AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 17 October 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 19 September 2019		
3.	Carried Forward / Action List Items		
4.	Patient Story		
5.	Chair's Update (Oral)	Dr John Wood	9.05-9.10am
6.	Chief Executive's Update	David Meates	9.10-9.45am
7.	Finance Report	Justine White	9.45-9.55am
8.	Advice to Board: HAC – 3 October 2019 - Draft Minutes	Andrew Dickerson	9.55-10.00am
9.	Resolution to Exclude the Public		10.00am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.00am**

NEXT MEETING
Tuesday, 29 October 2019 (Special Meeting)
Thursday, 21 November 2019 (Ordinary Meeting)

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
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*
Kay Jenkins – *Executive Assistant, Governance Support*

BOARD ATTENDANCE SCHEDULE – 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	21/02/19	21/03/19	18/04/19	16/05/19	20/06/19	18/07/19	15/08/19	19/09/19	17/10/19	29/10/19 SM	21/11/19
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	√	#	√	√	√	√	^	√			

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Dr John Wood **Chair CDHB**	**Advisory Board NZ/US Council** – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director. **Chief Crown Treaty Negotiator for Ngai Tuhoe** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Treaty Negotiator for Ngati Rangi** Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment. **Chief Crown Treaty Negotiator, Tongariro National Park** Engagement with Iwi collective begins July 2018. **Chief Crown Treaty Negotiator for the Whanganui River** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations** High level agreement in principle reached. Aiming for deed of settlement end of 2019. **School of Social and Political Sciences, University of Canterbury** – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment. **Te Arawhiti, Office for Maori Crown Relations** **Member Chief Crown Negotiators Forum** Te Arawhiti, are responsible for monitoring and enhancing relations between Maori and the Crown, 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. **Te Urewera Governance Board** –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee.
Ta Mark Solomon **Deputy Chair CDHB**	**Claims Resolution Consultation – Senior Maori Leaders Group** – Member This is an Advisory Board to MSD looking at the claims process of those held under State care.

	Deep South NSC (National Science Challenge) Governance Board – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities. **Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu** – Chair Te Putahitanga o Te Waipounamu is a commissioning entity that works on behalf of the iwi in the South Island to support and enable whanau to create sustained social impact by developing and investing in ideas and initiatives to improve outcomes for Māori, underpinned by whānau-centred principles and strategies, these include emergency preparedness and disaster recovery. Te Pūtahitanga o Te Waipounamu also invests in Navigator roles to support and build whānau capability. **Greater Christchurch Partnership Group** – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work). **He Toki ki te Rika / ki te Mahi** – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury. **Interim Te Ropu** – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019. **Maori Carbon Foundation Limited** – Chairman 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. **Ngāti Ruanui Holdings Corporation Limited** – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki. **NZCF Carbon Planting Advisory Limited** – Director 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. **Oaro M Incorporation** – Member 'Oaro M' Incorporation was established in 1968. Over the past 46 years successive

	Boards have managed and maintained the whenua, located at 'Oaro M', Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations. **Police Commissioners Māori Focus Forum** – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation. **Pure Advantage** – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth. **QuakeCoRE** – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission. **Rangitane Holdings Limited & Rangitane Investments Limited** - Chair The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne's settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members. **SEED NZ Charitable Trust** – Chair and Trustee SEED is a company that works with community groups developing strategic plans. **Sustainable Seas NSC (National Science Challenge) Governance Board** – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding. **Taranaki Capital Partners Limited** – Director Not for profit company looking after share portfolios for Nga Rauru & Ngati Ruanui. **Te Ohu Kai Moana** – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community. **Te Ohu Kai Moana Portfolio Management Services Limited** – Director Sub-committee of Te Ohu Kai Moana

	Te Ohu Kai Moana Trustee Limited – Director & Trustee Charitable Trust of Te Ohu Kai Moana. **Te Putea Whakatupu Trustee Limited** – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana. **Te Wai Maori Trustee Limited** – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **Farrell Construction Limited** - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Taurus Management Limited** – Director Property syndication company based in Christchurch
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.

Tracey Chambers	**Chambers Public Relations Limited** – Director/Shareholder 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. (NB: in resignation process)
Dr Anna Crighton	**Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage **Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage **Heritage New Zealand –** Honorary Life Member CDHB owns buildings that may be considered to have historical significance. **The Art Registry Company Limited** - Shareholder **Theatre Royal Charitable Foundation** – Director
Andrew Dickerson	**Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.

Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Grouse Entertainment Limited** – Director/Shareholder
Chris Mene	**Canterbury Clinical Network** – Child & Youth Workstream Member **Cholmondeley Children's Home** – Contracted Consultant Care standards implementation support. Work with residential care providers in Canterbury for children and young people. These providers are funded by CDHB. **Core Education** – Director Has an interest in the interface between education and health. **Muslim Community Reference Group** – Independent Facilitator Advising Royal Commission of Inquiry into the Attack on Christchurch Mosques on 15 March 2019 (the Royal Commission). **Wayne Francis Charitable Trust** - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.
David Morrell	**British Honorary Consul** Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time. **Canon Emeritus - Christchurch Cathedral** The Cathedral congregation runs a food programme in association with CDHB staff. **Earthquake Commission** Niece is a Policy Advisor on the public inquiry into the Earthquake Commission. **Friends of the Chapel** - Member **Great Christchurch Buildings Trust** – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing. **Heritage NZ –** Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the 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 heritage significance. **Hospital Lady Visitors Association** - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time. **Nurses Memorial Chapel Trust** – Member

	(CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 19 September 2019 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

Apologies were received and accepted from Sally Buck; and Dr Lester Levy, Crown Monitor.
Apologies for lateness were received and accepted from Dr Anna Crighton (11.40am); and Tracey Chambers (11.15am).
An apology for early departure was received and accepted from Chris Mene (12.15pm).

EXECUTIVE SUPPORT

Mary Gordon (Acting Chief Executive); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director Maori & Pacific Health); Karalyn van Deursen (Executive Director, Communications); Justine White (Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

David Meates (Chief Executive); Stella Ward (Chief Digital Officer); and Dr Sue Nightingale (Chief Medical Officer).

Hector Matthews opened the meeting with 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.

Discussion took place around perceived conflicts of interest in relation to recent media coverage regarding the Old Christchurch Women's Hospital site.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (52/19)
(Moved: Ta Mark Solomon/seconded: David Morrell – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace, Christchurch, on 15 August 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward action list item was noted.

4. NURSING RECRUITMENT VIDEO

The nursing recruitment video was viewed.

5. CHAIR'S UPDATE

Dr John Wood, Chair, advised that he and Ta Mark Solomon, Deputy Chair, had attended the presentation by John Whaanga, Deputy Director General, Maori Health last week. Hector Matthews, Executive Director, Maori & Pacific Health, provided the Board with a summary of the meeting. The presentation will be forwarded to Board members.

Dr Wood also spoke about attending blessings for the Rangiora Health Hub Extension, the Burwood Spinal Unit and the formal opening of the Akaroa Health Hub. He encouraged Board members to attend these events and reminded them of the blessing and open days coming up for the Hagely building.

Dr Wood spoke about the announcement by the Prime Minister around a funding package for psychosocial services following the mosque attack. A one page information paper will be provided to QFARC on this package.

The update was noted.

6. ACTING CHIEF EXECUTIVE'S UPDATE

Mary Gordon, Acting Chief Executive, took the report as read. She spoke regarding the following:

- The Maternity Assessment Unit is starting to make quite an impact and has taken the pressure off the birthing suites.
- Christchurch Hospital is still very busy, however, cases of influenza are lowering.

Discussion took place regarding the amount of surgery still to be undertaken on the victims of the Mosque attack. It was noted that a number of these people will require reconstructive surgery over the next 12 – 18 months. It was also noted that the DHB is not recovering well against the electives due to the mosque attack and also the ongoing industrial action.

Resolution (53/19)
(Moved: Chris Mene/seconded: David Morrell – carried)

"That the Board:

i. notes the Acting Chief Executive's Update."

7. ENVIRONMENTALLY SUSTAINABLE HEALTH CARE: POSITION STATEMENT

Evon Currie, General Manager, Population Health, presented this item. Ms Currie advised that the document was created by the South Island Public Health Unit and is being presented to all South Island DHBs. It was noted that both EMT and CPH&DSAC have supported this. Ms Currie was asked to pass on to staff the thanks of the Board for all of the work around this.

Resolution (54/19)
(Moved: Chris Mene/seconded: Andrew Dickerson – carried)

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

i. approves the draft Environmentally Sustainable Health Care: Position Statement."

8. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The consolidated Canterbury DHB financial result for the month of July 2019 was a net operating expense of $9.047M, which was $0.073M favourable against the draft annual plan net operating expense of $9.120M.

Ms White advised that we are still awaiting Audit sign-off, however, nothing substantive has been raised during the Audit process. She also advised that there is an issue around the interpretation of the Manawa lease.

Operational Plan meetings are continuing with the Ministry of Health each month.

Resolution (55/19)
(Moved: Jo Kane/seconded: Ta Mark Solomon – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 31 July 2019."

9. ADVICE TO BOARD

In the absence of the Committee's Chairs, Dr Wood took the update from the Community & Public Health and Disability Support Advisory Committee meeting held on 29 August 2019 as read.

Resolution (56/19)
(Moved: Chris Mene/seconded: Ta Mark Solomon – carried)

"That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 29 August 2019."

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (57/19)
(Moved: Dr John Wood/Seconded: David Morrell – carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 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 on 15 August 2019	For the reasons set out in the previous Board agenda.	
2.	2019 / 20 Final Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	National Bowel Screening Programme	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Chair & Acting Chief Executive - 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.	Holidays Act – Memorandum of Understanding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Holidays Act – Compliance Project	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	IEA Remuneration Strategy 2019/ 2020	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Hagley (ASB) Handover Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Equity Support for 2018 / 19 Deficit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	NZHPL	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	NZ Health Innovation Hub – Update on Governance Arrangements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	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)
14.	Advice to Board: • QFARC Draft Minutes *27 August 2019*	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 10.25am.

_____ _____

Dr John Wood, Chairman Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 17 OCTOBER 2019

DATE	ISSUE	REFERRED TO	STATUS

There are no carried forward /action items at this time.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **17 October 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. DISCUSSION

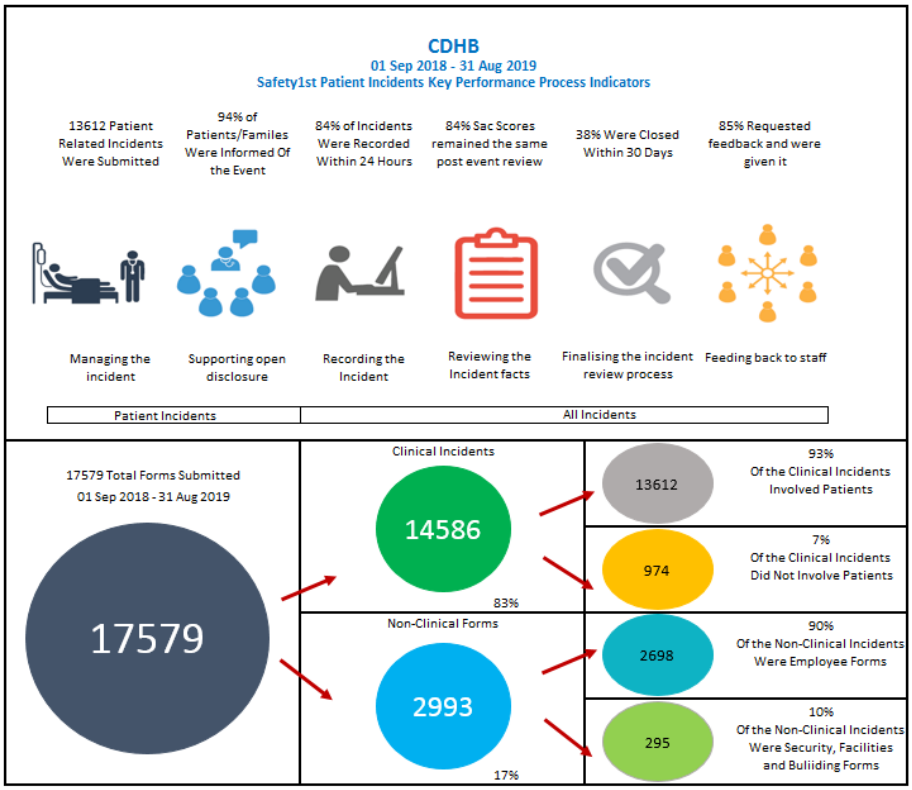
PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY AND IMPROVEMENT

- **Health Quality and Safety Markers:** The latest quality and safety markers have been published. Canterbury DHB meets the national targets for
  - *Falls Prevention:* 99% of patients had been assessed for their risk of falling and 95% of those identified as 'at risk' had care plan in place. The Canterbury DHB improvement work related to Falls Prevention will be on display at the National Science for Improvement forum in October in Wellington.
  - *Hand Hygiene:* Canterbury DHB results to June 2019 - 83% (target 80%) maintained with spread completed across inpatient areas. The Canterbury DHB improvement work related to Hand Hygiene will be on display at the National Science for Improvement forum in October in Wellington.
  - *Safe Surgery*: Sign-In, Time-Out & Sign-Out audits collected meet the target, (with exception of sign out engagement).
  - *Pressure Injury Prevention:* 95% of patients had a documented pressure injury assessment and 94% had an individualised care plan to address their risks.
  - *Surgical Site Infection*: This data runs one quarter behind results for Jan - Mar 2019.
- Cardiac Surgery
  - *Timing* 97% results –target 100%. An antibiotic given 0-60 min before knife to skin.
  - *Dosing* 92% results – target 95%. First choice of prophylaxis antibiotic is > 2g Cefozolin.
  - *Skin preparation* 100% results. Alcohol based skin antisepsis is always used.
  - *Postoperative antibiotics* 84% results – target 100%. Surgical prophylaxis antibiotic is discontinued within 48 hours.

- Orthopaedic Surgery
  - *Timing* 99% results – target 100%. An antibiotic given 0-60 min before knife to skin in primary procedures.
  - *Dosing* 99% results – target 95%. First choice prophylaxis antibiotic is > 2g Cefozolin or > 1.5g of cefuroxime.
  - *Postoperative antibiotics* 92% results – target 100%. Surgical prophylaxis antibiotic is discontinued within 24 hours.
- **Patient Deterioration:** 67% of patients who scored in the red or blue zone were responded to according to the CDHB escalation pathway for the quarter. The breakdown by months: April – 67%, May – 61%, June 76%.
- From 15 May 2019 the NZEWS pathway was changed so that all single red parameters are now responded to in the orange zone pathway (see below) so nurses and house surgeons managed care and escalated as needed and registrar time is prioritised to Red and Blue Zones. This brought about a tenfold reduction in calls to registrars because of single triggers. The impact of this change on CDHB the escalation response time results will be reviewed once the July to Sep 2019 quarter results are available.

YELLOW ZONE – EWS 1-5	ORANGE ZONE – EWS 6-7 Or any single RED parameter	RED ZONE – EWS 8-9	BLUE ZONE – EWS 10+ Or any single BLUE parameter

- **Opioids:** The process for extracting electronic data from Patientrack and MedChart is now in place and is being validated. Currently there are no local protocols requiring specific sedation scores to be recorded for oral codeine and tramadol medicines. A request was made to the HQSC to remove these from the Canterbury DHB data collection set.
- The pain scale rating in the medical and surgical services was changed over from 0-5 to 0-10 on 6 August 2019. This brings this assessment into line with ED, Child Health and other DHBs. Data should be available in the next quarter.
- **Incident Management:** Key indicators are in place to monitor the incident management process. The change in how staff receive feedback is in place. Specialist Mental Health Services are testing a new closing process designed to provide more information on investigation and completion of recommendations. The learning are positive and will be shared with the Burwood Quality Team so they can implement.



- **Consumer Family/**Whānau **Involvement:** Feedback from patients who have used Canterbury DHB inpatient services rate the question on the national adult inpatient experience survey question. 'Where possible did staff include your family/whānau or someone close to you in discussions about your care?' as moderate. A focus group to explore what involvement in the care process looked like, was held with consumers who were a key support person to a close family/ Whānau member in hospital in the past. Analysis of the themes is underway.

- **Consumer Engagement Marker:** Canterbury DHB is one of the four DHBs assisting with the development of a HQSC Consumer Engagement marker. The scope is across the Canterbury health system. The first workshop was held to critique the HQSC matrix with a view to providing feedback to HQSC. A group of nominated consumers, staff with consumer involvement and the HQSC Partners in Care staff met. The Consumer Engagement Quality Safety Marker will take the form of a maturity matrix dashboard self-reporting system supported by evidence.

- **Policy and Procedure Library:** The new library has been finalised and is now fully operational. Benefits of the new library are inclusive of having an accessible 'one stop shop' for policy, easy to read and find information with related document view, visibility of currency status (date authorised) to drive timely action and sustainable Public Record Act compliance.

