CANTERBURY DHB BOARD

Thursday, 19 April 2018
9:00am

Board Room
Level 1
32 Oxford Terrace
Christchurch

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 19 April 2018 commencing at 9:00am

ADMINISTRATION			**9.00am**
	Apologies		
1.	**Conflict of Interest Register** *Update Board Conflict of Interest Register and Declaration of Interest on items to be covered during the meeting*		
2.	**Confirmation of the Minutes of Previous Meetings** • **Public Meeting** *15 March 2018* • **Special Meeting – Public** *27 March 2018*		
3.	**Carried Forward/Action List Items**		
4.	**Patient Story**		
REPORTS			**9.05am**
5.	**Chair's Update (Oral)**	Dr John Wood *Chair, CDHB*	9.05-9.15am
6.	**Chief Executive's Update**	David Meates *Chief Executive*	9.15-9.45am
7.	**Finance Report**	Justine White *GM, Finance and Corporate Services*	9.45-10.00am
8.	**Approval of Trust Fund Expenditure**	Justine White	10.00-10.05am
9.	**CPH&DSAC Terms of Reference**	Justine White	10.05-10.15am
10.	**Submission - Sale and Supply of Alcohol Amendment Bill**	Evon Currie *GM, Community and Public Health*	10.15-10.30am
MORNING TEA			**10.30-10.45am**
11.	**Mental Health Support in Schools Initiative - Presentation**	Carolyn Gullery *GM, Planning & Funding and Decision Support*	10.45-11.15am
12.	**Advice to Board** • **HAC – Draft Minutes** *29 Mar 2018*	Andrew Dickerson *Chair, HAC*	11.15-11.20am
13.	**Resolution to Exclude the Public**	Justine White	11.20am

INFORMATION ITEMS

- Hanmer Surplus Land – Letter from Minister of Health
- Hillmorton Surplus Land – Letter from Minister of Health

ESTIMATED FINISH TIME – PUBLIC OPEN MEETING **11.20am**

NEXT MEETING: Thursday, 17 May 2018 at 11.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates *(Chief Executive)*
Mary Gordon *(Executive Director of Nursing)*
Sue Nightingale (*Chief Medical Officer)*
Stella Ward *(Executive Director – Allied Health Scientific & Technical)*
Carolyn Gullery (*General Manager – Planning & Funding)*
Hector Matthews *(Executive Director -Maori & Pacific Health)*
Michael Frampton (*General Manager – People & Capability)*
Justine White *(General Manager – Finance & Corporate Services)*
Kay Jenkins *(Executive Assistant - Governance Support)*
Anna Craw *(Board Secretariat)*

CANTERBURY DISTRICT HEALTH BOARD MEMBERS' CONFLICTS OF INTERESTS REGISTER

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

DR JOHN WOOD (CHAIR)

Advisory Board NZ/US Council – Member
Chief Crown Treaty Negotiator for Ngai Tuhoe
Chief Crown Treaty Negotiator for Ngati Rangi
Chief Crown Treaty Negotiator, Tongariro National Park
Chief Crown Treaty Negotiator for the Whanganui River
College of Arts – External Advisory Committee Member
Governing Board, Economic Research Institute for ASEAN and East Asia (ERIA) – Member
Kaikoura Business Recovery Grants Programme Independent Panel – Member
Member of the Governing Board of the Office of Treaty Settlements, Ministry of Justice – Ex-officio (as Chief Crown Treaty of Waitangi Negotiator) – Ex-officio member.
School of Social and Political Sciences – Adjunct Professor
Te Urewera Governance Board – Inaugural Member
University of Canterbury - Chancellor
University of Canterbury Foundation – Ex-officio Trustee
Universities New Zealand – Chair, Chancellors' Group

TA MARK SOLOMON (DEPUTY CHAIR)

Te Waka o Maui – Independent Representative
Oaro M Incorporation - Member
Ngāti Ruanui Holdings - Director
Pure Advantage - Trustee
He Toki ki te Rika / ki te Mahi - Patron
Te Ohu Kai Moana - Director
Deep South NSC Governance Board - Member
Sustainable Seas NSC Governance Board - Member
Canterbury Recovery Learning & Legacy Sponsors Group - Member
Liquid Media Operations Limited - Shareholder
Greater Christchurch Partnership Committee - Member
Police Commissioners Māori Focus Forum - Member
Post Settlement Advisory Group – Member
Royal NZ Police College – Patron of Wing 312
SEED NZ Charitable Trust – Chair and Trustee
Rangitane Holdings Limited & Rangitane Investments Limited - Chair/Director
Claims Resolution Consultation – Senior Maori Leaders Group - Member

BARRY BRAGG

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.

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.

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.

CRL Energy Limited – Managing Director
CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.

Farrell Construction Limited – Chairman

SALLY BUCK

Christchurch City Council (*CCC*) – Community Board Member
Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.

Registered Resource Management Act Commissioner
From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.

TRACEY CHAMBERS

Chambers Limited - Director
Arohanui Trust - Trustee
Rata Foundation - Trustee

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.

DR ANNA CRIGHTON

Christchurch Heritage Trust – Chair - Governance of Christchurch Heritage
Christchurch Heritage Limited - Chair - Governance of Christchurch Heritage
Heritage New Zealand – Honorary Life Member

ANDREW DICKERSON

Accuro (Health Service Welfare Society) - Director (from 9 December 2016)
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.

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.

Canterbury Health Care of the Elderly Education Trust - Chair
Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB.

Canterbury Medical Research Foundation - Member
Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB.

Heritage NZ - Member
Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings.

No Conflicts of Interest are envisaged for the following interest, but should a conflict arise this will be discussed at the time.

NZ Association of Gerontology - Member
Professional association that promotes the interests of older people and an understanding of ageing.

JO KANE

Latimer Community Housing Trust – Project Manager
Delivers social housing in Christchurch for the vulnerable and elderly in the community.

NZ Royal Humane Society – Director
Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.

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.

AARON KEOWN

Christchurch City Council – Councillor and Community Board Member
Elected member and of the Fendalton/Waimairi/Harewood Community Board.

Grouse Entertainment Ltd – Director and Shareholder
Grouse Films Ltd – Director
O3 Productions – Writer/Director
Road Accident Trauma Trust – Deputy Chair

No conflicts of interest are anticipated from these roles but will be discussed at the appropriate time should they arise.

CHRIS MENE

Canterbury Clinical Network – Child & Youth Workstream Member

Core Education – Director
Has an interest in the interface between education and health.

Wayne Francis Charitable Trust - Board Member
The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research

which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.

Regenerate Christchurch – General Manager, Partnerships and Engagement
Regenerate Christchurch (*RC*) - established to lead regeneration activities across Christchurch. RC will work with strategic partners, including the Canterbury DHB, the community, iwi and other stakeholders to plan and drive development in key areas of the city.

DAVID MORRELL

British Honorary Consul
Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time.

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

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.

Canon Emeritus - Christchurch Cathedral
The Cathedral congregation runs a food programme in association with CDHB staff.

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.

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.

Friends of the Chapel - Member

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 15 March 2018 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

An apology for absence was received and accepted from Tracey Chambers.
An apology for early departure was received and accepted from Jo Kane (1.30pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive); David Green (Financial Controller, Finance); Carolyn Gullery (General Manager, Planning & Funding and Decision Support); Mary Gordon (Executive Director of Nursing); Hector Matthews (Executive Director, Maori & Pacific Health); Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Strategic Communications Manager); Stella Ward (Executive Director, Allied Health); Anna Craw (Board Secretary); and Kay Jenkins (Executive Assistant, Governance Support).

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
Dr John Wood declared an interest in Public Excluded Item 6 and will leave the meeting for discussions on this item. Ta Mark will take the Chair.

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

Perceived Conflicts of Interest
There were no perceived conflicts of interest

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

Resolution (11/18)
(Moved Aaron Keown/seconded Barry Bragg – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 15 February 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. PATIENT STORY

The Patient Story was viewed.

5. CHAIR'S UPDATE

Dr Wood advised that he had met with the Interim Director General and had some useful discussions with him.

He also provided the Board with an update from the National Chair's and Chief Executive's meeting held last week. He advised that there were three main areas in which this Board will need to be engaged: the Government Inquiry into Mental Health and Addiction; the Minister's Advisory Group; and the Minister's Letter of Expectations which is expected shortly.

The Chair tabled papers regarding a new Child Wellbeing Research Institute at the University of Canterbury for the information of Board members.

A query was made regarding whether the DHB would make a submission on the State Sector & Crown Entities Reform Bill. The Chair commented that the DHB has a process around this and if appropriate this would become part of that process.

The Chair's update was noted.

6. CHIEF EXECUTIVE'S UPDATE

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

- Certification Audit – preparation for this three yearly process is underway and it is planned to commence on 18 June 2018.
- ESPI compliance – there are some data issues due to the roll-out of South Island PICS.
- Glaucoma backlog improvement – at the end of January there was one person waiting for a follow up, which is a huge improvement in this area.
- The School Based Mental Health Programme is progressing following an announcement by the Prime Minister of additional funding of $28m over several years.
- Akaroa Health Facility – both the Chair and Deputy Chair attended the sod turning at the Akaroa site on Saturday, 24 February, with great attendance from the local community also.

Discussion took place regarding winter planning and influenza vaccinations. The Board noted that PHARMAC have indicated that they will not be supporting the extension of age for free vaccinations again at a national level. The Chief Executive commented that this is being reviewed nationally by DHBs, however, without PHARMAC support this will be very difficult. It was clarified that PHARMAC fund the vaccine and the DHB funds the delivery. A request was made for the Flu Vaccine Funding Review Report to be added as an information item to CPHAC's agenda for its 3 May 18 meeting.

Discussion took place regarding ESPI compliance. It was noted that discussions are pending with the Ministry of Health around this. It was also noted that the Ministry have recognised the mainframe replacement and the massive amount of historic data that is required to be transferred which has caused data entry issues.

It was noted that in regard to the Maia Health Foundation Appeal, the Rata Foundation have committed to match donations dollar for dollar.

Discussion took place regarding Telehealth; Tuam Street Bus Stop; and Synthetic drugs.

Resolution (12/18)
(Moved Aaron Keown/seconded Andrew Dickerson – carried)

"That the Board:

i. notes the Chief Executive's Update."

7. FINANCE REPORT

David Green, Financial Controller, presented the Finance Report which was taken as read. The consolidated Canterbury DHB financial result for the month of January 2018 was a deficit of $2.579M, which was $0.674M unfavourable against the draft annual plan deficit of $1.905M. The year to date position is $0.912M unfavourable to the draft annual plan.

The Board noted that deficit funding for 2016/17 has not yet been received and it is understood that a paper has been drafted to the Joint Ministers around this.

Resolution (13/18)
(Moved Andrew Dickerson/seconded Sally Buck – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 31 January 2018."

8. QFARC 2018 MEETING SCHEDULE

Barry Bragg, Chair, QFARC, spoke to this paper regarding revised meeting dates.

Resolution (14/18)
(Moved Barry Bragg/seconded Ta Mark Solomon – carried)

"That the Board, as recommended by the Quality, Finance, Audit and Risk Committee:

i. notes and endorses the revised QFARC meeting schedule for the 2018 calendar year."

9. FACILITIES COMMITTEE 2018 MEETING SCHEDULE

Ta Mark Solomon, Chair, Facilities Committee spoke to this paper regarding revised meeting dates for the Facilities Committee.

Resolution (15/18)
(Moved Ta Mark Solomon/seconded Aaron Keown – carried)

"That the Board:

i. notes and endorses the revised Facilities Committee meeting schedule for the 2018 calendar year; and
ii. notes that where Facilities Committee meetings are scheduled on CDHB Board meeting dates, Board meetings will start at the later time of 11.00am."

10. CPHAC/DSAC 2018 MEETING SCHEDULE

Dr Anna Crighton, Chair, Community & Public Health Advisory Committee, spoke to this report.

Resolution (16/18)
(Moved David Morrell/seconded Ta Mark Solomon – carried)

"That the Board:

i. endorses the merging of CPHAC and DSAC meetings for the remainder of the 2018 calendar year."

The meeting moved to Item 12.

12. MAORI & PACIFIC HEALTH PROGRESS REPORT

Hector Matthews, General Manager, Maori & Pacific Health, presented this report which was taken as read. Mr Matthews acknowledged that the targets were not perfect and every effort is being made to ensure that data is correct.

It was noted that only five DHBs measure Pacific statistics.

Resolution (17/18)
(Moved Ta Mark Solomon/seconded Jo Kane – carried)

"That the Board:

i. notes the Maori & Pacific Health update."

13. ADVICE TO BOARD

CPHAC Draft Minutes
Dr Anna Crighton, Chair, Community & Public Health Advisory Committee, provided the Board with an update from the Committee meeting held on 1 March 2018. She commented on the Christchurch City Council Local Alcohol Policy and suggested that this be discussed at the Board's meeting with the City Council in April.

DSAC Draft Minutes
Chris Mene, Deputy Chair, Disability Support Advisory Committee, provided the Board with an update from the Committee meeting held on 1 March 2018. He mentioned in particular the presentation from Brackenridge Services Limited and also the Accessibility Charter. The Song by Bon Jovi "It is My Life" was played for the Board.

Resolution (18/18)
(Moved Dr Anna Crighton/seconded Chris Mene – carried)

"That the Board:

i. notes the draft minutes from the Community and Public Health Advisory Committee and Disability Support Advisory Committee meetings held on 1 March 2018."

The meeting adjourned for morning tea from 10.20am to 10.45am and then moved back to Item 11.

11. MENTAL HEALTH UPDATE – PRESENTATION

Toni Gutschlag, General Manager**,** Specialist Mental Health Service, introduced the attendees: Dr Peri Renison, Chief of Psychiatry; David Cairns, Suicide Prevention; and Sandy McLean, Planning &

Funding. Dr Renison provided the Board with on overview of what is taking place in mental health this year, including statistics across the services.

She then provided an overview of the DHB Suicide Prevention Group and advised that the group's role is based on suicide protocols and pathways which all staff are fully trained in with all tools being made available to them.

Toni Gutschlag then advised the Board that mental health is still experiencing the strong demands of the last few years with contacts increasing again over the last year. The number of new cases is also increasing after a flatter period in 2016/17. It was noted that there has been a 46% increase in new clients since the earthquakes. It was also noted that the Acute Inpatient Unit is very challenging due to occupancy, and sleepovers are not optimal from a patient or clinical perspective.

The Chair thanked the presenters.

The meeting moved to Item 14.

14. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (19/18)
(Moved: Chris Mene/Seconded: David Morrell – carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7 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 15 February 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	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.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Strategic Assessment: Canterbury Health Laboratories	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	Health Research Education Facility (*HREF*)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Advice to Board: • Facilities Committee Draft Minutes *27 Feb 2018* • QFARC Draft Minutes *27 Feb 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."

INFORMATION ITEMS

- NZ Health Partnerships – Annual Report 2016/17
- NZ Health Partnerships – Quarter Two Report 2017/18

The Public meeting concluded at 11.30am.

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Dr John Wood, Chairman Date

MINUTES – SPECIAL MEETING

Canterbury District Health Board
Te Poari Hauora ō Waitaha

MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD SPECIAL MEETING
held at 32 Oxford Terrace, Christchurch
on Tuesday 27 March 2018 commencing at 11.35am

BOARD MEMBERS

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

APOLOGIES

An apology for absence was received and accepted from Ta Mark Solomon.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Justine White (General Manager, Finance); Brad Cabell (Programme Director, Construction & Property); Anna Craw (Board Secretary) and Kay Jenkins (Executive Assistant, Governance Support).

1. INTEREST REGISTER

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

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

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

2. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (20/18)
(Moved Sally Buck/seconded Barry Bragg - carried)

"That the Board:

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

ii. notes that the general subject of the matter to be considered while the public is excluded and the reason for passing this resolution in relation to item 1 and the specific ground under Schedule 3, Clause 32 of the Act in respect to this item is 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.	Christchurch Campus Draft Indicative Business Case	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."

There being no further business the public meeting closed at 11.40am.

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Dr John Wood, Chair Date

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 19 APRIL 2018

DATE	ISSUE	REFERRED TO	STATUS
16 Nov 17	Organ Transplant/Donation Programme – Update Presentation		To 17 May 2018 meeting.
15 Mar 18	Maternity Strategy Update	Carolyn Gullery	To be scheduled.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **19 April 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

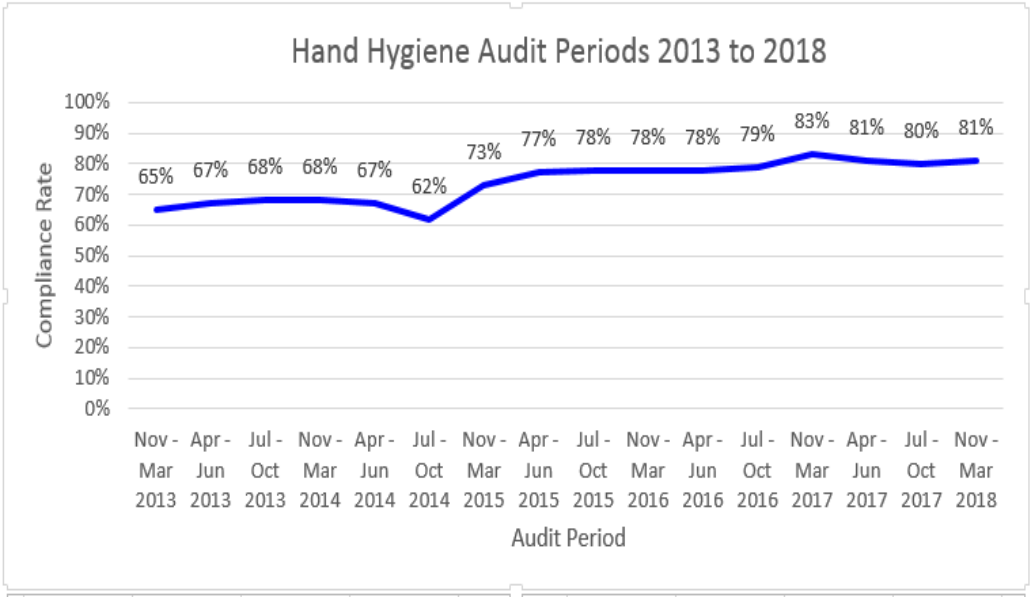
That the Board:

i. notes the Chief Executive's update.

PUTTING THE PATIENT FIRST – PATIENT SAFETY

Patient Safety

- **Hand Hygiene – Audit results ending for the Period ending 31 March 2018:** For the fourth consecutive audit period CDHB has met the **80%** Hand Hygiene target, achieving **81.1 %**. While slightly behind the national average (85.3%), services are committed to getting it right. If an area is under 80%, an improvement action plan is in place. Our 5 year journey is displayed below.



- We are spreading the 5 moments of Hand Hygiene collection to all inpatients areas for every audit period by end of 2018.

- Planning for the May Hand Hygiene campaign has commenced. The World Health Organisation Hand Hygiene Campaign Day is 5 May with the theme being 'Sepsis' – "It's in your HANDS, prevent Sepsis in Healthcare". CDHB will heighten local activity for the full month.

- **2018 April Falls Campaign:** This year the Health Quality and Safety Commission (HQSC) is working closely with ACC on the national April Falls campaign to promote the *Live Stronger For Longer* website and resources.

