AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Tuesday, 25 February 2020 commencing at 9.00am

	Karakia		9.00am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 17 December 2019		
3.	Carried Forward / Action List Items		
4.	Midwifery Recruitment Video		
Reports for Decision			
5.	Committee Membership	Sir John Hansen *Chair*	9.10-9.20am
6	Submission: Urban Development Bill	Evon Currie *General Manager, Community & Public Health*	9.20-9.30am
Reports for Noting			
7.	Chair's Update (Oral)	Sir John Hansen	9.30-9.40am
8.	Chief Executive's Update	David Meates *Chief Executive*	9.40-10.10am
9.	Finance Report	Justine White *Executive Director Finance & Corporate Services*	10.10-10.25am
10.	Advice to Board: HAC – 30 January 2020 – Draft Minutes	Andrew Dickerson *Chair, HAC*	10.25-10.30am
11.	Resolution to Exclude the Public		
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.30am**

NEXT MEETING
Thursday, 19 March 2020 at 9.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

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 – 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Clinical Network Alliance Leadership Team** - Chair **Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group** - Member **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Ministry Primary Industries, Costs Review Independent Panel** **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Emerge Aotearoa Housing Trust** – Chair **Emerge Aotearoa Limited** – Chair **Emerge Aotearoa Trust** – Chair Mental health, addiction and housing non-government organisation (*NGO*). **Nitrates in Drinking Water Working Group** – Member A discussion forum on nitrate contamination of drinking water. **Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Runanga o Ngai Tahu** – General Manager Tribal Entity. **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.

Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Farrell Construction Limited** - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Verum Group Limited** – Director Verum Group Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.
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.
Catherine Chu	**Bank of New Zealand** – Private Banking Manager Christchurch Partners Centre **Christchurch City Council** – Councillor Local Territorial Authority **Keep Christchurch Beautiful** – Executive Member **Riccarton Rotary Club** – Member

	The Canterbury Club – Member
Andrew Dickerson	**Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Countrywide Residential (2018) Limited** – Director/Shareholder Residential Property Development **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The McLean Institute Trust** – Trustee Trust for the McLean Institute

	The Russley Village Limited – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park (under construction) **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family.

	The Youth Hub – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Tuesday 17 December 2019 commencing at 9.00am

BOARD MEMBERS

Sir John Hansen (Chair); Barry Bragg; Sally Buck; Catherine Chu; Andrew Dickerson; James Gough; Jo Kane; Aaron Keown; Naomi Marshall; and Ingrid Taylor.

APOLOGIES

An apology was received and accepted from Gabrielle Huria.

EXECUTIVE SUPPORT

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

APOLOGIES

There were no management apologies.

IN ATTENDANCE

Item 8
Evon Currie, General Manager, Community & Public Health (*CPH*)
Annabel Begg, Public Health Physician, CPH
Kirsty Peel, Policy Advisor, CPH

Sir John Hansen, Chairman, welcomed everyone to the first meeting of the new Board. He advised that Gabrielle Huria, Deputy Chair, had an overseas commitment that could not be changed and was disappointed not to be able to attend today's meeting.

Sir John, in opening the meeting, recognised: the first people of Canterbury; our obligations around the Treaty of Waitangi; our responsibilities to the Minister of Health around his Letter of Expectations; and the journey to equity around improving the health of the most vulnerable in our community and in particular Maori.

Sir John then invited Hector Matthews to mihi the new Board. Members of Manawhenua ki Waitaha performed a Waiata in recognition of the new Board.

Sir John invited Dr Lester Levy to outline to the new Board his role as Crown Monitor.

He then asked that the Board formally record thanks to the outgoing Chair, Dr John Wood; Deputy Chair, Ta Mark Solomon; and previous Board members for their contribution to the Canterbury DHB.

1. INTEREST REGISTER

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

2. CARRIED FORWARD/ACTION LIST ITEMS

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

3. PATIENT STORY

A video on Brackenridge Services Limited was viewed.

4. CHAIR'S UPDATE

Sir John advised members regarding the process should they receive complaints from members of the public and also reminded them of the Media Policy.

A member commented that they would like to see us strengthen our relationships with Local Authorities. The Chair supported this.

The update was noted.

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, welcomed the new Board members and the Executive Management Team introduced themselves. Mr Meates advised that in addition to the Executive Management Team there was an operational structure of General Managers responsible for service delivery.

Mr Meates took his report as read and advised that in his report he tried to capture events that have taken place since the last meeting.

Mr Meates also spoke regarding:

- The Whakaari/White Island tragedy. He advised that Christchurch Hospital was one of the main receiving hospitals for burn patients from the aftermath of the eruption. The hospital is caring for eight patients and are currently working with the Department of Defence around the repatriation of six Australian patients. Mr Meates advised that this event has tied up a couple of operating theatres for most of the week and staff will continue the management of the two remaining patients for some time.
- Along with the Chair and Executive Management Team members he had presented to the Health Select Committee in Wellington last week. A copy of the presentation is to be provided to Board members.
- The Quality Improvement Showcase was held last week with over 40 improvements shared from across the health system.
- Our Pasifika provider Tangata Atumotu Trust won an award at the New Zealand Exercise Industry Awards – they won the Community Contribution Category for individuals or organisations offering exercise to populations that may normally find exercise difficult to access.
- Senior Midwife and Clinical Leader, Esther Calje, was the recipient of a 2020 Health Research Council Career Development Award. Esther's PhD will focus on the evidence gap regarding current treatment options for severe postpartum anaemia. The overall objective is to improve health outcomes for postnatal women with severe anaemia.
- Cortex continues to be rolled out across Christchurch Hospital which brings Medical, Nursing and Allied Health much closer together.
- Last week our 100th Orderly received their New Zealand Qualifications Authority Health and Wellbeing Level 3 (Orderlies) qualification. Our Orderlies have had the opportunity to complete the qualification since 2014, following the development of a three-week, full-time training course with four dedicated trainers.

- Our Acute Demand management programme is sitting about 13% higher than last year as we try to manage most of our community as close to home as possible.
- Outpatients has a new scheduling tool for scheduling patients, clinicians, clinics and rooms. The primary focus for this was Christchurch Outpatients building, but subsequent deployments are planned for Burwood and Ashburton Outpatients. Christchurch Outpatients is now live and all development is complete. Implementation is underway for Burwood and Ashburton Hospitals.
- We still continue to re-schedule a lot of different services as we look towards moving to the Hagley building.

Sir John Hansen, Chairman, formally acknowledged and congratulated the two award winners.

A query was made regarding the process for introducing new treatments into the Canterbury health system. Chief Medical Officer, Dr Sue Nightingale, advised that we have now moved to a more formal process for the introduction of new treatments.

A query was made in relation to the marijuana legislation debate and a Board member commented that this debate seems to be driven by extremists on both sides of the debate. A request was made for some more scientific and factual evidence to be added to this debate by some of our clinicians. It was agreed that this would be left with management to gauge the appropriateness of this.

The Crown Monitor asked whether discussions had taken place with the Select Committee around the finances of the CDHB. The Chief Executive advised that they had talked through the fact that for nine out of the last ten years the DHB has delivered a surplus before interest, capital charges and depreciation and also the core drivers of the facility delays. Most of the questioning had been about the mosque attack, measles and Holidays Act, so there was less focus on fiscals than anticipated.

A query was made regarding environmental factors at Hillmorton Hospital. It was noted that management have continued to work really actively with staff on a range of support services and interventions, and progress is being made with the construction of the pods. It was also noted that over the last 12 months there has been a reduction in staff assaults by 35% as a result of some immediate and short term fixes. The Chief Executive commented that the environment at this site is always going to be challenging.

A query was made regarding the parking spaces outside the Hagley building which appear to be useable. It was noted that this is a drop off area outside where the new Emergency Department will be and it is still under the control of the contractor. The DHB is not the legal owner until Code of Compliance and Practical Completion.

A query was made regarding Elective Service Performance Indicators and information around how this will be addressed. The Chief Executive commented that the recovery plan is compounded by a number of things, including the mosque attack and flooding of the Outpatients building, which required 15,000 outpatient appointments to be re-scheduled, however, many of the services are tracking towards compliance. It was noted that the DHB is outsourcing around eight theatres per day from the private sector and that the Ministry of Health have acknowledged that this DHB will not be ESPI compliant. It was also noted that there has been extensive reporting to the Quality, Finance, Audit and Risk Committee (*QFARC*) and Hospital Advisory Committee (*HAC*) around this.

Discussion took place regarding inpatient falls. It was noted that the level of falls in the community in Canterbury is significantly lower than the rest of the country. In the hospital, we continue to run a balance between active rehabilitation and fall prevention. There is continual focus in this area.

A query was made as to how inequity is measured and reported on. It was noted that there are a range of measures, with most of our reporting done by ethnicity. System Level Measures are also used.

The Chief Executive's Update was noted.

6. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report noted that the consolidated Canterbury DHB financial result for the month of October 2019 was a net operating expense of $14.160M, which was $0.101M favourable against the draft annual plan net operating expense of $14.261M. YTD the result was $0.172M favourable.

The report also noted that the current draft annual plan is for a full year deficit result of $180.470M. This includes savings initiatives from our five key taskforces. However, it does not take into account recently announced adjustments to the capital charge regime (although announced in July 2019, the mechanics of this adjustment are yet to filter through to DHBs), which will take effect upon transfer of the Hagley building.

Ms White advised that the DHB is essentially still seeing the same drivers: high cost of pharmaceuticals; the impact of continued industrial action and the cost of keeping services going; and delays around facilities which in turn impacts on staffing, outsourcing etc.

It was noted that we are yet to see the impact of patients transferred as a result of the White Island eruption.

A query was made regarding the five key areas of the Taskforce initiatives and it was noted that further discussion would take place around these initiatives.

A query was made regarding the status of the Annual Plan and it was noted that this is currently with the Ministers for signing.

Discussion took place regarding the Holidays Act and the tripartite agreement between DHBs, MBIE and Unions. This agreement is to be circulated to the Board.

The financial result and related matters for the period ended 31 October 2019 were noted.

7. SCHEDULE OF MEETINGS 2020

The Chair presented this item and made a request that the first Board meeting for 2020 be rescheduled to Tuesday, 25 October 2020.

Discussion took place regarding the combination of the Community and Public Health Advisory Committee (*CPHAC*) and Disability Support Advisory Committee (*DSAC*). There was an indication that some members would like further discussion around this. The Chief Executive commented that he had received feedback from current Committee members who had indicated a desire to stay combined with a single Chair.

Resolution (73/19)
(Moved: Sir John Hansen / seconded: Andrew Dickerson - carried)

"That the Board:

i. notes that in terms of the Canterbury DHB's Standing Orders (Clause 1.6.1) a formal resolution is required from the incoming Board to adopt a meeting schedule for 2020;
ii. notes that at the Board meeting of 15 August 2019, the Board approved "in principle" the attached schedule of meetings for the 2020 year (Appendix 1);

iii. notes that for planning purposes, the assumption has been made that the Community and Public Health Advisory Committee (*CPHAC*) and Disability Support Advisory Committee (*DSAC*) will continue as one committee (the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)) through 2020, however, should they revert back to two separate committees following review by the incoming Board, CPHAC and DSAC meetings will take place on the scheduled CPH&DSAC dates, with CPHAC meetings starting at 9:00am and DSAC meetings starting at 1.00pm;

iv. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this; and

v. formally confirms the adoption of the attached schedule of meetings for the 2020 year, with the first meeting being rescheduled to Tuesday, 25 February 2020, as required by the NZ Health & Disability Act 2000 and the Board's Standing Orders."

8. CANTERBURY WELLBEING INDEX PRESENTATION

Evon Currie, General Manager, Community & Public Health, introduced this item and the presenters, Annabel Begg and Kirsty Peel, who provided the Board with a presentation on the Canterbury Wellbeing Index.

The presentation provided the history of the Wellbeing Index and provided updates from the survey.

The Chair thanked the presenters.

9. ADVICE TO BOARD

Andrew Dickerson presented the draft minutes from the Hospital Advisory Committee meeting held on 5 December 2019.

The draft minutes were noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (74/19)
(Moved: Barry Bragg/Seconded: Jamie Gough – 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.	Chair & Chief Executive - Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
2.	Hillmorton Masterplan Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

3.	Urgency for New Cancer Centre Facility on St Asaph Street Campus	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Oncology Linear Accelerator Replacements – Delegation of Authority	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Parkside North-East External Concrete Wall Panels	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Carparking 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.	Chief Digital Officer 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 *5 December 2019* • QFARC Draft Minutes *3 December 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."

INFORMATION ITEM

- Minutes of Previous Meeting – 21 November 2019

The Public meeting concluded at 11.05am.

Sir John Hansen, 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 25 FEBRUARY 2020

DATE RAISED	ISSUE	REFERRED TO	STATUS
17 Dec 19	Taskforce Programme – Live Presentation	Michael Frampton / Carolyn Gullery / Justine White	Today's agenda – Item 7 (PX)

COMMITTEE MEMBERSHIP

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Kay Jenkins, Executive Assistant, Governance Support**

APPROVED BY: **Sir John Hansen, Chair**

DATE: **25 February 2020**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The Board has a number of committees, both statutory and non-statutory. These are comprised of a mix of both Board members and "community" members (ie. non-members appointed to committees).

Following the 2019 triennial election and the Ministerial appointment process this report seeks to confirm the appointment of Board members to these committees, in accordance with their terms of reference and previous Board resolutions. The report also seeks confirmation of the Chairs and Deputy Chairs to these committees.

2. RECOMMENDATION

That the Board:

i. confirms the appointment of Board members to the Quality, Finance, Audit and Risk Committee; Hospital Advisory Committee; and Community and Public Health and Disability Support Advisory Committee; as shown in Appendix 1;
ii. confirms the appointment of Chair's and Deputy Chair's to the committees as shown in Appendix 1;
iii. confirms that the term of such appointments is for a three year term until December 2022 (while they remain members of the Board);
iv. confirms the continuation of the Appointments and Remuneration Committee and the appointment of the members of this Committee, as shown in Appendix 1;
v. notes that a further report will come to the Board regarding the external/community membership of the Quality, Finance Audit and Risk Committee; Hospital Advisory Committee; and Community and Public Health and Disability Support Advisory Committee before their membership expires on 31 May 2020.

3. SUMMARY

The Canterbury DHB is required by the Health & Disability Act to have three Statutory Advisory Committees – the Hospital Advisory Committee, the Community and Public Health Advisory Committee, and the Disability Support Advisory Committee. Canterbury DHB has combined the Community and Public Health Committee and Disability Support Advisory Committee into one Committee.

There are two further committees – the Quality, Finance, Audit and Risk Committee; and the Remuneration and Appointments Committee.

Final approval for committee membership rests with the Board.

The proposed committee membership, which has been discussed with members, is attached as Appendix 1.

4. APPENDICES

Appendix 1: Board & Committee Membership – 2020

BOARD & COMMITTEE MEMBERSHIP

January 2020

Canterbury District Health Board CDHB (Governance) Up to 11 members	Sir John Hansen (Chair) Gabrielle Huria (Deputy Chair) Barry Bragg Sally Buck Catherine Chu Andrew Dickerson James Gough Jo Kane Aaron Keown Naomi Marshalll Ingrid Taylor
Hospital Advisory Committee HAC (Governance) Up to 10 members	Andrew Dickerson (Chair) Jo Kane (Deputy Chair) Barry Bragg Sally Buck Naomi Marshall Ingrid Taylor <u>External Members</u> Wendy Dallas-Katoa (Manawhenua) Jan Edwards Dr Rochelle Phipps Trevor Read Sir John Hansen (ex-officio) Gabrielle Huria (ex-officio)
Community and Public Health and Disability Support Advisory Committee CPH&DSAC (Governance) Up to 11 members	Jo Kane (Chair) Aaron Keown (Deputy Chair) Sally Buck Naomi Marshall <u>External Members</u> Tom Callanan Wendy Dallas-Katoa (Manawhenua) Rochelle Faimalo Susan Foster-Cohen Yvonne Palmer Dr Olive Webb Hans Wouters Sir John Hansen (ex-officio) Gabrielle Huria (ex-officio)
Quality, Finance, Audit and Risk Committee QFARC (Governance) Up to 10 members	Barry Bragg (Chair) Jo Kane (Deputy Chair) Andrew Dickerson Sir John Hansen Gabrielle Huria Ingrid Taylor <u>External Members</u> Peter Ballantyne Bill Tate Steve Wakefield Vacant

BOARD & COMMITTEE MEMBERSHIP

January 2020

Remuneration & Appointments Committee R&A (Governance) 3 members	Sir John Hansen (Chair) Gabrielle Huria (Deputy Chair) Barry Bragg (Chair, QFARC)

SUBMISSION: URBAN DEVELOPMENT BILL

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Emma Kenagy, Policy Advisor, Community & Public Health**

APPROVED BY: **Evon Currie, General Manager, Community and Public Health**

DATE: **25 February 2020**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

Approval is sought for the attached submission on the Urban Development Bill (the *Bill*).

