

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

**To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 18 October 2018 commencing at 10.30am**

	Karakia		10.30am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 20 September 2018		
3.	Carried Forward / Action List Items		
4.	Chair's Update	Dr John Wood	10.30-10.35am
5.	Chief Executive's Update	David Meates	10.35-10.40am
6.	Finance Report	David Green	10.40-10.45am
7.	BNZ Transition	David Green	10.45-10.50am
8.	Resolution to Exclude the Public		10.50am
ESTIMATED FINISH TIME – PUBLIC MEETING			10.50am
	Information Items		
	<ul style="list-style-type: none"> HAC – 4 October 2018 – Draft Minutes 		

NEXT MEETING: Thursday, 15 November 2018 at 9.00am

ATTENDANCE

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Helen Little – *Interim 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*
Charlotte Evers – *Assistant Board Secretariat*
Kay Jenkins – *Executive Assistant, Governance Support*

CONFLICTS OF INTEREST REGISTER
CANTERBURY DISTRICT HEALTH BOARD
(CDHB)

Canterbury
 District Health Board
 Te Poari Hauora o Waitaha

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

<p>Dr John Wood Chair CDHB</p>	<p>Advisory Board NZ/US Council – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director.</p> <p>Member of the Governing Board of the Office of Treaty Settlements, Ministry of Justice (as Chief Crown Treaty of Waitangi Negotiator) – Ex-Officio Member The Office of Treaty Settlements, Ministry of Justice, are responsible for negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations.</p> <p>Chief Crown Treaty Negotiator for Ngai Tuhoe Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Treaty Negotiator for Ngati Rangi Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment.</p> <p>Chief Crown Treaty Negotiator, Tongariro National Park Engagement with Iwi collective begins July 2018.</p> <p>Chief Crown Treaty Negotiator for the Whanganui River Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations High level agreement in principle reached. Aiming for deed of settlement end of 2018.</p> <p>Governing Board, Economic Research Institute for ASEAN and East Asia (ERIA) – Member ERIA is an international organisation that was established by an agreement of the leaders of 16 East Asia Summit member countries. Its main role is to conduct research and policy analysis to facilitate the ASEAN Economic Community building and to support wider regional community building. The governing board is the decision-making body of ERIA and consists of the Secretary General of ASEAN and representatives from each of the 16 member countries, all of whom have backgrounds in academia, business, and policymaking.</p> <p>Kaikoura Business Recovery Grants Programme Independent Panel – Member The Kaikoura Business Recovery Grants Programme was launched in May 2017 and is intended to support local businesses until State Highway One reopens by way of grants which can be applied for by eligible businesses. This programme is</p>
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	<p>now closed.</p> <p>School of Social and Political Sciences, University of Canterbury – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment.</p> <p>Te Urewera Governance Board –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee.</p> <p>University of Canterbury (UC) – Chancellor The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation.</p> <p>University of Canterbury Foundation – Ex-officio Trustee The University of Canterbury Foundation, Te Tūāpapa Hononga o Te Whare Wānanga o Waitaha, is dedicated to ensuring that UC's tradition of excellence in higher education continues. From its earliest beginnings in 1873, philanthropic support and the generosity of donors and supporters has played a major part in making the university the respected institution it is today. The UC Foundation is dedicated to continuing that tradition.</p> <p>Universities New Zealand – Elected Chair, Chancellors' Group Universities New Zealand is the sector voice for all eight universities, representing their views nationally and internationally, championing the quality education they deliver, and the important contribution they make to New Zealand and New Zealanders.</p>
Ta Mark Solomon Deputy Chair CDHB	<p>Claims Resolution Consultation – Senior Maori Leaders Group – Member This is an Advisory Board to MSD looking at the claims process of those held under State care.</p> <p>Deep South NSC (National Science Challenge) Governance Board – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities.</p> <p>Greater Christchurch Partnership Group – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work).</p> <p>He Toki ki te Rika / ki te Mahi – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure</p>

	<p>industries in Canterbury.</p> <p>Liquid Media Operations Limited – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology.</p> <p>Maori Carbon Foundation Limited – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country.</p> <p>Ngāti Ruanui Holdings – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki.</p> <p>NZCF Carbon Planting Advisory Limited – Director NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited.</p> <p>Oaro M Incorporation – Member ‘Oaro M’ Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at ‘Oaro M’, Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations.</p> <p>Police Commissioners Māori Focus Forum – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation.</p> <p>Pure Advantage – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth.</p> <p>QuakeCoRE – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission.</p> <p>Rangitane Holdings Limited & Rangitane Investments Limited - Chair The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne’s settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members.</p>
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	<p>SEED NZ Charitable Trust – Chair and Trustee SEED is a company that works with community groups developing strategic plans.</p> <p>Sustainable Seas NSC (National Science Challenge) Governance Board – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding.</p> <p>Te Ohu Kai Moana – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community.</p> <p>Te Waka o Maui – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.</p>
Barry Bragg	<p>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.</p> <p>CRL Energy Limited – Managing Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.</p> <p>Farrell Construction Limited - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch.</p> <p>New Zealand Flying Doctor Service Trust – Chairman The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.</p> <p>Ngai Tahu Property Limited – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.</p>
Sally Buck	<p>Christchurch City Council (CCC) – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.</p> <p>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.</p>

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

<p>Jo Kane</p>	<p>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.</p> <p>Latimer Community Housing Trust – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p>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.</p>
<p>Aaron Keown</p>	<p>Christchurch City Council – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.</p>
<p>Chris Mene</p>	<p>Canterbury Clinical Network – Child & Youth Workstream Member</p> <p>Core Education – Director Has an interest in the interface between education and health.</p> <p>Wayne Francis Charitable Trust - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.</p>
<p>David Morrell Board Member</p>	<p>British Honorary Consul Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (FCO) may expect Honorary Consuls to become involved in trade initiatives from time to time.</p> <p>Canon Emeritus - Christchurch Cathedral The Cathedral congregation runs a food programme in association with CDHB staff.</p> <p>Friends of the Chapel - Member</p> <p>Great Christchurch Buildings Trust – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.</p> <p>Heritage NZ – Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance.</p> <p>Hospital Lady Visitors Association - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.</p>

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

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 20 September 2018 commencing at 11.00am

BOARD MEMBERS

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

APOLOGIES

Apologies were received and accepted from Tracey Chambers and Jo Kane.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Helen Little (Interim Director of Allied Health); Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Executive Director of Communications); Justine White (Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

Ta Mark Solomon opened the meeting with a Karakia.

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

David Morrell advised that he is no longer Chair of the Nurses Memorial Chapel Trust. He is still a Trust Member.

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 MINUTES OF THE PREVIOUS MEETING**Resolution (63/18)**

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

“That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 16 August 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. PATIENT STORY

The Patient Story was viewed.

5. CHAIR'S UPDATE

Dr Wood advised that it has been an extraordinarily busy time for Board representatives and Senior Management interacting with Wellington. He added that he believed there is a degree of openness, frankness and engagement from the Minister and the Ministry of Health, and it certainly feels open and constructive. He noted that as well as being new people involved, there are also some who have been involved previously.

Dr Wood also updated the Board as follows:

- He was invited by the Minister of State Services to a briefing in Auckland regarding proposals to reform the State Sector Act 1988. It was noted that an open process around this is available on line should members wish to participate.
- A lot has been taking place around the Annual Planning process and last week the National Chairs had a session around this at their regular meeting.
- The Truth & Reconciliation Process is progressing and further information will be provided later in the meeting.
- There are a couple of important Business Cases that we are trying to seek circuit breakers on.

Discussion took place regarding the review of the State Sector Act and the exploration of digital voting by the Selwyn District Council.

Resolution (64/18)

(Moved: Aaron Keown/seconded: Ta Mark Solomon - carried)

“That the Board:

- i. notes the Chair's Update.”

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read and highlighted the following:

- The Quality Improvement Showcase is to be held on 6 December 2018.
 - Transformation of IT – 5 October 2018 is still the planned date for one of the largest Clinical IT systems to be implemented in the country.
 - Mana Ake – by the early part of 2019 it is expected that all schools will be part of this.
 - Several of our staff have received awards in last few weeks:
 - Jenny Jordan, Clinical Psychologist, recently won a best e-poster award at the 2018 European Psychiatry Association Congress in Nice, France.
 - Frank Frizelle, Bowel Cancer Researcher and Surgeon, has been awarded an honorary fellowship from the Royal College of Surgeons in Ireland. The award is the highest honour bestowed by one of the world's largest surgical colleges. It recognises the recipient's global leadership in surgery.
 - Kelly Tikao, Registered Nurse, who works in the Youth Inpatient area of Canterbury DHBs Specialist Mental Health Service, has won the 2018 Kate Shephard Memorial Trust Award.
 - Sheryl Hayward, Gerontology Nurse Practitioner at Ashburton Hospital, is one of four recipients of this years' NZNO Awards.
 - The energy process at Burwood Hospital is a finalist for the Energy Efficiency and Conservation Authority (EECA) Awards which are to be held next week.
- The Chief Executive commented that it is great to see our staff being recognised both nationally and internationally.

- The new platform MAX is starting to impact heavily on workforce design with the Orderlies first to go live with this.
- The ongoing use of data and how the DHB continues to use this throughout the system. A presentation on IT Systems and the enhancement and ongoing use of data will come to the Board early in 2019.

Discussion took place regarding the Laboratory building and the affect this had on the last certification round. It was noted that the DHB received the certificate, but this does not change the fact that we still have a major issue with the building. It was also noted that a Business Case has been approved to install some new equipment and when Ophthalmology move some additional space will become available as an interim measure.

The Board noted that migration to the new Outpatients Building will commence on 18 October 2018 and the Facilities Committee received a detailed presentation around this.

Discussion also took place regarding the Minister's statement around the NOS project being on hold. It was noted that his statement was very explicit that four DHBs will still go live with this and the intent is still to move to a national system, however, the vehicle to get to this outcome may change.

A query was raised regarding the need for a position statement around water and it was noted that the government are currently reviewing this and the direction of travel is not yet clear. It may be necessary to step back and get advice from Community & Public Health once the direction is clear.

Resolution (65/18)

(Moved: Aaron Keown/seconded: Ta Mark Solomon - carried)

"That the Board:

- notes the Chief Executive's Update."

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The consolidated Canterbury DHB financial result for the month of July 2018 was a deficit of \$4.146M, which was \$0.066M unfavourable against the annual plan deficit of \$4.081M. Ms White advised that the August result is 100k variance year to date with the same pressures as previously.

Resolution (66/18)

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

"That the Board:

- notes the financial result and related matters for the period ended 31 July 2018."

8. ADVICE TO THE BOARD

Community & Pubic Health and Disability Support Advisory Committee

Dr Anna Crighton, Chair, Community & Pubic Health Advisory Committee, presented the draft minutes of the Committee meeting held on 30 August 2018.

Resolution (67/18)

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

“That the Board:

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

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (68/18)

(Moved: Barry Bragg/Seconded: Ta Mark Solomon – 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 and the information items contained in the report;
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 16 August 2018	For the reasons set out in the previous Board agenda.	
2.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
4.	Chair & Chief Executive’s Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
5.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Outpatients Handover Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Advice to Board: <ul style="list-style-type: none"> Facilities Committee - Oral 20 Sep 2018 QFARC Draft Minutes 28 Aug 2018 	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 11.50am.

Dr John Wood, Chairman

Date

DRAFT

CARRIED FORWARD/ACTION ITEMS

**CANTERBURY DISTRICT HEALTH BOARD
 CARRIED FORWARD ITEMS AS AT 18 OCTOBER 2018**

DATE	ISSUE	REFERRED TO	STATUS
20 Sep 18	Presentation on IT systems; continual enhancement & ongoing use of data throughout the health system.	Stella Ward	To be scheduled for early 2019
20 Sep 18	Following on from Water NZ Conference & Expo 2018 - water issues update once direction of travel and legislation becomes clear.	Evon Currie	To be scheduled

CHAIR'S UPDATE

Canterbury
District Health Board
Te Poari Hauora o Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

TO: Chair and Members
 Canterbury District Health Board

SOURCE: Chief Executive

DATE: 18 October 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

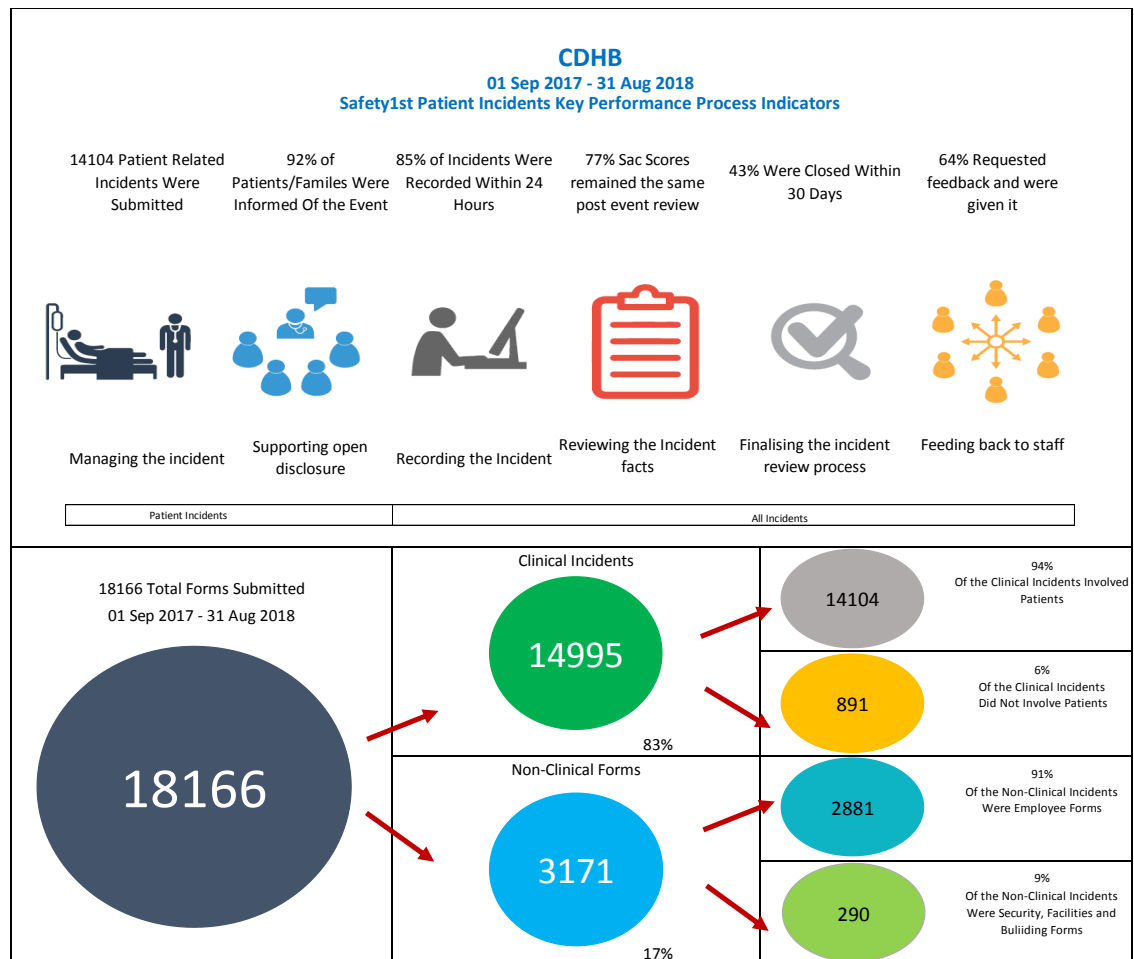
- i. notes the Chief Executive's update.