- CDHB hospitals continue to promote partnering with patients and families to prevent falls whilst in hospital. The importance of keeping bedside boards up to date for patients and families, as well as encouraging patients to wear appropriate footwear while in hospital for safe mobility, and bringing in their own walking aids they are familiar with is being reinforced by the restorative care model.

- There will be local displays and activities in the Hospitals and services during April with weekly feature pieces in the CEO update.

- **Canterbury DHB Certification Audit dates confirmed for June 2018:** The date for our next audit against the New Zealand Health and Disability Services Standards (NZS 8134.1:2008) across the DHB is set for the week of the 18 June 2018. This will be the full audit with 14-16 auditors onsite for the week. Preparation for this audit is well underway with a self-assessment report being prepared.

- Certification is required under the Health and Disability Services (Safety) Act 2001. All inpatient healthcare agencies are required to meet these standards. Certification is granted by the Ministry of Health following an extensive assessment against the New Zealand laws, Codes, Standards and policies under which Healthcare facilities are regulated.

- Certification involves a self-assessment against the Standard by the organisation. We provide evidence on activities, processes and outcomes against each standard, including how we monitor and evaluate improvement. A desk audit and a comprehensive site visit by a team of trained auditors who are subject matter experts approved by the Ministry of Health. During the visit 15 individual patient journey tracers and 2 system tracers (IPC and medication) as well as meetings with key staff on the support standards are planned.

- This audit will check all core standards are met. These include: Consumer Rights, Organisational Management, Continuum of Service Delivery, Safe and Appropriate Environment, Restraint Minimisation and Safe Practice, Infection Prevention and Control.

- **Deteriorating Patient: Patient and Family/Whanau Escalation of Care:** Analysis from the data collection phase for paediatrics has been completed and a mechanism for patients and families/whanau to use to escalate care has been developed in conjunction with consumers. Planning is underway for the initial testing which will commence in paediatrics high dependency in April.

- **New HQSC Quality & Safety Markers being introduced:** Data collection of the new quality and safety measures commences in April. The majority of the data required is captured electronically in Patientrack, and the existing standardised nursing early warning score audit tool has been modified to collect the other data.

- *Pressure Injuries*: The revised HQSC 'How to Guide' and data collection templates were released early April. Work has commenced on incorporating the measures into the standardised nursing

Pressure Injury audit tool. Testing the tool and new process is planned for May ahead of the official data collection from July 2018.

- *Opioids*: The HQSC deferred the process and balance markers data collection which will commence from October 2018.

- **Patient Experience:** The Outpatient experience survey went 'live' in Ashburton Hospital in mid-March. The Outpatient survey is structured in a similar way to the national Inpatient Experience survey to provide a view of each of the four domains: Communication, Partnership, Co-ordination, Physical and Emotional Needs. In addition it requests feedback on the clinic experience, e.g. waiting times. All outpatients from Ashburton Hospital are invited to participate in this electronic survey and the data is accessed from the same portal as the Inpatient Survey.

- **Always Event:** Last year, Ward 27 was the pilot site of a project to apply the "Always Event" process promoted by the Institute for Healthcare Improvement (IHI) and the HQSC. The area of investigation was how to improve the patient's reports of involving family in care. A co-design process acquired feedback from ward staff, patients and their families about the issues with contacting patient's "preferred contact" and the hospital, specifically that ward staff should "Always Know who to Contact". The second stage of the project is now underway with four "Ideas for Change".

- **Releasing Time to Care (RT2C):** Patient Bedside Boards are being introduced to Kaikoura and other rural hospitals by the RT2C team over the next few weeks and accompanied by education. FloView was successfully installed in Maternity and Birthing Suite during February 2018. This was made possible with a coordinated communication strategy that commenced in November 2017, involving training of key users (Clinical Coordinators, SMOs, RMOs, and Maternity Ward Clerks). Multidisciplinary board rounds occur at FloView screen each morning at 0830 which has been well attended by NICU staff.

- **Older Persons Health & Rehabilitation (OPH&R):** Restraint levels within OPH&R continue to drop with a 64% reduction year to date in the number of restraints – 76 year to date down from 210 year to date 2016/17. There were no restraints for our Older persons mental health Wards – Wards AG and BG for February 2018.

- **Improving the care of readmitted inpatients:** The identification of people, using icons in FloView, who have been discharged in the last seven days and readmitted or admitted in the last 30 days or four times in the last 12 months was initially demonstrated in General Medicine and has now been rolled out to all specialties. Highlighting this information has placed an increased focus on teams understanding the reasons behind readmission, decreased duplication of recent assessments which impacts on length of stays and increased involvement of multidisciplinary teams, Transfer of Care nurses and external agencies early in an admission to develop discharge plans that will enable people to remain well at home.

- **Ongoing work across the system is improving care for people with stroke - improved thrombolysis pathway:** A number of changes across the system over recent years are combining to significantly improve outcomes for people that have a stroke. These include:

    - The "FAST" campaign has informed the public of the signs of a stroke and the activity they need to take (Face drooping on one side, Arm weakness on one side, Speech jumbled, slurred or lost, Time to call 111);

    - St John provides early indication that an ambulance is about to arrive with a person suspected to have had a stroke. This "stroke call" results in staff meeting the arriving ambulance already knowing the immediate actions they are going to take;

    - The patient is assessed on the ambulance trolley by the stroke team and, if deemed suitable for stroke treatment, taken directly for a CT scan on the ambulance trolley. This avoids

using vital time to transfer from trolley to bed and allows patient to have direct access to the stroke team without first being seen by the Emergency Department;

- If the scan shows no contraindications for thrombolytic (clot dissolving) drugs, these are given while the patient is still in the radiology suite, rather than waiting until the patient is transferred to a ward;
- Computed tomography scanning has improved over recent years with perfusion scanning techniques providing clear information about the likely benefit of thrombolytic or thrombectomy (clot retrieval) therapy;

- Any change that reduces the time between a patient having a stroke and therapy being provided improves their outcomes as every minute without an effective blood supply results in more brain tissue dying.
- These changes, combined, have led to a number of improved measures:
  - 67 patients were provided with thrombolytic therapy in Christchurch Hospital during 2017. The treatment rate is increasing and in first quarter of 2018 we have already treated 22 patients with thrombolysis;
  - Having a rapid "door to needle time" (which measures the time taken from the patient arriving at hospital to the time that thrombolytic treatment is given) translates into improvements in patient outcome. Door to needle time, has reduced from a median of 87 minutes to 33 minutes. The proportion of people treated within a target of 60 minutes has improved from 12% to 79%.
- **Clot retrieval service for people with stroke:** Alongside these changes a clot retrieval service has been developed at Christchurch Hospital. This service involves using endovascular techniques to physically remove clots from blood vessels within a patient's brain when scanning indicates that this is expected to be viable and provide benefit. Christchurch Hospital is the only hospital in the South Island that has the capacity to provide this service. This service is currently limited to patients from Canterbury.
- Clot retrieval has changed the outlook for stroke patients with large clot dramatically. Without clot retrieval there is an 80-90% risk of death or disability. With clot retrieval treatment around 50% of treated patients are independent at three months. Some patients have been able to return home the next day, avoiding an extensive stay in the acute hospital and the requirement for ongoing rehabilitation or a lifetime of disability.
- The improvement in scanning means that patients who have awoken with stroke symptoms, ie where the time of the stroke is uncertain, and patients who have required transport over a long distance can now be considered for clot retrieval therapy. This is because time from stroke till therapy was previously the best indicator of ability to benefit from therapy, whereas new scanning techniques now provide clearer guidance.
- Thorough application of selection criteria means that of the 32 people from the Canterbury district received clot retrieval therapy at Christchurch Hospital during 2017 close to 50% achieved a very positive outcome. It is expected that the number of people receiving this treatment will increase to between 50 and 60 in 2018.
- **Stroke nurses providing care to improve life for all of those hospitalised following a stroke:** While the most arresting improvements in outcome are available to patients for whom thrombolysis or clot retrieval are beneficial there is a much larger cohort of patients that benefit from care by the team of stroke nurses that works in Christchurch Hospital.
- A team of 11 nurses provides specialist nursing input into the care of all patients admitted to the hospital following a stroke. Members of this team attend stroke calls between 08:00 and

22:30, seven days a week. They ensure that an appropriate and consistent service is provided to patients after a stroke no matter when they come to hospital. Many of the 1,882 patients that they cared for during 2017 were not nursed in the stroke unit with most going home directly from the emergency department, from the Acute Medical Assessment Unit or a ward.

- Members of the team work with patients, providing testing and education to ensure that patients can return home safely and with the right level of support. Benefits include keeping patients safe from driving when they should not be, avoidance of aspiration pneumonia and lengthy hospital stays due to complications and ensuring that patients are set on the right path for rehabilitation at home by the community stroke rehabilitation team.

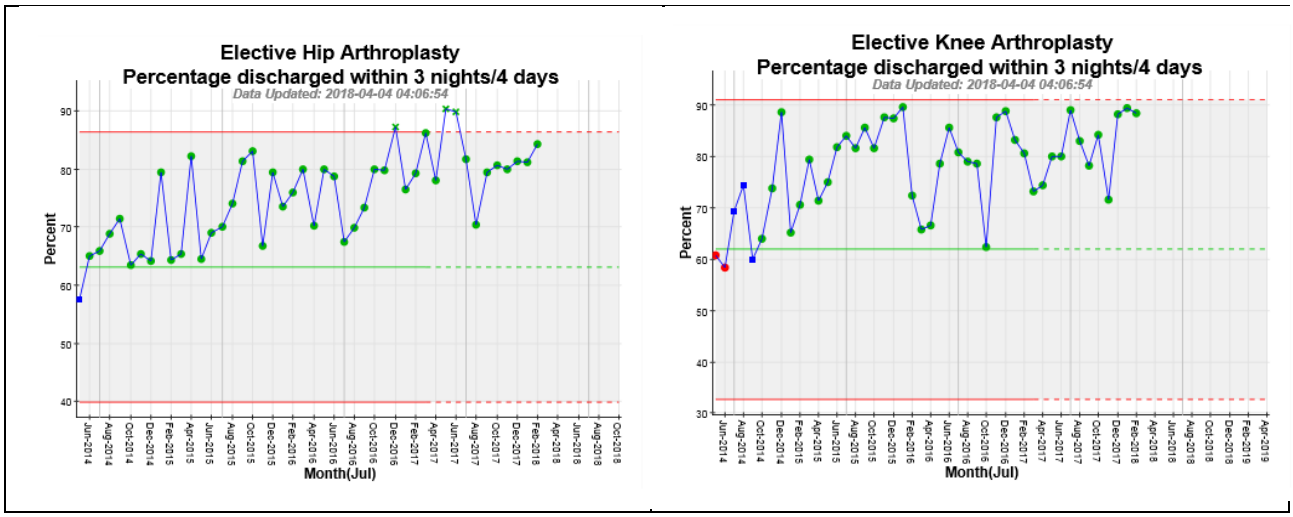
- **Hepatitis C treatment benefitting patients and reducing demand on hospitals:** In July 2016 PHARMAC began full funding of drugs that eliminate the Hepatitis C virus – curing around 95% of patients with hepatitis caused by genotypes 1a and 1b of the virus. These genotypes cause around 55% of this disease in New Zealand. Later that year eligibility was widened so that this treatment could be provided in the community.

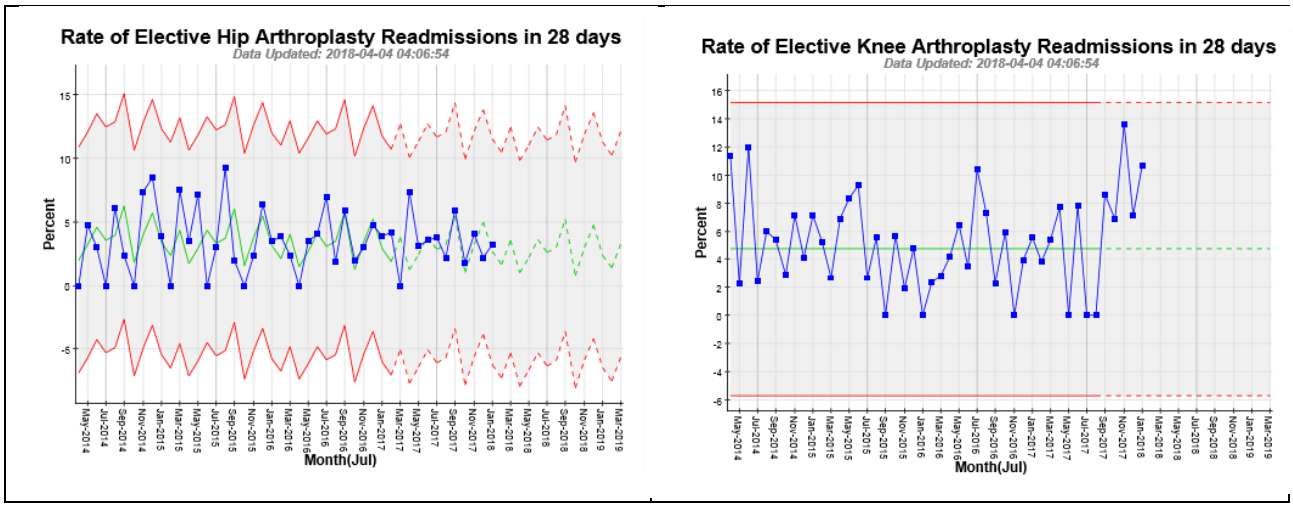
- Due to its whole of system approach to this disease involving specialist services at Christchurch Hospital, community based clinics and general practices, Canterbury District Health Board is leading the country in uptake of this treatment. The new treatment has been provided to around 2,000 people throughout New Zealand so far, with 378 being from Canterbury.

- Eradicating the virus has the significant benefit of halting any further progression of scarring in the liver which often leads to liver failure or liver cancer, and also decreases the prevalence and subsequent transmission of the virus in the wider population. As a result of this work we've seen far fewer bed days needed by people with Hepatitis C – 2,173 bed days in 2015 and 1,932 in 2017 – a saving of over 200 days.

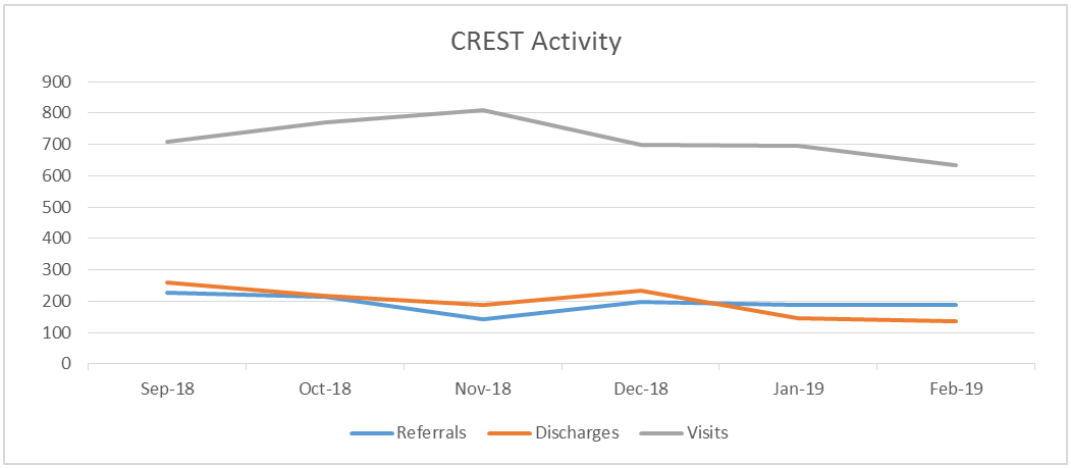
IMPROVING FLOW IN OUR HOSPITALS

- Enhanced Recovery After Surgery (ERAS) – Overall trend for both Elective Hips and Knees seeing improvement in the percentage of patients discharged within the target. Still some variation however variation on the positive line of improvement.





- Our variation within readmission for elective hip arthroplasty is reducing, demonstrating good outcomes for the ERAS. However a spike in knee has been reviewed and cases identified around infection and co-morbidities. It is anticipated this will reduce again to the levels expected.
- **Community Teams:** Making visible the referrals and discharges alongside those who chose to not take up support from our community teams is still an ongoing focus area. Our Adult Community Referral Centre saw 2631 referrals during the Christmas period (December/January) with 134 declining our service.
- We continue to focus on our quality improvement work in CREST. This is focused on ensuring we are meeting the changing needs and looking to how we increase capacity and flow within the service. CREST is currently being reviewed.

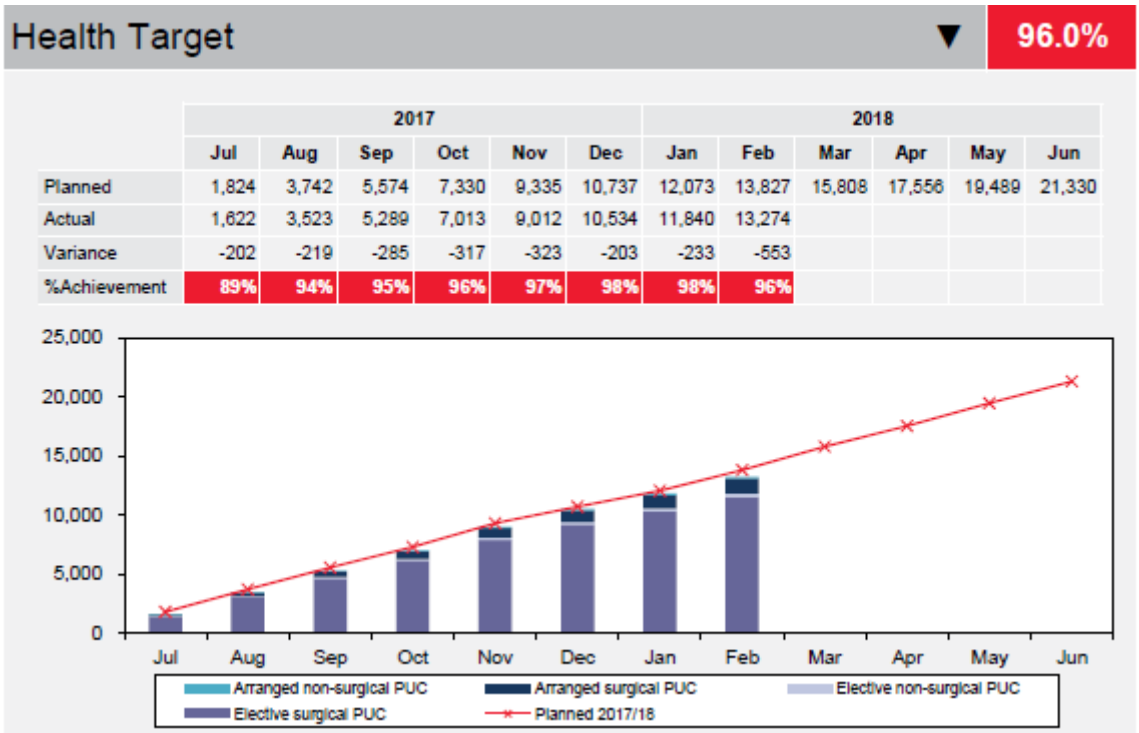


REDUCING THE TIME PEOPLE SPEND WAITING

Medical & Surgical and Women's & Children's Services

- **Key Outcomes - Faster Cancer Treatment Targets: 62 Days Target.** For the period December 2017, January and February 2018 Canterbury District Health Board submitted 129 records to the Ministry with 27 missing the **62 days** target was 92%. Of the 27 people who were not treated within 62 days of their referral, 17 were due to patient choice or clinical considerations and so are excluded from the compliance calculation. This provides compliance of 91% against the target of 90%.

