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, 16 May 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 18 April 2019		
3.	Carried Forward / Action List Items		
4.	Canterbury Health System Quality Improvement Showcase 2018 – Video Clips Category: Improved Work Life		
5.	Chair's Update - Oral	Dr John Wood	9.10-9.15am
6.	Chief Executive's Update	David Meates	9.15-9.45am
7.	Finance Report	Justine White	9.45-9.55am
8.	Advice to Board: CPH&DSAC – 9 May 2019 – Draft Minutes	David Morrell Tracey Chambers	9.55-10.00am
9.	Resolution to Exclude the Public		10.00am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.00am**

NEXT MEETING: Thursday, 20 June 2019 at 9.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
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	21/11/19	12/12/19
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. **Te Arawhiti, Office for Maori Crown Relations Governing Board, Ministry of Justice** – Ex-Officio Member Te Arawhiti, Ministry of Justice, are responsible for negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations. **Chief Crown Treaty Negotiator for Ngai Tuhoe** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Treaty Negotiator for Ngati Rangi** Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment. **Chief Crown Treaty Negotiator, Tongariro National Park** Engagement with Iwi collective begins July 2018. **Chief Crown Treaty Negotiator for the Whanganui River** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations** High level agreement in principle reached. Aiming for deed of settlement end of 2018. **School of Social and Political Sciences, University of Canterbury** – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment. **Te Urewera Governance Board** –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee. **University of Canterbury (*UC*) Council** – Council Member The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation.

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** – Board Member 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. **Liquid Media Operations Limited** – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology. **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** – 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. **Te Ohu Kai Moana** – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.

	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.
Barry Bragg	**Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Managing Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **Farrell Construction Limited** - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Chairman The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Property Limited** – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Tracey Chambers	**Chambers Limited** – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise. **Rata Foundation** – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The

	Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.
Dr Anna Crighton	**Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage **Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage **Heritage New Zealand –** Honorary Life Member CDHB owns buildings that may be considered to have historical significance.
Andrew Dickerson	**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.

Chris Mene	**Canterbury Clinical Network** – Child & Youth Workstream Member **Core Education** – Director Has an interest in the interface between education and health. **Wayne Francis Charitable Trust** - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.
David Morrell Board Member	**British Honorary Consul** Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time. **Canon Emeritus - Christchurch Cathedral** The Cathedral congregation runs a food programme in association with CDHB staff. **Friends of the Chapel** - Member **Great Christchurch Buildings Trust** – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing. **Heritage NZ –** Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the 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 o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 18 April 2019 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

Apologies were received and accepted from Dr Anna Crighton, Andrew Dickerson and Tracey Chambers. An apology for lateness was received and accepted from Barry Bragg (9.20am).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Sue Nightingale (Chief Medical Officer); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

EXECUTIVE APOLOGIES

There were no management apologies.

Hector Matthews opened the meeting with Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Jo Kane asked it be noted that there had been a change to her interests and Ta Mark's interests, which were advised at the last QFARC meeting.

There were no other addition/alterations to the Interest Register.

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

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

Resolution (16/19)
(Moved: Ta Mark Solomon/seconded: Aaron Keown – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace, Christchurch, on 21 March 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CANTERBURY HEALTH SYSTEM QUALITY IMPROVEMENT SHOWCASE 2018 – VIDEO CLIPS

Three further video clips from The Canterbury Health System Quality Improvement Showcase 2018 were viewed.

5. CHAIR'S UPDATE

Dr Wood advised that since the terrorist attack on 15 March 2019 there has been an unprecedented number of foreign representatives wishing to visit the Hospital, which has placed a lot of additional burden on our staff. He also advised that the Prime Minister has just announced that Prince William will visit Canterbury on Friday, 26 April 2019.

He advised that there have been quite a few other high level meetings: he and the Chief Executive had met with the Minister of Health and Director General; and there was a Special General Meeting of the shareholders of New Zealand Health Partnerships at which a process around a way forward was decided upon.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read.

Mr Meates commented that clearly the ongoing impact of the 15 March 2019 terrorist attack is an ongoing challenge. He advised that the initial focus had been on the surgeons and operating teams, but one of the key things is the responsibility of the whole system with Primary Care picking up the burden and a mortuary with 50 post mortems being undertaken on the same site.

Mr Meates added that whilst there is a sense that this is a single event, stressors have been sitting in the community since 2010 and we are starting to see some challenges that will be part of our landscape for a number of years. He stressed that one of the challenges we will collectively face is that as we move on, "business as usual" is something we will not achieve for many years.

In addition to dealing with the victims of this attack, we have also been dealing with the measles outbreak. It is pleasing that there have been no further cases since 30 March 2019, however, it is important that we continue to stress the importance of vaccinations. He added that we also have some cases of influenza which is a very early start to the season here in Canterbury.

In regard to the flooding in the Outpatients Building, Mr Meates advised that 8,000 outpatient appointments have been cancelled which will require rescheduling. Discussion took place regarding the cause of the flooding and it was noted that a root cause analysis is being undertaken regarding both the design and mechanisms of the system that are supposed to be fail safe.

Barry Bragg joined the meeting at 9.20am

Discussion took place regarding the impact of the cancellation of so many appointments and it was noted that these will be long-term (not just months), particularly in addition to the delays due to the terrorist attack.

Resolution (17/19)
(Moved: Aaron Keown/seconded: David Morrell – carried)

"That the Board:

i. notes the Chief Executive's Update".

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report stated that the consolidated Canterbury DHB financial result for the month of February 2019 was a net operating expense of $2.330M, which was $1.294M unfavourable against the draft annual plan net operating expense of $1.036M.

It was noted that the impacts of the terrorist attack have not yet been quantified and although we can see the FTE costs, we are not seeing the loss of revenue. It was also noted that there has been a lot of engagement with the Ministry of Health around the impacts of this.

A request was made for QFARC to be provided with some narrative around unbudgeted drivers contributing to year end position/deficit (Outpatients incident, MECAs, Terror Attacks, Black Out Testing etc).

It was noted that this DHB is dealing with multiple different drivers and impacts that have come together over a period of time and our ability at this moment to quantify our year end result is particularly challenging.

Resolution (18/19)
(Moved: Ta Mark Solomon/seconded: Sally Buck – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 28 February 2019."

8. MATERNITY STRATEGY UPDATE

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, presented this paper which was taken as read. Ms Gullery introduced Norma Campbell, Director of Midwifery, who spoke to the draft strategy. Ms Gullery advised that the way we design strategies has changed over the last few years and the process now is to get all concerned parties together and Ms Campbell has built a coalition around this process.

Ms Campbell advised that there has been enormous buy-in from colleagues across the system with the four pillars of the strategy getting everyone thinking about how this should work. The next step is to put the draft strategy out for further comment, however, it should be noted that work is taking place already.

Discussion took place regarding the role of fathers in childbirth.

Resolution (19/19)
(Moved: Jo Kane/seconded: Sally Buck – carried)

"That the Board:

i. endorses the sharing of the draft Canterbury Maternity Strategy with those who have participated in the development of the Strategy to date."

9. ADVICE TO BOARD

Jo Kane provided the Board with an update from the Hospital Advisory Committee meeting held on 4 April 2019.

Resolution (20/19)
(Moved: Jo Kane/seconded: David Morrell – carried)

"That the Board:

i. notes the draft minutes from HAC's public meeting on 4 April 2019."

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (21/19)
(Moved: Ta Mark Solomon/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 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 21 March 2019	For the reasons set out in the previous Board agenda.	
2.	Christchurch Hospital Energy Centre	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Staff Carpark – Two Storey Extension	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	NZHIH Response Following Sapere Review	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)

6.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	CDHB IT Systems Update - Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
10.	Advice to Board: • HAC Draft Minutes *4 Apr 2019* • QFARC Draft Minutes *4 Apr 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 10.05am.

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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 16 MAY 2019

DATE	ISSUE	REFERRED TO	STATUS
20 Sep 18	Presentation on IT systems; continual enhancement & ongoing use of data throughout the health system.	Stella Ward	Today's agenda – Item 9PX
21 Mar 19	Options around a Maori Health Plan	Hector Matthews / Carolyn Gullery	Report to CPH&DSAC 4 July 19 / Board 18 July 19

CANTERBURY HEALTH SYSTEM QUALITY IMPROVEMENT SHOWCASE 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

The Canterbury Health System Quality Improvement Awards recognise, reward and publicly acknowledge excellence in quality improvements and innovations. The Awards are open to all Canterbury DHB staff and providers whose services are funded by Canterbury DHB.

The 2018 Awards, held on 6 December, featured speeches, presentations, and an exhibition of all 48 poster entries. Entries came in from organisations across the Canterbury Health System, covering topics ranging from radiology, improving mental wellbeing, reducing appointment and waiting times, streamlining services, and more.

CATEGORY: IMPROVED WORK-LIFE

Winner: ***Excellence in palliative care: A new approach to supporting aged residential care facilities*** **(Nurse Maude Hospice Service)**
The Palliative Aged Residential Care Service was formed with the appointment of seven clinical nurse specialists who worked closely with facilities to identify and fulfil learning needs. In addition to staff education and collaboration, these nurses liaised with general practice and families to create a non-referral based service and a seven day a week support rostered service. As a result, 95 percent of aged residential care facilities were contacted each month and education has been held at 97 percent of facilities. Staff have provided positive feedback on how education has improved confidence and clinical practice. This is supported by audits result showing appropriate referrals for residents with complex needs.

Runner-up: ***Streamlining the vascular ward round: A time-out structure*** **(Ward 10, Vascular Surgery Department)**
A time-out model, loosely based off the World Health Organization's Surgical Safety Checklist, was developed to improve workflow, hand hygiene, and communication without increasing administrative time. As a result, there was a significant improvement across a broad variety of subjective and objective measures post-introduction of the time out and no increase in time per consultation. The time-out structure is currently used in daily practice and will continue based on the encouraging results of the audit.

Finalist: ***Gerontology Acceleration Programme – Developing our Nursing Workforce*** **(Nursing Work Force Development team)**
The Gerontology Acceleration Programme (GAP) was implemented to support the development of gerontology nursing across Canterbury. The aim of this work was to ensure a stronger culture around supporting older person's health, while reinforcing a more collaborative system, quality innovation opportunities and leadership potential. A GAP advisory group was established and two aged residential care providers participated in the inaugural programme in 2013. Since then, 26 Registered Nurses have participated in GAP, with more than a 90 percent success rate, and increased in workforce retention and recruitment stability have been observed. Additionally, one aged residential care facility demonstrated a significant 60 percent decrease in acute hospital admissions.

Finalist: ***Bronchoscopy emergencies training: introducing emergency simulation training to the bronchoscopy team*** **(Respiratory Service)**
In Christchurch Hospital, no routine training for bronchoscopy-related emergency situations was taking place – which was a clinical risk. Drawing on knowledge from Senior Medical Officers experienced in simulation training within the Emergency Department, three emergency scenarios were created and trialed with Respiratory Department staff. Feedback was overwhelmingly positive and scenarios were 12 modified based on this feedback to make them more realistic. A second round of simulation training occurred with a broader range of nursing staff within the department. A total of 62 staff attended a bronchoscopy simulation session, and, on a post-session evaluation form, the majority of attendees felt

that the simulation sessions were extremely valuable. The Endoscopy Department is currently reviewing Clinical Nurse Educator support which would allow simulation sessions to be run as 'business as usual' without the need for external facilitators.

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: **16 May 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 PATIENT FIRST – PATIENT SAFETY

Quality & Patient Safety

- **Patient Experience:** The February Adult Inpatient Experience Survey National report has been released. Every quarter inpatient survey results are collected nationally. HQSC applies a weighted average to demographics (preventing overrepresentation in certain demographic to make data comparable across the different regions.). For this period the results for the four domains have remained broadly consistent.

Domain	CDHB	NZ
Communication and partnership	8.2	8.3
Partnership	8.6	8.5
Coordination	8.3	8.3
Physical and Emotional Needs	8.6	8.6

- National response rate was 24% compared to Canterbury DHB of 18%. For this 2 week period in Feb there was a total of 180 (18%) completed responses (54 email and 126 SMS). In addition the Canterbury DHB surveys both inpatients and outpatients on a fortnightly basis.

- **Falls Prevention April Campaign 2019:** The April Falls Campaign has been embraced with staff visible supporting the campaign and proudly wearing the 'it takes a team to prevent a Fall Campaign' in restorative care orange.

- The new acute Bedside Boards are getting ready to go up in Christchurch Hospital and Older Person's Mental Health. The Restorative Care Model designed to combat deconditioning and tested in Ward 23 along with use of safe mobility aides has been promoted.
- **Hand Hygiene - CDHB Month of May Campaign 2019:** The World Health organisations (WHO) Hand Hygiene Day was on Sunday 5 May 2019, with Canterbury DHB promoting this year's Theme of 'SAVE LIVES: Clean your Hands' 'Clean Care for All – it's in your hands'. Several activities are planned such as:
  - Patients will be encouraged via the 'Its Ok To Ask Me – To Clean My Hands" logo which will be placed on patient meal trays and worn by staff.
  - Services are asked to share their improvement initiatives and good news stories championing hand hygiene best practice among colleagues and patients. Staff Promotion of Quiz's developed on Multi-Drug Resistant Organism, Hand Hygiene & Infection Prevention & Control knowledge.

Christchurch Campus

- **Lincoln maternity staff weave wahakura:** Each year in New Zealand 60 to 70 babies die suddenly when they sleep. A wahakura is a woven flax sleeping basket bassinet for infants up to five or six months of age. This traditional Māori way of sleeping babies creates a designated safe sleeping space for them when bed-sharing and protects babies from Sudden Unexpected Death in Infancy. A pepi-pod is a plastic version of a whakura. Both help prevent vulnerable babies from accidental suffocation when sleeping in or on adult beds, couches or makeshift beds. Two staff from Lincoln Maternity recently attended a two-day class organised by Te Puawaitanga ki Otautahi Trust in Hornby. The organisation has regular wahakura weaving classes through the year, open to anyone interested. As a result of this experience a safe sleep display has been created for Lincoln Maternity Hospital, including a poster and a doll in a wahakura made by a staff member from the unit and will be used to inform parents about ways to keep their babies safe.

Older Persons Health & Rehabilitation (OPH&R)

- **Falls Prevention April campaign:** During the month of April OPH&R undertook their focus on falls. To increase the visibility a number of the leadership team and members of the quality and nurse educators wore 'It takes a team to prevent a fall' t-shirts in restorative care orange.