As per the CDHB Submissions Procedure, any submissions to a Select Committee must be approved by the Executive Management Team (*EMT*), the Board and the Minister's Office.

2. RECOMMENDATION

That the Board:

i. approves the attached submission on the Urban Development Bill.

3. DISCUSSION

The Bill follows on from the Kāinga Ora–Homes and Communities Bill, which disestablished Housing New Zealand and set up a Crown entity in the same name. The overarching aim is to provide Kāinga Ora with powers to facilitate complex housing development projects, called specified development projects (*SDPs*).

The CDHB submission notes the apparent lack of consideration for the potential health impacts of housing and urban development decisions, and highlights concerns relating to the extensive powers provided through the proposed SDP process for the purpose of streamlining planning decisions and providing increased certainty for developers and investors. There is a risk that the SDP process will undermine other legislation designed to protect human health and natural resource management, including the Resource Management Act (*RMA*), as well as regional and local authority plans.

This submission has been drafted and reviewed by Community and Public Health (housing health promoter and public health physician). EMT has approved the submission.

Submissions to the Select Committee were due on Friday, 14 February 2020. The submission was circulated to Board members for consideration on 7 February 2020. CDHB has sought an extension in order for the submission to be considered further at its meeting on 25 February 2020.

4. APPENDICES

Appendix 1: Draft CDHB Submission on the Urban Development Bill

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission on Urban Development Bill

To: Environment Committee
Parliament Buildings
Wellington

Submitter: Canterbury District Health Board

Attn: Emma Kenagy
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

Proposal: This bill follows on from the Kāinga Ora–Homes and Communities bill, which disestablished Housing New Zealand and set up a Crown entity in the same name. The overarching aim is to provide Kāinga Ora with powers to improve the social and economic performance of New Zealand's urban areas through complex development projects. The bill would enable Kāinga Ora to facilitate these projects, which are called specified development projects (SDPs). SDPs are intended to improve urban development outcomes through a mix of housing types, transport connections, employment and business opportunities, infrastructure, community facilities, and green spaces.

SUBMISSION ON URBAN DEVELOPMENT BILL

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board.

3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

4. We welcome the opportunity to comment on the Urban Development Bill (the Bill).

Details of submission

5. The future health of our populations is not just reliant on health care services, but on a responsive environment where all sectors work collaboratively.

6. Health and wellbeing is influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health[1].

7. Housing is a significant determinant of health that influences our health and wellbeing in a number of complex and interconnected ways. The World Health Organisation cites that improvements in housing lead to improved mental and general health for all.[2] Specific factors such as security of housing tenure, temperature, air quality, dampness, design, location and financial assistance to access housing contribute to these outcomes.[3] The recent Mental Health and

[1] *Public Health Advisory Committee. 2004. The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health. Public Health Advisory Committee: Wellington.*
[2] *World Health Organization. 2018. WHO Housing and health guidelines. Geneva: World Health Organization.*
[3] *World Health Organisation. (n.d). The determinants of health. Retrieved from:*

Addictions Inquiry Report: He Ara Oranga also explicitly highlights the connection between housing and mental health outcomes, stating that the inquiry found "threats to basic needs such as affordable and safe housing…leads to chronic stress on families, whānau and individuals (which) compromises wellbeing".[4]

8. Healthy housing is housing that is affordable, safe, accessible, energy efficient and warm, and culturally appropriate. Housing developments should reflect the principles of universal design; incorporate equitable transport connectivity that promotes active transport modes; feature safe and health promoting streetscapes and neighbourhoods; and provide easy access to community services and amenities, green space and the natural environment. Wherever possible, urban development should focus on the regeneration of existing urban areas, and development of brownfield sites, as opposed to green field development, which may lead to urban sprawl, car dependency, social isolation and community severance.

General Comments

9. The Canterbury DHB supports the vision that 'everyone in New Zealand can live in healthy and safe homes in sustainable communities'; however, it is unlikely that the Bill will achieve this in its current form. The Canterbury DHB has concerns about both the apparent lack of consideration for the potential health impacts of housing and urban development, and the extensive powers provided through the proposed specified development project (SDP) process for the purpose of streamlining planning and providing 'increased certainty for developers and investors.' There is a great risk that the SDP process will undermine other legislation designed to protect human health and our natural resources, including the Resource Management Act (RMA), as well as regional and local authority plans. The flow-on of this is the potential erosion of local community participation and engagement that has occurred over many years.

10. The Canterbury DHB supports the Christchurch City Council's submission and recommendations on the Bill. It is imperative that the current focus within the legislation to set out the functions, powers, rights, and duties that relate the urban development functions of Kāinga Ora is balanced by a commitment from

https://www.who.int/hia/evidence/doh/en/index4.html

[4] *Government Inquiry into Mental Health and Addiction. 2018. He Ara Oranga: report of the Government Inquiry into Mental Health and Addition. Crown: Wellington.*

Government to engage in a true partnership approach with Māori, regional and local authorities and communities. This will help to ensure high quality urban development outcomes resulting in healthy and equitable urban environments that are in line with the aspirations of local communities.

11. The Canterbury DHB supports the Society of Local Government Managers (SOLGM)'s submission on the Bill. The Government's perceived need for bespoke legislation that has the potential to circumvent the RMA and local authority plans indicates that a more systematic and inclusive review of resource management and planning legislation is required, as opposed to the continued introduction of legislative workarounds.

12. The Canterbury DHB sets out a number of recommendations below to minimise the potential negative health impacts of the Bill. Some of our comments and recommendations were set out last year in our submission on Kāinga Ora- Homes and Communities Bill, and have been reiterated below.

Specific Comments

1. The Canterbury DHB supports the intention within the stated purpose of the Act 'to facilitate urban development that contributes to sustainable, inclusive, and thriving communities,' however notes that this vision is eclipsed by the primary purpose of the Act (set out in Part 1, Subpart 1, Clause 2) being to 'streamline and consolidate processes' and provide 'powers for acquisition, development, and disposal of land' and 'additional powers, rights, and duties' to Kāinga Ora for selected urban development projects and functions.

2. The Principles for specified development projects (Clause 5 (1)(a)) fail to acknowledge the important relationship between urban development and the health and wellbeing of communities. The Canterbury DHB recommends that the principles are amended to include, for example, high quality housing that is affordable, safe, accessible, energy efficient and warm, and culturally appropriate; equitable, resilient transport connectivity that promotes active transport modes. The development projects that Kāinga Ora will be working on affect many of the fundamental determinants of health and the Canterbury DHB stresses the need to be cognisant of their duty to achieve equitable health outcomes.

3. The Canterbury DHB commends the Government for Clause 4 Treaty of Waitangi, which requires all functions and powers of the Act to take into account the principles of the Treaty of Waitangi. The Waitangi Tribunals 2019 Haurora report on the Health Services and Outcomes Inquiry notes that the achievement of equitable health outcomes for Māori is the responsibility of all sectors, not just the health sector.[5] This is particularly relevant in the context of housing as historically Māori have faced significant barriers in accessing suitable housing.[6]

13. As discussed in our submission on the Kāinga Ora- Homes and Communities Bill, the Canterbury DHB recommends that Principles of the Act recognise housing as a fundamental human right given its importance as a determinant of health and New Zealand's commitment to a number of international treaties under which the UN identifies adequate standard of living (which specifies housing) as a human right.[7]

14. The CDHB recommends that the definition of sustainable management be included in Part 1, Subpart 3, in addition to the reference to the RMA section 5(2) in the Principles for SDPs.

15. The Canterbury DHB recommends that the health and wellbeing of the community be added to the list of the actual or potential effects Kāinga Ora must control for in in preparing, amending or reviewing development plans (Part 2, Subpart 2, Clause 59b).

16. The Canterbury DHB also recommends that the evaluation report on the provisions of the draft development plan discussed in Part 2, Subpart 2, Clause 72 include the use of a robust sustainability assessment. Sustainability assessment is a multidisciplinary appraisal methodology that includes environmental, economic, and socio-cultural value-based elements. There are various tools available to perform sustainability assessment, included some developed specifically for the New Zealand context such as the *Integrated Planning Guide for a health, sustainable and*

[5] Waitangi Tribunal (Te Rōpū Whakamana i te Tiriti o Waitangi) (2019). *Hauora: Report on Stage One of the Health Services and Outcome Kaupapa Inquiry*. WAI 2575. Wellington: Department of Justice. Retrieved from: https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcome-inquiry/

[6] McAllister, J. St John, S. & Johnson, Al (2019). *The Accommodation Supplement: The Wrong Tool to Fix the House.* Auckland. Child Poverty Action Group.

[7] United Nations (1966). *International Covenant on Economic, Social and Cultural Rights.* Retrieved from: https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

resilient future[8] and Integrated Assessment[9]. Using such tools ensures that that factors, both positive and negative, affecting health and wellbeing for all populations groups, as well as the environment, as considered when developing a plan. The process will strengthen the plan and should result in a positive impact on both the environment and population health and wellbeing.

17. Subpart 3, Clause 142, which states that Kāinga Ora may request that a reserve status or conservation interest be revoked for the purpose of a specified development project, is cause for concern. Access to green space and natural environments is an important determinant of health, and these features mitigate the potential for urban heat islands in more densely settled areas. The Canterbury DHB recommends that this clause is removed.

18. Section 36(1) states that early engagement may satisfy the obligations of Kāinga Ora to engage with stakeholders. Development plans are likely to change from the initial concept stages to the detailed design stages, and it is therefore essential to have ongoing engagement with stakeholders to ensure that the final proposed development design meets the expectations of interested parties. The Canterbury DHB recommends that Section 36 is removed.

19. In relation to Section 3, Independent Hearings Panel (IHP), the Canterbury DHB notes that the expertise specified for the appointment of the IHP is limited. The Canterbury DHB recommends that the Clause 2 (5) be amended to include expertise in: resource management planning; urban planning (including spatial planning); and public health in order to ensure that the vision of healthy and sustainable urban environments is achieved.

Conclusion

20. The CDHB does not wish to be heard in support of this submission.

21. Thank you for the opportunity to submit on the Urban Development Bill.

[8] Health in All Policies Team, Community & Public Health (2019). *Integrated Planning Guide for a healthy, sustainable and resilient future*. Christchurch: Canterbury District Health Board. Available from: https://www.cph.co.nz/wp-content/uploads/IntegratedPlanningGuideV3.pdf

[9] Ward M, Quigley R, Banwell K, Timms S. (2019). Integrated assessment: A guide. (n.p.). Available from: https://siteassets.pagecloud.com/quigleyandwatts/Integrated_Assessment_Guide-w32f5.pdf

Person making the submission

Date: Click here to enter a date

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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**

PREPARED BY: **David Meates, Chief Executive**

DATE: **25 February 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

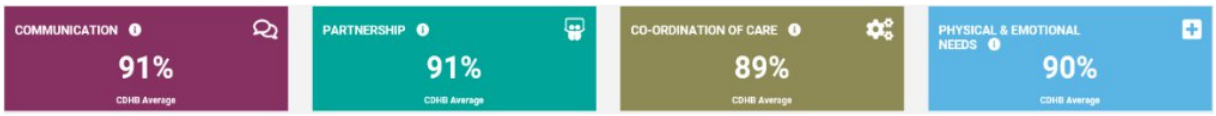
3. DISCUSSION

PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY AND IMPROVEMENT

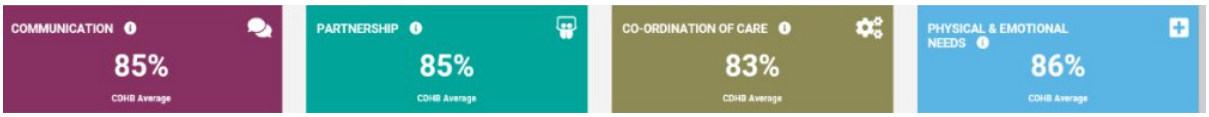
Quality & Patient Safety

- **Patient Experience:** The consumer experience procedure has been reviewed and published. The Medical Surgical Division Outpatient Survey has been operational since early December 2019. The patient experience portal where all feedback from both the inpatient and outpatient surveys is kept is accessible on the intranet for staff use.
- Consumers are actively providing feedback. In the last two weeks 110 inpatients and 187 outpatients provided a total of 322 inpatient comments and 1140 outpatient comments on top of their ratings. Overall the feedback is complimentary. All comments are reviewed prior to publishing and are anonymous. Feedback is verbatim except when staff are named in negative comments (provided to manager of the area) or patients are identifiable.

Outpatients – last 3 months



Inpatients – last 3 months



- The HQSC is continuing the review of the national and primary care survey questions.
- **Consumer Engagement Marker:** Canterbury DHB is one of the 4 Pilot sites for HQSC Consumer Engagement Marker. This is underpinned by a maturity framework, the aim being to answer: *what does*

successful consumer engagement look like and how does it improve the quality and safety of services? The framework for measuring consumer engagement has had several iterations following local and other DHB pilot sites input. Canterbury DHB consultation has taken place: a dedicated workshop; and ongoing consultation with the Consumer Council. Discussion with the Maternity Consumer Council is currently being held to test what evidence would be used to evidence the maturity level. Exploration on how the evidence will be endorsed and released to the HQSC twice a year is being explored. A small project working group (inclusive of two consumers from Councils) is currently overseeing the work.

- **Policy Library:** The reviewed Policy Library on SharePoint which was launched late 2019 has provided acceptance from a broad spectrum of early adopters (100 new workspaces have been requested in the last two months). The policy workspaces allow Business Owners to review documents with a team in the same space, speeding up consultation. In-date policies and associated materials is 63%.
- **Hand Hygiene:** The interim Canterbury DHB results are at 81.5%. There is a continued focus on Hand Hygiene with raised awareness due to the Coronavirus. Services are encouraged to investigate why moments are being missed and identify targeted actions.

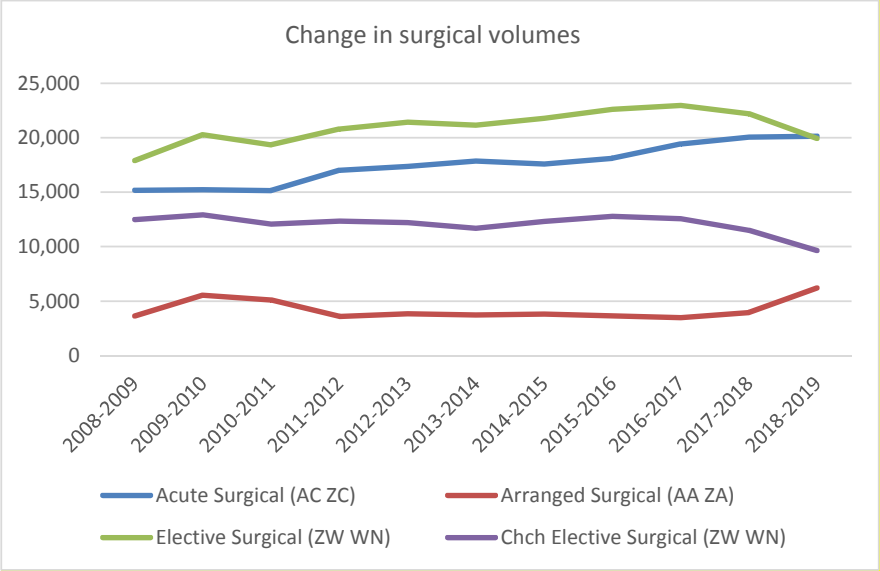
MAORI AND PASIFIKA HEALTH

- **Māori and Pasifika Health Providers:** Te Puawaitanga is a kaupapa Māori service provider based in Hornby that provide a range of services:
  - Tamariki Ora
  - Canterbury Breastfeeding Advocacy Service – support and education
  - Parents as First Teachers – delivering Āhuru Mōwai Early Childhood programme for pēpi 0–3 years
  - WERO – group smoking cessation initiative
  - Rapuora Mobile Nursing Service – for 18+ at risk of, or who have respiratory, diabetes or heart disease
  - Kaitoko Whānau – advocacy for housing issues
- February and March are often busy months with numerous activities being delivered by Te Puawaitanga:
  - Breastfeeding Antenatal Class at Burwood Hospital
  - Whānau Mai; a Kaupapa Māori pregnancy and parenting programme
  - Ūkaipō; a relaxed parenting programme for whānau to strengthen connections with baby
  - Healthy Day at the Pā; Tuahiwi Marae
  - Breastfeeding Peer Counsellor Programme
  - Wahakura Wānanga; a two-day wānanga on, learning how to make wahakura (woven flax bassinet for infants).
- These services serve to illustrate the whānau ora approach that the provider has to providing and delivering services to our community.
- **Tangata Atumotu:** Tangata Atumotu is one of our Pasifika providers. They were recently featured on One News Breakfast show showcasing their Siva Samoa programme. The programme aims to address social isolation and loneliness amongst older Pasifika people and other health issues within the Pasifika community of Canterbury through gentle physical activity, song and dance. It has slowly grown to become very popular and strongly supported by some of our vulnerable Pasifika Matua (elders).
- **Pae Ora 2020:** Pae Ora City2Surf is an event led by our kaupapa Māori provider, He Waka Tapu, that supports whānau and the community to participate in a physical event that encourages health and wellness. Pae Ora City2Surf 2020 is happening on Sunday 22 March 2020. Whānau are encouraged to complete this event as a whānau and to share in the message of Pae ora; 'whānau wellness'. He Waka Tapu provided 1,200 free entry tickets to the City2Surf event and all were snapped up very quickly.
- **People and Capability:** Our Canterbury DHB People and Capability team have been doing a lot of work in raising the cultural awareness level of our leaders:

- Engaging with our key Māori stakeholders for a co-design approach to inform our practice and content of staff professional development and up-skilling in Te Tiriti and Tikanga Māori.
- Integrate cultural competency into the "leading self" learning pathway which is required for all leaders to complete.
- Develop "Cultural Responsiveness" online learning module as a further learning resource to support our people in being more responsive and supporting pathways to equity.
- Incorporate Te Reo Māori into all Talent, Leadership, and Capability-building Learning Material.
- Providing education and support for our hiring managers on best practise for hiring for diversity and implement guidelines that reduce bias in hiring process.

