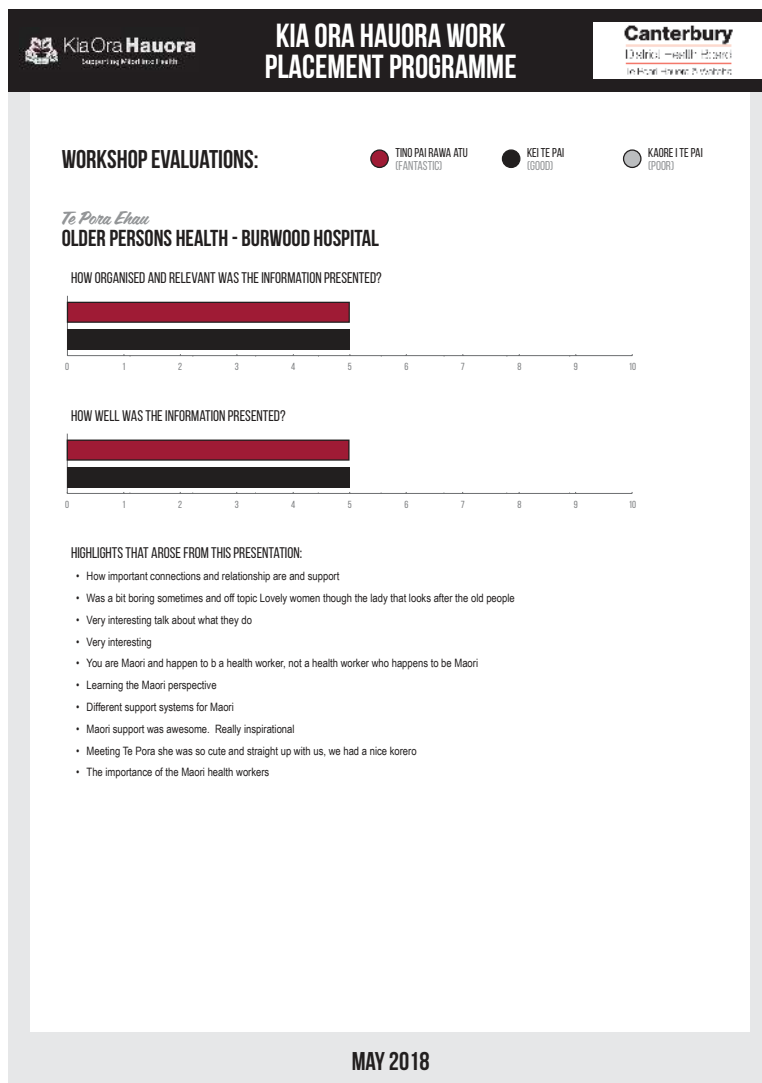




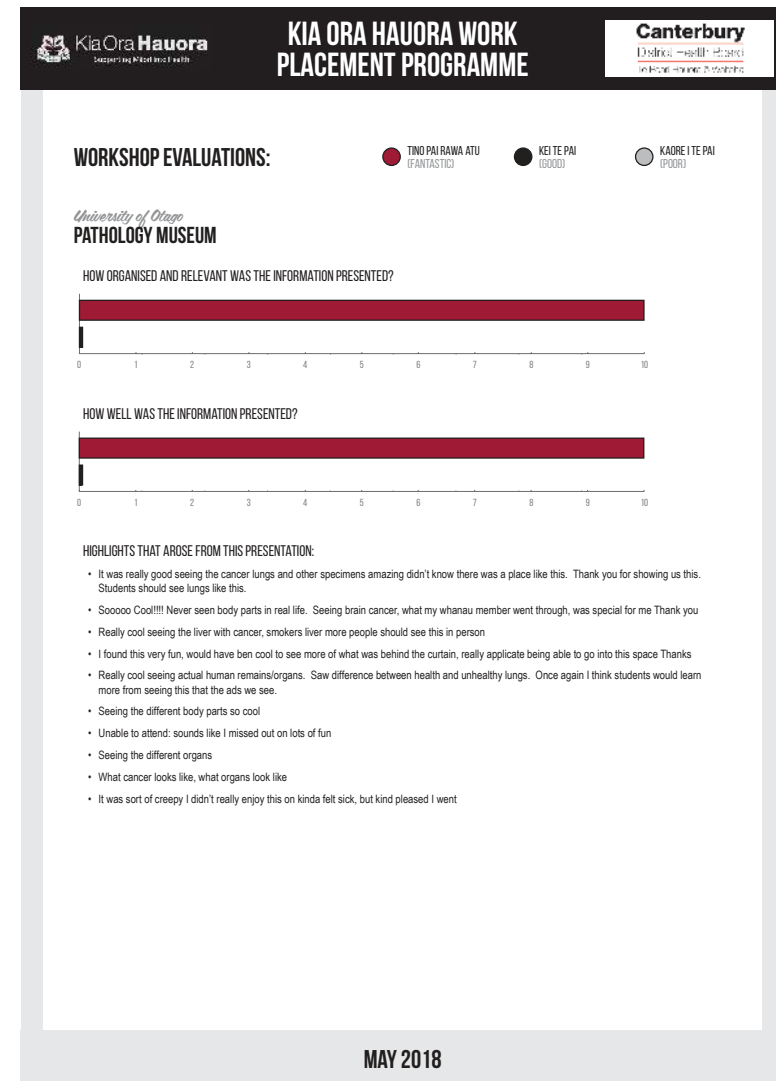
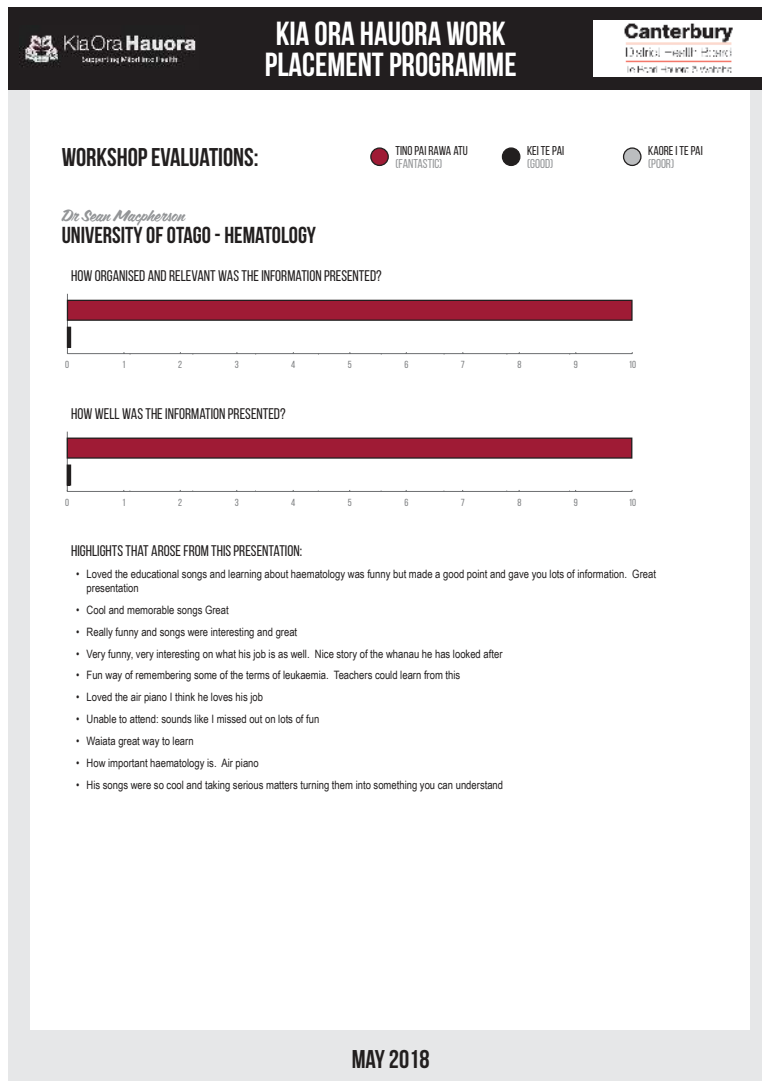


