AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 18 April 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 21 March 2019		
3.	Carried Forward / Action List Items		
4.	Canterbury Health System Quality Improvement Showcase 2018 – Video Clips Category: Improved Quality Safety & Experience of Care		
5.	Chair's Update - Oral	Ta Mark Solomon	9.10-9.15am
6.	Chief Executive's Update	David Meates	9.15-9.45am
7.	Finance Report	Justine White	9.45-9.55am
8.	Maternity Strategy Update	Carolyn Gullery	9.55-10.05am
9.	Advice to Board: HAC – 4 April 2019 – Draft Minutes	Jo Kane	10.05-10.10am
10.	Resolution to Exclude the Public		10.10am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.10am**

NEXT MEETING: Thursday, 16 May 2019 at 9.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Sue Nightingale – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*
Stella Ward – *Chief Digital Officer*
Justine White – *Executive Director Finance & Corporate Services*

Anna Craw – *Board Secretariat*
Kay Jenkins – *Executive Assistant, Governance Support*

BOARD ATTENDANCE SCHEDULE – 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	21/02/19	21/03/19	18/04/19	16/05/19	20/06/19	18/07/19	15/08/19	19/09/19	17/10/19	21/11/19	12/12/19
Dr John Wood (Chair)	√	√									
Ta Mark Solomon (Deputy Chair)	√	√									
Barry Bragg	√	√									
Sally Buck	√	^									
Tracey Chambers	√	#									
Dr Anna Crighton	√	√									
Andrew Dickerson	√	√									
Jo Kane	√	√									
Aaron Keown	√	√									
Chris Mene	√	√									
David Morrell	√	#									

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Dr John Wood **Chair CDHB**	**Advisory Board NZ/US Council** – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director. **Te Arawhiti, Office for Maori Crown Relations Governing Board, Ministry of Justice** – Ex-Officio Member Te Arawhiti, Ministry of Justice, are responsible for negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations. **Chief Crown Treaty Negotiator for Ngai Tuhoe** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Treaty Negotiator for Ngati Rangi** Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment. **Chief Crown Treaty Negotiator, Tongariro National Park** Engagement with Iwi collective begins July 2018. **Chief Crown Treaty Negotiator for the Whanganui River** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations** High level agreement in principle reached. Aiming for deed of settlement end of 2018. **School of Social and Political Sciences, University of Canterbury** – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment. **Te Urewera Governance Board** –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee. **University of Canterbury (*UC*) Council** – Council Member The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation.

Ta Mark Solomon **Deputy Chair CDHB**	**Claims Resolution Consultation – Senior Maori Leaders Group** – Member This is an Advisory Board to MSD looking at the claims process of those held under State care. **Deep South NSC (National Science Challenge) Governance Board** – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities. **Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu** – Board Member Te Putahitanga o Te Waipounamu is a commissioning entity that works on behalf of the iwi in the South Island to support and enable whanau to create sustained social impact by developing and investing in ideas and initiatives to improve outcomes for Māori, underpinned by whānau-centred principles and strategies, these include emergency preparedness and disaster recovery. Te Pūtahitanga o Te Waipounamu also invests in Navigator roles to support and build whānau capability. **Greater Christchurch Partnership Group** – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work). **He Toki ki te Rika / ki te Mahi** – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury. **Liquid Media Operations Limited** – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology. **Maori Carbon Foundation Limited** – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country. **Ngāti Ruanui Holdings** – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki. **NZCF Carbon Planting Advisory Limited** – Director NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited. **Oaro M Incorporation** – Member 'Oaro M' Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at 'Oaro M', Kaikōura, on behalf of its shareholders. Over time shareholders have

	requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations. **Police Commissioners Māori Focus Forum** – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation. **Pure Advantage** – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth. **QuakeCoRE** – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission. **Rangitane Holdings Limited & Rangitane Investments Limited** - Chair The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne's settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members. **SEED NZ Charitable Trust** – Chair and Trustee SEED is a company that works with community groups developing strategic plans. **Sustainable Seas NSC (National Science Challenge) Governance Board** – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding. **Te Ohu Kai Moana** – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity. **Interim Te Ropu** – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and

	violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019.
Barry Bragg	**Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Managing Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **Farrell Construction Limited** - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Chairman The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Property Limited** – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Tracey Chambers	**Chambers Limited** – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise. **Rata Foundation** – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.

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

	Wayne Francis Charitable Trust - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.
David Morrell Board Member	**British Honorary Consul** Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time. **Canon Emeritus - Christchurch Cathedral** The Cathedral congregation runs a food programme in association with CDHB staff. **Friends of the Chapel** - Member **Great Christchurch Buildings Trust** – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing. **Heritage NZ –** Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have heritage significance. **Hospital Lady Visitors Association** - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time. **Nurses Memorial Chapel Trust** – Member (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 21 March 2019 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; and Chris Mene.

APOLOGIES

Apologies were received and accepted from Tracey Chambers and David Morrell.
An apology for absence during the meeting was received and accepted from Sally Buck (9.50am – 11.20am).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director, Maori & Pacific Health); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Executive Assistant, Governance Support).

EXECUTIVE APOLOGIES

Jacqui Lunday-Johnstone (Executive Director, Allied Health, Technical & Scientific); and Sue Nightingale (Chief Medical Officer).

Hector Matthews opened the meeting with a special karakia to recognise the horrific terrorist attack on our Christchurch community last Friday.

The Board then observed a minutes silence in respect of the victims.

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. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (7/19)
(Moved: Sally Buck/seconded: Ta Mark Solomon – carried)

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

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward items were noted.

4. ENERGY MARK PRESENTATION

Belinda Mathers, General Manager, Technical, Enviro Mark Solutions, presented the Chair, Dr John Wood, with an Enviro Mark Gold Award for the Canterbury DHBs work in energy management.

Dr Wood accepted the award on behalf of the DHB and thanked all those involved in attaining this level of recognition.