- For ease of policy there is a separate draft for updating policy which enables staff to consult using this site. Policies and procedures will now be reviewed within a dedicated review workspace. This allows for the document owner and coordinator to work collaboratively within the system with the other reviewers and see activity. It removes the need to email and collate feedback to drafts. The review and approval processes are automated via workflows within the system, providing clear recorded provenance for governance. Targeted training material has been developed and is in place.

MAORI AND PASIFIKA HEALTH

- **Visit to Canterbury Community by Deputy Director General Māori, Ministry of Health:** The newly appointed DDG Māori, John Whaanga, visited Canterbury in September. A morning hui, hosted by Manawhenua ki Waitaha, was attended by 75 people from across the Canterbury health system. The DDG Māori spoke openly and honestly focusing on the challenge on how we become more open to Māori ways of thinking about wellbeing and redesigning the system to address the persistent Māori health inequities. He acknowledged that in some areas, Māori health has taken a backward step in recent years and the Ministry of Health needs to renew its leadership role to meet Māori health aspirations – internally and externally. He went on to discuss the concepts of Mana Motuhake and Tino Rangatiratanga as they apply in health. Equity is important, but it is never the full picture. A Treaty context is needed, and that equity was specifically guaranteed in article three of the Treaty and therefore equity sits within the Treaty context.

- From the Treaty perspective it was important that the Ministry of Health act to meet its Treaty responsibilities. The first report from stage one of the WAI 2575 claim had found the system wanting. He echoed that we all need to collectively, "get on with it". We need to collaborate and agree on what does "good" look like in responding to the Treaty, our Treaty relationships and health equity. The DDG Māori explained the Ministry of Health's stewardship role to look internally and across the health sector to make sure that:
  - the Treaty is explicitly endorsed
  - mana is upheld
  - the system and services are fair and equitable
  - Māori have a right to be themselves
  - the Crown is meeting its responsibilities to develop iwi and Māori capacity to look after themselves on their own terms
  - other sectors ensure the same
  - performance expectations are set and met

- **Māori Health Action Plan:** The Ministry is looking to produce a draft Māori Health Action Plan and will be seeking feedback on its proposed priorities. The draft has been developed from feedback given in recent years about what is important to Māori e.g. Mental Health and Addictions, Child Wellbeing strategy, Health and Disability system review, Whānau Ora review. Three key messages have come through that have formed the draft plan's objectives:
  1. Acknowledge and enable Māori to exercise authority to improve their health and wellbeing
  2. Make sure the system is safe, appropriate, equitable
  3. Address racism and discrimination in all its forms. Make sure people are comfortable with, and not disabled by, the health environment. Cultural safety and cultural competency both need to be addressed.

- Eight priorities are proposed in the draft plan:
  1. Crown relationships
  2. Māori Health development
  3. Māori leadership
  4. Accountability frameworks
  5. Cross sector action to address broader determinants of health, alignment with whānau ora
  6. Māori workforce

7. Quality systems that reflect good practice
8. Clear evidence of performance

- The DDG Māori later met with the South Island DHBs Māori Manager's group, Te Herenga Hauora, and then went on to meet with the provider collective, Te Matau a Māui. Collective members showcased themselves to John Whaanga to give him an overview of the breadth, depth, energy and commitment of service providers in Ōtautahi. The common themes raised by the collective were:
  - *Pae Ora:* creating healthy futures
  - *Designing and delivering high quality, effective services:* Whānau Ora services designed with and for whānau are highly valued, and in high demand (but funders are slow to contract for them).
  - *Positive collegial relationships* strengthen us all, and our ability to respond to our communities
  - *Proactive investment* in Māori and Pacific capacity building and growth to benefit whānau, communities: services, infrastructure, workforce, access to data and analysis
  - *Overcoming institutional bias and racism*
  - *Valuing Mātauranga Māori* and Pasifika and investing in them
  - Mainstream investment in development of *cultural competency*
  - Strength at *decision-making* tables
  - *MOH leadership* makes a difference
  - Shift the system; *expect and monitor responsiveness* (within health and between sectors)
- It was a very valuable visit and a good start to working more collaboratively with Ministry of Health.

MAKING IT BETTER - SYSTEM IMPROVEMENT

Christchurch Campus

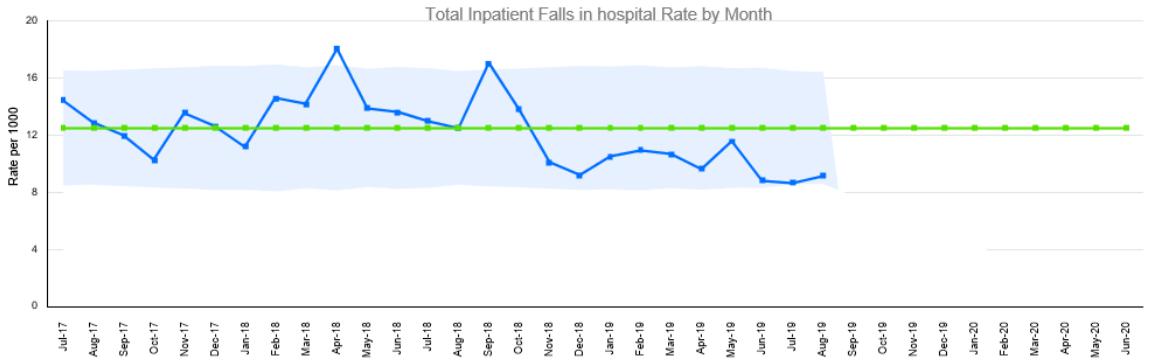
- **South Island Ketogenic Dietary Therapy Service:** Approximately 1% of children born each year will develop epilepsy, around 60 each year in New Zealand. One third of cases will develop refractory epilepsy where seizures are not well controlled by medicines. In these cases, seizures impact on the quality of life of the patient and their whānau and can create significant damage to the child's brain. Use of a ketogenic diet can provide many patients with a reduction in seizure activity through use of a ketogenic diet. 10 % will achieve total elimination of seizures, 30% reduction by >90% and 50-60% a 50-89% reduction. After 2 years patients are weaned off the therapy with most retaining the benefits gained during treatment.
- Canterbury DHB introduced a ketogenic therapy service for its paediatric population in 2016. This has recently been extended to paediatric patients throughout the South Island. This extended South Island service provides dietician led treatment for a further ten patients a year. The model of care enables a ketogenic diet to be safely managed at distance using technology and our shared clinical record (HealthONE). This development has enabled children and whānau from across the South Island to benefit from an improved quality of life for by significantly reducing seizure activity. Patients receiving this therapy are now able to meet developmental milestones and progress well. Overnight stays in hospital are reduced by 86%.
- **Oxygen Prescription:** Recent changes now allow oxygen to be prescribed on MedChart along with other medications. Oxygen is a drug with a therapeutic range, it is Canterbury

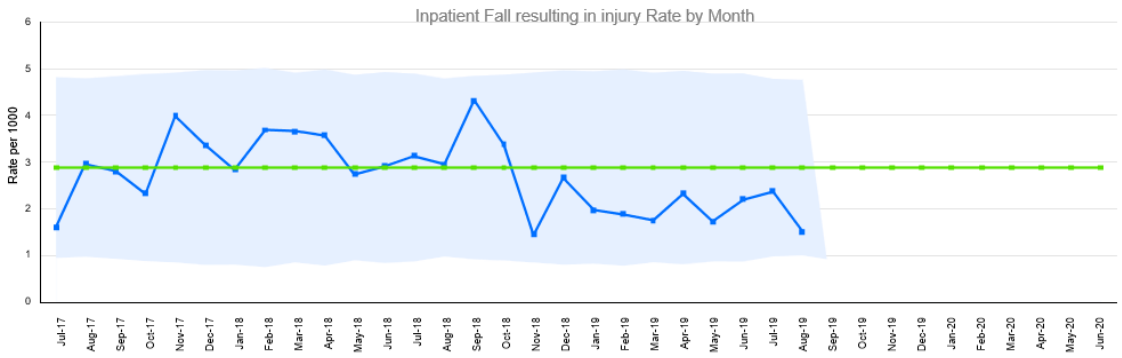
DHB policy that oxygen should be prescribed. Being able to do so within MedChart makes it easier to do this and to keep patients safely within their target saturation range and ensure compliance. This will help us to avoid the risk highlighted by research that liberal oxygen therapy is associated with increased inpatient mortality. The improved control provided will have benefits for patients as well as reducing the volume of oxygen used within our hospitals.

- **Study shows faster assessment of risk of heart attack is possible:** About 50,000 people present at hospitals in New Zealand each year concerned they are having a heart attack. About 15% are. Admitting these patients when it's not necessary is inconvenient for the patient and their family and uses health resources that could be used elsewhere. Emergency Medicine Specialist and Director of Emergency Medicine Research at Christchurch Hospital Martin Than is lead author of research that shows that computer algorithms can help doctors better determine if a patient is having a heart attack. The new decision-aid combines a person's characteristics with the blood test results. The study found it gave doctors a more precise and individualised analysis of the probability that a patient was having a heart attack or not. It means that we can provide more accurate advice that is specific to the individual patient and can do it more quickly.

Older Persons Health & Rehabilitation (OPH&R)

- **Older Persons Health and Rehabilitation:** Reported Falls for Older Persons Health Inpatients have decreased by 13% year to date (14 reported incidents) from 105 2018/19 to 91 2019/20. The service has been working on a number of initiatives to decrease falls. Where possible new admissions are placed near the nurse's station in the Wards and patients pre-identified prior to transfer from Christchurch as a high falls risk are also placed into the sensor rooms. Intentional rounding to pro-actively engage with patients is imbedded in most wards with others refocusing on this as a priority. Two of the Inpatient Wards are also trialling a different type of sensor equipment which detects movement off the bed rather than once patients have stepped onto a sensor mat on the floor. The service has also put in place a new Inpatient Close observation form and process to formalise the requests for close observation by a Hospital Aide. This process is to ensure that the reasons for the close observation is well documented and visible and reviewed on a regular basis. The Clinical Nurse Specialists and Educators review the patients and work with the nursing staff to manage the timeframes for the close observations and process to reduce or manage the risks. Alongside this the services are undertaking data collection and review to better understand the clinical reasons for the close observations and to further learn and support the improvement work with falls.



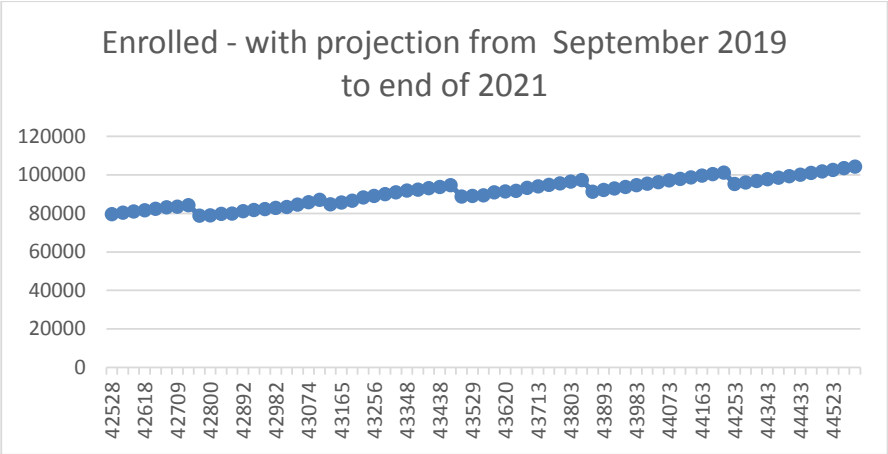


Older Persons Health & Rehabilitation (OPH&R)

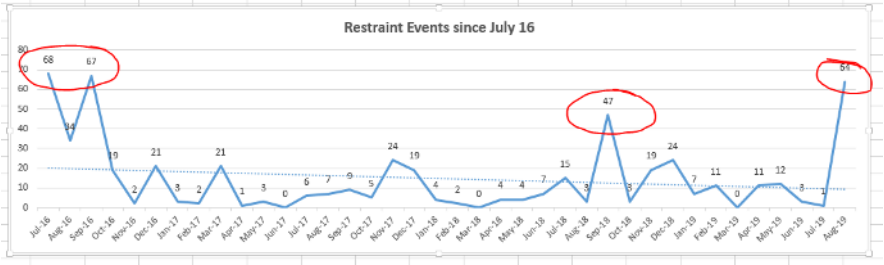
- **CREST:** Consultation is currently underway with staff, unions and the wider Canterbury Health System in relation to proposed changes to the CREST service. Primarily focused on reducing the number of assessments patients experience through their journey and increasing the timeliness of the processes. Final decisions are not due to be made and released until November after a full consultation period.

- **Community Dental Service:** The Community Dental Service has recently investigated the number of cancelled recalls for 0 – 4 yrs. and following on from this there has been significant progress on this project. We have conducted a trial at Hillmorton (55) and Hornby (50) Clinics looking at Maori and Pacific children who had the recall removed for several reasons and following on from the trial at these clinics in October 64% of families were reinstated. We carried out the same process with the rest of the Service in December which has seen another 61% able to re-contacted. The next phase of learning is more about the barriers (internal and external) to contacting families. This was discussed in a presentation which we gave at the Assistants CPD Day on 1 February. The focus was on the various methods staff can use for contacting these families. We also have ongoing work with the LinKIDS Programme Coordinator which has meant we have new contact details for another 15 families from the first trial.

- Planning is underway within community dental to explore service changes to meet the predicted demand of enrolled children. Planned oral health interventions focus on improving the use of fluoride toothpaste and increasing early diagnosis for dental caries, both in early childhood settings. Following on from the development of the Menemene Mai toolkit for Early Childhood Education Community Dental is now working on an action plan for supporting daily toothbrushing in Early Childhood Education centres. The service is also still working on the Action plan for the Early Learning Centre tooth brushing and screening programme (Cansmile programme) which we anticipate will reduce work in the clinics for the Oral Health Therapists but will increase work for the assistants working in the Early Learning Centre.



- **Older Persons Mental Health**



- Consistent efforts to manage without restraint have proved successful over the past three years however in September one patient in Ward AG was involved in 42/45 episodes of restraint due to behaviours related to acute psychiatric illness. Over the past 12 months restraint has been used 141 times. 60 personal restraints were to enable treatment. While the trend is still downward since July 16 the last 12 months has seen a few months where use has been higher due to patient presentations. Increased use of locked doors in Ward AG due to patient safety issues. The only incident in July 19 was for a locked door. By contrast August 19 has been the highest month over the period of this graph. As per September last year this has revolved in the main around the presentation of one patient. Interestingly 3 out of the last 4 August/September periods have shown a peak in activity. All forms of mechanical restraint have been removed from wards.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Physiotherapists in the Emergency Department:** Patients experiencing musculoskeletal pain are one of the groups whose demand for Emergency Department services is increasing. The Primary Contact Physiotherapy role was introduced to Christchurch's Emergency Department in October 2018. This provides assessment of selected patients by physiotherapists directly from the waiting room. Physiotherapists in this role provide assessment and treatment including completion of standing orders for simple pain relief and referral for X-rays if deemed necessary.

- Between October 2018 and July 2019 the team of four physiotherapists has cared for 617 patients with 24% of these being primary contact patients. We have seen a decrease in wait times for musculoskeletal presentations in the waiting room. Average wait time for

physiotherapist assessment is 33 minutes versus 60 minutes for medical staff. Length of Emergency Department stay for this group is an average of 84 minutes versus approximately three hours for the average patient.

- 15% of patients with lower back pain seen by a physiotherapist were referred for x-ray compared with 61% of similar patients seen by medical practitioners. 94% of patients did not need medical intervention and were managed conservatively with mobility, exercise, analgesia and advice. The initiative has resulted in improved patient flow in Emergency Department and the releasing of medical staff time to focus sooner on those patients requiring medical staff input into their care.
- **Changing the way that we work in the outpatients' building:** During recent months changes have been introduced to the way that we work in the outpatients' building. Many patients require some nursing assessment or measures taken prior to the patient seeing a doctor. In many cases the measures are limited to blood pressure and weight and can be effectively provided by hospital aides without involvement of a Registered Nurse. The hospital aide team underwent credentialing using the Calderdale Framework to enable them to be delegated these tasks. This releases Registered Nurses to carry out tasks that only they can provide, reducing the drivers that would otherwise see a demand to increase nurse capacity to support clinics. This means Registered Nurses can now provide a number of procedures in the clinic area including provision of iron infusions that otherwise would require capacity in the medical day unit. Similarly a wound clinic has been set up to enable patients who would normally return to inpatient areas to have wound reviews and drain removals.