- **31 Days measure.** For the same period Canterbury District Health Board submitted 328 records with 88% of eligible patients meeting the 31 day measure against a threshold of 85%.
- **Elective Services Performance Indicator Target Outcomes:** Latest reporting from the Ministry of Health shows that Canterbury District Health Board achieved a red result for elective services performance indicator two (covering first specialist assessment) at the end of February. 12 of the 26 services that contribute to this measure had no patients waiting longer than 120 days, six services had five or fewer, four services had between six and ten and four services had more than ten.
- The same report shows that Canterbury District Health Board achieved a red result for elective services performance indicator five (covering waiting time for surgery) for the sixth month in a row. Data issues associated with the transition of data between patient management systems is one cause for this ongoing apparent failure to reach the target. The Ministry of Health has provided Canterbury District Health Board with dispensation for Elective Services Performance Indicator achievement related to data issues until the end of June, agreeing that we will use a notional buffer of 35 people failing to meet target time to define transition from yellow to red, and report against this manually. Reports distributed to District Health Boards will continue to be published using the usual methodology with manual reporting used to inform discussions about improvements required.
- In addition to this the number of operations provided at Christchurch Hospital was reduced throughout January and February because work to form a link between the Parkside and Acute Services Buildings required that two theatres were closed down. This closure lasted much longer than originally estimated. Accordingly the Ministry of Health has provided a dispensation in relation to the delay caused by this work that covers January and February, requiring that we will once again exit red status before the end of June. This will allow four months for a recovery plan to eliminate the backlog.
- **Elective Health Target Delivery:** Ministry of Health reporting for 2017/18 showed that following February 2018 Canterbury was running behind planned delivery by close to 550 discharges.



- However this reporting does not take into account discharges that have not yet been coded. Internal reporting shows that the total deficit at the end of February is close to 290 discharges. In house delivery is sitting above planned levels with the deficit entirely explained by a current under-run in outsourced surgery. We are confident that this will be corrected prior to the end of June 2018 meaning that Canterbury District Health Board is on track to achieve the Elective Health Target volumes. Note however that there is a mismatch between target and delivery in the various sub-categories (i.e. arranged versus elective and between specialties). Canterbury District Health Board is working through this with the Ministry of Health.

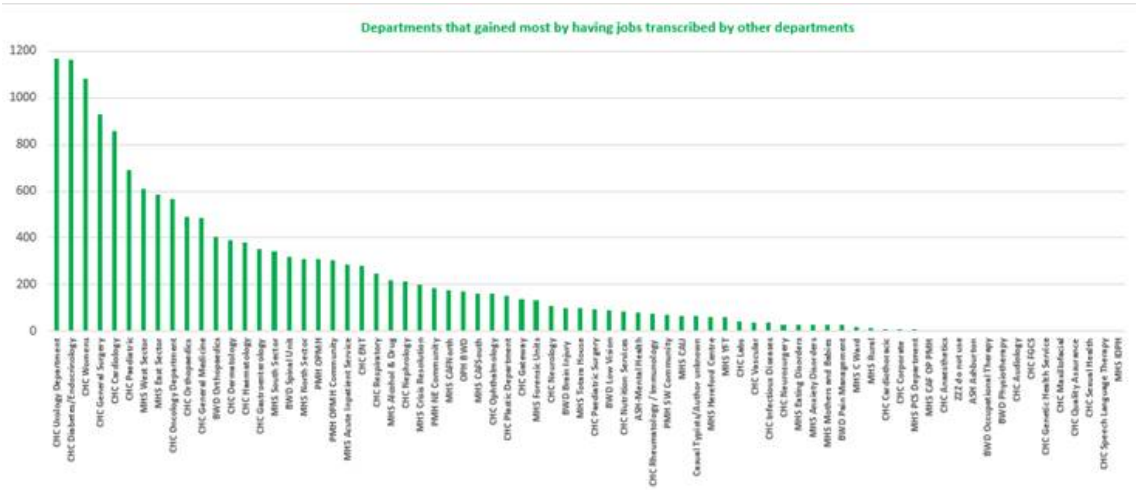
- **Clinical Coding Education and Continuing Improvement:** The Canterbury Health System is heavily dependent on good information about the work that we do so that clinicians and managers are supported to make the right decisions. The Clinical Coding team provides a vital function in taking information from patient notes and translating this into a set of codes that enable us to understand patient diagnoses and procedures carried out while people are in hospital care. This enables clinical audit and research, provides information that helps us to understand what the population's health needs are and what work we are doing in our hospitals.

- Technology and clinical practice is continually changing and improving so ensuring that coding keeps pace with these changes requires continuing education for the coding team. For example, had the development of a clot retrieval service for patients following a stroke not been recognised the work required for these patients would not have been appropriately coded – and would have been valued at one ninth of its true average cost (an indication of impact on consumable and other resources). This would have severely limited our ability to analyse the number of these cases and consequently the impact on services. The Clinical Coding team has an ongoing programme that involves clinicians providing education to coders.

- **Cardiology Stock Management:** Every year approximately 3,000 patients have diagnostic and interventional procedures in the two cardiac catheter labs Christchurch Hospital. All procedures require the availability of specific consumables to ensure our patients are provided with the right care at the right time by the right person. Ensuring that the consumables and products are available requires a robust process to avoid over or under ordering and avoid the need to discard expired items. Challenges to this include communication with a range of vendors, technological changes to cardiology products, cardiologist preferences, various expiry dates and storage space limitations. While previously we regularly needed to write off expired stock, a review of our systems and processes resulted has ensured that we have a more efficient system that avoids this waste of product. This was achieved by:

    - Improved communication with the company representatives who do an inventory with the purchasing officer monthly when on site;
    - Ceasing reordering and holding items that are not regularly used;
    - Regular review and adjustment of minimum/maximum stock levels;
    - Improved accountability and communication between Cardiology Purchasing Officer, Consultants and Charge Nurse Manager. This has stopped the purchase of new products that are not used.
    - Improved management of consignment stock with addition of lot numbers on bar code stickers to facilitate inventory control;
    - Expiry dates of all stock is checked on delivery and exchanged for a longer expiry date if necessary;
    - Stock rotation improved with end users;
    - Better understanding of the Oracle system and running reports.

- This has provided benefits:
    - Processes are reliable, consistent and more streamlined;
    - Improved communication between cardiologists, vendors, Charge Nurse Manager and the Purchasing Officer;
    - Use of consignment stock – this is under the management of the company representative and at no cost to Canterbury District Health Board until used;
    - Improved use of storage space through elimination of over-stocking makes it easier to track items;
    - The holding of seldom used specialty items has been minimised, with a focus on holding generic items;
    - Between 2014 and 2016 the cost of expired stock to Canterbury District Health Board varied between $27k and $30k per year. This was reduced to nil in 2017.
- **Improved stock management in radiology:** Similar improvements have been put in place in Radiology with a Hospital Aide developing expertise in the department's stock management. Stock levels are now more regularly checked and minimum and maximum levels fine-tuned, short date stickers are used and new and high cost items are held on consignment rather than purchased. Company representatives manage consignment items, reconciling stock levels on a monthly basis. Stock take is carried out by the same staff so that there is familiarity with the process and where various goods are stored. Prior to putting these changes in place we generally wrote off between $10,000 and $15,000 of stock per year. This has been significantly reduced with $3,353 being written off in 2017.
- **Winscribe – delivering the promised improvements:** An update was provided in November showing the impact of a system, developed during the Winscribe implementation, which provides performance feedback, enabling improvement in the way that dictation and transcription are provided and the saving of over $500,000 in licence fees and maintenance costs since implementation. This report does not repeat that detail – but does look into whether the investment in Winscribe technology has delivered the promised benefits.
- Winscribe is a system that enables electronic recording and transcription of dictation. This means that the two activities can be carried out without the exchange of physical tapes. Implementation of this system was promoted in order to improve sound quality, eliminate the potential loss of tapes and subsequent failure to document clinical interactions including the provision of information about the next step in a clinical journey. This was a significant risk to the organisation. This has been achieved in over 78 service areas that have taken up the use of this system. It has also provided visibility over this previously unmeasurable component of clinician and transcriptionist workload and allowed for services with a lull in transcriptionist workload to assist those services experiencing a peak. This ability to shift work between transcriptionists in the same or other services is an important part of enabling capacity to match workload across the system. The chart below shows the number of jobs for the last 6 months that have been able to be transcribed by other departments to help teams facing peak pressure, staff shortages etc.



- A promised benefit of implementation was that 4.0 FTE of savings would occur in the administration workforce over the first four years. This has been well and truly achieved with Medical Secretary establishment remaining flat since implementation – avoiding a projected increase of 8.9 FTE. This represents an avoided cost of around $360k in the final year of that period. The role of transcriptionists has become more complicated by the increased use of various IT systems, tasks and roles they now have to undertake compared to 2013. In many cases, it is the time savings achieved in WinScribe that have enabled teams to maintain their throughput despite increases in workload. Average time spent on each transcription job has reduced by around 12% - from nearly 3 minutes per job to 2:36.

- Prior to implementation Canterbury District Health Board was spending an average of $36k on tapes and machines per year. This reduced to $600 in 2014/15. Errors, such as associating documents with the wrong patient, have been avoided due to the involvement of clinicians and transcriptionists in the development and implementation of "best practice" guidelines for dictation. The urgency of jobs is clearly visible, enabling transcriptionists to easily tackle tasks in the right order. This function, along with the guidelines which have reduced the time taken to carry out each transcription task, improved clarity of the recording and the provision of performance feedback have meant that jobs are more likely to be provided within the target time nominated for each job, ensuring that other clinicians have timely access to information supporting the treatment of patients.

- Our next step in this journey is to explore the use of speech recognition. This is already used in radiology and pathology and it is expected that its broader implementation would lead to further improvements in quality and efficiency. The review of pathology dictation via speech recognition shows average transcription times are reduced by more than 50% when compared to conventional WinScribe dictation. Radiology has also proven that speech recognition can eliminate the demand for transcriptionist input for a majority of the dictation work, releasing time for other tasks.

Specialist Mental Health Services (SMHS)

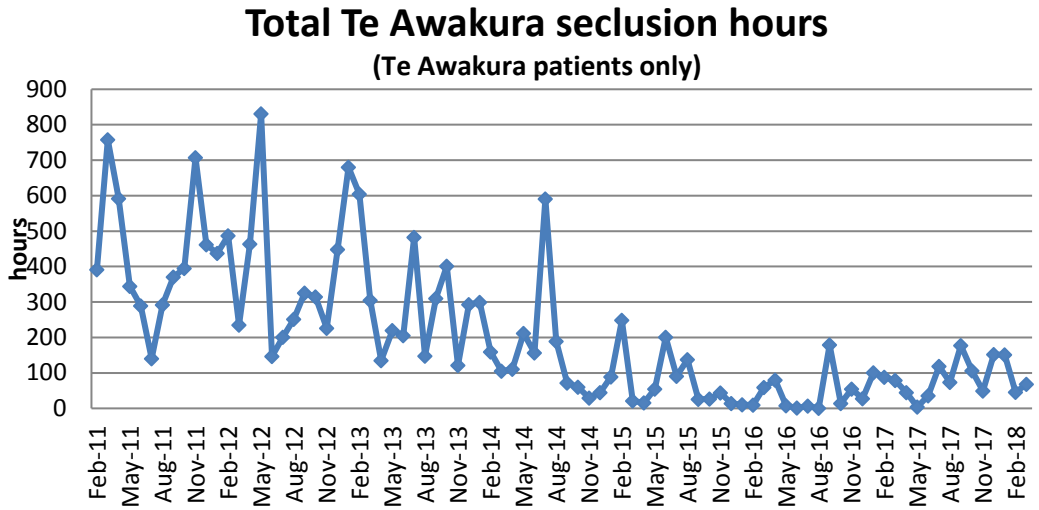
- Demand for Specialist Mental Health Services: The Specialist Mental Health Services divisional leadership team and Planning & Funding continue to closely monitor utilisation of Mental Health Services. Demand for adult general services is continuing to grow. Our staff work exceptionally hard to provide 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. A range of initiatives are contributing to ongoing improvements. These include:

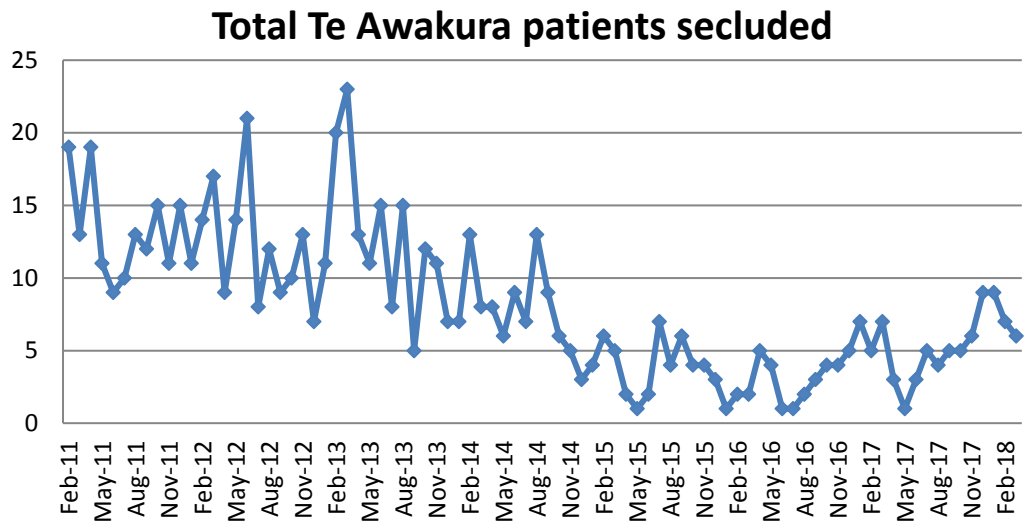
    - Plans are underway for a building modification designed to contain a high care area (HCA) to assist with addressing significant health and safety concerns that exist in the AT&R unit.

This is the inpatient service for people with intellectual disability and challenging behaviour. An interim environmental modification has seen a significant improvement in seclusion reduction and improved safety for patients and staff.

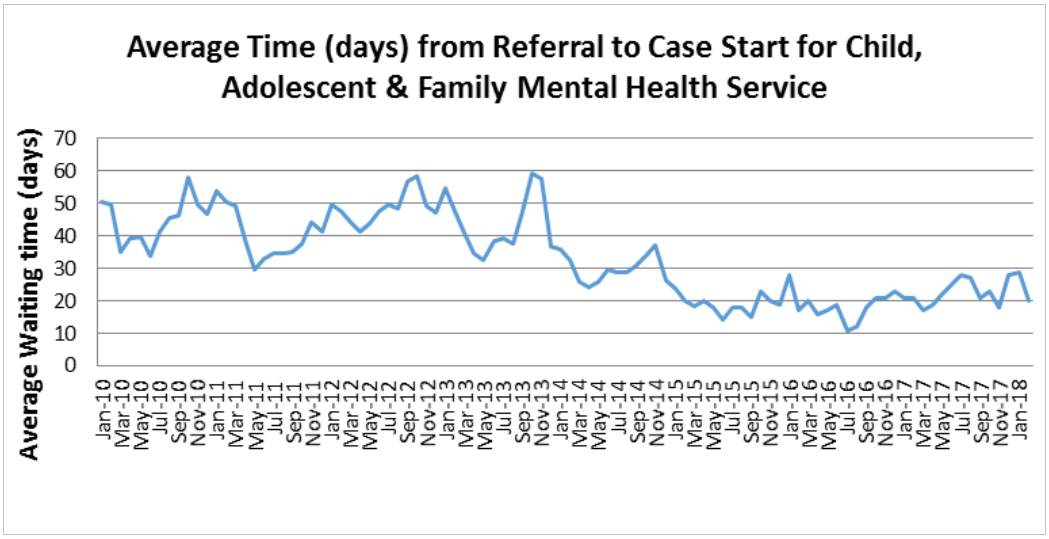
- Nurse Coaches were established within Te Awakura (the adult acute inpatient service) in late 2017. These roles were established to support practice for both registered and enrolled nurses in their first year of Mental Health practice. A formal 3-stage evaluation of the impact of the role is underway. Stage 1 has been completed with positive feedback.
- There are currently several AT&R staff on ACC due to serious work related injuries. Strategies have been put in place to maintain staffing levels for the unit through using pool staff familiar with the area and a short term staff secondment to assist in continuity of care. Maintaining this level of staffing is an ongoing challenge.

- We acknowledge the great work of inpatient staff is being complemented by the new entry to specialist practice (NESP) groups. The recent commencement of forty five nurses and fourteen allied health new graduates add to the workload.
- Occupancy of the **adult acute inpatient service** has been high at 91% in March 2018. Such high occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of community services that will provide an alternative to an acute inpatient admission.
- **Demand for Crisis Resolution** increased slightly over the summer period. There were 208 new crisis case starts in March 2018. New crisis case starts require an assessment and response within a day of referral. The service is exceeding 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. The percentages for March 2018 were 90.3% and 97.2% respectively when other adult services i.e. Specialty, Rehabilitation and Forensic were included.
- Our focus on **least restrictive practice** continues to result in reduced seclusion. Within Te Awakura there were six seclusion events for March 2018 for a total of 68.5 hours. The monthly average for the previous 12 months is currently 85.5 hours.





- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remains a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for March 2018 show that 77% of children and adolescents were seen within 21 days and 91% within 56 days. Child, Adolescent and Family Services had 208 new case starts in March 2018.



- **Schools based Mental Health Team** has continued to be approached by a number of new schools across Canterbury requesting engagement which is commencing. The regular workshops and support to over 150 schools across Canterbury continue. The team has continued to respond to the requests from schools, providing an individualised approach for all. As well as attending regular pastoral care meetings in many schools, the team also participates in Rock On meetings where attendance issues are discussed. Networking and fostering strong relationships across schools and with the Ministry of Education continues to play a major role. The team has recently allocated a liaison clinician for each Communities of Learning | Kāhui Ako (school cluster).

Older Persons Health & Rehabilitation (OPH&R)

- **Community Dental Service:** We are undertaking a small trial in the Lincoln clinic to focus on looking at the possibility to move Low needs Children to 18 months recall. Our dentist will review X-rays and support/teach staff to assess their own and peer review X-rays using an agreed audit tool. The Clinical Director of Community Dental and the Dentist alongside staff

are to look at criteria for 18 month recalls. Staff then review their files (we know who is under treatment and therefore not low needs) and decide if they should be 12 or 18 months recall. Focus on staff taking a consistently good quality of X-rays at present. This will continue to enable us to support those vulnerable populations through increasing our capacity and providing different options for sessions.

- We plan to open clinics in the school breaks: (April, July, September & December) and we currently have 40 staff requesting to work in the April holidays across the two weeks. We are currently developing a work plan which has between two and four clinics open depending on staff availability, with up to 11 chairs open on some days. We have also managed to open the Ashburton clinic for two days to support the needs in Mid Canterbury.

- We continue to develop our change progress within community dental service. Our Decision Document was released in December 2017. We have been able to offer five Clinical Team Leaders positions from staff already within the Service. The Clinical Manager position is within final interview stage and remains a positive process. Our Clinical Team Leaders start date is the 23 April with a two day orientation planned.