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

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

6. CHAIR'S UPDATE

Dr Wood commented that a lot of time has been spent dealing with the events that unfolded last week. There had been visits by the Prime Minister, Minister of Health and various international dignitaries. He added that our staff have once again stepped up to the challenges and we should be extremely proud of the response of the Canterbury Health System.

It was noted that discussions with the Ministry continue and there is a teleconference to take place this afternoon.

The update was noted.

7. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, provided an overview to the Board on the events that have taken place during the past week and the ongoing care of the victims. He added that all post-mortems would be undertaken on the hospital site which is unprecedented.

Mr Meates commented that the response right across the health system from top to bottom functioned in a world class way. He added that the term "Business as Usual" will not be able to be applied here for quite some time.

Sally Buck departed the meeting at 9.50am.

Mr Meates also commented that he is deeply concerned about the wellbeing of our staff and every effort is being made to provide support where it is needed.

Discussion took place regarding the Measles outbreak which was still an important focus for the organisation.

The Chief Executive's update was noted.

8. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the report, which was taken as read. The report stated that the consolidated Canterbury DHB financial result for the month of January 2019 was a net operating expense of $6.290M, which was $.001M unfavourable against the draft annual plan net operating expense of $6.289M.

In regard to the February results, Ms White advised that this result is not as good as January with a $1.3M variance ($2.7M ytd) mainly due to additional costs from the RMO strikes. It was noted that the forecast at this stage is uncertain, particularly in light of the events of the previous week.

Ms White advised that some discussions are taking place between the Ministry of Health and Treasury around cash availability.

Resolution (8/19)
(Moved: Aaron Keown/seconded: Dr Anna Crighton – carried)

"That the Board:

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

9. CPHAC & DSAC 2019

Ms White presented the report, which was taken as read. There was no discussion.

Resolution (9/19)
(Moved: Dr Anna Crighton/seconded: Chris Mene – carried)

"That the Board:

i. endorses CPHAC and DSAC continuing as a temporarily merged Committee (CPH&DSAC) for the remainder of 2019;
ii. approves CPH&DSAC's amended Terms of Reference ; and
iii. notes that Committee structures will be reviewed early 2020 by the newly constituted Board."

10. POLICY ON APPOINTMENTS OF DIRECTORS – CDHB SUBSIDIARY COMPANIES

Ms White presented the report. There was no discussion.

Resolution (10/19)
(Moved: Andrew Dickerson/seconded: Aaron Keown – carried)

"That the Board:

i. adopts the amended policy for the appointment of Directors to Canterbury DHB subsidiary companies."

11. FUNDING (EQUITY) DRAWDOWN – SMHS DBC

Ms White presented the report, which was taken as read. Ms White advised that work is taking place with the Ministry of Health on how to minimise capital charges.

Resolution (11/19)
(Moved: Ta Mark Solomon/seconded: Aaron Keown – carried)

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

i. notes approval of the Detailed Business Case;
ii. approves the drawdown of approved funding (equity) up to $79M for the project;
iii. notes that funding will increase the Crown's equity in Canterbury DHB and effective treasury management processes will be applied to ensure the timing of the drawdown is managed appropriately to minimise capital charge; and

iv. notes that management will ensure the approval conditions are complied with."

12. MAORI & PACIFIC HEALTH PROGRESS REPORT

Hector Matthews, Executive Director, Maori & Pacific Health, presented the report.

Discussion took place regarding: Maori Women's cervical screening; the improvement in children's Oral Health in Pacific Health; and the Kia Ora Hauora Programmes depicted in Appendices 4 & 5.

Discussion also took place regarding health inequities. Mr Matthews commented that over time it has been recognised that improvement is taking place, but there is still some distance to go in this area.

The re-introduction of an Annual Maori Health Plan was raised and it was agreed that this would be discussed in the CPH&DSAC update as it had been raised at that Committee meeting.

Resolution (12/19)
(Moved: Ta Mark Solomon/seconded: Aaron Keown – carried)

"That the Board:

i. notes the Maori & Pacific Health Progress Report."

13. DRAFT CDHB PUBLIC HEALTH PLAN 2019/20

Daniel Williams, Public Health Physician, presented the Draft CDHB Public Health Plan, 2019/20.

Mr Williams advised that Community & Public Health have moved away from lists of activities and worked with their South Island colleagues around a brief plan that talks about the categories of work. He added that the plan is based on a strong relationship between management and clinicians.

Resolution (13/19)
(Moved: Dr Anna Crighton/seconded: Chris Mene – carried)

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

i. endorses the draft Canterbury DHB Public Health Plan, 2019/20."

14. ADVICE TO BOARD

Dr Anna Crighton provided the Board with an update from the CPH&DSAC meeting held on 7 March 2019.

Discussion took place regarding the re-introduction of a separate Maori Health Plan and it was agreed that Hector Matthews and Carolyn Gullery would bring a recommendation back to a future meeting with developed thoughts on options and consultation with Manawhenua.

Dr Crighton advised that her Committee had requested that the DHB approach Pharmac to reinstate the population–wide influenza vaccination campaign, however, this was not supported by Pharmac.

Resolution (14/19)
(Moved: Dr Anna Crighton/seconded: Chris Mene – carried)

"That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 7 March 2019."

15. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (15/19)
(Moved: Dr John Wood/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 items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and the information items contained in the report;
ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 21 February 2019	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.	Review of Assets Economic Useful Life & Depreciation Rates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Health Finance Procurement & Information Management Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Electricity Supply Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	CDHB IT Systems Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
9.	Annual Plan Approval & Delegations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

10.	Advice to Board: • QFARC Draft Minutes *5 Mar 2019*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 10.45am.

_____ _____

Dr John Wood, Chairman Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 18 APRIL 2019

DATE	ISSUE	REFERRED TO	STATUS
20 Sep 18	Presentation on IT systems; continual enhancement & ongoing use of data throughout the health system.	Stella Ward	Today's agenda – Item 7PX
21 Mar 19	Options around a Maori Health Plan	Hector Matthews / Carolyn Gullery	Report to CPH&DSAC 4 July 19 / Board 18 July 19

CANTERBURY HEALTH SYSTEM QUALITY IMPROVEMENT SHOWCASE 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

CATEGORY: IMPROVED QUALITY SAFETY AND EXPERIENCE OF CARE

Winner: ***Focus on eyes: Delivering patient treatment on time*** **(Ophthalmology Service)**
Responding to concerns about national Ophthalmology overdue follow-up times for people diagnosed with eye disease, the Canterbury Eye Service ran over 100 outpatient clinics, including at night, weekends and during last year's Christmas break — reducing an overdue Ophthalmology follow-up waiting list of 3,347 patients down to 719 in one year.