- Members of the OPH&R Services leadership team, Chief of Service, Clinical Nurse Educators and Quality facilitators and Nursing staff took the opportunity to raise both profile and awareness of April falls amongst the patient group, visitors and across the staffing group.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Clot retrieval service continues to develop:** Clot retrieval has dramatically changed the outlook for stroke patients with large clots. Without clot retrieval there is an 80-90% risk of death or disability. With clot retrieval treatment around 50% of treated patients are independent at three months. Some patients have been able to return home the next day, avoiding an extensive stay in the acute hospital and the requirement for ongoing rehabilitation or a lifetime of disability. Since the previous update, just over a year ago, the clot retrieval service has continued to develop. Up until the past year clot retrieval was only available to people who had their strokes in either Christchurch, Auckland or Wellington. However during the past year advanced computerised tomography techniques have been introduced on the West Coast. This means that patients from the West Coast can now be considered for clot retrieval. So far three patients from the West Coast have received clot retrieval therapy in Christchurch following diagnosis on the West Coast. Other South Island District Health Boards continue to work to evaluate the opportunities for their populations which will be facilitated by the likely implementation of the South Island stroke telemedicine network. In total 136 clot retrieval procedures have now been carried out. In 85% of these cases the clots have been successfully retrieved. While patients receiving this therapy would previously have been the group most severely affected 32% of patients have been able to be discharged home without the requirement for rehabilitation with 49% of patients going on to receive rehabilitation. Within the next couple of months a 4th radiologist will join the roster, meaning the service will be provided 24 hours a day throughout the week, meaning that our therapeutic response will no longer differ depending on when a stroke occurs. The ongoing development of our capacity to provide this service means that 68 of these procedures were carried out in 2018 and 33 have been provided already in 2019.
- **Emerging uses for hyperbaric therapy:** While many people think of hyperbaric oxygen therapy as treating scuba divers with "the bends" or carbon monoxide poisoning, it is also a

powerful and effective treatment for certain other diseases. Central retinal artery occlusion is a rare, but emergent condition of the eye resulting in sudden, dramatic, and permanent vision loss. The retina has the highest of oxygen consumption of any organ in the body, therefore is very sensitive to ischemia. Without an active blood supply the eye would be permanently blind after about 90 minutes. This means that it is vital to identify patients with this condition and refer them to the Hyperbaric Medicine Unit as quickly as possible. Following work between the Eye Department, Emergency Department and Hyperbaric Medicine Unit at Christchurch Hospital these patients are seen within ten minutes of arrival in the emergency department and are immediately referred to the Hyperbaric Medicine Unit. This close collaboration works to help minimise patient disability, and is vision saving. Radiation cystitis is a disease in which one develops unhealthy, friable scar tissue in the bladder after having received radiation therapy for cancer (usually prostate cancer, but also rectal, vaginal, cervical, or endometrial cancers). Patients with radiation cystitis can have frequent bleeding in their urine, to the point that they become anaemic and require hospital admission, blood transfusions, and urinary catheters. Hyperbaric oxygen therapy has been well proved to heal this irradiated tissue and stop patient from further episodes of bleeding, therefore dramatically reducing the need for catheters, blood transfusions, and hospital admission.

- **Using data to change our systems – fine tuning the use of Early Warning Scores:** Early Warning Scores amalgamate information from a range of observations carried out by health professionals to indicate that a patient's condition is deteriorating. Canterbury has had an Early Warning Score System in place for many years and previous reports have provided updates on the transition from our existing score to the National Early Warning Score as a part of the Health Quality and Safety Commission's deteriorating patient programme. This transition occurred in September 2017. As a part of reviewing this implementation analysis of data was carried out to test whether responses within Canterbury DHB hospitals was reaching target. Discussion with health practitioners using the system quickly showed that red zone scores were occurring so often that teams did not have the capacity to respond to them. Analysis of the data associated with 4,500 patients over a six month period showed that while the number of red scores occurring had increased markedly there had not been an associated shift in mortality. 80 percent of these red scores were associated with a single measure trigger – rather than a combination of measures. In contrast the data clearly show that people with high aggregate scores, approximately 0.2% of those we record observations for, have a much worse outcome The single trigger responses are in place as a back-stop for health systems that are using paper based scoring, whereas within Canterbury an electronic system is in place and is reliably able to collect and calculate these scores. Having such a high number of red scores that are not associated with mortality risks "alarm fatigue" which leads to alarms being responded to slowly when they are actually important. Having a system in place that allows analysis of a large amount of data, informing effective clinical governance has enabled us to work with Health Quality and Safety Commission to fine tune the way that Early Warning Scores are used, ensuring that the patients that need urgent attention to manage deterioration receive it. The updated New Zealand Early Warning Score is being implemented in mid-May 2019 and will be monitored to ensure that we are not introducing harm. Future plans include using these data in other quality improvements programmes such as opioid safety and infection prevention and control.
- **Te Ara Whakapiri: Care in the last days of life** was developed by the Ministry of Health in 2015 to raise the standard of end of life care in all healthcare settings across New Zealand. A Toolkit was released in April 2017 to assist with implementation. The Christchurch Hospital Palliative Care Service localised the Toolkit and progressively rolled out the programme in all clinical areas with the support of nursing and medical leadership. Full implementation was achieved by the end of 2017. Two audits were performed during 2018 showing very good uptake and further audits are scheduled. Alongside this, Nurse Maude has

been responsible for implementation in the Hospice, the community and in Aged Residential Care. The programme has been extremely well received and has rapidly become business as usual across the Christchurch Hospital and Burwood campuses. The programme includes a baseline assessment to ascertain the unique needs of each patient and whanau at the time they are identified to be in the dying phase. There are symptom management guidelines and treatment flowcharts to guide clinicians. One of the key components is a holistic observation chart which replaces the standard observation chart (now called Patientrack). This helps staff to identify all the elements that are required to ensure comprehensive care in a way that is visible to everyone in the care team. Checklists ensure that all aspects of care have been considered. A refresh of the material, based on audit findings and the routine experience of staff, is scheduled for later this year. This will be facilitated by the South Island Alliance to ensure that all areas in the South Island are able to benefit from the enhancements made. It has been identified that there are parts of the programme that are not being used routinely or optimally and the reasons for this will need to be explored. It is expected that ongoing support/education will need to be provided. The Palliative Care Clinical Director is very proud of this work, noting that it has been very straightforward to implement as clinicians throughout the system have been extremely keen to make use of these resources.

REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

- **Faster Cancer Treatment Targets: 62 Day Target:** For the three months of January, February and March 2019, Canterbury DHB submitted 125 records to the Ministry. Of the 18 who missed the 62 days target 14 did so through patient choice or clinical reasons and are therefore excluded by the Ministry of Health in compliance calculations. This leaves 111 patients eligible for inclusion in the target calculations. With 4 of the 111 patients missing the 62 days target through capacity issues our compliance rate was over 96.4% so once again the Canterbury DHB met the 90% target.

- **31 Day Performance Measure.** Canterbury DHB submitted 305 records towards the 31 day measure in the same three month period. Unlike the 62 days target all patients who miss the 31 days target are included: there are no exceptions made for patient choice or clinical considerations but the threshold remains at 85% rather than 90% as is the case for the 62 days target. With 275 of the 305 (90.2%) eligible patients receiving their 1st treatment within 31 days from a decision to treat the Canterbury DHB continues to meet the 85% target.

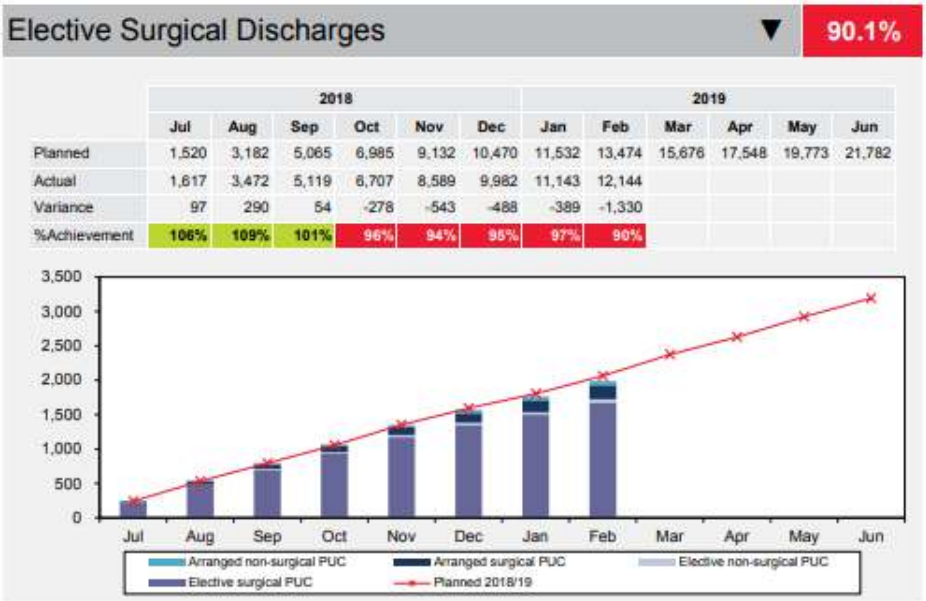
- **Diabetes team working with community providers to improve Māori and Pacifica experience of diabetes management:** Managers and clinicians from the Canterbury DHB Diabetes Service recently attended a workshop on long term conditions and diabetes that was run by the Ministry of Health. This included the opportunity to present on some work carried out in Canterbury in conjunction with Sports Canterbury on a community based Diabetes Be-Active programme that has been increasing lifestyle options for people with diabetes.

- The event's major theme was showcasing initiatives aimed at reducing the equity gap, and fostering empowerment for Maori and Pacific groups through co-designing programs and supporting strategic approaches to workforce development. There is a growing appreciation and understanding of emerging models of care valued by consumers. This fits nicely with a shift in the diabetes nursing workforce with the appointment of a Maori Registered Nurse. Our diabetes service is currently exploring new community based initiatives for diabetes education, from this we aim to work in partnership with local stakeholders and consumers piloting an education model acceptable for both Maori and Pacific people who are currently

under-represented in classes. We aim to provide / deliver a specific education program for both Maori and Pacific by spring 2019.

- There are several health apps for Maori and Pacific groups emerging, trialling these new tools, extending what technologies can offer our patients to improve self-management and health literacy independently is a further area for our diabetes service to extend into areas of routine practice options where appropriate. Having the team use, and share these apps will help us and our patients understanding the advantages and limitations of these approaches. The aim of our collective partnership work with our Maori and Pacific colleagues, providers and consumers over coming months will align our aims and values in resourceful collaborative outcomes.

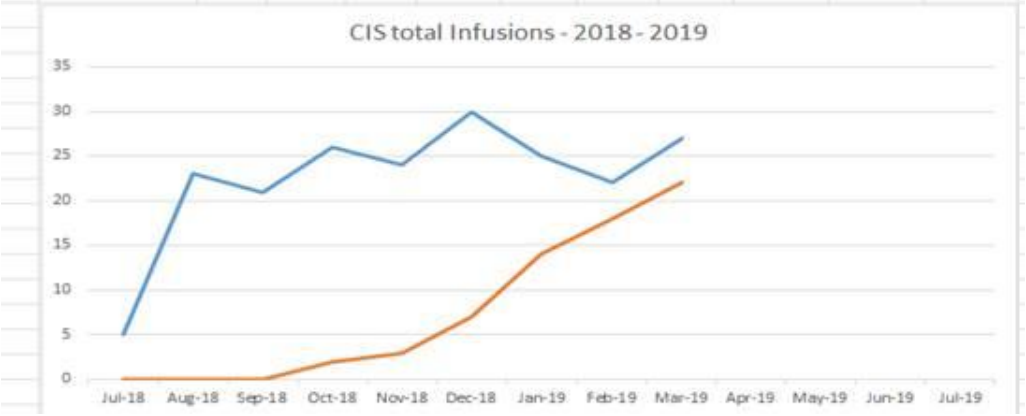
- **Elective Services Discharges**



- Reporting from the Ministry shows that Canterbury DHB met its elective discharges objectives at the end of the first quarter (until the end of September 2018), but indicates a significant under delivery by the end of February. Internal reporting shows that at the end of March 14,762 elective and arranged discharges have been completed. While data corrections will increase the count significantly industrial action by members of the Resident Doctor Association and the mass shooting incident of 15th March mean that we will not reach our target for elective services discharges this year.

- **Provision of infusions in the community:** Previous reports have provided updates about the launch and expansion of the activity undertaken in community infusion centres. The number of patients provided with care in these settings has continued to increase, providing their highest number of infusions in March 2019. This not only provides care for people closer to home, meaning they can avoid a trip into a busy acute hospital but also frees up capacity in the hospital for care that can only be provided in that setting.

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Blood transfusions	5	23	21	26	24	30	25	22	27	
Intragam	0	0	0	2	3	7	14	18	22	
Total Infusions	5	23	21	28	27	37	39	40	49	



- **Improved Dental Care for clients of the Mental Health Service:** People receiving treatment for mental health illness are, as a group, known to suffer from poorer dental health than the general population. This is associated with a range of factors including socioeconomic status, risk behaviours and the effect that some psychotropic medications have on reducing salivary flow.

- A group of people from Specialist Mental Health Services, Hospital Dental, General Practice and Canterbury Initiative have worked together, in discussion with providers and consumers to develop some solutions for the barriers that prevent this group from accessing dental care. These include:
  - Improving information provided to mental health clients by the Specialist Mental Health Service, Hospital Dental and General Practice. This will be supported by the establishment of a health promoter at the Hospital Dental Service to work with health providers, encouraging the use of HealthPathways and supporting consumers to access HealthInfo or hard copy information.
  - Development of a dental surgery assistant role in the Hospital Dental Service with a focus on supporting mental health consumers, including reducing 'did not attend' rates seen with this group.
  - Working with the Equally Well programme to encourage discussion about dental health and provide a free pack including a toothbrush, tooth paste and information, as a part of the Equally Well annual consultation.
  - Provision of a free course of dental care to clients at Totara House, a specialist multidisciplinary service that provides care to young people following their first presentation of significant psychosis. This dental care will provide examination, treatment, preventative care and education. Alongside this a pack will be provided containing a range of oral health care items.
  - A range of new roles are being supported to provide these improved services including a 0.5 FTE dentist, a dental surgery assistant, an oral health promoter and some administration capacity. Oral health care packs are being provided using outside sponsorship.

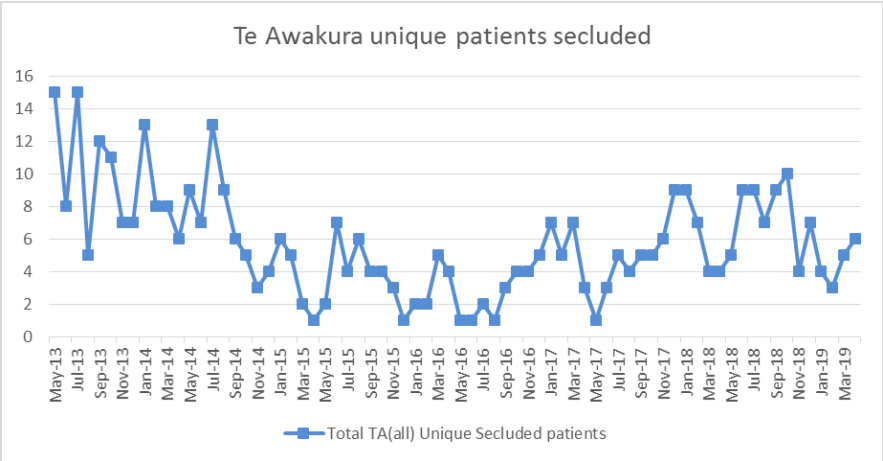
- These developments are consistent with best practice for provision of care to mental health consumers and with the goals of Equally Well, which is a national initiative seeking to improve the physical health outcomes of mental health consumers. Getting this right will see mental health consumers being able to manage their own preventive oral care and access oral health

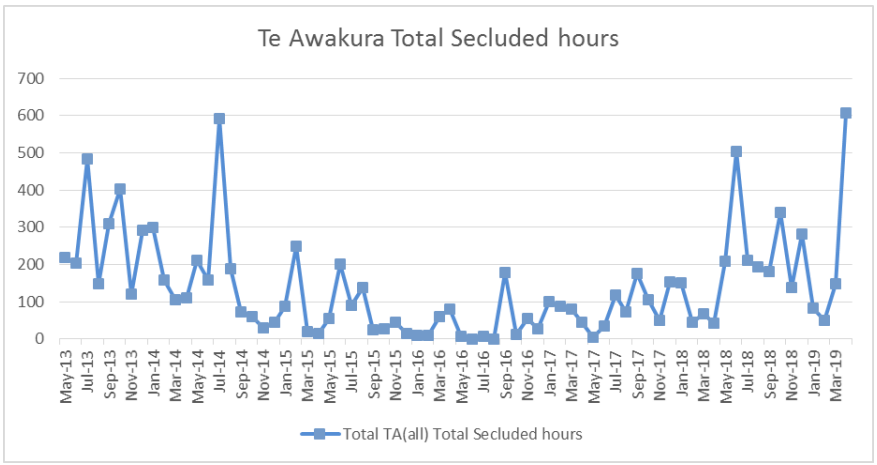
services in a timely fashion when needed. A range of factors will be evaluated in order to help us fine tune our approach in this area.