- We continue to provide individual staff's arrangements for flexible working hours which are contributing to offering our communities different times to make appointments at clinics before or after school. Two staff teams are trialling early starts at staff request this is enabling Parents to access before school appointments at the clinics.

- We have commenced evening outbound calling from our call centre. During the school holidays, calls to the service reduce and staff have time to call parents of children requiring treatment and make the appointments. In school terms this is done by Dental Assistants when they have time and often when parents are working so the success rate is poor and often takes 3-4 calls before they get an answer. The call centre presently works 8am-5pm and we are tracking trends and peak demands. We have received 3 volunteers for trialling the outbound calling to book preschool appointments. This will be carried out for a week from 5pm to 7pm. If we are unable to contact a parent (no answer) we will immediately send a SMS advising who was calling and to call 0800 to book an appointment for their child. We will monitor if people call back straight away (inbound). Email will also be sent if no contact made and the email address is on the child's file.

Laboratory Services

- Work continues around developing the facilities plan in line with Treasury's Better Business Case model. The Strategic Assessment document has been submitted to the Capital Investment Committee in the MoH for consideration and feedback.

- Ongoing planning for winter is well underway. This has included services within CHL, as well as linking into our alliance partners, Canterbury Southern Community Laboratories.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management

- The Urgent Care SLA is planning for winter with a number of initiatives that aim to support people to remain well and healthy in their own homes. This work compliments winter planning processes in DHB facilities. Key activity areas include communication messages for flu, care around the clock, and general winter wellbeing. This will focus on both messaging for health staff and for the public. Healthlearn e-learning materials have been developed to equip general practice teams with knowledge and tools to prioritise urgent appointments.

- All healthcare workers are being encouraged to use the St John's dedicated 0800 number 24/7, rather than 111. This helps to manage resources and eliminate the risk of life-threatening calls waiting for non-urgent requests. Increasing flexibility of the Acute Demand service response to ED are also being explored.
- The threat of a more serious influenza season is also being considered through Primary Pandemic Group.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Palliative Care Innovation Funding:** A palliative care nursing support service has been established using national Ministry-funded and hospice-managed Palliative Care Innovation Funding. This support service has been designed to work alongside Aged Residential Care (ARC) staff to support, educate, and increase capability to better support people in their palliative choice. The service has been very effective, with staff feeling more confident and better able to support people at the end of their life as well as their family and whānau.
- **Home and Community Support – models of care:** The Ministry of Health is holding a series of workshops during April about the future direction of models of care for the home and community support sector. Canterbury is hosting the South Island workshop and we look forward to sharing and learning with our South Island Alliance colleagues.

Mental Health

- **Mental Health Support in Schools:** The mental health support in schools initiative is developing the first phase of a progressive roll out. This will place seven workers in two clusters of schools to support children and their families with mild to moderate conditions. This will inform future service delivery as the practice framework is tested and refined. Supportive infrastructure is also being implemented. There are a number of working groups established to support the roll out over the next eighteen months.
- **Mental Health Inquiry:** The Government panel leading the national mental health inquiry will be meeting with the DHB and other stakeholders in the coming months to understand our challenges and opportunities for improvement. The panel are seeking approaches that can address the determinants of mental health and the inter-sectorial nature required. The solution-focussed approach will establish whole of system models for the future of the mental health system.

Primary Care

- **Refugee Services:** Significant community engagement and service scoping has taken place in anticipation of likely quota refugee resettlement recommencing in Christchurch, as well as the ongoing resettlement of family reunification refugees. The DHB currently funds a service to address the high health needs of former refugees, in addition to mainstream health service. This is to support former refugees' integration in New Zealand and to provide targeted, culturally responsive health interventions that promote equitable access and health outcomes.
- **Pharmacy**: On 26 March, Canterbury DHB hosted a consultation event for the proposed new pharmacy contract (Integrated Pharmacist Services in the Community Agreement - IPSCA) with pharmacy owners, community pharmacists, PHO (prescribing) pharmacists, consumers, wholesaler management, and PHO staff. The GM of Planning and Funding presented the proposed new pharmacy contract to over 90 attendees. The presentation was largely well

received and a significant number expressed interest in future opportunities to play a bigger role in integrating the care of people in the community. Consultation on the proposed new contract closes on 10 April with the outcome of the consultation helping to shape the final form of the contract.

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 (HHSDG) is now collating the feedback received on the proposed new model of care and preparing recommendations for the Canterbury Clinical Network Alliance Leadership Team (CCN ALT) and CDHB Board to endorse and approve.
- Work is continuing with the five medical practices on developing a North/South 24 hour GP roster to cover all areas of Hurunui. There is strong support for an out of hour's observation service, with Waikari Hospital and Amberley Medical Centres being proposed as facility options as well as each medical centre providing short term observation services.
- **Oxford**: The Oxford and Surrounding Area Health Services Development Group (OSHSDG) is continuing to develop a proposed model of care, community feedback is anticipated in mid-2018. Key areas of focus are, transportation, 24 hour medical cover with potential alliances with the Rangiora HUB/GP services, improved emergency response times, mobile/telehealth clinics with Specialists in Christchurch, development of a restorative community service model post an event and an enhancement in health and well-being services as a preventative care model.
- **Akaroa:** The Akaroa Health Ltd General Manager has been appointed and will start on 9 April. As part of moving into the new integrated family health center (IFHC) facility, the existing general practice has transitioned to Akaroa Health Ltd from 1 April 2018. Early discussions are underway for transitioning services from Pompallier House. The community are delivering on their commitment to contribute to funding the new facility with the next payment fundraised from the Akaroa Community Trust will be paid in April.

Maori and Pacific Health

- **Ngā Ratonga Hauora Māori (Christchurch Hospital):** Ngā Ratonga Hauora Māori team attended their first noho-marae in 2 years at Ōnuku Marae, Akaroa in March. This was a very positive opportunity for the team to connect and reflect on the services they provide for Māori patients and whānau at Christchurch Hospital and their achievements in the past year. It was also an opportunity to develop team goals. There was also a great opportunity to invite and listen to distinguished and inspirational speakers who work with Māori in health and the community to address the team:
    - Suzanne Pitama and Tania Huria from the University of Otago who discussed how we work with the Meihana Model, also taught to 4th and 5th year medical students at Christchurch campus.
    - Wendy Dallas-Katoa, the chair of Manawhenua Ki Waitaha with an insight into the governance role of Manawhenua Ki Waitaha as they work alongside the CDHB Board
    - Ngaire Button from Planning and Funding to assist with looking at the strategic direction and objectives for Māori Health as we move forward into the future
- The Smokefree Advisory committee has recently discussed the policy regarding e-cigarettes which have been recently promulgated and an update on the Smokefree challenges moving forward to 2025. Such policies have a significant effect on Māori given the higher rates of smoking in our Māori population.

- Ted Te Hae (Kaumātua) and Theona Ireton (Māori Health Worker in Oncology) are representing the service on the Oncology Palliative Care working party to support the Bereavement Care Plan/Policy. This is an important policy area for Māori whānau and it's critical to have rigorous Māori input throughout the process to ensure we get it as close to right as we can for our community.

- **Health Equity Assessment Tool:** The GM Māori of the West Coast DHB, Gary Coghlan, ably assisted by one of his Māori staff, Kylie Parkin, were recently invited by People and Capability to present on the Health Equity Assessment Tool (HEAT). The Health Equity Assessment Tool aims to promote equity in health in New Zealand. It consists of a set of 10 questions that enable assessment of policy, programme or service interventions for their current or future impact on health inequalities.

- The presentation was well received by the staff in People and Capability that attended and provided an excellent lens to use in their work to ensure robust consideration of equity are pervasive throughout their systems and processes.

- **Pae Ora – City2Surf Event 2018:** City2Surf is a popular event held annually in Christchurch. Participants can choose to participate in either the 6km or 14km course attracting both competitive and community people of all ages. As Pae Ora we encourage and take along over 1,000 participants in this annual event. There is no fee for whānau to register to participate with Pae Ora.

- The key objective for this event Pae ora City2Surf was to support whānau and the community to participate in a physical activity event that encourages health and wellness and removing the financial barrier to participate. Through encouraging whānau to complete this event as a whānau and to share in the message of Pae ora – whānau wellness. The objective was achieved by careful planning, multiple organisations working together to achieve the same objective.

- **Te Puāwaitanga – Social Procurement:** Te Puāwaitanga Ki Ōtautahi Trust is a kaupapa Māori provider based in Hornby, of a range of health, education and social services that are available for whānau and are delivered in their homes. Te Puāwaitanga are looking at innovative ways they remain fiscally healthy in the continually tight funding environment. Social procurement is one area they are exploring. Social enterprise initiatives have emerged as an increasingly popular way to achieve good in society. By running businesses that provide a financial return, it is possible for charitable trusts to:
  - enhance existing programmes and services
  - launch new programmes and services
  - achieve mission more effectively
  - generate new revenues to stabilise and diversify funding streams

- Hence, social enterprises are commercially viable businesses that exist to benefit the public and the community, rather than shareholders and owners.

- Below is an extract from the Social Value Procurement toolkit published by Procurement Agency Essex (UK), which Te Puāwaitanga is looking to for guidance in this early stage of exploration.

  Social procurement has emerged as a trading category that vastly expands the opportunity for social enterprises to subsidise the services provided by the charitable trusts that own them. They do this by directing profits as a donation from the trading entity to its charitable trust owner for application in existing programmes and services or to expand these or to launch new initiatives that address community need.

As such, social procurement can be viewed as the next development in corporate social responsibility as it provides corporates and government with a mechanism to strengthen capacity and capability of charitable trusts that are working, usually under budget constraints, to improve the outcomes for individuals and communities.

It does this by conferring preferred supplier status on legitimate, viable social enterprises for the delivery of major or routine procurement contracts, thus applying part of their standard budget to directly expanding the opportunity for positive social, economic, and employment impact in the communities they serve or trade in.

By introducing social procurement objectives, corporates and government are able to use the power of the marketplace to solve some of society's most pressing problems.

- It's exciting that our kaupapa Māori providers are exploring new ways to ensure sustainability into the future.

Promotion of Healthy Environments & Lifestyles

- ***All Right?*** **social marketing campaign update:** *Kaikoura/Hurunui* – 'Tea for Two' is the name of a new campaign for Kaikoura and Hurunui. The campaign features two tea bags in an envelope accompanied by messages about the part that sharing a cup of tea can play in connecting people and providing an opportunity to talk. The idea for the campaign came from a brainstorming session held at a community meeting in Hurunui. The intention is to roll out a version of the campaign in Greater Christchurch later in the year.

- *Hurunui* - A local photographer has been contracted to take portraits of community members talking about what they love about their communities and providing advice for those who may be struggling. Subjects include a café owner, a farmer, a district councillor, an active 91 year old, a community development worker and a student. The portraits will launched at a community event in mid-April.

- **Measles cases – an update:** Following the notification on 31 January 2018 of a case of measles (acquired overseas), four further cases all linked to the imported (index) case have been notified. Various controls were put in place at institutions and in home and work settings. This included using a mix of immunisation prophylaxis and effective quarantine procedures for susceptible individuals. Follow up with 167 contacts proved effective and C&PH is pleased to report that no further transmission occurred. The infectious period for the last case ended on 24 February enabling us to declare the outbreak over on 16 March (being 2 incubation periods). A debrief has been held and some of the positives included: outbreak contained, positive relationships maintained with the schools, church and medical centre, rapid contact tracing, rapid vaccination clinic established, the successful use of 'directions' prevented spread, and communications were good.

- **HPS Staff Wellbeing Workshop:** The Health Promoting Schools Team organised a School Staff Wellbeing Workshop on 28 February 2018 in response to schools highlighting this as an area for professional development. Thirty-seven school leaders representing 27 schools attended and were treated to a heartfelt presentation by Ian Vickers who shared passionately from his seven years' experience implementing a teacher and school staff wellbeing programme as a Deputy Principal at Sancta Maria School (Auckland). Ian spoke about his advocacy work in seeking to get teacher wellbeing recognised as an issue and resourced at a national level. He put out a challenge and call to action for all to play a part in growing a culture shift within the teaching profession to value and promote teacher and school staff wellbeing. Ian's many practical tips and 'Good New Habits Book 2018' resource for developing a school staff wellbeing programme were well received. The Workshop was filmed and will be made available

to schools who were unable to attend. Thirty-three participant evaluations indicated that most had actions in mind focused on supporting the development of, or the enhancement of, staff wellbeing programmes.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

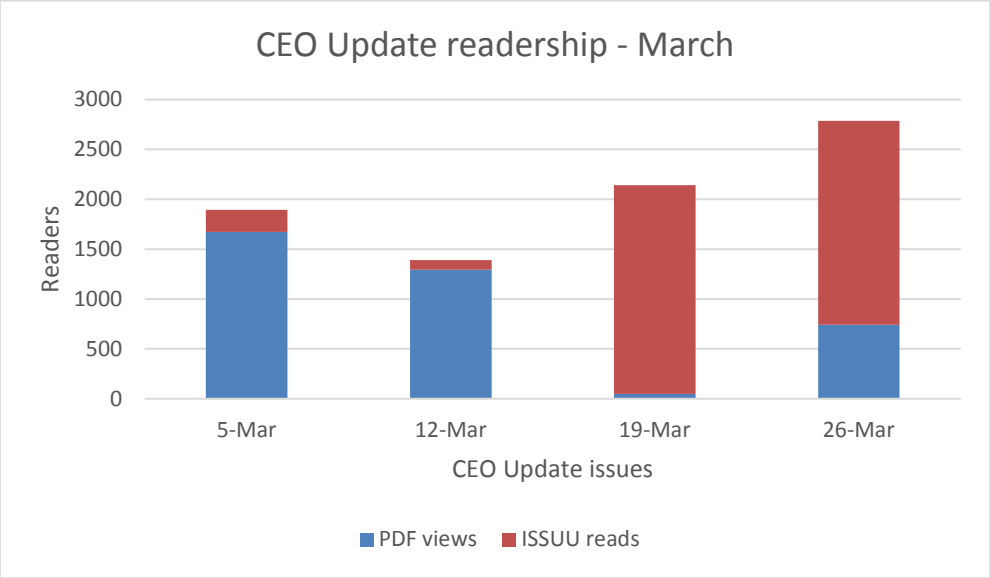
- **Acute Services Building**
  - Final marked up hardware plans are now in progress.
  - Procurement activities are on track.
  - Risks remain around multiple facilities projects having a similar timeframe and competing for resources.
  - The budget is tracking well at this stage and is continuously tracked to ensure scope is adhered to, with a process to manage any escalations.
- **Amadeus (new patient data repository)**
  - Discussions ongoing with Orion on using Amazon Web Services for hosting the data.
  - Privacy requirements with MOH are being worked through before we can start to receive data.
- **Christchurch Outpatients**
  - Marked up plans detailing hardware and IT details are in production and a formal sign of process and template has been agreed.
  - The budget is on track and is regularly monitored to ensure compliance.
  - The programme team are working to ensure robust communication from the operational working groups to ensure effective planning.
  - Meeting arranged with the migration planning team next month to understand the approach to migration and ISG operational impacts.
- **Cardiac Test Repository**
  - Vendor Contract (FujiFilm) and Financial Plan process completed.
  - Regional delivery framework and Governance agreed and in place between all participating DHB's.
  - Network design, device audit and test plan development in progress.
  - Engagement started with other regional DHB's.
- **Electronic Medicines**
  - Meetings are ongoing with the vendor, DXC, to work through what is required to upgrade the MedChart software.
  - A business case has been progressed for a larger software upgrade in 2018.
- **Health Connect South**
  - Independent report into service improvements completed, and a plan to implement recommendations is being prepared.
  - A release to bring in new functionality was completed this month.
- **South Island Patient Information Care System (SIPICS)**
  - Preparations continue for the rollout of the software into the main Christchurch Hospital.

- Work flows are being documented for each service that provide assistant for detailed planning.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- Canterbury DHB's staff newsletter, which is also shared with media and sector stakeholders, was recently refreshed to improve readability and make it easier for people to identify the content most relevant to them. Improvements included hyperlinking articles in the email notification so people can navigate straight to their chosen story and an updated, cleaner design. The new format was introduced on 19 March and immediately boosted total readership based on the previous fortnight.
- Feedback from staff included: *"Great job, clear and clean, easy to read, modern." "Really like new concept and the ability to go to key article straight away, most valuable for speed but also when you want to go back to something, saves time. Well done." "Congrats on new look and layout of the CEO Update – love the blue and really easy to read. Also like the categories and summary email."*



- **Public influenza vaccination campaign:** Work continued on planning for the public campaign to encourage Cantabrians to get their flu vaccinations. Given the severe Northern Hemisphere flu season we have decided to create a Canterbury-specific campaign to aid cut-through rather than relying on the national immunisation collateral. We are creating a microsite to act as an engaging information hub with resources for employers, schools or any organisations to spread the vaccination messages and will be directly engaging with organisations so they can spread the messages to their networks. The campaign will launch early in May. In addition a separate campaign is planned for North Canterbury where everyone in Kaikoura and Hurunui aged 17 and under is eligible for a free flu vaccination.
- **Hand Hygiene:** Support for Burwood Hospital's "Going for Gold" pilot to improve hand hygiene compliance continues, with the programme reaching its half-way point at the end of March. We also completed planning and preparing for the promotion of falls awareness and prevention through the April Falls initiative throughout April. The specific theme is Live Stronger for Longer, leveraging the national multi-agency campaign that aims to promote health

and age-appropriate mobility as a means of keeping people healthy and independent in their homes for longer.

- New posters, screensavers and other graphics have been produced as well as videos to be posted on the public website. During the month there will be media releases and a weekly piece in the CEO Update. Sample graphics are below.

- Work continues on gathering and writing stories for the June edition of WellNow Canterbury.

Media

- March was an exceptionally busy month for media enquiries, with well over 100 queries submitted. Reporters sought a local perspective to stories of national interest including the shortage of midwifes, and the capacity of neonatal units. A high number of motor vehicle accidents in Christchurch and environs also resulted in numerous queries as to the condition of patients in our care. Media also enquired about an assault by a patient on staff at Hillmorton Hospital, resulting in staff members being treated at hospital.
- Other media inquiries included:
  - The provision of parking and the condition of the Park & Ride carpark
  - Chlorination of the Christchurch water supply and effects on dialysis treatment
  - Winter planning and risk of service failure in Emergency Department
  - Further queries on CDHB relationship with artificial intelligence system 'Zach'
- Screentime Productions filmed in and around Burwood Hospital for a documentary on a former patient and his journey to recovery. A Burwood Hospital specialist was interviewed and the documentary will screen on TVNZ in the coming months.
- We issued a media release to warn of the risks of eating tutu berries, after a hunter who at the berries became seriously ill and was admitted to Christchurch Hospital.
- Media releases were also issued on the lifting of health warnings for the Selwyn River, the Ashley/Rakahuri River, and the Kahutara River.
- Live radio interviews – Canterbury Mornings with Chris Lynch – included Dr Martin Lee on oral health, Ngaire Button, Planning and Funding, on the Census push, and Dr Alistair Humphrey on his international work.
- Canterbury DHB placed an ad in The Press and created a serious of videos which were shared on social media to encourage people to take part in The Census.
- **Facilities Redevelopment** – our regular communications channels have been kept up to date.