Runner-up: ***It's radiation therapy but not how you know it: Volumetric modulated arc therapy for breast cancer*** **(Radiation Oncology)**
The Radiation department at Christchurch Hospital treats approximately 240 breast cancer patients a year. The experience of patients receiving radiation therapy could be improved by reducing treatment times. This project aimed to successfully plan and treat a patient that required treatment to the breast, axillary nodes and internal mammary chain nodes with volumetric modulated arc therapy (VMAT). Through document reviews, education and meeting patients, using VMAT has reduced the daily appointment time by 50 percent, meaning that 12.5 hours of both patient time and treatment machine time is being saved.

Finalist: ***Falls Prevention 2014 – 2018*** **(Quality and Patient Safety Team) (video not available)**
Falls prevention is a key safety priority for Canterbury DHB. The initial aim of this work was to reduce the inpatient harm from falls in Canterbury DHB Inpatient Adult Services. The Releasing Time to Care modular approach was used as a vehicle for change, and to ensure visibility, consistency and standardisation of falls management. Improvements include standardisation of the Bedside Board concept to incorporate components of the safe mobility plans and the introduction of the bedside Handover. Results of the project and incident reporting system data are displayed for ward staff to review on the 'Knowing How We are Doing' Boards. The rate of falls resulting in injury has decreased each year, and the targets for the last three years have been achieved.

Finalist: ***Grey Matters: Implementing Stereotactic Brain Radiation Therapy (SRT) at Christchurch Hospital*** **(Radiation Oncology Service)**
The aim of this improvement was to successfully implement Stereotactic Radiation Therapy (SRT) protocol for the treatment of cancer patients with up to three brain metastases. The primary measure was the successful treatment of a patient using the SRT technique. Since the project proposal's acceptance in 2015, a brain SRT programme has been successfully implemented at Christchurch Hospital. Nine patients have been treated in the last year and no patients (that meet our treatment criteria) have been sent to the specialist unit in Dunedin since our first patient in 2017. The team is continuing to develop the technique, now offering it to more complex patients.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **18 April 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

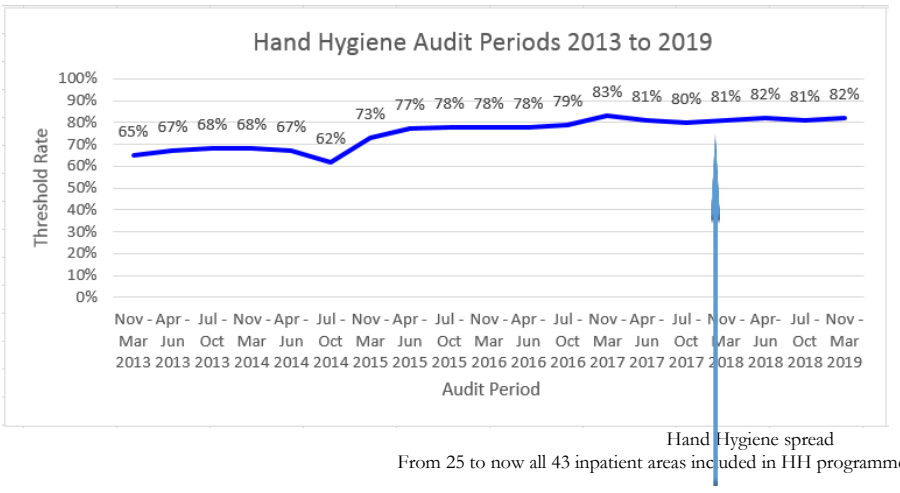
i. notes the Chief Executive's update.

3. DISCUSSION

PUTTING THE PATIENT FIRST – PATIENT SAFETY

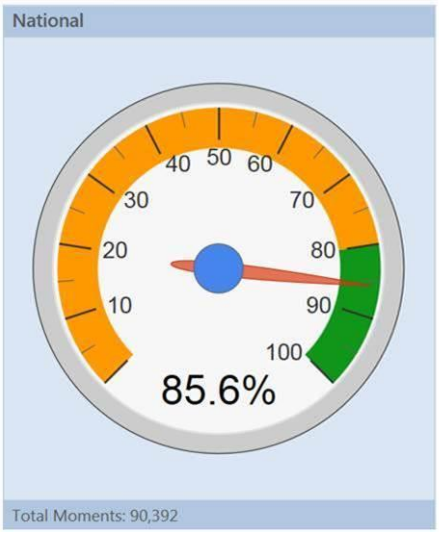
Quality & Patient Safety

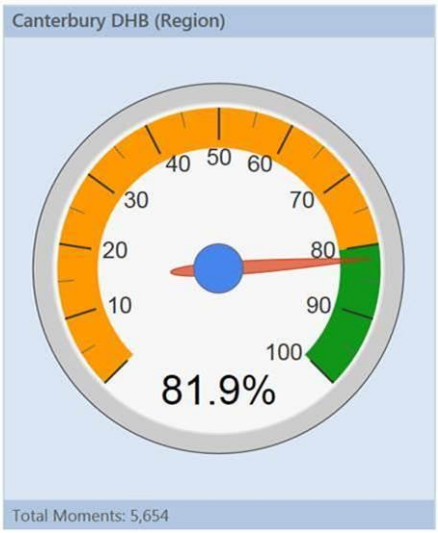
- **Hand Hygiene:** Canterbury DHB has successfully spread, as per the Hand Hygiene Programme, across all in-patient areas as of 1 November 2018. For the seventh consecutive audit period the 80 % hand hygiene threshold has been sustained and embedded with an 82 % result for the audit period 1 November 2018 – 31 March 2019.