MEDICAL SURGICAL

- The high demand for acute care for our population is having an impact on our ability to deliver elective care and, in particular, elective surgery.
- The system is facing increased surgical capacity pressures today and it does not have the appropriate mix of theatres, beds and facilities to meet the increasing complex care needs in the short term without major changes to theatre usage within existing facilities.
- **Acute theatre capacity**. The demand for acute main theatre capacity grows year on year. During 2019 24,384 hours of main theatre time were provided to people following acute or arranged admission. This was an increase of 3,364 hours, or 16%, on 2018. This was for a total of 14,926 visits to theatre – an increase of 16% - by 12,989 patients.
- On average 469 hours of surgery result from acute and arranged admissions each week or 290 hours per week if we limit our view solely to acute operating - generally that which occurs within three days of acute admission.
- Demand for acute and arranged operating has increased by 97 hours per week on average between 2017 and 2019, this is equivalent to two and a half operating theatres work of activity each week day. Most of this increase has been provided during normal weekday hours when the full range of clinical services is available to support safe patient care. There has also been an increase during weekends and after hours on weekdays.
- Hagley Hospital theatre capacity has been planned to ensure that this level of acute operating can be accommodated alongside our current and projected demand for elective surgery. Delay of access to this new theatre capacity means that our current increase in acute surgical demand must be accommodated within the existing fixed capacity on the Christchurch and Burwood campuses.
- Acute versus elective surgical load



- Currently this has been achieved in a range of ways. Some services have increased the proportion of acute operating carried out within their elective sessions, others have replaced entire elective sessions with acute ones, and the right to backfill sessions when surgeons are on leave has been taken from services so that it can be managed centrally. Weekend acute sessions have been increased. However, these reactions to shortages result in cancelling booked elective surgeries, increase distress on patients promised planned surgery and leaves little room to achieve best practice targets.
- A planned approach to providing sufficient acute theatre capacity is being undertaken. Our aim within the next two months is to increase acute theatre capacity by at least two theatres each weekday giving us 80 hours more capacity each week. This will reduce the ad-hoc cancellation of surgery and is expected to reduce pre-operative waiting time for acute patients, the time they spend in hospital overall and will release bed capacity for other patients.
- This additional acute theatre capacity will further decrease the elective work carried out in our own operating theatres. This may be partially mitigated by further increases in outsourcing and outplacing. We are currently outplacing and outsourcing approximately eight theatres worth of activity – the most in the country – and this will add to that number.
- There is also an increasing number of patients waiting for surgery that can only receive their operations on the Christchurch campus due to their complex conditions. These factors also provide further challenge to meeting our planned care interventions targets and our waiting time targets.
- **Acute Demand**: Like acute surgical demand, Canterbury DHB experienced an increase in the use of its primary care -led acute demand service last winter. This service is a community service designed to utilise the whole system with primary care taking the lead on managing people in their own homes and communities to reduce the load on the Emergency Department and the wider hospital system and to prevent any avoidable hospital admissions.
- Although under pressure from continued growth and ageing of our population, contributions across primary and community care along with reductions in length of stay in hospital settings have resulted in the number of acute bed days being held to the same level as 2007. The rate at which people attend ED has remained stable but the growth in population is driving a growth in attendances which is now exceeding the system capacity.
- **Planned Care:** Another whole of system initiative is underway as part of the Government's Planned Care policy. Minor procedures which traditionally were done in a hospital or outpatient setting can now be counted as part of the DHB's performance when delivered in any setting. For the current year, general practices in Canterbury are delivering four fully funded procedures as community planned care interventions. This recognizes the ability of community providers to deliver care that would otherwise require referral to a specialist service and promotes the value this activity adds within a constrained system. It ensures timely access for patients to the right response in a convenient location. The four

procedures are pipelle biopsy, musculoskeletal steroid injection and joint aspiration, skin lesion excision, and punch biopsy.

- **Faster Cancer Treatment:** For the six months to December 2019, 96% of patients with a high suspicion of cancer received their first treatment within 62 days of referral. Canterbury's performance remains among the highest in the country and well above the target rate of 90%.

WOMENS AND CHILDRENS HEALTH

- The Canterbury Maternity Strategy Framework was endorsed in late 2019 with a planning hui set for 27 February. For implementation of the strategy to be successful it has been recognised that extensive Māori and community engagement is integral to prioritisation of activity. The workplan will have a focus on reducing inequities and integrating tertiary, community and primary care based maternity services with early years services.
- Canterbury's sudden unexpected death in infancy (SUDI) prevention activity increased over the past year. A key piece of work has been the development of a safe sleep device programme where babies at risk of SUDI are given a safe sleep device (a pēpi pod or wahakura). During 2019, 623 safe sleep devices were given to whanau. These are available in the community and at all birthing units. During 2020 we have increased the number of wahakura available in Canterbury to increase the number of Māori pēpi able to receive these due to this being the preferred option for these whānau.
- Canterbury continues to have strong Childhood Immunisation Coverage. At the end of quarter two 95% of 8-month olds, 95% of 2-year olds, and 94% of 5-year olds were fully vaccinated. Māori immunisation rates were slightly lower than other ethnicities with 92% 8-month, 94% 2-year, and 92% 5-year immunisation rates, further work is needed with this group. With the announcement of the Measles catch up programme, preparation is beginning in the Canterbury Immunisation Team to start the planning. A number of pharmacies have contracts to support the catch-up campaign.

OLDER PERSONS HEALTH & REHABILITATION | COMMUNITY DENTAL

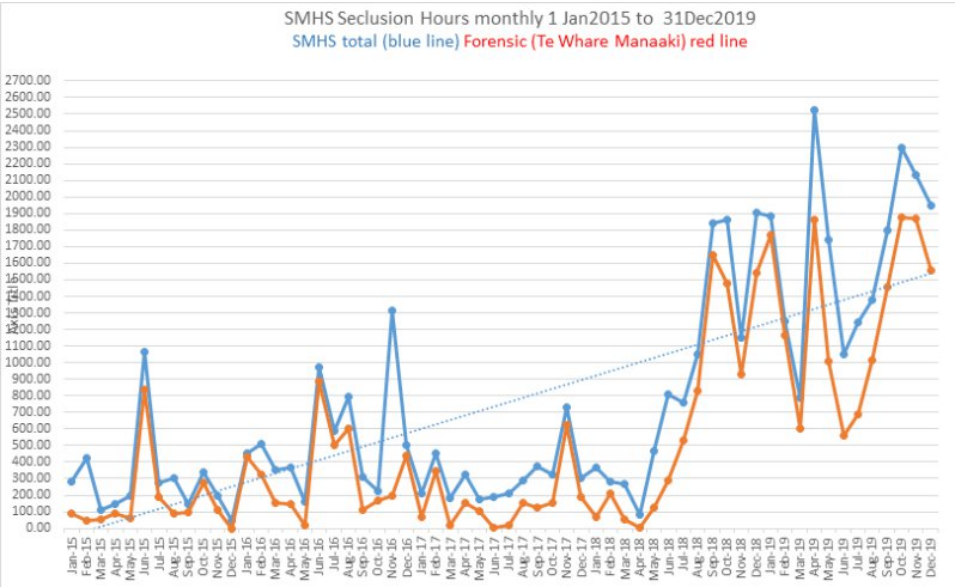
- Older Persons Health & Rehabilitation (OPH&R) **CREST** service transition has been the focus of a joint approach between Planning & Funding and People and Capability as we move to a more seamless process and reduction of duplication of assessments. For our people change process, ensuring redeployment across the system as philosophy of ensuring right resources in the right place has seen seven of the affected roles redeployed. A further five roles are being supported as we transition over the coming months.
- Within the alliancing framework with all the community providers and Planning & Funding the CREST pathway has been reviewed, simplified and adapted to include data from the interRAI contact assessment in Health Connect South (HCS). This will mean quicker referrals, better visibility of the patient journey across primary and secondary care and will provide more accurate and timely activity reporting. Work continues on updating our operations handbook to document standards for workflow processes and electronic documentation.
- The transition of case management to the three community providers began on 17 February and on target to be completed no later than 31 March when all existing cases within OPH&R will have been completed.
- As at 1 February there were 303 open cases in OPH&R CREST service. Referrals have averaged 220 a month during 2019. This level of activity will continue going forward and our communications across the system is that patients, referrers and providers will not experience a change in the care they receive, but it will be timelier with a reduction in duplicated assessments, valuing the patient time.
- OPH&R is working in partnership with People and Capability focusing on high sick leave across the division. One of our high-risk areas in 2019 was the Burwood Operating Theatres. For example, over

September and October 2019 three Elective Orthopaedic half day lists were impacted with patients being rescheduled within the context of 152 lists per month.

- OPH&R are working with the Wellness Health and Safety team focusing on work related injuries – a survey is going to staff to understand the issues from their perspective and to identify the supports which they would like, development of a stretching programme and focus on safe / manual handling. We have engaged with surgeons and other DHBs regarding other methods of static holding and specialised equipment to support this.
- Aim of the action plan is to identify specific issues, and report progress against each of these to support staff to be healthy, well and at work.

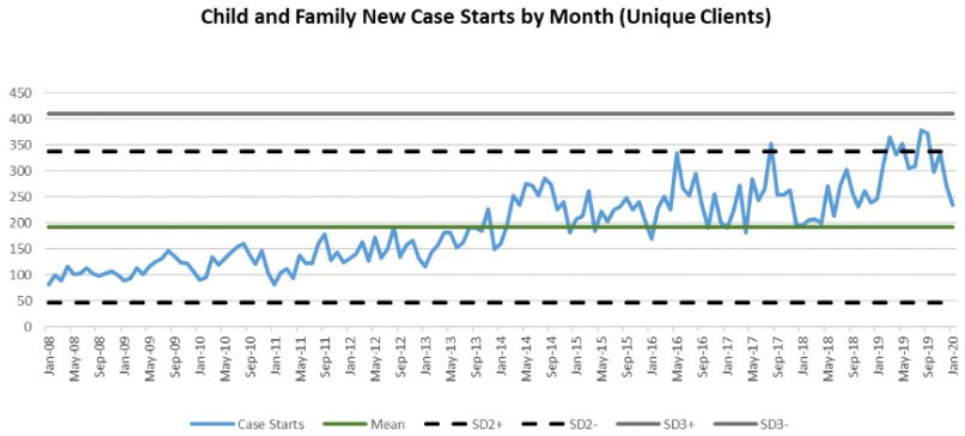
SPECIALIST MENTAL HEALTH SERVICES (SMHS)

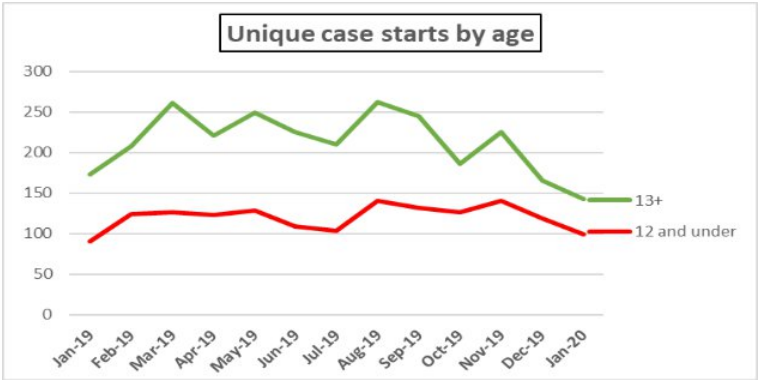
- **Facilities**: Several of the risks that are currently being managed within Specialist Mental Health Services are facility related impacts including:
  - Our ability to maintain a safe environment for consumers, visitors and staff including gender safety; incident management; management of fire risk and the management of heat issues
  - Our ability to maintain secure environments for both Forensic and Intellectual Disability services
  - Our ability to provide least restrictive care particularly within the Forensic secure unit (Te Whare Manaaki), resulting in an increase in seclusion hours across the service

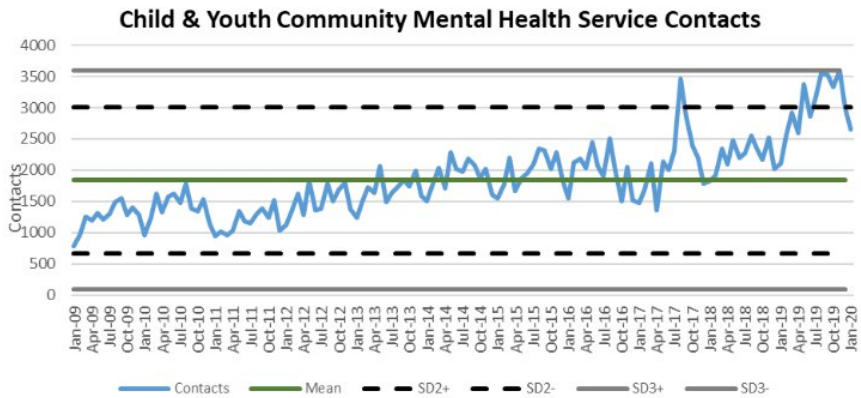


- Progress on the Assessment, Treatment & Rehabilitation (AT&R) pod development is on track to complete mid-year. This will improve our ability to maintain a safe and secure Intellectual Disability clinical environment. The clinical user groups have been working closely with the facilities design team to ensure that the new integrated family services centre and the high and complex service will provide environments that enable safe, effective, evidence-based care. This process is nearing the end of the developed design phase.
- The Registration for Interest process for Mobile Duress solution for the Hillmorton campus is underway. This will inform the duress solution for our new and existing buildings and improve the way our staff can call for assistance.
- Business cases for the adult inpatient unit and the secure forensic unit have been identified as priorities out of the master planning process and we will look to progress these.

- In the interim, the clinical teams are looking at opportunities for mitigating risk, including ligature risk minimisation plans; clinical management plans to reduce incidents of harm to others and fire risk mitigation plans in conjunction with Health & Safety and Fire and Emergency NZ.
- **Child, Adolescent and Family (CAF) Service Demand:** Demand across all services is of key concern, with CAF demand continuing to rise. The graphs below show the continued rise in new cases and contacts. Of note, the drop in case starts and contacts during January is directly related to school holidays and reduced availability of families to engage and is an recognised seasonal variation.







- The significant risk is the wait time to treatment. The CAF Access team are ensuring that referrals are triaged and prioritised according to clinical acuity and risk ensuring that those most unwell are seen as soon as possible, however the capacity to treat people is significantly impacted by the demand resulting in increasing wait-times.