- **Training of vital new palliative medicine specialists:** The Specialist Palliative Care Service in Canterbury is staffed by a broad interdisciplinary team. A critical component of that team is the five Senior Medical Officers. They provide clinical care to the most complex palliative patients and collegial support to clinicians throughout Canterbury and the West Coast. They are deployed across the acute hospital setting, the Hospice and the community (including aged residential care). They also provide palliative and end of life care education to a large range of healthcare professionals. There is an international shortage of palliative medicine specialists and ensuring local training opportunities is a priority area for Health Workforce New Zealand. Over recent years the Canterbury DHB has had a steady stream of high quality palliative medicine registrars. There are currently five Advanced Trainees at various stages of training, with three of them undergoing dual training (one with Clinical Pharmacology, one General Medicine and Neurology - the latter trainee is doing a neurology fellowship in Melbourne at present. All current registrars have a clear expectation that they will work as specialists in New Zealand, and at least one is aiming to work in a rural centre. Training in the Canterbury DHB has an excellent reputation.
- It is worthy of note that the majority of palliative medicine Senior Medical Officers in New Zealand were trained overseas. However the local team of Senior Medical Officers are all New Zealand trained and received part or all of their training in Christchurch. This success over many years has been instrumental in the development of a very well integrated and respected service which provides the people of Canterbury with high quality care.

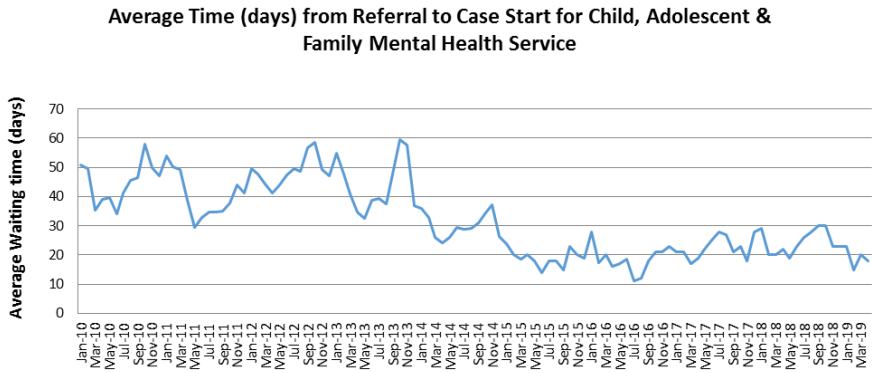
Specialist Mental Health Services (SMHS)

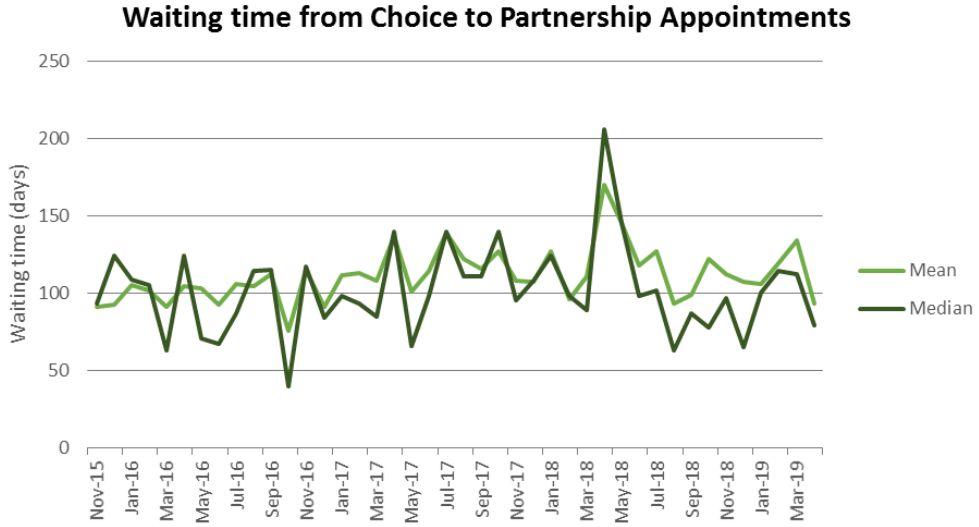
- **Demand for Specialist Mental Health Services**: We continue to closely monitor use of Mental Health Services. We have seen an increased demand for adult and child and youth specialist services since the 15 March 19 attack.
- Occupancy of the **adult acute inpatient service** was 94% in April 2019. The Te Awakura building poses a number of challenges that limit our ability to care for acutely unwell people in a contemporary way. Our staff are doing an incredible job in very challenging circumstances. Planning and Funding led the development of a community service Te Ao Marama which opened early April 2019 and is providing an alternative to an acute inpatient admission.
- **Least restrictive practice:** Staff remain committed to least restrictive practice. In April 2019, six people experienced seclusion for a total of 607 hours. High occupancy and acuity with presentations that include alcohol and other drugs has impacted on the use of seclusion.





- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern although improvements are occurring. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for April 2019 show 86.8% of children and adolescents were seen within 21 days and 91.8% within 56 days. Child, Adolescent & Family Services had 336 new case starts in April 2019. There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 84 per week).

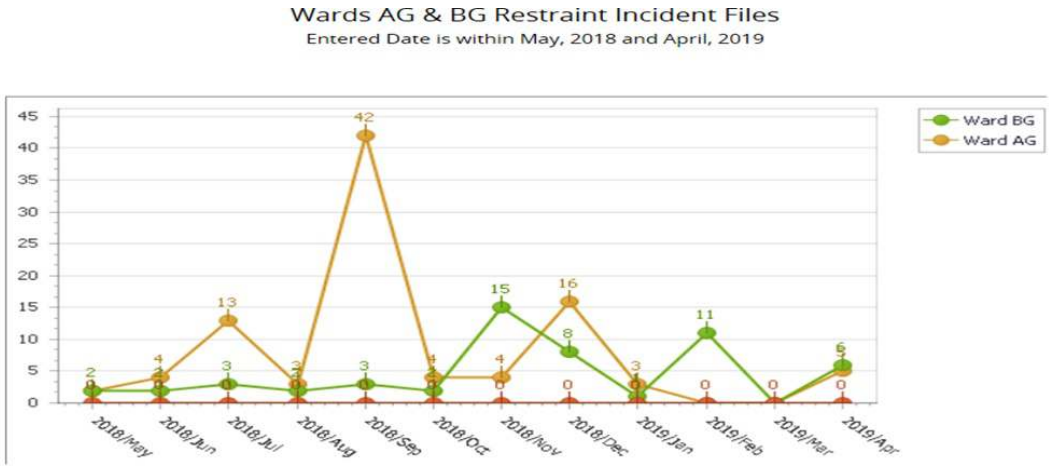




- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. We are working on improving Health Pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).
- The School Based Mental Health Team (SBMHT) is engaged with 169 schools across the region. They are now primarily supporting secondary schools as the Mana Ake programme is fully rolled out in primary schools. The SBMHT has worked closely with Mana Ake and other services to provide support for Canterbury schools affected by the 15 March 2019 attacks.

Older Persons Health & Rehabilitation (OPH&R)

- Consistent efforts to manage without restraint have proved successful over the past year however in September one patient in AG was involved in 42/45 episodes of restraint due to behaviours related to acute psychiatric illness. 33 –personal restraint to enable treatment. While the trend is still downward since July the last 12 months has seen an upward trend which will need monitoring. Increased use of locked doors in AG due to patient safety issues.



Ashburton Health Services

- **Acute Flow and Integration:** Acute presentations to the Acute Assessment unit are consistent. Within the hospital the Clinical Director, Director of Nursing and Health Services Manager continue to explore opportunities to best manage this service demand and associated pressure points, as well as our commitment to work with primary care providers in the area through the Service Level Alliance.

- In exploring the presentation trends, graph 1 demonstrates the plateau and what is described as the "new norm", the level of presentations expected. The medical and nursing workforce within the unit have reconciled with this trend and efforts are focused on best models for care delivery. Work has been undertaken to explore the trends in presentation to identify the "low hanging fruit", there are no consistent presenters that are driving this demand and the traditionally analysis of what can intervention can be established to reduce flow has not identified any easy wins. Recent meetings with the local providers involved in delivery of community mental health and suicide prevention, primary representation and hospital leadership highlighted the opportunity to bring together the model of health promotion for both suicide prevention and acute care demand. The development of a single action plan that focuses on interventions in the cohorts of ***Indicated, Targeted and Universal*** is being explored with priority, as the rural communities are facing emerging pressures.

- A significant challenge faced is the combination of volume and acuity of patient. Volume alone doesn't describe the challenge in resource distribution required to manage the presentation demand. As with Emergency Department in Christchurch, we utilise the triage to identify in which order the patients presenting are treated. In exploring the flow through the unit in 24 hour periods, Graph 2 collates the Triage 1, 2 and 3 patients flowing into unit from March through to 31 May and Graph 3 collates the presentations of Triage 4 & 5 patients in the same period. The challenge remains that there is a collective increase is in both cohorts, the outcome of which is many Triage 4 & 5 patients are waiting considerable time to be seen as resources are consistently deferred to those with a higher triage score. A key concern of the clinical teams involved is the potential to assume that Triage 4 & 5 does not indicate that the patient does not require medical care just that they have a lower level of urgency. Whilst the presentations are variable, the team are increasingly concerned about the potential risk with these patients choosing to leave when the unit is busy.

- Another challenge faced is managing the expectations and care for the Triage 4 & 5 patients waiting. This is the biggest contributor to our increase in complaints. We have asked our primary care partners to increase awareness with their patients on the process and flow within the unit as part of the ongoing encouragement to seek primary care as first point of call. The focus continues on the uptake of Acute Care Plans and we are working with Ashburton SLA

to develop a dashboard measuring progress and outcomes of these. In particular we are looking to identify how the information within Acute Plan could support improved treatment time, patient journey in the unit.

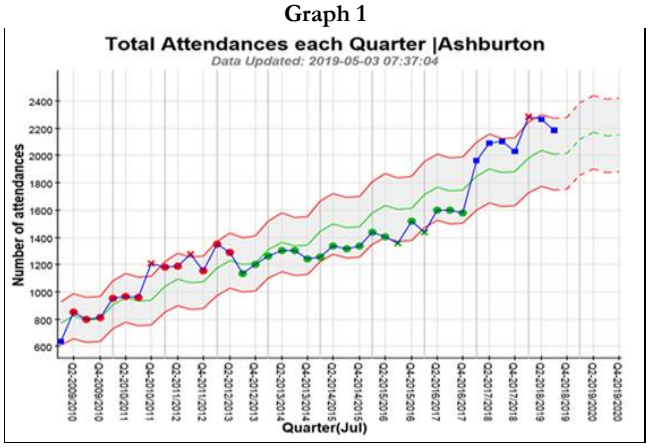
- In addition we are working closely with our pharmacy partners as source of communication and key messages on seeking care early and if attending the unit, understanding the relationship with triage and order in which patients receive medical attention. The nursing team in the unit continue to keep the patients waiting informed on progress and monitor their presentation to ensure any change is bought to the attention of the medical team, however they are often the front line of increasing verbal assault.

- Graph 4 explores the number of patients registered in the unit for treatment at the 8.00 turnover. This information provides us a key marker, as the medical staff at this point in the day have reduced to one RMO on sight and one SMO on call for all acute and inpatient care delivery. The traditional model in Ashburton has been to 'clear the decks' by 8.00, that is support all acute care delivery complete and enable the RMO and Duty Nurse Manager to manage the demand for acute and inpatient care to throughout the evening shift. We are experiencing an increase in the patients within the unit at this time, potential options on staggering diagnostic support on site will be explored to improve management of this earlier, it is noted by the clinical teams (nursing and medical) that we are keen to have evidence on this marker and the monitoring of any change before implementing ad hoc approaches.

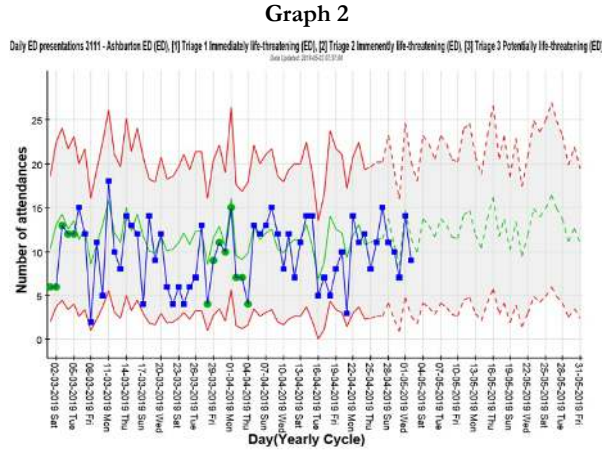
- In March we completed practice visits with all the local practices encouraging discussion on opportunities for future integration to manage care. This included individual practice information on their enrolled population utilisation of the unit and the uptake of Acute Demand. The most recent reporting on Acute Demand has identified a slight increase in this uptake in the Ashburton practices.

- Acknowledging feedback from primary care that they are equally stretched, planning is well underway to identify alternate models to manage care delivery. Brenda Close, Director of Nursing is leading the development of a nursing workforce that will be able to provide direct care for a large proportion of the Triage 4 & 5 patients, working under the direction of SMO on shift. Options of medical roster pattern change have been explored but there is very limited capacity to alleviate the pressure points working in this area only. Initial exploration has the development of the nursing skills set to the level of nurse prescribing and treatment has a lead time of approximately 12 to 24 months, based on "growing our own". Work is underway with a full research project identifying the current expertise of nursing workforce working across Ashburton, including in those in primary care practices as we develop recommendations for a workforce plan for the "system".

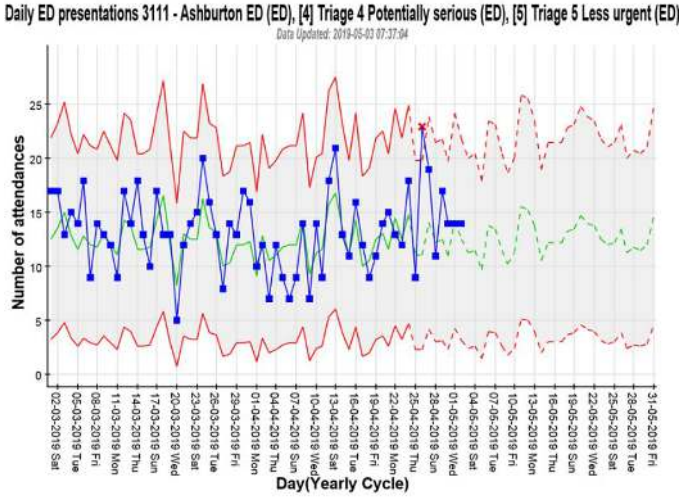
Graph 1



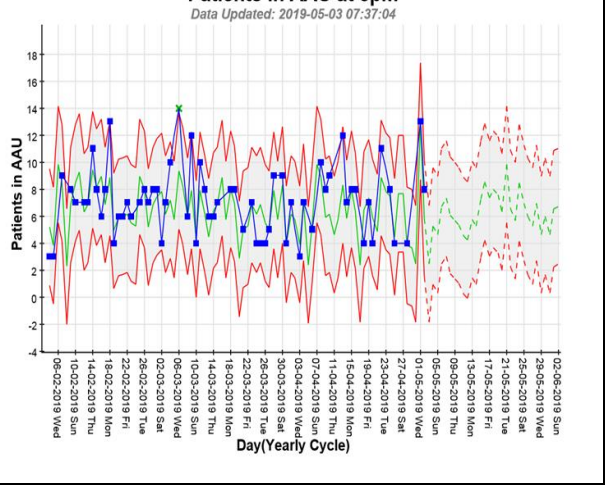
Graph 2



Graph 3



Graph 4



- The workforce response plan is not limited to the hospital in isolation. Following the practice visits we are actively exploring integration options with the practices interested in shared placement of roles. This includes both nursing and allied health opportunities, in particular our opportunity to align with the development of Eastfield's, our first Health Care Home practice.