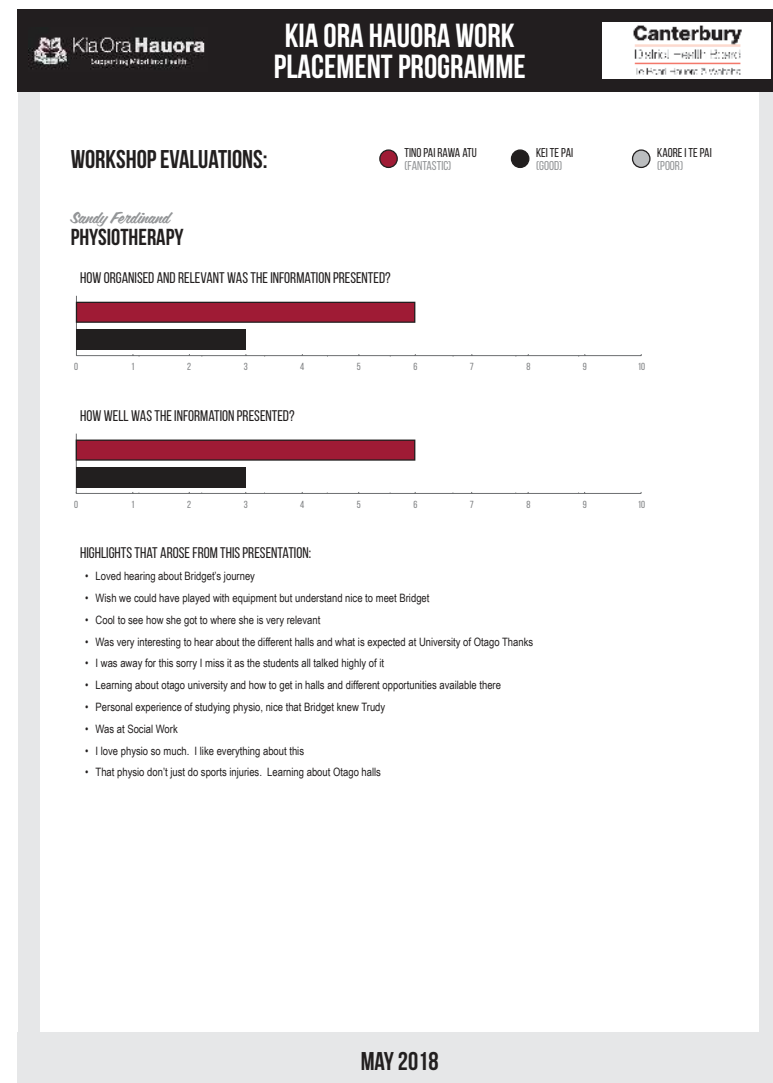
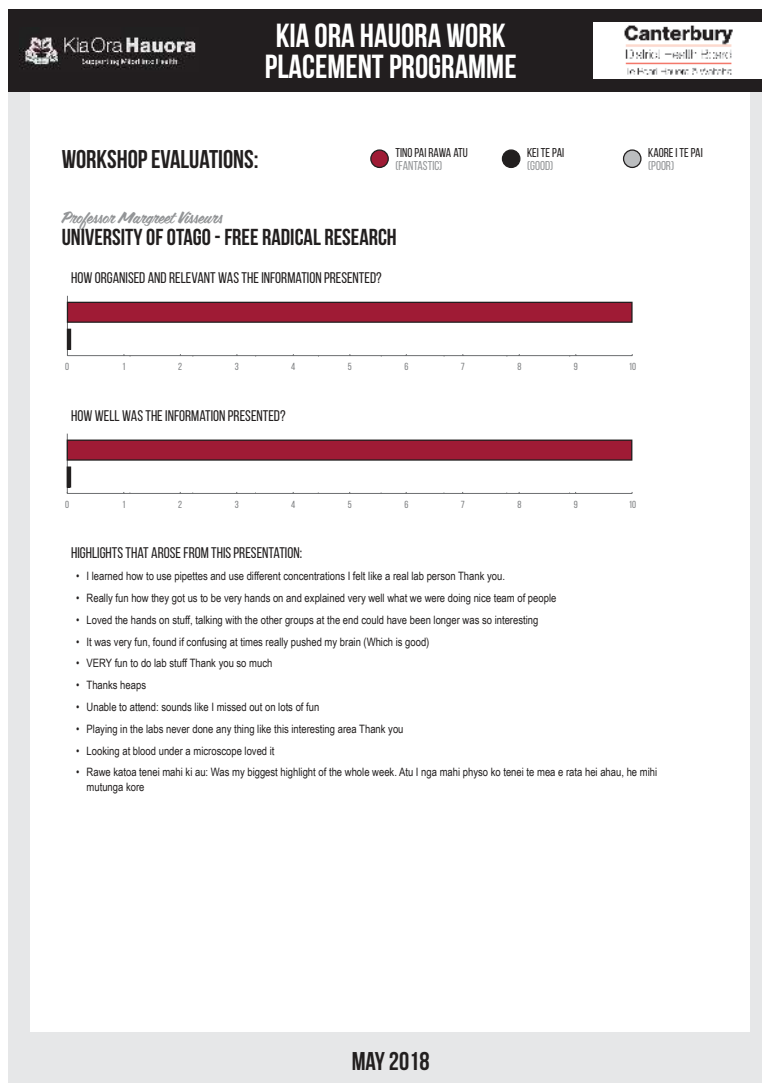


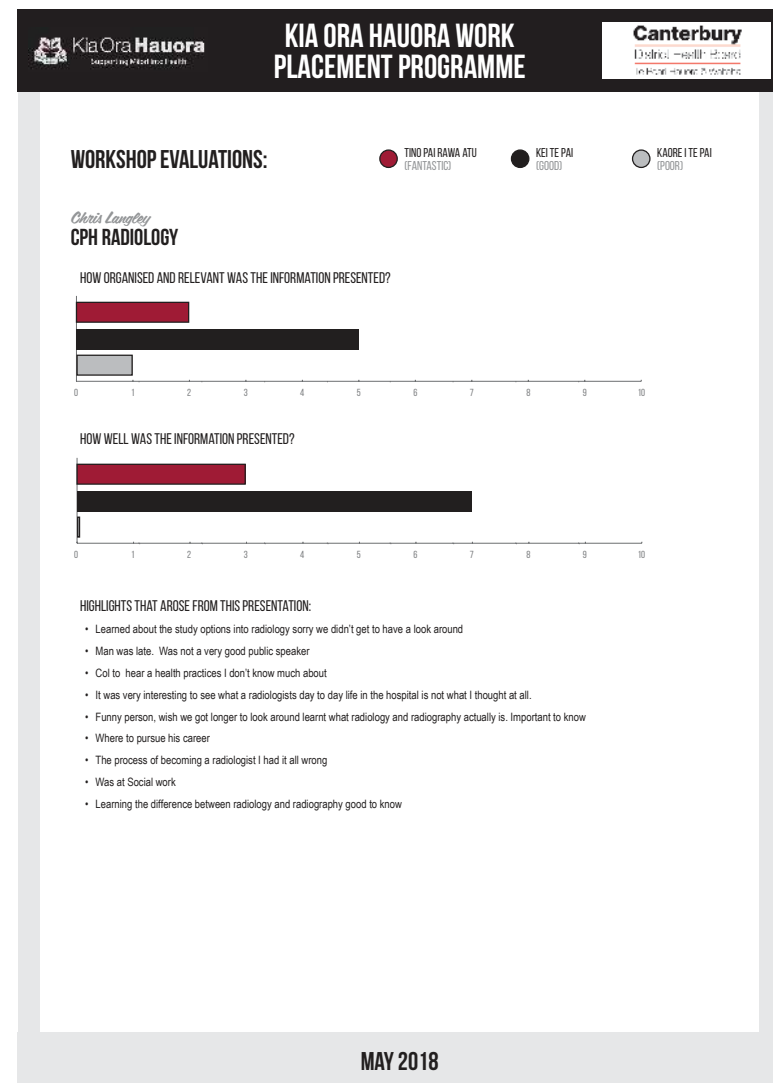
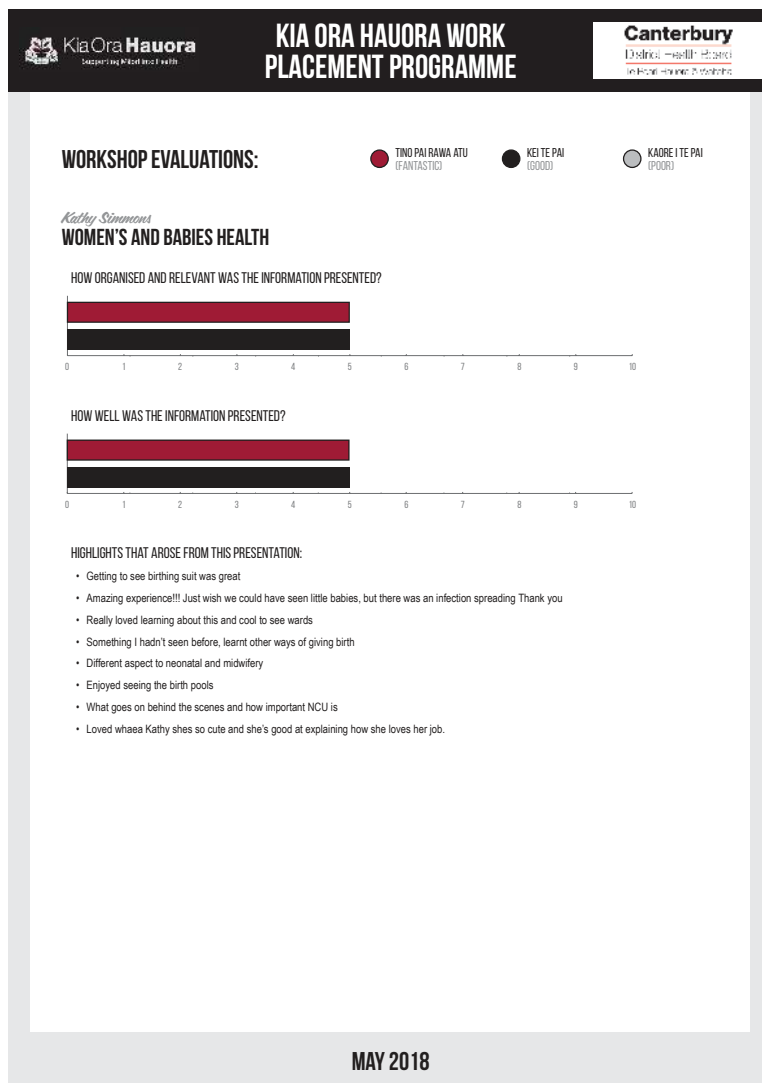