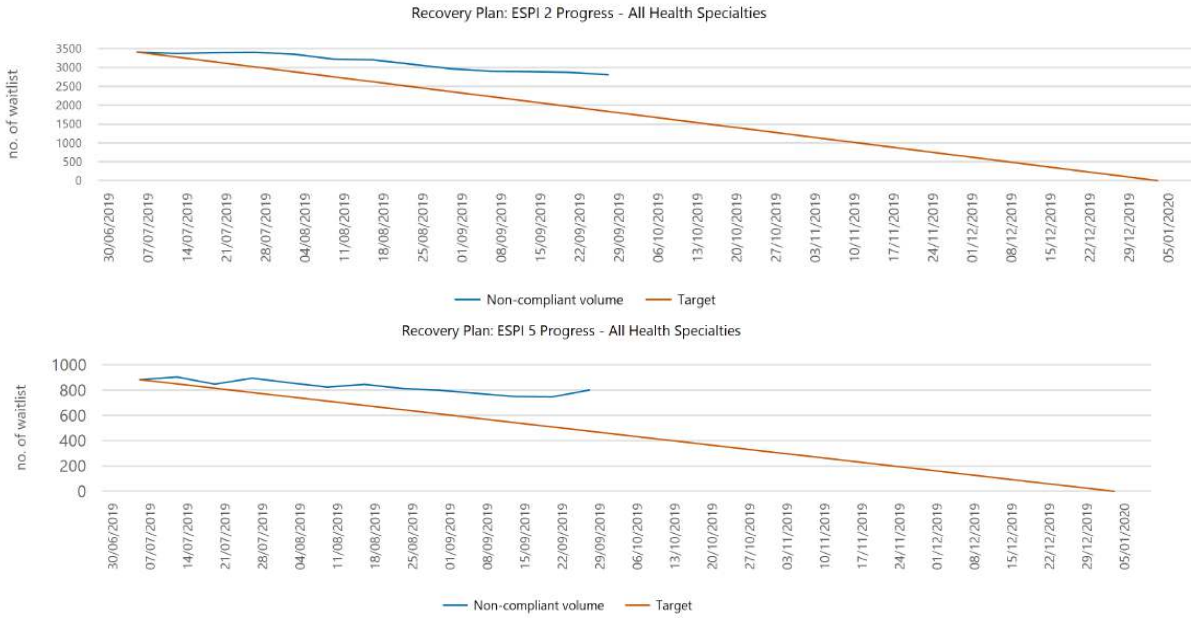
REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

- **Faster Cancer Treatment Targets: 62 Day Target:** In the three months of June, July and August 2019, of the 142 records submitted by Canterbury District Health Board 18 patients missed the 62 days target, 14 did so through patient choice or clinical reasons and are therefore excluded from consideration. With four of the 128 included patients missing the 62 days target our compliance rate was over 97%, meeting the 90% target.
- **31 Day Performance Measure:** Of 326 records towards the 31-day measure 289 (89%) eligible patients received their first treatment within 31 days from a decision to treat, meeting the 85% target. Of the 37 patients who missed the 31 days target 15 did so through patient choice or clinical considerations.
- **Improved support for multidisciplinary meetings:** Multidisciplinary care is key to providing best-practice care for patients with cancer. Multidisciplinary meetings have become an established part of the way these complex care journeys are coordinated, providing a forum where key items of clinical information are used to identify the best care plan for a patient. Specialists in cancer care included in these meetings are surgeons, physicians, radiologists, pathologists, oncologists, cancer nurse specialists and cancer nurse coordinators as well as others in the multi-disciplinary team. Approximately 65 multidisciplinary meetings are held monthly across the South Island covering 14 tumour streams. Video conferencing is used when required.
- An electronic system to support these meetings created by the Southern District Health Board has been adopted as the standard approach throughout the South Island. It provides a workflow to support the meeting, a standard view of information and a record of the treatment approach agreed at the meeting. A final summary is created prior to the end of the meeting and becomes a part of the medical record. Canterbury District Health Board has

been progressively adopting this method. With the breast cancer module being adopted recently all tumour stream meetings in Canterbury now use this standard method.

- **Elective Services Performance Indicators:** Over the past twelve months as changes in our systems and processes have been embedded and transferred data have been cleaned up it has been challenging to systematically provide updates to the Ministry of Health that allow assessment of Canterbury DHB's performance against waiting time targets. Over this time regular updates have not been provided in this report about performance in this area.
- Alongside the data issues experienced the events of March 15th along with a flood in the outpatient building and periods of industrial action have contributed to our inability to see all patients within our own target time of 100 days. We are now confident that internal reports are providing an accurate picture of performance, while summary reports provided by the Ministry continue to require further updating. Internal reports show 801 patients (almost 18% of the total waitlist) have waited for Surgery for longer than 120 days with 2,809 patients (25% of the total) waiting for First Specialist Appointment for longer than 120 days.
- A recovery plan has been agreed with the Ministry of Health that will see both of these measures in green or yellow status by the end of 2019. There is some confidence that this will be achieved for ESPI 2 (First Specialist Appointments) and indicates reason for concern around ESPI 5 (surgery).



- As we make progress in reducing the number of patients waiting for their first appointment with a specialist it inevitably increases the number who are accepted for an elective surgical solution. The ongoing delays in the completion of Hagley Hospital are restricting our ability to provide elective surgery. While we can outsource a significant percentage of our elective surgeries to other providers there are many patients who are unsuitable for treatment anywhere other than in the public hospital where theatre time is at a premium.
- **Planned Care Interventions:** A new approach called Planned Care Interventions replaces Elective Services Discharges targets 2019/20. It incorporates planned inpatient operations as well as range of procedures provided to hospital outpatients and patients in community settings. Reports will be provided when plans are agreed and available on the Ministry of Health reporting website.
- **Improving pre-operative assessment:** The typical pathway for patients being provided with surgery involves an agreement between surgeon and patient that an operation is required

and is being offered. This often occurs at First Specialist Assessment. General Surgery patients typically received forms enabling triaging for pre-anaesthetic assessment and preparation along with their appointment for this appointment. This provided confusion about whether the patient was being offered surgery or not prior to the appointment. Forms were sometimes lost or took a long time to be sent back, delaying decisions about further pre-anaesthetic assessment and preparation. This has led to delays in providing surgery and poor targeting of anaesthetist and nurse capacity for pre-anaesthetic assessment.

- A new model has been put in place for General Surgery patients that involves patients that would benefit from surgery being provided with some of their pre-operative assessment while they are attending their First Specialist Assessment. Pre-anaesthesia assessment forms are provided along with a clear message that this is a part of their assessment of suitability for an operation. Patients are asked to fill in the forms and return them before they leave clinic.
- Smoking cessation messages are also provided to these patients directly by the surgeon. This direct approach has been found to have a greater effect. It also allows sufficient time for the patient to manage their nicotine addiction prior to surgery which leads to better healing and recovery.
- These changes are early in their implementation and fine-tuning of the model is still occurring. Plans are in place to introduce these changes more widely.
- **Cultural upskilling – Working with New Zealand Muslims:** Psychologists of Islamic faith recently provided a presentation on Working with New Zealand Muslims to staff from Canterbury DHB who were working at the Welfare Centre and supporting people affected by the 15 March mosque attacks. The presentation has been made into a video and is available for Canterbury DHB staff to view on the intranet.

Older Persons Health & Rehabilitation

- **Introduction of Standardised Barcode Scanning System:** New supplies ordering system for Community Dental Service (CDS). A new scanning system for ordering stock into Community Dental Clinics is being implemented. This is in line with other areas of the Canterbury DHB, e.g. Rangiora Hospital, Burwood Hospital where it has been implemented. With the intention of all Canterbury DHB facilities to follow suit.
- Canterbury DHB Supply has taken data from orders placed in the past 2 years by each Community Dental Clinic. This data being used to set maximum amounts required for each item for each clinic. We are organising all storage areas to hold appropriate items in a methodical way. For example, all Restorative items in one area, Preventative items, IP&C and so on. Then every item is "mapped" (a coded description of where an item is found within the storage area), so the final result allows for a stocktake sheet to align with every stocked item and the user can work through the sheet smoothly, finding each item and noting what is let "On hand". The Stocktake sheet is then scanned on the clinic printer and emailed to supply. Supply then complete the order and dispatch it to the requesting Dental Clinic.
- Although Hand held scanners are available to run over the barcoded description labels placed on the shelving units, it was felt that these were too expensive and the system of manually noting what of each item remained and emailing it to Supply should be effective way of ordering stores. We are trialling ordering weekly. And will adjust maximums amounts and frequency if needed. Some good outcomes of this new system should be:
  - It is quicker than sitting at a computer entering each item to be ordered into Oracle.
  - Less stock held, not as much clutter. Because maximums have been set, over ordering can't happen.
  - Less stock expiry dates running out.

- Anyone can do ordering if the regular stores person is unavailable.

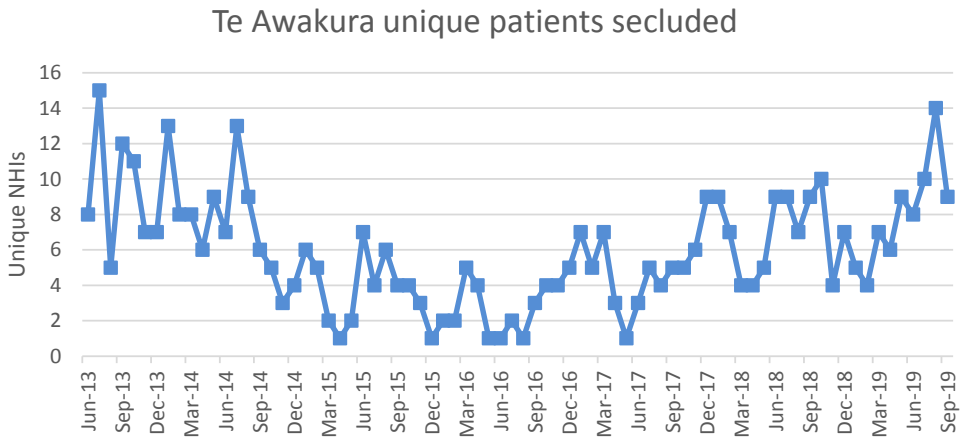
- Internal items continue to be ordered through CDS Facilities Coordinator.

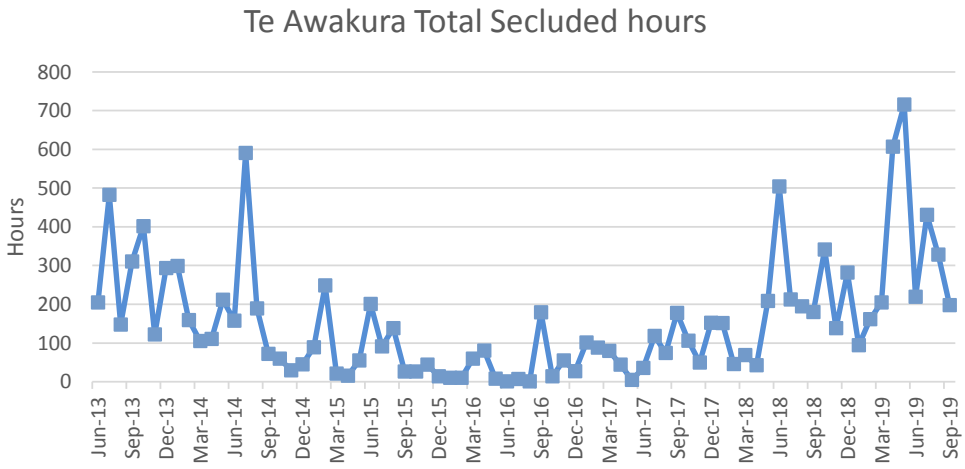
Specialist Mental Health Services (SMHS)

- Demand for Specialist Mental Health Services continues to be a key concern across both adult and child, adolescent and family services, further impacted by significant staffing challenges. We are currently experiencing a shortage of registered nurses particularly within the inpatient areas. Our clinical leaders and recruitment are seeking solutions.

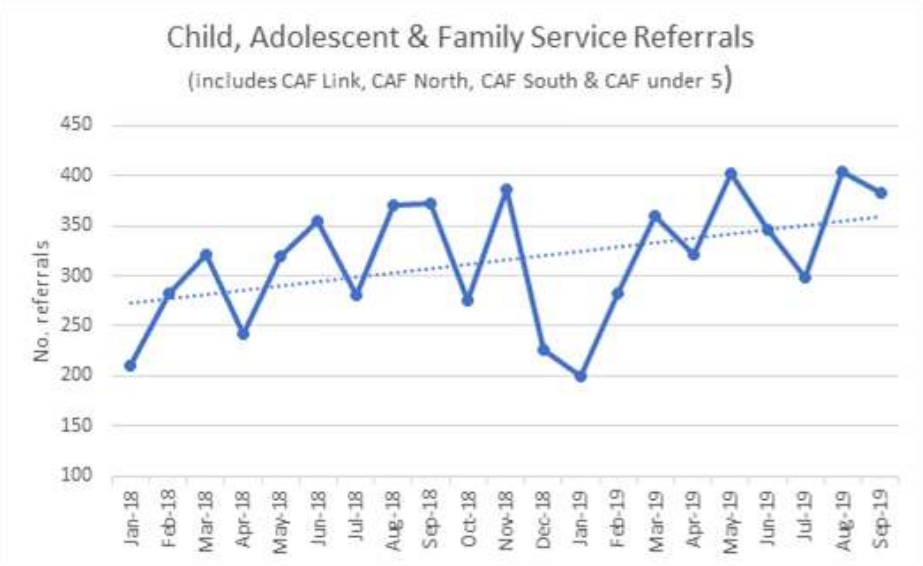
- Within **Adult Inpatient Services**, the occupancy rate was 88% in September 2019, the readmission rate in August 2019 was 21.9%, length of stay averaged 16 days in September 2019, with 36 people having been in the acute inpatient unit for longer than 15 days. A number of consumers based in Seager and Tupuna have no current discharge destination from hospital, having failed community placements due to complex and significant presentations. We are undertaking further analysis to understand the current issues relating to flow through inpatient services.

- Staff remain committed to least restrictive practice and continue to engage in the Health Quality and Safety Commissions Safer for All improvement programme. In September 2019, 9 people experienced seclusion within Te Awakura, for a total of 197 hours.

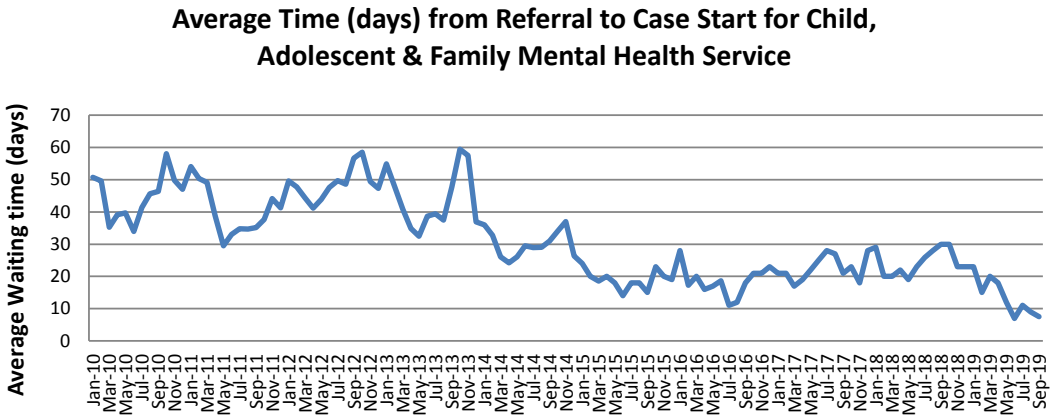


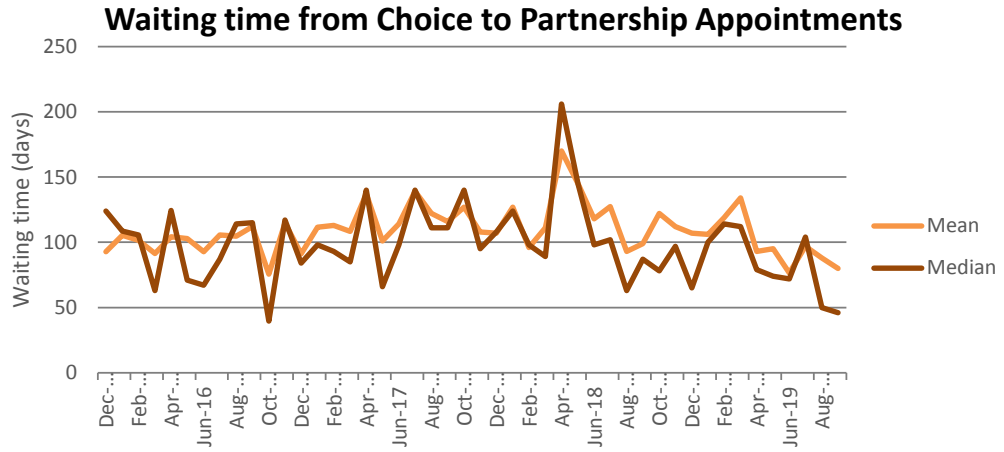


- **Adult Community Services** continue to monitor and manage demand within the community. Homecare Medical were contracted in May 2019 to provide an afterhours telephone triage service, operating from 1630 hours to midnight, using registered mental health nurses to respond to caller needs and provide the best pathway of support. This may include a community NGO response or an urgent referral to Crisis Resolution. The Homecare Medical service has enabled clinical time to be released within Crisis Resolution to focus on providing more enhanced follow up care for consumers.
- Wait times for **Child, Adolescent and Family** services remain a concern, particularly in the context of increasing referrals, which averaged 94 per week in September 2019.