3. DISCUSSION

PUTTING THE PATIENT FIRST – PATIENT SAFETY

Quality & Patient Safety

- **ACC Funded Pressure Injury Prevention Community of Practice:** The Community of Practice site for all health practitioners in Health Learn is live for both the Canterbury and West Coast Health Systems. Fifty two link nurses have been selected and enrolled into the programme. ACC was onsite on 4 October to meet with the project team and link nurses. They met with St John to discuss regional and national opportunities to assist in pressure injury identification in patients they transport as well as their own clinical guidance provided in their training for prevention in transport. There has been media interest in the recent announcement of the 52 nurses who have taken up the pressure injury prevention link nurse role. This is in effect a quality improvement portfolio for pressure injury prevention in the nurses' area of practice. The ACC funding provides time for these improvement activities.
- **Policy and procedure library:** Planning for the Policy and Procedure Library as part of the SharePoint upgrade continues. The upgrade will improve document retrieval, currency, transparency, and data integrity. Automation and visibility will allow identification of barriers in workflow to be reviewed. The new Policy Governance framework to support the system is in final review following consultation. The Policy Architecture to determine the domains for policies groups and identifying how associated documents cascade is progressing.
- **Incident Management Process Indicators:** The improvement in open disclosure whereby patients and families are informed of the event has been sustained, increasing by 1% (average over a 12 month period). Initiatives for incidents recorded to be closed within 30 days are underway with a new process being piloted in SMHS.



Christchurch Campus

- **Pressure injury prevention in the intensive care unit:** Nursing staff in the Intensive Care Unit actively use Safety 1st to log when pressure injuries occur. Patterns of factors associated with pressure injuries are evaluated. Findings and changes include those below.
- Turning patients can injure the skin, creating the conditions for pressure sores to develop. Turning technique receives constant focus in the intensive care unit, alternative products have been purchased to ensure staff have options when handling the most dependent patients.
- Electrical leads and tubes can create pressure injuries. Various ways of affixing nasogastric tubes have been trialled. Progress has been made but the issue is not yet resolved.
- In this unit compression stockings can create pressure areas on patient's toes and are not effective against thromboembolism. These stockings are now removed early in a patient's stay. Heel lifts have been sourced, trialled and purchased and these plus heel protection dressings are used to minimise risk. Through regular review of information we are fine tuning the way that we provide care for patients, reducing the risk of pressure sores developing.

Older Persons Health & Rehabilitation (OPH&R)

- The focus on our programme of change continues across the Older Persons Health Wards with a particular focus on Falls re-education and prevention.
- **Intentional rounding and staggered meal breaks.** The rollout of this continues and is now across four Older Persons Health and two Older Persons Mental Health Wards. The

focus is on team work, communication and principles of working in a geographical environment.

- **Falls strategy “Never Alone”** focuses on patient support in the first 48 hours of admission
- **“Safe Recovery” programme** a new approach to restorative care and reducing falls risks for patients has commenced. Two educators with the support of four trained volunteers are working across four OPH wards. The team have been developing resources for the programme which focus on patient education and modifying the intrinsic risk taking behaviour in patients. The team have commenced on the wards with positive initial feedback from patients.

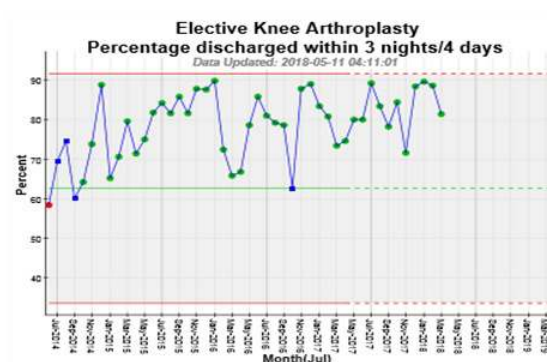
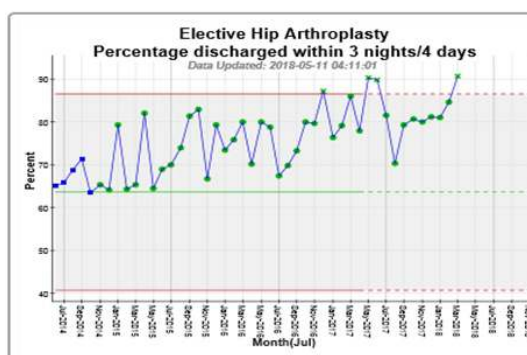
IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Community Nurses strengthen relationships with the cardiothoracic nurse team:** Provision of specific, well planned post-discharge care to people who have had heart surgery is important to ensure that they are supported in the community to return to the best health possible following surgery. Clinical Nurse Specialists from Healthcare NZ and the Cardiothoracic Service work collaboratively together to improve patient outcomes, and reduce post-operative complications and readmissions into hospital. The changes this has led to have helped reduce post-op complications in the community, and improve communication and ensure smooth communication between the two teams.

Older Persons Health & Rehabilitation (OPH&R)

- **Winter planning** continues across all of the inpatients areas. The additional resources allocated to the Older Persons Health Wards has assisted in ensuring that there has been good flow from Christchurch Hospital to our Rehabilitation Wards during this winter period. We will be reviewing our response to Winter over the coming weeks to focus on what went well and what we could do better for Winter 2019.



- **Enhanced Recovery After Surgery (ERAS):** Overall trend for both Elective Hips and Knees seeing improvement in the percentage of patients discharged within the target of three nights/four days. Improving consistency is being evaluated against the balancing metric of readmissions which has narrowed demonstrating further consistency in our approach.

REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

- **Faster Cancer Treatment Targets: 62 Day Target:** For the 3 months of June, July and August 2018 Canterbury DHB submitted 164 records to the Ministry with 30 missing the 62 days target. Of these 20 missed the target through patient choice or clinical reasons leaving 144 patients included in the target cohort. Canterbury DHB once again met the target of having at least 90% of patients receive their first treatment within 62 days of referral with 93.1 % of eligible patients being treated within 62 days.
- **31 Day Performance Measure:** Canterbury DHB submitted 371 records towards the 31 day measure in the same 3-month period. Unlike the 62 days target all reasons for missing the target are included: there are no exceptions made for patient choice or clinical considerations but the threshold remains at 85%. 342 eligible patients (92.2%) received their first treatment within 31 days from a decision to treat, meeting the 85% target.
- **Improved radiation therapy technique for breast cancer:** Volumetric Modulated Arc Therapy has been implemented for patients being treated for breast cancer. It has had significant benefits.
 - Saving patient time and minimising the time spent in an uncomfortable treatment position.
 - Reduced daily appointments from one hour to 30 minutes. A reduction of 50% or 12.5 hours of linac time per treatment course.
 - Removed the need to handle toxic Cerrobend.
 - Saved Radiation Therapist time involved in creating the cut out and mounting it during treatment;
 - Reduced the risk of under or over dosing.
 - Brought Christchurch in to line with the treatment delivered at other centres in New Zealand.
- **Supporting physical exercise in patients being treated for cancer:** The benefits that most people can achieve from regular physical exercise are well recognised. Recent media articles have publicised the growing evidence supporting the value of supporting patients being treated for cancer to get involved in specific types of physical exercise. A physiotherapist working within Oncology will begin providing support to encourage physical activity early in the course of treatment of patients with breast cancer by providing a physiotherapist consultation at oncology clinic appointments. This will help patients to put changes in place to manage the significant reduction in function that typically occurs during this course of treatment. Material about the value of exercise and some useful approaches has been added to the booklets provided to patients receiving chemotherapy and radiation therapy. A pathway and information sheets have been created for patients with haematological neoplasms. These changes will support an improved recovery and experience for specific groups of patients and help us to explore the best approach to support our patients being treated for cancer.
- **Elective Services Performance Indicator (ESPI) Outcomes:** Latest reporting from the Ministry of Health shows that Canterbury DHB achieved a red result for elective services performance indicator two (covering first specialist assessment) at the end of August. This is the seventh month that this indicator has shown as red. 17 of the 26 services that contribute to this measure had no patients waiting longer than 120 days, five services had between one and nine and four services had more than fifteen. The same report shows that Canterbury DHB achieved a red result for elective services performance indicator five (covering waiting

time for surgery) for the twelfth month in a row at the end of August. Two of the 13 services that contribute to this measure had no patients waiting longer than 120 days, seven services had between one and seven and four services had eleven or more patients waiting for longer than this. The Ministry of Health has provided Canterbury DHB with dispensation from Elective Services Performance Indicator achievement between January 2018 and June 2019 to recognise the pressures associated with facility limitations and issues associated with data transition. Canterbury DHB remains committed to working towards its goal that patients will not wait longer than 100 days for elective services they have been offered.

- Diabetes Centre, Sport Canterbury and Linwood Medical Centre:** Sport Canterbury regularly runs Green Prescription lifestyle programs called Be-Active in several locations around Christchurch. A diabetes specific Be Active programme will start on 16 October in Linwood. It is being run with input from the Diabetes centre dieticians and psychologist, alongside the Sport Canterbury educators and the Linwood Medical Centre practice nurse. The collaborative approach taken will enable Sport Canterbury, the practice nurse and the specialist team learn from one another and develop the most appropriate content for an interactive lifestyle program. This also enables an increased focus on taking a wellness approach, gently introducing and raising psychological awareness for those living with diabetes along with their care providers. The programme involves individual consultations with the Sport Canterbury team and a series of classes, some of this activity is provided at the patient's own general practice and their practice nurse is a part of the first of the classes, ensuring that patient's linkages with their general practice are reinforced and existing partnership between providers are strengthened. Results of evaluation will be used to direct any future diabetes specific courses. This programme provides community based support so that patients stay well in their own homes, supports growing skills, knowledge and confidence in our community health partners enabling specialist diabetes practitioners to be released to provide services that only they can.
- Pre-exposure prophylaxis for human immunodeficiency virus:** In March 2018 PHARMAC announced it would fund pre exposure prophylaxis medication for the human immunodeficiency virus from April. Potential clients were keen to receive this care, so the Sexual Health service needed to rapidly develop an effective model of care. This was achieved in conjunction with people from Canterbury Health Laboratories, the Infectious Diseases Service and the Canterbury Initiative. The new model was successfully put in place, enabling us to ensure that all patients could be seen without the requirement for a waiting list.
- Sexual Health Test 'N Go Clinic:** The Sexual Health Service has developed a streamlined testing model for sexually transmitted infection checks on asymptomatic patients that has enabled them to manage increasing demand for services within its current resources. Test 'N Go is a fast paced clinic that enables patients to be screened sooner with minimal waiting time. Patients surveyed have indicated that they are delighted with the lack of waiting time and the 'can do attitude' from the staff. This initiative has not required any increase in staff resources as it uses the available staffing in a more productive way and has helped to reduce the overall non-attendance rate at the Sexual Health Clinic.
- Urology Clinics:** Patients receiving care from specialist services often require a number of tests and procedures that are provided by other services. This often results in multiple waiting periods both between appointments and then in a waiting room on the day of each appointment. This can result in delays to diagnosis and intervention. The Urology service has implemented clinics for people with stress incontinence that incorporate the use of ultrasound scanning to enable diagnosis during the clinic. Each of these clinics enable up to six patients to be seen each month, improving patients' flow through our health system by reducing the need for extra waiting periods and procedures provided by different departments.

- Eye Health Project:** In response to support provided by the Ministry of Health for projects to reduce the time spent waiting by patients with glaucoma the team working with the Canterbury DHB Eye Department took a systematic approach incorporating all of the work carried out in the department. At the beginning of the project 6,688 people were waiting for follow-up appointments for the range of long term eye diseases treated. 3,347 (50%) were waiting longer than the intended time for their appointment. Of these 886 (13%) were waiting at least as much as 50% longer than intended, with 649 waiting at least 100% longer than intended. Of those patients who were overdue and seen in the additional follow-up clinics, 102 patients (5%) had experienced some level of harm as a result of having waited longer than intended. In order to address this a number of changes have been introduced to systems within the Eye Department, including improvements in data entered into our system, and the systems used to collect and store data that mean that any suitable Senior Medical Officer can see patients at their appointments. All patients are now booked from one waitlist to provide equity of access and ensure follow-up times are met, triage criteria have been tightened to match the referrals accepted to the resource available and models of care have been developed that provide a clear schedule covering which health professionals in the team patients see at each point in their journey. A production planning system is being developed that supports planning the resource capacity required to meet forecast demand, and monitoring of our performance. Work is also underway to ensure that the department's information technology needs are well defined. Temporary additional senior medical officer capacity and increased technical staff numbers have been put in place to address the existing backlog. At the end of the project the total eye department waiting list had increased to 7,641. Those waiting longer than intended had reduced to 719, almost a fifth of the starting value. 20 (0.3%) of these were waiting at least as much as 50% longer than intended, 11 for at least twice as long as intended. Within this there are no people with glaucoma waiting for 50% or more longer than the intended time.
- Family violence enquiry a part of routine practice:** The Child and Family Safety Service, based at Christchurch Hospital, carries out a range of tasks to help ensure the health system plays its role towards ensuring the wellbeing of children and other family members in a systematic way. There is a clear association between experiencing child abuse, neglect or family violence and other adverse experiences on people's requirements for a wide range of health services both immediately, and in the case of children for the remainder of their lives. Many of these increased health needs may at first view seem unrelated to the causative factors. So it is important that screening for family violence is one of the factors considered during the diagnosis of a wide range of health needs. It is also known that such experiences are common in our community with evidence showing that as many as 30% of women experience physical or sexual violence at some point during their life, amongst some groups this is known to be as high as 50%.
- On these bases health professionals are required by the Ministry of Health to screen all women sixteen years and older for indications of family violence. This is given especially high priority in Mental Health, Children's Health, Women's Health, Sexual Health and the Emergency Department. There is a clear expectation that all staff in these areas are trained to enquire about such indications and to provide care based on the answers. It is expected that a routine family violence enquiry occurs for at least 80% of patients. The Child and Family Service supports these areas to provide this care by ensuring policies and procedures are in place, staff are educated and supported to carry out these enquiries and that regular audit occurs every three months. The service is planning to adopt a paperlite approach in this area that will make collection and analysis of this information easier.
- Results of audits show Sexual Health, Public Health Nurses and the Gynaecology Procedure service regularly ranking very highly. Ashburton Hospital has a consistent high level of completion of this audit across all of its services. Improvements are being seen across many

of the audited areas and we are seeing this activity expanded throughout more of our clinical units. Results are fed back and create some enthusiasm amongst staff members to continually improve the way that we systematically carry out these enquiries so that we have a clear understanding of a person's situation and can provide the best care possible.