- **Frail Elderly:** The weekly Older Persons Health (OPH) community interdisciplinary meeting continues to report positive outcomes as the expertise of specialist OPH, local gerontology nursing, district nursing, pharmacy and allied health workforce discuss care plans and next steps for older persons requiring complex care. Previous focus had been on patients waiting on discharge from the rehabilitation ward in Ashburton hospital, the team are building capacity and focus patients living in or returning to our community. Our next step is including practice nurse representation in the meetings and ensuring a personalised care plan in place.

- Working with the Manawa team, the DON is progressing a plan to host an intake for Gerontology Accelerated Programme in Ashburton. Provided in conjunction with a Post Graduate Certificate paper in Gerontology, this programme is focused on advancing gerontology clinical practice through clinical rotations over a 12 month period. Our intention is have this implemented out of Ashburton semester 1 2020. The intent is to build OPH specialisation across Ashburton, and will not be limited to the hospital but building capacity across the Ashburton health system.

- **Rural Health Academic Centre Ashburton (RHACA):** With the above information the question could be raised if we have the correct medical model of care, designed and implemented late in 2015. In partnership with RHACA, Dr Steve Withington recently presented on a review undertaken to explore the Ashburton medical model compared to the previous model that included specialist general surgeons, physicians, anaesthetists and the alignment of this model to the challenges faced in rural health delivery. The success of the current model is highlighted in the summary of these findings as out lined below and we are mindful of maintaining this model as we progress the next steps.

- Rural hospitals throughout New Zealand and internationally face difficult challenges related to workforce retention and recruitment, and relevant training for a generalist breadth of presentations alongside infrequent high acuity presentations to be managed with few staff.

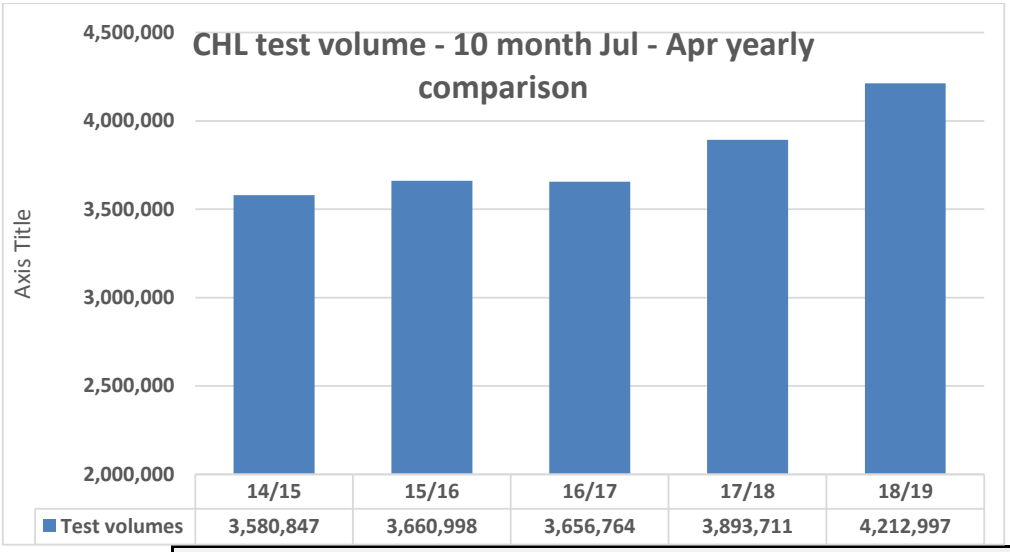
- In a large literature review, a rural generalist model was found to be most effective and suitable model for delivery of health services to rural Australia. Benefits of generalist model of care

on health services includes; bridging primary care and tertiary care, being responsive to local context and leading in innovations such as videoconferencing, and enhanced inter professional education. Rural community hospitals have been shown to provide equivalently effective and efficient care, with improved patient experiences compared to larger hospitals.

- The research sought to better understand and document the experience of Ashburton Hospital in strategically repositioning its medical model of care from a secondary specialist service-oriented hospital to a two tiered rural generalist training-oriented hospital (the only 2-tiered model in NZ) over the 10 years from 2008 to 2017, and to further identify key points of learning and challenges for rural hospitals facing similar challenges.
- Summary key indicators comparing before and after transition included:
  - Similar numbers of medical staff (15 vs 14) but fewer Senior Medical Officer full time equivalent (FTE) and more RMO FTEs.
  - Loss of surgery, mainly day stay but infrequent acute or emergency operations
  - Increased rehabilitation bed numbers (from 15 to 19)
  - Total hospital annual admissions largely unchanged (3% down)
  - Decreased length of stay for patients on acute ward from 4.5 to 3.1 days
  - Dramatic increase in annual acute presentations (+147%), including Triage 1 and 2 cases (+188%)
  - Small increase in annual total transfers to Christchurch hospital (+12%).
- These findings provide evidence that, notwithstanding the loss of local surgical services, the new model of care has been able to deal efficiently with a significantly increased load of acute presentations, without a large increase in transfers out, and maintaining a stable or decreased admission rate.
- The recent facility changes in Ashburton have concluded with the RHACA moving into their 'final destination' in the previous Ward 6. Whilst some work is still required, the RHACA and maintenance and engineering team led an outstanding effort to have the unit fully set up with the appropriate simulation set up and debrief areas. This enabled us to deliver on site the first in **Trauma and Emergency in Rural Settings** programme (GEN 723) in partnership with Otago University. The broad aim of this paper is to equip rural practitioners with the knowledge, skills, and framework with which to manage emergency and trauma patients in a rural practice setting. Pre-requisites for the participation is the reliant heavily on participants' personal experience of managing rural cases to generate discussion, including work in a clinically relevant situation. This paper includes rural hospital simulations in the residential where we focus on advanced practical skills such as RSI, along with the teamwork necessary to make the right things happen in the resuscitation room. We are very proud in Ashburton to have been able to be the first site this course has been delivered in a rural setting.
- 17 participants from all over New Zealand and including five from the Cook Islands arrive in Ashburton for an immersion week of teaching and training. Both faculty and students reported the course as an outstanding success and the benefit of leaning in an environment that is realistic to the rural setting, as opposed to previous courses. Several of the participants have indicated a desire to work in the Ashburton Hospital and will be applying for RMO rotations as they arise later in the year.

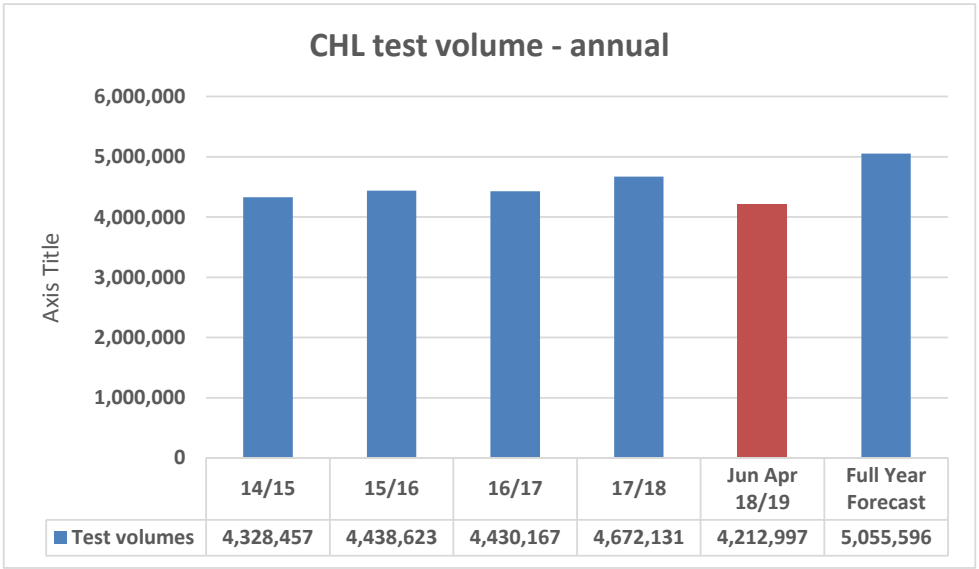
Laboratory Services

- **CHL volume activity reports:** Activity year to date (10 months July-April) demonstrates growth in demand for laboratory services over previous years:



	Historical comparisons of 10 months (July-Apr) demand				
F/Y	**14/15**	**15/16**	**16/17**	**17/18**	**18/19**
Test volumes	3,580,847	3,660,998	3,656,764	3,893,711	4,212,997
Percent change		2.24%	-0.12%	6.48%	8.20%

- Extrapolated data, forecasting through to end of 18/19 indicates consistency with this growth in demand for services.

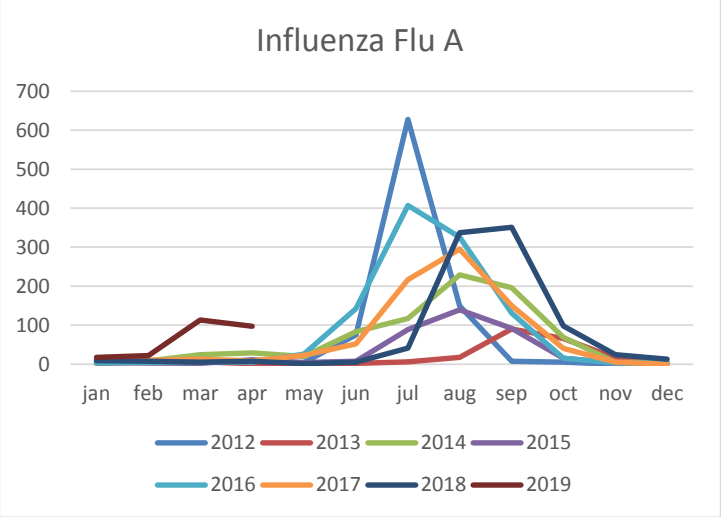


	12 months volumes					
F/Y	**14/15**	**15/16**	**16/17**	**17/18**	**Jun Apr 18/19**	**Full Year Forecast**
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	4,212,997	5,055,596
Percent change		2.55%	-0.19%	5.46%		8.21%

- CHL continues to work with the regional alliance partner and internal referrers on ways to manage this growth and opportunities for any appropriate mitigations in service demand.
- **Facilities:** Activity is underway to repurpose the vacated space in the haematology and eye outpatient facility for a temporary relocation of laboratory support staff. The space in which

CHL can occupy is limited due to a considerable portion of the mobile offices needing to be removed from site while the stairwell repairs are completed. This temporary relocation will help to generate some space within the laboratories to enable replacement of essential equipment and address some non-compliances in relation to the facilities. The programme of work to populate the vacated outpatient spaces has been delayed by the Outpatients building flood event. The vacated areas have required repopulation of outpatient services. This further delays the utilisation of these spaces by Labs which in turn prevents the scheduled sequence of changes to relieve pressure on space throughout the laboratory and the anatomical department in Otago School of Medicine.

- **Winter planning**: The testing strategy for winter activity using laboratory based rapid influenza testing is now in the final stages of planning. This will see rapid testing for FluA, FluB and RSV available for all Hospital and Emergency Department requests as well as community referred testing at CHLabs with reflex testing of a wider respiratory panel for "critical wards and cases". We will review benefits and impacts on patient management and flow post winter.
- **Influenza in Canterbury:** Influenza A activity in Canterbury is still well above previous comparative years with an ongoing increase in workload for the Virology and Serology Lab, however whilst volumes are significantly up numbers appear to be steady over March/ April following an early spike in February/March. We have seen some small activity in Influenza B over the most recent week.
- **Measles in Canterbury:** Measles numbers now sit at 39 confirmed cases in Canterbury with no significant increase since the last report. Notably we have now reached 30 days with no new confirmed cases locally and a drop in test requesting however we are still seeing cases from other areas particularly Auckland and Northern regions. Globally measles still remains a problem and the ongoing risk of importation from travellers remains high.



INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management

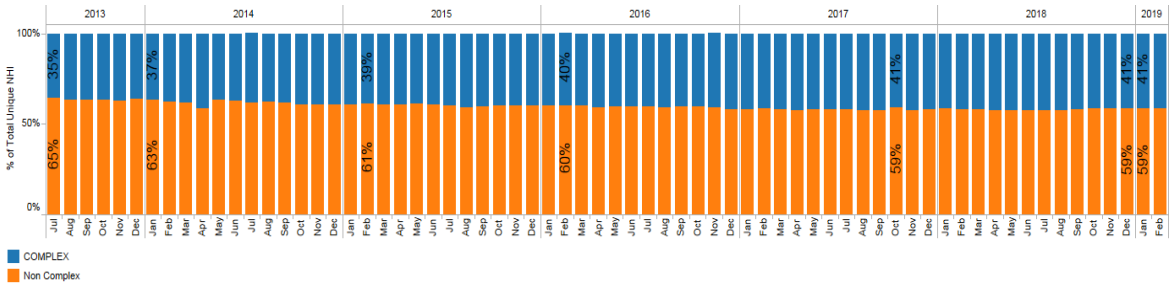
- Hospital bed occupancy and ED volumes have eased as expected in autumn. Winter planning has been comprehensive in both the hospital and community to ensure demand is managed across the system. We are predicting that we will be 50-60 beds short of expected demand.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Hospital guide to Aged Residential Care and retirement village care:** The Older Persons Health team have made a one page 'Quick Guide to Retirement Villages and Aged Residential Care Facilities' for hospital clinicians. The guide is intended to help clinicians to understand levels of care, medication management, and staffing requirements. We hope that this information will reduce confusion and unrealistic expectations of Aged Residential Care facilities, allowing for timely and safe discharges of residents returning to Aged Residential Care after a hospital admission.

- **Community Services – Home Based Support and Community Nursing:** People that receive Home Based Support Services for more than six weeks are required to have a comprehensive geriatric assessment using the InterRAI tool. Using data from the InterRAI we are able to better understand and support our vulnerable older population and are able to see how services have changed over time. We use two InterRAI assessments in the community, a Contact assessment for non-complex clients and a Homecare assessment for complex clients. As shown in the chart below, the client base that we provide services to (around 6,200 people per month) is slowly becoming more complex over time, this places greater pressure on the resources that are available to provide care in the community.



- To better support our clients in the community, work is underway to provide services in a restorative way as well as finding alternative ways to provide resource intensive services such as shopping, by connecting clients with their natural supports and community initiatives throughout Canterbury.

- Canterbury's Community Nursing services, provided by NGO providers, continue to keep people well in the community and prevent the need for re-admission to or attendance at hospital. This service has been under pressure following the increase in the nursing MECA, which has increased salaries for DHB nurses. In order to maintain the sustainability of the service and to ensure that the calibre of the nursing staff remains stable, an increase representing 3% of the overall Community Services contract total was added to the bulk funding pool. The number of clients seen each year continues to increase.

Child and Youth

- **Hospital Pēpi Pods:** The DHB has received an order of pēpi pods that are being placed in the Christchurch Women's Maternity Ward, each of our midwifery led primary birthing units, and at St George's hospital. These pēpi pods are smaller than standard pēpi pods, and for use within the hospital setting with newborns. Having the hospital pēpi pods available will allow safe sleep practice to be modelled from day one for families. The introduction of the hospital pēpi pods compliments the provision of standard sized pēpi pods available for families who are identified as at heightened risk for SUDI (sudden unexpected death in infancy) to take home and keep.

- **SUDI Training:** Bed sharing and smoking during pregnancy and/or after baby is born increases SUDI risk by 32 times. As such addressing bed sharing and smoking is a key area of work for SUDI prevention. The DHB has completed training for stop smoking practitioners at Te Hā - Waitaha to enable them to talk to their clients participating in the Smoking Cessation Pregnancy Incentive Programme about safe sleep and the effect of smoking on their baby's arousal response. Te Hā - Waitaha now offers pēpi pods to all pregnant women who attend the first smoking cessation appointment, whether or not they decide to set a quit date. Providing pēpi pods through Te Hā - Waitaha is expected to reach around 400 babies each year who are assessed as having a heightened risk of SUDI.