LABORATORY SERVICES

- **Anatomical Pathology (AP) and Histology – tissue/cancer diagnostics**
- **Productivity:** The typical daily work load of 400-450 tissue blocks increased to around 1110, 821 and 970 blocks in days over Christmas and New Year. Significant work volumes continued through the Xmas – New Year break, and despite allowing some staff to be on leave, the Anatomical Pathology Department had mostly cleared the processing of this work by 3 January 2020. The work of the whole team (laboratories and pathologists) is recognised in contributing to successfully accommodating these increased volumes and the recovery phase in January to more manageable volumes.
- The AP and histology team are currently exceeding turnaround targets - as an indication of the success for the department, the last week in January saw 88% of histology cases being signed out within five working days, 99% within 10 days and 100% within 15 days (RCPA guidelines are 80%, 90% and 98% respectively).
- **Cost recovery:** A recent audit was undertaken for a 12 month period in relation to anatomical pathologist attendance at clinical/multidisciplinary team meetings (MDTs) that support review of patient cases. Pathologist input is important in the MDTs to support decisions in relation to clinical management and also provides an important quality assurance mechanism to ensure correct diagnosis. The audit has shown that overall 22.8% (849) of cases reviewed by Canterbury DHB/CHL pathologists were for external, non-Canterbury DHB hospital referred cases (processed by the private laboratory for Canterbury DHB or for another DHB). For one tumour stream 42% of cases reviewed or presented by a CHL pathologist were external cases. Further review will be undertaken to ensure cost recovery of work undertaken as appropriate and identify opportunities to reduce duplication of work across DHBs.
- **Facilities (histology laboratory and anatomical pathology services):** With the notice given by the University of Otago to repatriate the space occupied by Histology and AP within the Christchurch School of Medicine by end of 2022, the planning for an interim solution will recommence with the appointment of a project manager by the Canterbury DHB Site Redevelopment team. Careful planning in relation to interim option(s) and best use of limited sites whilst awaiting long term direction will be essential.
- **Financial**: Total cost recovery increased from 39% to 42% for the period of January 2019 to December 2019. January results pending.
- **Novel Coronavirus (2019-nCoV):** The Microbiologists and Virology team have been heavily involved in the local and national response to the Coronavirus. A significant step was the development of a Coronavirus test by 31 January 2020 and has made this available to our referrers. CHL continues to work in partnership with Auckland and ESR laboratories to support pathology and laboratory readiness and response to Coronavirus throughout NZ. This response from the Microbiology team comes off the back of the continued vigilance in relation to Measles, for which CHL is the WHO and national reference laboratory in NZ for Measles and Rubella.

- **Risks/challenges pathology and labs are managing:**
  - Ongoing and varied nature of industrial action requires close management and mitigations to minimise the patient impacts.
  - Microbiologist vacancy (1.0 FTE) and current demands of emerging (Coronavirus) and remerging (Measles) diseases whilst supporting a tertiary service. The Microbiologist team is made up of four SMOs with a total 2.6 FTE. Lead time to fill clinical pathology positions can be 12 to 24 months due to international shortage.
  - Facilities related activity with the Stair 4 repair programme will impact on departments based in Block C of Laboratories. Engineering works can have a direct impact on the operation of key equipment. There will also be disruption to overall campus flow with the positioning of cranes and site offices. Our focus will be on good communications to those who access the site and monitoring of impact on key equipment.

ASHBURTON RURAL HEALTH SERVICES

- Embedding a cohesive framework to ensure we have a fit for purpose generalist workforce across all disciplines, is a core deliverable for Ashburton Health Services. The vehicle we are framing this through is the Rural Health Academic Centre. The programme to date has included rural specific research, multi-disciplinary simulation training on site and the delivery of University of Otago Rural Health programmes RiSC and Trauma and Emergencies in Rural Setting within the Ashburton Hospital Campus. Building on research undertaken investigating the capacity and opportunity of nursing across the primary, community and hospital setting in mid-Canterbury, our focus is producing sustainable model for nursing in the generalist setting. Traditional models in place have replicated the tertiary setting and do not provide the flexibility to respond to future demand variability and integrated service environments.
- This approach is aimed at mitigating ongoing fiscal risk and is complemented with focused work on service improvement within Home Support. Acute presentations remain steady at the increased rate. Work continues in the Ashburton Service Level Alliance to support enrolment and planned care delivery in primary care, mitigating the risk that the hospital inadvertently becomes the primary provider of care. Activity is underway to mitigate clinical risk and patient experience in wait times for treatment within the Acute Assessment Unit (AAU).

PRIMARY CARE AND COMMUNITY SERVICES

Older Person's Health

- **Falls and Fractures:** Through the national Falls and Fracture dashboard we identified the need to improve our bisphosphonate prescription rates for those with or at risk of a fragility fracture. Bisphosphonates prevent loss of bone density and are most commonly prescribed to treat osteoporosis. Referrals to the Fracture Liaison Service are made to determine whether a recommendation for bisphosphonate prescription is required. After endorsement from the Falls and Fracture Service Level Alliance, automatic referrals to Falls Champions to improve patient strength and balance were put in place for all those with a fractured Neck of Femur (NOF) and fractured Humerus. This has led to an increase in in the number of people seen by both services, and the Service Level Alliance are now considering, with clinical support, other fractures which should be added to the automatic referral list.

Mental Health

- **Mana Ake:** An Electronic Referral Management System (ERMS) for General Practices and Schools went live on 3 February 2020, schools are in the process of registering. This platform allows schools and general practice teams to communicate where there are shared concerns for student wellbeing. We are actively working with schools to ensure all Canterbury schools are enrolled in February. Guidance is available to users on HealthPathways and on Leading Lights for school staff. A small team will triage communication as the processes become established, to support this functionality. As at 31 December 2019:

- 4,494 children have received targeted support, of which 2,151 were seen individually and 2,343 were seen in groups.
- Tū Tauira data for 1,265 children seen as individuals shows that there was improvement for
  - 59% in attendance
  - 83% in engagement and wellbeing
  - 68% in learning and achievement
- 939 children have been supported in whole class wellbeing interventions.
- There are 98 pathways and support pages on Leading Lights, which has had a total of 60,954-page views by 4,031 users.

- **Mana Ake Impact:** The program evaluation framework for Mana Ake is complex multifactorial approach that assesses impacts on children, their whānau, the school and the system. However, one of the key motivations for introducing this program was the growth in children being referred to and receiving specialist mental health service provision.

- The following figure shows a simple process break coinciding with Mana Ake implementation commencing. This approach uses the data to decide the slope of the trend (in green) with control limits (three standard deviations). There has been a downturn in distinct patients in specialist mental health services for Mana Ake age children since this program started (Fig 1). For older adolescents (13-17 years) not part of Mana Ake, there has been an increase in activity (Fig 2).

Figure 1 Mana Ake aged children in Specialist Mental Health Services

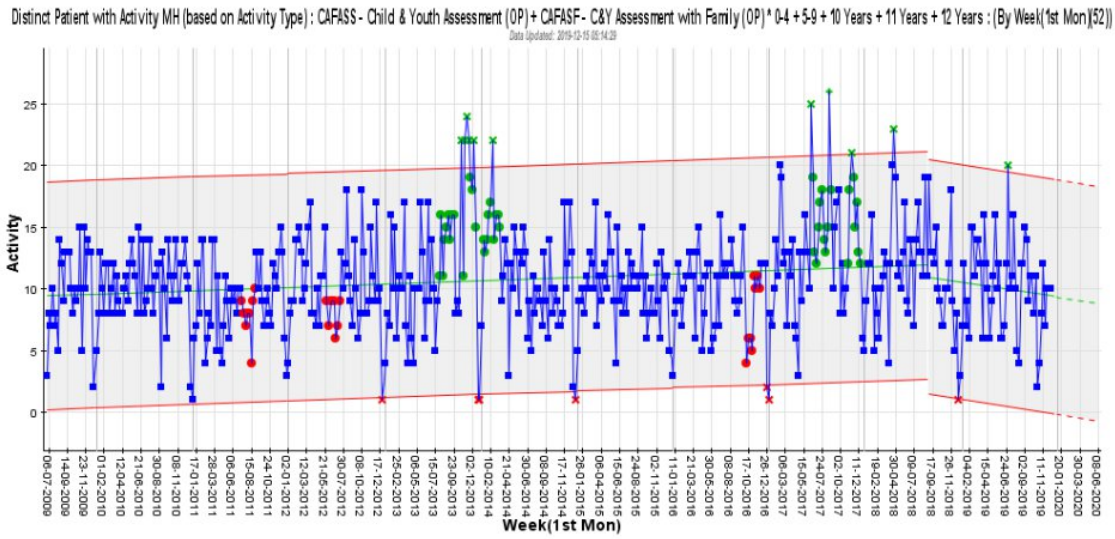
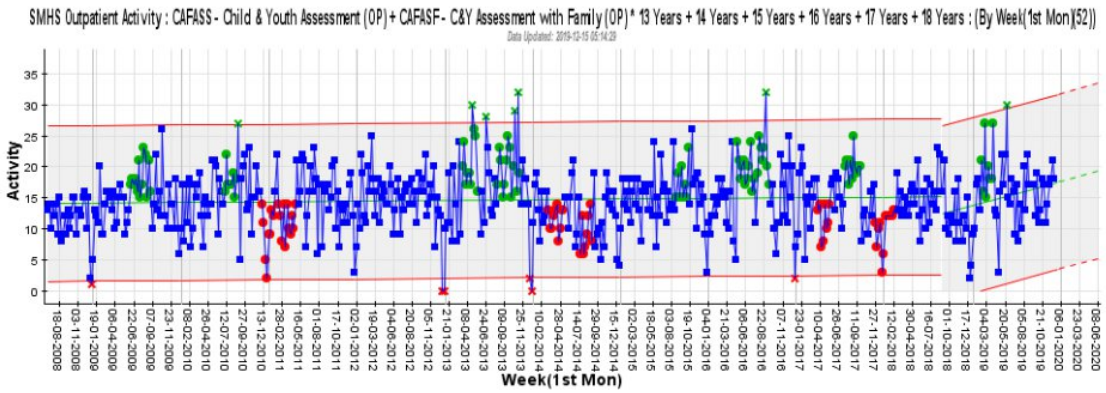


Figure 2 Adolescents (not Mana Ake) in Specialist Mental Health Services



- **Mental Health and Alcohol and other Drug Demand:** Community organisations contracted to provide support and treatment are reporting high demand, particularly for youth and alcohol and drug services. The DHBs Child Adolescent and Family Service (CAFs) is also reporting high referrals and is not meeting wait time targets for non-acute presentations. To help address the high demand and wait times, work is beginning done to consider the future configuration of child and adolescent services across the continuum within the context of the proposed new roles in general practice teams and community provision to this environment anticipated over the next 18 months.
- These new services are in response to He Ara Oranga (the Mental Health and Addictions inquiry) and will be rolled out over the next four years with development of local systems and processes to support implementation. They are focused on early community responses to people with mild to moderate conditions. To date there have been Requests for Proposals for primary care choice and access, Maori and Pacific responses and Youth (12-24 years). Each proposal is at a different stage with the Ministry of Health taking an approach of rolling out different tranches to build services over time. We will inform the Board of progress.

Primary Care

- **Primary Care Capacity:** For the Primary Care sector to meet the health needs of people in the community and reduce the demand on secondary care, multiple strategies and their related services have been in put place to deliver on the vision of the Canterbury health system. Many unique to us. In recent months the demand and cost of these essential services such as the 24-hour surgery has increased to a point that will not be sustainable if the trend continues. Meetings with the key parties including the Emergency Department and the other two Urgent Care providers is occurring. From these meetings it is evident that the major strategies have already been enacted, such as Acute Demand and St John diversion to Urgent Care providers, so any changes made in this interface will only ease growth rather than turn the tide. The 24-hour surgery report that growth in attendance to their service is within week day business hours which seems to indicate a lack of capacity within General Practice to see their enrolled patients at the time they want to be seen.
- **Urgent Care:** The capacity of general practice to provide additional services to cope with additional winter demand in particular remains constrained. Over last winter general practice was requested to do all they could with Acute Demand Management Services to support people in the community. This resulted in increased volumes (and higher expenditure) and mitigated hospital demand during a heavy influenza year. These services tend to be focused on our older population. We are currently managing a fine line between primary care capacity and the reliance of the whole of the system on primary care to continue to support people in the community. **Risk:** The Primary Care Team of Planning and Funding and Project Lead from Decision Support have commenced a project to address gaps in reporting from the Primary Health Organisations (PHOs) on activity in General Practices. While many of the agreements receive NHI level data, reporting against some agreements still only supply activity data. The Planning and Funding Primary Care Team is systematically addressing gaps as a part of an ongoing process including contract renewal however some significant areas of activity are not reported against which will be addressed through this project.

Child Youth and Family Health

- **Sudden Unexpected Death in Infancy (SUDI):** The new Health Pathway for Sudden Unexpected Death in Infancy (SUDI) has now 'gone live'. The SUDI prevention programme aims to reduce infant mortality and is part of the Government's Child Health and Wellbeing Strategy. It is also a contributory component of ensuing the best start in live for New Zealand children (the "First Thousand Days").
- **Early intervention for vulnerable children and families:** The Local Governance Group of the Canterbury Children's Team is currently developing a system of community based early intervention for vulnerable and at-risk children and young people. This will entail interagency systems of support including health, social services education and other community agencies. This is scheduled to replace will replace the Children's Team by June 2021.

COMMUNITY & PUBLIC HEALTH

- **Novel Coronavirus 2019-nCoV outbreak (China) and Hepatitis A in a food handler (Christchurch):** As of 27 January, Community and Public Health (CPH) staff have been meeting flights arriving at Christchurch International Airport (CIAL) direct from China. As of 3 February, this is extended to flights carrying passengers who have transited through China. As well as providing information and health advice about 2019-nCoV to all disembarking passengers and crew, CPH's Health Protection Officers (HPOs) can refer anyone identified as unwell to a Public Health Nurse for an on-site assessment.
- If someone is found to be unwell, or self-identifies as unwell, a Public Health Nurse (PHN) will carry out a health assessment. Depending on the results the PHN, in conjunction with the HPOs, can initiate the Ill Traveller Protocol. This protocol is well-tested and focuses on managing the potential risks associated with an infectious illness; this encompasses those at the airport, staff involved in the transit of the unwell person to hospital, staff and patients at the hospital, and of course the patient themselves. Depending on the nature of the diagnosis, Public Health staff can utilise passenger arrival cards to contact travellers from the flight in question. As at 2 February, the Ill Traveller Protocol as not been triggered.
- In addition, public health staff have been working closely with border agency staff and other airport staff to manage any practical issues and concerns associated with the 2019-nCoV outbreak. This has involved at least daily briefings to staff from the many agencies and other airport staff working in the international arrivals and departures areas.
- Concurrent with the news that health protection officers were to meet all flights from mainland China, CPH received a notification of Hepatitis A in a food handler. Hepatitis A is common in many overseas locations, and cases in New Zealand are associated with travel. Because our population is susceptible to hepatitis A there is the potential for significant transmission. Fortunately, the effectiveness of post-exposure prophylaxis with inactivated hepatitis A vaccine is well documented. As a result, CPH released a media statement in an effort to contact all diners potentially exposed to the virus. Not surprisingly the media release generated many calls from diners, including many from callers who had eaten at the restaurant outside the period of concern. As at 3 February, 176 individuals had been advised to seek vaccination in general practice with records indicating that 158 have been vaccinated to date.
- Although these outbreak examples are resource intensive and potentially high-risk in and of themselves, we are well prepared for such events. Protocols and plans are in place to ensure best-practice is employed.
- **Risk Management:** Although our focus is on managing the realities, as they unfold, of the 2019-nCOV virus – for example, supporting cases and households in isolation, we are concerned about the impact of the situation at a population level. To this end we will be looking at a manifestation of the All Right? campaign that will support our community to manage uncertainty; encouraging them to remember to do those things that help them to manage life's ups and downs.

EFFECTIVE INFORMATION SYSTEMS

- **Windows 10 / VDI (Virtual Desktop) / PC Replacement Programme:** Deployment to future proof our computer environment, including enhancements in security, speed and performance.
- Our deployment of Windows 10 across the Canterbury DHB fleet has continued apace, with 62% of devices upgraded as at 30 January 2020.
- As part of our implementation plan for the remaining fleet we are working to identify thin client candidates that will be transitioned to VDI. Deploying VDI where we can and where appropriate means that we can continue to rationalise the number of new PCs required to enable the Windows 10 upgrade.
- Our VDI project allows the consolidation of the current ageing virtual desktop environments into a single cloud hosted environment, with greater capacity. The core VDI platform is now in place, and the next stage is to optimise the environment as we phase in the applications.

- As part of our Windows 10 rollout we are also continuing to manage the deployments that have been deferred due to timing or application compatibility.

Risks/Issues

- **Paging Replacement System:** Our paging system is end of life and requires replacement. We are currently assessing options at an architectural level, including a hybrid model approach to meet both critical and non-critical communication needs.
- **Hagley Migration:** Due to delays in handover we are having to re-plan the ICT equipment moves (budget, timelines and resourcing). Our staff are recalibrating their focus onto other facilities work.
- **South Island Patient Information Care System (SIPICS):** Following the migration of our outdated Patient Administration Systems to a new regional platform, we are working to improve our national extract reporting. This includes a recent change by the vendor to a new reporting tool combined with an agreement to prioritise work for performance related extracts.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- Communications work in December and January included:
  - Developing messaging and online content for general public around heat health to help prevent heat-related illness
  - Developing materials to support promotion of free and low-cost long-acting reversible contraception for women with low incomes
  - Providing advice and support to the Talent, Leadership and Capability team on recruitment communications
  - Developing communications messaging to inform community and key stakeholders of latest developments with Kaikōura Health Te Hā o Te Ora, including new signage and Consumer Advisory Group, in an effort to remind people how the GP-led urgent care model works
  - Continuing to support Care Capacity Demand Management programme with roll-out.
  - Providing communications support to Infection Prevention and Control team regarding changes to Multi Dug Resistant Organisms (MDRO) flowcharts and policies
  - Preparing a draft communications plan for Canterbury's inclusion in the National Bowel Screening Programme for presentation later this month.