- **Seeking children's insights about their hospital experience:** Around the world children's accounts of their healthcare experiences have historically been obtained through proxy, via a parent or guardian overseeing their care with limited opportunities of eliciting feedback from children. The Quality Facilitator and Child Health have been exploring different options available worldwide to gain constructive feedback from children. The Health Quality and Safety Commission is interested in seeing progress in this area and the South Island Child Health Alliance is keen to look at a regional solution. After a preferred provider was identified, the South Island Alliance provided some funding to enable a pilot to proceed. The trial involves the two children's wards at Christchurch Hospital and uses an interactive programme on a tablet featuring an animated character Fabio the frog, and his friends. It is aimed at children aged six years and older.
- The Child Health Advisory Council and Youth Advisory Council have supported the development of questions to ask children and parents, Maia Health and its connections have assisted us to obtain a voice over script for the questions and Medical illustrations has helped develop advertising material ready for the launch. The three month trial was launched during the week of 24 September. The information provided anonymously from this system will give us useful information from children's and parent's perspectives that will be used to develop and monitor service improvements.
- **Teams across the system kept up to date with Child Health "Hot Tips":** Several different approaches are required to keep people working in different parts of the system updated with information from other teams. HealthPathways and HealthInfo provide structured approaches to provision of information about pathways and local practice, alongside this less structured approaches also provide benefit to our teams and patients.
- The Child Health Nurse Educators publish a monthly publication, "Hot Tips", that provides updates for nursing staff, changes in practice, regular articles from the team of Clinical Nurse Specialists, consumer input from the Child Health Advisory and Youth Advisory Councils along with many other topics. This was developed as a method of updating Child Health staff but it is also distributed more broadly amongst secondary care teams and into the community. Child Health has received feedback from the community on how well used this resource is. This publication is contributing to the quality of care provided to children across our system, in ways not originally envisaged when it was first published.
- **Simulation course trains physiotherapists for complex work in intensive care:** Canterbury DHB has hosted New Zealand's first ever Intensive Care Unit physiotherapy simulation course, this course aims to increase participants' confidence and competence, using simulation training to improve quality of care, communication, decision making and patient management. The Christchurch Hospital Physiotherapy Department collaborated with the Queensland Health Clinical Skills Development Service to bring the course to New Zealand. Participants from Canterbury DHB as well as other District Health Boards nationwide attended the course which was held in the Manawa Building. The state of the art facilities meant we were able to replicate an Intensive Care Unit environment, with the help of the coordinators and technical staff of the Clinical Skills Unit. The simulation suite and staff at Manawa were critical to delivery of this course.
- Canterbury DHB has been granted licencing rights to run the course for the training of our own physiotherapists and physiotherapists from across New Zealand. Two physiotherapists from the Intensive Care Unit were trained in running the course so they will be able to

facilitate it again in the future. The aim is to run the course for both internal and external physiotherapists at least twice a year.

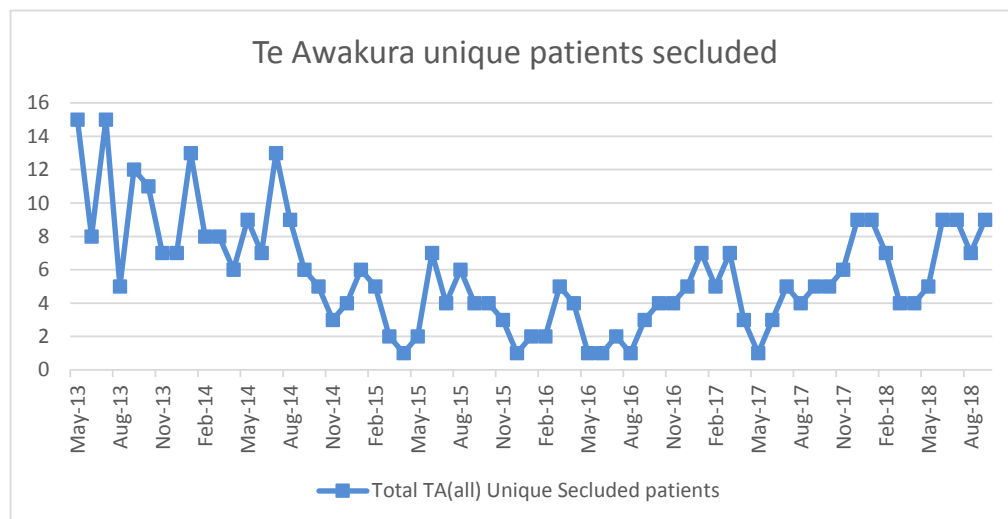
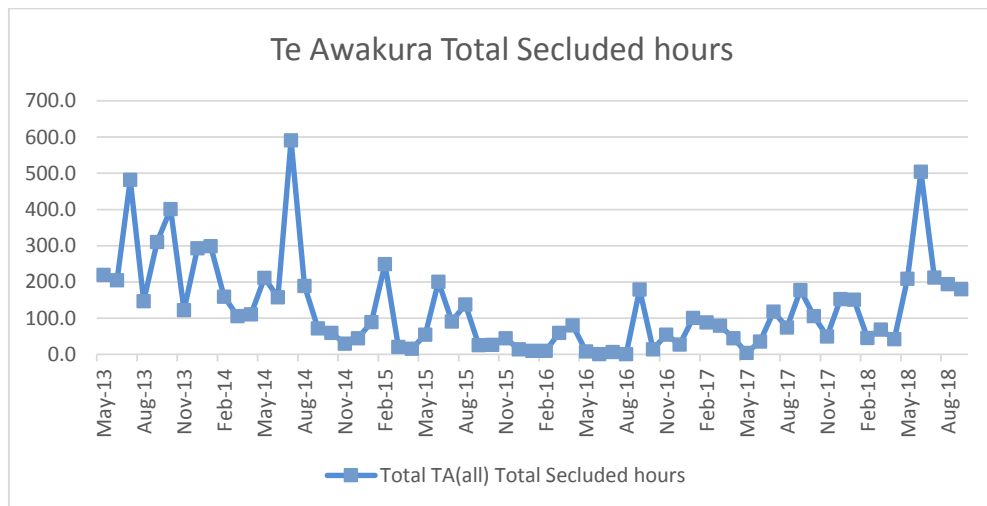
- **Christchurch Hospital Campus Mobility Parking:** Recently, nine of the 13 mobility parking spaces outside Hagley Outpatients had to be removed to allow the development of Christchurch Hospital Hagley to continue. Following an approach by Canterbury DHB the Christchurch City Council has provided six new designated mobility spaces very close to the hospital, near to the Antigua footbridge. With the three existing mobility parks there is a total of nine parks available which is the most available in a single on-street location anywhere in Christchurch. We are grateful for the support of both the Christchurch City Council and the Boat Shed Café which has enabled the creation of these mobility parking spaces.
- **Five years of information based improvements in dictation practice:** This month marks the fifth anniversary of the first WinScribe report which was introduced to help us manage improvements in the dictation process. Since that time there have been remarkable individual and team improvements and widespread changes in performance that indicate the practices introduced over this time have helped us to work more efficiently. Over a 60 month period there have been 1.5million jobs dictated:
 - Average length of dictation has stayed reasonably flat at around 2mins 35 seconds while transcription times have reduced by seven and a half minutes per job since September 2013, this is a reduction of 36%.
 - Most jobs are being carried out in a timely manner. Around 82% of all dictation jobs have a transcription completion target of 5 days and an average of less than 2.5 days.
 - Total hours of dictation each month continue to increase, there are now around 500 more hours of dictation per month than in April 2014. The number of jobs completed each month continues to grow, even though there are several changes that have reduced the need for dictation in specific areas – such as the use of scOPe for operation notes. There is now routinely around 30,000 dictation jobs each month.
 - Despite this the total number of hours spent transcribing these jobs has generally stayed flat. This is because the ratio between dictation and typing time has shown a 31% improvement since September 2013.
 - Speech recognition has been helpful in Pathology in supporting the work flows. This area had over 2,100 jobs in August, all of them had a target of being completed in one day.
- The information provided to teams through Winscribe reports has enabled us to fine tune improvements in process, meaning that we've been able to live within our existing resource level despite ongoing increases in work carried out.

Specialist Mental Health Services (SMHS)

- **Demand for Specialist Mental Health Services:** We continue to closely monitor use of Mental Health Services. Our staff are working exceptionally hard to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff.
- Occupancy of the **adult acute inpatient service** was 90% in September 2018. High occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of a community service that will provide an 8 bed alternative to an acute inpatient admission.
- **Demand for Adult Services** continues to be high. There were 232 new crisis case starts in September 2018. New crisis case starts require an assessment and response within a day of referral. The adult general service continues to exceed national targets with respect to wait

times for adult Specialist Mental Health Services. The wait time targets are 80% of people seen within 21 days and 95% within 56 days. In September 2018, 94.5% of people referred to the Adult Community Service were seen within 21 days and 99.6% were seen within 56 days. The percentages for September 2018 were 86.4% and 93.4% respectively when other adult services, i.e. Specialty, Rehabilitation and Forensic, were included.

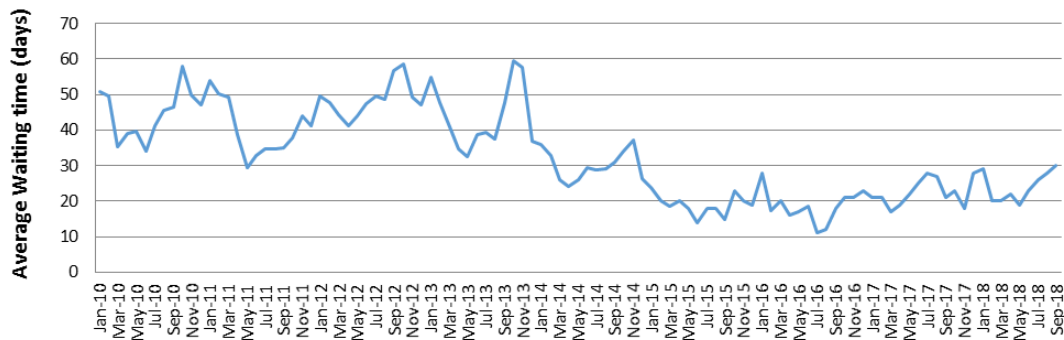
- Our focus on **least restrictive practice** continues. Staff are working extremely hard to continue providing care for people in a least restrictive manner. There has been a slight decrease in our seclusion rates when compared to the previous three months. For Te Awakura there were ten seclusion events for September 2018 for a total of 180.1 hours. Seclusion was experienced by nine people. The monthly average for the previous 12 months is currently 159.5 hours.



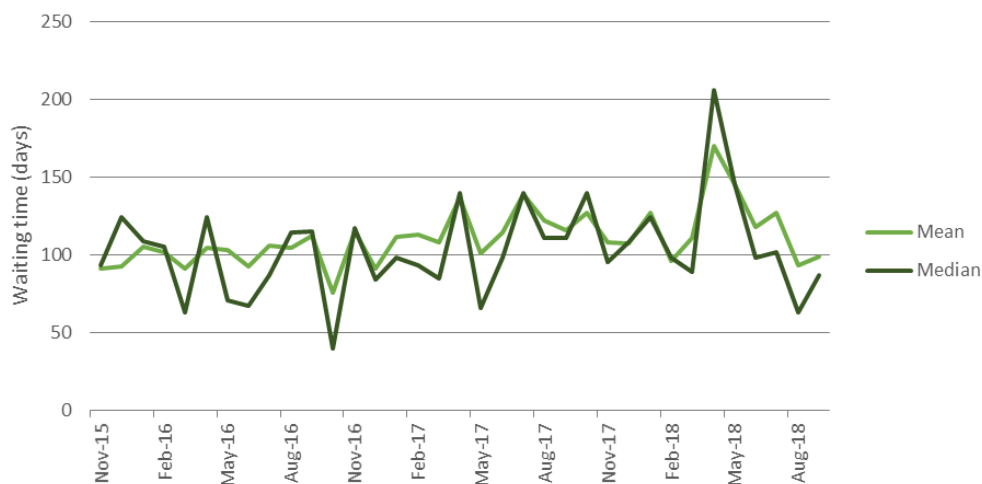
- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for September 2018 show that 68.4% of children and adolescents were seen within 21 days and 81.0% within 56 days. Child, Adolescent and Family Services had 264 new case starts in September 2018. There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of

referrals (averaging 70 per week). We are working on improving health pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).

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



Waiting time from Choice to Partnership Appointments



- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. This, combined with the provision of alternate treatment pathways for consumers has resulted in a marked increase in reported waiting time (as shown in the graph above) for partnership appointments.
- **Schools based Mental Health Team** continues to be approached by new schools across Canterbury requesting engagement. The team responds to each request and provides an individualised approach for each school. The team is working with 163 schools across the region. The most recent school counsellor forum held in September 2018 focussed on working more collaboratively with school counsellors and improving communication. Following this meeting, a small working group has been formed to enhance the relationship and alignment across services. The team attends regular pastoral care meetings in many schools, and participates in Rock On meetings at which attendance issues are discussed. Networking and fostering strong relationships across schools and with the Ministry of

Education remains a major function. We actively engage with the Mana Ake staff, and will continue to build on this as the roll out progresses.

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

Older Persons Health & Rehabilitation (OPH&R)

- **Adult Rehabilitation project:** Transition of care work stream – we have commenced the use of the Collaborate shared work lists between two wards at Christchurch Hospital and Ward CG – Brain Injury service. This is used to provide an electronic record of transfer of care discussion for patients between the two services. This ensures that there is transparency of information which can be easily updated by each service. The Clinical teams are finding it extremely useful to have the transfer information all in one place and the history of conversations maintained. We are currently assessing which additional services and areas will move onto this platform next.
- Transfer of Care meetings have also commenced to support referrals on the adult rehab pathway – focusing on the complex patients. There are clinical representatives from the services based at Burwood Hospital – Older Persons Health, Brain Injury, Spinal, and other services as required to facilitate transfers to the most appropriate Ward/ Service based on the clinical requirements of the patient. This provides a point of entry into rehabilitation services and reduces the multiple referrals which have happened historically. It also provides wider Clinical support for these complex patients who often require input across multiple services.
- **Community Dental Service:** To improve the utilisation of Dental Care by secondary care students a number of initiatives are currently being progressed. The Ministry of Education have agreed to include information in Year 9 enrolment packs to inform parents and caregivers that the secondary school will be sharing Year 9 contact details with Community Dental Service. Feedback is being sought from 170 parents and caregiver about their Year 8 transfer experience to understand where we can improve and identify and address barriers to Dental enrolment for secondary school students. Secondary schools will be also informed of their 2017 dental utilisation rate and information provided for them to include on their websites/ parent portals and include in newsletters.
- **Workforce Planning:** The service has had high levels of interest from Dental Therapist Graduates who will complete their training at the end of this year. This interest from excellent candidates will provides us with the opportunity to fill our current vacancies and commence the New Year with a full complement of Therapist staff. The Canterbury Community Dental Service is supporting the West Coast Community Dental Service to transition from paper based systems across to the electronic Titanium system. The Titanium system is paperless and will put the West Coast on the same platform as Canterbury and most of New Zealand.
- **Older Persons Health Inpatient Wards:** Two Wards have commenced a trial of the Purpose T Clinical Pathway. This Clinical pathway aims to enable earlier detection of pressure risk patients and improve our management of these patients to reduce pressure injuries. The trial was successful and the pathway will be rolled out to the other Older Persons Health Wards in the coming weeks.
- **Outpatients:** There has been a focused piece of work on Outpatients for Older Persons Health. This has resulted in consistency of process for all patients across the service and reduced waiting times with all patients now being seen within triage category recommended timeframes

Ashburton Health Services

- The highlights of the September work program are listed in the table below.