Mental Health

- **Response to terror attack:** The mental health system is working with other agencies to streamline pathways into counselling and support for people impacted by the March 15 attack. With support from the Muslim Psychologists Collective, planning is underway for a range of responses ranging from community meetings to intensive treatment for people that develop post traumatic stress disorder. An online Resilience Hub is being developed to provide information, resources and connections to other organisations. Input is being sought from the Muslim community and the site will go live once this has been completed.

Primary Care

- **Rural Canterbury PHO re-naming:** As of Monday 13 May 2019, Rural Canterbury PHO will be renamed to Waitaha Primary Health.
- **Low cost access to primary care for people with a Community Services Card (CSC):** In Canterbury 100 of 116 general practices now offer low cost access for enrolled patients with a CSC. The remaining practices have another opportunity from 1 July to begin offering low cost access, and receive the associated additional funding from the DHB. We are working with their primary health organization, Pegasus Health, to promote the modelled financial impacts and benefits of introducing low cost access for these practices and their enrolled patients.
- **Low cost access to contraception:** Women with a CSC, or living in an area of high deprivation, or who are at high risk of an unplanned pregnancy, can now see their GP about contraception and pay only $5. In addition, some forms of long-acting reversible contraception including the insertion procedure at their general practice is now fully-subsidised for these women. We are planning to further improve access to contraception for women with complex health and social needs by using DHB services such as maternity outpatients and sexual health clinics.

Maori and Pacific Health

- **Canterbury DHB Māori and Pasifika Scholarship:** The Canterbury DHB Māori and Pasifika Scholarships are to support Māori and Pasifika tertiary students who are studying a health-related NZQA accredited course and are also planning to work in the Canterbury district. The fund of $40,000 is administered by our treaty partner, Manawhenua Ki Waitaha. It is gratifying to see the growth in both number and variety of applicants to this fund, to the extent that we are now increasingly compelled to decrease the amount per applicant to fit into the budget. The panel met in April to allocate 50 successful applications:
  - 19 nursing
  - 17 medicine
  - 3 midwifery
  - 11 allied health including medical imaging, social work, dental, speech language

- **Hauora Māori (Christchurch Hospital):** The team supported the mihi to our new Māori RN for Diabetes who began in April. Given the higher incidence and morbidity in diabetes amongst Māori, this new role will become crucial in improving equity for our Māori population by improving our Māori clinical capacity in this service. Hauora Māori are also poised with to go live with Cortex software system (using iPads) which has just started in Paediatrics.

- **Whānau Mai:** Whānau Mai is a Kaupapa Māori Pregnancy & Parenting programme, delivered through our provider Te Puawaitanga, using kaupapa Māori principles to establish and value connection to land, whakapapa and most importantly to pēpi. Historically Māori had very low attendance and even lower completion rates for pregnancy and parenting programmes in our DHB region. Whānau Mai was a response to improve this and to develop a programme that worked for Māori whānau, where they and their world views were valued and honoured. Whānau Mai acknowledges Māori traditions that have been eroded through colonisation and modernisation, for example;
  - Returning the whenua to Papatūānuku (burying the placenta) to connect pēpi and whānau to their whenua/land. The programme involves mothers and whānau being taught to harvest and weave umbilical cord ties from muka at birth, and they also make clay ipu whenua (placenta container) to carry the placenta when it's returned to Papatūānuku.
  - The importance of whānau support during pregnancy, birthing and parenting are also central to the programme. Whānau are encouraged to learn and utilise the traditions that their tūpuna (ancestors) used, such as karakia to call on pēpi, oriori (a type of waiata/song) to create connection while pēpi is in the womb and to continue using waiaita, te reo and tikanga to further strengthen whānau connection. The programme is holistic and approaches the kaupapa as a journey to for pēpi and their whānau, to cover all aspects about raising a well-connected, loved and protected pēpi.

- The programme looks to reconnect to and raise the mana and tapū of wāhine hapū, māmā, pēpi, tamariki and whānau (pregnant women, mothers, babies children and wider family). The programme also raises the level of understanding that wāhine and pēpi were treated with the utmost respect and mana while hapū, and in their everyday lives they were given the best kai and nurtured to grow a strong pēpi and thus a strong iwi. Feedback received from those attending Whānau Mai indicates that participants feel honoured as Māori, as tāngata whenua, as mana whenua. They are reminded of how this time of creating new life was traditionally considered tapu and therefore a very special time for the whole whānau and hapū.

- Participants are reminded of the importance of connecting to each other, to their culture, to their pēpi to themselves and their tūpuna as holders of mātauranga or of traditional wisdom in order that they become confident as the strong, wise wāhine and whānau that they are. It is intended that whānau feel they are more able to advocate for themselves and each other in their pregnancy, birthing and parenting journey. The programme has received some wonderful stories back about how wāhine and whānau have reclaimed their journey and did it in ways that were meaningful for them. This has meant empowered whānau in the community and in the health system helping to decolonise birthing by showing health practitioners that whānau Māori know how to do this safely and effectively.

- The following comments from participants tell us about Whanau Mai from their perspective.
  - *"Really nice to do this with pāpā, love the Māori stories"*
  - *"Following Whānau Mai …. It was the first time ever that I felt proud to be Māori, and that I wanted to connect more with my culture"*
  - *"We were able to have him at home as planned without complications."*
  - *Things I took away from the wānanga were:*

- *connecting with pēpi while hapū by talking to him and listening to music*
- *oriori - I didn't know about oriori prior to the wānanga, we prepared some music, and in the future we plan to talk to XY's family about any oriori from the hapū or whānau that already exist.*
- *I used the beautiful affirmation cards (a lot!) especially when I had been on dumb parenting Facebook groups that were full of anxiety. I used the cards to reassure myself*
- *The resources were amazing!*
- *It's been so important for me to remember to trust my instincts and go with what feels right, something that you guys definitely reinforced. I'm so glad we made the trips to attend!'*

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update:** A new city wide above the line campaign was launched on 1 April with the following six messages, it's all right to: talk it out, need a hug, keep ticking along, reach out, take a breather, have a cry. This campaign has proved to be extremely popular both locally and nationally. The campaign was launched on our social media channels and within several days had reached a total audience of 117,000 people. In-depth analysis indicates that the posts reached large numbers of people in Auckland, Wellington and Dunedin. The resources have been translated into Te Reo Māori and following requests from the Muslim community are currently being translated into Arabic, Somali, Urdu, Hindi and Dari.

- *All Right?* team members recently attended an international health promotion conference in Rotorua (IUHPE) where they presented the evaluation of *All Right?s* Facebook page. Strong interest was expressed in the evaluation, and the campaign generally, by many conference attendees.

- **Canterbury Measles Outbreak – Update:** In the period 21 February to 26 April, 2019 Community and Public Health staff have investigated 229 measles notifications. Of these notifications, 38 have been confirmed as measles cases. An additional confirmed measles case, who became unwell while overseas and travelled to Christchurch on 19 March, does not meet the case definition and is not included in the confirmed case total above, but may result in secondary cases from both in-flight and Christchurch contacts.

- Confirmed cases have been in contact with large numbers of people with complex networks, including in early childhood centres (ECEs), schools, tertiary settings and healthcare facilities. At least twelve cases have attended ECEs, schools and tertiary settings whilst in the infectious period. Those settings have been alerted and supported accordingly. Substantial follow-up of Christchurch Hospital patients and staff was managed by Occupational Health and Infection Control teams.

- The overall goal of the public health response to the outbreak is to prevent the spread of measles in the community and to increase overall measles immunity in the community through supporting primary care in increasing MMR vaccination coverage. Communications through media, communities and to organisations have been an essential part of the public health response. This has provided practical information and advice for those seeking help.

- As at 22 April 19,677 MMR vaccines had been delivered in Canterbury since 4 March. Community and Public Health has worked closely with CPRG (Canterbury Primary Response Group) and the Ministry of Health to support the primary care MMR vaccination strategy.

- Since 11 March 2019 confirmed measles cases reported elsewhere in New Zealand include: Auckland DHB eight cases, Waitemata DHB nine cases, Bay of Plenty DHB seven cases, and

Southern DHB one case (EpiSurv 0830, 23 April, 2019). Measles continues to circulate globally and the Ministry of Health issued a national advisory about overseas measles outbreaks on 28 February. The Immunisation Advisory Centre has created a new Measles 'Hot topic' page on its website and has a new measles update video for health professionals.

- Measles facts:
  - Measles is a highly infectious viral illness spread by contact with respiratory secretions through coughing and sneezing.
  - People are infectious from five days before the onset of the rash to five days after the rash starts. Infected persons should stay in isolation - staying home from school or work - during this time.
  - The best protection from measles is to have two MMR vaccinations. MMR is available from your family practice and is free to eligible persons.
  - People are considered immune if they have received two doses of MMR vaccine, have had a measles illness previously, or were born before 1969.
  - Anyone believing they have been exposed to measles or exhibiting symptoms, should not go to the ED or after hours' clinic or general practitioner. They should instead call their GP any time, 24/7 for free health advice.
- **Kaikoura Urban Water Supply – Boil Water Notice Now Lifted:** The BWN for the Kaikoura Urban water supply was removed on 18 April. The Kaikoura Urban water supply remained on a Boil Water Notice whilst major structural works on the storage reservoirs and bore heads were undertaken. Although extensive works have been carried out to the supply to improve its safety, Community and Public Health will remain vigilant for any potentially water-related illness. Community and Public Health's Drinking Water Assessor will also continue to work closely with the Kaikoura District Council.
- Previously, on 7 March 2019, a Boil Water Notice was issued on the Kaikoura Urban water supply following high numbers of coliform bacteria found in water samples taken post water storage reservoirs. Subsequent investigations highlighted integrity issues with two of the storage reservoirs as well as damaged supply bore heads. In addition, there were notifications of gastrointestinal illness in the Kaikoura community and in particular at a local pre-school. A full investigation involving the local Environmental Health Officer, the Drinking Water Assessor (Community & Public Health), the Kaikoura Medical Centre and the Kaikoura Council could not determine the cause or the likely source of the illness and so the notifications could not be linked directly to the water supply.
- **Health Promoting Schools – Canterbury and West Coast:** Health Promoting Schools' (HPS) facilitators work with priority (decile 1-4) primary and secondary schools; staff are working with 75 schools or 27% of all schools in the Canterbury/West Coast region.
- HPS facilitators are working with 16 Kāhui Ako/Communities of Learning (CoL). Engagement with and support of the Kāhui Ako/Communities of Learning (CoL) has grown. We continue to work flexibly with these depending on the unique context of each, and the existing relationships we have with them. Examples of work progressed with Kāhui Ako in this reporting period include:
  - Our Ashburton based HPS facilitator has ran a second round of wellness workshops for staff in Opuke and Hakatere Kāhui Ako and continues to be involved in health and wellbeing planning meetings within these Kāhui Ako.
  - HPS Team responded to an inquiry from the Wellbeing lead teacher for the Ngā Mātāpuna o Ngā Pakihi Community of Learning who was looking for guidance having just been appointed to the role. Work will begin with a focus on staff wellbeing and HPS facilitators have provided advice on how to go about this.

- The West Coast facilitator is supporting Māwhera Community of Learning to initiate a wellbeing inquiry, with mental wellbeing and staff wellbeing as priorities. One wellbeing lead attended the Positive Education Conference together with an HPS facilitator providing insights into processes and timeframes for creating whole-of-school change to improve wellbeing.

- Examples of intersectoral partnerships includes:
  - Ongoing participation in the Canterbury Clinical Network's Education and Health Sector steering group, contributing to a shared and coordinated work plan for supporting schools. This group continues to support implementation of the Mana Ake mental health workers in Canterbury schools initiative. HPS have now participated in the final two recruitment rounds of approximately 40 new mental health workers during term 1 2019. These workers are embedded in existing organisations and services meaning there will be linkages across the sector, and with our HPS work with schools.
  - Working with the Food Resilience Network (FRN) we supported the running of an Edible Canterbury School Gardening hui that was attended by 40 people from schools across Christchurch. The variety and quality of workshops provided as part of this was commented on. With the FRN, we are building a collaborative and cohesive approach to supporting gardening in schools, in partnership with existing school gardening programme providers such as Garden to Table.
  - Community and Public Health presented on HPS to the 30+ Public Health Nurses to ensure they understand the role of HPS and how our services can work alongside and collaborative with schools.

- **Syphilis Project:** Community and Public Health is working with the Canterbury Syphilis Working Group on the Canterbury and West Coast DHBs Syphilis Reduction Action Plan. Community and Public Health is leading the Prevention and Health Promotion part of the plan, along with staff from the Sexual Health Centre. Strategies will include using existing networks to promote messages about syphilis such as the SHABBV (Sexual Health and Blood Borne Viruses) Network, sexual health seminars, and articles in newsletters and magazines. In addition, Community and Public Health will contribute to the development of posters and condom packs with messages about syphilis, working with NGOs and community groups to promote the messages to at-risk groups.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Projects, including facilities and redevelopment**
  - **Hagley Building:** Network and location data has been validated and an audit of applications has commenced. 80% of wireless has been installed and we are expecting the network switches to be in place by mid-May.

- **Digital Transformation**
  - **Windows 10 / PC Replacement Programme:** Deployment to future proof our computer environment, including enhancements in security, speed and performance. The discovery phase is complete and a pilot will run during May to test deployment methodology and image design. Subject to a successful pilot, the deployment is likely to start by July and continue until early 2020.
  - **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. User

Acceptance Testing is complete with positive results. A pilot will be rolled out to initial services before general deployment.

- **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. A Project Manager has been appointed to commence delivery of this project.
- **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. The Business Case is in the final stage of the approval process. We intend to commence this project in the current financial year subject to approval.
- **Health Connect South (HCS):** Release 52 was successfully deployed to production on 10 April with no issues. We are now focused on Clinical Referrals with new services being added in two upcoming sub releases, and Release 53 which introduces Assign & Notify.
- **South Island Patient Information Care System (SIPICS):** Preparation for the implementation of SI PICS and Health Connect South functionality to Maternity Services is progressing and is expected to be completed in early June. Preparation is also underway for the implementation of release 19.1 of SI PICS which includes enhancements for data validation.

Improving and Integrating Rural Health Services

- Through the Canterbury Clinical Network the DHB has been engaging with communities and local providers in several rural areas to improve and integrate rural health services:
  - **Akaroa**: Local community-owned provider Akaroa Health has now taken over responsibility from the Pompallier House Trust for aged residential care services in Akaroa. Construction of the Akaroa Health Centre is on schedule towards handover in July, with all services to transfer to the new facility shortly afterwards.
  - **Hurunui**: Hurunui practices and St John are continuing to together deliver urgent and emergency care for local communities under new arrangements introduced in late 2018. All providers are meeting shortly to review experience to date. The Hurunui Health Services Development Group is continuing to progress other elements of the model of care endorsed by the Board in 2018. A current focus is on improving local access to restorative care for people following a stay in hospital. Sustaining the clinical workforce in these practices remains challenging. We will be working with the community trusts this year to explore options to improve the sustainability of their services.
  - **Oxford:** The Oxford and Surrounding Area Health Services Development Group is now overseeing the implementation of service improvements endorsed by the Board earlier this year. This includes installation of telehealth at Oxford Hospital.
- For all rural areas, a common protocol is being developed allowing local general practice teams to refer patients to rural hospitals and residential care facilities for overnight observation under medical supervision. This can avoid transfer to Christchurch Hospital of rural people who are unwell but expected to remain stable.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- Throughout April, the communications team has been working on managing VIP and media visits to patients and liaising with ward staff through what has been an unprecedented degree of public interest following the mosque attacks. In recognition of the significance of this

event, we have been part of a collective effort to facilitate access as far as possible, while looking after the privacy of our patients and ensuring they have the time and space to recover. Throughout, our staff have been truly amazing and have provided world class care to our patients under the most challenging of conditions.

- The month ended on a high with a visit from HRH Prince William, Duke of Cambridge which was a huge lift for both patients and staff. Communications was instrumental in the planning and organisation of this event, but as with our response to the attacks, the success of the visit was thanks to the efforts and talents of a much wider team.