Hand Hygiene spread
From 25 to now all 43 inpatient areas included in HH programme.

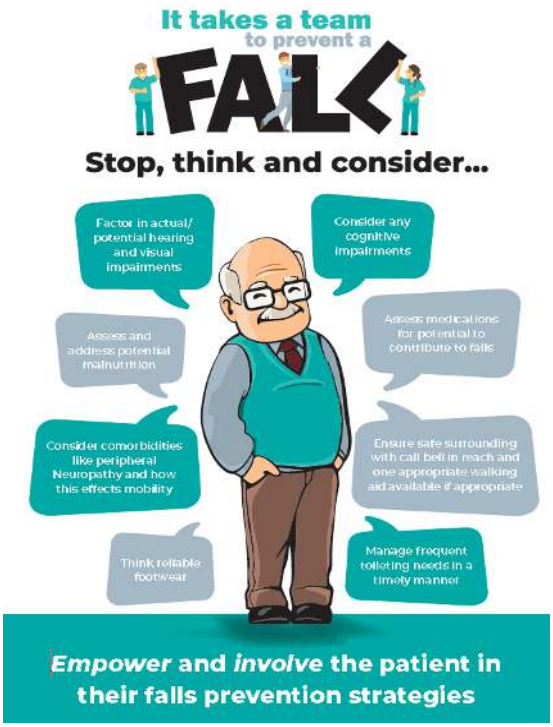
- For this audit period the final four in-patient wards (bringing the number to 43) were included in the Hand Hygiene National Programme.





- Consultation for monitoring of Hand Hygiene activity in Specialist Mental Health Service and Rural Hospitals is occurring.
- **Hand Hygiene Month of May 2019:** the World Health organisations (WHO) Hand Hygiene is on 5 May 2019, with Canterbury DHB promoting the Theme of SAVE LIVES: Clean your Hands - 'Clean Care for All – it's in your hands' for the month of May 2019, planning for activities is progressing.
- **Falls Prevention April campaign**

This year's activities will include weekly CEO update articles, a competition encouraging staff to complete the healthLearn package, posters, email signatures and screensavers. To increase the visibility some staff will also be wearing 'It takes a team to prevent a fall' t-shirts in restorative care orange. The 1 April CEO update article was used to remind staff that the following key fall prevention documents were updated last year:



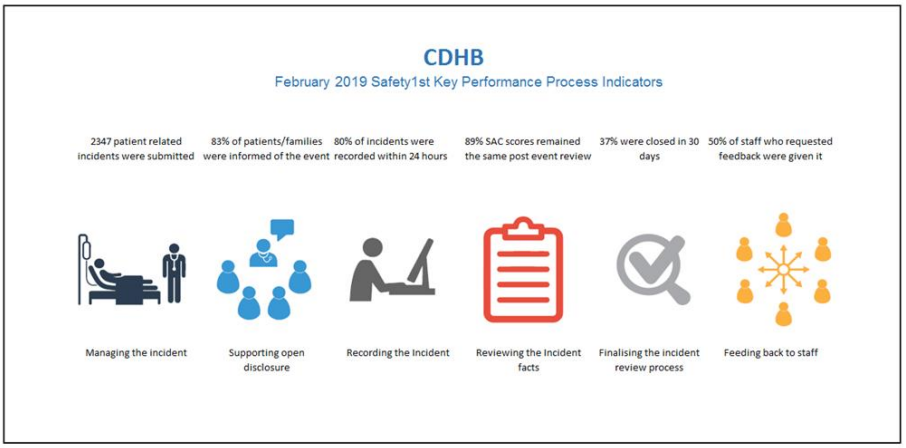
New **Hospital Fall Prevention Procedure** approved late December 2018, this procedure replaces the old Hospital Fall Prevention and Management Policy.

Safe Mobility; Reducing your risk of falling while in hospital patient and family information pamphlet: the revised version was released in October 2018, make sure you are using the latest version

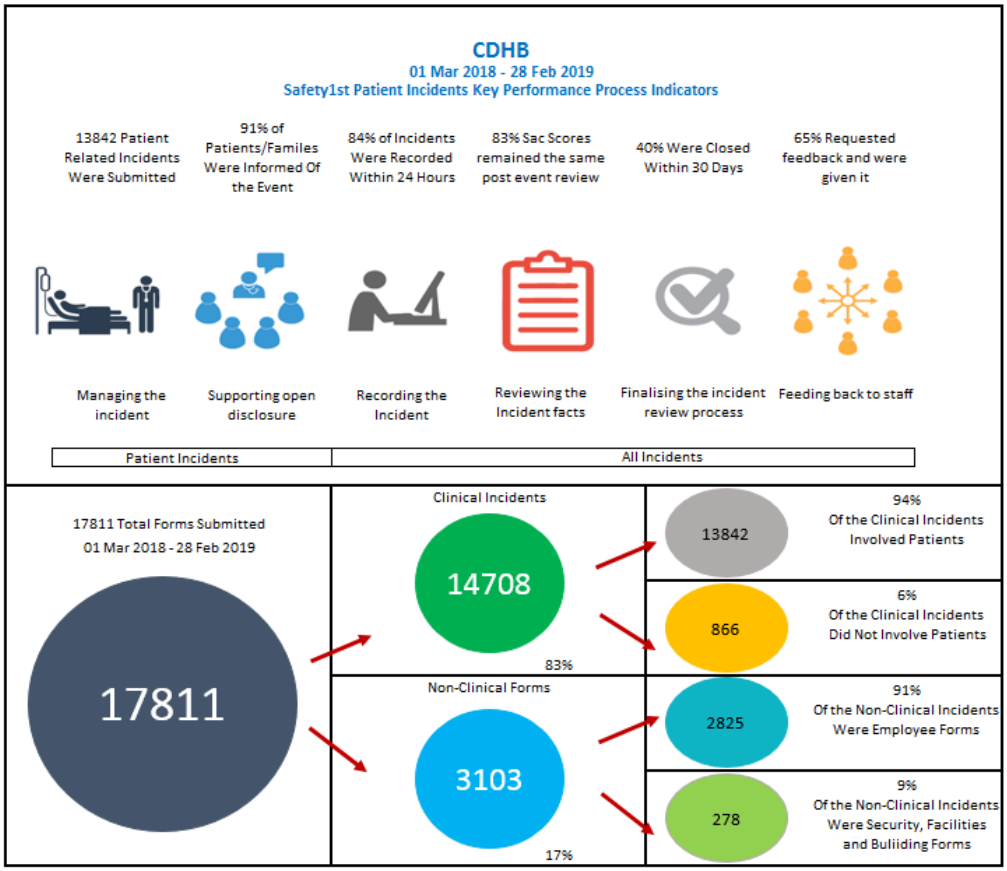
CDHB Hospitals Visual Cues for Safe Mobility staff user guide: the revised version was released on 28th June 2018