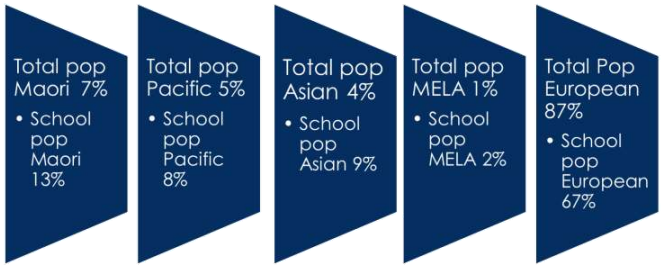
- National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for September 2019 show 46.02% of children and adolescents were seen within 21 days and 74.43% within 56 days. This is a direct reflection of the increasing number of referrals to the service with 371 new case starts in September 2019.
- To safely manage demand, the service's Access team redesign has improved waiting time to first contact which was 8 days in September 2019. Where appropriate the redesign also allows for short term assessment and treatment for crisis presentations. The redesign includes comprehensive information gathering, phone triage, and timely re-direction of children and young people. There is increased clinician time for providing treatment, reducing the waiting time for partnership appointments.



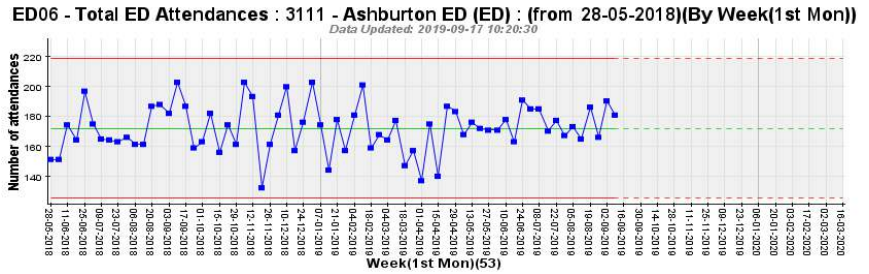


Ashburton Health Services

- Work continues within the Ashburton Service Level Alliance (ASLA) to improve access to care for the total population, with a specific focus on our frail elderly and exploring discussions with our Maori, Pacific and migrant communities on challenges they are facing to access health care. Working with the partners in the Ashburton Service Level Alliance a follow up hui with many of Maori and Pacific health and social services providers, alongside the representation from primary, hospital and pharmacy services with the intent of share front line experiences/interactions with health services in Ashburton. The initial hui held in July, enabled issues raised by community members were able to be addressed with a strong commitment to resolve barriers to access to health services within the community and hospital setting. Work continues to explore how we can improve our engagement with Maori and Pasifika communities, engaging with providers and directly with community members. A core component of our activity is making visible the diversity of community, notable when we compare the primary and secondary school population to the total population, documented in the graphic below.

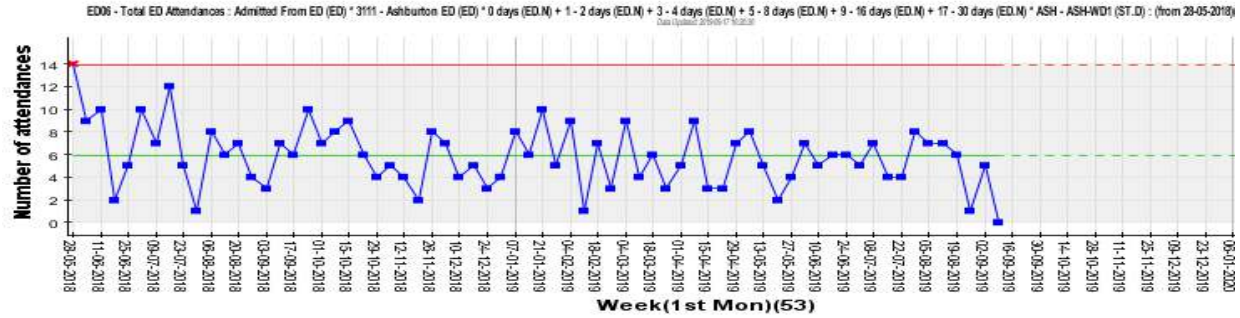


- In our commitment to reflect the diversity of our community within our workforce, we were pleased to welcome our most recent NetP nurse Sharon Trafford with a mihi whakatau held at Ashburton Hospital in September. The hospital team were very grateful for the support and partnership with Hakatere Marae that enabled us to welcome Sharon into our team, our intent from this our first experience this is to build into our orientation a regular mihi whakatau welcoming all new team members.
- We are re-introducing regular meetings with hospital nursing leadership and local Aged Residential Care (ARC) nursing management to address communication and system issues to reduce admission to the hospital and improve discharge. The discussion links into the ASLA workgroup, where primary care is exploring options to manage acute primary care responses required by the local ARC facilities.
- At the hospital lens, we are monitoring the trends and information provided through SFN to inform quality improvement projects that can be introduced into the ASLA workgroup plan. Overall the presentations to the Acute Assessment Unit have plateaued as demonstrated in the table below. The Director of Nursing is leading the development and redistribution of work that could be provided through nurse led treatments to improve patient flow within the unit, with a focus on weekends.



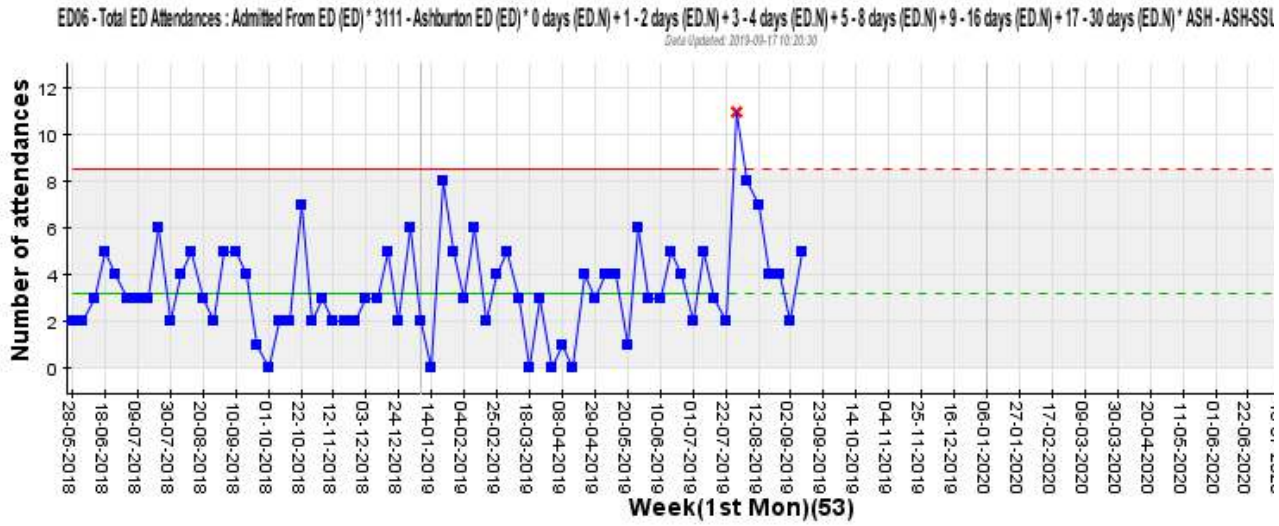
- In reviewing three months of presentations to the Acute Assessment Unit (AAU) 164 of the presentations were made up of 114 separate individuals, not enrolled in primary care. This information and discussions to improve enrolment uptake are continuing within the ASLA workgroup.
- Alongside the presentation rate, we are reviewing the representation information and any correlation to recent discharges. The tables below identify information from the August discharges from the Short Stay Unit (SSU) Ward One (acute medical ward) that have returned to AAU within 30 days. Exploring re-presentation rates and rationale supports our intent to ensure patients are seen in the "right place" and are supported to stay well in their own homes. The recognition that the hospital provides acute episodic care is built on the partnership of primary care providing longitudinal care and ensuring patients reconnect with primary care as appropriate.
- The table reviewing representations from Ward 1 have maintained a consistent pattern with recent trend downwards, the average length of stay in this ward is 2.8 days.

Representation to ED within 30 days – WARD 1

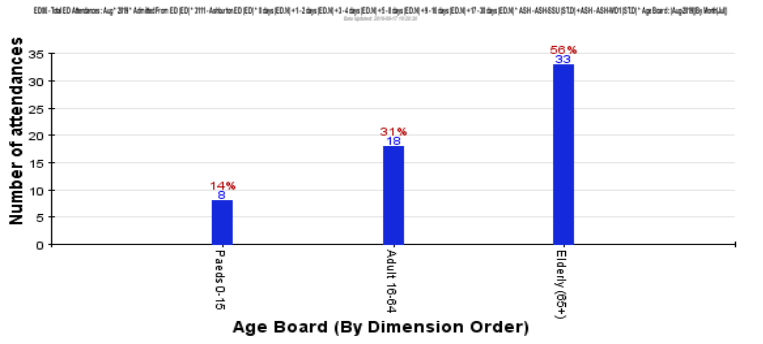


- However, when comparing with SSU, the unit within AAU where patients are assessed and treated and may then progress to discharge, transfer to Christchurch or admit to Ward is providing a distinct trend towards representation.

SSU representation within 30 days



Month of August: presentations returning to ED within 30 days after Discharge WD1& SSU.



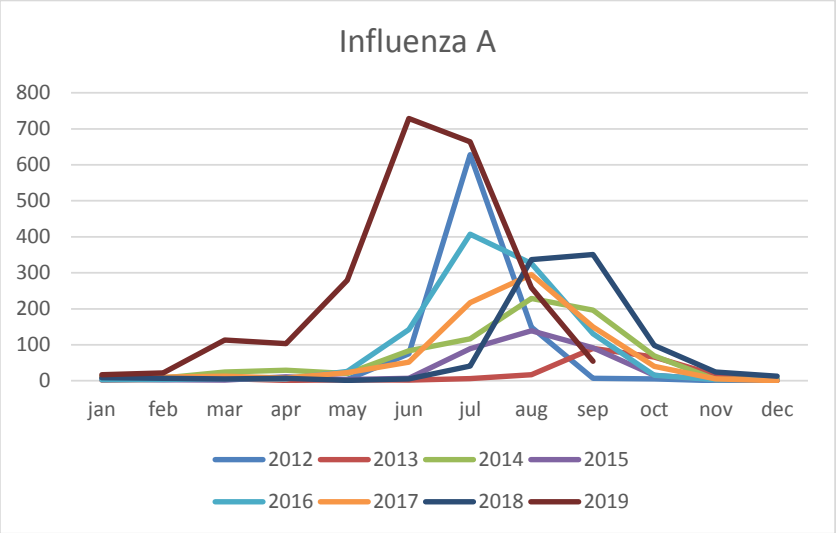
- The age distribution reflects the admission distribution to Ward 1, however this information has triggered a quality review to identify reason for presentation and corresponding access to primary care post discharge. We will continue to monitor this activity and introduce recommendations into the ASLA workgroup if appropriate. The rationale to explore this work in detail brings together our goals to reduce patient harm and best utilisation of resources across the system.

IMPACT OF INFLUENZA

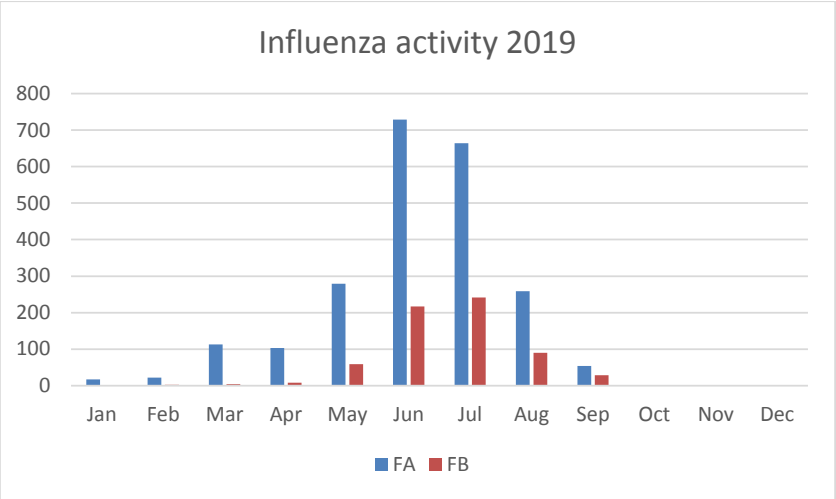
Laboratory Services

- **Respiratory virus testing**: The incidence of influenza and the number of influenza test requests have continued to decline to a point that we have now effectively returned close to baseline levels. The feedback received to date has indicated that the introduction of the rapid influenza A/B & RSV test for this past Influenza season has made a significant positive impact within the Hospital. As from Thursday 5th of September 2019 this service was stopped due to the declining positivity rates sitting well below 10% with latest positivity rate figures for the week ending 29.9.19 being FluA (4%), FluB (2%), RSV (2%). Respiratory virus testing has now reverted to our routine Multiplex respiratory virus panel and will be available only after consultation with a microbiologist out of hours and over weekends. Current volumes of full respiratory testing have also returned to more manageable levels reflecting the end of a particularly busy seasonal period.

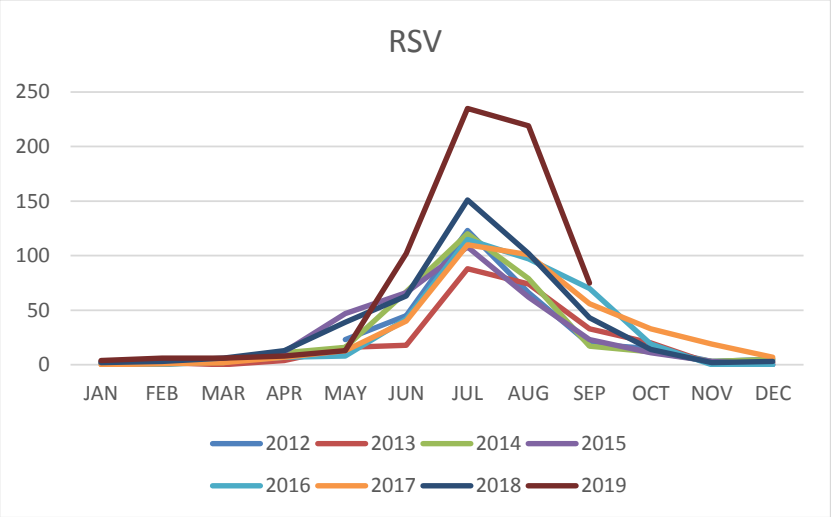
- **Influenza in Canterbury:** Influenza A activity in Canterbury was characterised by an unusual early season this year (with a predominance of the H3N2 subtype) compared to a late influenza season seen last year (with a predominance of the H1N1pdm09 subtype). The numbers of positive influenza A samples peaked at the end of June/beginning of July and then started to decrease rapidly following a similar pattern as seen in labs across Australia. Current detections (FluA) for the Month of September sit at 54, a further significant reduction on the previous month with 259 identified cases.



- Influenza B activity has similarly dropped from 90 identified cases in August to 28 cases in September.



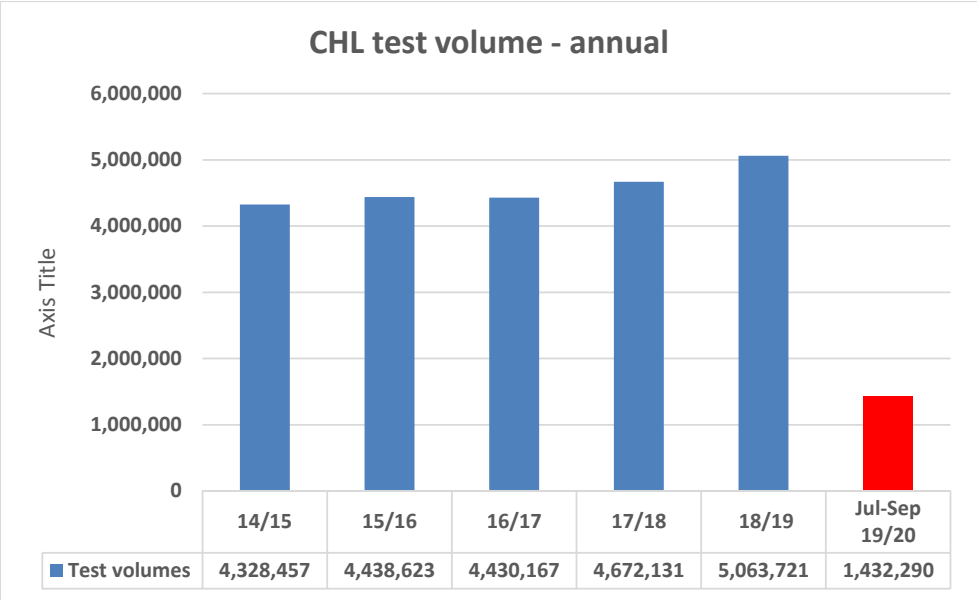
- RSV activity has shown a sharp decline over the month of September with a total of 75 cases compared with the previous 2 months both over 200.