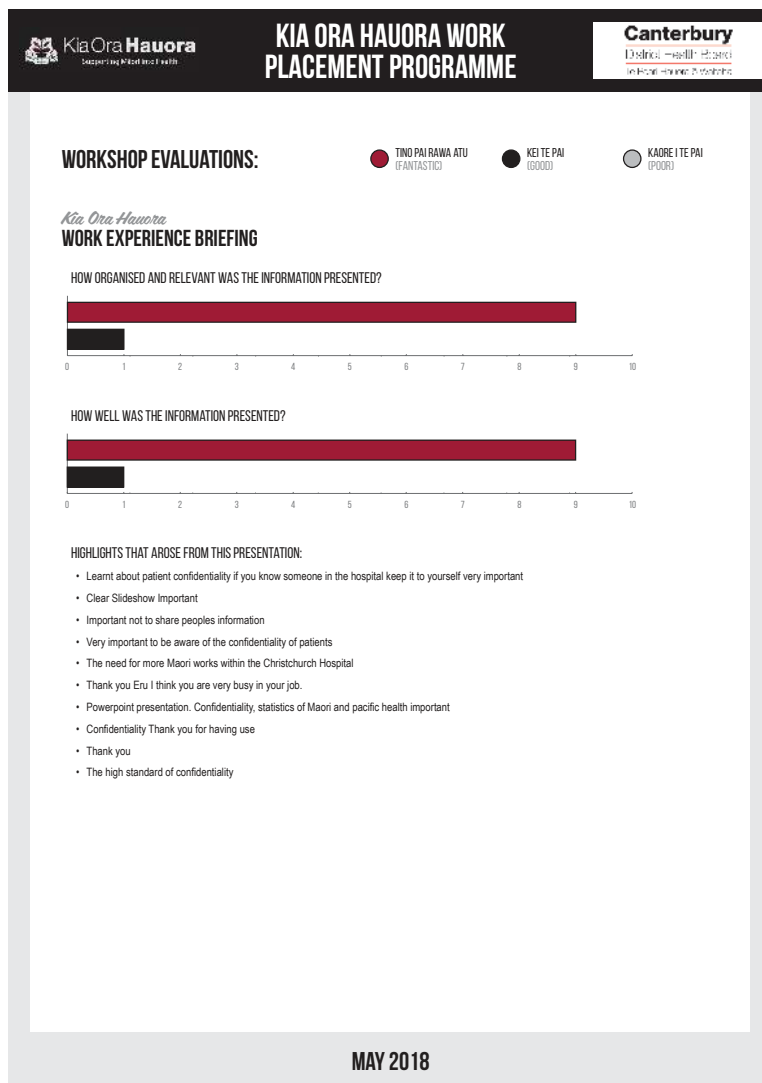












## TE HAO O TE RANGATAHI

Freshers Hui 2018



*Kia toha i te ora*  
est. 1999

APRIL 4, 2018  
TE ORANGA KI ŌTĀKOU  
71 Frederick St, Dunedin

**2018 Te Hao o Te Rangatahi (Freshers Hui)**

Freshers Hui Programme.....	2
Freshers Hui Report.....	3
Funding Letter to Kia Ora Hauora.....	4
Ōtākou Marae Invoice.....	5



**Te Oranga ki Ōtākou Freshers Hui**  
**2018**



**Friday 2<sup>nd</sup> March**

4.45pm	Students to arrive at MHWDU
5:15pm	Bus departs for Ōtākou Marae
6.15pm	Pōwhiri
6:30pm	Kai - Dinner
8:00pm	Set up wharehau
8:45pm	Mihimihi
10:00pm	Kai - Supper
10:15pm	Free time

**Saturday 3<sup>rd</sup> March**

7:30am	Wake up
8:00am	Kai - Breakfast
9:15am	Mihi whakatau
9:30am	Kapu tī
10am	Introductions
	— OUMSA
	— MHWDU
	— Te Rito
10.30am	Paramanawa – Morning tea
11am	Guest Speaker – Sarah Sciascia
11.40am	Kapahaka
12:30pm	Kai - Lunch
1:30-3:40pm	Workshops
	— Raranga with Whaea Wendy
	— Kēmu Māori with PEMA
	— Tikanga with Courtney
3:40pm	Paramanawa - Afternoon Tea
4:00-5:30pm	Free time
5:30-7:00pm	Kai - Dinner
7:00-8pm	Student Panel
8-9.30pm	Team challenges
9:30pm	Hapa - Supper
10pm	Free time

**Sunday 4th March**

7:30am	Wake up
8:00am	Kai - Breakfast
9:00am	Clean up Marae
10:00am	Letter to Self
10:30am	Evaluation
11:00am	Promotion of Te Ora, Te Oranga & Prize giving
11:30am	Poroporoaki / Whakamutunga

Te Hao o Te Rangatahi Report

"He kai kei aku ringa".

Te Hao o Te Rangatahi (Freshers Hui) was successful in that it achieved what the executive team had set out to create from the beginning. The purpose of the hui was to foster whānauangatanga within our expanding network of Māori Medical taura as well as create a safe environment for taura to immerse themselves in cultural and educational opportunities. These included students being involved in our rārangā workshops with Whaea Wendi Raumatī, improving their hauora with the kēmu workshop organised by PEMMA or learning about Tikanga and Kawa with Koro Hata Temo and Courtney Sullivan. We had around 100 people attend Freshers Hui from our honourable guests and speakers to our Māori medical students from far and wide. Our hui had the privilege of hearing the life story and experiences of Dr Sarah Sciascia, a Māori GP working for Ora Toa Medical Centre in Porirua. Kāore te kumara e kōrero ana mō tōna ake reka, engari, kei whea mai te mahi me te whakahonohono i waenganui i a tātou. During the Poroporoaki, a lot of kōrero was discussed on reflection of the hui but one piece of kōrero I heard, truly describes the whole experience of Freshers for me. "He kai kei aku ringa" meaning 'there is always food at our hands', conceptualises the whole theme of resilience and that despite tough times, we always have each other.



"Ehara taku toa, he takitahi, he toa takitini"



Te Oranga Ki Ōtākou  
71 Frederick St  
Dunedin North  
Dunedin 9016

4 o Paenga-whāwhā 2018

Kia Ora Hauora  
PO Box 179  
Tai Tapu, Christchurch 7645  
New Zealand

Tēnā koutou,

With the philosophy of '*Kia toha i te ora*', meaning 'to spread the wellness', Te Oranga Ki Ōtākou (TOKO) is a not-for-profit student organisation of Māori Medical students. Although the core working group is situated in Dunedin, we also have students at Wellington and Christchurch campuses. The group's sole purpose is *whakawhanaungatanga* – making connections, all with our Māori identity as the common thread. TOKO is a group that allows all medical students who identify as Māori, an opportunity to actively celebrate being Māori. To uphold this main purpose, funding is a constant challenge, and we look to your organisation for support financially.

Freshers Hui was held on the 2<sup>nd</sup> to the 4<sup>th</sup> of March at Ōtākou Marae. We hold this event annually because it serves the purpose of welcoming our new second year Māori Medical students into the whānau. As well as this, the hui provides an opportunity for our current existing body of students to engage in *whakawhanaungatanga* as is our sole purpose and allows students to immerse themselves in our beautiful reo and culture. We had 82 Māori Medical students in attendance as well as 19 esteemed guests and honourable speakers. Catering and organising events for around 100 people was a challenge, but one our executive managed to rise up to. In saying this, TOKO would like to acknowledge the many people who made everything possible.

TOKO has a history and tradition of organising Te Hao o Te Rangatahi (Freshers Hui) at Ōtākou Marae annually since its conception in 1999. However, the cost of hiring the marae has increased monumentally in comparison to previous years. With our most expensive invoice being the cost of Ōtākou Marae, our association looks to you for funding. With this, we also hope to strengthen our relationship with Kia Ora Hauora through increased attendance & promotion at our future events throughout the year. Our intent is to use the full amount of \$2000 to pay off the invoice for the marae. This is attached on the following page.

Alternatively, Te Oranga Ki Ōtākou will humbly accept any financial assistance your organisation is able to offer.

Ka pari te tai o Maioha, ka timu te tai o Mihi,  
Nā Te Oranga Ki Ōtākou Exec

*O. Naera*

Signed  
Oriwia Naera - Te Oranga Ki Ōtākou Tumuaiki.





## TAX INVOICE

Te Oranga ki o Otakou  
University of Otago Maori Health Workforce Development Unit  
71 Fredrick St  
Dunedin 9054

**Invoice Date**  
2 Mar 2018  
**Invoice Number**  
INV-0491  
**Reference**  
Toko fresher hui -  
Whakawhanaukataka  
**GST Number**  
076-352-690

TE RUNANGA o OTAKOU  
INCORPORATED  
45 Tamatea Road  
Otakou  
Otakou 9077  
NEW ZEALAND

Description	Quantity	Unit Price	Amount NZD
Venue hire for 2nd - 4th March 2018	2.00	375.00	750.00
Overnight fee for 2nd March 2018 65 attendees	65.00	25.00	1,625.00
Overnight fee for 3rd March 2018 60 attendees	60.00	25.00	1,500.00
Self Catering fee for use of wharekai for 2nd - 4th March 2018	1.00	150.00	150.00
		Subtotal	4,025.00
		TOTAL GST 15%	603.75
		<b>TOTAL NZD</b>	<b>4,628.75</b>

### Due Date: 20 Apr 2018

Please pay Te Runanga o Otakou Inc - ANZ 01 0902 0069111 000  
Please use INV# as reference



## PAYMENT ADVICE

To: TE RUNANGA o OTAKOU INCORPORATED  
45 Tamatea Road  
Otakou  
Otakou 9077  
NEW ZEALAND

**Customer** Te Oranga ki o Otakou  
**Invoice Number** INV-0491  
**Amount Due** 4,628.75  
**Due Date** 20 Apr 2018  
**Amount Enclosed**  
Enter the amount you are paying above

## NMIT Taura Neehi (BN) Whanau Group Report -June 2018



### BN Whānau Group Activities

During this past year regular informal Hui initiated by students of the NMIT Tauria Neehi Whānau Group have been held in the Kowhai Lounge on NMIT campus. This year we have welcomed an additional ten students (4 year one, 2 year two and 4 year three). They are regularly joined by Māori nursing tutors, Te Kaunihera o Ngā Neehi Māori representatives, Māori advisory and support staff of NMIT, and New Graduate Māori RN's.