Guideline for the use of appropriate footwear while in hospital to promote safe mobilising and functional recovery: This replaced the guidelines for non-slip sock use in April 2018.

- **Incident Management Process indicators:** For the month of February 2347 patient related incidents were recorded. The closure within 30 days of submissions remains a challenge. Work is being undertaken to drill into this indicator to develop one more sensitive the review process.

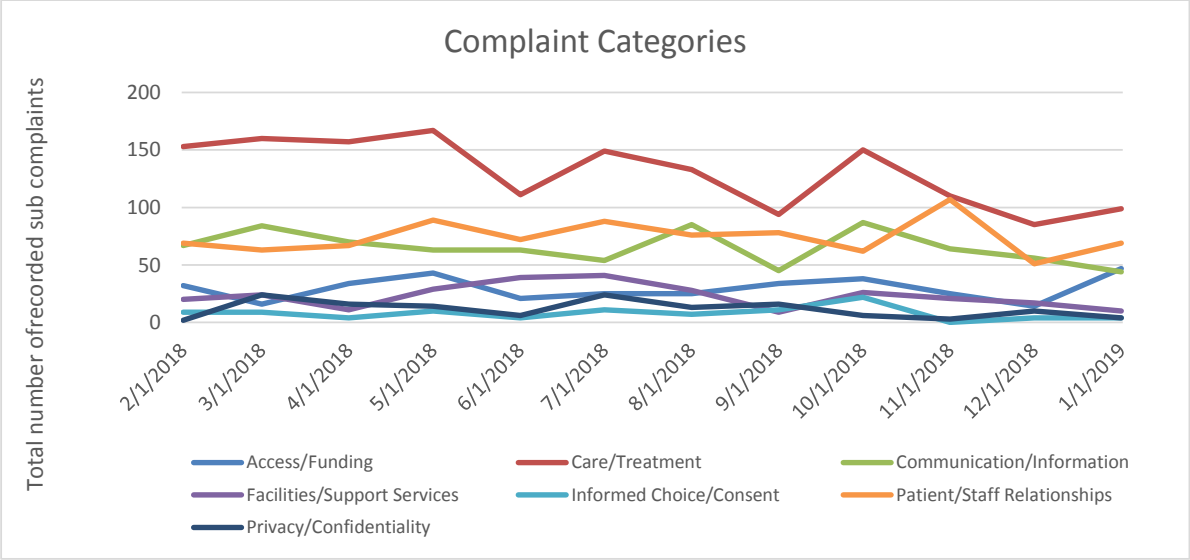


- For the last 12 month period 17811 events are recorded; 13842 were patient's related events.



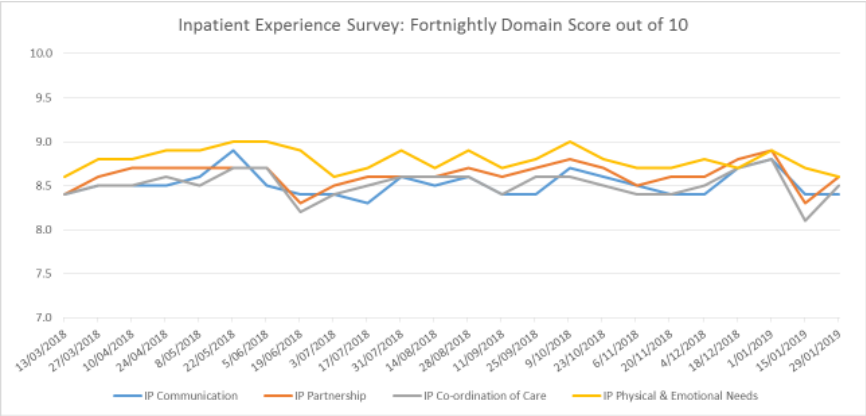
- **Consumer feedback:** Complaints: A total of 1127 complaints were recorded in the last 12 month period and displayed per category.

Start Date: 1/02/2018	1/02/2018	1/03/2018	1/04/2018	1/05/2018	1/06/2018	1/07/2018	1/08/2018	1/09/2018	1/10/2018	1/11/2018	1/12/2018	1/01/2019	TOTAL
Total Complaint Forms	102	96	87	103	88	91	76	78	105	110	92	99	**1127**

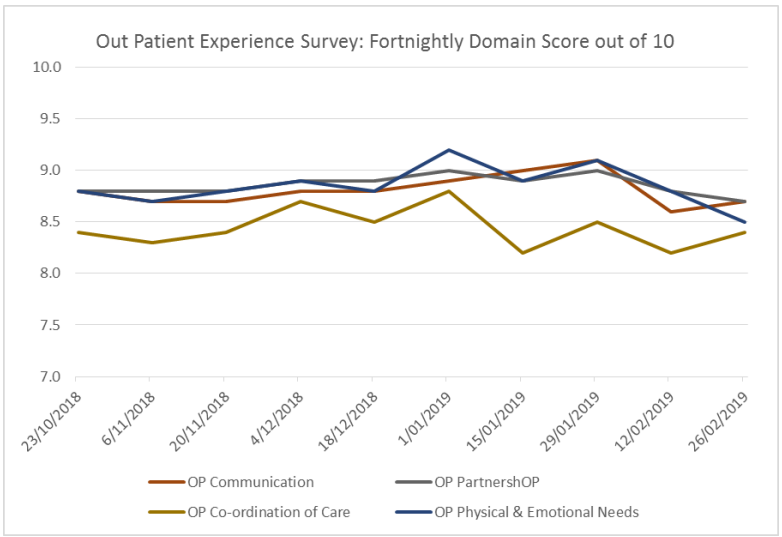


- **Patient Experience Survey:** Patient experience data is an important performance indicator and is vital in driving service improvements. The reviewed electronic National Inpatient Survey was reinstated in August 2014. Every fortnight all Inpatients who meet the discharge criteria are surveyed with the exception of Christchurch campus who samples 1000 patients. This ensures there is enough local data to drive improvement.