HRH Prince William meets with Canterbury Health System staff during his visit to Christchurch Hospital

Media

- During April the most dominant topic of media enquiries continued to be the DHB's ongoing response to mosque attacks of Friday 15 March. This included ongoing updates on the number and the status of patients involved in the attacks in our care and requests to interview those patients and clinical staff involved in the response. We have also been working with Frank Film, who are Canterbury-based documentary makers/story-tellers, to produce a 5 minute video telling the story of our response to the mosque attacks.
- Some of the other topics of media interest included:
  - Flooding of the Outpatients building
  - The Duke of Cambridge, Prince William's visit to meet patients involved in the mosque attacks.
  - The current measles outbreak
  - Mental health response to the mosque attacks
  - The community care organised for victims of the mosque attacks once discharged from hospital
  - The Community Service Card lower-fees scheme and those general practices who have not signed up
  - The opening of Ashburton Hospital's new Elizabeth Street Day Centre
  - Start of the influenza season and vaccine availability
  - Progress on a primary birthing unit and the realignment of the DHB's maternity strategy
  - Bariatric surgeries performed by Canterbury DHB
  - Cancer treatment wait times
- Dr Ramon Pink, Medical Officer of Health was interviewed by Radio NZ about the 'flu campaign' in Canterbury and the effect of the measles outbreak on the campaign.

- CEO David Meates was interviewed by The Press on the latest regarding hospital parking and the planning for a new car park for the Christchurch Hospital Campus.
- Dr Eelyn Au, an ICU registrar based in ED, gave an interview to a Chinese TV outlet about her experience on the day of the mosques attacks. Eelyn gave her account of how the day unfolded and spoke about the major incident plan and the way ED teams identify those with potentially life-threatening injuries and treat them first.
- Dr James McKay, a General Surgery Registrar specialising in Intensive Care, was interviewed by Al Jazeera about his experiences on the day of the Mosque attacks. James gave an account of what unfolded that day and the types of surgeries he had to perform.
- Our one live radio interview for Canterbury Mornings with Chris Lynch featured CEO, David Meates providing an update on the patients still in our care following the mosque attacks, an update on the measles outbreak and the flooding to the Outpatients building.
- **WellNow *Canterbury*, our health system's community magazine:** The finishing touches are being put on the current issue of WellNow which includes a wide range of stories and health information, including therapy dogs at Burwood Hospital, a former head girl's story of getting through clinical depression, preventing pressure injuries, and updates on our facilities, including Christchurch Hospital Hagley and the opening of the new Akaroa Health – Te Hauora o Rākaihautū facility. It is expected to be delivered to every household and PO Box, including rural deliveries, from 10 June.

Facilities Redevelopment

- **Christchurch Hospital – Hagley/Acute Services building:** The "Let's Get Ready To Move" internal communications campaign for the November migration/ operational transition to the building was launched on April 29 in the CEO update, and included a video explaining the campaign fronted by GM Pauline Clark, and updated intranet content. The campaign currently comprises:
  - Monthly videos for staff that are also shared on café TV screens. These videos will become more regular/weekly as we near the move date.
  - Weekly briefings in the CEO update that are also shared via ward communications books.
  - Facebook updates and a new email address for staff queries.
  - Posters and banners for staff noticeboards, screensavers and email signatures for staff.
  - Compiling Meet the Team profiles of everyone involved in the Hagley Operational Transition team.
- More elements will be added as the campaign progresses.
- Regular meetings are now underway as part of the Hagley Operational Transition team, including service specific meetings to find out what communications needs are for particular services.
- 360-degree photography of near-completed wards in Hagley is now being done to assist with staff orientation, enabling staff to see their new workspaces without having to visit during the construction phase.
- Communications is helping to draft the online Healthlearn orientation module for the new building.
- The team have also been involved in providing communications for staff around noisy work in Christchurch Women's Hospital where the link is being built, and around the demolition of the Diabetes centre on Hagley Avenue.

- **Other facilities: T**he blessing services for the new Diabetes Home Dialysis training unit (1 May) and for the Akaroa Health Hub (date in July TBC).
- Creating content for a newsletter and the WellNow publication.
- **CEO Update stories**
  - Completing a Health and Wellbeing qualification has increased her understanding and pushed her to the next level, says Hospital Aide, Kim Kelly. Kim, who is primarily based in Ward 21, has successfully completed the New Zealand Certificate in Health and Well-being. She submitted 17 papers for the Level 3 NZQA qualification. Kim says doing the qualification was a challenge and a big commitment but it has benefited her practice by extending her knowledge and understanding of ways of working both in Child Health and as a Hospital Aide in other areas of practice.
  - Ashburton Hospital's new onsite facility for older people, the Elizabeth Street Day Centre (ESDC), opened in April. Previously called the Park Street Day Centre, the older person's facility had grown out of its previous space, resulting in a fantastic opportunity for it to be onsite at Ashburton Hospital, says Day Care Co-ordinator Sue Hopkins. The relocation of the facility was much needed as the centre continues to expand and its community broadens. Members of the centre predominantly come for socialisation among their peers and to enjoy and participate in all that a day centre can offer.
  - Maree Hansen who works in a Whanau Ora Connect role at Māori health and social service provider in Christchurch, Purapura Whetu, has completed a Certificate in Hauora health (Māori health) and a Diploma in Whanau Ora after applying for a Health Workforce New Zealand Training Fund scholarship. Maree says she is now better equipped to support her clients with mental health issues living in the community. Canterbury DHB Māori and Pacific Portfolio Manager Ngaire Button says it was a great outcome for Maree as well as for Tangata Whaiora (people seeking wellness). Applicants are welcome as the fund is not well known and every year not enough applications come in.
  - Lincoln Maternity Hospital Midwife Ruth Vaughan and Lincoln Maternity Hospital Aide Tessa Schepers attended a wahakura weaving class organised by Te Puawaitanga ki Otautahi Trust in Hornby to learn how to make the woven flax sleeping basket bassinet for babies up to six months old. Ruth is a Safe Sleep Champion at Lincoln Maternity Hospital and says she wanted to make a wahakura for a safe sleep display/talking point for women and their families. They both found learning to make a wahakura a rewarding experience.
  - A celebration was held in April to honour Nurse Co-ordinator Jo Greenlees-Rae's 40 years of service to the Canterbury Health System. Her colleagues say she is a valued member of the team and a good friend, known for being willing to help and offer professional advice and wisdom. Jo worked as a Nurse Educator at Ashburton and rural hospitals for many years and was involved in the inaugural Graduate Nurse Programme in 1999.
  - Referral Centre Manager Karen Hawke lost her much loved son Shannon to suicide 18 years ago and since then her goal has been to do her bit to raise money for mental health awareness and help stop the stigma of mental illness. In September last year, on World Suicide Prevention Day, she began to forge a plan to tick something off her 'bucket list' while at the same time raising money for the Mental Health Foundation. Karen decided on walking the Inca Trail in Peru, an adventure she had wanted to experience since high school. She is now in training for the journey, and with the help of friends and colleagues already raised $10,000 by making and selling crafts, and holding sausage sizzles and raffles.

- Canterbury DHB's administrative professionals were celebrated with morning teas, gifts and flowers on Wednesday 17 April, which is when New Zealand marks World Administrative Professionals Day. Administration Manager Kay Strang says the contribution of our Canterbury DHB administrators has been very visible in recent months through the bedding in of our new patient management system and adapting to new ways of working; managing patient appointments through weeks of industrial action; supporting clinical teams during the tragic events of 15 March; and more recently contacting patients to reschedule appointments as a result of the closure of the Christchurch Outpatients building due to flooding.
- **Te Panui Runaka:** April edition: Information on measles vaccination. Medical Officer of Health, Dr Ramon Pink says increasing tamariki vaccination rates is crucial to containing Canterbury's measles outbreak.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Contractor is on site for removal / restraint of North West corner panels. Business case for funding to progress implementation planning for remaining panels has been approved. Design yet to commence –approval to engage with CCC on consenting strategy.
- **Clinical Service Block Roof Strengthening Above Nuclear Medicine:** Stage 1, 2, 3 and 4 complete. Stage 5 started involving strengthening. Final completion is forecast for 4 June 2109.
- **Lab Stair 4:** RFP documentation being readied for issue. Programme start date to be in third quarter 2019 following completion of Diabetes building demolition. Relocation of Labs staff and other associated planning underway. Budget being reviewed to determine if additional funding is required.
- **Riverside L7 water tank relocation:** Handed across to Maintenance & Engineering for completion. SRU to continue to provide assistance.
- **Riverside full height panel strengthening:** Business case for design funding approved. Design and review underway.
- **Parkside Canopies:** Business case for replacement of shrinkwrap has been submitted and awaiting approval.

Christchurch Women's Hospital

- **Stair 2:** Draft review completed by fire engineer as part of the overall Women's risk analysis. Strategic assessment process has been finalised and presented to Facilities Committee of Board for information.
- The balance of fire analysis work is awaiting master plan before works can be programmed to complete strengthening works.
- **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.

- **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:**
  - Materials database is currently in use and is 75% through annual review.
  - Digitalization of the inspection and maintenance programme system is completed. Currently in live trail at Rangiora Health Hub. This will allow for onsite recording of all works integration to Maintenance & Engineering management software.
  - Continue to identify non-compliant areas as other projects open walls / ceilings.
  - Second Stage RFP for installer fixed costs is in final stage of procurement progressing.
  - Passive program continues to receive positive support from wider industry representatives. Southern DHB, Auckland and Capital Coast DHB's, County Manukau, MBIE and Branz have requested visits to our test facility and advice on how to begin the process.
  - Testing of new installers and annual evaluations of current installers has recommenced.
  - Supply of materials continue to improve on site works and cost / waste reductions.
  - Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Approval to proceed to issue the Feb fire engineering brief to council and fire emergency NZ for comment now received. Qualitative Fire Assessment (QFA) can now continue.
- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (*MoH*):
  - Energy Centre: Preferred Boiler supplier identified and preliminary design work has yet to commence, pending confirmation of exact location on the St Asaph campus. This is in response to the emerging requirements of the campus master planning process and having to revise the concept design to accommodate CDHB's requirements for maximum flexibility around fuel delivery vehicle types.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre constructed and commissioned.
- **Temporary Accommodations on Antigua/Tuam St.** Staff now using facility. Some minor items still to be completed - signage, planning planters etc.
- **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.
- **Back Up VIE Tank** Primary VIE tank is operational. Design phase started.
- **Antigua St Exit Widening:** CDHB work completed in advance of Otakaro requirements. Camera installation required to undertake traffic count.
- **Avon Switch Gear and Transformer Relocation**. Design complete. Business approved. Project is being managed by Maintenance & Engineering.

- **Otakaro/CCC Coordination.** Liaison with contractor has commenced for Bus Super Stop works on Tuam St. Licence to occupy granted to Otakaro to allow works to commence. Contract works underway.
- **Diabetes Demolition**: Demolition to occur after Home Dialysis Training Centre has relocated to refurbished leased facility. Business case for additional funding submitted and approved. Contractor appointed. Start date approximately May 2019 once Home Dialysis Training Centre relocation is complete.
- **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 in relation to 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.
- **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.

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:** QS figures sent to Dan Coward for review. Hold on way forward until a decision on Mini Health / Artificial Limbs is made. Paper currently being written to inform way forward.
- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further.
- **Spinal Unit:** Good progress continues. Due to scope change the programme will be extended by approx. 8 weeks.
- **Burwood Birthing/Brain Injury Demolition**: Main demolition completed. Work to clad and waterproof attached buildings will be completed by 23rd April. Additional site scrape being undertaken to confirm level of soil contamination. This activity started on week of 15th April.
- **2nd MRI Installation:** Final signoff and as built documentation being provided.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** Business case pending review and approval before moving forward.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements. Meeting on site with Cotter Trust representatives undertaken with proposed new location to be presented after review and sign off by senior management.

- **Mental Health Services:** New High Care Area for AT&R construction is mid tender with a close date of the 4th May. Resource Consent received and currently with council for building consent. 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.

The Princess Margaret Hospital Campus

- **Older Persons Health (*OPH*) Community Team Relocation:** The feasibility study is now complete and work is to commence shortly on the options for repurposing the old Burwood Administration building to accommodate community teams.
- **Mental Health Services Relocation:** All consultants have been awarded and the concept design phase has commenced. Regular project meetings are being setup for design, user groups and governance. Design is expected to take one year approximately.

Ashburton Hospital & Rural Campus

- **Stage 1 and 2 Works are Complete.** Final claims have been agreed with the contractor. There is one outstanding item to be resolved before retentions can be released.
- **Tuarangi Plant Room**: Concept drawing completed and safety consultant report received. Now looking to hand over to Maintenance & Engineering to implement.
- **New Boiler and Boiler House**: Currently being managed by Maintenance & Engineering.

Other Sites/Work

- **Akaroa Health Hub:** Interior fitout is currently progressing. Exterior pathways and services are being constructed. Completion is anticipated by late May 2019.
- **Kaikoura Integrated Family Health Centre:** Minor repairs being undertaken by Maintenance & Engineering.
- **Rangiora Health Hub:** Building relocated and alterations progressing well.
- **Home Dialysis Training Centre Relocation:** Home Dialysis team to relocate beginning May 2019.
- **SRU:** Project Management Office manuals re-write and systems overview. Aligning with P3M3 process and documentation where appropriate. Training underway for Keyed In software as part of P3M implementation.
- **Seismic Monitoring:** Business case approved. Scoping design commenced to enable procurement process.
- **Manawa (formerly HREF):** Building has been blessed and is occupied. Currently in defect liability stage. Last PCG meeting held. Currently forecast to be under budget.

Project/Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- 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 the Facilities Committee and CDHB Board.

- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRU is looking at options to decant teams to adjacent spaces to allow works to commence. This will, however, 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. Repairs to these items are being completed before the areas are being closed up, but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames. Risk analysis progressing slowly due to delay in releasing the master plan details.
- Uncertainty of delivery of MoH projects continues to affect our ability to programme projects and allocate resources efficiently.
- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. This process is still largely dependent on master planning. Guidance from the Board will be required as to the timing and suitability of any proposed projects to mitigate ongoing risks to the Canterbury DHB.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of March 2019 was a net operating expense of $14.428M, which was $2.054M unfavourable against the draft annual plan net operating expense of $12.374M. The table below provides the breakdown of the March result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.157)	-	**(0.157)**	0.784	-	0.784
Funder	(3.005)	(4.702)	**1.697**	(33.278)	(35.306)	2.028
DHB Provider	(11.265)	(7.672)	**(3.594)**	(31.851)	(24.264)	(7.587)
Canterbury DHB Group Result	**(14.428)**	**(12.374)**	**(2.054)**	**(64.345)**	**(59.570)**	**(4.775)**

Report prepared by: David Meates, Chief Executive

FINANCE REPORT 31 MARCH 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **16 May 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 for the period ended 31 March 2019.

3. DISCUSSION

Overview of March 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of March 2019 was a net operating expense of $14.428M, which was $2.054M unfavourable against the draft annual plan net operating expense of $12.374M. The table below provides the breakdown of the March result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(11.328)	(7.802)	**(3.526)**	(31.937)	(24.410)	(7.527)
Community & Public Health	(0.021)	(0.018)	**(0.003)**	(0.253)	(0.067)	(0.186)
Total In-House Provider excl Subsidiaries	**(11.349)**	**(7.820)**	**(3.529)**	**(32.190)**	**(24.477)**	**(7.713)**
Add: Funder & Governance						
Funder Revenue	141.952	138.131	3.821	1,251.914	1,242.689	9.226
External Provider Expense	(64.498)	(62.449)	(2.049)	(561.407)	(554.533)	(6.874)
Internal Provider Expense	(80.459)	(80.384)	(0.075)	(723.786)	(723.462)	(0.324)
Total Funder	**(3.005)**	**(4.702)**	**1.697**	**(33.278)**	**(35.306)**	**2.028**
Governance & Funder Admin	(0.157)	-	(0.157)	0.784	-	0.784
Total Canterbury DHB (Parent)	**(14.511)**	**(12.522)**	**(1.989)**	**(64.684)**	**(59.783)**	**(4.901)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.070	0.043	**0.027**	0.106	0.100	0.006
Canterbury Linen Services Ltd	0.013	0.105	**(0.092)**	0.233	0.113	0.120
Canterbury DHB Group Surplus / (Deficit)	**(14.428)**	**(12.374)**	**(2.054)**	**(64.345)**	**(59.570)**	**(4.775)**

The impact of the March terrorist attack has placed additional strain on our already stressed health system. The impacts of this tragic event not only include the additional costs associated with theatres, ICU, and wards running at capacity (ie the direct financial impact),

but also include the impact on our workforce, the community, and our community providers. The impact on staff cannot be underestimated; our workforce continues to be under severe strain.