Acute and Inpatient Care	Hub and Spoke models “one service – multiple site”	Care we provide in the Community - Older Persons Health
<ul style="list-style-type: none"> AAU - next step discussions at the Ashburton Service Level Alliance (ASLA) Clinical Nurse Specialists – completing Acute Care Plans with patients Moved Ward 6 to final destination (now Ward 2) Engagers - building a sustainable approach to increasing demand FloView – System and practice embedded, supporting patient flow and occupancy pressures 	<ul style="list-style-type: none"> Endoscopy Service on site: quality review of integration approach and agree further activities to strengthen connection with Gastroenterology Outpatient service delivery – re co-ordinating room utilisation and building Outpatient gym in old “endoscopy suite”. Connecting Outpatient service delivery to central location to improve patient experience and reduce waste in facility under-utilisation 	<ul style="list-style-type: none"> Congratulations to Sheryl Haywood, Nurse Practitioner for NZNO Nursing Award and best of luck in new role Park Street Day Centre - moving on site early 2019 Evans Chibanguza, Social Worker undertaking NASC assessments – a more connected approach District Nursing – Review referral demand and confirm activities to improve our connection with Primary Care
Enablers SI PICS – process mapping and lean thinking has identified a number of service improvement opportunities Workforce Development Jane Wright, Clinical Nurse Specialist Oncology, leading a number of research projects, report from Janette Balfe, Clinical Manager Allied Health regarding the SARRAH Conference		

- Ward 6 relocated to their final destination, directly upstairs from Ward 1. Original refurbishments of this ward were undertaken two years ago, Ward 1 was temporarily located in this area whilst refurbishments were progressed in the general medical ward. It was during this time that a proposal was submitted to further develop the bathroom facilities to ensure they are fit for purpose for an AT&R and Non Weight Baring occupancy. The staff and patients report a very positive feedback to the enhanced bathroom areas, they support restorative model of care, which in simple terms is how we support our patients to be part of their own rehabilitation journey. This includes everything from exercises at the gym through to getting their breakfast ready at the ‘breakfast club’. Many of our patients in this ward have had orthopaedic surgery and use a range of equipment to support them and ensure they don’t apply pressure to limbs while they are healing. During August and September this ward has predominately had 100% occupancy, with up to five patients on the wait list from Christchurch.
- Creating a more sustainable approach to Engager provision:** In the past quarter over 77 nursing shifts require the additional support of a patient engager to support appropriate care delivery. As rosters are pressured during seasonal peaks, these additional shifts place

pressure across the system. We cohort patients who require an engager into one ward area to minimise impact, however we are conscious that there is room for improvement in our whole programme of deployment in this area. To establish a foundation we have co-ordinated a six hour study day, led by the Dementia Nurse Educator and Ashburton Gerontology Nurse Specialist, aimed at upskilling Hospital Aids and Diversional Therapists in providing this service. Our intention is to develop this programme so that it can be delivered by local staff in Ashburton and future state investigate our opportunities to utilise suitable trained volunteer groups from the community.

- Sheryl Haywood, Nurse Practitioner Gerontology recognised by NZNO:** Each year the New Zealand Nurses Association (NZNO) presents Service to Nursing and Midwifery Awards as a way of recognising nurses or midwives who are NZNO members and who have made a positive difference to nursing or midwifery practice or practice environment. This year there were four recipients of the Award nationally, Sheryl Haywood was one of them. Sheryl is a nurse practitioner in Ashburton providing comprehensive services to the frail elderly with complex diagnoses and management requirements. She is passionate about person-centred care and believes in building sustainable and trusting relationships with her clients. Her nominators shared that she is making a significant contribution to improving the lives of older people and that she inspires those lucky enough to work with her. Sheryl began her journey to Nurse Practitioner in Ashburton commencing as an intern, she went on to complete her Nurse Practitioner training graduating in 2016. More recently Sheryl has also been involved in supporting the Rural Hospitals consolidate their care plans and resources and provide upskilling in the provision of older persons health in the aged residential care forum. Unfortunately for us, but positive for Sheryl, she is moving on to a South Island regional position, as Clinical Manager six rest homes across the South Island. We congratulate Sheryl and wish her all the best for her future.
- SARRAH Conference 2018 Service for Rural and Remote Allied Health:** Janette Balfe, Clinical Manager Allied Health attended on behalf of Ashburton Health Services. The Canterbury DHB, West Coast DHB, Nelson, Marlborough DHB and Bay of Plenty DHB sponsored representatives from their regions to attend the recent SARRAH national conference held in Darwin. The conference was packed full of presentations across Allied Health disciplines evidencing innovative ways of enhance service delivery in rural and remote Australia. Many of the themes of which could be replicated or modified to fit with the New Zealand context. South Island DHB's took the opportunity to promote the south island as a positive place to live and work and the creative pod included 3D imagery of the stunning landscapes as well as some of the hi tec resources available within the hospital environments, to provide a taste of what we have to offer. Interest was displayed by a range of disciplines including newly qualified allied health practitioners and experienced ex pats who are considering a return to New Zealand.
- Key Themes - Training/Competence:** The development of the Rural Generalist Program initially focussed on Occupational Therapy (OT), Dietetics/Nutrition, Physiotherapy, Radiography, Pharmacy, Podiatry and Speech Pathology. Level 1 of the development program is described as a practical, work integrated development for early career professionals designed to meet the needs of rural and remote services. This work provides an opportunity for the rural NZ context to consider the training needs of rural workforce. Additionally the development of specific clinical skills, advanced scopes of practice and skills sharing links to the work being undertaken across the south island under the Calderdale Framework.
- Calderdale Framework:** Numerous evidenced based practice developments were showcased to demonstrate the work being done to advance not only allied health workforce knowledge and understanding of each other's roles but broadening this out to medicine and nursing. One initiative demonstrated the value in job shadowing between a radiology

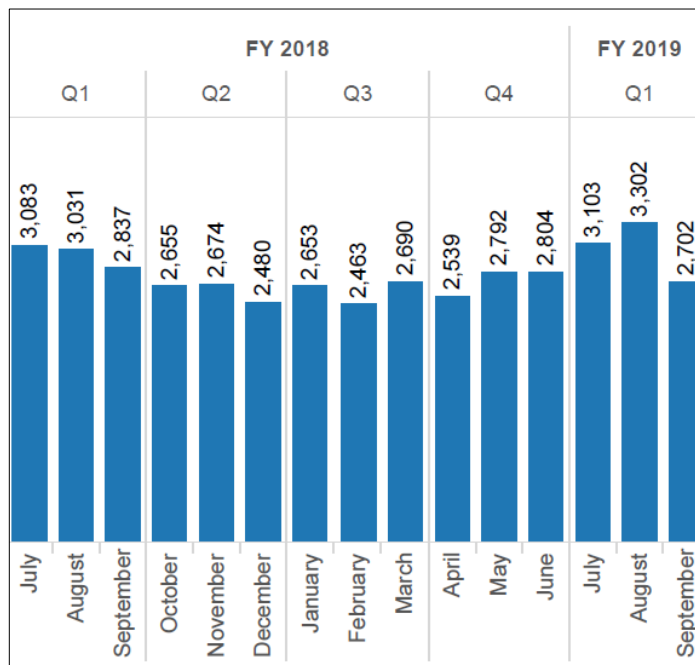
department and nursing/junior doctors. Poorly informed understandings of each other's roles led to barriers in the delivery of service and conflict between staff, blaming each other for delays in care. Shadowing enabled more insight to be developed and opportunities emerged to consider different ways of managing the input. Ultimately leading to discussions around what skills areas of work could be shared. Another example was provided based on the new craze of escape rooms. The design was based on a medical emergency providing an opportunity for students and staff from across health to work together to problem solve. Learning outcomes included enhanced appreciation of each other's skills, as well as areas of knowledge, skill and expertise they have in common.

- **National Rural Generalist Pathways (Medicine):** Professor Paul Worley Rural Health Commissioner, gave a compelling address about the need for a psycho, bio, social model in the field of rural and remote health care. He suggested that Allied Health could learn from the National Rural Health Pathway in medicine giving rise to the possibilities of more collaboration in the allied health space/medical space.
- **Assistive Technology and Telehealth:** Inputs included the imperative to maintain pace with advancements in technology to bridge some of the gaps in service provision complicated by distance from main centres. This space it seems is open for future development and in light of the innovations occurring across the globe. Medical applications, pods etc. providing diagnosis, treatment options.
- **Rural Health Academic Centre – Ashburton (RHACA). Nurse led research:** Jane Wright, Clinic Nurse Specialist Oncology, holds the nurse research position funded through RHACA. This update is provide a brief summary of what Jane has been working through in the background and we look forward to ensuring Jane being an active contributor to the wider CDHB Nurse Research network.
- Clinical audit and service review of chemotherapy treatment in Ashburton. This service is delivered in partnership (one service –multiple sites) with CDHB Oncology Service. The review is the final stages of being endorsed by Dr Bridget Robinson, with the objective of providing a report with recommendations on activities to improve connections with the Christchurch based services and the potential to expand the demographic cohort attending the Ashburton facility. Alongside this report, the implementation of SI PICs and the truly single waitlist will create a wider visibility of demand for services and capacity for Ashburton to deliver these. The audit will be written up for publication, Jane has submitted abstract to present at Rural Conference 2019 April.
- Stroke Study in partnership with Dr Steve Withington Ashburton is participating in the National Stroke study “Regions Care”, led by Dr Anna Ranta. More information on this study can be found on the Stroke Network <https://strokenetwork.org.nz/>. The objective is to reduce ethnic and geographical inequities and optimise NZ stroke care delivery. Jane is taking a leading role with Steve in co-ordinating the participants from the Ashburton community and interviewing them throughout the year.
- Next project underway, is to explore the scope of nursing service delivery in primary, community and hospital care delivery across mid Canterbury. This is a core piece of research that we intend to map against the mini “health needs analysis” being undertaken through the Ashburton Service Level Alliance. Our objective is to support the development of a collective Nursing workforce development plan for our region.
- **Academic Liaison Nurse for Otago University:** In addition to this, Jane provides the academic liaison role for Otago University in Mid Canterbury. This program supports nurses with an undergraduate degree who are now progressing towards a Master of Nursing. In the past six months, Jane has been working with two nurses who held primary care who have successfully moved onto the next phase of study, we are expecting another placement shortly

in Acute Care. Supporting nursing development in rural environment is a critical component of the Ashburton Health Services strategy. The more exposure to the rural environment, the wider our opportunity to encourage them to come back and work here.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management



Winter of 2018 has resulted in the expected heavy flows to the Emergency Department (ED) and other acute services. This demand combined with constrained facilities has seen the proportion of people seen and treated within six hours in ED (the previous health target) fall slightly to 93% over the first quarter of 2018/19 and moreover the number of people within ED has steadily increased with an average of four more people per hour in ED during this period compared with the same time last year.

High volumes have been managed in the community with Acute Demand volumes significantly up during the first two months (and above budget). This activity aligns with our request to primary care to extend management of people safely in the community when

ED and the hospital were under significant pressure during winter. Some of this demand appears to be abating with the arrival of spring conditions.

We are evaluating initiatives that were implemented to help keep our population well through winter. This includes evaluating the impact of vouchers for general practice follow-up for people being discharged who were at high risk of readmission.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Community Based Rehabilitation Services:** Evolving models of care in rehabilitation in response to changes in our acute and sub-acute hospitals, have resulted in the development of community based rehabilitation services. Provision of community rehabilitation services presents a number of challenges including how to evaluate the effectiveness of these services and the interventions within them.
- In response to these challenges, the Australasian Rehabilitation Outcomes Centre (AROC) have implemented the National Ambulatory benchmarking initiative to enable the collection of outcome measures data from services in the community. The Canterbury Community Stroke Team is piloting the use of this benchmarking tool. This will allow us to evaluate the effectiveness of different models.

Mental Health

- **Pay Equity:** The pay equity settlements for mental health support workers are being worked through currently. While pay equity is positive for the sector it does create risks as other parts of the workforce struggle with their lack of alignment to the new rates. The recent nursing settlement is also perceived as having the potential to increase the difficulty of attracting nursing staff into community organisations as more services are provided outside of acute facilities. A whole of system approach is needed to reduce unnecessary movement between organisations and the Mental Health Workstream is engaging with national workforce providers to develop a sustainable workforce going forward. This may result in funding pressure.
- **Mana Ake – Stronger for Tomorrow:** The focus of service design for Mana Ake this month has been on:
 - Supporting the phase two kaimahi and school clusters as they start to implement Mana Ake;
 - Engaging and supporting the readiness of the clusters for phase three (term 4); and
 - Recruiting and appointing to project team and team leader roles.
- The new team leader role is critical to supporting implementation of Mana Ake. They will both ensure consistency of service support from the Mana Ake kaimahi (workers) and will support school clusters to implement a collaborative approach. We anticipate that we will need eight team leaders by April 2019. We have appointed two team leaders to support the phase three roll out which commences on 15 October.
- Phase three (term 4, October) brings 21 full time equivalent (FTE) kaimahi on board, supporting 60 schools in seven clusters from the Hurunui to Leeston and Akaroa. This will bring the total FTE to 40, supporting 98 schools.
- Mana Ake kaimahi in the five current clusters are providing one to one support for 170 students. An additional 40 students are accessing group interventions.
- We have also appointed a practice lead to the project team who will start at the end of October. This role will ensure consistency in support to schools.

Primary Care

- **Primary Health Services:** Discussions between the Ministry of Health, Canterbury DHB, and Primary Care representatives about implementing the Government's primary healthcare policy priorities are advancing. These include lower fees for Community Service Cardholders seeing their regular general practitioner or practice nurse, and zero fees for 13 year olds, to begin from 1 December. We expect the new emphasis will result in higher numbers of people eligible for Community Service Cards.
- **Pharmacy Services:** All 126 community pharmacies in Canterbury accepted a new service agreement, the Integrated Community Pharmacy Services Agreement (ICPSA), which commenced on 1 October. These agreements are 'evergreen', but provide for ongoing improvement through an annual national review process, and for individual DHBs to commission local service changes, this is analogous to local services as for general practice services through Primary Health Organisation service agreements.

Maori and Pacific Health

- **Te Wiki O Te Reo Māori:** Te Wiki O Te Reo Māori this year (in September) has grown each year in our health system. We have seen increased numbers of staff wanting to engage with te reo Māori, practicing and learning through a range of avenues such as the various

kupu (words) that were accessed through the daily communications, Kia kaha koutou. In addition to this our Māori staff led waiata and pepeha sessions as well as a grand round presentation with very positive feedback along with growing engagement from staff all over our system.