Whānau group numbers have increased from 12 in 2017 to 22 in 2018. Some of this growth may be accredited to the creation (two years ago) and regular maintenance by students, of a group Facebook page. This medium has enabled better communication and support, and helped develop whānaungatanga. In this whānau space, which is deemed a 'safe place and safe space' for Māori students to come together, there is application and learning of Te Ao Māori, Tikanga and Te Reo.



Events have also included:

- Whānau group student rep attendance to NMIT Kawa Whakaruruhau meetings (three times yearly).
- Kia Ora Hauora ki te Waipounamu presented a workshop at NMIT early in 2018 to support scholarship applications for individual Māori nurses which resulted in two successful recipients.
- Five Māori nursing students and one NMIT Māori tutor have enrolled at NMIT on the Certificate in Te Tuara me Te Tinana O Te Reo level 1-4 programme to actively learn Te Reo.
- One BN Year 3 proudly received the NMIT Kaiapa (Uncle) Jack Kohe Scholarship for 2018.

### Annual Maori Student Nurses Hui -May 14-17

In May, eleven NMIT BN tauria whānau, two kaiako, a kaumatua and one new graduate RN travelled to Auckland to attend the annual Te Kaunihera o Ngā Neehi Māori o Aotearoa Hui. This three day wānanga was hosted by UNITECH Institute of Technology at Mahurehure Marae, Point Chevalier. Attendance was made possible by a successful application to Kia Ora Hauora ki Te Waipounamu for their Tertiary Student Group Funding scholarship which provided financial assistance towards airport transfers, marae koha and kura project costs. In addition, major funding and support was also gratefully received from NMIT which covered flight costs and registration fees. All attendees proudly sported their newly designed NMIT Māori Neehi hoodies. The design made in 2017 by NMIT's own Leroy De Thierry. The majestic whai are found in the regions waters and they are also visible on the floor in a way to direct and guide visitors in and around the NMIT Library.



The theme of the Hui this year was Whare Whakaruruhau – Self Care. The notion of mana wahine as a metaphor for 'Whare' that represents whakapapa (the many layers) of the identity as a Māori nurse and their nursing practice. The notion of 'Whakaruruhau' connects directly to all that keeps the links strong to Te Ao Maori and Te Ao Neehi. Here at the National Hui, amongst 100 other BN tauria, we proudly acknowledged our BN Year 3 tauria/ tuakana Katrina Taylor on her election as the inaugural vice-chair Student Rep for Te Kaunihera National Executive Committee. Katrina commented that a highlight for her (despite being unwell) was... "Watching you all on stage and all of you telling me you have had an amazing week! That makes me happy and knowing my job is done".

Nga manuhiri kaikōrero mo tenei Hui-a tau (guest speakers) shared inspiring messages. Our tauira reflected on key learning(s) from programmed sessions as follows:



**Kate Barry and New Grads UNITECH Institute of Technology.** Very inspiring knowing that we all go through a journey, not all is simple. Know who I am & know why I am here.

**Lorraine Hetaraka-Stevens & Rachael Smith from the National Hauora Coalition.** Don't be afraid to aim high and support our people in Primary Health. Set your heart on it and it can happen. Class-mates are your biggest asset, no one else knows what you're going through. Different career pathways in Primary Health. Not enough funding or time to provide effective care or diagnose; especially Maori with chronic disease. Making the change before its too late, focus on outcomes of research, use resources to best/full potential.

**Senior Maori Nursing Team WDHB.** Break the cycle. Ripple in a pond. Passion and people drive us. Take whanau to interviews. Change is happening. Be bold. Put whanau first. Know your community. Go and work with what and where you feel comfortable.

**Jo Marina National Executive Committee Member.** Emphasis on self-care. Let the worry go. Resilience. Hand and brain model. Tolerance. Adversity. Stages of transcendence. Fall up!

**Dr Linda Chalmers Associate Nurse Director Workforce Development & Learning Auckland DHB.** A clear description of employment opportunities offered at ADHB. Indigeneity. Diversity. Introduce yourself to one student, one nurse, and one academic.

**Leigh Paparoa & Hineroa Hakiaha Counties Manakau DHB.** Great Whare Whakaruruhau tips. Celebrate your success. Be proactive. Ask about your progress during placement. Do not forget who you are. If you do not know who you are, you are not able to look after yourself. Take deep breaths

**Hemaima Reihana-Tait. Nurse Director, Primary Health Care, Te Tai Tokerau PHO.** Make connections- whanaungatanga. Equality doesn't mean equity. Give yourself permission to be vulnerable enough to ask the questions. Stand proud, be who you are for your people. Manaakitanga. Don't stop now.

This year's kura presentation was an interpretation of the Hui theme as well as the values of Te Whare Wananga o Te Tau Ihu o Te Waka a Maui- NMIT, Rangatiratanga, Manaakitanga, Passion and Ownership. NMIT whanau proudly presented their Whai (skatefish) taonga.



Our tauira reflected on overall highlights and made suggestions for future activities.

BN Year 3 tuakana:

- Te Kaunihera Hui-a-tau is always something I look forward to. It's a time that I can feel safe to share my experiences with tauira, and they understand - they get it. It's where I am reminded that I'm not alone, and I am inspired and empowered to "Brown-it-up". It was no different this year. I have returned home with an overflowing kete of knowledge and inspiration to continue my journey to becoming a Māori RN (real nurse). The highlight for me, like my fellow tuakana sissy's, was seeing the changes in our whānau over the 4 days. You're all gorgeous beautiful souls, Kia kaha. Lastly, something to work on for next year I think is eliminating that first day tension of whanaungatanga. Maybe we try to make it a common practice to mihi more during our own Hui because I felt that's where the most anxiety was throughout the group? Waiata practice is also a given haha 🍷🍷🍷



New whanau BN Year 3:

- For me-prior to going to hui I found it quite challenging and hard to think about being immersed in my culture like that again. My Koro passed at the start of year one and he was really the only person I connected with in regard to learning about Maori history and my roots and learning how to speak the language-he raised me from a young age as his own and was a huge father figure to me. Since his passing I haven't truly pursued learning about my culture. In saying that- a big highlight for me was finding whanau in all of you and being able to reignite my passion to learn about my culture and know that I can be safe doing that with each of you. I have been able to appreciate my culture again and I hope to continue to learn with you all even after we graduate. Thank you all for a great week I'm so grateful to have been able to spend some good quality time with you.



- Highlight/s for me: Meeting and connecting with so many powerful and beautiful Neehi Maori; connecting with my culture/heritage; coming home knowing I will always have another awesome Whānau in you all. Let's keep the momentum going 🍷🍷
- You have given me the nudge I needed to reconnect with my culture and have helped lead us all on a journey of self-discovery! Second, this week has been a real eye opener for me as well and I am so happy I made it to Hui this year! Highlights: connecting with other Maori tauira! BUT, hands down the proudest moment for me was...us ALL standing on that stage and presenting our Kura project with pride, mana and passion. We nailed it whānau! I love the video! I would love to do more waiata practice also... this morning we threw around the idea of our WHOLE whanau group (if they were keen) to learn that waiata (I can't remember the name of it). And, perform it at our graduation! And, any other events or hui. Start our own little kapahaka group. 😊
- Highlight: meeting new Maori Neehi Tauira and connecting with our own NMIT tauira. Also learning more about my Māori heritage. I would also like to learn more Waiata!





## New BN Year 2 tauira whanau:

- Highlight was making new friends and being able to say I have a new whanau ❤️
- Highlight was definitely meeting everyone and establishing our place at NMIT as a beautiful Whanau of future Nurses!  
I would definitely be keen to do more Waiata practice and learn a lot more with actions and more confidence! 😊)
- My highlight was everything... but most importantly was getting to know you guys better and connecting with each of you... and now knowing I have the support and love of all of u behind me really makes a huge difference to how I feel about my journey of becoming a nurse! Thank you all for welcoming me, I had such an amazing time.

## Our NMIT New Graduate RN/tuakana commented:

- It is always very inspiring to listen to leaders within the Māori Nursing world, along with actually seeing you all grow!! (I may not have spent time with you all individually however I was observing the whole time and was extremely proud and impressed with how all of our NMIT tauira held a presence within that Hui!) Furthermore adding: We could try and organise a weekend Hui at NMIT and go through a few waiata etc 😊

<b>BN Tauira</b>	<b>Year</b>
<i>Jai Hiku</i>	3
<i>Kimah Rua</i>	3
<i>Nikki Millar</i>	3
<i>Desiree Johns</i>	3
<i>Katrina Taylor</i>	3
<i>Katherine Williams</i>	3
<i>Roberta Cleary</i>	2
<i>Sian Leef</i>	2
<i>Hannah-Lisa Daly</i>	1
<i>Caroll Hamilton</i>	1
<i>Shannon Norton</i>	1





Kia Ora **Hauora**  
Supporting Māori into Health



**FINANCE REPORT – AS AT 31 JULY 2018**

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

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

**SOURCE:** Finance

**DATE:** 20 September 2018

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

- i. notes the financial result for the period ended 31 July 2018.