- Ongoing work communicating site activity related to the Acute Services and Outpatients builds, mostly via the daily global and weekly CEO updates.
- Current roadworks in the vicinity of the hospital have been communicated extensively to staff, working with Downers and Otakaro communications advisors – this roading work is due to finish in mid-April.
- **Acute Services Building:** Staff presentation to "orphans" around the site (those staff not linked in to regular communication channels e.g. pharmacy, chaplains).
- **Outpatients building:** Communications for SI PICS champions meeting – publicising the SI PICS process to date and next steps.
- **HREF (Health Research Education Facility) building** – We have worked with Ara to plan the blessing ceremony, open day and official opening of the HREF. We are working with the Ara communications team on a new website landing page for the HREF. A site visit enabled us to take more up-to-date photos.
- **CEO Update stories**
    - New resources developed by Canterbury DHB Psychiatrist Susan Gee to help prevent delirium are attracting international interest. Delirium is a rapid decline in brain function that involves decreased ability to concentrate, sleepiness, agitation, and sometimes hallucinations and/or altered beliefs. It is usually the result of an acute illness, an injury or surgery and develops over hours or days. Susan began the THINKdelirium Prevention Project. She and her team undertook an inquiry to find out what was working well for staff and then explored how this could inform and inspire improvements in delirium prevention. The result is THINKdelirium resources which include a tips book, poster, pens and a family brochure. Susan has received requests from around the world to use the resources, including from the UK, Ireland, Canada, and Spain.
    - Hillmorton Hospital Psychiatrist Samantha Chow has recently become a New Zealand citizen and marked the occasion by planting the tree she was given at her citizenship ceremony in the hospital grounds. She says she and the tree are now at home.
    - Resident Medical Officers (RMOs) at Christchurch Hospital are enjoying two new couches in their lounge, thanks to the support of the Christchurch Hospital Volunteers. The couches have replaced two old ones which were well past their 'use by' dates.
    - Canterbury DHB's midwifery education programme has been praised by the Midwifery Council. The Council has just re-approved Canterbury DHB as an accredited continuing midwifery education provider. Midwifery Council Deputy Registrar Susan Calvert says the Council is overwhelmed with the quality and diversity of the education provided and the number of midwives engaging in this education, which is well over and above the minimum required.
    - March was International Endometriosis Awareness Month. The painful condition affects an estimated one in 10 New Zealand women and 176 million women worldwide. Endometriosis New Zealand says there is still a huge misconception that this chronic condition doesn't exist and is just a bad period. A member of Canterbury DHB's Youth Advisory Council, shared her personal experience of endometriosis, describing it as "isolating" and "difficult".
    - Mothers and babies in the maternity unit at Rangiora Health Hub will be protected against whooping cough after 24 staff had pertussis vaccinations. The unit's Charge Midwife Suzanne Salton invited Occupational Health to visit and offer staff the whooping cough (pertussis) vaccination to ensure they, and mothers and babies, are protected against the

infection. The invitation was also offered to other health professionals working in the old Rangiora Hospital building. Those who took up the invitation included midwives, hospital aides and cooks.

- Hillmorton Hospital Librarian Julie Milne's "Message of Hope" cycle trip the length of New Zealand was almost finished as she reached the Auckland area in late March. Julie, who suffered two debilitating strokes at the age of six decided to undertake this challenge to show people that there is life after stroke and that with support stroke survivors and their families can enjoy full lives with success and purpose. Head winds, hills and persistent rain on Julie's "Tour de Stroke" have been exhausting and she has had to draw on all her strength.

- Canterbury DHB Medical Physicist Steven Muir spent the last weekend of March biking across the width of the South Island to support two friends in their charity rickshaw ride raising money for children and families affected by mental illness. Steven acted as the front pilot vehicle on his bike while Sean Pawson and Josh Geddes followed in their rickshaw. Sean and Josh took turns pedalling the 250km from Kumara Beach, over Arthurs and Porters passes, across the Canterbury plains to New Brighton beach. This undertaking has never been done before, says Steven who works in the Medical Physics and Bioengineering Department at Christchurch Hospital and built the signage trailer that was at the rear of the rickshaw.

- The Nursing Workforce Development Team welcomed Kirsten Erickson to the role of the Nurse Educator, Dedicated Education Unit (DEU). Kirsten will start her role on April 6, leaving her current position as Charge Nurse Manager of Hagley Outpatients to join the DEU with Nurse Educator Sarah Gibbon. Kirsten says she is looking forward to working with the talented team at workforce development and our education providers at Ara.

- The majority of people who attended a Co-ordinated Incident Management System (CIMS) course held at Burwood Hospital last week were from Canterbury DHB's partner stakeholders. Staff from Forte Health, St George's Hospital, Southern Cross Healthcare Group, Pacific Radiology, and Canterbury Primary Response Group, made up 75 per cent of attendees. The rest were Canterbury DHB staff. The course was run by the Canterbury and West Coast DHB Emergency Manager Jenny Ewing and Emergency Management Co-ordinator Tui Theyers. Jenny says she has been networking for some time with these stakeholders and to now get their management aligned to the CIMS structure is incredibly beneficial for us as a DHB for future responses and planning around Project AF8. Project AF8 is a risk scenario-based earthquake response planning project, its focus is the South Island Alpine Fault. Patient Services Manager Forte Health- Nicky Sloss, says the whole day on the CIMS course was fantastic.

- **Te Panui Runaka:** Last year the *All Right?* Campaign was extended to support people in Kaikoura and Hurunui following their earthquakes. *All Right?* is working alongside these communities on a range initiatives designed to make people more aware of their wellbeing and ways to improve it. To support this work *All Right?* has appointed Rachel Vaughan in Kaikoura and Leanne Bayler in Hurunui. In March *All Right?* began some research to 'take the pulse' of people in Kaikoura and Hurunui. The results will provide a snapshot of where people are at when it comes to their wellbeing, what stressors they are facing, and identify the types of support they need to look after themselves and each other.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- Parkside Panels: Detailed planning is continuing for disconnecting the Chemo Day Ward for Parkside. This may require partial decanting of the ward. Still awaiting pricing from ASB Link contractor for this work. Design work for replacing confined corner panels is proceeding well now that a number of technical fire and durability issues have been resolved.
- Clinical Service Block roof strengthening above Nuclear Medicine: Current delivery dates for the equipment are forecast for the end of July 2018. The programme for construction is reliant on this date. Design consultants are progressing well with integrating detailed user requirements into the design. Registrations of Interest for main contractors responses received.
- Lab Stair 3 on programme for completion end of May. Lab Stair 4 initial/scoping work to begin. Some work to the plant room will need to be undertaken before the completion of Lab Stair 3 and when the Eye Department are still in the Portacoms.
- Concept Design for strengthening of Parkside link to CSB is complete and has been priced by the Quantity Surveyor. A decision is still awaited on whether to proceed with these works.

Christchurch Women's Hospital

- Stair 2: Awaiting review from fire engineer to enable planning as part of the overall Women's Risk analysis.
- 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.
- Level 5: Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time.
- 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 complete and in use by Site Redevelopment on current passive work.
  - Test rig complete and installer testing has commenced. RFP for materials is currently in final review by SRU/M&E/Procurement.
  - Currently working with ISG/Developers for options to transfer database to a cloud base system complete with E form and onsite inspection capability via IPad/ Android phone apps. Draft Policy and Guidelines issued to M&E and Senior Management. SRU continue to upgrade on project to project basis until comment/ advice received.
  - Continue to identify more non-compliant areas as other projects open walls/ ceilings.
- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (*MoH*)
  - Service Tunnel: Complete. Steam provided by coal boilers.
  - Energy Centre: Procurement of boilers documentation being prepared.
  - Re assessment of capacity requirements has been undertaken which has highlighted the need for more capacity. This is based on draft information provided by the Ministry around the master planning process.

- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until boiler requirements have been resolved for the new energy centre and new energy centre commissioned.
- **Parkside renovation project to accommodate clinical services, post ASB (managed by MoH):** Health planners appointed and planning underway. 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 have been provided for review. The SRU team are having regular meetings with the MoH project managers (Projex) to assist in their information gaps.
- **Back up VIE tank:** Work on developing a target strength for the VIE enclosure is ongoing. Balancing operational and post-disaster requirements against cost and build ability is a key focus for this work.
- **New Outpatient project (managed by MoH**): Façade 90% complete. Architectural/ services fit out on all floors well underway. Rev 5.0 programme issued: with SP1 date 29 June. SP2 20 July. Construction completion still to be confirmed.
- **Avon Generator Switch Gear and Transformer Relocation**. Design work underway. Due to the small size and engineering component this is now being managed by M&E.
- **Otakaro/CCC Coordination.** Otakaro programme slipped – new dates due 28 March. Antigua St open 9 April. Oxford Gap closed 10 April to Nov 2018. Land swap discussion still with LINZ.
- **Parkside Canopies:** Temporary repairs to plastic wrap have been made. Planning underway to replace the wrap at the main entry.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand.
- **Burwood Admin old main entrance block:** Feasibility study complete and work to commence on repurposing building to accommodate community teams for TPMH. Awaiting availability of internal project management resource to take this work forward.
- **Burwood Mini Health Precinct:** Internal project management resource has been identified to scope out options for detailed business case (new build vs relocatable). Programme is dependent on demolition of Birthing Unit.
- **Drainage repairs**: Work complete.
- **Spinal Unit:** Design and user group process continues. ROI process completed. Five building contractors identified. Schedule of Quantities being prepared. RFP process scheduled for 9 April 2018.
- **Burwood Birthing/Brain Injury Demolition**: Methodology to be agreed. External Project managers commissioned to undertake work. Programme from commencement of demolition could take up to 12 months to complete due to the complex nature of asbestos removal and the proximity of other clinical facilities. Existing switch board work, servicing other parts of the campus, 90% complete. Design work to commence in early February. ROI process completed. Five demolition specialist companies identified. RFP to demolition contractors is out to the market. Decommissioning of building main switchboard and ISG systems under way with completion due by April 2018.
- **Burwood Tunnel Repairs:** Work has been scoped and priced. Expected start is April 2018 as contract approvals have not been received.

- **2nd MRI Installation:** Design work and planning continues. MRI scanner temporarily relocated from Merivale to storage at Print Place. Faraday cage installation is being repriced by another provider. A new MRI has now been sourced with the original Merivale MRI traded in as part of the procurement process. Scope of works being finalised and costed with Siemens.
- **Decision making frame work**: First workshop took place on 5 March 2018. Upgrade options are now being developed for all remaining buildings on campus for review at the second workshop on 11 April 2018.

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**. High level cost estimates completed in 2013 are currently being reviewed and updated to 2018. Strengthening works recommendation to follow.
- **Cotter Trust** on-going occupation being resolved as part of overall site plan requirements.
- **Mental Health Services:** Review of all Forensic services including PSAID, AT&R, Roko being completed, including refurbishment verses rebuild cost and logistic process. Awaiting results of clinical review. Concept design for AT&R built at Design Lab has been reviewed by staff. All Design Lab work complete. Designs returned from Architect. Business case currently in programme for approval.
- **Decision making frame work**: First workshop took place 22 Feb 2018. Upgrade options are now being developed for all remaining buildings on campus for review at the second workshop on 9 April 2018.

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 repurposing the old Burwood Administration building to accommodate community teams.
- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in Sept 2017. The next step is the development of Detailed Business Case which is planned for July 2018 for submission.

Ashburton Hospital & Rural Campus

- Stage 1 and 2 works are both complete. Final claims have been agreed with the contractor. Final defects resolution and retention release expected by June 2018.
- **Tuarangi Plant Room**: Upgrade of access and egress systems. Options have been provided by the Architect and Safety consultant. Meeting held on site with Architects, Safety Consultant, SRU and M&E. Many options explored and discussed. Agreement in principal of probable solutions. Architect to draw up ideas for approval and progress to next stage/funding.
- **New Boiler and Boiler House**: Project process commenced. This is being managed by M&E.

Other Sites/Work

- **Decision Making Frame Work:** This work is now being led by Planning and Funding. Workshops have been scheduled to occur Feb to April 2018 for both the Burwood and Hillmorton campuses. Resilient Organisation Ltd have been contracted by Planning and Funding to assist with this process. SRU will continue to be heavily involved to ensure a streamlined process is achieved. First workshops have occurred and design work is underway on over 20 buildings to determine upgrade options and enable prioritisation decisions.

- **Akaroa Health Hub**. Construction on site has commenced. Early stages of demolition and site scrape will be underway shortly.
- **Kaikoura Integrated Family Health Centre**: Code compliance received. Scoping of cosmetic damage due to November's earthquake is complete. Estimates provided to Corporate Finance. Driveway repair completed. Sound proofing underway. Beca working on repair strategy.
- **Rangiora Health Hub**: Design complete. Building consent application lodged with Waimakariri District Council mid-January. Main contractor ROI on GETS. Value Engineering exercise taking place. Current MoH date for the Hagley Outpatients building still to be confirmed.
- **Home Dialysis**. Business case approved by Board. Concept drawing agreed and sent out to consultants.
- **SRU**. Project Management Office manuals re-write and systems overview. Approximately 55% complete. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring**: Business Case approved. RFP documentation being developed.
- **Laundry Building**: Currently under review for options to fix based on a change of use possibly for CDHB store/warehouse and other facilities. Feasibility study underway.
- **New Laundry:** SRU continuing to assist CLS with procurement of construction advice for the new design/build/lease laundry facility.
- **HREF:** SRU continues to be involved in providing construction and contract administration/interpretation advice to the HREF project. Completion expected in early June.
- **Annual Damage reviews:** Planning is underway for the 2018 repeat damage assessment of the DHB's building stock.

Project Programme Key Issues

- The recent notification of Fletcher Construction closing down their building and interiors division will have effects on current work programmes and pricing. SRDU are currently working through outstanding work and projects to identify the risks and issues for delivery of these projects.
- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. This requirement has been forwarded onto Planning and Funding for review and action.
- Additional peer reviews of Parkside and Riverside structural assessments, being undertaken by the MoH, are now complete. Clarity on the direction of the Master Planning process is required to plan the next stage of the POW. This is also having an effect on the sizing and future proofing of energy supply from the proposed boiler house.
- 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.
- Identifying a new cladding system for Parkside has been delayed by uncertainty around the compliance status and acceptability of a number of products and systems. Understanding of the Christchurch City Council's position in relation to passive fire, the tests that are to be applied and which elements are to be subjected to assessment can best be described as emerging. Systems and products that have been used in the past or in projects already under construction have not been deemed compliant for this project, and this has made it difficult for the CDHB's

designers to provide advice with any degree of confidence. After several months of research and assessment, the CDHB's fire engineers, façade engineers, and architect have identified a system that the Council has indicated will be accepted as compliant.

- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. The urgent works undertaken to facilitate the MoH run link corridor works has further affected this. Restricted access has been given to one area.

- 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.

- Passive fire issues are now being raised in the Labs building. Work completed and in final review and potential passive fire issues around comm floor 80 and use of all proof collars at outpatients, ASB and Burwood are currently under review.

- Uncertainty of delivery of MoH projects is severely affecting our ability to programme projects and allocate resources efficiently. Rangiora is one such example. A firm date from the MoH is still not able to be provided with any level of confidence.

- Proposed ASB Western Link – a number of constraints and issues have been identified by CDHB and these are being worked through with assistance from SRU. The requirements of additional decant space, the responsibility for undertaking the work and payment of costs is still to be addressed by the MoH as they are an ASB related project work face. Additional passive fire noncompliance has been found in areas of the proposed new links during opening works. Site Redevelopment have provided support and design details to mitigate risks to service provision for the theatres. Due to the limited timeframe certain noncompliance areas will be temporary filled, photographed and recorded for future repair.

- Burwood 2nd MRI. Delays to the procurement of the faraday cage installation contractor and the change of procurement strategies continue to push this project out. This is currently being managed by procurement. The use of an alternative contractor will create additional budget pressure due to existing agreements.

- 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.

- Work is about to commence on reconciling CDHB buildings that have been placed on the National EQ prone buildings register with those that we understand to be EQ prone. There appears to be a discrepancy between the information CERA has provided to CCC and our own records.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of February 2018 was a deficit of $0.093M, which was $1.845M unfavourable against the draft annual plan surplus of $1.752M. The year to date position is $2.757M unfavourable to the draft annual plan. The table below provides the breakdown of the February result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.139)	-	**(0.139)**	(1.107)	-	(1.107)
Funder	(0.952)	0.909	**(1.861)**	(12.947)	(11.954)	(0.993)
DHB Provider	0.998	0.843	**0.155**	(11.685)	(11.028)	(0.657)
Canterbury DHB Group Result	**(0.093)**	**1.752**	**(1.845)**	**(25.739)**	**(22.982)**	**(2.757)**

Report prepared by: David Meates, Chief Executive

DELIVERING AGAINST THE NATIONAL HEALTH TARGETS – PRELIMINARY RESULTS		Q1	Q2	Q3	Q4	Target	Status
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	Canterbury DHB met the health target in quarter two with 95% 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 7,809 acute demand packages of care were provided in quarter 2.	94%	95%			95%	✓
Improved Access to Elective Surgery Canterbury's volume of elective surgery	Canterbury DHB did not achieve the health target in quarter 2, delivering 10,344 elective surgeries against the year to date target of 10,737. We delivered 96% of planned discharges this quarter. Performance was adversely affected by a large number of coding delays. The delayed codes are being worked through and future reporting will more accurately reflect the DHB's position.	4,989 (90%)	10,344 (96%)			21,330	×
Increased Immunisation Eight-month-olds fully immunised	Canterbury DHB achieved the health target with 95% of eligible children fully vaccinated at eight months. Only 1.3% (21 children) were not immunised on time (excluding declines and opt-offs of). Coverage was high across all population groups, meeting the health target for most ethnicities (98% Asian, 97% Pacific, and 96% New Zealand European).	95%	95%			95%	✓
Better Help for Smokers to Quit Smokers enrolled in primary care receiving help and advice to quit	Canterbury DHB achieved the health target in quarter one with 90% of smokers enrolled with a PHO offered advice and help to quit smoking against the 90% target. This is a 1% reduction in performance on the previous quarter. Performance remains above the national average of 88%. Canterbury DHB's cessation support indicator is again the highest in the country at 56%. 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%			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	Canterbury DHB achieved the target in quarter 2 with 94% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. This is the second quarter under the new target and definition.	95%	94%			90%	✓

Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle intervention	Canterbury DHB achieved the health target in quarter two with 96% 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 3% increase on the previous quarter. 'Referrals declined' increased slightly from quarter one (21% to 30%) however, there was no inequity between ethnicities. The Ministry commended Canterbury for equity across all ethnicities with 93% of Pacific children (previously 88%) and 94% of Māori children (previously 90%) referred and acknowledged this quarter.	93%	96%			95%	✓

FINANCE REPORT – AS AT 28 FEBRUARY 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **19 April 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 28 February 2018.