- **Kaupapa Māori & Pacific NGO Collective (The Māui Collective):** The Kaupapa Māori & Pacific NGO Collective celebrated the inaugural placement of a Nursing Entry to Practice (NetP) Nurse within one of their NGOs in September. It has been historically very difficult to place a NetP nurse into a Kaupapa Māori & Pacific NGO and still meet the requirements of preceptorship, supervision and ongoing training. However 2018 has seen a partnership of participation with Pegasus PHO, the CDHB and the NGOs with an innovative blended position created which has allowed a NetP Nurse to commence a role of 0.5FTE GP Practice and 0.4 FTE NGO. One of our Pasifika providers, Tangata Atumotu, are facilitating this role with the support of Pegasus PHO, Canterbury DHB and the Kaupapa Māori & Pacific Shared Services Clinical Co-ordinator. We hope to have our inaugural Māori NetP Nurse commence February 2019.
- The Māui Collective, comprising of Māori and Pasifika health providers within Canterbury DHB are also growing their own skills and knowledge. In October and early November they are launching their inaugural 'Te Matau a Māui' Workforce Series. They have brought together an excellent range of speakers and mentors to create a fast moving, upbeat, engaging couple of days of workforce development. 'Te Matau a Māui' Workforce Series will gather the sector workforce in one space to be inspired, challenged and empowered from those in and beyond our sector. The training aims to:
 - hear from speakers leading change and transformation
 - have thinking provoked and challenged up close from critical friends
 - build on knowledge and know how in a practical sense
 - reflect on our own practice through collaborative learnings
 - exercise some whanaungatanga and enjoy some great kai

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update:** The *All Right?* campaign team has been asked by the Ministry of Health to develop a website focused on addressing psychosocial wellbeing in the recovery phase following disaster. Based on the *All Right?* Recipe which identifies the key ingredients of the campaign, the website will provide advice in simple language about how to facilitate and promote wellbeing in disaster-affected communities anywhere in the country. The website will describe initiatives undertaken by the *All Right?* campaign and will offer suggestions as to how these might be personalised for local communities. The website is due for completion by the end of October.
- **Christchurch Alcohol Action Plan:** Community and Public Health has worked closely with the Christchurch City Council and the New Zealand Police over the past two years to develop the Christchurch Alcohol Action Plan (CAAP) - a multi-agency response to community concern about harmful alcohol use. The CAAP encourages community action and participation to address alcohol-related harm. The CAAP was officially launched on 14 August, 2018 at a governance breakfast and stakeholder lunch event held at the Christchurch City Council and attended by more than 70 people.
- **Third International Conference on Wellbeing and Policy:** Staff from Community and Public Health gave four well received presentations at the 3rd International Conference on Wellbeing and Policy held 3-5 September in Wellington. The presentation were as follows:
 - Evolution of the Canterbury Wellbeing Index - Dr Annabel Begg, Kirsty Peel

- The evolution of the Integrated Planning Guide for a healthy, sustainable and resilient future - Sandy Brinsdon
 - Keeping Well: A decade-long 'health in all policies' partnership case study from Christchurch, NZ - Claire Bryant (Christchurch City Council), Sandy Brinsdon
 - All Right? - Growing Population Literacy and Agency in Mental Wellbeing: Evidence from the world's most sophisticated post-disaster wellbeing campaign - Ciaran Fox, Dr Lucy D'Aeth, Ms Sue Turner
- It was useful to learn more about the Government's Treasury Living Standards Framework, the Stats NZ Indicators Aotearoa Project, and to better understand the agenda to place wellbeing measures at the centre of government policy (in ways which will be embedded in legislation). The conference debate reinforced the direction Community and Public Health has taken regarding population wellbeing promotion, monitoring wellbeing and utilising health in all policies approaches.
 - **Community and Public Health: Emergency Response Training:** Some of Canterbury DHB's most experienced health emergency responders attended Community and Public Health's refresher CIMS (Coordinated Incident Management System) training in Late September. The training, tailored to suit Public Health requirements, was presented by Hamish Sandison (Emergency Preparedness Coordinator) and Debbie Smith (Health Protection Officer). The course was well received by those in attendance, including two Medical Officers of Health, a Public Health Registrar, Health Protection Officers and a PA. Dr Alistair Humphrey was pleased that sufficient time was allowed for appropriate discussion, given the experience of the participants, while Dr Cheryl Brunton remarked that the activities were the most valuable aspect, together with the opportunities made available for discussion.
 - **Health Promoting Schools: New Food and Nutrition Policy at Mairehau High School:** Two years in the making, Mairehau High School Board of Trustees has recently ratified a new food and nutrition policy. Working in collaboration with the Heart Foundation, the Health Promoting Schools Facilitator from Community and Public Health has been supporting the school to introduce a nutrition policy. This involved reviewing the school food environment, consultation with staff, and gathering student voice (on what they need at school to eat well). The new policy also takes steps towards Mairehau becoming a 'water-only' school, and is accompanied by a detailed procedure document focused on embedding a healthy eating culture.
 - 'Over the course of two years, we have crafted, consulted (consulted again) and finally clarified an awesome Nutrition Policy that will help us to ensure our school whanau are supported to make nutritious food choices within the curriculum, in the wider school environment and on our EOTC adventures! We are really looking forward to further embedding this policy into our practice. This term the HED201 class resurrected our Breakfast Club, which is going to continue to grow and establish itself, as nutrition becomes a key focus in our school and with the support of our BOT once the policy is ratified.' (Kyla Dench, HOD Health, Mairehau)
 - **Selwyn District Council Long Term Plan: Canterbury DHB submission points on drinking water supply compliance:** The Canterbury DHB made submissions on Long Term Plans (LTP) for eight local and regional councils in the Canterbury area. A significant number of the submission points concerned drinking water, as Community and Public Health seeks to improve drinking water supply compliance in our region. In the submission to the Selwyn District Council's Long Term Plan, Community and Public Health encouraged the improvement or inclusion of treatment (UV and Chlorination) of drinking water supplies in the District. As a result of the Long Term Planning process the Selwyn District Council has made the decision to implement a risk-based approach to the protection of drinking water schemes, utilising filtration, UV treatment, and chlorination as needed. This decision should result in improved compliance of those drinking water supplies identified as being of greatest

risk to public health. Community and Public Health will be part of the stakeholder group developing a risk matrix for the Council to use in determining which supplies within the Selwyn District should be chlorinated (based on identified risk factors). The Selwyn District Council will be finalising their approach in the near future.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Acute Services Building**
 - Wireless Change Request sent to CDHB for approval.
 - The first network equipment is now live on Level 3 to support commissioning of the Building Management System (BMS) Security and Nurse Call.
 - No additional updates this month as focus is on Outpatients.
- **Christchurch Outpatients**
 - Wireless fully installed and tested, with satisfactory performance on all floors.
 - Paging coverage tests have been satisfactory on all floors. Final walkthrough testing to confirm.
 - Additional PCs have been pre-deployed wherever possible.
 - Network patching 95% complete.
- **Cardiac Test Repository**
 - Network design, device audit and test plan development in progress, but slow.
 - Discussions with Epiphany, Fuji and the Regional DHB's ongoing regarding next steps.
- **Paperlite**
 - **End of Bed Chart (Clinical Cockpit):** Project to collate information from a number of systems on a hand-held device, including Medchart, Patientrack and Éclair results. Preferred vendor selected, and the Business case is ready to be submitted.
 - **Cortex:** Digital progress notes across Nursing, Allied Health and Doctors which will be accessible from point-of-care devices (iPads) so that the care team has immediate access to accurate information about our patients. Concept Brief awaiting approval by SIC and EMT.
- **Health Connect South**
 - Sub -releases (not requiring outages) continuing to add functionality.
 - Regional Service Desk workshop held to explore how the regions DHB's can all work together, work ongoing before the second one scheduled for October.
 - Support agreements with the regional DHB's now being worked through following the signing of the South Island Strategic Partnership Agreement (SISPA) with Orion.
- **South Island Patient Information Care System (SIPICS)**
 - Detailed planning preparation for Phase 2 of the rollout of the software into the main Christchurch and Ashburton Hospitals ongoing.
 - Implementation commenced on 6 October.
 - Training for the Christchurch Campus and Ashburton commenced in April and is ongoing up to and beyond go-live. There are several core modules offered, and these are based around staff roles and responsibilities.

- Work to install several hundred label and wristband printers is nearing completion, along with work on printer connectivity, interface testing and integration to other applications.

Integrated Family Health Services and Community Health Hubs

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

- **Hurunui:** The Hurunui Health Services Development Group is now overseeing work on implementing recommendations to improve access to local health services, as endorsed by the Board at its meeting in July. A six month trial of new arrangements between local practices for delivering urgent care after-hours is underway. This model increases partnership between the General Practices with north and south rosters. Advice is also being sought on options to improve the future sustainability of the four community trust-owned practices.
- **Oxford:** The Oxford and Surrounding Area Health Services Development Group is continuing to develop recommendations for improved local access to health services. Key areas of focus are: transport for access to health services in Christchurch; telehealth for local access to specialist clinics; urgent care after-hours; and restorative care in the community for people following hospital discharge. The Group now seeks feedback from the community on their draft recommendations.
- **Akaroa:** Construction of the new Akaroa Health Centre is underway and expected to be completed in time for services to begin on site in June 2019. In parallel, a building lease and a transition services contract with Akaroa Health Ltd are being developed to support delivery of services.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- We are working with the Health Quality and Safety Commission on materials to promote Patient Safety Week. This year's theme is infection prevention and control with a focus on hand hygiene. Patient Safety Week runs from 4-10 November.
- During September we prepared a mix of materials and messages for Mental Health Awareness Week (from Oct 8), for both staff and public, which will include examples of initiatives and the positive progress we are making in this key area. The theme of the week is 'Let nature in' and the activities are based on the 5 Ways to Wellbeing: connect, give, keep learning, take notice and be active.
- We have the content together for the next WellNow community magazine and are working on the design. It is due in mailboxes slightly later this time to coincide with the change to the schedule for the Quality Awards (delivery from 12-19 Nov).
- As part of a transalpine communications project, new versions of both the Canterbury DHB and West Coast DHB websites are due to be launched in October. The websites will provide easy access to information about using health services in Canterbury and the West Coast, as well as information about the district health boards and wider health system. They have been designed to be accessible by all people, as well as responsive and viewable on all devices, with the intention of removing barriers for people to be able to access health service information whenever they need it. Our online information will be further improved during 2019, by co-designing and bringing in processes so that our documents will be more accessible.
- **Te Wiki o te Reo Māori – Māori Language Week** was promoted across the organisation through all staff daily emails highlighting the Word of the Day, in the CEO Update, on

Facebook, and celebrated via waiata at the Great Escape café, sessions held by Hector Matthews to help people write their own pepeha, and various events held by individual teams.

- **Neonatal Intensive Care Unit Human Milk Bank appeal:** The Neonatal Intensive Care Unit needed to boost donor numbers and milk supplies so a short video and message were posted on the Canterbury DHB Facebook page. The post received impressive engagement, with 155 comments and 975 shares. The Unit received 56 emails about becoming a donor. From those 56, 17 followed through, 14 are being processed and three are now donors. Further promotion is planned, and there has been some further media interest from TVNZ in covering the story.

Media

- September saw enquiries regarding the rates of influenza in Canterbury. The most dominant media covered topic this month was that of synthetic cannabis users who presented to Emergency Department at Christchurch Hospital. A statement was issued to the media promptly to warn about the high number of admissions of people suffering from synthetic cannabis toxicity. A media stand-up attracted large numbers of media and was well-covered by most media outlets.
- Some of the other issues media enquired about were:
 - Acute Service's building budget;
 - Nurses' concerns over the handling of complaints of sexual harassment by patients;
 - SI PICS going live;
 - Elective surgery outsourcing;
 - Air NZ flight landing at Christchurch with unwell passengers;
 - Whitebaiters going into the red zone to fish in the Avon;
 - Mana Ake – Stronger for tomorrow mental health in schools initiative
 - Parkside building classification;
 - Use of fax machines across DHB (nationwide) and possible security threat;
 - Delays to surgery time and query on the demand for orthopaedic surgery;
 - High risk medication for sleeping, pain or incontinence being provided to the elderly being the cause of falls and broken bones;
 - Recruitment of Radiologists at Canterbury DHB;
 - Surgical mesh usage and the credentialing of surgeons using it;
 - Akaroa Health Hub;
 - Building Sub-contractors going into liquidation who have worked on Canterbury DHB buildings; and
 - New Outpatients building, queries on numbers. Some photos were supplied and an invite to the blessing issued.
- Josh Freeman, Chair of the Specialist Council for NMA (and Canterbury DHB microbiologist) appeared on Breakfast TV about the 'Surge in the Superbugs'.
- Carolyn Gullery was interviewed by Pharmacy Today regarding the new national pharmacy contract and how many pharmacies had signed up.
- The Press and Newstalk ZB interviewed Canterbury DHB dentist Juliet Gray regarding the Canterbury Mental and Oral Health project.
- Live radio interviews – Canterbury Mornings with Chris Lynch – featured Dr Matthew Croucher, an expert in dementia from Canterbury DHB; and Becky Hickmott, Nurse

Manager – Nursing Workforce Development Team on the new Health Precinct and Inter-professional Education.

Facilities Redevelopment

• Christchurch Outpatients

- Weekly videos and infosheets continue to be produced for staff ahead of migration into the building in late October. The videos cover all the topics that staff need to know ahead of the move and feature GM Pauline Clark introducing each one.
- Posters, maps and parking information are being distributed to each service to communicate the move to their patients.
- We are working with CCC and Otakaro on producing information about access to the Outpatients building once Oxford Terrace is open.
- We have fielded a steady stream of staff questions about the move.
- We have arranged for the official address of the Outpatients to be 2 Oxford Terrace (main entrance) as well as 245 Antigua Street (rear entrance). CCC and LINZ have updated their records and staff have been informed.
- The staff handbook for the building is now online and available to staff as part of the HealthLearn building orientation module.
- The blessing service was held on 5 October.
- Services move in to the new building from 26 October until 12 November. The first Outpatient Clinics will be held in the new building on Tuesday 30 October.

• Acute Services building

- Work is ongoing communicating site activity related to the Acute Services build, mostly via the daily global and weekly CEO updates.

• Manawa (Health Research & Education Facility)

- Produced a video explaining the cultural narrative. Have also been involved in regular communication meetings with all stakeholders to arrange a public open day and official opening.

• CEO Update stories

- David Meates, Quality and Patient Safety staff and others swapped their office chairs for wheelchairs in early September to mark World Spinal Cord Injury Day and help raise awareness of spinal cord injuries and pressure injuries. Three New Zealanders a week are paralysed by a spinal cord injury or impairment from a car crash, a sporting injury, an illness or a fall. Canterbury and West Coast DHB's Quality and Patient Safety teams are implementing a multifaceted ACC funded project to prevent pressure injuries across Canterbury and the West Coast communities. Spending even a short time in a wheelchair made them appreciate their mobility more and realise the things they take for granted.
- Natalie King and Kathy Davenport have had recent success in examinations in Australia. Natalie is Programme Lead: Treatments and Technologies and Kathy is Service Manager, General Surgery. Natalie is currently seconded to the office of the Chief Medical Officer's team and Kathy has been overseeing the preparation for the opening of the new Outpatients' building. They have both been awarded Fellowships with the Australasian College of Health Service Management. To pass the examination, they had to demonstrate a comprehensive knowledge of health funding systems, strategies to address health inequalities, quality improvement and current theories of leadership and change management.
- Canterbury DHB's Recruitment team attended 'Got A Trade SpeedMeet' along with other major employers from the Canterbury region to meet with high school students

seeking job opportunities. The event took place at Papanui High School where the team spoke to a number of students about different career options they can choose from at Canterbury DHB. SpeedMeet brings together jobseekers and employers, speed-dating style. Students meet with potential employers for five minutes, note down whether they would like to know more or not and then move onto the next employer.

- Kelly Tikao, a registered nurse who works in the Youth Inpatient area of Canterbury DHB's Mental Health Service has won the 2018 Kate Sheppard Memorial Trust Award. The announcement was made on September 19 - the 125th anniversary of Aotearoa/New Zealand's Women's Suffrage. Kelly, of Waitaha, Kāti Mamoe and Kāi Tahu descent, is currently in her fourth year of PhD study at the University of Canterbury exploring Kāi Tahu birthing traditions and practices around conception, pregnancy and birth. Kate Sheppard Memorial Trust Chairperson Judith Sutherland says the Trust is pleased to be able to continue to assist talented women to achieve their dreams. The research being undertaken by this year's recipient in the area of indigenous birthing practices will be very important, not only to New Zealand but overseas, she says.
- Meat Free Week in September was designed to get people thinking and talking about their red and processed meat consumption. Bowel Cancer New Zealand say studies show the risk of bowel cancer increases relative to the amount of red and processed meat consumed. WellFood Food and Beverage Service Manager Nicky Moore, a registered dietitian, says people can get a good level of protein intake without eating meat. The Great Escape Café at Christchurch Hospital launched vegan options a few months ago and sales have increased dramatically. One of customers' favourite recipes is Red Coconut Lentil Curry.
- It's been just over 10 years since clinical team co-ordinators (CTCs) were permanently introduced in early 2008 to improve patient safety after hours. Their presence aims to ensure effective teamwork in the after-hours period, a time when hospitals have the least number of staff working and the most number of in-patients. On a typical shift John Crozier and the other 11 CTCs at Christchurch Hospital can easily clock up 9km, or as much as 14km, on their pedometers. The amount of walking these experienced senior nurses do reflects their role - circulating the wards and other clinical areas, in the afternoon, nights and on weekends interacting with patients and staff. The work CTCs do enable staff, particularly junior resident medical officers (RMOs), to work in an environment where they are supported, have manageable workloads and their activity is prioritised so they can be with the right patient at the right time, enabling good clinical decision-making and high-quality patient care. The role supports effective patient flow ensuring that patients are well enough to return home safely as soon as possible. This contributes to the relatively shorter length of hospital inpatient stay experienced in the region. No other DHB in New Zealand has a role with the same broad range of clinical and logistical scope.
- Canterbury DHB Pharmacist Kyra Sycamore has succeeded in being re-credentialed with the UK-based College of Mental Health Pharmacy (CMHP). She is the credentialed CMHP member working clinically in New Zealand. CMHP is a specialist pharmacist accreditation body that aims to advance education and research in the practice of mental health pharmacy to benefit individual care. CMHP Vice President Ciara Ni Dhubhlaing, a Senior Pharmacist at St. Patrick's University Hospital in Dublin, says credentialing with the College requires demonstration of work at an advanced level to have a positive impact on patient care.
- The Suicide Prevention Symposium was held in Christchurch in September, attended by over 740 people. The theme was 'Happy, sometimes it takes teamwork in finding it', - reflecting that sometimes our happiness takes teamwork. It's about communities taking action together to help prevent our loved ones taking their lives.