Media

- December and January were steady months for media, with us responding to more than 150 enquiries. We dealt with a significant number of queries about patients involved in the Whakaari/White Island eruption in December, and a large number on public health issues such as novel coronavirus and the potential exposure of patrons of Madam Woo restaurant to Hepatitis A in January. Some of the other topics of media interest included:
  - Community and Public Health team's screening of incoming flights from China
  - The Ministry of Health's review of NICU units around the country
  - Health impacts of a proposed hazardous waste management facility in Prebbleton
  - Heat health and heatwaves in Canterbury
  - Changes to the funding of sexual health services in Canterbury
  - A payroll processing issue relating to exception sheets that affected some of our staff
  - Algal blooms and the resulting health warnings throughout Canterbury
  - Concerns from the Clinical Leaders Group about the state of the DHB's facilities
  - The rollout of the National Bowel Screening Programme in Canterbury
  - Handover and migration plans for the Christchurch Hospital Hagley building
  - A gastro outbreak following a school leaver's event in December

- Access to electives and wait times for common procedures
- The five taskforces set up to aid the DHB's path towards financial sustainability
- Negotiations between Otakaro regarding a solution for the loss of the Afternoon Staff Car Park for the Metro Sports Facility
- The ongoing care of those impacted by the 15 March mosque attacks
- Medical Officer of Health, Dr Ramon Pink was interviewed by Radio NZ on the screening for novel coronavirus being done by Community and Public Health teams at Christchurch Airport. He explained the process including how staff were providing information to anyone flying to Christchurch direct from Mainland China.
- Our one live radio interview for Canterbury Mornings with Chris Lynch in January featured Canterbury Medical Officer of Health, Dr Alistair Humphrey speaking about the novel coronavirus outbreak and heat health.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of December 2019 was a net operating expense of $8.893M, which was $4.442M favourable against the draft annual plan net operating expense of $13.335M. YTD the result is $5.202M favourable.
- The current draft annual plan is for a full year deficit result of $180.470M. This includes savings initiatives from our five key taskforces. However, it does not take into account recently announced adjustments to the capital charge regime (the mechanics of which have yet to filter through to DHBs) which will take effect upon transfer of the Hagley building. The table below provides the breakdown of the December result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.086	(0.000)	**0.086**	(0.199)	(0.000)	(0.199)
Funder	(5.911)	(6.654)	**0.743**	(42.830)	(43.180)	0.350
DHB Provider	(3.067)	(6.681)	**3.614**	(24.341)	(29.391)	5.050
Canterbury DHB Group Result	**(8.893)**	**(13.335)**	**4.442**	**(67.369)**	**(72.571)**	**5.202**

4. APPENDICES

Appendix 1: Facilities Repair and Redevelopment
Appendix 2: Our People (CEO Update Stories)

FACILITIES REPAIR AND REDEVELOPMENT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

APPENDIX 1

General EQ Repairs within Christchurch Campus

- **Parkside Panels:** North West corner panels due for completion January 2020. Pricing for additional work to be undertaken using existing budget exceeded funds so will not process at this time. Panels proceeding through the approval process. The remainder of A Block to be available following Hagley migration allowing work to be undertaken to 40% of total panels. The business case for this additional work is underway.
- **Lab Stair 4:** RFP documentation issued and contractor site visits underway. Tender to close late January 2020.
- **Riverside L7 Water Tank Relocation:** Maintenance and Engineering (*M&E*) have submitted an updated business case for approval. Following approval, design scheduled to commence January 2020, with construction due to be tendered following design completion.
- **Riverside Full Height Panel Strengthening:** Structural engineer to advise availability to complete design work. It is no longer feasible to undertake work concurrently with CSB roof strengthening due to delays in being able to undertake that work.
- **Parkside Canopies:** The business case for replacement of shrink wrap has been approved and work has commenced.

Christchurch Women's Hospital

- **Stair 2:** The team has identified several potential passive fire targets for improvement and are currently working through design and engineering prior to formal submission of a business case. The Architect has commenced concept design to enable budgets to be completed. The balance of fire analysis work is awaiting master plan sign off and migration dates for Hagley Christchurch before works can be programmed to complete proposed 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 and post Hagley Christchurch occupation.
- **Level 3:** All areas complete except reception, which is to be done at the same time as stair strengthening to minimise disruption. Remaining work for levels 3, 4 and 5 is unlikely to occur until after Hagley Christchurch occupation.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering:**
  - Materials database is currently in use and annual review completed.
  - Digitalization of the inspection and maintenance programme system is complete. This will allow for onsite recording of all works and integration to M&E management software.

- Continue to identify non-compliant areas. The new Hagley Christchurch building currently undergoing a complete review of passive fire installation to ensure compliance with code.
- Site Redevelopment Unit (SRU) to observe and review Ministry of Health (MoH) / CPB internal audit and report back to QFARC / Board.
- Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Approval to proceed to issue the fire engineering brief to Council and Fire Emergency NZ for comment now received. Quantitative Fire Assessment (QFA) recommenced.

- **Christchurch Hospital Campus Energy Centre (managed by MoH):** Value engineering has been undertaken to bring project back on track. Walking floor truck requirements (based on design adjustments to delivery system) to be confirmed as part of next stage of design. Urban design panel review complete.
- **235 Antigua St and Boiler House (Demolition):** No work to be undertaken until new energy centre constructed and commissioned.
- **Parkside Renovation Project to Accommodate Clinical Services, Post Hagley (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on formal advice from MoH as to outcome of master planning process.
- **Backup VIE Tank:** Work to be undertaken in conjunction with Labs stair 4 works. To be tendered at the same time. Current start date proposed for February 2020.
- **Antigua St Exit Widening:** Camera traffic count to be undertaken.
- **Avon Switch Gear and Transformer Relocation:** Design complete. Project is being managed by M&E.
- **Otakaro / Christchurch City Council (*CCC*) Coordination.** Bus stop open. Coordination with CCC / CTOC ongoing with regards to traffic impact in the area.
- **Diabetes Demolition**: Complete with final costs to come through.
- **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 lower ground floor (*LGF*) of The Hagley Christchurch. This will provide insight into timing, relocation requirements and potential sequencing issues. It is still subject to confirmation of who goes where and subsequent endorsement in relation to the MoH led campus master plan. It is also dependant on which components of work will be MOH or CDHB managed.
- **Avon Generator Building Demolition:** Tenders received for initial demolition planning work. Building redundant once new Christchurch Hagley generators commissioned and the site will provide space for relocated loading docks.
- **Riverside Loading Docks:** Tenders received for initial design work. Relocation of docks necessary to allow for demolition of Riverside West.

Canterbury Health Labs (CHL)

- **Anatomical Pathology (*AP*):** Initial planning on options for repatriating AP from School of Medicine has commenced. Design team has been engaged and briefed, and initial bulk and location options have been developed. This process is linked to the overall master plan for this service. SRU project manager has now been allocated.

- **Core Lab (High Volume Automation) Upgrade:** Design team has been engaged and briefed. Initial advice provided to the CHL team in support of the equipment RFP process. This work has now been transferred to M&E due to its size and relatively straight forward process.

Burwood Hospital Campus

- **Older Persons Health (*OPH*) Community Team Relocation:** Repurposing of the old Burwood Administration area will need to be re-assessed to accommodate community teams.
- **Mini Health Precinct:** The Artificial Limb Service (*ALS*) has withdrawn its proposal of building on the old maternity unit site. ALS have decided to build a new facility on their existing site. Some of the stakeholder groups may look at co-locating with the ALS. Details around this are yet to be received.
- **Spinal Unit:** Complete with final costs to come through. Facility in defects liability period.
- **Burwood Birthing / Brain Injury Demolition**: All demolition work and backfilling has now been completed.
- **Burwood Ambulance Bay**: Completed and all stake holders happy.

Hillmorton Hospital Campus

- **Hillmorton SMHS:** Preliminary design complete and presented to Clinical Leaders Group (*CLG*), Facilities Development Governance Group (*FDGG*), Hospital Redevelopment Partnership Group (*HRPG*), and the Board. Developed design started and due for completion February 2020. A review of the inclusion of Greenstar elements has been recommended. The business case has been prepared. Some areas of the site have been identified as requiring land remediation in relation to foundation requirements. The design team is currently working to establish the extent of the issue and assessing options to identify the best way for the project to proceed.
- **Earthquake Works:** No earthquake works currently taking place.
- **Food Services Building:** M&E have provided information. Awaiting the business case to be signed off. Costs may need updating.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements.
- **AT&R:** Resource consent and building consent received. Sub-structure blockwork complete. Hot water diversion commenced, new drainage connection commenced, and new electrical supply to site installed. Ground floor slab pour completed. Additional requirements for building 1 and 2 and temporary High Care Area for building 3 complete. Additional space in the PSAID area and opportunities for a low stimulus area retrofitted into existing spaces commenced. The business case for temporary works approved. Internal alterations have commenced and are progressing well.
- **Master Planning:** Masterplan has been completed and presented to the Board for approval.

The Princess Margaret Hospital Campus

- No projects at present

Ashburton Hospital & Rural Campus

- **New Boiler and Boiler House**: Project being managed by M&E.

Other Sites / Work

- **Akaroa Health Hub:** Building is complete, and tenants have moved in. As Built documentation and defects are going through a review and revision process before handover to M&E.
- **Kaikoura Integrated Family Health Centre:** Minor repairs being undertaken by M&E.
- **Rangiora Health Hub:** The project is in the defect liability period.
- **Seismic Monitoring:** Business case approved for stage 1 Design & Procurement. A review of the proposed approach is currently underway.

Project/Programme Key Issues

- Sign off on the direction of the Master Planning process is required to plan the next stage of the Programme of Works (*POW*), passive fire and Parkside panel rectification works.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high-risk areas of Panel replacement are starting, as instructed by CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. Work in these areas will not be possible until the Hagley Christchurch project is complete and space elsewhere on the campus becomes available.
- Passive fire wall repairs continue to be identified. Risk analysis progressing slowly.
- The passive fire QA process identified non-compliances on newly installed elements in the Burwood Spinal Unit works. These have now been rectified. The contractor responsible for the initial install has been removed from site. Performance of the contractor has been elevated to Corporate Legal with claim for costs currently being finalised.

OUR PEOPLE (CEO UPDATE STORIES)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

APPENDIX 2

- The Senior Chef team had a special sous chef join them late last year. Her Royal Highness, the Duchess of Cornwall. Her Royal Highness visited the Senior Chef programme and launched the new Senior Chef cookbook, 'Easy Recipes for One or Two' at an event after the cooking session. Active Ageing is a key focus of her work. Senior Chef is a free programme jointly funded by Canterbury DHB and Pegasus Health that supports older people living alone or with one other person, to live with better health, through practical cooking skills, meal planning, budgeting, shopping tips and good nutrition. It also provides social interaction and encourages people to get out an about, therefore countering loneliness. The programme to date has had over 2500 participants.

- Christchurch Hospital's Child Health division received a cheque for $100,170 from the 2019 Countdown Kids Hospital Appeal. For more than 12 years the appeal has been running and has raised $1,245,791.90 for equipment for Child Health in Christchurch, mainly for the children's wards in Christchurch Hospital. This donation will be the last as Countdown has decided to move to a new fundraising platform, partnering with KidsCan in their Early Childhood Education centre food programme. The 2019 donation will pay for items such as a $27,744 nocturnal sleep monitor, a $11,954 cough assist machine which simulates a cough to help clear airway secretions and a $13,940 vision screening device.

- Health authorities in the city of Bendigo, Victoria, Australia, are looking to Canterbury for help to develop their Health in All Policies (HiAP) strategies. HiAP is an approach to working on public policies that systematically takes into account the health implications of decisions and avoiding harmful health impacts in order to improve population health and health equity.
- Volunteer Chaplaincy Assistant Wendy Paris retired after 28 years with the Chaplaincy team. She served as a locum chaplain and volunteer chaplaincy assistant at Christchurch Women's, Christchurch, The Princess Margaret and Burwood hospitals. A former secondary school teacher, Wendy says moving from "facts to feelings" in the chaplaincy role was initially quite challenging, but the role has been rewarding. She says it's a ministry, not of evangelism, but of presence, and the ability to listen is paramount.
- The new Environmental Services team wearing smart new teal tunics and shirts were welcomed on 3 December 2019. Canterbury DHB has taken over management of its cleaning services from former provider, Spotless, and given the team a new logo and name – Environmental Services. All 180 staff were offered the opportunity to transfer to Canterbury DHB in their current roles and staff who transitioned maintained the same current contract and working conditions. Commercial Portfolio Manager Rachel Cadle says they are excited and enjoying being part of the Canterbury DHB team. For the last seven years Canterbury DHB has contracted out its cleaning services to Spotless. As cleaning services for the new, larger Hagley building will require some changes, this was taken as an opportunity to consider how the DHB manages its cleaning services going forward and the decision was made to bring these in-house under Canterbury DHB management. This follows a similar decisions to move food services in-house in Canterbury and the West Coast.

- Burwood Hospital has a new aid in teaching the care of respiratory conditions in spinal patients. Called 'DB' after Intensive Care Unit (ICU) Intensivist David Bowie who retired last year, the new Nasogastric (NG) Tube and Tracheostomy Care Simulator will be used in the Spinal Unit to teach the Interdisciplinary (ID) Team about NG and tracheostomy care. The ID team includes enrolled nurses who recently presented their experiences of being ventilator trained at the New Zealand Nurses Organisation Enrolled Nurse Section Conference. The torso task trainer is designed for instruction in the care of patients with respiratory conditions and the practice of gastrointestinal care procedures via nasal and

oral access and has a trachea, oesophagus, simulated lungs and stomach which can be filled with fluid for realistic practice of many procedures.

- **Te Panui Runaka December 2019 issue:** Canterbury DHB's contribution was an article on syphilis, providing information and advice on who is at risk of catching it, how it is transmitted, how people can protect themselves, how syphilis is diagnosed and treated, and its symptoms. The rates of this sexually transmitted infection more than doubled between 2015 and 2018.
- **Facilities Redevelopment- Communication**
- **Christchurch Hospital Hagley**

Hīkina to Hagley

MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

- An updated communications approach has been launched to refresh and invigorate planning and preparation for the move to Christchurch Hospital Hagley.
- Hīkina to Hagley (which translates as the migration to Hagley) represents the process we'll be going through when we move into the new Hagley building. To make sure information is getting to where it needs to go three teams, or kapa have been established. Each team is identified by its function in relation to the building and will also be identified by colour which will be used in communications to staff.

KAPA TIRIA

- Tiria means to 'set down new roots' and represents staff members who are moving to the new building as part of their service or department, and leaving the existing spaces behind. People on Kapa Tiria will need a lot of information about planning for the move, what to take, how to clean up the vacated space and what to leave behind, detailed information on what's in Hagley and where to find things. Most of the information about Hagley will be directed at this group but is likely to be useful to everyone.

KAPA TAHAWHENUA

- Tahawhenua loosely translates to 'wanderers' and represents our colleagues who will be working in both the new and their current workspace – our Senior Medical Officers (SMOs), Resident Medical Officers (RMOs), physiotherapists, orderlies, volunteers – anyone who will work in Hagley and elsewhere. This team will need clear information on how to get into the new building, where the tools they need for their work can be found, and how the services moving will interact with each other and them. While this team will need a lot of the same information as Kapa Tiria, it won't need to be as detailed. But there will be times that they need information specifically for their roles in the new building.

KAPA TŪWAEWAE

- Tūwaewae means 'visitor' and covers our staff members who won't be moving permanently to the new building and will retain the workspace they are currently in – they will be welcome visitors to the new building. While this team won't need detailed information on what to do to move, they'll still need to know what's happening, and when and how it will affect them directly. There'll be plenty of information specifically for this team, and lots of aroha for their patience and help!

Hīkina to Hagley

MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

- Communications are being shared via the weekly CEO update and weekly newsletter distributed via email to all staff, wards and unions. A reboot of the weekly updates has been undertaken to ensure more operational and useful information is being directed to staff. This is increasing engagement and boosting morale as staff are being kept informed of progress and can identify steps forward. There is also a new closed Facebook Group and an Instagram page which are being used to encourage engagement and build interest in the building and the migration.
- Staff noticeboards are being utilised to share information and engage with staff, featuring maps, floor plans, banners and weekly updates. These will also feature the names and faces of the Hagley Operational Transition team representatives for each department.
- Videos are being produced to assist with orientation and familiarisation of the building while access is restricted. These videos feature video footage and photographs from inside Hagley along with 3D renders and floor plans to illustrate the location of wards and services within the building.
- Profile videos of key staff members, including team leads and Hagley Operational Transit team representatives will also be shared on screens around campus and on social channels and the intranet to encourage engagement with the project.