3. DISCUSSION

Overview of February 2018 Financial Result

The consolidated Canterbury DHB financial result for the month of February 2018 was a deficit of $0.093M, which was $1.845M unfavourable against the draft annual plan surplus of $1.752M. The year to date position is $2.757M unfavourable to the draft annual plan. The table below provides the breakdown of the February result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	0.973	0.788	**0.185**	(11.447)	(10.977)	(0.470)
Community & Public Health	0.017	0.058	**(0.041)**	(0.310)	(0.058)	(0.253)
Total In-House Provider excl Subsidiaries	**0.990**	**0.846**	**0.144**	**(11.757)**	**(11.034)**	**(0.723)**
Add: Funder & Governance						
Funder Revenue	131.950	132.402	(0.451)	1,055.833	1,059.095	(3.262)
External Provider Expense	(55.607)	(54.261)	(1.345)	(450.260)	(453.201)	2.940
Internal Provider Expense	(77.296)	(77.232)	(0.064)	(618.520)	(617.849)	(0.671)
Total Funder	**(0.952)**	**0.909**	**(1.861)**	**(12.947)**	**(11.954)**	**(0.993)**
Governance & Funder Admin	(0.139)	-	(0.139)	(1.107)	-	(1.107)
Total Canterbury DHB (Parent)	**(0.101)**	**1.755**	**(1.856)**	**(25.811)**	**(22.988)**	**(2.823)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.033	(0.010)	**0.044**	0.022	(0.035)	0.057
Canterbury Linen Services Ltd	(0.025)	0.008	**(0.033)**	0.050	0.041	0.009
Canterbury DHB Group Surplus / (Deficit)	**(0.093)**	**1.752**	**(1.845)**	**(25.739)**	**(22.982)**	**(2.757)**

4. APPENDICES

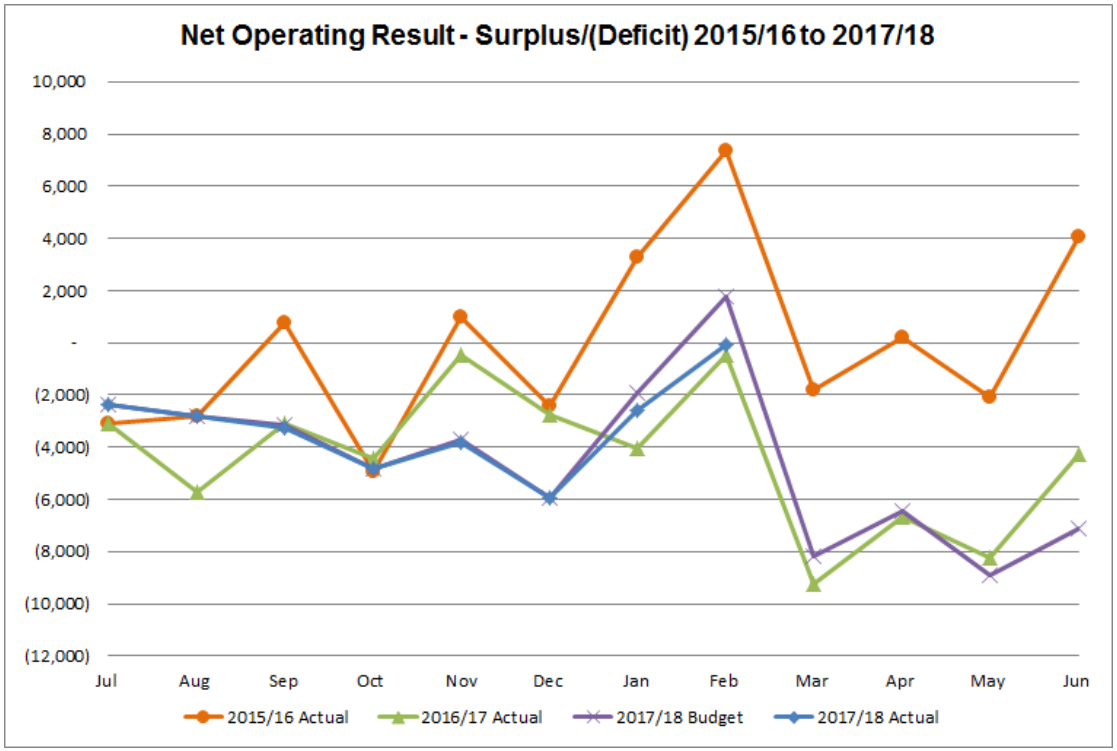
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD FEBRUARY 2018

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(93)	1,752	(1,845)	-105% ✗	(25,739)	(22,982)	(2,757)	12% ✗



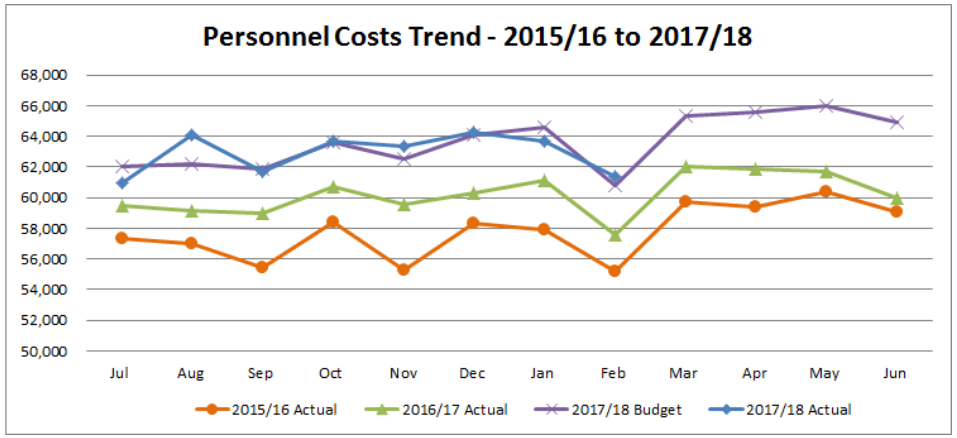
Our 2017/18 Annual Plan was submitted with a deficit of $53.644M - this is still going through the MoH approval process.

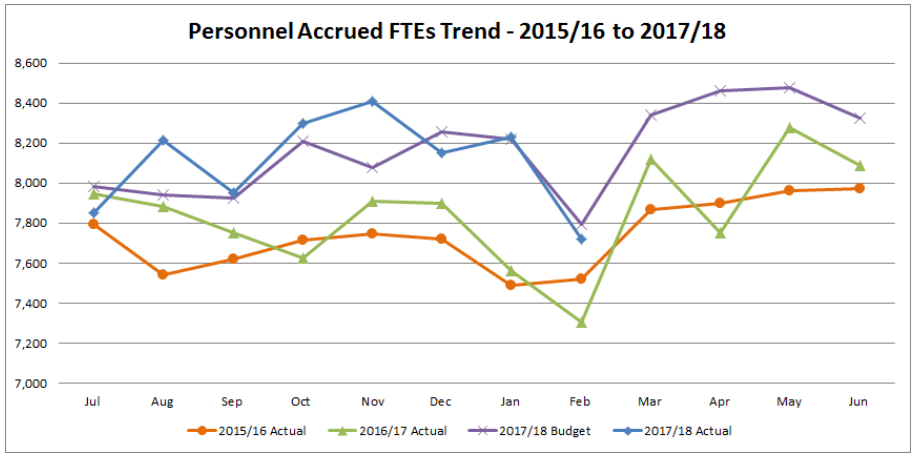
The year to date earthquake related costs (excluding the Kaikoura earthquake costs) are estimated at $9.575M, offset by insurance revenue drawdown from the MoH of $2.187M.

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. MECA settlements over and above our planned amount will impact on our results.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

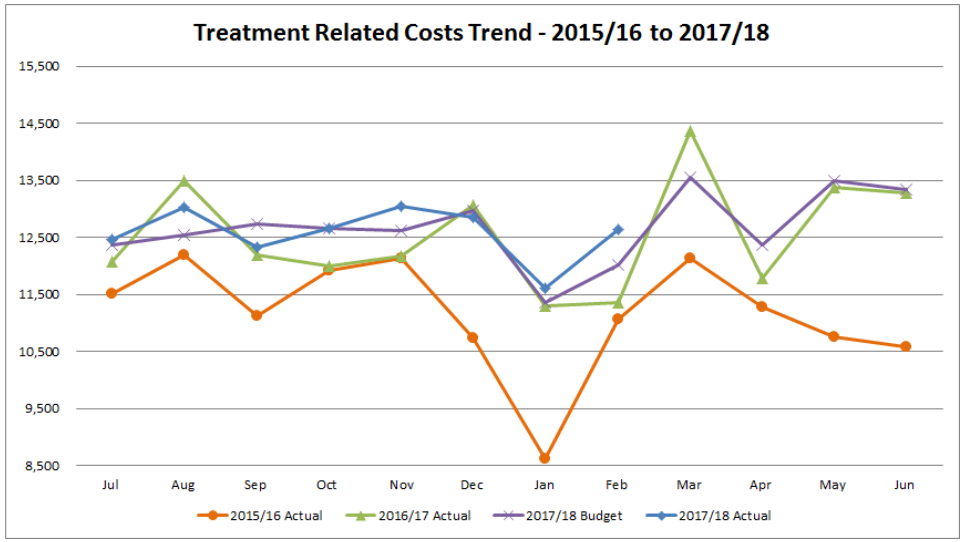


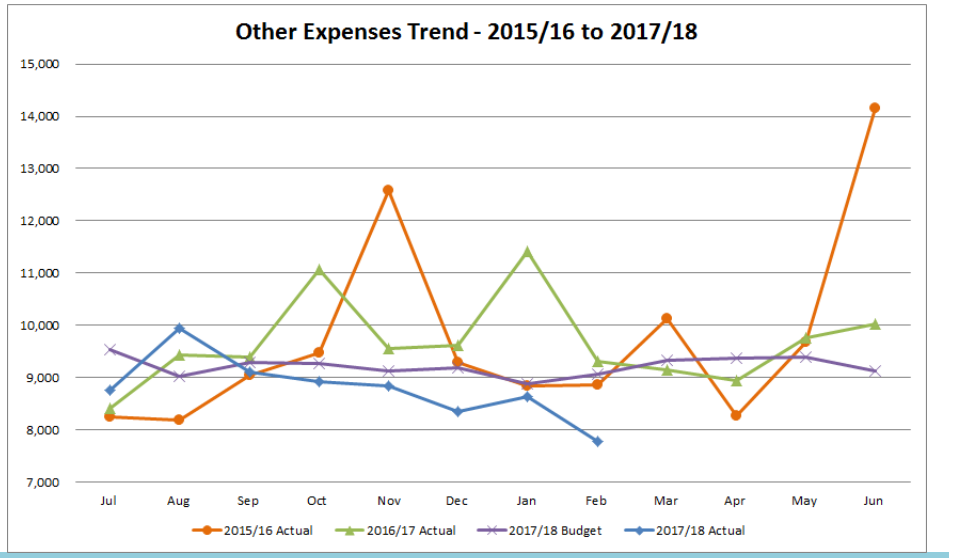


KEY RISKS AND ISSUES

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.

TREATMENT & OTHER EXPENSES RELATED COSTS





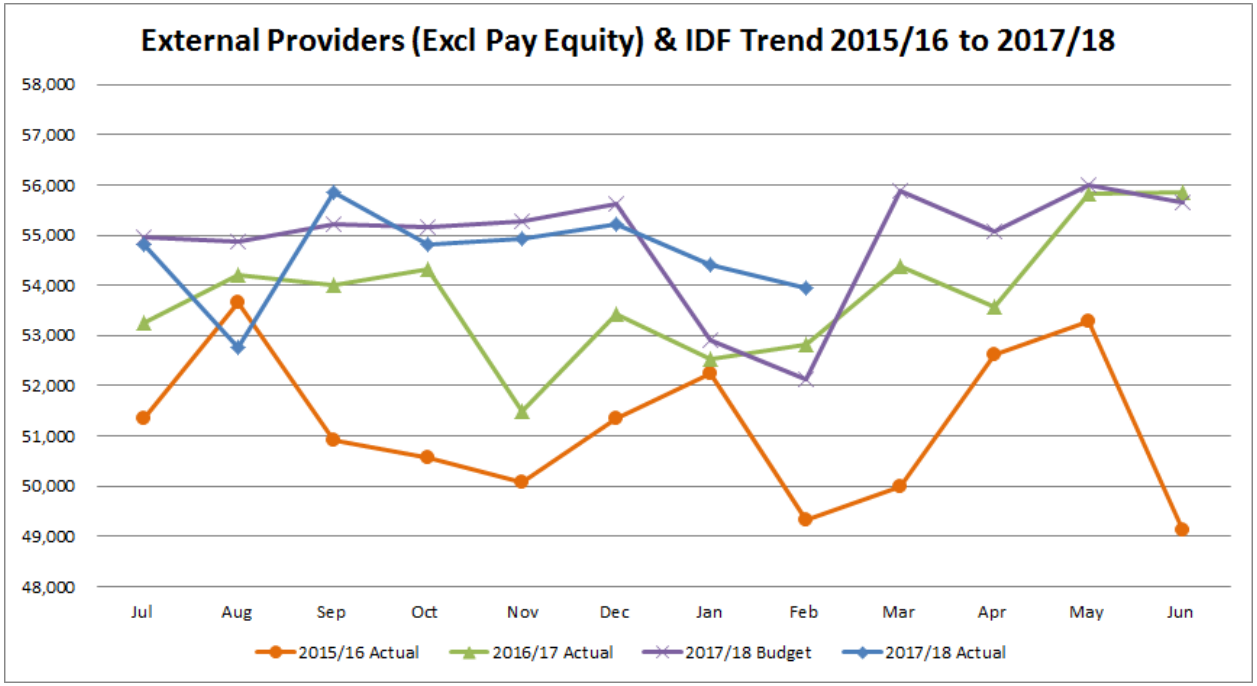
KEY RISKS AND ISSUES

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.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Pay Equity	1,655	2,142	487	23%	✓	13,499	17,066	3,567	21%	✓
IDF Expenditure	2,927	2,928	0	0%	✓	23,279	23,421	142	1%	✓
Other External Provider Costs	51,024	49,191	(1,833)	-4%	✗	413,482	412,714	(768)	0%	✗
Total External Provider Costs	55,607	54,261	(1,346)	-2%	✗	450,260	453,201	2,941	1%	✓



Elective outsourcing unfavourable variance to budget is being driven by the impacts of losing 20 days of operating across two operating theatres due to construction delays with the links corridor to ASB. These construction delays have resulted in further outsourcing required to deal with our volumes such as for non-deferrable cancer surgery.

Monthly community pharmaceutical spend is again unfavourable, and is expected to continue this trend for the remainder of the year. Our forecast last month of approximately $2.300M favourable at year end has now deteriorated to be $1.800M.

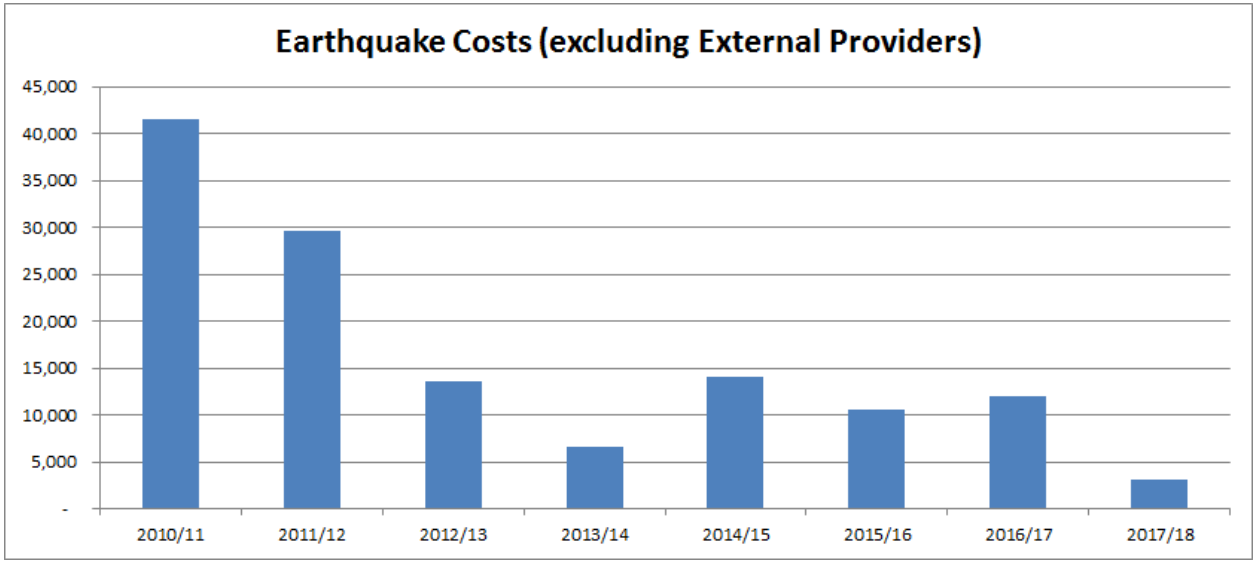
ARRC expenditure (Hospital and Rest Home Level, including Pay Equity) was $0.392M above budget in February, which represents a 3.3% variance to budget. The major driver of this variance is ARRC Rest Home. The budget anticipated a decreasing trend in volume; however, actual bed day volumes for the year to date show a 1.5% increase on prior year volumes. It is now expected that Rest Home bed day volumes will not decrease as they have been over the last few financial years.

KEY RISKS AND ISSUES

Our current consolidated YTD result has deteriorated due to a catch up on external provider spend that was previously offsetting unfavourable MoH revenue. Any further catch up on external provider spend will need to be offset with favourable variances in other areas, or a further deterioration will occur in the result.

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)	**173**	**542**	**(369)**	**100%**	✗	**2,187**	**4,736**	**(2,549)**	**100%**	✗
Earthquake Costs - Repairs	118	542	424	100%	✓	2,181	4,736	2,555	100%	✓
Earthquake Costs - External Provider	809	809	-	100%	✓	6,470	6,470	-	100%	✓
Earthquake Costs - Non Repairs	127	114	(13)	100%	✗	924	846	(78)	100%	✗
Total Earthquake Costs	**1,054**	**1,465**	**411**	**100%**	✓	**9,575**	**12,052**	**2,477**	**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.

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	501,353	504,851	(3,498)	-1%	✗
Cash	(22,967)	(24,434)	1,467	-6%	✓

The sweep account was overdrawn at the end of February with a balance of $24.273M. Our closing forecast for June 2018 is for an overdrawn position, but is still based on receiving $50.833M 2016/17 deficit support before the end of June. If 2016/17 deficit support is not received, we would expect an overdraft position of around $65M, rising to over $119M by calendar year end. This is over the maximum facility that we have available to us under the OPF. As with any forecast, there is expected to be variability, including unexpected expenditure, so a small but reasonable buffer needs to be maintained.

Canterbury DHB is relying on deficit funding for future cash flows. This will be critical towards the end of the current financial year. A formal application to the MoH is still under review, but we have not have confirmation of the timing nor amount. This will leave little scope for unplanned costs, and if full deficit funding of 2016/17 is not provided, the DHB will have serious cash capacity issues for future operational needs.

(Note that the cash favourable variance is timing of payments only, such as payroll, PAYE, and GST, and is offset with an unfavourable variance in payables. We continue to ensure our liabilities are paid on time at this point.)

KEY RISKS AND ISSUES

2016/17 deficit funding will be dependent on our cash requirements over the 2017/18 year, and our application for deficit funding may not be fully approved – we are awaiting confirmation of the level that will be funded. Our cash forecast will be impacted should the full amount of deficit funding not be received. Additionally, earthquake costs continue to be difficult to predict with certainty. Should deficit funding not be received, we will need to consider our strategy on payments due, including the estimated capital charge of $15M and FRS3 repayment $2M in June 2018 payable to the MoH.