- **Inpatients**



- **Outpatients**



- In 2018 a local Outpatient Survey was developed and tested in Ashburton and rolled out to OPH and CWH in October last year. The four domain questions asks the patient the rate their overall experience using a 10 point scale. This is consistent with the domains in the General Practice Survey. The presentation of the survey continues to be improved and question utility improved. Work is now underway to incorporate key results into the Outpatient dashboards used to monitor service attendance.

Christchurch Campus

- **Christchurch Hospital Response to the Mosque attacks:** The Christchurch Mosques attacks were one of the largest mass shootings in the world and because of the unique geographical circumstances Christchurch Hospital was the main centre for trauma care for the emergency response and the subsequent surgery. There is no precedent locally for managing 48 people with gun-shot wounds in one hospital and it is unusual even in overseas locales where the injured are usually spread over several large trauma centres. Fortunately for those who were brought into Christchurch Hospital, we could deliver the full suite of care

from resuscitation to surgery and intensive care. The number of children injured placed particular pressure on the teams. It is notable that everyone who was resuscitated in our Emergency Department survived. Some key facts relating to this response are:

- Canterbury DHB had to refocus a busy hospital with existing physical constraints (Emergency Department, theatres, Intensive Care and ward beds) to meet the need of a mass casualty event of a scale and type not seen in New Zealand previously.
- Theatres ran continuously. Surgeons of almost all specialties, anaesthetists and theatre staff were called in and worked the Friday night, Saturday and Sunday.
- In addition staff from every area went above and beyond to ensure those providing direct care to patients were well supported. This includes our orderly, security, administrative, cleaning and WellFood staff, along with nursing and allied health teams.
- Twelve acute theatres operated all Friday night 15 March and throughout Saturday with seven acute theatres operating on Sunday.
- During and following the immediate response, planned surgery has been deferred to enable timely management of acute work.
- As at 1 April, 75 theatre events have occurred. Patients from the mosque attack have spent a total of over 8,800 minutes in theatre. This is equivalent to more than six continuous days.
- Our consumables and clinical supplies have been utilised at two to three times the usual rate and our warehouse staff were on deck all weekend to support the hospital teams.
- The Intensive Care Unit did not have sufficient capacity to take all of the patients needing its care. Some patients were moved to other wards and additional staff allocated to support.
- Canterbury had to transfer two stable existing patients for intensive care support at Capital and Coast DHB. A four-year old child was transferred to Starship after stabilisation. Subsequently her father was transferred to Auckland, after four operations, to be close to his daughter.
- Since 15 March Canterbury has diverted patients from other districts who would be likely to require intensive care. This includes diverting acute spinal work to Counties Manukau
- As at 1 April patients have spent 2,271 hours in the intensive care unit.
- Ward patients were moved and reallocated to allow cohorting of Mosque attack patients in key wards to minimise staff transit time.
- Maternity patients were recommended to go to primary birthing units wherever possible.
- Lock down of hospital facilities meant staff were unable to leave and patients unable to attend so Emergency Department patients were diverted to urgent care facilities, particularly the 24 Hour Surgery that was able to staff up and manage the additional load over the Friday and the weekend.
- Social work staff continue to play key roles, and a Social Worker was allocated to each patient as they arrived in our Emergency Department. Specialist Mental Health staff were deployed on Saturday to support the families and worked throughout the weekend.
- On discharge the patients are receiving a wraparound package of care for what is likely to be a long haul recovery or in a number of cases permanent disability. Family members are also requiring support.
- The decision was made to manage the 50 deceased at the Christchurch Hospital mortuary including providing Computerised Tomography scans of all deceased before the end of the weekend. This was undertaken to shorten the time to complete post mortems so that families could have their loved ones back as quickly as possible.

- Before Monday, Mana Ake and the School based Mental Health Team had worked with Education to determine which schools would need the most intensive support and guidance for school staff on how to respond was on the Leading Lights website.

- **Our Staff:** We have been providing comprehensive support to our people in the wake of the 15 March 15 events. The detail of this is covered in The People Report.

Locally developed simulator training surgeons from around the world

From left, Paediatric Surgeons Spencer Beasley and Jon Wells using the baby chest simulator

- Around one in 4,000 babies are born with oesophageal atresia, a congenital abnormality that means the baby is unable to swallow food.