## 3. DISCUSSION

### Overview of July 2018 Financial Result

The consolidated Canterbury DHB financial result for the month of July 2018 was a deficit of \$4.146M, which was \$0.066M unfavourable against the annual plan deficit of \$4.081M. The table below provides the breakdown of the July result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$M	\$M	\$M	\$M	\$M	\$M
Hospital & Specialist Service and Corporate	(1.079)	(0.047)	(1.032)	(1.079)	(0.047)	(1.032)
Community & Public Health	0.020	(0.011)	0.031	0.020	(0.011)	0.031
<b>Total In-House Provider excl Subsidiaries</b>	<b>(1.059)</b>	<b>(0.058)</b>	<b>(1.001)</b>	<b>(1.059)</b>	<b>(0.058)</b>	<b>(1.001)</b>
Add: Funder & Governance						
Funder Revenue	136.739	137.067	(0.328)	136.739	137.067	(0.328)
External Provider Expense	(59.013)	(59.920)	0.907	(59.013)	(59.920)	0.907
Internal Provider Expense	(81.051)	(81.159)	0.108	(81.051)	(81.159)	0.108
<b>Total Funder</b>	<b>(3.324)</b>	<b>(4.012)</b>	<b>0.688</b>	<b>(3.324)</b>	<b>(4.012)</b>	<b>0.688</b>
Governance & Funder Admin	0.115	-	0.115	0.115	-	0.115
<b>Total Canterbury DHB (Parent)</b>	<b>(4.268)</b>	<b>(4.070)</b>	<b>(0.198)</b>	<b>(4.268)</b>	<b>(4.070)</b>	<b>(0.198)</b>
Add: Subsidiaries						
Brackenridge Estate Ltd	0.035	0.043	(0.008)	0.035	0.043	(0.008)
Canterbury Linen Services Ltd	0.087	(0.054)	0.140	0.087	(0.054)	0.140
<b>Canterbury DHB Group Surplus / (Deficit)</b>	<b>(4.146)</b>	<b>(4.081)</b>	<b>(0.066)</b>	<b>(4.146)</b>	<b>(4.081)</b>	<b>(0.066)</b>

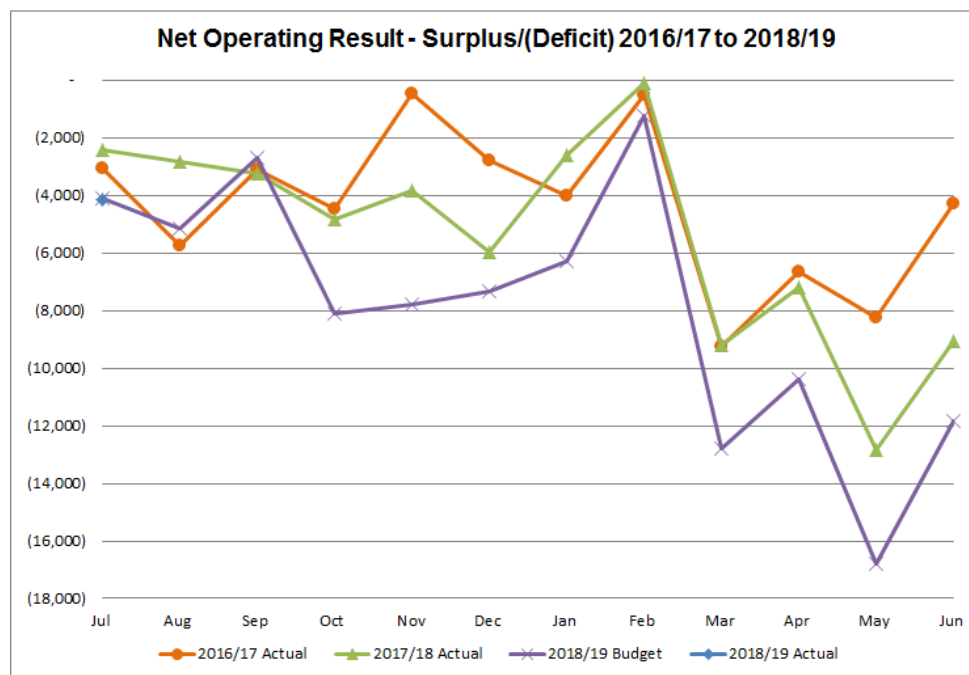
#### **4. APPENDICES**

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

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

**APPENDIX 1: FINANCIAL RESULT****FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 JULY 2018**

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(4,147)	(4,081)	(66)	2%	(4,147)	(4,081)	(66)	2%



Our draft 18/19 Annual Plan is a deficit of \$94.517M.

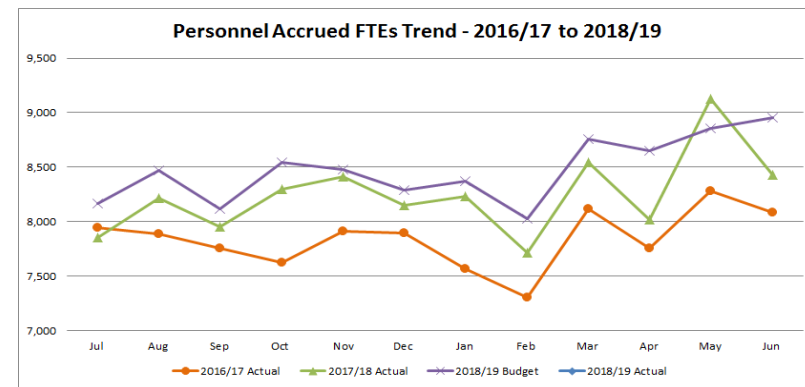
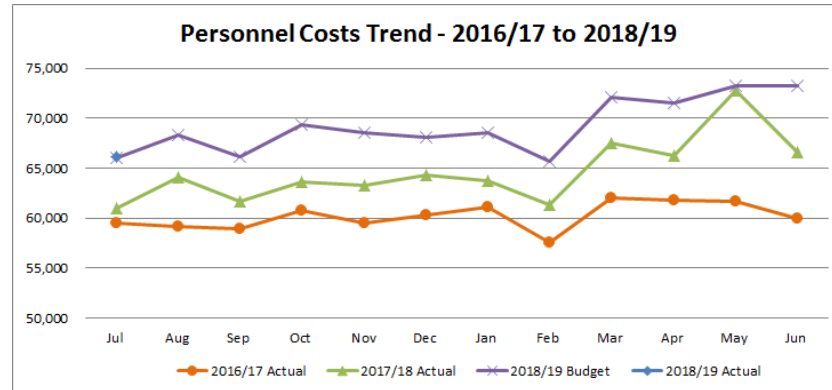
A major contributor to the July result is the ongoing additional outsourcing that has been required as a result of the facilities project delays and additional demand to that anticipated for aged residential care.

Note there are risks around wash-ups on some revenue streams such as electives funding, and IDF wash-ups that may differ from what we accrued at year end and will come through in this financial year.

**KEY RISKS AND ISSUES**

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

## PERSONNEL COSTS/PERSONNEL ACCRUED FTE



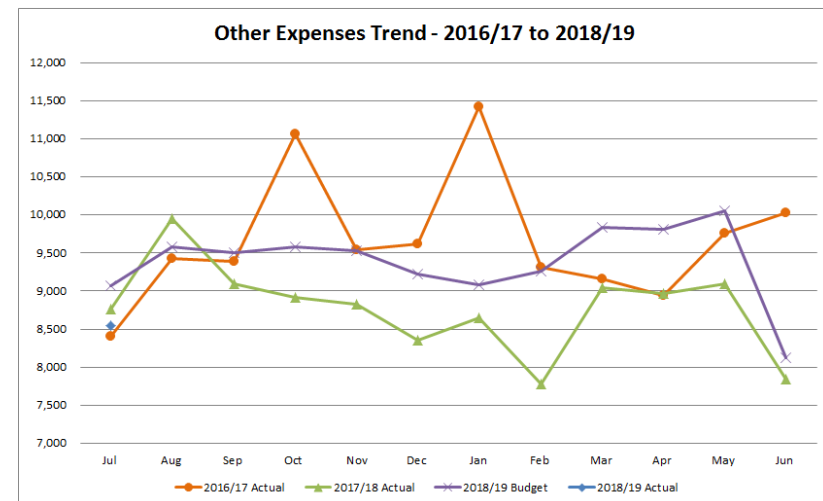
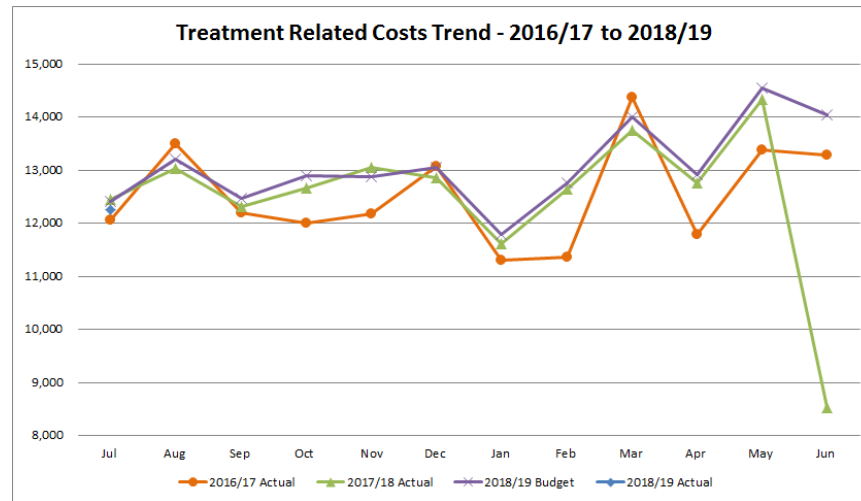
## KEY RISKS AND ISSUES

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

We are yet to assess the full implication of potential minimum wage increments, including the timing that is proposed for these, and the relativity impacts that this will create on other workforce groups that are not otherwise directly impacted.