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 8 months ended 28 February 2018

Month					Year to Date				Annual
17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget		17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget	17/18 Budget
136,880	137,787	130,134	(907) ✗	MoH Revenue	1,095,866	1,102,298	1,046,535	(6,433) ✗	1,653,435
3,895	3,830	3,603	65 ✓	Patient Related Revenue	31,824	30,440	27,298	1,384 ✓	45,765
2,767	2,983	3,296	(216) ✗	Other Revenue	22,532	24,111	29,124	(1,579) ✗	36,947
143,542	**144,601**	**137,034**	**(1,059)**	**Total Operating Revenue**	**1,150,222**	**1,156,850**	**1,102,957**	**(6,628)**	**1,736,147**
61,399	60,815	57,577	(584) ✗	Personnel Costs	503,146	501,665	476,975	(1,482) ✗	763,497
12,634	12,007	11,225	(627) ✗	Treatment Related Costs	100,579	99,241	95,997	(1,338) ✗	151,996
55,607	54,261	54,261	(1,345) ✗	External Service Providers	450,260	453,201	426,058	2,940 ✓	684,378
7,784	9,011	8,003	1,227 ✓	Other Expenses	70,325	73,252	79,837	2,927 ✓	110,657
137,424	**136,094**	**131,067**	**(1,330)** ✗	**Total Operating Expenditure**	**1,124,311**	**1,127,358**	**1,078,867**	**3,047** ✓	**1,710,528**
6,118	**8,507**	**5,967**	**(2,389)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**25,911**	**29,492**	**24,091**	**(3,581)** ✗	**25,619**
611	611	450	- ✓	Capital Charge Funding for Revaluation & Rate Change	4,890	4,890	2,700	- ✓	7,332
75	75	154	(0) ✗	Interest	1,117	848	1,399	269 ✓	1,579
336	138	149	198 ✓	Donations	1,045	1,304	684	(259) ✗	1,860
(1)	-	-	(1) ✗	Profit / (Loss) on Sale of Assets	(25)	-	719	(25) ✗	-
1,021	**824**	**754**	**197** ✓	**Total Indirect Revenue**	**7,027**	**7,042**	**5,502**	**(16)** ✗	**10,771**
2,470	2,487	1,823	17 ✓	Capital Charge	20,319	20,382	10,446	63 ✓	30,330
4,761	5,042	5,095	281 ✓	Depreciation	38,298	38,934	38,524	636 ✓	59,704
2	50	279	48 ✓	Interest Expense	60	200	4,055	140 ✓	-
7,232	**7,579**	**7,197**	**347** ✓	**Total Indirect Expenses**	**58,677**	**59,516**	**53,025**	**839** ✓	**90,034**
(93)	**1,752**	**(476)**	**(1,845)** ✗	**Total Surplus / (Deficit)**	**(25,739)**	**(22,982)**	**(23,433)**	**(2,757)** ✗	**(53,644)**

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 28 February 2018

Audited 30-Jun-17 $'000		Group Actual 28-Feb-18 $'000	YTD Group Budget 28-Feb-18 $'000	Annual Group Budget 30-Jun-18 $'000
199,933	Opening Equity	517,833	517,833	517,833
372,224	Net Equity Injections / (Repayments) During Year	9,259	10,000	114,618
(1,491)	Reserve Movement for Year	-	-	-
(52,833)	Operating Results for the Period	(25,739)	(22,982)	(53,644)
517,833	**TOTAL PUBLIC EQUITY**	501,353	504,851	578,807
	Represented By:			
	Current Assets			
1,985	Cash & Cash Equivalents	1,306	-	-
1,350	Short Term Investments	842	1,350	1,350
63,240	Trade and Other Receivables	71,584	63,238	116,882
9,629	Prepayments	9,472	9,411	9,411
9,119	Inventories	11,580	9,119	9,119
11,815	Restricted Assets	10,375	11,815	11,815
97,138	**Total Current Assets**	105,159	94,933	148,577
	Less Current Liabilities			
16,505	Overdraft	24,273	24,434	2,250
107,154	Trade and Other Payables	111,603	98,913	93,937
12,111	Restricted Funds	10,392	12,110	12,110
156,703	Employee Benefits	151,534	156,700	156,700
292,473	**Total Current Liabilities**	297,802	292,157	264,997
(195,335)	**Working Capital**	(192,644)	(197,224)	(116,420)
	Non Current Assets			
296	Restricted Funds	16	296	296
5,936	Investment in NZHPL	5,936	5,936	5,936
713,091	Fixed Assets	694,187	701,998	695,150
719,323	**Term Assets**	700,139	708,230	701,382
	Non Current Liablilties			
6,155	Employee Benefits	6,143	6,155	6,155
6,155	**Term Liabilities**	6,143	6,155	6,155
517,833	**NET ASSETS**	501,353	504,851	578,807

APPENDIX 4: CASHFLOW

Audited 30-Jun-17 $'000		Actual 28-Feb-18 $'000	YTD Budget 28-Feb-18 $'000	Budget 30-Jun-18 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
	Cash was provided from:			
15,897	**Net Cash from Operating Activities**	4,688	7,926	(6,940)
	CASHFLOW FROM INVESTING ACTIVITIES			
	Cash was provided from:			
(55,202)	**Net Cash from Investing Activities**	(22,394)	(27,840)	(41,762)
	CASHFLOW FROM FINANCING ACTIVITIES			
	Cash was provided from:			
11,239	**Net Cash from Financing Activities**	9,259	10,000	60,972
(28,066)	Overall Increase/(Decrease) in Cash Held	(8,447)	(9,914)	12,270
13,546	Add Opening Cash Balance	(14,520)	(14,520)	(14,520)
(14,520)	**Closing Cash Balance**	(22,967)	(24,434)	(2,250)

APPROVAL OF TRUST FUND EXPENDITURE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Christchurch Campus Finance**

DATE: **19 April 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This paper is to request approval of expenditure from trust/donated funds. This expenditure has been approved by Canterbury DHB management, however, expenditure from trust/donated funds greater than $50,000 requires Board approval.

2. RECOMMENDATION

That the Board:

i. approves the expenditure of trust/donated funds from Countdown Kids of $55,193 to purchase a Breast Milk Analyser.

3. DISCUSSION

Canterbury DHB submitted an application to the Countdown Kids Hospital Appeal for funding for various medical equipment for Child Health. The application was successful and the funding has been received by the Maia Health Foundation. The purchase price of one of the items – a Breast Milk Analyser for the Neonatal department - exceeds $50,000 and therefore requires Board approval.

Report prepared by: Evan Kidd, Christchurch Campus Finance

Report approved for release by: Justine White, GM Finance & Corporate Services

CPH&DSAC - TERMS OF REFERENCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **19 April 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

At its meeting on 15 March 2018, the Board endorsed the merging of the Community and Public Health Advisory Committee (*CPHAC*) and the Disability Support Advisory Committee (*DSAC*), into one committee called the Community and Public Health and Disability Support Advisory Committee (*CPH&DSAC*).

The purpose of this report is to seek confirmation of the Terms of Reference (*TOR*) for CPH&DSAC.

2. RECOMMENDATION

That the Board:

i. adopts the Terms of Reference attached (Appendix 1).

3. SUMMARY

The TOR for CPH&DSAC have been drafted to reflect the role and function of each Committee. They are reflective of the CPHAC and DSAC TOR approved in early 2017.

The TOR for CPH&DSAC are placed before the Board for formal ratification.

4. APPENDICES

Appendix 1: Terms of Reference – CPH&DSAC

Report prepared by: Anna Craw, Board Secretary

Report approved for release by: Justine White, GM, Finance & Corporate Services

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (*CDHB*), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from 19 April 2018.

The CDHB has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint Committee shall include some members with a specific interest in disabilities and some with a specific interest in community and public health. For ease of reference, the Committee shall be referred to as the "Community and Public Health and Disability Support Advisory Committee" (*CPH&DSAC*).

FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the Act (Schedule 4, Clauses 2 & 3). These apply to the roles of the two separate advisory Committees, which form the joint Committee, and exist in addition to these Terms of Reference. A summary of these functions and aims is set out below.

"The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are to provide advice and recommendations to the Board of the DHB on:

- *the needs, and any factors that the committee believes may adversely affect the health status, of the resident population of the DHB; and*
- *priorities for use of the health funding provided.*

The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Disability Support, are to provide advice and recommendations to the Board of the DHB on:

- *the disability support needs of the resident population of the DHB, and*
- *priorities for use of the disability support funding provided".*

The aim of this advice is to assist the disability support services that the CDHB provides or funds, along with the policies it adopts, to promote the inclusion and participation in society, and maximise the independence of people with disabilities within the resident population of the CDHB.

The Committee will effect these functions by:

- Ensuring the health and disability support needs of the community are reflected in the CDHB strategic planning process by contributing to and reviewing the draft Annual Plan, SI Regional Services Plan, and make recommendations to the Board.
- Providing input into the development of strategies and policies related to the health needs and disability support issues of the community, and make recommendations to the Board in respect to these.

- Identifying Key Priority Actions from the Annual Plan and other strategic plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions.)
- Monitoring and reporting to the Board on performance against the Canterbury Health System Framework, with a particular emphasis on public health issues, including those related to earthquake recovery, housing, environmental issues (especially drinking water, clean air) and other issues relating to the determinates of health. The Committee will also monitor health services contracted or provided by the CDHB, but noting the primary responsibility of the Hospital Advisory Committee in respect to monitoring of provider arm services. Management will assist in this process by providing appropriate reports and briefings aligned to the CDHB Outcomes Framework. (Responsibility for the monitoring of individual contracts rests with management.)
- Monitoring and supporting the implementation of the Canterbury and West Coast Health Disability Action Plan.
- Reviewing information regarding environmental and demographic changes within which the CDHB is working.
- Monitoring and reporting to the Board on progress against strategies and plans in respect to Maori and Pacific health and progress on reducing disparities in Maori and Pacific health.
- Advocacy on health need related issues and health related disability issues, including establishing relationships with other organisations and disability support service providers within the CDHB area, where relevant and appropriate to the work of the Committee.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Board's accountability documents.

SUBMISSION PROCESS

In addition to the above functions, the Community and Public Health and Disability Support Advisory Committee will have a role in the preparation of submissions on health issues by the CDHB to Territorial Local Authorities (*TLAs*), Select Committees, Central Government and other organisations, noting the primary role of the CDHB Board in approving such submissions. In the event that meeting dates do not allow for formal Board approval then the Committee may consider such submissions and provide its support.

KEY PROCESSES

- The Board approves the Annual Plan and associated Regional Plans and any individual strategies developed to meet the health and disability needs of our population.
- The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy; the New Zealand Disability Strategy; and the Canterbury and West Coast Health Disability Action Plan.
- Reports being presented to the Committee should identify how they link to the CDHB Outcomes Framework.
- Any paper or piece of work being presented to the Committee should identify how it links to the Annual Plan (the annual workplan of the CDHB).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.
- The Committee will prepare an annual workplan designed to implement its Terms of Reference.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board, and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role, but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available), for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the CDHB's Media Policy; its Conflict of Interest, Probity and Gift Policy; and with its Standing Orders.
- The Committee Chair(s) will annually review the performance of the Community and Public Health and Disability Support Advisory Committee and members.

WELLBEING HEALTH AND SAFETY

Support, promote and monitor the continuance of a culture of wellbeing health and safety at the CDHB and ensure that the wellbeing health and safety risks faced by the Board are appropriately understood, mitigated and monitored, and ensure that the Board receives regular reports in regard to meeting its wellbeing health and safety obligations.

LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board Committees to those Committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors (from both within a meeting and external to it), should be made via the Committee Chair(s) and directed to the Chief Executive or their delegate. Such requests should fall within the District Annual Plan and the District Strategic Plan.
- There will be no alternates or proxy voting of Committee members.
- All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
  - The term of members not exceeding three years.
  - A conflict of interest statement being required prior to nomination.
  - Remuneration.
  - Resignation, vacation and removal from office.
- The management team of the CDHB makes decisions about the funding of services within the Board approved parameters and delegations.

RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

- The Board.
- Consumer groups.
- Management of the CDHB.
- Clinical staff of the CDHB.
- Manawhenua Ki Waitaha.
- The community of the CDHB.
- Other Committees of the CDHB.

This will also be achieved through the sharing of agendas and the regular meetings of the Chairs of the Committees.

TERM

These Terms of Reference shall apply until March 2020, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

Should a major issue arise prior to this date an earlier review of the Terms of Reference may be undertaken.

MEMBERSHIP OF THE COMMITTEE

The Community and Public Health and Disability Support Advisory Committee will ordinarily comprise a mix of Board members and appropriate members selected from the Community. The Board, in selecting members, will have regard to the need for the Committee to comprise an appropriate skill mix, including people with special interests in community and public health, disability, Maori and Pacific health issues. It will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Board may also appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee. Such advisors will not be members of the Committee and will not have voting rights.

Members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board, who will comply with the requirements of the Act.

The Chair(s) of the Community and Pubic Health and Disability Support Advisory Committee will be members of the Board and will be appointed by the Board, who may also appoint a Deputy Chair(s) of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board will be ex-officio members of the Community and Public Health and Disability Support Advisory Committee and will have full speaking and voting rights at all meetings of the Committee.

The Chair(s), Deputy Chair(s) and members of the Community and Public Health and Disability Support Advisory Committee shall continue in office for a period specified by the Board, or until such time as:

- The Chair(s), Deputy Chair(s) or member resigns; or
- The Chair(s), Deputy Chair(s) or member ceases be a member of the Community and Public Health and Disability Support Advisory Committee in accordance with Clause 9 of Schedule 4 of the Act; or
- The Chair(s), Deputy Chair(s) or member is removed from that office by notice in writing from the Board.

Board members who are not members of the Committee will receive copies of the agendas and minutes of all meetings upon request, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for re-appointment, it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the Committee and allow for a diverse and representative cross-section of the community to have input into the Committee's deliberations.

MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board, with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the CDHB's Standing Orders.
- In addition to formal meetings, Committee members may be required to attend workshops or fora for briefing and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or TLAs that may affect the health status of the resident population of the CDHB.
- Management will provide such reports and information as necessary to enable the Committee to fulfil its statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Ministerial direction and Board resolutions, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings per annum, total payment per annum ($2,500). The Committee Chair(s) will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum ($3,125). These payments may be reviewed by Ministerial directive. Ex-officio members (if appointed) are not remunerated.

These payments are made for attendance at public meetings and do not include workshops.

- Any officer or elected representative of an organisation who attends Committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie., reasonable travel-related costs) for Committee members may be paid. Members should adhere to the CDHB's travel and reimbursement policies.

Adopted

Canterbury DHB
[Date]

SUBMISSION - SALE AND SUPPLY OF ALCOHOL (RENEWAL OF LICENCES) AMENDMENT BILL

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Community and Public Health**

DATE: **19 April 2018**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Approval is sought for the draft submission on the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (Appendix 1).

As per the CDHB Submissions Procedure, any submission to a Select Committee must be approved by EMT, the Board and the Minister's Office. This consultation closes on the 25 April 2018.

2. RECOMMENDATION

That the Board:

i. approves the draft submission on the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill.

3. DISCUSSION

The Governance and Administration Select Committee is currently consulting on this Bill, whose purpose is to amend the principal Act to provide that, in considering a renewal of an off-licence where a relevant local alcohol policy exists, a licensing authority or licensing committee must take into account any inconsistency between any location and density matters contained in a relevant local alcohol policy and the renewal of the off- licence or the consequences of that renewal. The Bill is attached (Appendix 2).

This submission was prepared with input from Alcohol Licencing Officers and a Medical Officer of Health from Community and Public Health.

This submission supports the Bill, but makes a recommendation to further strengthen the wording.

4. APPENDICES

Appendix 1: Draft CDHB submission on the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill.
Appendix 2: The Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill.

Report prepared by: Kirsty Peel, Health in all Policies Advisor, Community and Public Health

Report approved for release by: Evon Currie, General Manager, Community and Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Submission on Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2)

To: Governance and Administration Select Committee

Submitter: Canterbury District Health Board

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

SUBMISSION ON SALE AND SUPPLY OF ALCOHOL (RENEWAL OF LICENCES) AMENDMENT BILL (NO 2)

Details of submitter

1. Canterbury District Health Board (CDHB).

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

3. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively. Health creation and wellbeing are influenced by a wide range of factors beyond the health sector, and health status is affected by social determinants of health.

General Comments

4. The CDHB welcomes the opportunity to comment on the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2). This Bill supports the original purpose and object of the Sale and Supply of Alcohol Act 2012 and ensures a level playing field for new and existing licensees.

5. Alcohol is a major public health issue because of the harm it causes to individuals and communities. It is now much more widely available and accessible than in the past, and 20% of New Zealanders report drinking at a level that is hazardous to their health[1]. The more alcohol is consumed, the higher the risk of alcohol-related diseases and injuries[2] which results in preventable costs to the health, social development and justice systems, in addition to the personal costs to individuals, families and communities.

[1] Ministry of Health. 2017. New Zealand Health Survey 2016-2017 Annual Update. Retrieved from: https://www.health.govt.nz/publication/annual-update-key-results-2016-17-new-zealand-health-survey
[2] Community and Public Health. 2017. Christchurch City Health Profile: Alcohol. Retrieved from: https://www.healthychristchurch.org.nz/media/27255/alcohol.pdf

Specific Comments

6. Regulating the availability of alcohol through Local Alcohol Policies (LAPs) is an important lever to reduce harm. LAPs give communities greater input into licensing decisions. Having the opportunity to influence factors such as location and density of alcohol outlets contributes to reducing alcohol related harm in the community. However, LAPs have been limited in their effectiveness partly due to the fact that, under the Act, existing LAP provisions are not required to be considered for off-license renewals. For example there are many licensed premises that have stable ownership and who obtained their original licence under the previous act. These premises are not currently required to align with all the conditions in the LAP. This undermines the process of consulting with communities and stakeholders and their ability to influence what happens in their neighbourhood regarding licensed premises. The CDHB strongly supports the purpose of this Bill in order to address this disparity.

7. The Bill, however, will only impact accessibility if a local alcohol policy is specific in relation to location, proximity and density considerations so that there are opportunities to refuse the renewal of an off-licence if it is not consistent with the policy.

8. For example, in the CDHB area there are three local alcohol policies. One has a policy that allows off-licences only in Business zones but specifically exempts existing off-licences established prior to the local alcohol policy from having to meet this requirement. In this case this Bill would not allow for the refusal of a renewal based on location considerations. One of the other two local alcohol policies does not make any restrictions relating to location and so without such existing provisions there is no opportunity to refuse a renewal based on the local alcohol policy.

9. The CDHB also supports the provisions in the Bill to impose conditions on a renewal of an off-licence to align with a local alcohol policy as this provides further options for a licencing committee to reduce the risk of alcohol related harm. For example, the local alcohol policies in the CDHB region have stated closing hours for off-licences of 9pm or 10pm. Aligning a renewal condition to these local alcohol policies will allow a licencing committee to prevent the sale of alcohol during the risk hours of 9pm (or 10pm) to 11pm.

10. The Bill includes subjective language in sections 133 (1) and 133 (2) such as **may refuse** and **may impose** and **in its opinion**. This serves to potentially water down the requirements of the Bill and provides an opportunity for a licencing authority or committee to not take action that would align a renewal or conditions imposed to a local alcohol policy. The CDHB recommends that more directive language such as **shall refuse** and **shall impose** be included.

11. The CDHB does wish to be heard in support of this submission.

12. Thank you for the opportunity to submit on the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2).

Person making the submission

Add in name, signature, position, date

Contact details

Kirsty Peel
For and on behalf of
Community and Public Health
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Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2)

Member's Bill

Explanatory note

General policy statement

This Bill provides that where a local alcohol policy is in place under the provisions of the Sale and Supply of Alcohol Act 2012 any renewal of a licence under the Act must not be inconsistent with the provisions of that local alcohol policy. This Bill replaces a previous Bill that contained a drafting error, referring to section 71 instead of section 77, in the replaced section 133 of the Act.