- **Maps and wayfinding:** The Communications Team is helping produce maps for transit routes for patient and staff migration and assisting with wayfinding strategies for patients, staff and visitors.
- **Print collateral:** Posters, brochures and handouts for the lead-up to and during the move are in development. These will be updated and refreshed and will be available in vacated wards following the move.
- **Terrace Fundraising:** The Communications Team is assisting with a campaign to fundraise for the landscaping and fitout of the 'Terrace' – the space between the Hagley towers on Level 3. When complete, this space will provide a beautiful outdoor area for staff and patients, with planters, furniture, fresh air and some of the best views in the city. With a focus on rest, regeneration and healing, the team is working with Maori & Pacific Health to craft an appropriate name.
- **Christchurch Campus:** Communications is providing regular staff updates on work around the Christchurch campus and surrounding area as well as other facilities projects under way.
- **Specialist Mental Health Services support:** Communications is working with the Mental Health facilities team to ensure staff and stakeholders are kept up to date with developments on the Hillmorton site. A comprehensive communications plan is being developed to identify key dates and milestones and ensure communication around the build is timely, effective and relevant.
- **Website:** Below is a sample of feedback recently received from people accessing information on the Canterbury DHB website.

What worked well for you?

Seeing what dentists were available close to where we live.
Contact email was right there
Simple, clear form; easy to follow. Convenient way to get in touch. Thank you.
Easy links to follow (About how to contact us)
Easy to find, easy to fill questionnaire and easy to email. THANKS
Clear instructions (About how to contact us)
Navigate easy (About Chch Hospital information)
Everything was there what I needed. (About how to contact us)
Easy to use (About how to contact us)
Clear details about all types of parking and transport options, delays to appointments, linked to timed parking etc
Just easy to contact the hospital for non-urgent matters
It was simple to navigate
Contact details easy to find (Meals on Wheels)
It is a good way to give staff the credit they deserve. (Online compliments form)
It has all the phone numbers my support person/ advocate needs to get the ball rolling. (Older persons community services)
The information was clear and precise - Thank you. :-) (Burwood Hospital)
The amount of support and information has been very beneficial. (Radiation Oncology)
I found the relief of pain clinic very fast which is what I was looking for. (Dental Department)
Very simple and easy to use interface, managed to pump out my inquiries to the DHB within 5 minutes. (Enquiry Form)

FINANCE REPORT 31 DECEMBER 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: Chair and Members, Canterbury District Health Board

PREPARED BY: Justine White, Executive Director, Finance & Corporate Services

DATE: 25 February 2020

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of December 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of December 2019 was a net expense of $8.893M, which was $4.442M favourable against the draft annual plan net expense of $13.335M. YTD the result is $5.202M favourable variance to plan.

The current draft annual plan is for a full year deficit result of $180.470M. This includes savings initiatives from our five key taskforces. However, it does not take into account announced adjustments to the capital charge regime (although announced in July 2019, the mechanics of this adjustment calculation are yet to be clarified), which will take effect upon transfer of the Hagley building. The table below provides the breakdown of the December result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(3.116)	(6.589)	3.473	(24.492)	(29.431)	4.939
Community & Public Health	0.015	(0.031)	0.047	(0.200)	(0.046)	(0.154)
Total In-House Provider excl Subsidiaries	**(3.100)**	**(6.620)**	**3.519**	**(24.692)**	**(29.477)**	**4.785**
Add: Funder & Governance						
Funder Revenue	147.732	147.016	0.716	887.884	882.099	5.785
External Provider Expense	(66.874)	(66.893)	0.018	(410.162)	(404.614)	(5.548)
Internal Provider Expense	(86.769)	(86.777)	0.008	(520.551)	(520.664)	0.113
Total Funder	**(5.911)**	**(6.654)**	**0.743**	**(42.830)**	**(43.180)**	**0.350**
Governance & Funder Admin	0.086	0.000	0.086	(0.199)	0.000	(0.199)
Total Canterbury DHB (Parent)	**(8.925)**	**(13.274)**	**4.348**	**(67.720)**	**(72.657)**	**4.937**
Add: Subsidiaries						
Brackenridge Services Ltd	0.012	(0.046)	0.059	0.220	0.121	0.099
Canterbury Linen Services Ltd	0.020	(0.015)	0.035	0.131	(0.035)	0.166
Canterbury DHB Group Surplus / (Deficit)	**(8.893)**	**(13.335)**	**4.442**	**(67.369)**	**(72.571)**	**5.202**

The YTD result to December is favourable due to a lower capital charge (relating to EQ insurance drawdowns excluded from CDHB's calculation of the payment due), and depreciation (due to the delay with the Hagley transfer).

Although the favourable depreciation variance is a non-operational expense, the anticipated delays in Hagley result in additional operational expense that offset this variance (eg, outsourced elective surgery).

Our activity was very high over the Christmas period, and our operational result (ie before indirect revenue and expenses) was slightly unfavourable. However, if we exclude the consequential costs attributable to the Whakaari/White Island incident, our operational result would have been slightly favourable.

Although the result for the first six months of the financial year is on target, there are continued stress points within the DHB that we will need to keep very close control over, particularly with any further changes to timing of the new Hagley facility coming on stream, and the consequential delays in managing the transition of outsourced surgery.

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

4. KEY FINANCIAL RISKS

The liquidity issue that was forecast for early October was alleviated through an early PBFF funding payment, but issues with future months remain. We continue to actively manage and mitigate the issue; however, without an agreed and sustainable pathway, this issue will continue to deteriorate.

Ongoing industrial action will have an impact on our financial performance, as we will need to manage our volume delivery throughout any strikes. This is anticipated to worsen due to a number of MECAs scheduled for renegotiation in the coming six months.

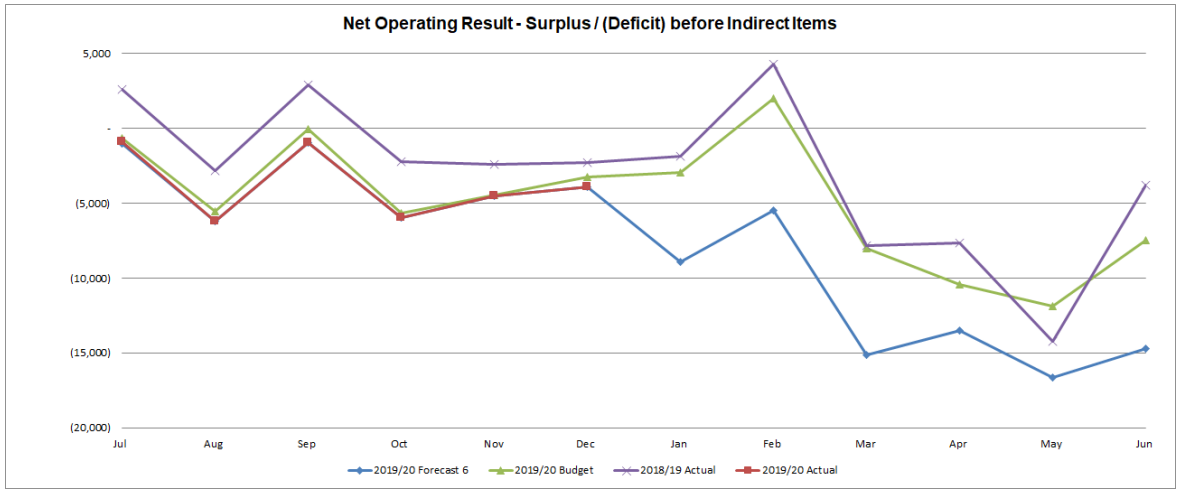
5. APPENDICES

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

APPENDIX 1: FINANCIAL RESULT (BEFORE INDIRECT ITEMS)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 DECEMBER 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Surplus/(Deficit) before Indirect items	(3,905)	(3,287)	(618)	19% ✕	(22,417)	(19,700)	(2,717)	14% ✕	(100,335)	(96,821)	(58,337)	(38,483)	66% ✕



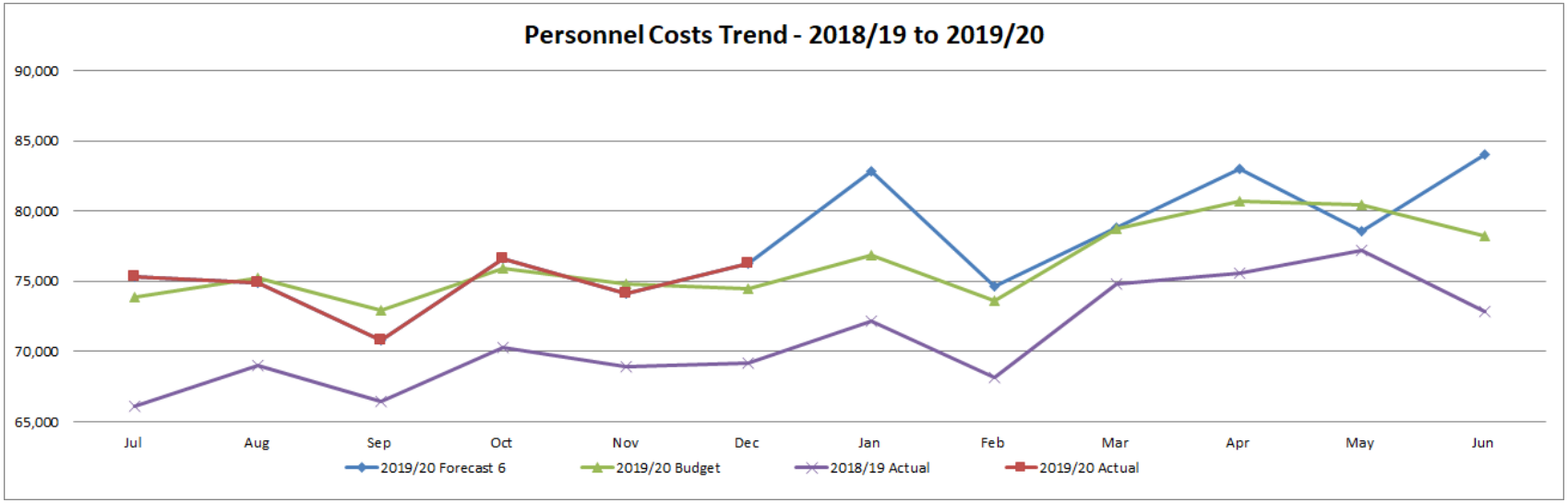
NB: The June 2019 result in the above graph <u>excludes</u> the one off Holiday Act compliance accrual for comparison purposes.

KEY RISKS AND ISSUES

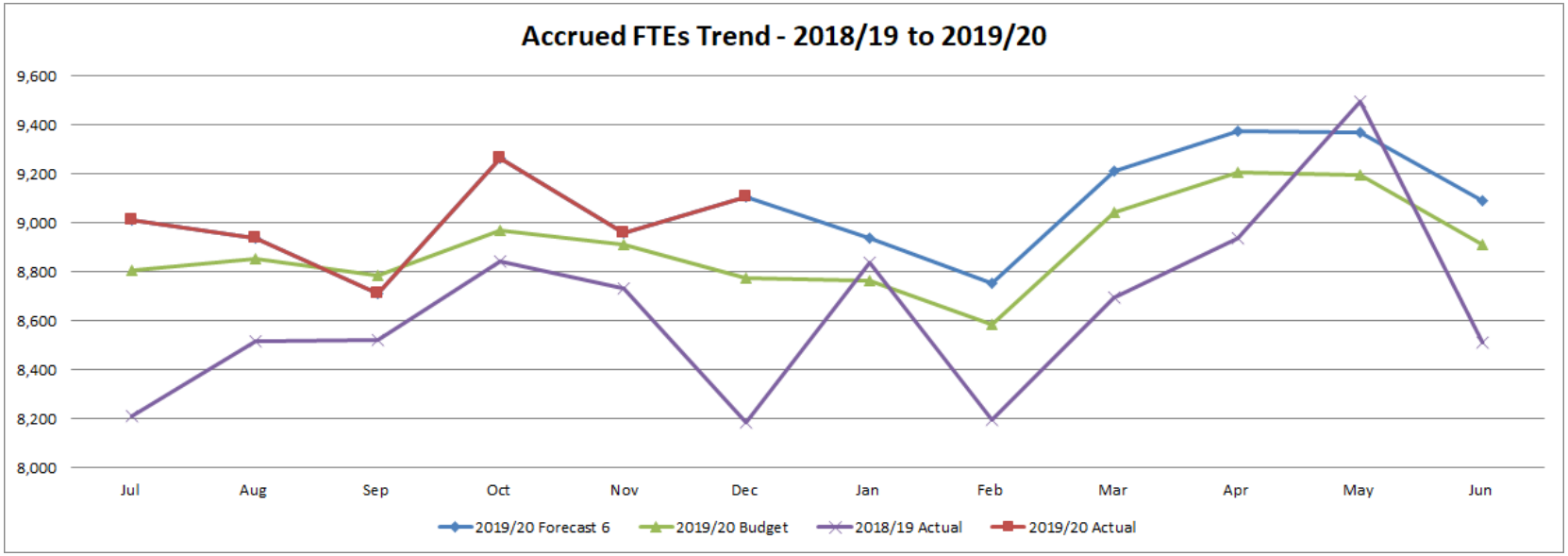
- This graph shows the operating result before indirect items such as depreciation, interest, donations, capital charge and the offsetting capital charge funding. Although we have a YTD favourable variance of $5.203M on the bottom line, our operating result has an unfavourable YTD variance of $2.717M.
- The tragic Whakaari/White Island incident has resulted in additional costs to DHBs, particularly tertiary DHBs. Canterbury DHB has recorded costs of over $900k attributable to this event, but this excludes IDF and ongoing impacts. Excluding the costs attributable to this specific incident, our operational result for the month of December would have been slightly favourable.
- Additional costs relating to delays in the Hagley facility are also adversely contributing to our operational result.
- Our revised forecast has factored in additional costs relating to the delays in the Hagley facility, which in terms of operating results accounts for $25.2m of the deterioration to budget. We are continuing to review ways to mitigate this impact. At our Christchurch campus, activity continued to be very high. ED attendances were 5.4% higher than the prior December and 2.3% higher YTD compared to the prior period. ICU occupancy was 17.6% higher than the prior year (mostly driven by Whakaari/White Island patients), although similar YTD compared to the prior period. Bed occupancy YTD December was 7.4% higher than the same period last year. Outpatient visits were 5.9% higher for the month compared to December 2018. This high level of activity has added to the costs we have incurred in the period to December.