- **Te Panui Runaka** - The Kia Kaha Chemist is combining his knowledge of Te Ao Māori and medicine to help patients find their mana. Brendon McIntosh (Kāi Tahu) has been a pharmacist for over four years. Now partially funded by Te Pūtahitanga o Te Waipounamu, the mobile pharmacist visits marae across Greater Christchurch. He is also supported by the Canterbury Community Pharmacy Group to undertake Medicines Use Reviews (MUR), which he approaches from a Māori perspective, to help people better understand and self-manage their medication.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Detailed planning is continuing for disconnecting the Chemo Day Ward for Parkside. Pricing negotiations are ongoing with the ASB link main contractor, which has been engaged under an early contractor involvement agreement to progress the temporary works design. Cost estimates for preliminary design of priority areas currently being prepared.
- **Clinical Service Block roof strengthening above Nuclear Medicine:** Equipment has now been received. The equipment will be stored at Print Place. RFP out to 3 contractors. Negotiating with 1 contractor. Business Case approved.
- **Lab Stair 4:** EOI being compiled. Programme start date being worked through in consultation with other projects in the area. Relocation of Labs staff and other associated planning underway

Christchurch Women's Hospital

- **Stair 2:** Draft review completed by fire engineer as part of the overall Women's risk analysis. Strategic assessment process has been finalised and presented to facilities committee and for endorsement by board. The balance of analysis can now be completed.
- **Level 4:** Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels, actively working with staff to look at options to commence the remedial and passive fire works.
- **Level 5:** Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time, but will endeavour to pick this up during Women's passive fire works.
- **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering**
 - Database designs are complete, additional information added as test data received and in use by Site Redevelopment on current project/passive work. Currently developing the process for digitalization of the passive fire system and database. The forms and documents will be updated to e-forms and will be part of the digitalization programme. Continue discussion with Maintenance and Engineering on management of the passive fire programme.
 - Test rig being used weekly by CDHB and Engineers for training and evaluations. Materials supply is well established with savings being made.
 - We continue to identify non-compliant areas as other projects open walls/ ceilings.
 - Second Stage RFP for installer fixed cost is in final stage of the procurement progressing.

- Passive program continues to receive positive support from wider industries representatives. Recently visited by Branz who confirmed their support for the programme
- **Christchurch Hospital Campus Energy Centre:** This is managed by the Ministry of Health (*MoH*).
 - Service Tunnel: Complete. Steam provided by coal boilers to Outpatients and Hospital. Final connection for ASB still to be completed.
 - Energy Centre: Tender submissions received and being assessed.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new Energy Centre constructed and commissioned.
- **Temporary Accommodations on Antigua/Tuam St.** Business case approved. Resource consent received. All items have been costed. Finalisation of construction contract underway.
- **Riverside**
 - Central block lift strengthening design and methodology being worked through and compiled
 - Level 7 water tank removal being worked on with SRU and M&E with an options analysis being undertaken.
- **Parkside Renovation Project to Accommodate Clinical Services, post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on advice from MoH as to outcome of master planning process. Draft master plans currently being peer reviewed by Ernst and Young.
- **Back up VIE Tank:** Initial proposed strengthening scheme has been approved by BOC. Quantity Surveyor has completed estimate. Business case to be presented shortly. Primary VIE tank is operational.
- **Antigua St Exit widening:** CDHB work completed in advance of Otakaro requirements.
- **New Outpatient Project (managed by MoH Architectural / services fit out on all floors complete.** Code compliance achieved. Practical completion received. FF&E installation underway with 1st migration shift planned for 26th October 2018
- **Avon Switch Gear and Transformer Relocation.** Design complete. Business case to be submitted for approval. Project is being managed by M&E.
- **Otakaro/CCC Coordination.** Oxford Gap closed to Dec 2018. Land swap discussion still with LINZ. Regular Wednesday meetings are occurring. Crossing from main campus to Outpatients complete.
- **Hagley Outpatients 2 Storey demolition:** Business case approved. Contractor appointed. Working plan and programme complete. Work on site will begin 12 Nov 2018 following the Outpatients department relocation to the new building.
- **New Outpatients Cafeteria:** Business case approved. Main contractor awarded. Fit out commenced. Completion forecast November 2018.
- **Diabetes Demolition:** Demolition to occur after Home Dialysis Training Centre has relocated to refurbished leased facility. Tenders received and assessed. Business case to be presented based on successful bid. Award to be notified once approved by board. Demolition start planned for February 2019.
- **Canterbury Health Labs**

- Anatomical pathology: Initial planning on options for repatriating AP from School of Medicine is about to commence. Business case for seed funding is pending
- Core Lab (High Volume Automation) Upgrade: SRU to commence procurement of design consultants to develop scope for required building of infrastructure changes.

Burwood Hospital Campus

- **Burwood New Build:** Defects are being addressed as they come to hand.
- **Burwood Admin old main entrance block:** Meeting to be organized with community team leadership group to assess requirements and then formalise repair design process. This will enable the repurposing of the building to accommodate community teams from TPMH.
- **Burwood Mini Health Precinct:** User groups have been engaged with to identify space needs and expectations. Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further.
- **Spinal Unit:** Good progress being made. Demolition work completed.
- **Burwood Birthing/Brain Injury Demolition:** Work continues. Target completion date of 20th Dec 2018.
- **Burwood Tunnel Repairs:** Work is now complete in all accessible areas between buildings. Areas underneath building may still require some minor repairs.
- **2nd MRI Installation:** MRI 2 works complete and fully operational.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** A high level building assessment has highlighted potential issues with the roof and the switchboard. This work is to be considered as part of structural upgrade and may form part of the proposed works. Other deferred maintenance work is being assessed for the possibility of this being undertaken concurrently with other works.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements. Meetings on site with Cotter Trust representatives to review possible potential locations at Lincoln green.
- **Mental Health Services:** New High Care Area for AT&R is in design development stage with all consultants working well. Resource Consent to be lodged. Currently working on developments for building 1 and 2, and temporary High Care Area for building 3. These include options for additional space in the PSAID area and opportunity's for a low stimulus area retrofitted into existing spaces.

The Princess Margaret Hospital Campus

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

Ashburton Hospital & Rural Campus

- **Stage 1 and 2 works are complete.** Final claims have been agreed with the contractor. Final defects are progressively being resolved.

- **Tuarangi Plant Room:** Concept drawing completed and safety consultant report received. Now looking to hand over to M&E to implement.
- **New Boiler and Boiler House:** Consultant's engaged and concept design complete. Will go out to the market shortly. This is currently being managed by M&E.

Other Sites/Work

- **Akaroa Health Hub:** In construction. Timber wall framing has been erected and roof trusses will be installed in the upcoming week. Programme remains at previous delay due to early winter weather.
- **Kaikoura Integrated Family Health Centre:** Repair strategy received from Beca. Minor repairs to be undertaken by M&E.
- **Rangiora Health Hub:** Main contractor appointed – HRS Construction. First site visit meeting held 31 Aug 2018. Work to begin at Christchurch on 12 Nov 2018 and at Rangiora in Nov.
- **Home Dialysis Relocation:** Business case approved by Board. Programme forecast completion February 2019. Contract awarded to Naylor Love and will start onsite October.
- **SRU:** Project Management Office manuals re-write and systems overview. Scope has increased as understanding of documentation required had been realised to approximately 3 times original size. Main documentation is now 95% complete and is in use daily by the SRU team. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring:** Fee proposals received from engineer. Reviewing scope and availability of suitable providers. The outcome of this will form part of the business case for board approval.
- **MANAWA (Former HREF):** SRU continues to be involved in providing construction and contract administration / interpretation advice to the HREF project. Building has been blessed and is occupied. Currently in defect liability stage.
- **Annual Damage reviews:** Reports have now been completed.

Project/Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Further Peer reviews of the draft proposed master plan for the Christchurch campus continue to affect our ability to plan forward workloads.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRDU is looking at options to decant teams to adjacent spaces to allow works to commence. This will however, not be possible until ASB project is complete and space in Parkside becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames.

- Potential passive fire issues at Outpatients, ASB and Burwood are continually being reviewed. We will work with contractors, designers and the MoH (where possible) to ensure we get the appropriate systems installed.
- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. The programme of works and business as usual projects are currently being reviewed in conjunction with the approved revised decision making framework in an attempt to identify tranches of work for commencement. This process is still largely dependent on master planning. Guidance from the board will be required as to the timing and suitability of any proposed projects to mitigate on going risks to the CDHB.







LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of August 2018 was a deficit of \$9.631M, which was \$0.009M unfavourable against the draft annual plan deficit of \$9.622M. The table below provides the breakdown of the August result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$M	\$M	\$M	\$M	\$M	\$M
Governance	(0.068)	-	(0.068)	0.047	-	0.047
Funder	(7.168)	(4.901)	(2.267)	(10.493)	(8.913)	(1.580)
DHB Provider	(2.395)	(4.721)	2.327	(3.354)	(4.790)	1.436
Canterbury DHB Group Result	(9.631)	(9.622)	(0.009)	(13.799)	(13.703)	(0.097)

Report prepared by: David Meates, Chief Executive

DELIVERING AGAINST THE NATIONAL HEALTH TARGETS			Q1	Q2	Q3	Q4	Target	Status
 Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	Canterbury DHB just missed the Shorter stays in ED health target in quarter four with 94% of patients admitted, discharged or transferred from ED within 6 hours. The Acute Demand Management Service continues to play a critical role in keeping people well in the community and avoiding unnecessary presentations to ED. More than 8,135 acute demand packages of care were provided in quarter four, more than 32,000 were provided during the year.	94%	95%	95%	94%	95%	✗	
 Improved Access to Elective Surgery Canterbury's volume of elective surgery	Canterbury DHB met the year end improved access to elective surgery health target with 21,402 elective surgeries, against the target of 21,330.	4,989 (90%)	10,344 (96%)	15,341 (97%)	21,402	21,330	✓	
 Increased Immunisation Eight-month-olds fully immunised	Canterbury DHB achieved the increased immunisation health target with 95% of eligible children fully vaccinated at eight months. Canterbury met the target for all ethnicities this quarter (96% Asian, 99% Pacific 100%, Maori 95%, and New Zealand European 96%).	95%	95%	95%	95%	95%	✓	
 Better Help for Smokers to Quit Smokers enrolled in primary care receiving help and advice to quit	Canterbury DHB achieved the better help for smokers to quit target in quarter three with 93% of smokers enrolled with a PHO offered advice and help to quit smoking against the 90% target. Canterbury DHB's cessation support indicator is again the highest in the country at 60%. This indicator shows the percentage of current smokers who have taken the next step from brief advice and accepted an offer of cessation support services in the last 15 months.	91%	90%	91%	93%	90%	✓	
 Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	In the last 3 months (June, July and August) Canterbury DHB achieved the Faster Cancer Treatment (FCT) target with 93% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.	95%	94%	91%	94%	90%	✓	
 Raising Healthy Kids Percent of children identified as obesity at their B4SC offered a referral for clinical assessment and healthy lifestyle intervention	Canterbury DHB achieved the raising healthy kids target in quarter four with 100% of four-year-olds identified as above the 98th centile for their BMI (height and weight measurement) referred for clinical assessment and healthy lifestyle intervention. This is a 2% increase on the previous quarter. 'Referrals declined' fell slightly to 22% this quarter.	93%	96%	98%	100%	95%	✓	

FINANCE REPORT

– AS AT 31 AUGUST 2018



TO: Chair and Members
Canterbury District Health Board

SOURCE: Finance

DATE: 18 October 2018

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of August 2018 Financial Result

The consolidated Canterbury DHB financial result for the month of August 2018 was a deficit of \$9.631M, which was \$0.009M unfavourable against the draft annual plan deficit of \$9.622M. The table below provides the breakdown of the August result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$M	\$M	\$M	\$M	\$M	\$M
Hospital & Specialist Service and Corporate	(2.348)	(4.754)	2.406	(3.449)	(4.761)	1.311
Community & Public Health	(0.056)	(0.052)	(0.004)	(0.035)	(0.103)	0.068
Total In-House Provider excl Subsidiaries	(2.404)	(4.806)	2.402	(3.485)	(4.864)	1.379
Add: Funder & Governance						
Funder Revenue	136.829	137.538	(0.709)	273.569	274.605	(1.036)
External Provider Expense	(62.948)	(61.413)	(1.535)	(121.960)	(121.466)	(0.494)
Internal Provider Expense	(81.050)	(81.026)	(0.024)	(162.102)	(162.052)	(0.050)
Total Funder	(7.168)	(4.901)	(2.267)	(10.493)	(8.913)	(1.580)
Governance & Funder Admin	(0.068)	-	(0.068)	0.047	-	0.047
Total Canterbury DHB (Parent)	(9.640)	(9.707)	0.067	(13.931)	(13.777)	(0.154)
Add: Subsidiaries						
Brackenridge Estate Ltd	0.044	0.043	0.001	0.079	0.086	(0.007)
Canterbury Linen Services Ltd	(0.035)	0.042	(0.076)	0.052	(0.012)	0.064
Canterbury DHB Group Surplus / (Deficit)	(9.631)	(9.622)	(0.009)	(13.799)	(13.703)	(0.097)

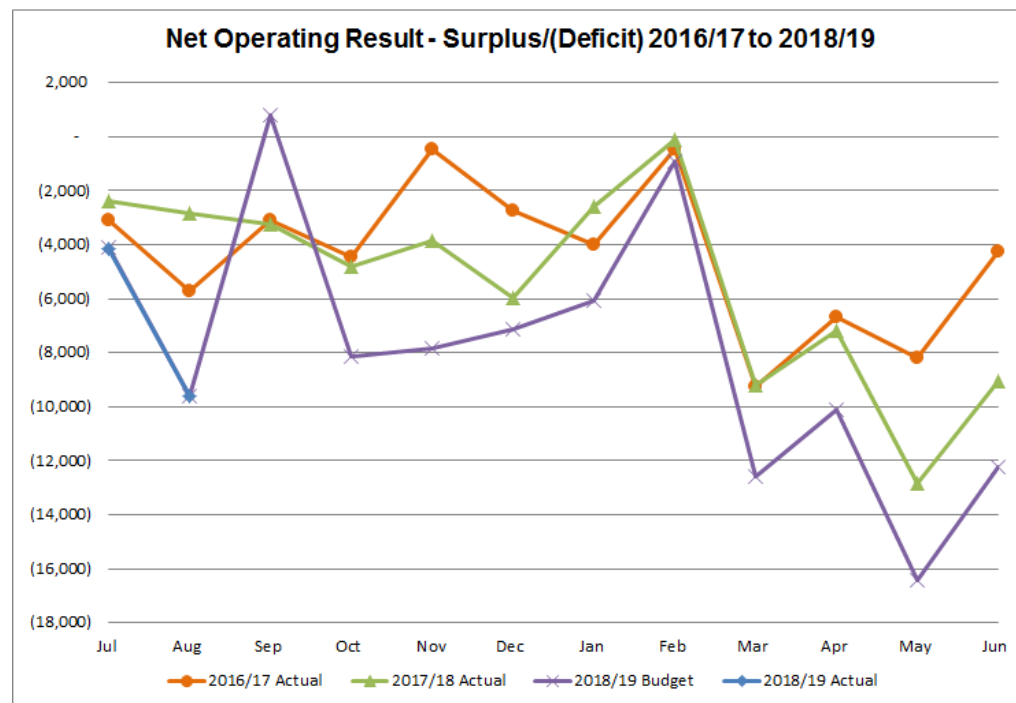
4. **APPENDICES**

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

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

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

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(9,632)	(9,622)	(10)	0%	(13,799)	(13,703)	(96)	1%