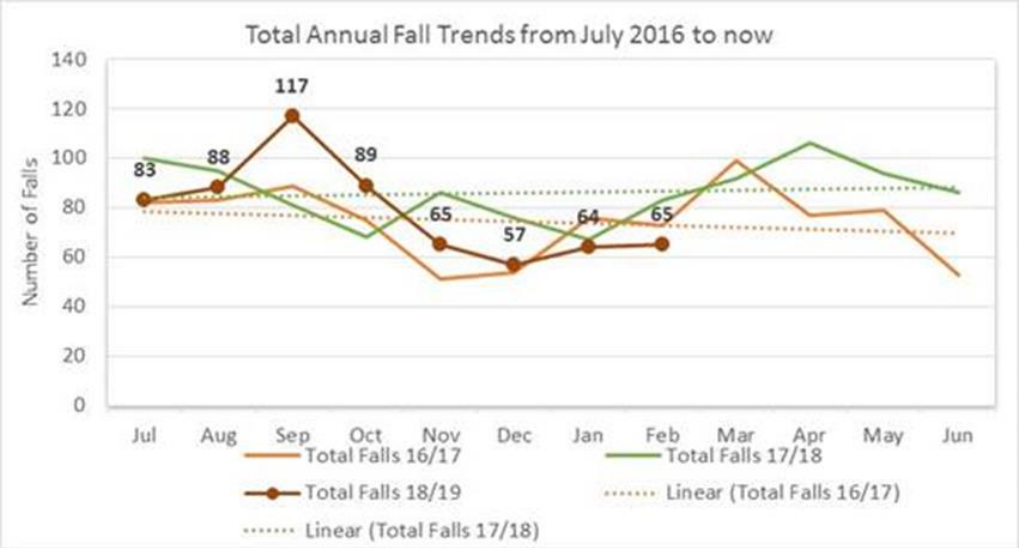
- The surgery required to fix this must be carried out within days of the baby's birth. It is common enough that all paediatric surgeons will come across it, but it is rare enough that it is difficult to train them in how to do the procedure competently when operating on actual babies with the abnormality. Traditionally the operation was performed with a thoracotomy, a cut in the baby's chest. More recently, in some centres, it's been performed as keyhole surgery, which is challenging in tiny infants and difficult to teach. Simulations for the surgery created overseas often involve practicing on animal tissue or live animals, are expensive and have procurement and ethical issues.

- Two paediatric surgeons from Canterbury DHB have collaborated with the Canterbury DHB Medical Physics and Bioengineering department to create a lifelike replica of a ribcage, based on CT scans of a real baby. They also developed a synthetic skin and a replica of an oesophagus and windpipe with the most common form of oesophageal atresia. It contains layers of synthetic tissue that behave naturally and cause realistic problems for surgeons. The ribcage is reusable, and the internal organs are easily and cheaply replaced between simulations. The locally developed simulator will be used at the Neonatal Thoracoscopic Simulator course, being attended by around 400 participants on Thursday 14 March, which will teach participants advanced neonatal thoracoscopic skills.

- **Measles Vaccinations for Midwives:** The current measles outbreak in Canterbury puts people not immune to this disease at risk. Non-immune health professionals are particularly at risk of catching the disease and passing it onto the people they are caring for. Measles during pregnancy increases the risk of miscarriage or premature birth. A special vaccination event was recently hosted by the New Zealand College of Midwives to provide Mumps, Measles and Rubella vaccination to Midwives and Wellchild/Tamariki Ora Nurses who require vaccination because they were in the age group where they were unsure of their status and were concerned about their immunity. This is an example of the wider health system working together to ensure the good health of mothers and babies that depend on our care.

Older Persons Health & Rehabilitation (OPH&R)

- We are keeping a focus on our falls. The strategies as part of safe recovery programme have been focusing on what activity we can improve during night shift. This includes how we work as a team on admission. New Admissions are (where possible), cohorted in close proximity to where the nurses will be stationed at night. They are subject to closer attention for the first few days. We ensure new arrivals go into a room which has sensors in use.



Our theme for continuing to engage around the success of reducing our falls includes the following activities:

- "It takes a team to prevent a Fall" – April Falls theme
- Intentional Rounding
- Staggered meal breaks
- Patient Status at a Glance boards
- Knowing How We Do boards – safety crosses
- Safe recovery programme.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Use of Personalised Care Plans by Allied Health on the Christchurch Campus**: Research has shown that shared care planning; involving the patients in their health journey, and use of joint goal setting improves health outcomes across a varieties of areas and conditions. It is also recognised that a single source of information reduces duplication, resource and confusion. Our services have been asking for a solution to support visibility of information at the point of 'transfer of care' between services. A collective project team has been developing the solution in partnership with the Canterbury Clinical Network and Orion Health to develop the Personalised Care Plan in Canterbury.

- These are care plans that live in Health Connect South and are available throughout Canterbury and the majority of South Island. General Practice teams and District Health Board staff can see and use these for patients who require services that involve providers across different sectors. The Personalised Care Plan is a patient-centered plan which documents patient concerns, what they want to achieve with regard to their health or general wellbeing, and actions the patient and their care team are going to take to achieve these goals. The aim is to facilitate a collaborative partnership between the patient and their care teams; to coordinate rehabilitation around their needs and priorities, and to make the goals and activities visible to other clinical teams. We believe we can reduce the duplication and confusion of information, release clinical care time and provide a seamless transfer of consistent information with a single point of access.

- Currently the plan is in use by the Community Rehabilitation Enablement and Support Team General Practice and Allied Health. Over the coming months the use of the plan will be expanded to other services and teams across the health system. Burwood Allied Health teams commenced a graded implementation of use at the point of discharge from services from the beginning of March and Allied Health within the acute services, will begin to use the plan from 1st April.

- To date 1,547 people in Canterbury have a Personalised Care Plan and we anticipate this number will increase as more services begin to use the plans. Baseline Measures have been taken and benefits for both staff and Patients will be assessed and improvements made.

REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

- **Faster Cancer Treatment Targets: 62 Day Target:** For the three months of December 2018, January and February 2019, Canterbury District Health Board submitted submitted 134 records to the Ministry. Of the 20 who missed the 62 days target 17 did so through patient choice or clinical reasons and are therefore excluded by the MoH in compliance calculations. This leaves 117 patients eligible for inclusion in the target calculations. With 2 of the 117 patients missing the 62 days target through capacity issues our compliance rate was over 97% so once again the CDHB met the 90% target.