Although earthquake events are fading into the past, the impact of these with lost facilities remains. Delays in facility rebuilds continue to add to the stress on the system and the extraordinary pressures put on the health system in Canterbury as a whole.

We have been dealing with significant increases in sick leave over the past four years reflecting the cumulative impacts of a system under extreme stress (see below) for a prolonged period of time. In spite of this the Canterbury Health System performed beyond expectations in dealing with the terror attacks. It is unprecedented (even in the USA) that any single hospital and system could deal with 48 gunshot injuries and 50 on site post mortems.

Disasters and Events since 2010 – the Underlying Stressors in the Canterbury Health System

The following gives an insight as to the underlying stressors across the Canterbury community affecting the wellness of our population.

4 September 2010	Mag 7.1 earthquake
22 February 2011	Mag 6.3 earthquake
13 June 2011	Mag 6.4 earthquake
23 December 2011	Mag 6.0 earthquake
2013 and 2014	Serious floods
14 February 2016	Mag 5.7 earthquake
14 November 2016	Mag 7.8 earthquake
13 February 2017	Port Hills Fire
15 March 2019	Terrorist Attack on Mosques

To round off the month of March, our new Outpatients facility suffered a steam pipe rupture and the resultant extensive damage caused by flooding. The entire building was unusable for over two weeks from Friday 29 March; this resulted in a large number of outpatient events being cancelled.

The financial impact of the terrorist attack and Outpatient flooding has not been fully captured in the March results, and further costs will flow through in future months. In particular, the additional impact on our already constrained capacity is showing in the IDF flows with the likelihood of a very negative wash-up.

This is all on top of other not insignificant events such as strikes, measles outbreaks, etc.

4. APPENDICES

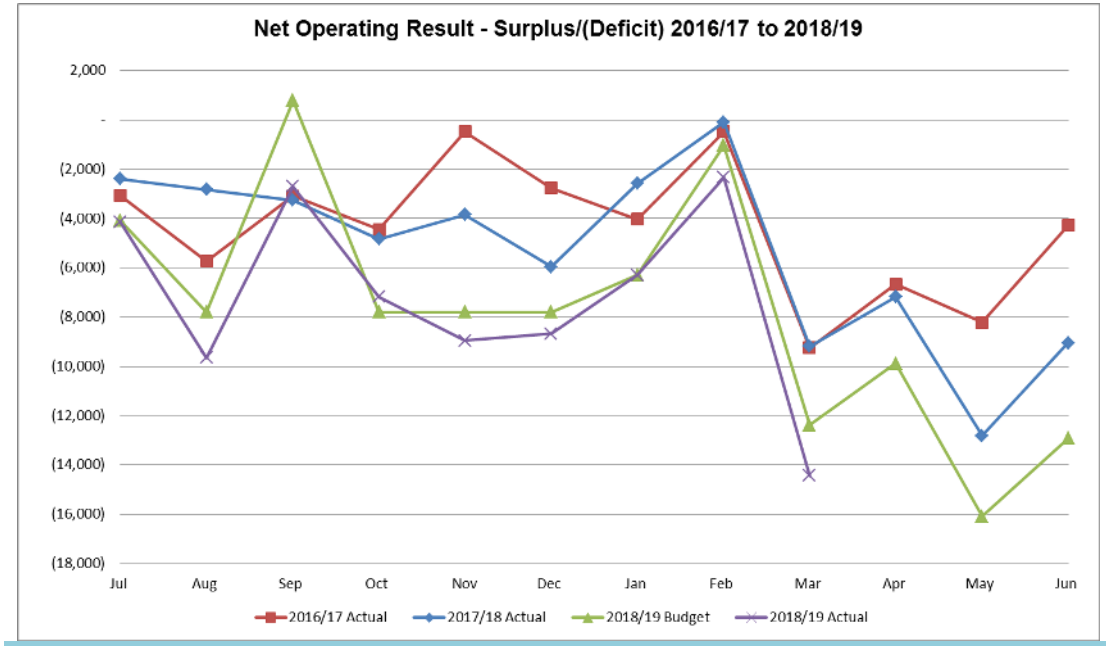
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 MARCH 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(14,428)	(12,374)	(2,054)	17% ✗	(64,345)	(59,570)	(4,775)	8% ✗



Our 18/19 Annual Plan submitted is a net operating expense of $98.475M.

Our understanding is that the current focus has transitioned from the annual plan to the future focussed operational plan being co-developed with CDHB, MoH and EY.

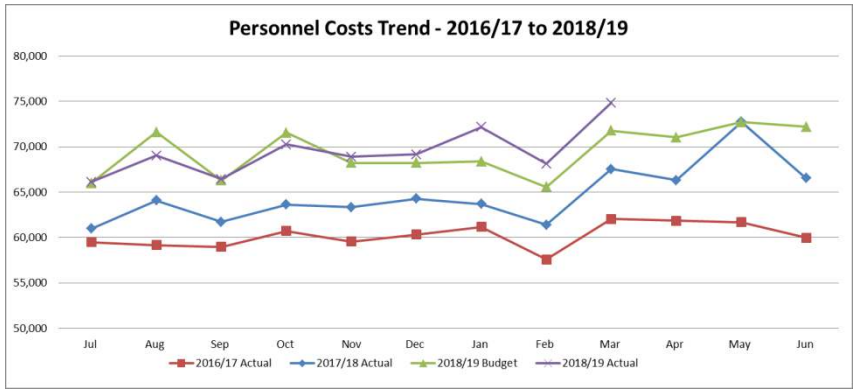
The impact of the terrorist attack has placed further siginificant pressure on payroll costs. Pressure also remains on personnel costs with the average cost of settlement of MECAs above the average uplift in funding. We continue to operate under constrained capacity, with the ASB facility not being available until November this year.

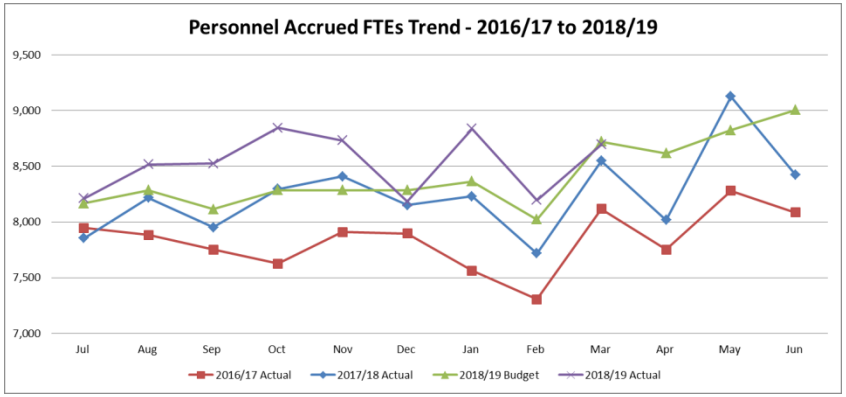
Mental Health remains under huge pressure and it is expected that the March incident will add to this pressure.

KEY RISKS AND ISSUES

The March terrorist incident will add additional costs to an already stretched health system. New facilities coming on stream will attract additional capital charge and depreciation expense. Revaluation of land and buildings is due this financial year, and the draft valuation indicates a significantly higher depreciation expense next year than previously estimated.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE





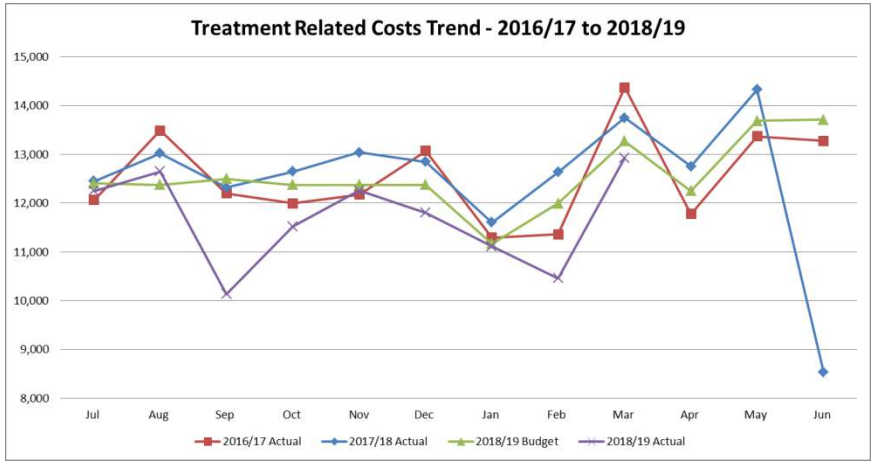
KEY RISKS AND ISSUES

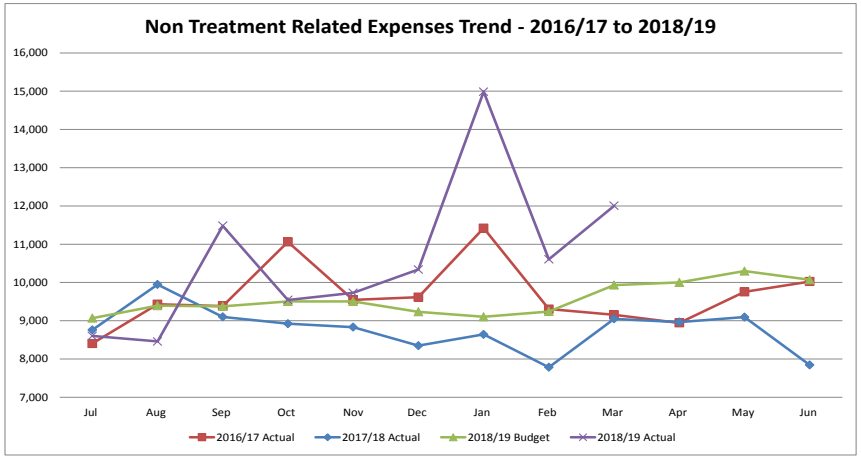
The impacts of the March attack on staff cannot be underestimated, and our workforce continues to be under severe strain.

The full implication of potential minimum wage increments, including the timing that is proposed for these, and the relativity impacts that this will create on other workforce groups that are not otherwise directly impacted, continues to be a financial risk.

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

TREATMENT & OTHER EXPENSES RELATED COSTS





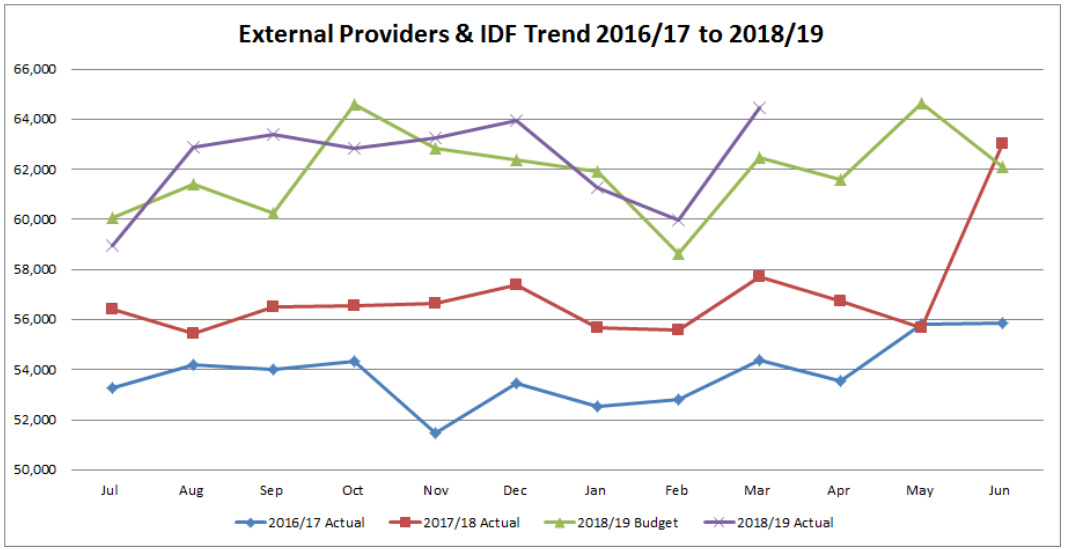
KEY RISKS AND ISSUES

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

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital (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 22/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
External Provider Costs	64,498	62,449	(2,049)	-3%	✗	561,407	554,533	(6,874)	-1%	✗



YTD pharmaceutical spend in relation to PCT costs is reflected in external provider costs this year, as we have changed our accounting treatment from 1 July.

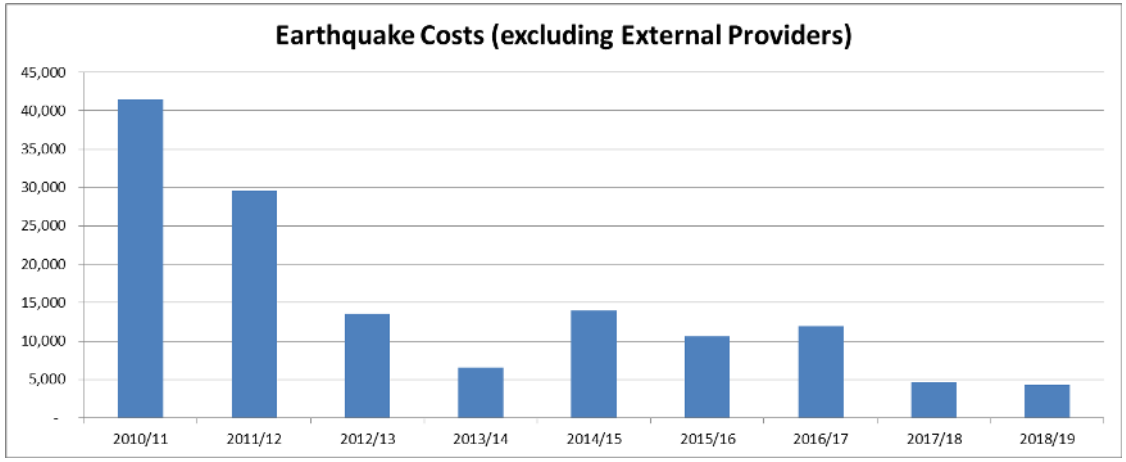
Additionally, the reimbursement of hospital pharmaceutical spend from the combined pharmaceutical budget rebate pool has resulted in an unfavourable variance in external provider costs, which should be offset by lower pharmaceutical costs in the internal provider. We will adjust this budget in 19/20.

KEY RISKS AND ISSUES

Additional outsourcing to meet electives targets may be required. The impact of the March Outpatients flood on electives at this point cannot be fully quantified. There is an impact on elective delivery, and, therefore may impact elective funding. However, the use of additional clinics at penal rates, outplacing, and/or outsourcing may be used to reduce this impact. The amount we may be able to claim for these costs as part of our insurance policies is not quantified at this stage – but we are in discussions with insurers. Additionally, there is uncertainty on the impact on community rebates as a result of recent PHARMAC changes.