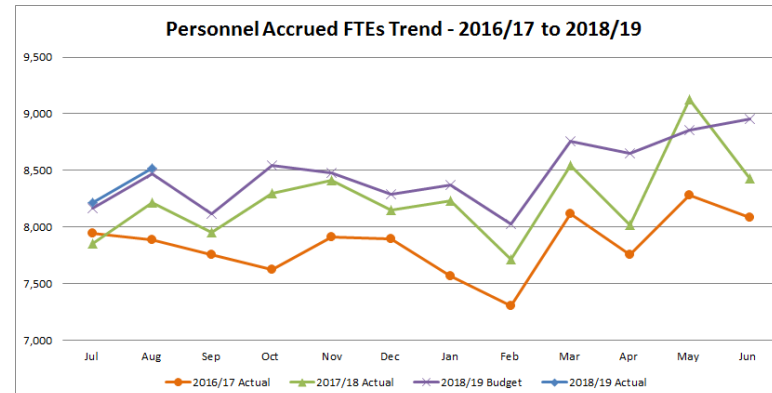
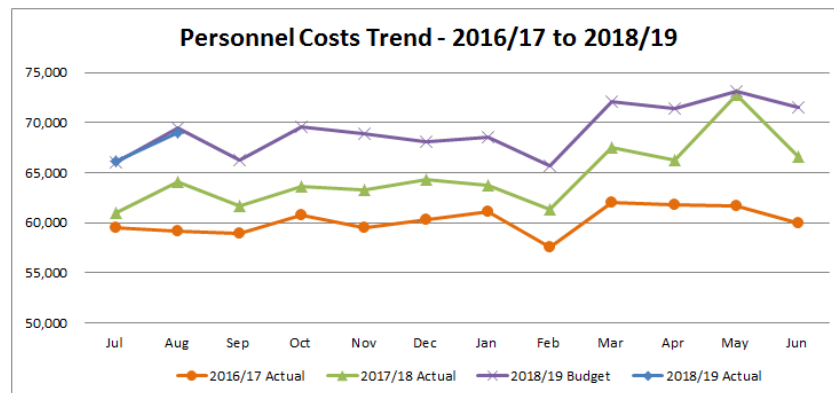
Our draft 18/19 Annual Plan is a deficit of \$94.517M.

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

KEY RISKS AND ISSUES

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

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



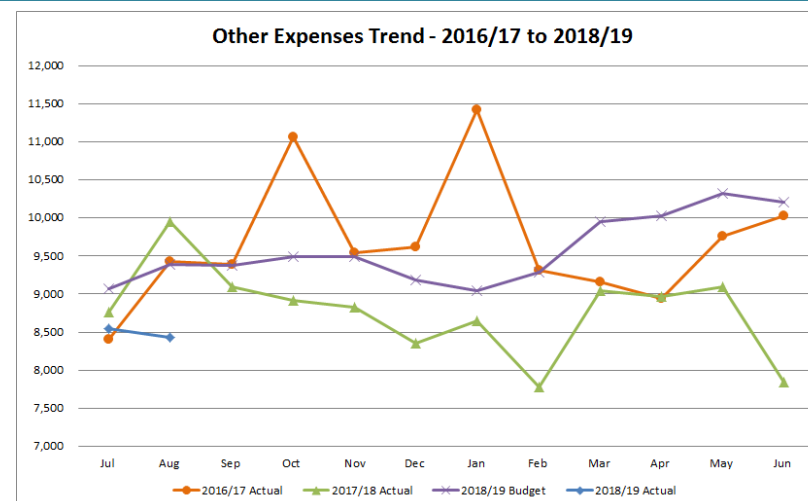
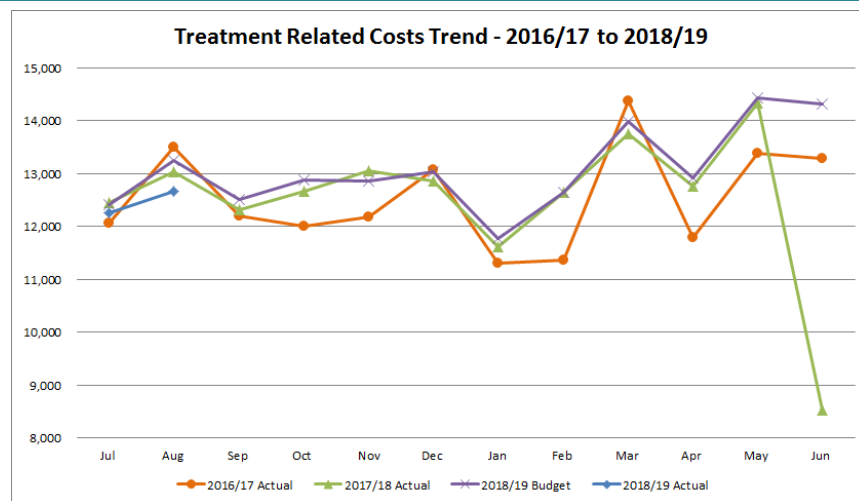
KEY RISKS AND ISSUES

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

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

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

TREATMENT & OTHER EXPENSES RELATED COSTS



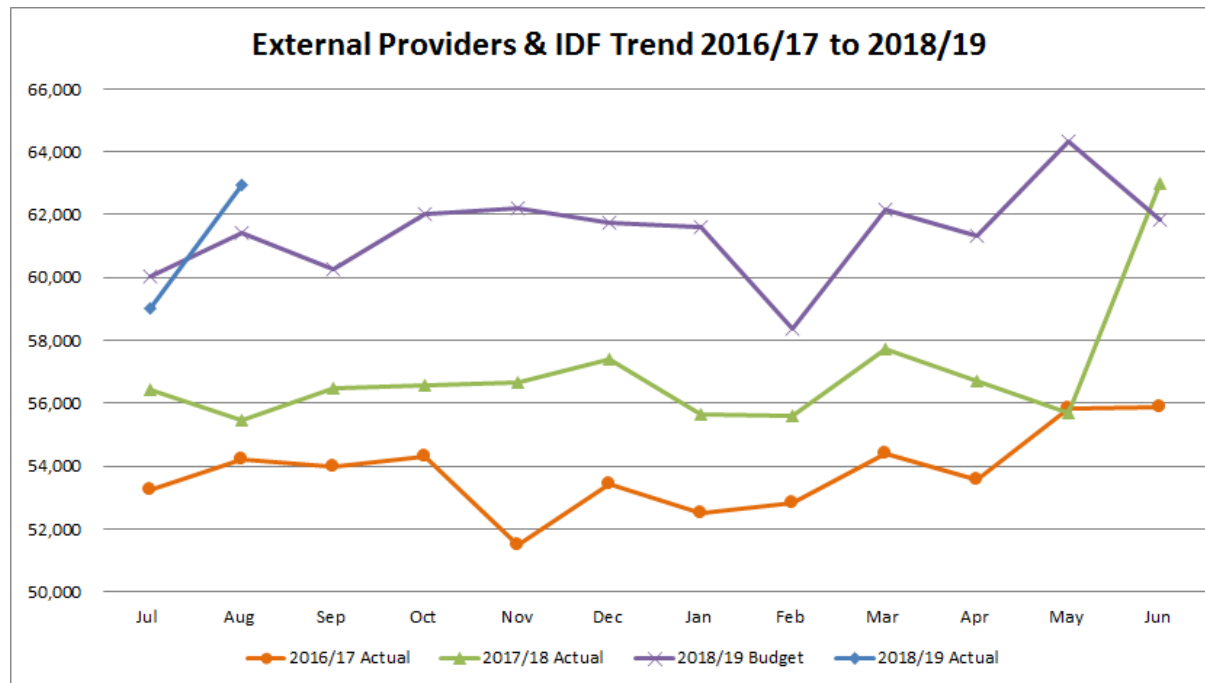
KEY RISKS AND ISSUES

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

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

EXTERNAL PROVIDER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
External Provider Costs	62,948	61,413	(1,535)	-2% X	121,960	121,466	(494)	0% X



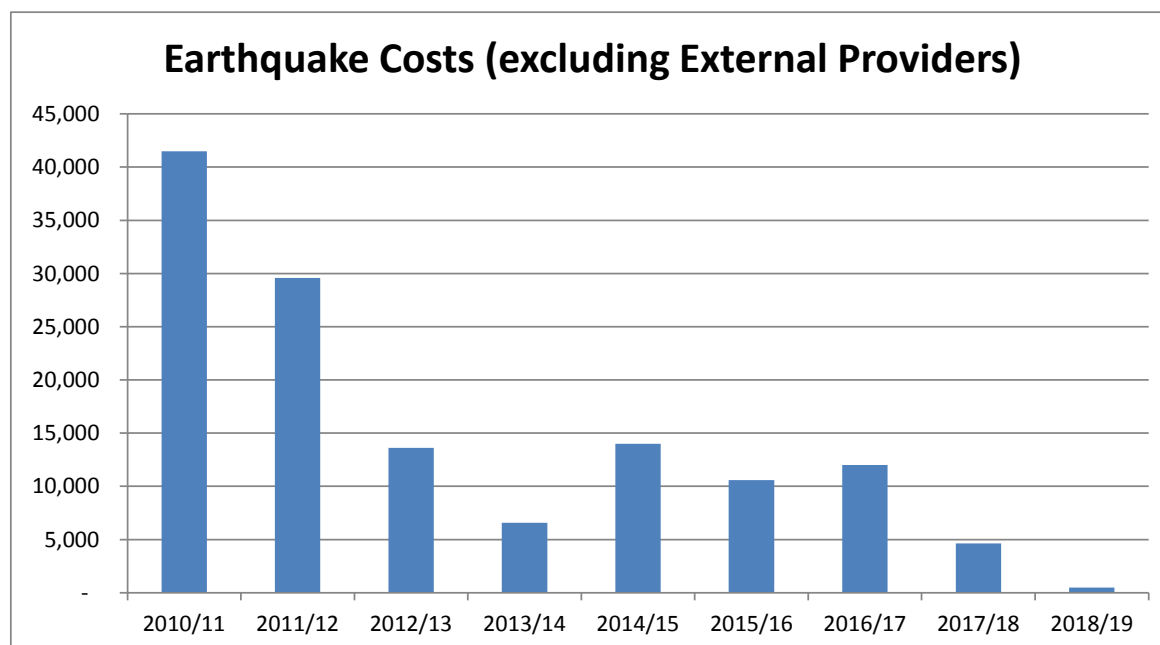
External provider expenditure is \$1.535M unfavourable YTD.

KEY RISKS AND ISSUES

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

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	\$'000	\$'000	\$'000		\$'000	\$'000	\$'000	
Total Earthquake Revenue (Draw Down)	377	300	77	100% ✓	242	550	(308)	100% ✗
Earthquake Costs - Repairs	192	300	108	100% ✓	240	550	310	100% ✓
Earthquake Costs - External Provider	1,429	1,429	-	100% ✓	2,862	2,862	-	100% ✓
Earthquake Costs - Non Repairs	136	136	-	100% ✓	253	253	-	100% ✓
Total Earthquake Costs	1,757	1,865	108	100% ✓	3,355	3,665	310	100% ✓



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

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

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

KEY RISKS AND ISSUES

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

FINANCIAL POSITION

	YTD Actual \$'000	YTD Budget \$'000	Variance \$'000		
Equity	482,473	482,569	(96)	0%	×
Cash	(25,818)	(24,951)	(867)	3%	×

KEY RISKS AND ISSUES

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

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd For the two months ending August 2018									
Month					Year to Date				Annual
18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget		18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget	18/19 Budget
142,841	143,320	138,877	(479) X	MoH Revenue	285,134	286,169	275,317	(1,035) X	1,740,353
4,212	3,148	5,014	1,064 ✓	Patient Related Revenue	7,988	6,296	8,731	1,692 ✓	50,300
3,220	4,220	3,039	(1,000) X	Other Revenue	5,723	8,350	6,308	(2,627) X	41,434
150,273	150,688	146,930	(415)	Total Operating Revenue	298,845	300,815	290,357	(1,970)	1,832,087
69,023	69,474	64,082	451 ✓	Personnel Costs	135,142	135,453	125,077	311 ✓	830,778
12,652	13,243	13,023	591 ✓	Treatment Related Costs	24,907	25,651	25,476	744 ✓	156,956
62,948	61,413	55,441	(1,535) X	External Service Providers	121,960	121,466	111,862	(494) X	737,301
8,430	9,394	9,946	964 ✓	Other Expenses	17,028	18,461	18,705	1,433 ✓	115,286
153,053	153,524	142,493	471 ✓	Total Operating Expenditure	299,038	301,031	281,119	1,993 ✓	1,840,321
(2,780)	(2,836)	4,437	56 ✓	Total Surplus / (Deficit) Before Indirect Items	(193)	(216)	9,238	23 ✓	(8,234)
109	148	71	(39) X	Interest	186	296	148	(110) X	1,778
339	290	6	49 ✓	Donations	643	625	7	18 ✓	1,861
1	-	-	1 ✓	Profit / (Loss) on Sale of Assets	4	-	-	4 ✓	-
448	438	77	10 ✓	Total Indirect Revenue	833	921	155	(88) X	3,639
2,454	2,455	2,568	1 ✓	Capital Charge	4,909	4,910	5,136	1 ✓	29,494
4,846	4,731	4,763	(115) X	Depreciation	9,530	9,422	9,461	(108) X	60,430
-	38	-	38 ✓	Interest Expense	-	76	-	76 ✓	-
7,300	7,224	7,331	(76) X	Total Indirect Expenses	14,439	14,408	14,597	(31) X	89,924
(9,632)	(9,622)	(2,817)	(10) X	Total Surplus / (Deficit)	(13,799)	(13,703)	(5,205)	(96) X	(94,519)

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 31 August 2018				
Unaudited		Group	YTD Group	Annual Group
30-Jun-18		Actual	Budget	Budget
\$'000		31-Aug-18	31-Aug-18	30-Jun-19
		\$'000	\$'000	\$'000
517,833	Opening Equity	496,272	496,272	496,272
42,398	Net Equity Injections / (Repayments) During Year	-	-	149,098
-	Reserve Movement for Year	-	-	-
(63,959)	Operating Results for the Period	(13,799)	(13,703)	(94,519)
496,272	TOTAL PUBLIC EQUITY	482,473	482,569	550,851
Represented By:				
Current Assets				
1,677	Cash & Cash Equivalents	3,194	-	-
750	Short Term Investments	750	750	750
87,165	Trade and Other Receivables	91,672	87,165	87,165
4,554	Prepayments	11,604	4,554	4,554
11,171	Inventories	10,023	11,171	11,171
10,561	Restricted Assets	8,692	10,560	10,563
115,878	Total Current Assets	125,935	114,200	114,203
Less Current Liabilities				
17,376	Overdraft	29,012	24,951	42,446
111,189	Trade and Other Payables	120,999	116,101	111,191
10,577	Restricted Funds	8,792	10,575	10,575
172,699	Employee Benefits	173,045	172,687	164,687
311,841	Total Current Liabilities	331,849	324,314	328,899
(195,963)	Working Capital	(205,914)	(210,114)	(214,696)
Non Current Assets				
16	Restricted Funds	16	16	16
5,186	Investment in NZHPL	5,186	5,186	5,186
693,197	Fixed Assets	689,480	693,658	766,522
698,399	Term Assets	694,683	698,860	771,724
Non Current Liabilities				
6,164	Employee Benefits	6,296	6,177	6,177
6,164	Term Liabilities	6,296	6,177	6,177
496,272	NET ASSETS	482,473	482,569	550,851

APPENDIX 4: CASHFLOW

Unaudited 30-Jun-18 \$'000		Actual 31-Aug-18 \$'000	YTD Budget 31-Aug-18 \$'000	Budget 30-Jun-19 \$'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	Net Cash from Operating Activities	(4,394)	630	(42,091)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	Net Cash from Investing Activities	(5,725)	(9,882)	(61,754)
	CASHFLOW FROM FINANCING ACTIVITIES			
42,398	Net Cash from Financing Activities	-	-	77,098
(1,179)	Overall Increase/(Decrease) in Cash Held	(10,119)	(9,252)	(26,747)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	Closing Cash Balance	(25,818)	(24,951)	(42,446)

BNZ TRANSITION

Canterbury
District Health Board
Te Poari Hauora o Waitaha

TO: Chair and Members
Canterbury District Health Board

SOURCE: Finance

DATE: 18 October 2018

Report Status – For:	Decision <input checked="" type="checkbox"/>	Noting <input type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

The Canterbury DHB at its 20 April 2017 meeting endorsed the NZHPL Board decision to approve the appointment of BNZ as the sector banking and treasury transactional service provider.