We have not made any provision for Holidays Act compliance issues that the Sector is currently working through. The impact for CDHB is at this stage unquantifiable, given the complexity of the current interpretation in regard to the sector.

## TREATMENT & OTHER EXPENSES RELATED COSTS



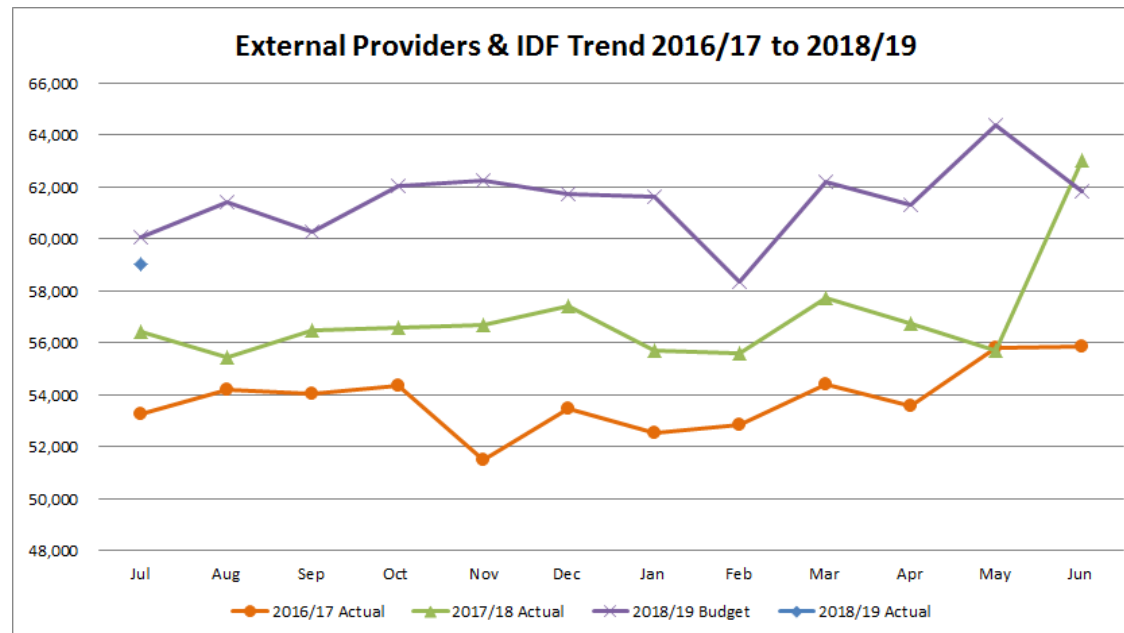
## KEY RISKS AND ISSUES

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

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

## EXTERNAL PROVIDER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
External Provider Costs	59,013	60,053	1,040	2%	✓	59,013	60,053	1,040	2%	✓



External provider expenditure is \$1.040M favourable YTD.

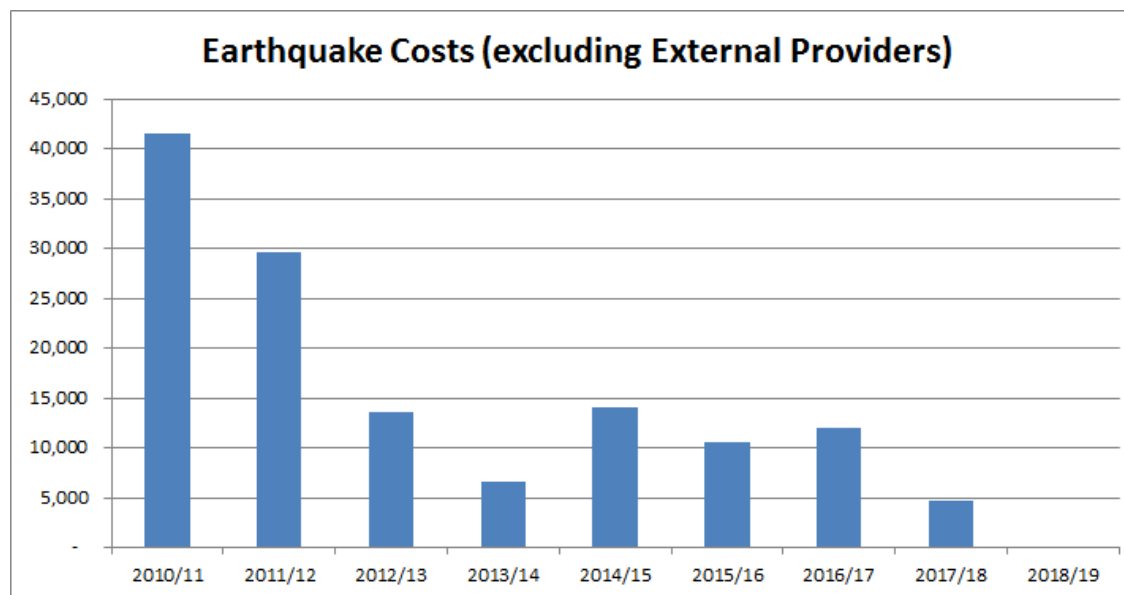
## KEY RISKS AND ISSUES

Additional outsourcing to meet electives targets may be required. Additionally, there is uncertainty on the impact on community rebates as a result of recent PHARMAC changes.



## EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	\$'000	\$'000	\$'000		\$'000	\$'000	\$'000	
Total Earthquake Revenue (Draw Down)	48	250	(202)	100% X	48	250	(202)	100% X
Earthquake Costs - Repairs	48	250	202	100% ✓	48	250	202	100% ✓
Earthquake Costs - External Provider	1,433	1,433	-	100% ✓	1,433	1,433	-	100% ✓
Earthquake Costs - Non Repairs	117	96	(21)	100% X	117	96	(21)	100% X
<b>Total Earthquake Costs</b>	<b>1,598</b>	<b>1,779</b>	<b>181</b>	<b>100% ✓</b>	<b>1,598</b>	<b>1,779</b>	<b>181</b>	<b>100% ✓</b>



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

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

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

## KEY RISKS AND ISSUES

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

## FINANCIAL POSITION

	YTD Actual \$'000	YTD Budget \$'000	Variance \$'000		
Equity	492,104	492,191	(87)	0%	✗
Cash	(9,590)	(15,697)	6,107	-39%	✓

The sweep account was overdrawn at the end of July with a balance of \$11M.

## KEY RISKS AND ISSUES

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

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd For the month of July 2018									
Month					Year to Date				Annual
18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget		18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget	18/19 Budget
142,293	142,898	138,877	(605) ✗	MoH Revenue	142,293	142,898	138,877	(605) ✗	1,740,844
3,776	4,168	5,014	(392) ✗	Patient Related Revenue	3,776	4,168	5,014	(392) ✗	50,300
2,503	3,061	3,039	(558) ✗	Other Revenue	2,503	3,061	3,039	(558) ✗	37,068
<b>148,572</b>	<b>150,127</b>	<b>146,930</b>	<b>(1,555)</b>	<b>Total Operating Revenue</b>	<b>148,572</b>	<b>150,127</b>	<b>146,930</b>	<b>(1,555)</b>	<b>1,828,212</b>
66,146	65,979	64,082	(167) ✗	Personnel Costs	66,146	65,979	64,082	(167) ✗	830,778
12,255	12,408	13,038	153 ✓	Treatment Related Costs	12,255	12,408	13,038	153 ✓	156,956
59,013	60,053	55,441	1,040 ✓	External Service Providers	59,013	60,053	55,441	1,040 ✓	737,301
8,550	9,067	9,932	517 ✓	Other Expenses	8,550	9,067	9,932	517 ✓	112,636
<b>145,964</b>	<b>147,507</b>	<b>142,493</b>	<b>1,543 ✓</b>	<b>Total Operating Expenditure</b>	<b>145,964</b>	<b>147,507</b>	<b>142,493</b>	<b>1,543 ✓</b>	<b>1,837,671</b>
<b>2,608</b>	<b>2,620</b>	<b>4,437</b>	<b>(12) ✗</b>	<b>Total Surplus / (Deficit) Before Indirect Items</b>	<b>2,608</b>	<b>2,620</b>	<b>4,437</b>	<b>(12) ✗</b>	<b>(9,459)</b>
77	148	71	(71) ✗	Interest	77	148	71	(71) ✗	1,779
304	335	6	(31) ✗	Donations	304	335	6	(31) ✗	3,537
3	-	-	3 ✓	Profit / (Loss) on Sale of Assets	3	-	-	3 ✓	-
<b>384</b>	<b>483</b>	<b>77</b>	<b>(99) ✗</b>	<b>Total Indirect Revenue</b>	<b>384</b>	<b>483</b>	<b>77</b>	<b>(99) ✗</b>	<b>5,316</b>
2,454	2,455	2,568	1 ✓	Capital Charge	2,454	2,455	2,568	1 ✓	29,494
4,684	4,691	4,763	7 ✓	Depreciation	4,684	4,691	4,763	7 ✓	60,430
-	38	-	38 ✓	Interest Expense	-	38	-	38 ✓	450
<b>7,139</b>	<b>7,184</b>	<b>7,331</b>	<b>45 ✓</b>	<b>Total Indirect Expenses</b>	<b>7,139</b>	<b>7,184</b>	<b>7,331</b>	<b>45 ✓</b>	<b>90,374</b>
<b>(4,147)</b>	<b>(4,081)</b>	<b>(2,817)</b>	<b>(66) ✗</b>	<b>Total Surplus / (Deficit)</b>	<b>(4,147)</b>	<b>(4,081)</b>	<b>(2,817)</b>	<b>(66) ✗</b>	<b>(94,517)</b>

**APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION**

As at 31 July 2018				
Unaudited 30-Jun-18 \$'000		Group Actual 31-Jul-18 \$'000	YTD Group Budget 31-Jul-18 \$'000	Annual Group Budget 30-Jun-19 \$'000
517,833	Opening Equity	496,272	496,272	496,272
42,398	Net Equity Injections / (Repayments) During Year	-	-	149,098
(63,959)	Operating Results for the Period	(4,168)	(4,081)	(94,517)
<b>496,272</b>	<b>TOTAL PUBLIC EQUITY</b>	<b>492,104</b>	<b>492,191</b>	<b>550,853</b>
Represented By:				
<b>Current Assets</b>				
1,677	Cash & Cash Equivalents	1,792	1,679	-
750	Short Term Investments	750	750	750
87,165	Trade and Other Receivables	84,708	87,151	87,151
4,554	Prepayments	10,521	4,554	4,554
11,171	Inventories	10,555	11,171	11,171
10,561	Restricted Assets	10,561	10,254	10,254
<b>115,878</b>	<b>Total Current Assets</b>	<b>118,888</b>	<b>115,559</b>	<b>113,880</b>
<b>Less Current Liabilities</b>				
17,376	Overdraft	11,382	17,376	42,413
111,189	Trade and Other Payables	117,110	115,259	111,178
10,577	Restricted Funds	10,577	10,269	10,269
172,699	Employee Benefits	180,008	172,700	164,700
<b>311,841</b>	<b>Total Current Liabilities</b>	<b>319,078</b>	<b>315,604</b>	<b>328,560</b>
<b>(195,963)</b>	<b>Working Capital</b>	<b>(200,190)</b>	<b>(200,045)</b>	<b>(214,680)</b>
<b>Non Current Assets</b>				
16	Restricted Funds	16	16	16
5,186	Investment in NZHPL	5,186	5,186	5,186
693,197	Fixed Assets	693,304	693,198	766,495
<b>698,399</b>	<b>Term Assets</b>	<b>698,507</b>	<b>698,400</b>	<b>771,697</b>
<b>Non Current Liabilities</b>				
6,164	Employee Benefits	6,213	6,164	6,164
<b>6,164</b>	<b>Term Liabilities</b>	<b>6,213</b>	<b>6,164</b>	<b>6,164</b>
<b>496,272</b>	<b>NET ASSETS</b>	<b>492,104</b>	<b>492,191</b>	<b>550,853</b>

**APPENDIX 4: CASHFLOW**

Unaudited 30-Jun-18 \$'000		Actual 31-Jul-18 \$'000	YTD Budget 31-Jul-18 \$'000	Budget 30-Jun-19 \$'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	<b>Net Cash from Operating Activities</b>	10,901	3,067	(42,085)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	<b>Net Cash from Investing Activities</b>	(4,792)	(4,939)	(133,727)
	CASHFLOW FROM FINANCING ACTIVITIES			
42,398	<b>Net Cash from Financing Activities</b>	-	-	149,098
(1,179)	Overall Increase/(Decrease) in Cash Held	6,109	(1,872)	(26,714)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	<b>Closing Cash Balance</b>	(9,590)	(17,571)	(42,413)

**CPH&DSAC – 30 AUGUST 2018**

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

**SOURCE:** Community & Public Health and Disability Support Advisory Committee

**DATE:** 20 September 2018

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

### 1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 30 August 2018.

### 2. RECOMMENDATION

That the Board:

- i. notes the draft minutes from CPH&DSAC's meeting on 30 August 2018 (Appendix 1).

### 3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 30 August 2018.

Report prepared by: Anna Craw, Board Secretary

Report approved by: Anna Crighton, Chair, Community and Public Health Advisory Committee  
 Tracey Chambers, Chair, Disability Support Advisory Committee

**MINUTES**

**DRAFT**  
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH  
 AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch**  
**on Thursday, 30 August 2018 commencing at 9.00am**

**PRESENT**

Dr Anna Crighton (Chair, CPHAC); Tracey Chambers (Chair, DSAC); David Morrell (Deputy Chair, CPHAC); Sally Buck; Jo Kane; Tom Callanan; Wendy Dallas-Katoa; Rochelle Faimalo; Dr Susan Foster-Cohen; Yvonne Palmer; Dr Olive Webb; Hans Wouters; Ta Mark Solomon (ex-officio); and Dr John Wood (ex-officio).

**APOLOGIES**

An apology for absence was received and accepted from Chris Mene.

An apology for lateness was received and accepted from Dr Anna Crighton (10.30am).

**IN ATTENDANCE**

David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Kerry Marshall (Public Health Manager, Community & Public Health); Anna Craw (Board Secretariat); and Charlotte Evers (Assistant Board Secretariat).

**Item 6**

Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health

**Item 7**

Raegan Kitto, Clinical Manager, Social Work, Older Persons Health & Rehabilitation

**Item 8**

Bronwyn Larsen, Health in All Policies Advisor, Community & Public Health  
 Jonathan Amos, Service Development Manager, Planning & Funding

**Item 12**

Carol Horgan, Facilitator, Oxford & Surrounding Areas Health Service Development Group (OSHSDG)  
 Kevin Felstead, Chair, Local Government, OSHSDG  
 Judith Millar, GP, Clinical Perspective, OSHSDG  
 Jo Ealam, Oxford Community Trust, Consumer and NGO Perspective, OSHSDG

Ta Mark Solomon opened the meeting with a Karakia.

*Ms Tracey Chambers, Chair, DSAC, chaired the first part of the meeting.*

**1. INTEREST REGISTER****Additions/Alterations to the Interest Register**

Rochelle Faimolo advised the following:

- Addition – Canterbury Youth Workers Collective – Committee Member
- Amendment – Hurunui District Council – Community Team Leader Social Recovery  
~~Co-ordinator~~



There were no other additions/alterations to the interest register.

#### **Declarations of Interest for Items on Today's Agenda**

There were no declarations of interest for items on today's agenda.

#### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

## **2. MINUTES OF THE PREVIOUS MEETING**

### **Resolution (09/18)**

(Moved: Sally Buck/Seconded: Wendy Dallas-Katoa – carried)

“That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 3 May 2018 be confirmed as a true and correct record.”

## **3. CARRIED FORWARD/ACTION LIST ITEMS**

The carried forward action list was noted.

## **4. OUR PEOPLE**

The “Our People” story was viewed.

*Jo Kane joined the meeting at 9.17am.*

*David Morrell joined the meeting at 9.19am.*

A discussion was held around the CDHB's relationship with ACC. Carolyn Gullery, Executive Director, Planning Funding & Decision Support, advised of a non-acute rehabilitation pilot programme currently underway, being driven at a national level, involving ACC working with CDHB, Auckland and Waikato DHBs.

It was agreed that representatives of the Committee would meet with Ms Gullery to be briefed on where the programme has come from and where it is at currently, with the objective that Committee members provide a sense check for alignment of thoughts.

## **5. TRANSALPINE STRATEGIC DISABILITY ACTION PLAN UPDATE**

Ms Gullery presented the update, which was taken as read, highlighting the following:

- Maori and Pacific Island members in the Diversity Moderation Group.
- The beginning of Project Search in February 2019, which has been expanded to other areas of disability.
- A pilot for acute care plans, which is being led by a collaborative care team from the Canterbury Clinical Network (CCN).

There was a request for data on CDHB employees who identify as having a disability. It was noted that this had been discussed at a recent Board meeting. Michael Frampton, Chief People Officer, will provide an update to a future meeting, to also include the rollout of the new employment portal, Max.

With reference to commentary in the report around transferring documents to ‘Easy Read’, it was noted that there are a number of organisations who can be contracted to do this.

There was discussion around changes to the NHI and whether disability information will be stored.

A Committee member queried the research on people who report as being disabled. There was discussion around people not disclosing a disability for fear of being labelled or excluded by employers.

There was discussion around people with disabilities and the unique challenges faced to access existing facilities. Transport is often hard for wheelchair users to source. It was noted that there is now a wheelchair shuttle operating between Christchurch Hospital and the Lichfield Street parking building, as well as new mobility parks on Rolleston Avenue and Cambridge Terrace.

There was a query from a Committee member as to whether the Healthlearn training module could be made available to organisations outside of the health sector. Ms Gullery undertook to follow this up and report back.