- Oncology activity for December was also high and has driven costs in areas such as BMTU, PCT and Radiology.
- Orthopaedic acute volumes continue to be very high, creating pressure on elective surgical lists and leading to excessively long days in our theatres, incurring additional staff costs.
- We are continuing to drive additional fiscal control over all expenditure items to ensure we do not exceed our planned result. We are mitigating this with more initiatives under the current taskforce workstreams to ensure that we maximise all opportunities to enhance the full year results.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



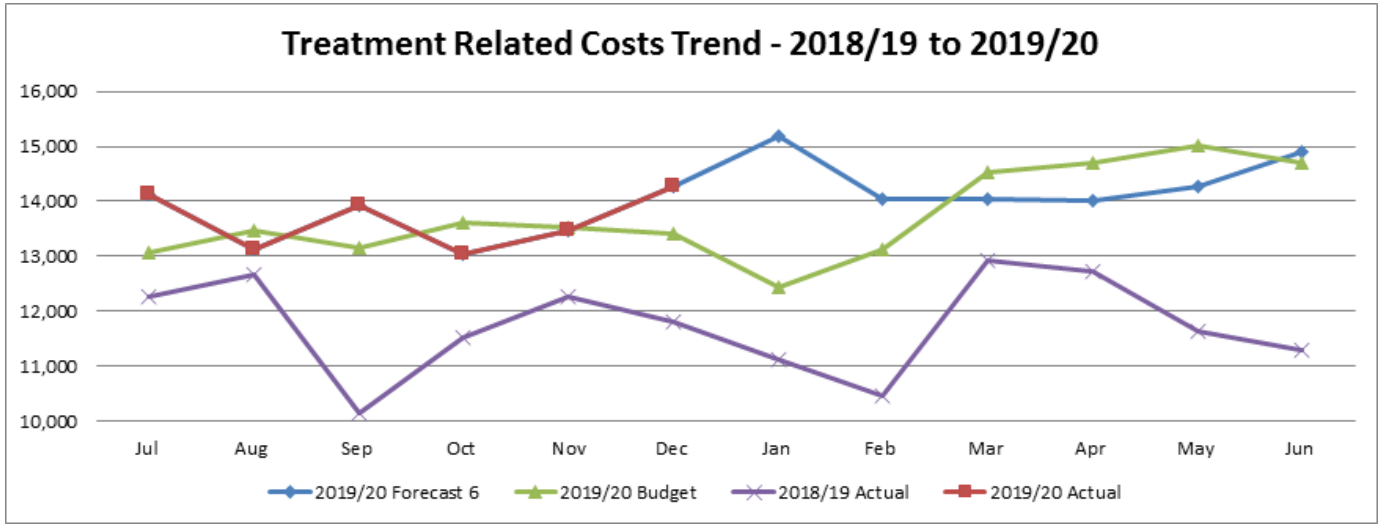
NB: June 2019 actual payroll costs in the Personnel Costs Trend graph exclude the one off Holiday Act compliance accrual of $65.260M for comparison purposes. December results reflect the first month of in-sourced cleaning services, a larger reduction in Non Treatment Related Costs has also been experienced

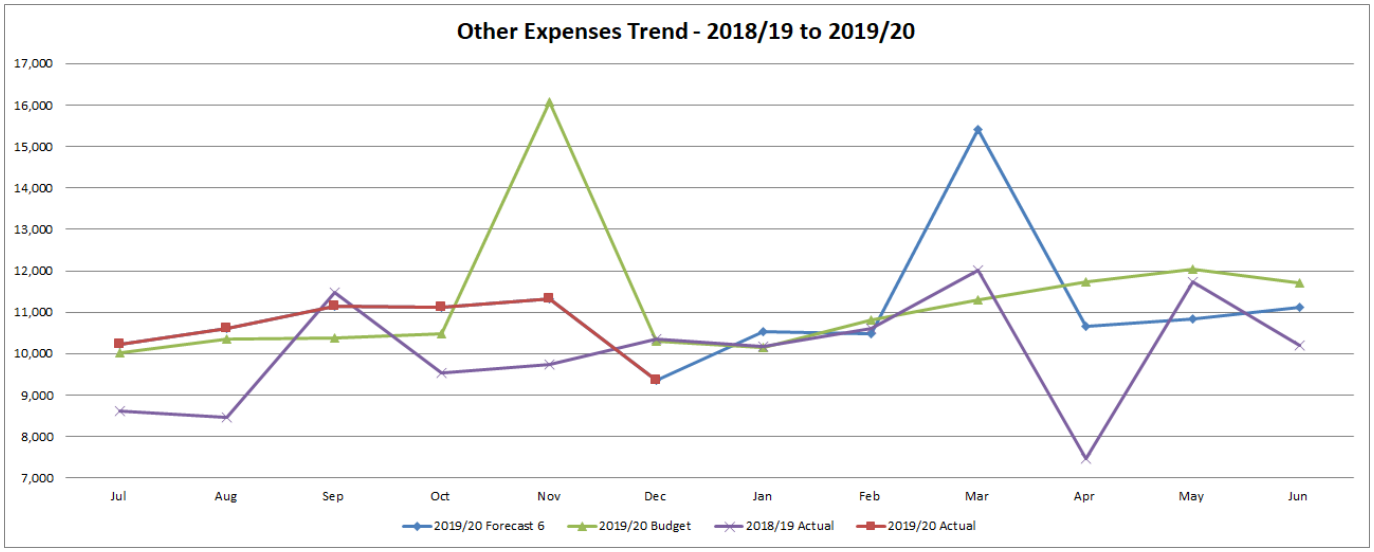


KEY RISKS AND ISSUES

- The tragic Whakaari/White Island incident has resulted in additional payroll costs in December, due to necessary specialist ICU staffing. Additional costs have been incurred for additional catch-up clinics held after normal hours, including the weekends to catch up on outpatient clinics lost during the March Outpatient flood. Industrial action has also impacted on the result. Alongside this higher costs associated with higher activity, along with the resourcing required for the new Hagley facility, result in unfavourable variances. Strike action and MECA settlements result in unfavourable variances, from both strike costs and recovery plan costs.
- There has been a focus across the whole DHB on staff taking leave and reducing cover for some of the indirect roles within the organisation. The financial benefit from this is expected to be seen once we report on the January month.
- We are still using significant additional casual and fixed term administration staff to embed the SIPICS system.
- We have transitioned cleaning services to an in-house model from 1 December; the payroll cost increase is estimated at $5M for the 7 months remaining to June 2020; this is offset by an estimated $6M reduction over the same period in cleaning costs reported in Other Expenses.
- SMHS continue to have a number of vacancies, resulting in higher penal costs and outsourced costs.
- Growth is planned to occur in future periods as a result of additional resource timed for the new Hagley facility and other significant projects, some of which will not be able to be mitigated due to the specialist nature of that resource despite the Hagley delays.

TREATMENT & OTHER EXPENSES RELATED COSTS





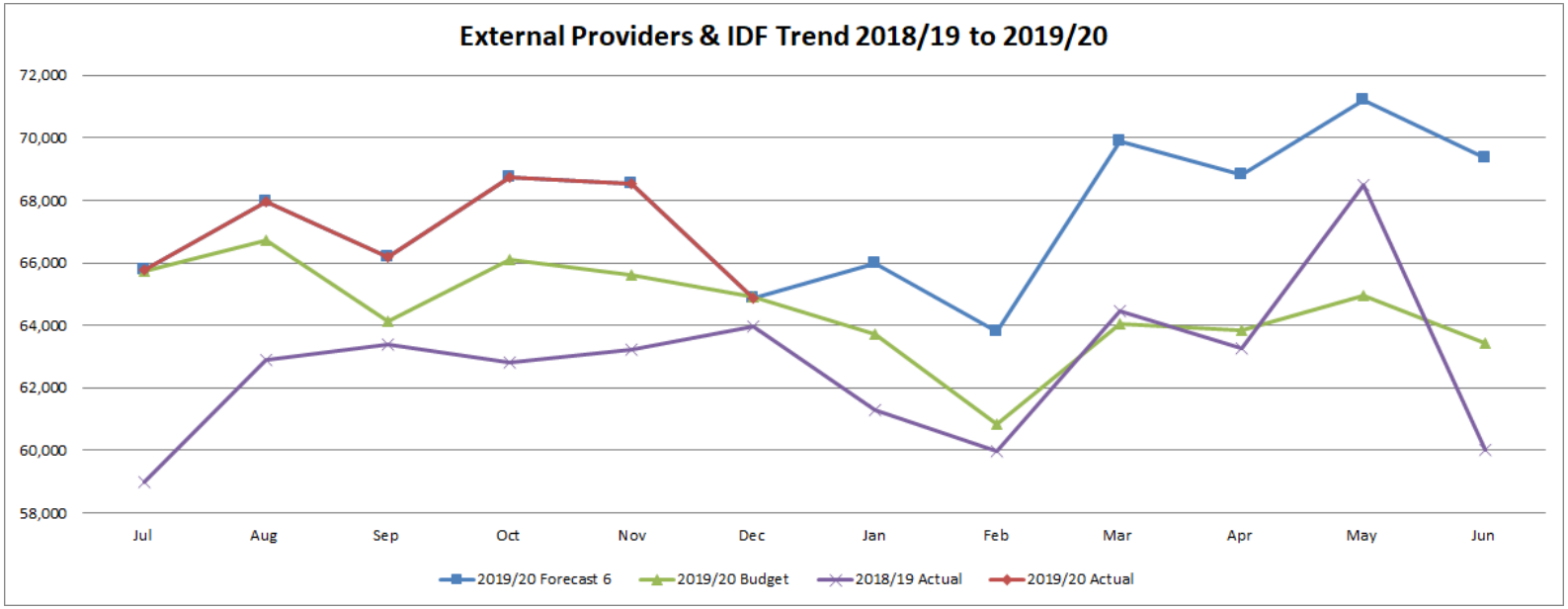
Note that the November budget included $5M for the opex portion of the Tunnel handover (which will be offset by an equal EQ POW drawdown). As the Hagley handover has moved to early in the 2020 calendar year, we have reforecast this to March 2020 to reflect this delay. Note that the next forecast will shift this post 30 June 2020.

KEY RISKS AND ISSUES

- Growth in pharmaceutical spend YTD is higher than planned but is being masked by an adjustment to PCT recovery costs where the budget sits in the Provider but the costs are being incurred in External Providers (this has been corrected in the year end forecast above). Hospital pharmacy costs continue to increase, specifically immunosuppressants and cancer drugs.
- As noted under Financial Performance Overview, activity was higher than planned in December, driving higher treatment costs – the Whakaari/White Island incident was a partial driver to the December variance.
- The reduction in Other Expenses reflects the transition of cleaning services to an in-house model from 1 December; this estimated $6M reduction for the remainder of the year is offset by an additional estimated $5M in payroll costs
- Treatment related costs are influenced by activity volume, as well as complexity of patients. Pharmaceutical costs, particularly PCT and related drugs, continue to increase.
- Security costs in our Specialised Mental Health division continue to be higher than planned. Our doubtful debt provision increased in December as a result of non-collectability of non-eligible revenue. Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital (TPMH) campus, including security, basic maintenance etc. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 2022/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
External Provider Costs	64,877	64,895	18	0% ✓	398,025	392,629	(5,396)	-1% ✗	752,784	806,878	773,439	(33,439)	-4% ✗



KEY RISKS AND ISSUES

- Excluding PCT, external provider expenditure was favourable to budget for the month. Although we are unfavourable on certain expenditure lines, additional revenue received such as Non-Devolved Capitated, Mana Ake, Pay Equity, and Response to Extraordinary Event, covers some of this. Community pharmaceutical costs are above plan, partly due to an Additional Professional Advisory Services payment that pharmacies can claim under the new agreement.
- Note that part of the year end forecast variance relates to PCT drugs where the budget was in the Provider arm, but expenditure was being recognised in External Providers.
- Additional outsourcing will be required due to the Hagley handover delay, as well as to meet electives targets. The use of additional clinics at penal rates, outplacing, and/or outsourcing may be used to reduce this impact.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000	
Equity	536,002	1,136,182	600,179	53% ✓

	YTD Actual $'000	YTD Budget $'000	Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Cash	(15,617)	(72,195)	56,578	-78% ✓	(31,576)	(188,300)	(62,397)	(125,903)	201.8% ✗

Note that the above cash forecast assumes no equity support is received.

KEY RISKS AND ISSUES

- The equity variance to budget is due to the Holidays Act compliance provision made in June 2019 that impacted retained earnings.
- We are experiencing higher cash outflows than predicted, partly due to higher capital spend on Hagley FF&E (reimbursed by the MoH, but there is a timing delay to this reimbursement), as well as on the Mental Health facilities redevelopment (we are working with the MoH to obtain equity drawdowns quarterly in advance to avoid timing issues with reimbursement).
- The MoH advanced $60M + GST of bulk funding from the 4 June 2020 payment to 29 November 2019. This has alleviated the problem in the short term but will need a permanent solution over the next few months.
- We have also factored in additional cash required for anticipated costs relating to the Hagley handover delay.
- If future equity support is less than the expected amount or not received on a timely basis, cash flows will be impacted, and the ability to service payments as and when they fall due will become an issue.

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 six months ended 31 December 2019

Month					Year to Date				Annual (Year End)			
19/20 Actual 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's		19/20 Actual 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's	19/20 Forecast 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's
153,041	152,113	146,501	928 ✓	MoH Revenue	921,347	914,452	867,395	6,895 ✓	1,838,228	1,829,389	1,740,486	8,839 ✓
4,269	4,065	3,356	204 ✓	Patient Related Revenue	25,583	24,621	22,983	962 ✓	50,249	49,121	49,201	1,129 ✓
3,584	3,658	3,165	(74) ✗	Other Revenue	22,130	27,994	19,246	(5,864) ✗	50,167	51,708	39,747	(1,541) ✗
160,894	**159,836**	**153,022**	**1,058**	**Total Operating Revenue**	**969,060**	**967,067**	**909,624**	**1,993**	**1,938,645**	**1,930,218**	**1,829,434**	**8,428**
76,303	74,503	69,165	(1,800) ✗	Personnel Costs	448,024	446,259	409,920	(1,765) ✗	927,449	915,003	915,946	(12,446) ✗
14,274	13,414	11,810	(860) ✗	Treatment Related Costs	81,946	80,243	70,631	(1,703) ✗	168,430	164,745	140,795	(3,685) ✗
64,877	64,895	64,001	18 ✓	External Service Providers	398,025	392,629	375,554	(5,396) ✗	806,878	773,439	752,784	(33,439) ✗
9,345	10,311	10,283	966 ✓	Other Expenses	63,482	67,636	57,639	4,154 ✓	132,709	135,369	120,244	2,660 ✓
164,799	**163,123**	**155,258**	**(1,676)** ✗	**Total Operating Expenditure**	**991,477**	**986,767**	**913,745**	**(4,710)** ✗	**2,035,466**	**1,988,555**	**1,929,769**	**(46,911)** ✗
(3,905)	**(3,287)**	**(2,236)**	**(618)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(22,417)**	**(19,700)**	**(4,121)**	**(2,717)** ✗	**(96,821)**	**(58,337)**	**(100,335)**	**(38,483)** ✗
78	79	16	(1) ✗	Interest Revenue	320	411	476	(91) ✗	644	939	627	(295) ✗
685	685	-	- ✓	MoH Revaluation Cap Charge funding	4,110	4,110	-	- ✓	8,220	8,220	-	-
-	-	-	- ✓	MoH Debt Equity Swap funding	-	-	-	- ✓	-	3,740	-	(3,740)
294	224	546	70 ✓	Donations	1,474	1,341	2,884	133 ✓	2,719	2,586	4,067	133 ✓
(10)	1	-	(11) ✗	Profit on Sale of Assets	13	4	14	9 ✓	16	8	133	9 ✓
1,047	**989**	**562**	**58** ✓	**Total Indirect Revenue**	**5,917**	**5,866**	**3,375**	**51** ✓	**11,599**	**15,492**	**4,827**	**(3,894)** ✗
(992)	3,286	2,079	4,278 ✓	Capital Charge	13,813	19,716	12,477	5,903 ✓	25,611	53,864	24,241	28,253 ✓
7,023	7,701	4,867	678 ✓	Depreciation	36,826	38,721	27,993	1,895 ✓	77,627	83,161	54,407	5,534 ✓
4	50	57	46 ✓	Interest Expense	177	300	76	123 ✓	477	600	552	123 ✓
-	-	-	- ✓	Loss on Sale of Assets	53	-	4	(53) ✗	53	-	23	(53) ✗
6,035	**11,037**	**7,002**	**5,002** ✓	**Total Indirect Expenses**	**50,869**	**58,737**	**40,551**	**7,868** ✓	**103,768**	**137,625**	**79,223**	**33,857** ✓
(8,893)	**(13,335)**	**(8,677)**	**4,442** ✓	**Total Surplus / (Deficit)**	**(67,369)**	**(72,571)**	**(41,297)**	**5,202** ✓	**(188,990)**	**(180,470)**	**(174,731)**	**(8,520)** ✗
-	-	-	-	Impairment	-	-	-	-	-	-	(3,108)	-
-	-	-	- ✓	Gain on Revaluation of Land and Buildings	-	-	-	- ✓	-	-	137,346	- ✓
(8,893)	**(13,335)**	**(8,677)**	**4,442** ✓	**Total Comprehensive Revenue & Expense**	**(67,369)**	**(72,571)**	**(41,297)**	**5,202** ✓	**(188,990)**	**(180,470)**	**(40,493)**	**(8,520)** ✗

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 December 2019

Audited 30-Jun-19 $'000		Group Actual 31-Dec-19 $'000	Group Budget 31-Dec-19 $'000	Annual Group Budget 30-Jun-20 $'000
496,272	Opening Equity	597,378	662,639	662,639
141,600	Net Equity Injections / (Repayments) During Year	5,994	546,114	650,781
137,345	Reserve Movement for Year	-	-	-
(177,839)	Operating Results for the Period	(67,369)	(72,571)	(180,470)
597,378	**TOTAL EQUITY**	536,002	1,136,182	1,132,950
	Represented By:			
	Current Assets			
4,999	Cash & Cash Equivalents	2,682	627	627
750	Short Term Investments	750	750	750
91,010	Trade and Other Receivables	79,874	91,010	91,010
5,838	Prepayments	16,595	5,838	5,838
13,209	Inventories	13,224	13,209	13,209
14,510	Restricted Assets	14,385	14,685	14,685
130,315	**Total Current Assets**	127,510	126,119	126,119
	Less Current Liabilities			
36,575	Overdraft	18,299	72,822	63,024
123,935	Trade and Other Payables	134,628	110,644	123,936
14,760	Restricted Funds	14,499	14,760	14,760
245,602	Employee Benefits	238,529	180,342	180,342
420,872	**Total Current Liabilities**	485,096	391,860	382,062
(290,557)	**Working Capital**	(357,586)	(265,741)	(255,943)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,225	3,225	3,225
890,595	Fixed Assets	896,672	1,404,584	1,391,554
893,837	**Term Assets**	899,913	1,407,825	1,394,795
	Non Current Liablilties			
5,902	Employee Benefits	6,325	5,902	5,902
5,902	**Term Liabilities**	6,325	5,902	5,902
597,378	**NET ASSETS**	536,002	1,136,182	1,132,950

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

APPENDIX 4: CASHFLOW

Audited 30-Jun-19 $'000		Actual 31-Dec-19 $'000	YTD Budget 31-Dec-19 $'000	Budget 30-Jun-20 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(52,680)	**Net Cash from Operating Activities**	43,649	(33,848)	(97,305)
	CASHFLOW FROM INVESTING ACTIVITIES			
(43,992)	**Net Cash from Investing Activities**	(33,683)	(39,500)	(70,913)
	CASHFLOW FROM FINANCING ACTIVITIES			
80,794	**Net Cash from Financing Activities**	5,994	32,904	137,572
(15,878)	Overall Increase/(Decrease) in Cash Held	15,959	(40,444)	(30,646)
(15,698)	Add Opening Cash Balance	(31,576)	(31,751)	(31,751)
(31,576)	**Closing Cash Balance**	(15,617)	(72,195)	(62,397)

HAC – 30 JANUARY 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Andrew Dickerson, Chair, Hospital Advisory Committee**

DATE: **25 February 2020**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 30 January 2020.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 30 January 2020 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 30 January 2020

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch,
on Thursday, 30 January 2020, commencing at 9.00am

PRESENT
Andrew Dickerson (Chair); Jo Kane (Deputy Chair); Barry Bragg; Sally Buck; Wendy Dallas-Katoa; Jan Edwards; Dr Rochelle Phipps; Trevor Read; Sir John Hansen (Ex-officio); and Naomi Marshall (Observer).