Canterbury DHB's transition was programmed to be post go live on the National Oracle solution, for practical purposes, along with the other Wave 1 NOS partners.

We are now currently working with the BNZ, along with the West Coast DHB, to make the necessary preparations for the transition, which we are expecting to occur in November 2018.

Canterbury DHB's *Delegation of Authority by the Board of the Canterbury DHB* does not explicitly give either the Chief Executive or management the authority to open or amend bank accounts as required from time to time. Opening and amending bank accounts is not a Board reserved power under the delegation.

2. RECOMMENDATION

That the Board:

- i. approves the delegations to open and amend any changes to all bank accounts to be set up with the BNZ in the name of Canterbury District Health Board. Canterbury DHB positions with authority to authorise any of these changes are any two from the list below:
 - Board Chair
 - Quality, Finance, Audit and Risk Committee Chair
 - Chief Executive
 - Executive Director, Finance & Corporate Services
 - Financial Controller

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

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
 Canterbury District Health Board

SOURCE: Corporate Services

DATE: 18 October 2018

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 20 September 2018	For the reasons set out in the previous Board agenda.	
2.	Draft Annual Report 2017/18	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Catheter Laboratory 1 Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Chair & Chief Executive's Update on Key Strategic 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)
5.	Annual Plan Delegations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

3. **SUMMARY**

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

HAC – 4 OCTOBER 2018

TO: Chair and Members
 Canterbury District Health Board

SOURCE: Hospital Advisory Committee

DATE: 18 October 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
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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 4 October 2018.

2. APPENDICES

Appendix 1: HAC Draft Minutes – 4 October 2018

Report prepared by: Anna Crow, Board Secretary

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

MINUTES – PUBLIC

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch,
on Thursday, 4 October 2018, commencing at 9.00am

PRESENT

Andrew Dickerson (Chair); Jo Kane (Deputy Chair); Barry Bragg; Dr Anna Crighton; Jan Edwards; David Morrell; Dr Rochelle Phipps; and Ta Mark Solomon.

APOLOGIES

Apologies for absence were received and accepted from Trevor Read and Dr John Wood.
 Apologies for lateness were received and accepted from Sally Buck (9.30am).

EXECUTIVE SUPPORT

Mary Gordon (Executive Director of Nursing); Helen Little (Interim Executive Director of Allied Health, Scientific & Technical); Dr Sue Nightingale (Chief Medical Officer); Charlotte Evers (Assistant Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

IN ATTENDANCE**Item 4**

Dr Rebecca Stack, Clinical Director, CDHB Eye Service
 Alison Watkins, Service Manager, Ophthalmology
 Ralph La Salle, Team Leader, Secondary Care, Planning & Funding
 Boyd Cornere, Information Analyst, Decision Support
 Helen Solomons, Administrator, CDHB Eye Service
 Sharen Paine, Project Manager/Facilitator, Ophthalmology Project, Canterbury Initiative

Item 5

Dr Scott Wilson, Rural Hospital Medical Specialist
 Jane Harnett, Acting Director of Nursing
 Janette Balfie, Clinical Manager Allied Health
 Bernice Marra, Manager, Ashburton Health Services

Item 7

Bernice Marra
 Sally Nicholas – Operations Manager, Burwood Hospital
 Barbara Wilson – Quality Manager, Specialist Mental Health Services (*SMHS*)
 Dr Peri Renison – Chief of Psychiatry, SMHS
 Pauline Clark – General Manager, Medical/Surgical and Women's & Children's Health

Andrew Dickerson, Chair, extended a welcome to Helen Little, attending her first meeting.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions/alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

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 (16/18)

(Moved: Dr Anna Crichton/Seconded: Dr Rochelle Phipps – carried)

“That the minutes of the meeting of the Hospital Advisory Committee held on 2 August 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted the carried forward items.

Progress on access to the SLM data viewer was queried. This will be followed up.

4. OPHTHALMOLOGY DEPARTMENT - PRESENTATION

Dr Rebecca Stack, Clinical Director, CDHB Eye Service, presented information on the Ophthalmology's overdue follow-up project. Also in attendance were Alison Watkins, Service Manager, Ophthalmology; Ralph La Salle, Team Leader, Secondary Care, Planning & Funding; Boyd Cornere, Information Analyst, Decision Support; Helen Solomons, Administrator, CDHB Eye Service; and Sharen Paine, Project Manager/Facilitator, Ophthalmology Project, Canterbury Initiative.

The presentation provided an overview of the project, which focused on reducing overdue glaucoma follow-ups, developing and implementing a new model of care and establishing systems and processes to improve demand and capacity mismatch.

Ta Mark Solomon arrived at 9.21am.

A Committee member queried triage criteria for new patients and how this impacts access for existing patients. The criteria was set at the beginning of the project, and is available to clinicians on HealthPathways. Dr Stack emphasised the responsibility to current patients.

There was discussion around how the overdue project arose. Due to advances in treatment of macular degeneration, this creates lifelong treatment pathways, thereby increasing patient load. Lacking department processes, as well as isolation from the main hospital, were also found to have had an impact.

Discussion was held around how data can be extrapolated to show future trends and success rates. The data is provided to the eye team weekly, and shows capacity, demand and space. The main aim for this project was to manage and reduce overdue patients, and ongoing data shows confidence and success in this area. The data will continue to be monitored in order to plan for future staffing and technology availability.

A Committee member queried the involvement of community GP practices and optometrists. Dr Stack commented most of the department's referrals come from private optometry practice (around 60%), with the remaining coming from GPs.

There was discussion around cataract surgery and whether this is represented in the data. Due to the surgical nature of cataract operations, and the fact they don't require any follow-up treatment, these are not represented in these figures. The department is ESPI compliant for surgery.

The Chair commended the team on their work and thanked them for the presentation.

5. ASHBURTON HEALTH SERVICES – PRESENTATION

Bernice Marra, Manager, Ashburton Health Services; Dr Scott Wilson, Rural Hospital Medical Specialist; Jane Harnett, Acting Director of Nursing; and Janette Balfe, Clinical Manager, Allied Health, presented an update on Ashburton Health Services.

The presentation covered the service's current challenges, opportunities and model of care, focusing on increasing Acute Assessment Unit admissions, an ageing population, isolated populations and developing the nursing and allied health workforces to meet future demand.

The Chair acknowledged a dramatic change in the service in the last five years, with a clear direction and clarity for the future.

A Committee member requested follow-up figures on the capacity of the hospital.

There was discussion around the approach to the challenges faced in the district nursing workforce. Ms Marra commented work is ongoing in this area.

There was a query around GP coverage during the weekend. There are three hour GP clinics run on both weekend days, on a roster system. Not all practices are involved. The service is currently working with GPs to meet demand. The Hurunui Model of Care was acknowledged as a good base for the Ashburton area, and there is opportunity here.

There was further discussion around whether GPs are happy. There is high engagement, but opportunities exist for better conversations and having a consistent approach.

The Chair thanked the team for their presentation.

6. CLINICAL ADVISOR UPDATES

Nursing

Mary Gordon, Executive Director of Nursing, provided an update as follows:

- There has been a follow-on effect from the nurses MECA in other areas of the health system, particularly in aged residential care. The DHB is working with providers and internally.
- Canterbury's competency assessment programme figures are climbing, while the rest of New Zealand is plateauing.
- Ara has reported a 60% increase in their nursing intake, closing the January intake for this programme. A post-graduate nursing student has been studying why Ara is seen as such a good provider, with the preliminary results showing that the programme has a good reputation, sets a high standard and their partnership with the CDHB for clinical practicums is a major drawcard. Ms Gordon is looking at how to capture graduates before

they finish their placements and stream them into the DHB, specifically into aged residential care.

- The NZNO accord has been signed to provide immediate nursing relief, with registered nurses, midwives and health care assistants being provided locally. The final decision will be made in Wellington, after practical and collaborative meetings with the NZNO and the union.
- Work has been ongoing in care capacity demand management. An initial meeting has been held between NZNO and a former CDHB employee, who gave their assessment of the four care standards.
- Two new nurse practitioners have been appointed – one in Cardiology and one in Sleep Studies.
- CDHB, Ara, University of Canterbury and University of Otago have developed an alliance in nursing research programmes.
- The move into Manawa has gone well, with staff and students settling into their new environment. The governance structure is underway.
- The Calderdale framework has its first two nurses training as facilitators.
- Ms Gordon recognised the passing of two longstanding nursing leaders – Jane Brosnahan and Craig Cowie.

Allied Health

Helen Little, Interim Executive Director of Allied Health, Scientific & Technical, provided an update as follows:

- The new Executive Director of Allied Health, Jacqui Lunday-Johnstone, commences 5 November.
- The new Director of Allied Health, Older Persons Health & Rehabilitation, Claire Pennington, commenced 18 July following Wendy Fulton's retirement.
- The new Clinical Manager of Social Work, Christchurch Campus, Dr Catherine Hughes, commences 19 November.
- Social workers start new ED overnight (2130-0800, seven days/week) shifts 7 October.
- Physiotherapy primary contact role starts in ED 0930-2000 seven days/week commencing 15 October.
- Single Point of Referral for physiotherapy aims to go live late October/early November, with the aim to keep GP and ACC referrals out of the acute hospital setting.
- AlliedHealthways has been live for one year, with 16 live pathways and resources; most recently chronic pain, falls prevention and glaucoma. A further 15 pathways to go live this month including the shoulder/musculoskeletal area.
- Falls prevention programme at Burwood – safe recovery physio and nurse-led.
- Developed a career framework aligned with South Island regions, providing a structure for other clinical roles.
- Calderdale Framework cohort 4 training in November and extending into nursing.
- South Island Alliance Leadership Team considering a proposal for a regional ketogenic diet therapy service run out of the CDHB.
- Health workforce development fund for new initiatives – CDHB is putting forward two proposals for regional roles, i.e. complex wheelchair and seating and SLT paediatric dysphagia.
- Cortex E-notes development is in the next phase for initial assessments.
- Allied Health input into discharge summaries will go live in December.
- PSA bargaining is ongoing – Allied Health Science & Technology and MRT.
- Leadership proposals – Specialist Mental Health Services and WCDHB. Anaesthetic technicians and pharmacy to follow shortly.
- There are ongoing workforce projects, including Career and Salary Progression (*CASP*), top of scope, physiotherapy review and designated roles.

- Planning for new facilities – Outpatients and Hagley Hospital.

A Committee member queried how the social worker in ED placement will work. Ms Little confirmed there are three CDHB social workers rostered on.

There was discussion around the connection between community GP care and social workers. An Allied Health workshop covering this will be held early in 2019.

7. H&SS MONITORING REPORT

The Committee considered the Hospital and Specialist Services Monitoring Report for September 2018. The report was taken as read.

General Managers spoke to their areas as follows:

Ashburton Health Services – Bernice Marra, Manager Ashburton Health Services

The report was taken as read. There was no discussion.

Rural Health Services – Mary Gordon (for Win McDonald, Transition Programme Manager, Rural Health Services)

- Kaikoura Hospital's use of SI PICS will be wound back, due to it being a GP-led practice. They will move to MedTech.

Older Persons, Orthopaedics & Rehabilitation Service – Sally Nicholas, Operations Manager (for Dan Coward, General Manager)

The report was taken as read.

There was discussion around growing demand for the service and what work is being done to accommodate this. Dr Greg Hamilton, Team Leader, Intelligence & Transformation, Planning & Funding, confirmed that while demographics are changing, the demand has not grown. Ongoing work is being done on systems.

The Chair queried the recent decanting of the Spinal Unit and refurbishments at Burwood Hospital. Ms Nicholas confirmed there is a significant amount of earthquake repairs still to be undertaken, with work continuing for around 18 months.

Specialist Mental Health Services (SMHS) – Barbara Wilson, Quality Manager, SMHS; and Dr Peri Renison, Chief of Psychiatry (for Toni Gutschlag, General Manager)

The report was taken as read.

The Committee discussed the recent issues with synthetic cannabis and the impacts this has on SMHS. Ms Renison confirmed this is an issue across all areas of SMHS, having a flow-on effect to addiction services and the Child and Family Unit. Discussion took place around the lack of Customs at the Port of Timaru.

The status of the SMHS DBC was raised. A new resolution will be put to the October Board meeting, and will then go through the Capital Investment Committee in November.

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

- Ms Clark advised the Committee that the Christchurch Hospital campus is a busy place, with ongoing building work.
- The Outpatients building will be blessed on Friday morning, with the first wave of occupants moving in at the end of October.

- SI PICS will go live at 4am Saturday morning, with contingencies in place to manage the changeover.

There was a query around the ICU department and what is driving the busyness. There are several patients who have been in the ward for over 100 days; the effectiveness of “roadside to bedside” transitions is also a factor; as well as complex surgeries which require extra time in ICU.

ESPIs

- These remain red, driven by several complex issues including industrial negotiations.
- Some services will be compliant within six-eight weeks, but other services will remain red longer. It was important to note that most other DHBs are not compliant.

A Committee member queried what work is being done to lessen the impact when the ESPI dispensation ends. This is ongoing, with conversations held between Clinical Directors and Planning & Funding.

There was discussion around how patients are informed of their wait times. This is done by way of phone calls, letters and in-patient conversations.

There was further discussion around Customs at the Port of Timaru. The Chair undertook to raise this at the Board meeting.

Resolution (17/18)

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

“That the Committee:

- notes the Hospital Advisory Committee Activity Report.”

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (18/18)

(Moved: Ta Mark Solomon/Seconded: David Morrell – carried)

“That the Committee:

- resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1 and 2;
- 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 2 August 2018.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update (<i>If required</i>)	Protect information which is subject to an obligation of confidence.	s 9(2)(ba)(i) s 9(2)(j)

		To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s 9(2)(h)
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- iii notes that this resolution is made in reliance on the Act, Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.”

INFORMATION ITEMS

- 2018 Workplan

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

Confirmed as a true and correct record.

Andrew Dickerson
Chairperson

Date