- **Measles in Canterbury:** One confirmed case of measles in Christchurch (linked to a confirmed Auckland case) was notified in September. No further cases linked to this have been identified locally however we have continued to see further confirmed cases (23 for Sept) from Queenstown and surrounds with epidemiological link to the Auckland outbreak. The total number of confirmed measles cases for 2019 has now reached more than 1414 cases as of 20th September, however latest figures show a small decline in Notifications in the last week. The National Measles and Rubella Lab at CHL continues to work under pressure due to the significant National measles outbreak with unprecedented reporting requirements to the WHO for over 700 cases for the month of September alone.

- **Laboratory activity volumes:**

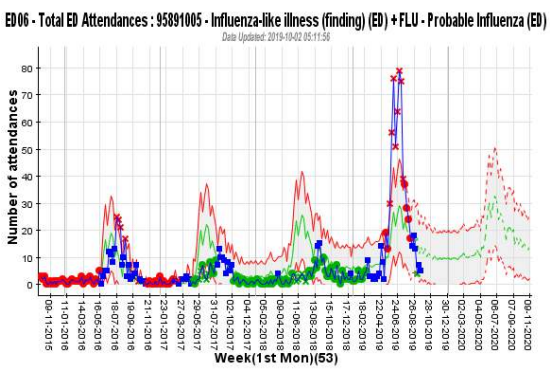
	Annual volumes					
F/Y	**14/15**	**15/16**	**16/17**	**17/18**	**18/19**	**Jul-Sep 19/20**
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	5,063,721	1,432,290
Percent change		2.55%	-0.19%	5.46%	8.38%	



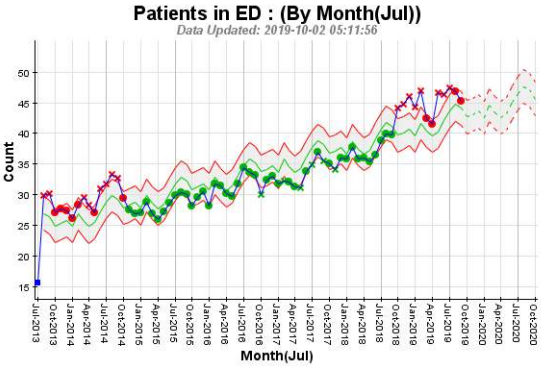
Acute Demand Management

- The winter demand across the health system was the highest ever experienced in Canterbury. There have been high admissions and record occupancy at Christchurch Hospital in which there have been occasions of more patients than beds during the day. This has been managed by utilising the in-day swing of patients being discharged while others are admitted and finding space in day areas to manage some patients until the beds became available. General Medicine remained above its bed footprint for every hour in July and until 30 August. Although demand has eased general medicine is still frequently over footprint.
- The peak of influenza cases above expected rates was from mid-May to mid-August. This level have meant periods when the Christchurch ED team has managed the higher risk crated by volume in a facility not designed for these volumes; the move to the new ED in Hagley is much anticipated.
- Similar trends have been seen in Christchurch Hospital bed occupancy which has eased slightly since the end of August.

ED attendance for influenza-like illness



ED occupancy (hourly average)



- As expected, July and August are the highest volume months for the Acute Demand Management Service. Requests were made of the Acute Demand Management team, the urgent care providers and general practice to support the system at times of intense demand at Christchurch Hospital in a system-wide response. We are evaluating the impact of winter

initiatives for assessment and planning support in general practice for regular acute health system users and the ED front of house initiative.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Child and Youth Health

- **The South Island Child Health Service Level Alliance (SLA):** The SLA have been supporting the development of a regional Implementation Plan for the release of Budget 2019 funding that will increase access to Child Development Services for whānau across the region. This has involved negotiations between the five South Island DHBs and five NGOs. The funding will provide for increased workforce as well as project funding to innovate and develop improved ways of working and delivering these services.

Older Person's Health

- **DeloitteASSIST:** One of our home and community service providers, Health Care NZ is working with Deloitte to pilot the new DeloitteASSIST. This is a smart patient communication solution enabling patients to request assistance without the need to press a button. Simply by speaking their request, nurses are alerted to their need, with prioritising and smart-routing requests to the right resource to meet the patient's needs. DeloitteASSIST has been tested in some of our inpatient wards and in an aged residential care facility in Australia. Deloitte are interested to understand how it could work in a patient's home environment. Health Care NZ are planning on testing the communication solution with some patients who are on our early supported discharge service, CREST.

Mental Health

- **Primary and Community:** The Canterbury Clinical Network (CCN) is taking the lead in developing a response to the RFP for the first tranche of funding from the Wellbeing Budget. A large co-design workshop on the future model of care was conducted on 6 September with further development of key principles occurring in parallel with the proposal to roll out a MoH specified model that involves embedding Health Improvement Practitioners (HIPs) and Health Coaches (HC) into a small number of primary care teams. Future RFPs will provide opportunities to expand this service and develop different options for population groups that are unlikely to present at general practice.
- **Alcohol and other Drug:** The Ministry of Health is seeking proposals for both increasing funding to NGOs to support sustainability and implementing regional models of care. Canterbury DHB led a regional meeting which endorsed previous recommendations to increase district capability to provide community withdrawal management/detox, increase peer support and review regional residential services. Future areas for development include increased online and phone options, upskilling of general practice and more local supported accommodation/respite.
- **Mosque Attacks:** Mental health and wellbeing response post mosque shootings – a range of initiatives are being carried out to create access points for people from the Muslim communities for support and treatment. This includes having Muslim people at the frontline to engage and navigate pathways into treatment services and being able to respond appropriately to a wide variety of ethnicities. Planning for the next phase is being undertaken during October and there is also upskilling for clinicians in trauma cognitive behavioral therapy. We continue to work closely with other agencies, including Victim Support, MSD, CCC, Police, Justice, Immigration, ACC and others. The support we are providing is being informed by the identified aspirations of the Muslim community.

Primary Care

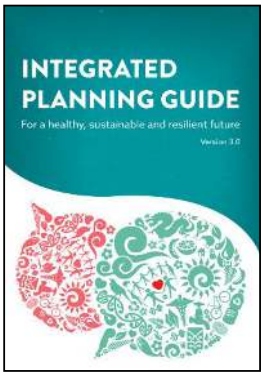
- **Community Pharmacy:** All community pharmacies accepted the DHB's offer to vary their service agreement from 1 October. This includes a 2% average funding increase, weighted for services to Maori, Pacifika and people holding a Community Services Card or High User Health Card.
- Canterbury Community Pharmacy Group and Specialist Mental Health Services (SMHS) are developing a new model for the shared care of people in the community receiving Opioid Substitution Treatment. This is intended to use a secure digital medicines charting to give patients and their pharmacists more discretion to optimise treatment, while easing the prescribing burden on SMHS staff. It will be trialled with three pharmacies and using those lessons, further developed.
- **Rangiora Health Hub IFHC Opportunity:** The DHB's invitation for parties to register their interest in leasing land at the Rangiora Health Hub to build and operate an integrated family health centre (IFHC) closed on 13 September. Responses are now being assessed. Ministerial approval will be required before the DHB can confirm a lease with a successful respondent.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update: He Waka Eke Noa** - The *All Right?* campaign team has continued to plan for the national rollout of He Waka Eke Noa, the campaign produced following the mosque attacks. The team will be partnering with the Health Promotion Agency to ensure that the revised campaign will be available across New Zealand from 14 October, with resources available in English, Te Reo, Somali, Hindi, Tigrinya, Arabic, Farsi and Nepali.
- **Sparklers** - On Friday 13 September Prime Minister Jacinda Ardern visited West Spreydon School to announce the national roll-out of Sparklers, the *All Right?* campaign's wellbeing toolkit for schools. Sparklers was created in the aftermath of the Canterbury earthquakes as a result of feedback from teachers and professionals working in schools, who were concerned about increased levels of anxiety, relationship issues, and an inability to regulate emotion amongst tamariki.

- **Sparklers** is an accessible online wellbeing toolkit for year 1–8 students, made up of over 70 wellbeing activities that help young people manage worries and big emotions, feel good and be at their best. The activities take between 10 minutes and one hour, are aligned with the school curriculum, and cover a wide range of wellbeing topics, including managing emotions, living in the moment, being grateful and showing kindness. **Sparklers** is designed around a pick-and-mix approach – teachers can choose the activities that best meet the needs of their tamariki, goals and school culture. Used 'a little and often' the activities help tamariki live brighter.
- **NZ Measles outbreak - implications for the Canterbury DHB:** The measles outbreak continues in the greater Auckland area where the majority of cases have occurred – over the last two weeks there have been 239 new cases in the Auckland Region, with most cases being in the Counties Manukau DHB. The Ministry of Health is working with DHBs to manage vaccine supply and maintain the priority of ensuring the vaccination schedule is followed.

- Other recent measles cases in(Waikato, Lakes, Bay of Plenty, Mid central, Hutt Valley, Southern and Canterbury DHBs have Auckland links. The cumulative total in the Canterbury DHB from 1 January – 24 September 2019 is 42 cases - not all linked to Auckland.
- Currently (as at 27 September), we are managing one case linked to a case in Auckland. Our strategy in such situations is to ensure all susceptible contacts are quarantined (currently covers two households) and that those households are suitably supported through the period (of 14 days following last exposure to a case).
- The input needed to follow up each and every contact is intense and is considered essential if we are to prevent the disease spreading in our community. It is clear that there are still groups that are under vaccinated in the community, and the challenge will remain an ongoing one in light of both domestic and international travel. The international scene is concerning and will continue to challenge our surveillance/response system. The continued assistance of primary care, hospital staff and laboratories combined with our incident management system has seen us prevent community spread to this point. Daily updates from the National Health Coordination Centre keep us informed of the national picture.
- **Plan Change 7:** Community & Public Health make submissions on national and regional plans and policies, on district plans and policies, and where appropriate on resource consent applications, seeking to ensure that the public health effects of activities are considered and managed. Environment Canterbury has recently consulted on Plan Change 7 to the Land and Regional Plan. This will impact on the management of land and freshwater resources, including nutrients, within the Canterbury region. Community and Public Health made a submission on Plan Change 7 which focused on a number of technical aspects as well as acknowledging the potential for the plan to have a contradictory range of effects on the health and wellbeing of the wider community. We are aware that a solution that produces a good health outcome for one community may produce a poor health outcome for another. While economic wellbeing is necessary for good health, social, recreational, cultural and environmental assets such as drinking water quality, are also fundamental to health. Environment Canterbury as the consent authority were reminded that a sustainable and thriving ecosystem is vital to supporting and sustaining the health of present and future generations in Canterbury. We await advice regarding the hearing date and an opportunity to present our submission.



Integrated Planning Guide (Version 3.0) Published – an update: The Health in All Policies (HiAP) team at Community and Public Health has launched the updated Integrated Planning Guide (IPG) for a healthy, sustainable and resilient future. Formally endorsed by the Greater Christchurch Partnership Committee, the guide was redeveloped with input from local agencies including the Christchurch City Council, Environment Canterbury, Regenerate Christchurch, and the Greater Christchurch Partnership. Responding to a need to broaden the focus beyond recovery, the IPG provides a versatile tool to help integrate outcomes-thinking relevant to health, wellbeing and sustainability into policy and plan making. The IPG builds on previous resources and provides a set of questions that give structure to conversations around the building blocks of health – otherwise known as the determinants of health. The IPG can be used multiple ways during planning and policy development to assess impacts. The targeted questions aim to enhance constructive thinking and encourage innovation. This tool can be used in multiple ways from a desk guide through to providing a focus at stakeholder meetings or integrated assessments. A first workshop to train Christchurch City Council staff on the use of the IPG will be held at the end of October.

- The IPG is also presented, along with other resources, at the Broadly Speaking course offered by Community and Public Health. The final Broadly Speaking course – Broadly Speaking about Health and its Determinants – for 2019 will be held on Wednesday 13 November and Wednesday 27 November (8.30am – 12.30pm at Community and Public Health, 310 Manchester Street, Christchurch).

- **Six Week Trial – thinking about housing and respiratory illness:** An individual's winter health is strongly associated with healthy housing. Community and Public Health is currently working with Respiratory Outpatients and Planning and Funding on a six week trial focused on housing. The Nursing team is asking patients, 'Is your house cold and damp?' and, 'Would you like us to refer you to Community Energy Action (CEA).' We hope that the questions asked by the Nursing team will lead to referrals to Community Energy Action and ultimately to an improvement in the living situation of some patients. Unfortunately Community Energy Action are not able to access Housing NZ houses. As a result Community and Public Health is exploring options for these patients in consultation with Housing New Zealand.

- **Summer Heat Health:** Summer Heat Health is an emerging issue in the face of climate change and global warming. There is currently no internationally agreed definition of a heatwave and the term has not been formally defined in New Zealand. It is, however, agreed that a heatwave is an increase above average temperatures, rather than an absolute temperature, that causes adverse impacts on health. The Ministry of Health seem to favour the Meteorological World Organisation's definition, which is:
  - *A marked unusual hot weather (max, min and daily average) over a region persisting at least two consecutive days during the hot period of the year based on local climatological conditions, with thermal conditions recorded above given thresholds.*

Within the first two days of a heat stress event mortality rises, providing only a small window of opportunity for effective action from the beginning of a heat wave. Community and Public Health's housing health promoter, and Emergency Preparedness Coordinator have been working on developing a plan. This has involved considering preparedness within the community and the delivery of a presentation about Summer Heat Health with Te Waipounamu Social Housing Network and Waka Toa Ora. Presentations will also be made to Elder Care Canterbury and the Christchurch Housing Forum. A summer heat health resource 'Stay Cool and Well this Summer' has been prepared to help the community prepare for the coming heat. This information is also being shared in the Health Promoting Schools magazine.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Projects, including facilities and redevelopment**
  - **Hagley Building:** Network and wireless infrastructure is essentially complete with some minor tuning to wireless coverage in progress. Cellular coverage surveys are complete, and the Telecommunication Companies are now settling on remediation solutions.

- **Digital Transformation**
  - **Windows 10 / PC Replacement Programme:** *Deployment to future proof our computer environment, including enhancements in security, speed and performance.* Approximately 1,300 devices have been upgraded across Burwood Hospital, Christchurch Outpatients, Ashburton Hospital and Princess Margaret Hospital. A small number were deferred

because of timing or application compatibility and the Technical Team continues to work on these exceptions.

- **Outpatients Scheduling Tool:** *ServiceNow based tool for scheduling patient, clinicians, clinics and rooms. Initial focus is Christchurch Outpatients building, but subsequent deployments planned for Burwood and Ashburton Outpatients.* Christchurch Outpatients is now live and all development is complete. Implementation is also underway for Burwood and Ashburton Hospitals.
- **End of Bed Chart (Clinical Cockpit):** *Project to collate information from a number of systems on a hand-held device, including MedChart, Patientrack and Éclair results.* Integration with Health Connect South and MedChart has been successfully demonstrated to stakeholders.
- **Cortex:** *Digital progress notes across Nursing, Allied Health and Doctors which will be accessible from point-of-care devices (iPads) so that the care team has immediate access to accurate information about our patients.* Haematology, Vascular, Stroke and Neurosciences have gone live and planning is underway for General Medicine.
- **Health Connect South (HCS):** An initiative to improve the accuracy of GP information in HCS has taken a step forward, with the upload of Canterbury HealthOne GP information in SI PICS. Development and testing of a new solution for Ophthalmology has also been completed, with go live scheduled for 3 October 2019.
- **South Island Patient Information Care System (SIPICS):** Our priority focus continues to be on data quality improvement initiatives and overall performance of the system. We continue to work closely with partners Orion Health and the South Island region to diagnose and resolve any outstanding performance issues through the implementation of service packs. Release 19.2 is currently in testing and we are targeting deployment early November. Work has also begun to complete the integration of Clinical Referrals/Electronic Records Management System into PICS for the automated registration of referrals.
- **Hybrid Cloud Transformation Programme:** *Canterbury DHB is embarking on a cloud transformation program to better take advantage of emerging technologies to drive innovation and deliver greater value.* We are now working to migrate the clinical applications Éclair and ICNet into the Cloud environment.