### **Resolution (10/18)**

(Moved: Tracey Chambers/Seconded: Sally Buck – carried)

“That the Committee:

- i. notes the key areas of progress in achieving the two year priority actions of the plan;
- ii. notes that a refresh of the Plan is occurring and will be presented to the Committee for their endorsement following approval by the Disability Steering Group (DSG); and
- iii. notes the increase of Maori and Pacific membership on the DSG following the approved nominations and selection process conducted by the Canterbury Clinical Network.”

## **6. COMMUNITY & PUBLIC HEALTH – DISABILITY SECTOR – PRESENTATION**

Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health, presented an update on the disability sector from the Community & Public Health perspective. Ms Nichols-Dunsmuir circulated the Christchurch City Council Accessibility Checklist, a document which provides guidance for holding events that are accessible to people with disabilities.

A Committee member asked whether the new stadium will be designed with accessibility in mind. Ms Nichols-Dunsmuir commented that Otakaro is providing guidance on accessibility in anchor projects.

A request was made for the Facility Development Principles to be made available to the Committee. Ms Nichols-Dunsmuir undertook to provide these.

*Dr Anna Crighton joined the meeting at 10.12am.*

Ms Chambers thanked Ms Nichols-Dunsmuir for her presentation and congratulated the team on their work.

## **7. SOCIAL WORKERS REPORT ON HOARDING BEHAVIOURS – PRESENTATION**

Raegan Kitto, Clinical Manager, Social Work, Older Persons Health and Rehabilitation, presented on social work and hoarding behaviours in the elderly population.

A Committee member queried what effects the Canterbury earthquakes had on hoarding behaviours and whether this was consistent with predicted trends. Ms Kitto noted that often the earthquakes had made the situation better, as neighbours were checking on each other and could identify hoarding behaviour.

There was discussion around data for hoarding disorders. It was noted that data collection is not currently at a point that shows where it is more prevalent or how many people are classed as having a hoarding disorder. Figures are anecdotally reported from staff sharing their experiences.

Discussion was held around how families can get support from services in treating the disorder.

Ms Chambers thanked Ms Kitto for her presentation.

*Dr Anna Crighton, Chair, CPHAC, chaired the remainder of the meeting.*

## **8. ALCOHOL UPDATE – PRESENTATION**

Bronwyn Larsen, Health in All Policies Advisor, Community & Public Health; and Jonathan Amos, Service Development Manager, Planning & Funding, presented an update on the Canterbury health system strategy to reduce alcohol-related harm.

Ms Crighton thanked Ms Larsen and Mr Amos for their presentation, and invited them to stay for morning tea, where Committee members could raise any questions.

*The meeting adjourned for morning tea at 11.01am, resuming at 11.15am.*

## **9. COMMUNITY AND PUBLIC HEALTH EXCEPTION REPORT**

Kerry Marshall, Public Health Manager, Community & Public Health presented the update, which was taken as read.

There was a request for further information on data regarding air quality/respiratory illness monitoring across the greater Canterbury area. This will be provided to a future meeting.

There was a request that an update on the Healthy Christchurch seminars be added to the 2019 workplan, to address traction, usefulness and achievements.

### **Resolution (11/18)**

(Moved: Anna Crighton/Seconded: Wendy Dallas-Katoa – carried)

“That the Committee:

- i. notes the Community and Public Health Exception report.”

## **10. PLANNING & FUNDING EXCEPTION REPORT**

Carolyn Gullery presented the update, which was taken as read.

Highlights included:

- An above average national result in ED performance.
- Reaching the immunisation target for all ethnicities.

- Rapid roll-out of the Mana Ake programme. A Wellbeing in Schools tool has been launched, with 25 schools attending training recently.

Discussion was held around increased referrals to CREST services and whether this will cause delays. Ms Gullery commented that the delay relates to assessment, not to services starting. Work is underway and ongoing to re-design the CREST model.

A Committee member queried coverage of the Mana Ake programme and whether the number of FTE positions will grow to meet demand. The rollout was done based on a best assessment model and referrals from Oranga Tamariki, reflecting children in school clusters. Initial funding is for 80 FTE workers for the greater Canterbury region.

A question was raised about the estimated caseload for the Mana Ake workforce. Ms Gullery commented it will be a learning curve because it is designed to complement other services already in place.

There was discussion around the relationship between Mana Ake and the Ministry of Education (*MoEd*). Ms Gullery commented that MoEd is an alliance partner and part of the design process.

A query was raised about the aging workforce in rural district nursing. Ms Gullery advised that work continues in this area, with a report to the Board expected before year end.

A Committee member questioned whether more can be done for children identified as obese who do not attend referral appointments. Ms Gullery commented that the data in the report is from the B4 School checks where the child is identified as being in the 98th percentile for weight. 42% of children are attending referral appointments, but she acknowledged the difficulty in families accepting the referral. A range of responses are being worked on.

Discussion was held around dementia/rethome capacity. It was acknowledged that this is a serious issue South Island wide, not just in Canterbury. Nelson/Marlborough DHB have put out an RFP for providers and CDHB is hoping to work with them and other South Island DHBs as an alliance.

### **Resolution (12/18)**

(Moved: Jo Kane/Seconded: Tracey Chambers – carried)

“That the Committee:

- notes the Planning & Funding Exception report.”

*Tracey Chambers retired from the meeting at 11.40am.*

*The meeting moved to Item 12.*

## **12. OXFORD MODEL OF CARE UPDATE**

Carol Horgan, CCN Facilitator, Oxford and Surrounding Areas Health Service Development Group (*OSHSDG*); Kevin Felstead, Chair, Local Government, *OSHSDG*; Judith Millar, GP, Clinical Perspective, *OSHSDG*; and Jo Ealam, Oxford Community Trust, Consumer and NGO Perspective, *OSHSDG* presented a video on the *OSHSDG* and model of care update for Oxford. They also handed out a flyer which will be put in letterboxes in the Oxford community.

There was discussion around:

- Oxford population figures.
- How transient people in the community can access healthcare.
- The importance of telephone landlines for communication.

There was discussion around next steps. The group is seeking feedback from the community and will make revisions to the model of care, which will be presented to the CCN Alliance Leadership Team in November. From there the update will go to the Hospital Advisory Committee and to the CDHB Board early 2019. The full model of care, in draft form, is available on the CCN website.

There was a request to ensure that there is disability representation on the group.

Dr Crighton invited the group to provide an update to the Committee in 12 months, and thanked the group for their attendance and presentation.

### **Resolution (13/18)**

(Moved: David Morrell/Seconded: Hans Wouters – carried)

“That the Committee:

- i. notes the progress of the group; and
- ii. notes the intended community engagement (scheduled for early September).”

*The meeting moved to Item 11.*

## **11. HURUNUI – KAIKOURA EARTHQUAKE RECOVERY UPDATE**

Ms Gullery presented the report which was taken as read.

Discussion took place around ongoing ambulance access in the Hurunui area. Ms Gullery advised that the Ministry of Health (*MoH*) are initiating discussions with the St John Ambulance CEO in order to address this.

A Committee member queried when the Mana Ake programme will be launched in Kaikoura, as Kaikoura High School is experiencing significant mental health issues. The programme is due to start in October.

Discussion was held around loneliness and why there is no funding for accredited visitor services. A process for sourcing funding for a package of health services is underway.

A Committee member queried the longevity of the All Right? campaign. The Community & Public Health team are looking for funding opportunities to extend this.

*Dr Olive Webb retired from the meeting at 12.15pm.*

### **Resolution (13/18)**

(Moved: Jo Kane/Seconded: Mark Solomon – carried)

“That the Committee:

- i. notes the Hurunui – Kaikoura Earthquake Recovery Update report.”

*The meeting moved to Item 13.*

### **13. COMMUNITY & PUBLIC HEALTH EARLY CHILDHOOD FOCUS/ACTIVITIES UPDATE – PRESENTATION**

Kerry Marshall presented an update on activities in early childhood settings from a Community & Public Health (CPH) perspective.

Discussion was held around modern learning environments and how this effects children with sensory learning disorders, as some early childhood centres (*ECE*) are set out in this way. Ms Marshall commented that CPH is eager to be involved in looking at the effects of modern learning environments on children.

Ms Marshall commented that resources produced by CPH are readily available to ECEs and they are in frequent contact with centre managers and owners.

#### **INFORMATION ITEMS**

- Disability Steering Group Minutes – June 2018
- Disability Steering Group – Updated Terms of Reference – Adopted 28 June 2018
- Disabled Persons Assembly New Zealand August/September 2018 Newsletter
- CPH End of Year Report to MoH
- CCN Q4 2017/2018
- 2019 Meeting Schedule
- 2018 Workplan

There being no further business the meeting concluded at 12.34pm.

Confirmed as a true and correct record:

\_\_\_\_\_  
Dr Anna Crighton  
Chair, CPHAC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tracey Chambers  
Chair, DSAC

\_\_\_\_\_  
Date

**RESOLUTION TO EXCLUDE THE PUBLIC**

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

**SOURCE:** Corporate Services

**DATE:** 20 September 2018

Report Status – For: Decision ☒ Noting ☐ Information ☐

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATIONS

That the Board:

- i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7 and the information items contained in the report;
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 16 August 2018	For the reasons set out in the previous Board agenda.	
2.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	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)
4.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
5.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Outpatients Handover Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)



7.	Advice to Board: <ul style="list-style-type: none"> <li>Facilities Committee - Oral 20 Sep 2018</li> <li>QFARC Draft Minutes 28 Aug 2018</li> </ul>	For the reasons set out in the previous Committee agendas.	
----	--	--	--

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

### 3. **SUMMARY**

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

- (a) the general subject of each matter to be considered while the public is excluded; and*
- (b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and*
- (c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)*

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

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