The process of adopting a local alcohol policy is a consultative process that provides for community input in respect of numbers of licences issued in a community, the location of premises and their proximity to other facilities identified by the Council. Examples have been schools, early childhood education centres, places of worship, and public services.

The object of the Sale and Supply of Alcohol Act 2012 is contained in section 4 and is that both the sale, supply, and consumption of alcohol should be undertaken safely and responsibly, and the harm caused by the excessive or inappropriate consumption of alcohol should be minimised. That harm includes—

- any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by excessive or inappropriate consumption of alcohol, and
- any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury.

The aim of this Bill is to allow the Act to meet its stated object.

That alcohol causes harm to society or the community is a given and the only effective tool offered to communities to control that harm is the local alcohol policy process. Section 78 of the Act requires Councils, in drafting a local alcohol policy, to

have regard to the demography of the district's residents, the health indicators of the residents and the nature and severity of alcohol related problems in the district. The main concerns expressed by communities are the proliferation of liquor outlets and their proximity to sensitive facilities such as schools and early childhood education centres.

There is no rational base on which existing off-licence renewals should not be assessed against a local alcohol policy that has been through a rigorous process that takes specific account of the harm caused directly or indirectly to the community by alcohol. To not assess existing off-licence renewals against local alcohol policies concerning density and location is to render the basis of a local alcohol policy nugatory and to ignore that existing outlets may have contributed to the identification of areas in a local alcohol policy where there is excessive harm caused by alcohol consumption to the community. For those matters not concerning location and density, conditions can be imposed to bring the operation of a licence into conformity with a local alcohol policy, that is trading hours, particular licences, and one-way door restrictions.

Clause by clause analysis

Clause 1 is the Title clause.

Clause 2 provides for the Bill to come into force on the day after the date on which it receives the Royal assent.

Clause 3 states that the Bill amends the Sale and Supply of Alcohol Act 2012 (the **principal Act**).

Clause 4 states that the purpose of the Bill is to amend the Act to ensure that a decision on the renewal of an existing licence considers matters in a local alcohol policy, that has been adopted or is in force, that relates to location and density.

Clause 5 replaces section 133, which relates to the renewal of licences where a relevant local alcohol policy exists.

Clause 6 amends section 135, which relates to decisions on renewal of licences.

Louisa Wall

Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2)

Member's Bill

Contents

The Parliament of New Zealand enacts as follows:

1 Title

This Act is the Sale and Supply of Alcohol (Renewal of Licences) Amendment Act **2018**.

2 Commencement

This Act comes into force on the day after the date on which it receives the Royal assent.

3 Principal Act

This Act amends the Sale and Supply of Alcohol Act 2012 (the **principal Act**).

4 Purpose

The purpose of this Act is to amend the principal Act to provide that, in considering a renewal of licence where a relevant local alcohol policy exists, a licensing authority or licensing committee must take into account any inconsistency between any location and density matters contained in a relevant local alcohol policy and the renewal of a licence or the consequences of that renewal.

5 Section 133 replaced (Renewal of licences where relevant local alcohol policy exists)

Replace section 133 with:

133 Renewal of licences where relevant local alcohol policy exists

(1) A licensing authority or licensing committee may refuse to renew a licence if, in its opinion, the renewal of the licence or the consequences of its renewal would be inconsistent with policies, on any or all of the matters set out in paragraphs (a) to (d) of section 77(1), that are contained in any relevant local alcohol policy.

(2) A licensing authority or licensing committee may impose particular conditions on any licence it renews if, in its opinion, the renewal of the licence, or the consequences of its renewal without those conditions would be inconsistent with policies, on any or all of the matters set out in paragraphs (e) to (g) of section 77(1), that are contained in any relevant local alcohol policy.

6 Section 135 amended (Decision on renewal)

In section 135(1), delete ", subject to **section 133**,".

Wellington, New Zealand:
Published under the authority of the House of Representatives—2018

HAC – 29 MARCH 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Hospital Advisory Committee**

DATE: **19 April 2018**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 29 March 2018.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 29 March 2018 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 29 March 2018

Report prepared by: Anna Craw, Board Secretary

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch,
on Thursday, 29 March 2018, commencing at 9.00am

PRESENT
Andrew Dickerson (Chair); Barry Bragg; Sally Buck; Dr Anna Crighton; David Morrell; Jan Edwards; Dr Rochelle Phipps; Trevor Read; and Dr John Wood.

APOLOGIES
Apologies for absence were received and accepted from Jo Kane (Deputy Chair); and Ta Mark Solomon.
Apologies for lateness were received and accepted from David Morrell (9.07am); and Dr John Wood (10.05am).
An apology for early departure was received and accepted from Dr Anna Crighton (11.00am).

EXECUTIVE SUPPORT
David Meates (Chief Executive); Carolyn Gullery (General Manager, Planning & Funding and Decision Support); Dr Sue Nightingale (Chief Medical Officer); Kay Jenkins (Executive Assistant, Governance Support); and Charlotte Evers (Assistant Board Secretariat).

IN ATTENDANCE

Item 4
Dr David Jardine – Clinical Director, General Medicine
Dave Nicoll – Service Manager, General Medicine
Mark Crawford – Medical Nursing Director, General Medicine
David Smyth – Physician, General Medicine

Item 5
Kirsten Beynon – General Manager, Hospital Laboratories
Dan Coward – General Manager, Older Persons, Orthopaedics & Rehabilitation
Toni Gutschlag – General Manager, Specialist Mental Health Services
Berni Marra – Manager, Ashburton Health Services
Win McDonald – Transition Programme Manager, Rural Health Services
Heather Gray – Director of Nursing, Christchurch Hospital

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
Item 5 – Jan Edwards indicated a potential conflict due to her work with large practices in Ashburton.

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (05/18)
(Moved: Jan Edwards/Seconded: Trevor Read – carried)

"That the minutes of the meeting of the Hospital Advisory Committee held on 1 February 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION ITEMS

Item 2 Maternal Health Strategic Direction –good progress is being made, with a proposal to be presented to the Committee/Board in approximately two months.

Item 3 Status of drink dispensing machines – the CPH&DSAC Committee would like to delay the impetus on sugar free drinks for a few months.

The Committee noted the carried forward items.

4. GENERAL MEDICINE - PRESENTATION

David Morrell joined the meeting at 9.07am.

Heather Gray – Director of Nursing, Christchurch Hospital, introduced Dr David Jardine, Clinical Director; Dave Nicoll, Service Manager; David Smyth, Physician; and Mark Crawford, Medical Nursing Director; who presented to the Committee on General Medicine.

The presentation provided an overview in terms of:

- Who they are, who they work with and what they do.
- Challenges faced, including increased demand on beds in General Medicine and Acute Medical Assessment Unit (*AMAU*), particularly in winter, as well as staffing pressures.
- Local and regional challenges.
- What the department is doing to overcome these challenges, as well as what it needs now and longterm to ensure demand is met.

There was a query about how the overflow of admissions in General Medicine and AMAU impact on other wards of the hospital. The Committee noted that the focus is not just to move patients out of General Medicine, but to continue to provide treatment as well as rehabilitation, particularly given that the average age of patients is 80 years old, and they often have a range of complex and acute conditions. The department's focus is to provide continuity of care.

There was a query around the length of stay in General Medicine and what impact the policy to keep people in their homes had on this figure. There was discussion held that since the policy was adopted in 2008/9, there has been a steady downwards trend in the length of stay in the department, plateauing in 2016/17. This is due to good post-discharge support through various agencies such as CREST and acute demand. 30% of patients are less likely to be admitted to General Medicine in Canterbury compared to the rest of New Zealand.

There was a query around predicted climate change and whether this will provide a need for summer planning as well as winter planning. At this stage, there has been no investment or forward planning in this, as plans are based on historical data.

There was a query around whether medical officers are able to cover the shortfalls in staffing. The Committee noted that having more staff in the space creates more challenges, and that this would detract from the continuity of care model the department has adopted.

There was a query around what the ideal General Medicine department would look like. It was noted that the department sees four-five patients a day that do not need to be admitted and can be seen for a one-two hour appointment and sent home. This ambulatory care model is running as a pilot and has proven so far to be effective in reducing the demand for overnight beds. It is crucial the right questions are asked. The other thing noted that may be of use are outreach clinics in GP or after hours clinics, as well as upskilling GPs in picking up more complex conditions.

There was a query around how beds required in General Medicine impacts on beds available, and the impact on elective surgery. It was noted there is a risk of cancelling elective surgery when the department is at capacity, but they work hard to mitigate this, as it is a driver for sustaining elective services. The trend is that less electives results in more acute conditions, therefore increasing the demand in General Medicine.

Andrew Dickerson, Chair, thanked those in attendance for the presentation, noting that the General Medicine department is under high levels of pressure and their efforts are commendable and should be regarded as an exemplar within Christchurch Hospital.

5. HOSPITAL AND SPECIALIST SERVICES (*H&SS*) MONITORING REPORT

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

General Managers spoke to their areas as follows:

Hospital Laboratories – Kirsten Beynon, General Manager

- Key focus is on winter planning and monitoring Institute of Environmental Science and Research (*ESR*) engagement.
- Workforce modelling in phlebotomy to support all acute 24 hour services and shifting staffing to meet demand.
- Two vacancies currently exist, which are being recruited.

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

- There will be communications around winter planning from early April, with particular focus on flu vaccinations.
- Trials of beds that allow rehabilitation in bed-bound patients have been successful, with no negative incidents and high patient satisfaction.
- The South Island Alliance are currently working with the pandemic team and looking at their activity.
- Acute spinal and elective orthopaedic operations are impacting on the service, as there is an international trend showing that spinal surgery is not considered an orthopaedic specialty. There are currently no new specialist spinal surgeons available in New Zealand until 2023. Work is required around this to increase the number of surgeons being trained in spinal surgery and to meet the ESPI orthopaedic compliance.

There was a query around the management of non-acute spinal conditions and whether there is any work being done to offset the demand on spinal surgery, given the lack of capacity for these complex cases. The Committee noted there is work being done with the Canterbury Initiative to formulate a plan around this.

There was a query around what impact the demand on spinal surgery has on the pain management service. It was noted that changes made to the base programme 18 months ago have mitigated some of this demand.

There was a query around workforce planning with regards to acute spinal conditions. It was noted by the Committee that Burwood is currently the only facility with accreditation in this area, meaning that there are a good number of next generation fellows and trainees on board.

Dr John Wood joined the meeting at 10.05am.

Specialist Mental Health Services (*SMHS*) – Toni Gutschlag, General Manager

- Acknowledgement was made of the assault incident at Hillmorton Hospital. While this was a serious incident, some of the facts reported by media were incorrect. Staff are coping well. Due to an increased ability to access drugs in Canterbury, this is a most challenging environment. Police and SMHS have a strong relationship and are working together to establish a protocol in response to serious events.
- There is communication currently between the Ministry of Health (*MoH*) and the Director of Mental Health Services regarding buildings and capacity. MoH have visited the wards to assess space needs and robustness of the buildings.
- Workforce planning shows the recruitment of new graduates is more than funding allows.
- Positive things are underway in child/adolescent/family mental health, with stable leadership in this team. An ADHD clinic is currently under development.
- There has been an overall reduction in the volume of incidences in AT&R, but some increase in assaults.

There was a query around the business case underway regarding moving services from The Princess Margaret Hospital. At this stage, it is on the fast track to be completed in around three and a half years. To pull back this timing requires changes to central approvals.

There was a query around the impact on the service of mixing patients, in particular detox patients and others. The Committee noted that while this is not ideal, space constraints mean at times this is unavoidable.

There was a query around KPI 18 and why that includes people that have never had community contact outside of Te Awakura. It was noted that there is no explanation why, that the intent of the graph is to show the measure of engagement in the community.

There was a query around the number of police attending assaults, after a media report stating that four officers attend most incidents. It was noted that this is becoming more common, even though events of this nature are extraordinary. These events are more likely to happen in seclusion units, with the likelihood of harm increasing when staff have to enter the units to administer medications. Staff are being fully supported by the leadership team and the DHB.

Ashburton Health Services – Berni Marra, Manager Ashburton Health Services

- There will be a workshop held in June to discuss the development of a localised frail elderly pathway amongst community providers.
- Trend for high presentations in the Acute Assessment Unit (*AAU*).

There was a query around whether the AAU is stretched in summer as well as winter. It was noted by the Committee that winter is worse. There is a mixed model for 24 hour care in Ashburton, with GPs running on rotation to cover the service. It is hoped that a single care model can be adopted in the future.

There was a query around the rise in ED presentations, but an improvement in the number of patients treated within six hours. It was noted that this is due to the model of care that was developed, focusing on patients flowing to Ward 1 (Acute Medical Ward) and working with the nursing teams to admit patients under AAU not ED.

There was a request for a presentation on Ashburton Health Services.

Rural Health Services - Win McDonald, Transition Programme Manager

- An increase in frailty in rural populations has been noted.
- Nurse managers and practice managers are talking about community care.
- South Island PICS has been introduced and the rollout has gone well. Data on this rollout will be available in the near future.
- Chatham Islands – the current locum has observed an increase in frailty in the population, as well as an increase in drug and alcohol issues, although less than evident on the mainland.
- Chatham Islands – the provision of a mental health provider, working remotely, has resulted in a significant decrease in the need for patients to leave the island to seek Specialist Mental Health Services.

There was a request for a presentation on Rural Hospitals.

Medical/Surgical & Women's & Children's Health – Heather Gray, Director of Nursing

- A heart failure clinic will be established in North Canterbury.
- Current focus is on the key services of orthopaedics and the growth in demand for beds and population and treatment changes in oncology. There is collaborative work being done with Planning & Funding around this.

ESPIs

Heather Gray advised that it is difficult to meet ESPI compliance without available theatres. While CDHB has long been one of two spinal injury services in New Zealand, the increasing subspecialisation of surgical care is leading to increasing inter-regional flow for pelvic and vascular injuries and repairs. There are more operations performed by the Canterbury DHB than by the Auckland DHB, making Canterbury the largest acute and elective surgery provider in New Zealand. It was noted that all health boards nationally are struggling to meet ESPI compliance.

There was a discussion around delays in MoH-led building projects and the impact this has on elective surgeries.

Discussion took place around the Canterbury DHB being nationally acknowledged as the largest surgery provider in the country, and therefore needing to be funded and resourced accordingly, while still working collaboratively with MoH.

Resolution (06/18)

(Moved: Sally Buck/Seconded: Trevor Read – carried)

"That the Committee:

i. notes the Hospital Advisory Committee Activity Report."

6. CLINICAL ADVISOR UPDATE

Dr Sue Nightingale, Chief Medical Officer, provided updates on the following:

- The Chiefs and Chairs Group is working to include services that are not currently covered in their discussions such as anaesthetics, ICU, hyperbaric medicine etc.
- Anja Werno has stepped in as the Acting Chief of Pathology and Laboratories; this role is currently advertised.

- David Smyth is covering the role of Chief of Medicine.
- A process is underway to formalise the election of David Jardine to the position of Director of General Medicine.
- Workforce planning around SMOs is underway, requiring recruitment two years in advance.
- 12 services met their credentialing target in 2017, and there are more departments asking to go through the process.
- Richard French is currently working on system improvements to help address issues around serious incidents, which are improving.
- Pressure injuries are down.
- A stocktake in quality was performed, which showed the need for a Clinical Governance committee to approve multiple initiatives.
- An appointment of an Infection Prevention Nursing Director will be made soon.
- An independent panel review of the Research Committee will be undertaken shortly; terms of reference have been agreed.
- Current special projects include improving discharge summaries; one template will be used by hospital and primary care.
- GP information dashboards are currently going through IT.
- Dr Mary Hunter and Richard French are working on scrutinising departments, as to where cost savings can be made.
- Health Emergency Planning now comes under the Chief Medical Officer, Dr Sue Nightingale.

There was a query around the morale of SMOs and RMOs. The Committee noted that overall it is good, but can vary as some departments are under a lot of pressure due to a number of factors, including the day to day nature of their work and trying to find new ways to do things.

Dr Anna Crighton retired from the meeting at 11.00am.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (07/18)
(Moved: Jan Edwards/Seconded: David Morrell – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 1 February 2018.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(If required)*	Protect information which is subject to an obligation of confidence.	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)

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 11.00am.

Confirmed as a true and correct record.

_____ _____

Andrew Dickerson Date
Chairperson

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **19 April 2018**

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

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 15 March 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	High Care Area for AT&R	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Diagnostic Colonoscopy Targets	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	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)

7.	Advice to Board: • Facilities Committee Draft Minutes *12 Apr 2018* • HAC PX Draft Minutes *29 Mar 2018* • QFARC Draft Minutes *27 Mar 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.

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, GM Finance & Corporate Services

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

Mr David Meates
Chief Executive
Canterbury District Health Board
PO Box 1600
CHRISTCHURCH

Dear Mr Meates

Canterbury DHB – Request to dispose of surplus property at 16 Amuri Avenue, Hanmer Springs

On 21 February 2018, the Ministry received an application by Canterbury DHB for Ministerial approval pursuant to clause 43(1) of Schedule 3 of the New Zealand Public Health and Disability Act 2000 to dispose of 16 Amuri Avenue, Hanmer Springs [legal description Lot 4 DP 63562 refers].

I consent to the proposed disposal of the above land subject in all respects to Canterbury DHB:

- identifying and taking appropriate steps to deal with any impediments to the sale of the property
- complying with all statutory and other requisite clearance processes prior to final sale or disposal.

Pursuant to clause 43(5) of Schedule 3 of the New Zealand Public Health and Disability Act 2000, I give my approval to use the proceeds in accordance with this clause.

This approval must be tabled as soon as practicable at a Board meeting pursuant to clause 43(7) of Schedule 3 of the New Zealand Public Health and Disability Act.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Mr Tim Lester, Corporate Solicitor, Canterbury DHB, PO Box 1600, Christchurch

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Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

Mr David Meates
Chief Executive
Canterbury District Health Board
PO Box 1600
CHRISTCHURCH

Dear Mr Meates

Canterbury DHB – Request to dispose of three parcels of surplus land at Hillmorton Hospital, Christchurch

This letter is to inform you that I have agreed to provide the following approvals in regard to the disposal of the three parcels of land at Hillmorton Hospital, fronting Lincoln Road, Christchurch (the land).

Pursuant to clause 43(1) of Schedule 3 of the New Zealand Public Health and Disability Act (NZPHD) 2000, I give my approval to the disposal of the land for the purpose to sell to Christchurch City Council for a public work (road reserve) pursuant to the Public Works Act 1981;

- 1,002m2 being CB45C/666 and CB45C/665 to be designated road reserve under the District Plan
- 279m2 being CB45C/666 for additional land required for the cycle way
- 323m2 being CB45C/666 for existing Christchurch City Council road encroachment onto Canterbury DHB land.

Pursuant to clause 43(5) of Schedule 3 of the NZPHD Act, I give my approval to use the proceeds in accordance with this clause.

This approval must be tabled as soon as practicable at a Board meeting as pursuant to clause 43(7) of Schedule 3 of the NZPHD Act.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Mr Tim Lester, Corporate Solicitor, Canterbury DHB, PO Box 1600, Christchurch

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