IMPROVING AND INTEGRATING RURAL HEALTH SERVICES

- Through the Canterbury Clinical Network the Canterbury DHB is working with communities and local providers in several rural areas to improve and integrate rural health services:

Akaroa	All Akaroa Health services are now operating from the new Akaroa Health Centre, following the official opening held on 7 September.
Hurunui	Amberley Medical Centre and Hanmer Springs Health Centre, with the support of the DHB, Waitaha Primary Health and St John, continue to lead delivery of emergency and urgent medical care after-hours for the Hurunui. Access to this care remains more limited in Cheviot, Hawarden and Waikari – we are looking at options to improve access with local providers. Amuri Health Care, operated by the Amuri Community Trust, is losing several regular GPs in October. Waitaha Primary Health is working with the Trust and neighbouring practices to secure access to primary care for the local community.
Oxford	The Oxford and Surrounding Area Health Services Development Group is continuing to oversee service improvements endorsed by the Board earlier this year, such as

	installing telehealth at Oxford Hospital and improving access to restorative care for people following hospital treatment.

- The rural development processes have identified that rural hospitals and residential care facilities could provide overnight observation for unwell people referred by their local general practice team, avoiding a transfer to Christchurch Hospital for an appropriate cohort of rural people. A protocol is being developed to facilitate general practice led observation services.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- September's communications activity has been dominated by contingency planning and preparing and delivering communications in relation to ongoing industrial action by members of various APEX unions: principally full strikes and industrial action by Psychologists, Medical Imaging Technologists and Medical Laboratory Workers.
- The Communications Team have also:
  - Supported communications around service changes to the Txt2Remind and Sexual Health programmes in primary care and are working with them on a strategy to educate consumers and communities on how GP-led urgent care works in rural areas
  - Assisted with the promotion of using MedChart to safely prescribe oxygen to patients
  - Continued to develop collateral for the launch of the Care Capacity Demand Management programme
- ***WellNow* Canterbury magazine:** September saw the content for WellNow, our biannual magazine for the general public, finalised and move to the design phase. At the time of writing, a detailed design has been received and will be circulated for the final stage of the approval process. There is a further process for producing an additional online-only 'measures' section which will take place while the printing and distribution of the hard copy version is underway with delivery to all households in Canterbury and the Chatham Islands scheduled to begin during the final week in October.
- **Matatiki launch:** The Team is assisting Child Health with the launch of the new branding, Matatiki, (a metaphor for child health as a spring of wellness for tamariki and whānau) which will be widely adopted when the acute services move to Christchurch Hospital Hagley early next year. The team is working with Child Health to convey brand story and create collateral and communications that will be distributed to patients and families, stakeholders, and the wider public via media and digital platforms.
- **Media:** A variety of media enquiries were received during the month of September. Many were focused on the DHB's finances and the first steps the DHB has taken steps towards sustainability, following a joint Ministry of Health and DHB statement detailing this work. We also responded to multiple requests for information on the confirmed measles cases we've had in Canterbury over the past couple of months. Some of the other topics of media interest included:
  - The Government's announcement of additional funding towards the wellbeing and mental health response to the mosque attacks
  - Consumption of meat and dairy products in our hospitals
  - Nursing shortages, nursing recruitment drive and a new video
  - Hospital capacity this winter
  - Strike action taken by Medical Imaging Technologists (MITs)

- Community Rehabilitation Enablement Support Team (CREST) service
- Māia Health Foundation's fundraising for mental health facilities
- Counselling services provided to those accessing abortion services
- 'Sex-related injuries' from foreign objects
- Treatment for anorexia in Canterbury
- Child, Adolescent and Family (CAF) outpatient mental health services
- The Psychologists' strike and the DHB psychologist workforce
- The 2018 census data and the funding implications of this data for the DHB
- The DHB's payroll processes
- Gynaecological surgery delays and wait times
- Our land swap agreement with the Crown and judicial review proceedings by Miles Group.
- Hospital occupancy throughout winter
- Dr Greg Robertson, Chief of Surgery was interviewed by One News and Dr Ashley Padayachee, Clinical Director Anaesthesia was interviewed by Breakfast (TV1) about the events of 15 March, six months on. Both reflected on the incredible efforts of our staff that day and the following days and the impact the mosque attacks have had on staff. Greg and Ashley also spoke of the pressure that has been placed on the health system in response to the attacks.
- Carolyn Gullery, Executive Director Planning, Funding and Decision Support was interviewed by The Press about the Government's announcement of an additional $8.68m in funding towards the mental health response to the mosque attacks of 15 March. Carolyn welcomed the funding and spoke of how this has been allocated for the implementation of the DHB's Post-Mosque Attacks Community Wellbeing and Mental Health plan.
- Chief Medical Officer Dr Sue Nightingale was interviewed by Newstalk ZB, Newshub radio and Radio NZ about the Medical Imaging Technologists strike. Sue spoke of the impact the strike would have and gave details of the amount of patients affected daily and the delays to appointments some people may experience.
- Orthopaedic Surgeon Dr Gordon Beadel was interviewed by Radio NZ for a story marking six months on since the terror attacks of 15 March, about a patient he has operated on following the attacks.
- Joan Taylor, Director of Nursing for the Specialist Mental Health Services (SMHS) was interviewed by Radio NZ about the shortage of mental health nurses in Canterbury.
- Our one live radio interview for Canterbury Mornings with Chris Lynch featured Nurse Manager – Nursing Workforce Development Becky Hickmott talking about the new nursing recruitment video. Becky spoke about the video and the recruitment drive currently underway to attract new nurses to Canterbury.

Our People (CEO Update Stories)

- Canterbury DHB's passive fire programme won a Highly Commended in the James Hardie Innovation Award category of the New Zealand Building Industry Awards 2019 held in Auckland. Passive fire protection provides the initial protection from smoke prior to the detection systems and sprinklers activating, and continues to reduce the spread of flames and smoke to other areas of buildings. Canterbury DHB's Passive Fire Programme began three years ago and is believed to be the only fully integrated passive fire programme in New Zealand and includes supply, inspections, testing and training. Award judge, Bruce Rogers, who is a Board and National Council Member of the New Zealand Institute of Building, says

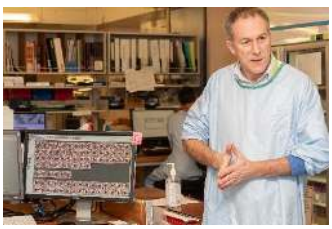
it is quite unusual for a client based organisation to be able to step up and reach into the industry and achieve great results.

- Canterbury DHB Nursing Workforce Development staff worked alongside Belmont Productions recently to film a two minute nursing recruitment advertisement video. The video represents nurses in all ages and stages of their nursing career; from undergraduate nurse training to nursing leadership positions, says Nurse Co-ordinator Postgraduate Education Jacinda King. The goal was to portray nursing as a lifelong, fulfilling career that offers diversity, variety and opportunity along different career pathways.

- Volunteer drivers who transport mainly elderly rural people to health appointments in Christchurch were acknowledged at a recent hui of Community Vehicle Trust volunteers. Clinical Manager of Social Work, Older Persons Health and Rehabilitation, Raegan Kitto told the hui the drivers play a critical role in enabling older people to remain living in their own homes and stay connected to their local communities. There are 15 vehicle trusts operating across Canterbury in small rural towns with an aging population, providing transport for people who need to get to health and other appointments. Environment Canterbury supports the vehicle trusts with funding grants.

- Christchurch Hospital post graduate second year doctor Jared Campbell has been awarded the 2019 Barbara and John Heslop Memorial Prize for gaining the highest marks in the recent Generic Surgical Sciences Exam (GSSE) examination, of those who attended the April-May 2019 Dunedin Basic Medical Sciences Course, organised by the Dunedin Basic Medical Sciences Course Trust. Canterbury DHB Medical Education Coordinator Karyn Dunn says Jared is an outstanding intern who contributes immensely to the organisation.

- Canterbury Health Laboratories (CHL) hosted its first open day for a number of years for their Canterbury DHB colleagues with guided tours of part of CHL's facilities on Hagley Avenue. Staff from CHL's Biochemistry, Haematology and Microbiology areas showed what happens to some of the thousands of samples they analyse every day. Laboratory test results are key in about 70 percent of clinical decisions and virtually every cancer diagnosis. CHL has 380 staff members who provide a 24/7 core laboratory service, staff 11 other specialist departments within Canterbury DHB and provide a phlebotomy service. They also receive samples from all over New Zealand (and further afield) as well as supporting local, national and international research studies.



- September was Gynaecological Cancer Awareness Month and Canterbury DHB Gynaecological Oncology Fellow, Elizabeth Goulding says endometrial cancer is the most common gynaecological malignancy in New Zealand. This has recently been confirmed in a New Zealand study which showed that endometrial cancer is being increasingly diagnosed in women aged under 40, particularly in Pasifika women. This is partly due to increasing rates of overweight and obesity, one of the main risk factors. A 'Survivorship Programme' for women with early stage, low risk endometrial cancer has been put in place at Canterbury DHB which aims at addressing a woman's health holistically and reducing their risk factors for health problems in the future, for example through education and weight reduction.
- Emergency Medicine Specialist and Director of Emergency Medicine Research at Christchurch Hospital Martin Than is lead author of research that shows that computer algorithms can help doctors better determine if a patient is having a heart attack. About 50,000 people turn up to hospitals in New Zealand each year concerned they are having a heart attack. About 15 per cent actually are. Admitting these patients when it's not necessary is inconvenient for the patient and their family and uses health resources that could be used elsewhere. The new technology will mean clinicians can be more accurate, quicken the process and provide advice that is more specific to the individual patient. The study, published in leading cardiology journal 'Circulation', involved researchers from the United States, Germany, United Kingdom, Switzerland, Australia and New Zealand and looked at more than 11,000 patients.
- There's been a big increase in the number of mental health consumers taking up nicotine replacement therapy (NRT). Statistics show that in the last three months NRT use has increased Canterbury DHB-wide by 35 per cent compared with the same quarter in 2018. This increase was predominantly due to greater use at Hillmorton Hospital, says the Chairperson for the Specialist Mental Health Service (SMHS) Smokefree Champion group, Social Worker Anne Macleod. Mental health consumers have a higher prevalence of smoking than the general population although the rate is slowly reducing, following the wider societal trend. The SMHS has a new Smokefree Champion group made up of health professionals who work in all areas of the SMHS whose role is to promote and educate consumers, tangata whaiora and colleagues about Canterbury DHB's smokefree policy. They act as a resource person to actively promote conversation and education on how to achieve reduced harm and smoking cessation, using NRT and other interventions.
- Relaxing, easy to follow, and worthwhile – just some of the feedback about Sankalpa, a workplace-based guided meditation programme available to nurses at Canterbury DHB. Sankalpa is a Sanskrit term in yoga philosophy that refers to a heartfelt desire, intention, or resolve. While meditation is generally beneficial for mental health, Sankalpa is not a specific therapeutic programme but a non-religious, science-based and educational programme designed to develop relaxation, mindfulness, and compassion skills to support staff wellness and compassionate care. So far more than 800 nurses across the organisation have attended one of the voluntary 30-minute Sankalpa sessions with many returning several times.

Facilities Redevelopment- Communication

- The "Let's Get Ready To Move" communications for the migration/operational transition to the building continues with:
- Monthly videos for staff that are also shared on café TV screens. These videos remain monthly until 10 weeks before move day when they will become weekly.
- Weekly briefings in the CEO update that are also shared via ward communications books, and the Hagley Operational Transition team and its networks. These are also distributed through wider networks, including unions and medical officers.
- Facebook updates , union updates and a new email address for staff queries.
- Posters and banners for staff noticeboards, screensavers and email signatures for staff.
- Planning is complete and on hold for a series of significant events in relation to the opening of Christchurch Hospital, Hagley.
- Content for the next WellNow magazine on how Hagley is progressing
- Standard and 360-degree photography of near-completed wards in Hagley is ongoing. This will be used for staff orientation, enabling staff to see their new workspaces without having to visit during the construction phase. A Virtual Reality tour is in development. A 360 degree tour complete with building map so staff can identify photos with ward areas is being updated as more images become available.
- The online healthLearn orientation module for the new building is live and being well attended by staff migrating to Hagley later this year and earlier next year. It is a key tool for orienting staff to the new building and new ways of working.
- The Communications Team is helping produce maps for transit routes for patient and staff migration and assisting with wayfinding strategies for patients, staff and visitors. Posters, bifold brochures and DLE handouts for the lead-up to the move are in development. These will be updated and refreshed for the day of the move and will be available in old wards following the move.
- The team is also working with ECan to ensure maps and communication for the opening of the new bus Super Stop in Tuam Street are accurate and include information useful to our community. The Super Stop will be operable from 5am on Monday October 21.
- **Burwood Spinal Unit:** Communications work with the Unit to develop and create communications materials for patients and families, maps for orientation to the new unit, and were instrumental in organising and delivering a very well received blessing and open house for staff and stakeholders.
- **Akaroa Health Hub:** Communications worked with the Akaroa Community Health Trust and Akaroa Health Limited on planning for the successful official opening of the health centre on Saturday 7 September which was attended by the Minister of Health, Dr David Clark.
- **Christchurch Campus:** Communications is providing regular staff updates on work around the Christchurch campus and surrounding area, including the bus super stop.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Works to NW corner panels due for completion mid-October. Consenting strategy discussions with Christchurch City Council have commenced in relation to remaining panels. Intrusive investigations are underway to inform the detail design. Implementation planning is contingent on master plan and decanting plans being developed separately.
- **Clinical Service Block Roof Strengthening Above Nuclear Medicine:** Practical completion 30 August. Final details being completed.
- **Lab Stair 4:** Discretionary consent exemption approved by Christchurch City Council (*CCC*). Change request submitted to capture budget and scope changes.
- **Riverside L7 Water Tank Relocation:** Handed across to Maintenance & Engineering (*M&E*) for completion. Site Redevelopment Unit (*SRU*) to continue to provide assistance.
- **Riverside Full Height Panel Strengthening:** Design and review complete. Budget pricing received from the quantity surveyor. Intention is to bring remaining works to CSB roof strengthening to become part of this project.
- **Parkside Canopies:** Business case for replacement of shrink wrap has been approved.

Christchurch Women's Hospital

- **Stair 2:** Team have identified a number of potential targets for improvement and are currently working through design and engineering prior to formal submission of a business case.
- The balance of fire analysis work is awaiting master plan sign off before works can be programmed to complete strengthening works. Main focus for the last few months has been acceptance of building warrant of fitness with CCC and M&E.
- **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 protection 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 protection works and post Hagley Christchurch occupation.
- **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.
- Work for levels 3, 4 and 5 is unlikely to occur until after Hagley Christchurch (ASB) occupation.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering:**
  - Passive fire program has been awarded highly recommended at the NZIOB Innovation Awards 2019.
  - Materials database is currently in use and is 99% through annual review.

- Digitalization of the inspection and maintenance programme system is completed. This will allow for onsite recording of all works and integration to M&E management software.
- Continue to identify non-compliant areas of other projects open walls / ceilings.
- Second Stage RFP for installer fixed costs is with Corporate Legal for sign off.
- MBIE visited the test lab and have pledged support for the project and working on a suitable ways to assist the programme moving forward to a wider audience.
- Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Approval to proceed to issue the fire engineering brief to Council and Fire Emergency NZ for comment now received. Quantitative Fire Assessment (QFA) can now continue.

- **Christchurch Hospital Campus Energy Centre (managed by Ministry of Health (*MoH*)):** Value engineering being undertaken to mitigate preliminary design estimate being over budget.
- **235 Antigua St and Boiler House (Demolition):** No work to be undertaken until new energy centre constructed and commissioned.
- **Parkside Renovation Project to Accommodate Clinical Services, Post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on formal advice from MoH as to outcome of master planning process.
- **Backup VIE Tank:** Work to be undertaken in conjunction with Labs stair 4 works.
- **Antigua St Exit Widening:** Camera traffic count to be undertaken.
- **Avon Switch Gear and Transformer Relocation:** Design complete. Project is being managed by M&E.
- **Otakaro/CCC Coordination.** Liaison with contractor for Bus Super Stop works on Tuam St ongoing.
- **Diabetes Demolition**: Demolition complete. Chip sealing of site to commence shortly.
- **Co-ordinated Campus Program:** Work is well advanced on a co-ordinated programme to tie together the demolition of Riverside West, the relocation of clean and dirty loading docks, demolition of the Avon generator building, Parkside Panel replacement / repairs, relocation of food services building and clinical support staff requirements in the LGF of The Hagley Christchurch (ASB). This will provide insight into timing, relocation requirements and potential sequencing issues. It is still subject to confirmation of who goes where, and subsequent endorsement, in relation to the MoH led campus master plan.