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	$'000	$'000	$'000			$'000	$'000	$'000		
Total Earthquake Revenue (Draw Down)	**400**	**550**	**(150)**	**100%**	✗	**3,178**	**3,300**	**(122)**	**100%**	✗
Earthquake Costs - Repairs	406	550	144	100%	✓	3,232	3,300	68	100%	✓
Earthquake Costs - External Provider	1,431	1,431	-	100%	✓	12,878	12,878	-	100%	✓
Earthquake Costs - Non Repairs	132	132	-	100%	✓	1,138	1,138	-	100%	✓
Total Earthquake Costs	**1,969**	**2,113**	**144**	**100%**	✓	**17,248**	**17,316**	**68**	**100%**	✓



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

EQ repair (integral part of the DHB EQ Programme of Works) costs are offset by an equivalent amount of insurance revenue that will be progressively drawn down to minimise the impact of EQ repair costs on the net result. The insurance revenue relates to the portion of earthquake insurance settlement amount that was repaid to the Crown in 13/14 for future draw down by the DHB as and when appropriate to fund the earthquake repairs and programme of works.

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

KEY RISKS AND ISSUES

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

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	523,777	587,660	(63,883)	-11%	✗
Cash	(37,786)	(6,016)	(31,770)	528%	✗

KEY RISKS AND ISSUES

If future deficit funding 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 a potential issue.

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd
For the month of March 2019

Month					Year to Date				Annual
18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget		18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget	18/19 Budget
148,808	143,913	137,722	4,895 ✓	MoH Revenue	1,306,681	1,294,730	1,238,478	11,951 ✓	1,726,350
4,096	4,367	4,662	(271) ✗	Patient Related Revenue	35,539	37,470	36,486	(1,931) ✗	37,172
3,507	3,431	3,058	76 ✓	Other Revenue	30,130	28,680	25,592	1,450 ✓	52,497
156,411	**151,711**	**145,442**	**4,700**	**Total Operating Revenue**	**1,372,350**	**1,360,880**	**1,300,556**	**11,470**	**1,816,019**
74,843	71,791	67,555	(3,052) ✗	Personnel Costs	625,055	614,298	570,698	(10,757) ✗	830,258
12,933	13,268	13,746	335 ✓	Treatment Related Costs	105,138	109,447	114,433	4,309 ✓	149,097
64,498	62,449	58,690	(2,049) ✗	External Service Providers	561,407	554,533	507,996	(6,874) ✗	742,871
11,956	9,933	8,096	(2,023) ✗	Other Expenses	90,244	84,358	79,272	(5,886) ✗	114,720
164,230	**157,441**	**148,087**	**(6,789)** ✗	**Total Operating Expenditure**	**1,381,844**	**1,362,636**	**1,272,400**	**(19,208)** ✗	**1,836,946**
(7,819)	**(5,730)**	**(2,645)**	**(2,089)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(9,494)**	**(1,756)**	**28,156**	**(7,738)** ✗	**(20,927)**
56	148	(24)	(92) ✗	Interest	717	1,332	1,093	(615) ✗	1,778
210	290	687	(80) ✗	Donations	3,570	2,655	1,732	915 ✓	4,027
1	-	5	1 ✓	Profit / (Loss) on Sale of Assets	130	-	(20)	130 ✓	-
267	**438**	**668**	**(171)** ✗	**Total Indirect Revenue**	**4,417**	**3,987**	**2,804**	**430** ✓	**5,805**
2,079	2,085	2,470	6 ✓	Capital Charge	18,715	18,732	22,789	17 ✓	24,994
4,741	4,959	4,738	218 ✓	Depreciation	40,300	42,727	43,036	2,427 ✓	57,909
56	38	-	(18) ✗	Interest Expense	253	342	60	89 ✓	450
6,876	**7,082**	**7,208**	**206** ✓	**Total Indirect Expenses**	**59,268**	**61,801**	**65,885**	**2,533** ✓	**83,353**
(14,428)	**(12,374)**	**(9,186)**	**(2,054)** ✗	**Total Surplus / (Deficit)**	**(64,345)**	**(59,570)**	**(34,925)**	**(4,775)** ✗	**(98,475)**

The variance between Patient Related Revenue and Other Revenue relates to a split in our budget. We will review this when we next submit a revised budget to the MoH.

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 31 March 2019

Audited 30-Jun-18 $'000		Group Actual 31-Mar-19 $'000	YTD Group Budget 31-Mar-19 $'000	Annual Group Budget 30-Jun-19 $'000
517,833	Opening Equity	496,272	496,272	496,272
42,398	Net Equity Injections / (Repayments) During Year	91,850	150,959	149,098
(63,959)	Operating Results for the Period	(64,345)	(59,571)	(98,475)
496,272	**TOTAL PUBLIC EQUITY**	523,777	587,660	546,895
	Represented By:			
	Current Assets			
1,677	Cash & Cash Equivalents	3,871	-	-
750	Short Term Investments	756	750	750
87,165	Trade and Other Receivables	78,357	85,839	85,839
4,554	Prepayments	6,376	4,554	4,554
11,171	Inventories	11,804	11,171	11,171
10,561	Restricted Assets	12,748	14,576	14,577
115,878	**Total Current Assets**	113,911	116,890	116,891
	Less Current Liabilities			
17,376	Overdraft	41,657	6,016	48,920
111,189	Trade and Other Payables	117,240	117,447	111,192
10,577	Restricted Funds	12,905	14,591	14,591
172,699	Employee Benefits	167,244	163,361	163,361
311,841	**Total Current Liabilities**	339,046	301,415	338,064
(195,963)	**Working Capital**	(225,135)	(184,525)	(221,173)
	Non Current Assets			
16	Restricted Funds	16	16	16
5,186	Investment in NZHPL	6,333	5,186	5,186
693,197	Fixed Assets	748,933	773,160	769,043
698,399	**Term Assets**	755,283	778,362	774,245
	Non Current Liablilties			
6,164	Employee Benefits	6,371	6,177	6,177
6,164	**Term Liabilities**	6,371	6,177	6,177
496,272	**NET ASSETS**	523,777	587,660	546,895

Prepayments are expected to reduce over the year to the level of the annual budget.

APPENDIX 4: CASHFLOW

Audited 30-Jun-18 $'000		Actual 31-Mar-19 $'000	YTD Budget 31-Mar-19 $'000	Budget 30-Jun-19 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	**Net Cash from Operating Activities**	(25,387)	(18,587)	(48,565)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	**Net Cash from Investing Activities**	(27,744)	(50,689)	(61,754)
	CASHFLOW FROM FINANCING ACTIVITIES			
42,398	**Net Cash from Financing Activities**	31,044	78,959	77,098
(1,179)	Overall Increase/(Decrease) in Cash Held	(22,087)	9,683	(33,221)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	**Closing Cash Balance**	(37,786)	(6,016)	(48,920)

CPH&DSAC – 9 MAY 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

DATE: **16 May 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 Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 9 May 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 9 May 2019 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 9 May 2019.

Report prepared by: Anna Craw, Board Secretariat

Report approved by: David Morrell, Deputy Chair, Community & Public Health Advisory Committee
Tracey Chambers, Chair, Disability Support Advisory Committee

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 9 May 2019 commencing at 9.00am

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

APOLOGIES
Apologies for absence were received and accepted from Dr Anna Crighton; Chris Mene; and Dr John Wood.
An apology for lateness was received and accepted from Ta Mark Solomon (10.20am).

EXECUTIVE SUPPORT
Evon Currie (General Manager, Community & Public Health); Carolyn Gullery (Executive Director, Planning Funding and Decision Support); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
David Meates, Chief Executive.

IN ATTENDANCE
Item 6
Sue Turner, Public Health Manager, Community & Public Health

Items 7&8
Ruth Teasdale, South Island Alliance Programme Office

Item 9
Ester Vallero, CALD Health Manager, Pegasus Health (Charitable) Ltd
Dr Rebecca Nicholls, GP
Wendy Dallas–Katoa, Manawhenua Ki Waitaha
Nick McMillan

Item 10
Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community and Public Health

David Morrell, Deputy Chair, CPHAC, chaired the first part of the meeting.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
Wendy Dallas-Katoa – Item 9 – Ko Awatea Transgender Health Working Group Presentation.

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

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

2. MINUTES OF THE PREVIOUS MEETING

Resolution (07/19)
(Moved: Sally Buck/Seconded: Jo Kane – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 7 March 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward action list was noted.

The meeting moved to Item 5.

5. COMMUNITY & PUBLIC HEALTH UPDATE REPORT

Evon Currie, General Manager, Community & Public Health, presented the report which was taken as read. Discussion took place on the following:

- Canterbury measles outbreak, including the current position as well as discussion around the cost of additional vaccinations and the funding for this.
- Trial of the Hanmer Springs Smokefree / Vapefree Zone. This led to discussion around the lack of data on the effects of vaping on the unborn child. Ms Currie advised that whilst vaping is less damaging than smoking, it is not actively encouraged. In some instances it is utilised as a transition pathway to becoming smokefree. The ultimate goal is for all people to be both smoke and vape free.

Resolution (08/19)
(Moved: Tracey Chambers/Seconded: Wendy Dallas-Katoa – carried)

"That the Committee:

i. notes the Community and Public Health Update Report."

The meeting moved to Item 4.

4. PLANNING & FUNDING UPDATE REPORT

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, presented the report. The Annual Plan Quarter 3 report was taken as read. The following points were highlighted:

- Celebrating CDHB's delivery of the Mana Ake programme, a substantive achievement given the Cabinet paper was only signed off in February 2018. Mana Ake now has more than 80 Kaimahi (workers) operating in all 219 schools with year 1-8 students across Canterbury. It has been extremely well received by schools.
- Work is underway to address declining immunisation rates in Canterbury.
- Canterbury achieved the highest flu vaccination rates nationally last year. It is hoped that this will be achieved again in 2019. It was noted that flu cases are already presenting.
- A new program is about to be rolled out in response to CDHB's bed shortage (60 beds). The aim of the programme being to reduce numbers presenting to hospital.

Discussion took place on the following:

- The post-discharge voucher programme.
- Options available to address the bed shortage issue, should presentations not reduce.
- Lack of progress with the Disability Support Services actions. The need for timeframes to be set and met.
- InterRAI assessment wait times. It was requested that a report be provided to a future meeting around current work in this space.
- Steady improvement in children (0-4) enrolled with Community Dental Services.
- Rates for newborns enrolled with general practice by three months of age and possible explanations for CDHB not meeting this performance measure.

Resolution (09/19)
(Moved: Jo Kane/Seconded: Sally Buck – carried)

"That the Committee:

i. notes the update on progress to the end of quarter three (Jan-Mar) 2018/19."

The meeting moved to Item 6.

6. ALL RIGHT? - PRESENTATION

Sue Turner, Public Health Manager, provided a presentation on the All Right? Campaign. The presentation focused on an evaluation that had been undertaken on the campaign's Facebook intervention post-disaster in Canterbury. Aims of the evaluation were to:

- explore the extent to which people interacted with All Right? Facebook and the reasons for the interaction; and
- assess the impact that the All Right? Facebook page had on the people who were using it.

The evaluation found that social media can be an effective tool, post-disaster, in the wider public health toolkit. Conclusions from the evaluation included:

- All Right? on Facebook brought people to a collective forum.
- Individuals felt part of a wider social network.
- Trusted and consistent information on wellbeing post-disaster, in particular for wellbeing tips and reassurance that how they were feeling was normal.
- Participation in social media post-disaster can result in some behaviour change.

7. PUBLIC HEALTH CLINICAL NETWORK - PRESENTATION

Ms Currie introduced Ruth Teasdale from the South Island Alliance Programme Office who was in attendance for Items 7&8.

Ms Currie presented on the Public Health Clinical Network, providing information on its background, purpose and goals.

8. SOUTH ISLAND PUBLIC HEALTH PARTNERSHIP (*SI PHP*) - PRESENTATION

Ms Currie presented on the South Island Public Health Partnership, providing an overview of its purpose and scope, recent achievements, the focus of its 2018/19 plan, and working groups and networks.

There was a query around position statements. It was noted that position statements are endorsed by both DHBs and the SI PHP. This then enables the development of South Island wide action plans.

There was discussion around the Hauora Alliance, an independent cross-sector group working to address South Island hauora from a population perspective.

9. KO AWATEA TRANSGENDER HEALTH WORKING GROUP - PRESENTATION

The Committee received a presentation from the Canterbury Gender Affirming Care Co-Design Group on improving access and health outcomes for transgender people in Canterbury. Members of the group in attendance were: Ester Vallero (CALD Health Manager, Pegasus Health (Charitable) Ltd); Dr Rebecca Nicholls (GP); Wendy Dallas–Katoa (Manawhenua Ki Waitaha); and Nick McMillan.

Ta Mark Solomon joined the meeting at 10.20am.

The presentation highlighted:

- Access to health for transgender people.
- The complexity of issues for the person and whanau, and also the health system.
- Needs that have been identified.
- Gaps in the New Zealand health system.
- Canterbury's progress to date.
- Gaps in the Canterbury health system.

The group sought the Committee's support for:

- An ongoing clinical advisory group, so that work may continue in improving services.
- Ongoing and appropriate community mental health support.
- Data improvement.

A member requested that management provide a report to a future meeting detailing what is being done in this space, and what else can be done.

The Committee thanked the group for the enlightening presentation and requested an update in approximately 12 months. This is to be added to the Committee's workplan.

Ms Dallas-Katoa led the room in a Waiata.

The meeting adjourned for morning tea from 10.45 to 11.15am.

Tracey Chambers, Chair, DSAC, chaired the remainder of the meeting.

10. CANTERBURY ACCESSIBILITY CHARTER – ACCESSIBILITY CHARTER WORKING GROUP

Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health, presented the paper. The following points were highlighted:

- There are ongoing assessments around what is working and ways of making continued improvements.
- Assessing how we are doing is complex, as information comes from a variety of groups and is not necessarily linked. The Accessibility Charter Working Group (*ACWG*) has identified that a piece of work around this would prove beneficial.
- The need for "accessibility" to be incorporated in DHB project management work, to ensure consistency and best outcomes.
- Proud of the work to date in this space, however, as a society there is a way to go.

The following points were discussed and noted:

- Accessibility is not just an issue for those who have a physical disability, as highlighted in the presentation under Item 9. Accessibility to care is also a factor.
- The need for inclusivity and thinking more broadly. CDHB's alliancing strengths were acknowledged, and this may provide an opportunity to bring people together for a common purpose.
- The need to maintain a focus on the important issues facing the disability sector right now – a sector seen as fragmenting. Vigilance is required in monitoring Ministry of Health decisions with respect to Disability Support Services and associated funding.

Rochelle Faimalo retired from the meeting at 11.42am.

11. EQUALLY WELL PROGRAMME UPDATE

Dr Susan Foster-Cohen retired from the meeting at 11.43am.

Jacqui Lunday Johnstone, Executive Director Allied Health, Scientific & Technical, presented the report which was taken as read.

Ms Lunday Johnstone noted that whilst there has not been as much activity in this space as originally intended, work is ongoing. Targeted extended consults in primary care are no longer trackable, as funding has been distributed across practices alongside capitation. Pegasus is undertaking a project to identify opportunities for future work and this will provide a platform for identifying what is working and what else can be implemented to achieve the overall goal.

Ms Gullery advised that a new programme is to be introduced for people with enduring mental health illness, providing access to dental care at no charge. This is in recognition that medications taken by people with enduring mental illness are frequently detrimental to oral health, and recognising that poor oral health leads to poor physical health. It is anticipated that this programme will have a significant impact on the health and wellbeing of those involved.

INFORMATION ITEMS

- CPH&DSAC Terms of Reference – amended by Board 21 March 2019.
- Process for the Review of CDHB Background Papers and Position Statements
- Food Resilience Network
- Rural Health Promotion
- Disability Steering Group Minutes – Feb 2019
- 2019 Workplan

There being no further business the meeting concluded at 11.48am.

Confirmed as a true and correct record:

_____	_____
David Morrell Deputy Chair, CPHAC	Date
_____	_____
Tracey Chambers Chair, DSAC	Date

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: **16 May 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 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 18 April 2019	For the reasons set out in the previous Board agenda.	
2.	Burwood Mini Health Precinct	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Electronic Ordering of Laboratory Tests	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Benefits & Opportunities Programme	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
6.	2019/20 Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	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)
9.	CDHB IT Systems Update - Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Advice to Board: • QFARC Draft Minutes *7 May 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