APOLOGIES
There were no apologies.

EXECUTIVE SUPPORT
David Meates (Chief Executive); Mary Gordan (Executive Director of Nursing); Dr Greg Hamilton (Team Leader, Intelligence & Transformation, Planning & Funding); Dr Sue Nightingale (Chief Medical Officer); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
Carolyn Gullery for absence.
Dr Sue Nightingale for lateness (10.00am).

IN ATTENDANCE

Item 4
Dr Ashley Padayachee, Clinical Director, Department of Anaesthesia
Carole Stuart, Service Manager, Department of Anaesthesia

Item 6
Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health
Dan Coward, General Manager, Older Persons, Orthopaedics and Rehabilitation
Barbara Wilson, Acting General Manager, Specialist Mental Health Services
Kirsten Beynon, General Manager, Laboratories
Win McDonald, Transition Programme Manager Rural Health Services
Berni Marra, Manager, Ashburton Health Services

Andrew Dickerson, HAC Chair, opened the meeting welcoming Sir John Hansen as CDHB Chair. Naomi Marshall, new Board member, was also welcomed, attending today's meeting in an observer role.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Wendy Dallas-Katoa advised she has additions to her interest register which she will send through to the Board Secretariat for inclusion.

There were no other additions/alterations.

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (01/20)
(Moved: Trevor Read/Seconded: Jan Edwards – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 5 December 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action items were noted.

4. DEPARTMENT OF ANAESTHESIA (PRESENTATION)

Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health, introduced Dr Ashley Padayachee, Clinical Director; and Carole Stuart, Service Manager; from the Department of Anaesthesia. The Committee received a presentation on the Department of Anaesthesia which covered the following:

- Workforce
- What an Anaesthetist does
- What it does outside of the theatre environment
- Some of the ways it contributes to the CDHB
- How it fares as a department
- Challenges

Discussion took place on the following:

- The future role of anaesthetists, trends for anaesthesia and technical advancements. Dr Padayachee advised he saw the role increasing not decreasing.
- Strong relationship between public and private sectors in Christchurch. With a workforce of 70 SMOs, CDHB has 60 SMOs who work across both sectors. CDHB insists that the primary practice for these SMOs is with CDHB, with the smaller portion of their practice being in private. Dr Padayachee stressed the importance of keeping SMOs engaged to ensure they remain in the public sector.
- The standardisation of anaesthetic equipment across both public and private sectors and the benefits this provides.
- Challenges from a clinical governance perspective, specifically staff resourcing constraints. The Department sees thing from a lot of subspecialty perspectives, but with limited resources must weigh participation against service requirements.
- Growth in FTEs, largely contributable to requirements to meet increased theatre capacity following migration to the Hagley facility.

Mr Dickerson thanked Dr Padayachee and Ms Stuart for the informative presentation.

5. CLINICAL ADVISOR UPDATE – NURSING (ORAL)

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

- Standardisation is also occurring with nursing across the public and private sectors. This can be evidenced through standardised online health education across the South Island. One set of education learning can be accessed, ensuring consistency.

- Late 2019 the Care Capacity Demand Management (*CCDM*) programme was rolled out to the first cohort - Hillmorton, Ashburton, and some Christchurch Hospital wards. "Prediction – Workload – Actualisation" is the process and with the short amount of time that the programme has be in place results are pleasing, with 95% prediction compliance and 86% actualisation compliance. The next focus will be on reliability to ensure there is no "over" or "under" reporting.
  Rollout of the programme to the second cohort is progressing. This was to have been to surgical wards at Christchurch Hospital, but due to delays in migrating to Hagley, the rollout will now occur at Burwood.
- Post graduate nurses: the number of applicants continues to rise, with funding outstripped and a wait list in place. The biggest increase is in the number of nurses applying for prescribing, as nurse practitioners.
- A number of overseas qualified nurses are applying for the Nursing Competency Assessment Programme. February's intake for the April programme is closed with 70 applicants. Several of these programmes are held throughout the year.
- World Health Organisation (*WHO*) has named the focus of 2020 as "The Year of the Nurse and Midwife". Two programmes around this are:
  - Nursing Now; and
  - Nursing Challenge (encouraging DHBs to prioritise young (under 35 years) nurses for leadership advancement).
- Acknowledged the resignation and significant contribution of Heather Gray as Director of Nursing for Christchurch Hospital. Ms Gray leaves the role on 14 February 2020.

Mr Dickerson advised he would contact Ms Gray on behalf of the Committee and thank her for her contribution as Director of Nursing. Mr Dickerson took the opportunity to also note that since the last meeting, he had contacted Dr Anna Crighton and Ta Mark Solomon (outgoing Board members) to thank them for their contribution to the Hospital Advisory Committee during their terms of appointment.

6. H&SS MONITORING REPORT

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

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

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

- Over the two weeks of Christmas/New Year between 23 December and 5 January:
  - A high number of people presented at the Christchurch Hospital Emergency Department (*ED*). There were 4,062 presentations over the two weeks. This is 290 people per day on average. On the busiest day (Friday 27th) 326 people arrived at ED. It is the second highest volume of people ever seen at the ED over the Christmas period, second only to last year.
  - The Acute Medical Assessment Unit (*AMAU*) area also had a busy period. Volumes were similar to last year and higher than earlier years. There was an average of 41 admissions and transfers into AMAU each day. This was generally in line with the expected volume.
  - The Surgical Assessment area was slightly down on past years with an average of 16 admissions and transfers in each day compared with 18 in the past few years.
  - Theatre capacity was in high demand over the period. 673 hours of theatre work were generated by admissions over 15 days around Christmas and New Year. This is higher than ever seen before. Planned daytime theatre capacity sat at about the same level. A total of 775 hours theatre activity was provided over the

period – reflecting the work done outside of daytime hours along with capacity added in reactively throughout the period.

- Continuing with migration planning & team work in support of occupying Hagley.
- Continuing with efforts to date re encouraging staff to take a period of leave in summer. Have had a positive uptake and leave taken is running higher than previous years. Staff are returning refreshed and are being encouraged to consider further periods of leave and booking it in.
- April planning is well underway: With Easter, ANZAC and school holidays it is a popular time of the year for staff to take leave. Christchurch campus is working with other campuses and primary health to ensure all are aligned across services to support the predicted level of patient demand in April. The focus is on achieving timely patient flow, providing the appropriate teams and ensuring no one group and / or service is planning in isolation. This planning leads into Winter 2020 planning.
- There is an ever-increasing demand for surgery, especially acute surgery. The plan to address this predicted change had been the opening of the additional theatres in Hagley. With occupation delayed we are constrained. We already outsource and outplace to the limit available in the private sector those patients who are deemed clinically suitable to have their procedure on a site other than Christchurch Hospital.
- Failure to occupy additional theatres is resulting in acute surgery putting pressure on planned surgery to the extent that some planned surgery patients are having their planned procedure delayed and re-scheduled. ESPI compliance will not be achieved whilst we cannot occupy Hagley and the re-work involved in re-planning theatre schedules and rescheduling patients and theatres teams is enormous.

There was discussion around migration planning, with Ms Gordon noting that part of the orientation process will be familiarising staff with the extra space. Initially, this may be quite disorientating. There will be a strong emphasis on education, orientation and simulation training prior to migration. All scenarios will be practiced, including a mass tragedy simulation. There is a significant amount of work being undertaken on a daily basis to manage this process, with work and rework having to be undertaken as migration dates shift.

There was a query around why total ED attendances of people over 75 has increased at a significantly higher rate than the established trend, with more patients seen in the past six and 12-month periods than in any other preceding. Management is to look into this and report back to the next meeting.

There was discussion around ESPIs, with it noted that CDHB has an agreed exemption from the Ministry of Health. As a result of the mosque attack, Outpatients flooding, and subsequent rescheduling issues, the MoH has agreed that CDHB will not be subject to a fiscal penalty due to ESPI non-compliance. A recovery plan is in place, which is reported on. It is anticipated that ESPI 5 compliance will start to resolve following migration to Hagley, with ESPI 2 compliance resolving later in the year.

It was agreed for the next meeting that management will provide an overview of the ESPI process from the perspective of one speciality area. This is to include the prioritisation process for ESPI 2 and 5 patients. The ESPI recovery plan is also to be provided to the Committee.

There was a request for a report on complexity issues, to be broken down by national and regional contexts, and the impacts on the Canterbury region.

<u>Older Persons, Orthopaedics & Rehabilitation Service – Dan Coward, General Manager</u>

- Focus on quality measures. There has been success in falls and by rethinking rehabilitation, however, focus remains on pressure injuries and medication errors which are known to contribute to both cost, time for reviews and further care. A clinically lead

process is in place with targets that will result in supporting length of stay for long stay patients, reduce costs, and ultimately improve the quality of care and reduce the risk of death in care.

- Focusing on changes seen with targets for length of stay for hip and knee replacements. A multi-factorial approach is being taken that recognises new contemporary practices where surgery is being undertaken with patients who have a BMI of 60+ (previously not undertaken), coupled with an increase in 80+ years receiving either revision or joint replacement. It is known from a process perspective there is a need to alter weekend discharges, with risk aversion influenced by Thursday being a heavy joint day. In recognition that every move increases a patient's length of stay, patients are now spending their entire stay in the surgical ward, with full wrap around services provided.

There was a query around development of clinical criteria for new contemporary practices. It was noted that this is a clinically led process.

There was a discussion around bariatric treatment provided by CDHB and whether it is looking to do more in the future. It was noted there is a South Island bariatric pathway, with surgery based on greatest need. The Committee requested further detail around the bariatric pathway, including the process and implications of undertaking bariatric treatment.

Specialist Mental Health Services (*SMHS*) – Barbara Wilson, Acting General Manager

- A sustained increase in adult inpatient admissions has seen increased demand in both inpatient and outpatient adult services. Data also shows there is an increase in the number of people being admitted on their first day of contact with the service.
- Demand for the Adult Community Service continues to increase. One initiative to improve efficiency of the service is that CDHB contracts the Homecare Medical After-Hours telephone triage service. This has released mental health staff clinical time to focus on those already under care.
- Sustained Child and Youth Outpatient Services demand has resulted in a longer time for the child or young person to be seen. The Child and Youth Services (*CAF*) Access Team, which includes their Emergency Team, redesigned all of its processes last year and as a result, any child or young person being referred and needing to be seen more promptly is prioritised.
- SMHS has 60 FTE vacancies. These vacancies mean that current staff need to work extra shifts to ensure wards are safety staffed. Future work will include reviewing if a workforce response to ongoing extra shifts impacts on the use of sick leave.
- Despite a national and international shortage of mental health nurses, the People and Capability recruitment team is working actively with Nursing Leadership to recruit staff. Twenty nine (29) new entry to specialist mental health practice registered nurses are starting in early February.
- The detailed design of the Integrated Family Services Centre is due to commence.
- The CDHB Board has approved the Hillmorton Campus masterplan.
- The AT&R pods are progressing and are due for completion in September 2020.
- There has been a reduction in assaults as a result of a multi-faceted approach. This has included environmental improvements, additional leadership on the wards, and the presence of safety officers.

There was a request for reporting to revert back to splitting age groups for the CAF data.

There was a request for a future report on how children are being managed, where the gaps are, and how these are being addressed.

Hospital Laboratories – Kirsten Beynon, General Manager, Laboratories

- There were record numbers of anatomical pathology / histology cases between 23 and 27 December 2019. Despite reducing annual leave liability during this period, the heavy workload was managed and currently turnaround targets are being exceeded for Anatomical Pathology. This is part of an ongoing programme of work focussed on turnaround times for Histology Lab and Anatomical Pathologists.
- There has been a 10% increase in volumes compared to last year. High volume services include Microbiology, Haematology, Biochemistry, Coagulation and Genetics. A complex mix of patients and cases are presenting to Christchurch Hospital, as well as the 24 Hour Surgery.
- Anatomical Pathology and Genetics have worked with Oncology on the development of an algorithm / test pathway for lung cancer biopsies. This supports best use of testing and expensive Pharmac approved drugs for the right patient.
- Industrial action resulted in the withdrawal of labour between two public holidays and weekends over the Christmas period. This had a large impact. Mitigation and contingency plans were in place for all departments and worked well.

There was discussion around the Coronavirus, diagnosis of it, and CDHB's preparedness. It was noted that diagnosis is by a respiratory swab. Dr Sue Nightingale, Chief Medical Officer, advised that a readiness group has been formed and from a hospital perspective CDHB is prepared. At this point one of the main focuses is communication and containing panic levels.

Rural Health Services – Win McDonald, Transition Programme Manager

- There has been an increase in demand for carer support.
- Work continues with general practice to identify vulnerable patients, in order to develop care plans to keep patients within their communities.
- Chatham Islands residents have recently benefited from the visit of a dentist to the Island. In addition, the Ophthalmology department is looking to provide a screening programme on the Islands in the near future.
- Upcoming hospital anniversaries include:
  - Ellesmere Hospital 95 years on 8 February 2020
  - Oxford Hospital 100 years on 29 March 2020
  - Waikari Hospital 100 years on 5 September 2020.

A report is to be provided to a future meeting on the Chatham Islands health services – where they have come from and where they are at today.

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

- A short-term project in underway to increase the application of careplans in Ashburton. The goal is to ensure care plans are implemented, reviewed and updated when patients connect with any member of the local hospital or community team. The updated plans are then visible in primary care.
- There is ongoing work to implement a single roster for nursing and health care assistants to ensure resources are deployed to occupancy as the team follow the patient load and reduces the pressure to roster additional staff in local wards.
- Ongoing challenges working with primary care colleagues around community enrolments. This is proving problematic, with the right model yet to be reached. This issue continues to be worked on through the Service Level Alliance.

Resolution (02/20)
(Moved: Jo Kane/Seconded: Jan Edwards – carried)

"That the Committee:

i. notes the Hospital Advisory Committee Activity Report."

7. 2020 DRAFT WORKPLAN

The Committee received the 2020 draft workplan. It was noted that this is a working document.

There was a request for a presentation on the Emergency Department's transfer and change in model come migration to the new Hagley facility.

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (03/20)
(Moved: Trevor Read/Seconded: Dr Rochelle Phipps – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 5 December 2019.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(If required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.45am.

Approved and adopted as a true and correct record:

Andrew Dickerson
Chairperson

Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVE BY: **Justine White, Executive Director, Finance & Corporate Support**

DATE: **25 February 2020**

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

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 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 17 December 2019	For the reasons set out in the previous Board agenda.	
2.	Chief Executive – Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	2020/21 Draft Annual Plan Approvals	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Passive Fire Protection Compliance	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Radiology – Additional Magnetic Resonance Imaging Scanner	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Selwyn Health Hub	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Deficit Reduction Monthly Taskforce Programmes – Live Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
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 *30 January 2020* • QFARC Draft Minutes *28 January 2020*	For the reasons set out in the previous Committee agendas.	

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

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.