Canterbury Health Labs

- **Anatomical Pathology (*AP*):** Initial planning on options for repatriating AP from School of Medicine has commenced. Design team has been engaged and briefed, and initial bulk and location options have been developed. This process is linked to the overall master plan for this service. SRU project manager resources will be allocated once there is more clarity on time frames for delivery of this work.
- **Core Lab (High Volume Automation) Upgrade:** Design team has been engaged and briefed. Initial advice provided to the CHL team in support of the equipment RFP process. This work has now been transferred to M&E due to its size and relatively straight forward process.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand. Still awaiting outcome of passive fire elements external testing and revised fire engineering judgement.
- **Burwood Admin Old Main Entrance Block - 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. A decision on the Artificial Limb Service proposal is required before progressing this work any further.
- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being detailed. Agreement of scope and financials as well as key stakeholder requirements are currently underway. Quantity Surveyor figures sent to General Manager of Older Persons Health for review. The way forward for this is on hold until a decision on Mini Health / Artificial Limbs facility has been made.
- **Spinal Unit:** Main contractor completed on 28 August as planned. Passive fire works now completed. Staff and patients occupied the Unit on 10 – 12 September as planned. Now in defects liability period.
- **Burwood Birthing/Brain Injury** Demolition: Main demolition completed. Additional site scrapes have been undertaken to mitigate soil contamination. Backfilling has been completed. Site fences expected to be removed in coming weeks.

Hillmorton Hospital Campus

- **Hillmorton SMHS:** Preliminary design phase is due to conclude shortly. A review of the inclusion of Greenstar on the project is in detailed discussions. A decision is required before developed design begins.
- **Earthquake Works:** No earthquake works currently taking place.
- **Food Services Building:** M&E to provide details to feed into the business case.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements.
- **AT&R:** New High Care Area for AT&R construction contract complete with works commenced on site. Resource consent received and building consent currently with Council.
- Working on additional requirements for building 1 and 2 and temporary High Care Area for building 3. These include options for additional space in the PSAID area and opportunities for a low stimulus area retrofitted into existing spaces. Business case for temporary works approved. Internal alteration has commenced and is progressing well.
- **Master Planning:** Works progressing well. Time for completion is still forecast for the end of October 2019. Currently working with the Mental Health Service, and Planning and Funding, to understand the metrics and clinical service requirements going forward.

The Princess Margaret Hospital Campus

- No projects at present.

Ashburton Hospital & Rural Campus

- **New Boiler and Boiler House**: Currently being managed by Maintenance & Engineering.

Other Sites/Work

- **Akaroa Health Hub:** Building is complete and tenants have moved in. As Built documentation and defects are going through a review and revision process before handover to M&E.
- **Kaikoura Integrated Family Health Centre:** Minor repairs being undertaken by M&E.
- **Rangiora Health Hub:** Construction complete. Staff occupied on 21 August as planned. Now in defects liability period.
- **Home Dialysis Training Centre Relocation:** Completed.
- **Seismic Monitoring:** Business case approved for stage 1 Design & Procurement. Case study building assessment underway.
- **Manawa (formerly HREF):** Building has been blessed and is occupied. Currently in defect liability stage.

Project/Programme Key Issues

- Sign off 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 CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. Work in these areas will not be possible until the Hagley Christchurch project is complete and space elsewhere on the campus becomes available.
- Passive fire wall repairs continue to be identified. Risk analysis progressing slowly due to delay in releasing the master plan details.
- The passive fire QA process has identified non compliances on newly installed elements in the Burwood Spinal Unit works. These have now being rectified. The contractor responsible for the initial install has been removed from site. Performance of contractor has been elevated to corporate legal with claim for costs currently being negotiated.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of August 2019 was a net operating expense of $14.043M, which was $0.009M favourable against the draft annual plan net operating expense of $14.052M.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.009)	(0.01)	**(0.004)**	(0.045)	(0.01)	(0.040)
Funder	(9.589)	(8.466)	**(1.124)**	(14.485)	(15.388)	0.903
DHB Provider	(4.444)	(5.581)	**1.136**	(8.561)	(7.814)	(0.747)
Canterbury DHB Group Result	**(14.043)**	**(14.052)**	**0.009**	**(23.091)**	**(23.207)**	**0.116**

Report prepared by: David Meates, Chief Executive

FINANCE REPORT 31 AUGUST 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **17 October 2019**

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 and related matters for the period ended 31 August 2019.

3. DISCUSSION

Overview of August 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of August 2019 was a net operating expense of $14.043M, which was $0.009M favourable against the draft annual plan net operating expense of $14.052M.

The current draft annual plan is for a full year deficit result of $180.470M, however, it does not take into account recently announced adjustments to the capital charge regime (the mechanics of which have yet to filter through to DHBs), which will take effect upon transfer of the Hagley building. The table below provides the breakdown of the August result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(4.488)	(5.663)	**1.175**	(8.703)	(7.877)	(0.826)
Community & Public Health	(0.081)	0.005	**(0.086)**	(0.027)	(0.016)	(0.011)
Total In-House Provider excl Subsidiaries	**(4.569)**	**(5.658)**	**1.089**	**(8.730)**	**(7.893)**	**(0.837)**
Add: Funder & Governance						
Funder Revenue	147.178	147.017	0.160	296.767	294.035	2.732
External Provider Expense	(67.957)	(66.709)	(1.248)	(133.659)	(131.873)	(1.786)
Internal Provider Expense	(88.810)	(88.775)	(0.035)	(177.593)	(177.550)	(0.043)
Total Funder	**(9.589)**	**(8.466)**	**(1.123)**	**(14.485)**	**(15.388)**	**0.903**
Governance & Funder Admin	(0.009)	(0.005)	(0.004)	(0.045)	(0.005)	(0.040)
Total Canterbury DHB (Parent)	**(14.168)**	**(14.130)**	**(0.038)**	**(23.260)**	**(23.286)**	**0.026**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.042	0.054	**(0.013)**	0.074	0.110	(0.036)
Canterbury Linen Services Ltd	0.083	0.023	**0.060**	0.095	(0.031)	0.126
Canterbury DHB Group Surplus / (Deficit)	**(14.043)**	**(14.052)**	**0.009**	**(23.091)**	**(23.207)**	**0.116**

Although the result for the first two months of the financial year is on target, there are continued stress points within the DHB that we will need to keep very close control over, particularly with the new Hagley facility coming on stream in the near future, and the managed transition of outsourced surgery.

In addition to this we are continuing to see cost pressure as a result of the industrial landscape.

An update on the 2018/19 year end audit is covered in a separate report to the Board.

4. KEY FINANCIAL RISKS

Liquidity risk remains and we are requesting an equity drawdown to alleviate this risk.

Ongoing industrial action will have an impact on our financial performance, as we will need to manage our volume delivery throughout any strikes.

5. APPENDICES

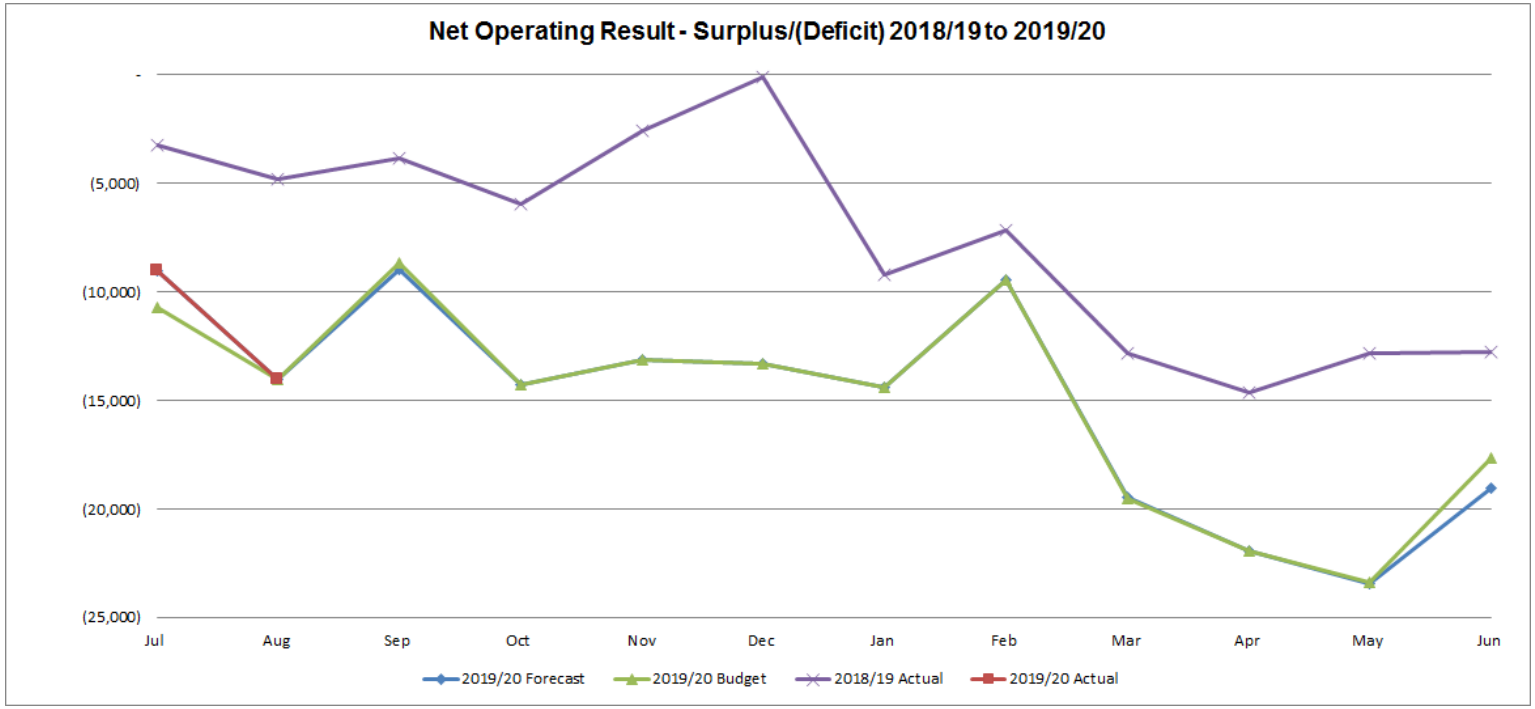
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 AUGUST 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Surplus/(Deficit)	(14,043)	(14,052)	9	0% ✔	(23,091)	(23,207)	116	0% ✔	(177,841)	(180,422)	(180,470)	48	0% ✔



Our 2019/20 Annual Plan submitted is a net operating expense of $180.470M.

Our August result was on plan for the month, although there are offsetting variances between expenditure lines.

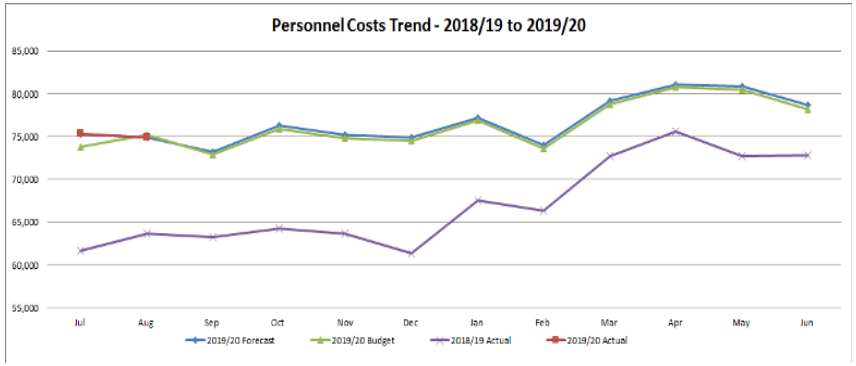
Our Provider arm has noted that planning assumptions are based on +/- 8,500 discharges per month for the first quarter, but we are running at 8,800 discharges for the first two months; a 3.5% increase over plan.

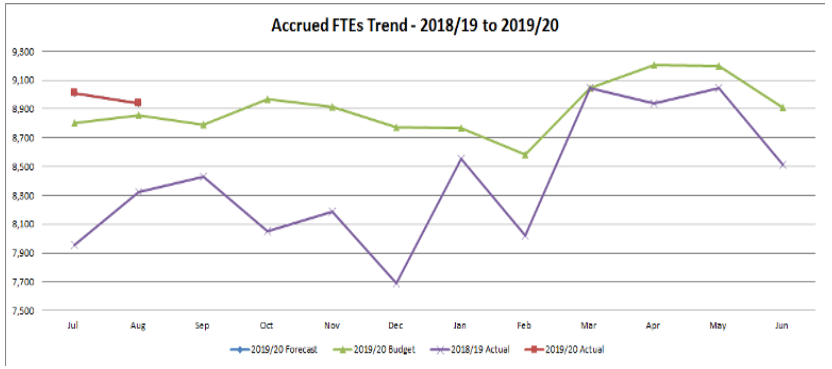
We have included a year end forecast to the above table as well as the graph. At this point we are expecting to hold the year end result on budget.

KEY RISKS AND ISSUES

Variances on expenditure lines may not continue to offset, leading to unfavourable net results in future months. We will need to maintain tight fiscal control over all expenditure items to ensure we do not exceed our planned result. Activity on the Christchurch campus was high, and is driving higher than planned costs, and this high activity has continued through into August.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



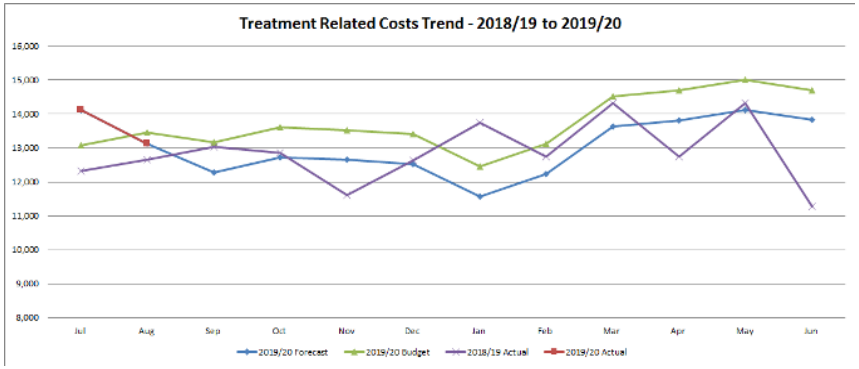


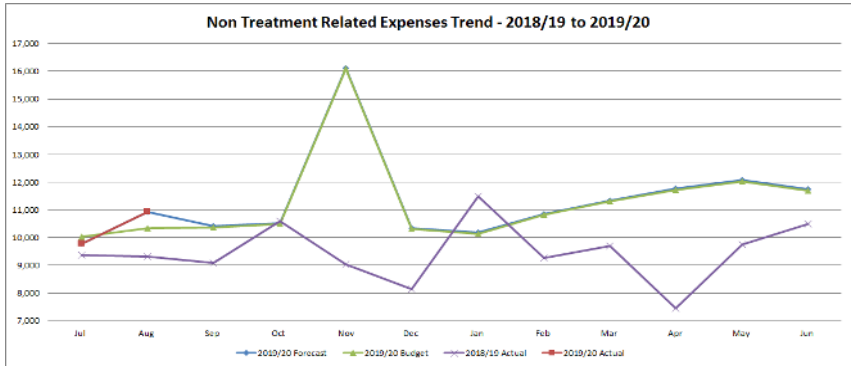
KEY RISKS AND ISSUES

Higher costs associated with higher activity, along with the resourcing required for the new Hagley facility, result in unfavourable variances. Strike action and MECA settlements result in unfavourable variances, from both strike costs and recovery plan costs.

Growth in personnel accrued FTEs will occur in future periods as a result of additional resource required for the new Hagley (ASB) redevelopment and other significant projects.

TREATMENT & OTHER EXPENSES RELATED COSTS





KEY RISKS AND ISSUES

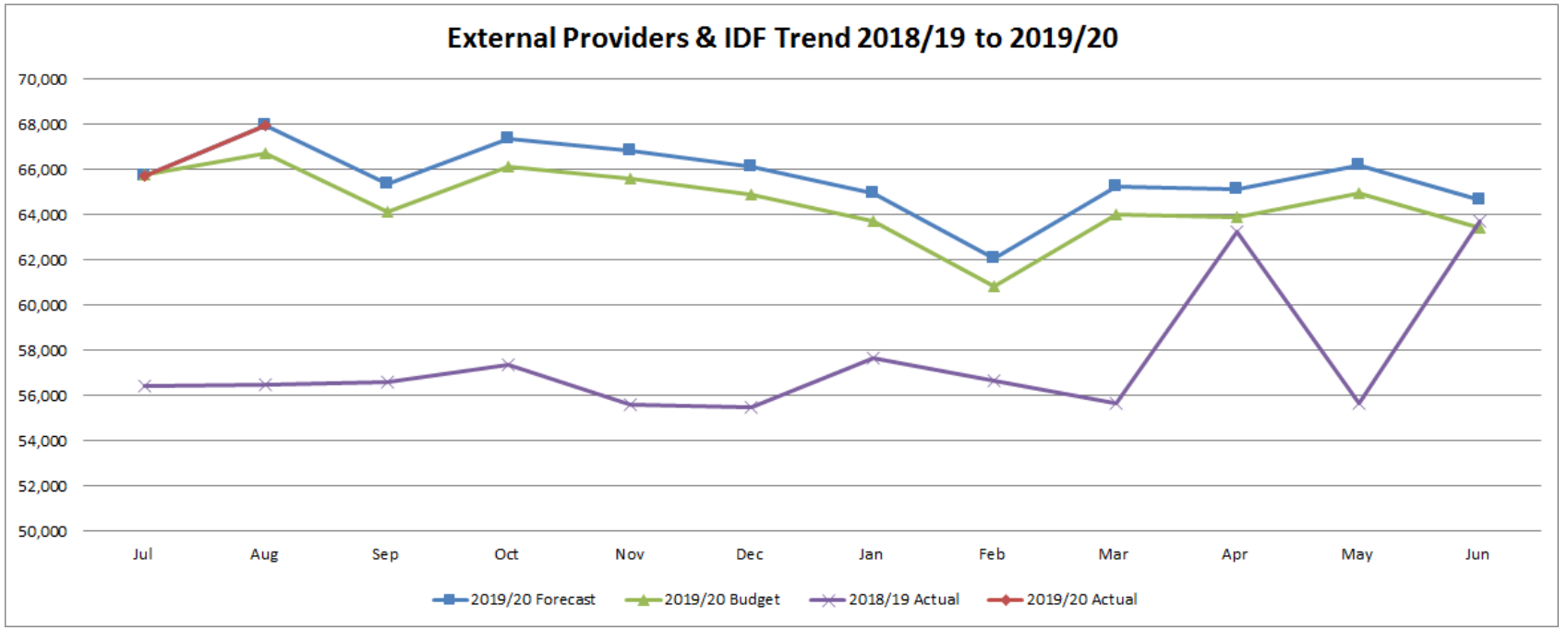
Treatment related costs are influenced by activity volume, as well as complexity of patients.

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital (TPMH) campus, including security, basic maintenance etc. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 2022/23 financial year.

Forecast variance relates to a reclassification of some pharmaceuticals from Treatment related cost category to External provider cost category.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
External Provider Costs	67,957	66,708	(1,249)	-2% ✗	133,659	131,872	(1,787)	-1% ✗	752,788	787,490	773,439	(14,051)	-2% ✗



KEY RISKS AND ISSUES

Additional outsourcing to meet electives targets may be required. The use of additional clinics at penal rates, outplacing, and/or outsourcing may be used to reduce this impact. Forecast variance relates to a reclassification of some pharmaceuticals from Treatment related cost category to External provider cost category.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	578,890	644,036	(65,145)	-10%	✗

	YTD Actual $'000	YTD Budget $'000	Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000		
Cash	(53,864)	(41,887)	(11,977)	29% ✗	(31,751)	(220,535)	(62,397)	(158,138)	253.4%	✗

KEY RISKS AND ISSUES

If future equity support is less than the expected amount or not received on a timely basis, cash flows will be impacted, and the ability to service payments as and when they fall due will become an issue. **Note that the above cash forecast assumes no equity support is received**.

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 two months ending August 2019

Month					Year to Date				Annual (Year End)			
19/20 Actual	19/20 Budget	18/19 Actual	Variance to Budget		19/20 Actual	19/20 Budget	18/19 Actual	Variance to Budget	19/20 Forecast	19/20 Budget	18/19 Actual	Variance to Budget
153,867	153,120	142,841	747 ✓	MoH Revenue	309,654	306,240	285,134	3,414 ✓	1,849,510	1,841,187	1,740,451	8,323 ✓
4,310	4,353	4,212	(43) ✗	Patient Related Revenue	8,511	8,706	7,988	(195) ✗	50,797	51,992	49,200	(1,195) ✗
3,276	3,460	3,220	(184) ✗	Other Revenue	7,918	7,120	5,990	798 ✓	50,148	49,055	39,919	1,093 ✓
161,453	**160,933**	**150,273**	**520**	**Total Operating Revenue**	**326,083**	**322,066**	**299,112**	**4,017**	**1,950,455**	**1,942,234**	**1,829,569**	**8,221**
74,942	75,256	69,038	314 ✓	Personnel Costs	150,242	148,109	135,185	(2,133) ✗	920,883	915,002	915,945	(5,881) ✗
13,111	13,460	12,637	349 ✓	Treatment Related Costs	27,241	26,530	24,892	(711) ✗	156,621	164,749	140,794	8,128 ✓
67,957	66,708	62,950	(1,249) ✗	External Service Providers	133,659	131,872	121,960	(1,787) ✗	787,490	773,439	752,788	(14,051) ✗
10,919	10,350	8,428	(569) ✗	Other Expenses	20,696	20,380	15,337	(316) ✗	136,133	135,361	123,739	(772) ✗
166,929	**165,774**	**153,053**	**(1,155)** ✗	**Total Operating Expenditure**	**331,838**	**326,891**	**297,375**	**(4,947)** ✗	**2,001,127**	**1,988,551**	**1,933,266**	**(12,576)** ✗
(5,476)	**(4,841)**	**(2,780)**	**(635)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(5,755)**	**(4,825)**	**1,738**	**(930)** ✗	**(50,672)**	**(46,317)**	**(103,697)**	**(4,355)** ✗
59	56	109	3 ✓	Interest	129	112	117	17 ✓	825	909	627	(84) ✗
308	222	339	86 ✓	Donations	527	444	447	83 ✓	2,650	2,567	4,067	83 ✓
4	-	1	4 ✓	Profit / (Loss) on Sale of Assets	7	-	1	7 ✓	7	-	-	7 ✓
371	**278**	**448**	**93** ✓	**Total Indirect Revenue**	**663**	**556**	**565**	**107** ✓	**3,482**	**3,476**	**4,694**	**6** ✓
2,961	3,286	2,454	325 ✓	Capital Charge	5,922	6,572	6,572	650 ✓	49,962	53,864	24,241	3,902 ✓
5,916	6,153	4,846	237 ✓	Depreciation	11,982	12,266	9,530	284 ✓	82,675	83,165	54,085	490 ✓
61	50	-	(11) ✗	Interest Expense	95	100	-	5 ✓	595	600	512	5 ✓
8,938	**9,489**	**7,300**	**551** ✓	**Total Indirect Expenses**	**17,999**	**18,938**	**16,102**	**939** ✓	**133,232**	**137,629**	**78,838**	**4,397** ✓
(14,043)	**(14,052)**	**(9,632)**	**9** ✓	**Total Surplus / (Deficit)**	**(23,091)**	**(23,207)**	**(13,799)**	**116** ✓	**(180,422)**	**(180,470)**	**(177,841)**	**48** ✓
-	-	-	- ✓	Gain on Revaluation of Land and Buildings	-	-	-	- ✓		-	137,346	- ✓
(14,043)	**(14,052)**	**(9,632)**	**9** ✓	**Total Comprehensive Revenue & Expense**	**(23,091)**	**(23,207)**	**(13,799)**	**116** ✓	**(180,422)**	**(180,470)**	**(40,495)**	**48** ✓

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 August 2019

Unaudited 30-Jun-19 $'000		Group Actual 31-Aug-19 $'000	YTD Group Budget 31-Aug-19 $'000	Annual Group Budget 30-Jun-20 $'000
496,272	Opening Equity	597,378	662,639	662,639
141,600	Net Equity Injections / (Repayments) During Year	4,604	4,604	650,781
137,345	Reserve Movement for Year	-	-	-
(177,839)	Operating Results for the Period	(23,091)	(23,207)	(180,470)
597,378	**TOTAL PUBLIC EQUITY**	578,890	644,036	1,132,950
	Represented By:			
	Current Assets			
4,824	Cash & Cash Equivalents	4,456	627	627
750	Short Term Investments	750	750	750
91,010	Trade and Other Receivables	96,311	91,010	91,010
5,838	Prepayments	11,067	5,838	5,838
13,210	Inventories	13,264	13,209	13,209
14,685	Restricted Assets	14,397	14,685	14,685
130,316	**Total Current Assets**	140,244	126,119	126,119
	Less Current Liabilities			
36,575	Overdraft	58,319	42,514	63,024
123,936	Trade and Other Payables	138,165	130,508	123,936
14,760	Restricted Funds	14,459	14,760	14,760
245,602	Employee Benefits	242,866	180,342	180,342
420,873	**Total Current Liabilities**	453,809	368,124	382,062
(290,557)	**Working Capital**	(313,565)	(242,005)	(255,943)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,225	3,225	3,225
890,595	Fixed Assets	895,322	888,702	1,391,554
893,837	**Term Assets**	898,563	891,943	1,394,795
	Non Current Liablilties			
5,902	Employee Benefits	6,109	5,902	5,902
5,902	**Term Liabilities**	6,109	5,902	5,902
597,378	**NET ASSETS**	578,890	644,036	1,132,950

Restricted Assets and Restricted Liabilities include funds held by Maia on behalf of CDHB.

APPENDIX 4: CASHFLOW

Unaudited 30-Jun-19 $'000		Actual 31-Aug-19 $'000	YTD Budget 31-Aug-19 $'000	Budget 30-Jun-20 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(52,505)	**Net Cash from Operating Activities**	(16,498)	(4,368)	(97,305)
	CASHFLOW FROM INVESTING ACTIVITIES			
(44,167)	**Net Cash from Investing Activities**	(10,219)	(10,372)	(70,913)
	CASHFLOW FROM FINANCING ACTIVITIES			
80,794	**Net Cash from Financing Activities**	4,604	4,604	137,572
(15,878)	Overall Increase/(Decrease) in Cash Held	(22,113)	(10,136)	(30,646)
(15,698)	Add Opening Cash Balance	(31,751)	(31,751)	(31,751)
(31,576)	**Closing Cash Balance**	(53,864)	(41,887)	(62,397)

HAC – 3 OCTOBER 2019

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: **Hospital Advisory Committee**

DATE: **17 October 2019**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 3 October 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 3 October 2019 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 3 October 2019

Report prepared by: Anna Craw, Board Secretariat

Report approved by: Andrew Dickerson, Chair, Hospital Advisory Committee

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch,
on Thursday, 3 October 2019, commencing at 9.00am

PRESENT
Andrew Dickerson (Chair); Jo Kane (Deputy Chair); Dr Anna Crighton; David Morrell; Dr Rochelle Phipps; Trevor Read; and Dr John Wood.

APOLOGIES
Apologies for absence were received and accepted from Barry Bragg; Sally Buck; Jan Edwards; and Ta Mark Solomon.
An apology for lateness was received and accepted from Dr Rochelle Phipps (9.04am).

EXECUTIVE SUPPORT
David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Dr Sue Nightingale (Chief Medical Officer); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
There were no Executive apologies.

IN ATTENDANCE

Item 4
Marie Lory, Perioperative Nurse Manager, Christchurch Campus
Christina Mason, Clinical Nurse Specialist
Kirsten Welsh, Clinical Nurse Specialist

Item 5
Berni Marra, Manager, Ashburton Health Services
Dr Scott Wilson, Rural Hospital Medical Specialist
Brenda Close, Director of Nursing, Ashburton and Rural

Item 7
Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health
Dan Coward, General Manager, Older Persons, Orthopaedics and Rehabilitation
Berni Marra, Manager, Ashburton Health Services
Win McDonald, Transition Programme Manager, Rural Health Services
Barbara Wilson, Acting Director, Quality & Operations, Specialist Mental Health Services (*SMHS*)

1. INTEREST REGISTER

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

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (12/19)
(Moved: Trevor Read/Seconded: Dr Anna Crighton – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 1 August 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action item was noted.

4. PERIOPERATIVE NURSING (PRESENTATION)

Dr Rochelle Phipps joined the meeting at 9.04am.

The Committee received a presentation from Marie Lory, Perioperative Nurse Manager for Christchurch Campus. Christina Mason and Kirsten Welsh were also in attendance. The presentation provided an overview of the Perioperative Service for Christchurch Campus.

Members had the opportunity to ask questions and discussion took place on various issues, including:

- Staff morale and team building.
- Plans to bring surgery back in-house from the private sector once Hagley theatres opens.
- Sophistication of CDHB's instrument/equipment tracking systems.
- Owning instruments versus supply on consignment.

The Committee thanked the attendees for the informative presentation.

5. ASHBURTON RURAL HEALTH SERVICES (PRESENTATION)

The Committee received a presentation on Ashburton Rural Health Services from Berni Marra, Manager, Ashburton Health Services; Dr Scott Wilson, Rural Hospital Medical Specialist; and Brenda Close, Director of Nursing, Ashburton and Rural.

The Committee was also provided with a handout – "Ashburton Rural Health Services Division – Our Plan on a Page 2019-2020". Ms Marra noted that this provided a comprehensive picture of Ashburton's fit and contribution to CDHB's overall service delivery.

Members had the opportunity to ask questions and discussion took place on various issues, including:

- Refugee resettlement in 2020, quotas, and the condition of Ashburton's housing stock.
- Strong focus on integrated care strategies to reduce demand on acute care.
- General Practice services.

The Committee thanked the attendees for the presentation. The significant gains made by the Service were acknowledged, and the ongoing work for further improvements and gains in service delivery were positively supported.

6. CLINICAL ADVISOR UPDATE – NURSING (ORAL)

Mary Gordon, Executive Director of Nursing, provided updates on the following:

- Status of implementation for the Care Capacity Demand Management Programme.
- Trendcare implementation.
- Uptake for the Registered Nurse subscribing pathway.
- Nursing paperlite initiative.
- Discussions with the Midwifery Council and Ara School of Midwifery, which have resulted in a shortened pathway into midwifery for nursing graduates.

Discussion took place about incentivising nurses to work in specific areas (eg, rural, mental health). It was noted that this already occurs through a bond system, where there is the opportunity for a nurse's student loan to be wiped by working in a specific service for a specified period of time.

7. H&SS MONITORING REPORT

The Committee considered the Hospital and Specialist Services Monitoring Report for September 2019. The report was taken as read.

General Managers spoke to their areas as follows:

Rural Health Services – Berni Marra, Manager, Ashburton Health Services
Nothing further to add from the presentation earlier in the meeting.

Rural Health Services – Win McDonald, Transition Programme Manager

- Locums going to Chatham Islands are rural trained and have worked in rural environments. Having GPs who understand rural GP medicine is crucial.

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

- Unprecedented demand and record volumes continued across August and September. Primary Health colleagues are also reporting unprecedented demand.
- The impact on staff from the unrelenting demand and ongoing industrial action.
- Unrelenting presentations of family violence cases.
- Recent Medical Council visit as part of reaccreditation process as a medical training facility. Very complimentary about the RMO training programme.

ESPIs
Carolyn Gullery, Executive Director, Planning Funding & Decision Support, provided an update. Ongoing reporting issues were noted, along with a recovery plan that has been put forward. It was noted that financial penalties are no longer applicable.

The Committee acknowledged the success of the "Physiotherapists in the Emergency Department" initiative.

There was a query whether local prison populations were being screened for Hepatitis C. Ms Gullery advised that they are.

Specialist Mental Health Services (*SMHS*) – Barbara Wilson, Acting Director, Quality & Operations

- Currently recruiting for a number of mental health nurse vacancies.
- New facilities are on track and progressing well.

The Committee noted additions to the report, including new data sets and comparisons in performance against other DHBs. This information was well received.

There was discussion on Te Awakura readmission rates. Ms Wilson advised there were a number of contributing factors, including diagnosis, pressure on beds and length of stay, and the ability to move clients through the system.

Older Persons, Orthopaedics & Rehabilitation Service – Dan Coward, General Manager

- Focus remains on Enhanced Recovery After Surgery (*ERAS*), enabling people to recover faster from their surgery and return home earlier.
- Ongoing success with fall rates.
- Nurse Audit Data Insight Application (*NADIA*) pilot programme. A digital audit tool which has led to time savings, resulting in care time back to patients.

The Committee requested a more detailed overview of the Hospital & Specialist Service's Statement of Financial Performance to its next meeting, detailing risks and drivers.

Resolution (13/19)
(Moved: Dr Rochelle Phipps/Seconded: David Morrell – carried)

"That the Committee:

i. notes the Hospital Advisory Committee Activity Report."

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (14/19)
(Moved: Trevor Read/Seconded: Jo Kane – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 1 August 2019.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(If required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

iii notes that this resolution is made in reliance on the Act, Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to

result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982."

INFORMATION ITEMS

- 2020 Tentative Meeting Schedule
- 2019 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.34am.

Approved and adopted as a true and correct record:

_____ _____

Andrew Dickerson
Chairperson

Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **17 October 2019**

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

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 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 on 19 September 2019	For the reasons set out in the previous Board agenda.	
2.	Annual Report Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	CHL Stairs & Associated Wall Panels Scope Change Request	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Nuclear Medicine SPEC CT Project Scope Change Request	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Surgical Instruments for Hagley Theatre Expansion	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Christchurch Campus Options (Presentation)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Chair & Chief Executive - Update on Emerging Issues (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
11.	Advice to Board: • HAC Draft Minutes *3 October 2019* • QFARC Draft Minutes *1 October 2019*	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