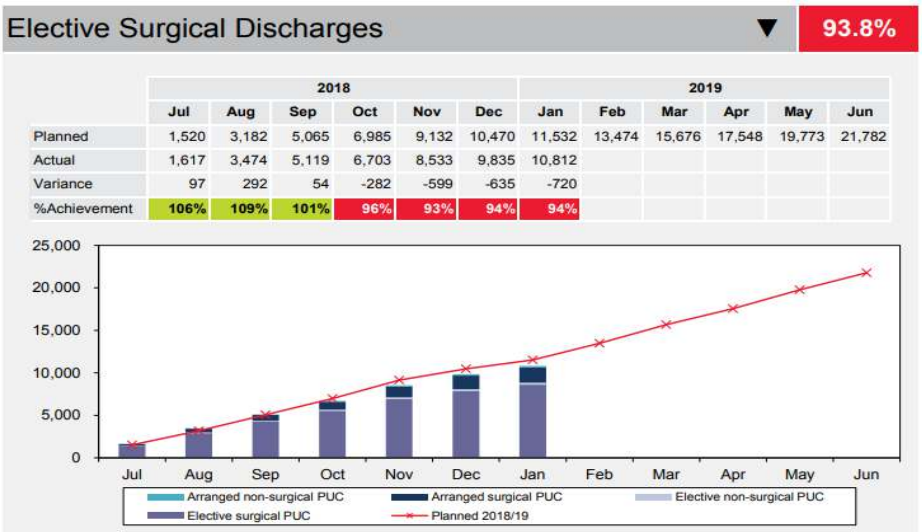
- **31 Day Performance Measure:** Canterbury District Health Board submitted 342 records towards the 31 day measure in the same three month period. Unlike the 62 days target all patients who miss the 31 days target are included: there are no exceptions made for patient choice or clinical considerations but the threshold remains at 85% rather than 90% as is the case for the 62 days target. With 313 of the 342 (91.5%) eligible patients receiving their 1st

treatment within 31 days from a decision to treat (DTT), the CDHB continues to meet the 85% target.

- **More assessments, shorter wait times and improving the sleep health of Cantabrians:** World Sleep Day was recently celebrated across the globe. A study has shown that insufficient sleep costs the Australian economy up to $5.1 billion per year. Here in Canterbury, the DHB's Sleep Unit's work includes diagnosing and treating people with sleep disorders such as sleep apnoea. Most sleep disorders are preventable or treatable, yet less than one-third of sufferers seek professional help.

- Prior to 2007, the availability of specialised sleep services in Christchurch was extremely limited and increasing demand for sleep services meant long delays in sleep assessment and accessing continuous positive airway pressure technology. This led to the establishment of a community sleep assessment service carried out by trained general practitioners. The community assessment service has seen the number of people being assessed increase steadily and wait times decreasing year-to-year. In 2007 around 400 assessments were completed in Canterbury compared with 2000 assessments last year. The average wait time from referral to review has improved remarkably as well, particularly in the last three years with wait times decreasing from an average of 32 days in 2015 down to 15 days by the end of last year with treatment being provided to urgent and semi-urgent cases within the following two to four weeks. The close integration between primary and secondary care clinicians and the Sleep Unit has seen more people with poor sleep health access the advice and treatment they need to improve their sleep health. This is a massive achievement and a credit to the effectiveness of the new assessment model and the hard work of our team of sleep specialists.

- **Elective Services Discharges**



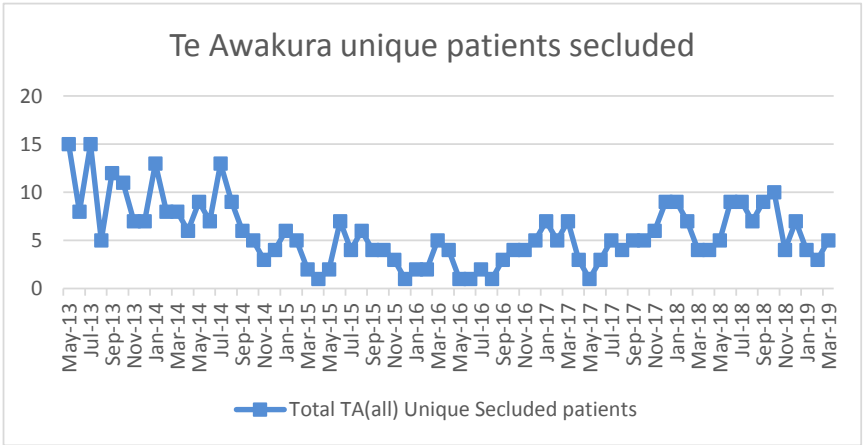
- Reporting from the Ministry shows that Canterbury DHB met its elective discharges objectives at the end of the first quarter (until the end of September 2018), but indicates a significant under delivery by the end of January. However internal reporting shows that at the end of February 13,058 elective and arranged discharges have been completed. While data corrections will increase the count significantly industrial action by members of the Resident Doctor Association and the mass shooting incident of 15 March mean it is unlikely we will reach our target for elective services discharges this year.

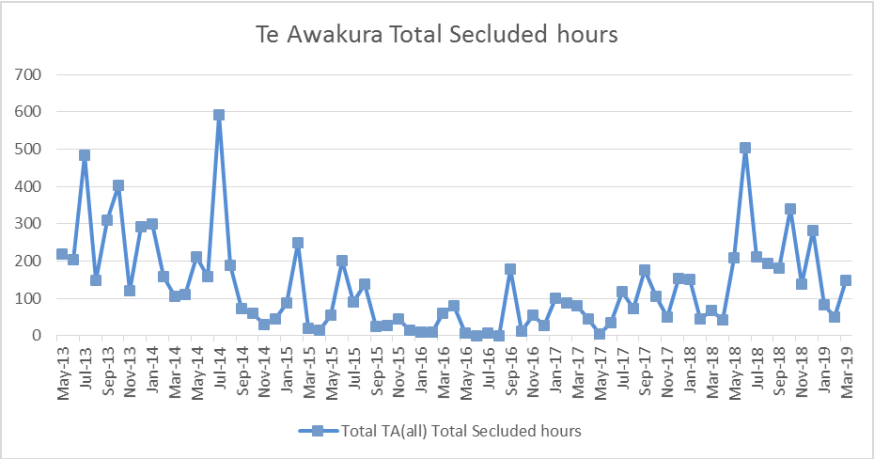
- **Hospital aides, orderlies and operating theatre assistants celebrate achievement:** A combined graduation of hospital aides, orderlies and operating theatre assistants was held recently. They were joined by other Canterbury DHB staff who have supported them in the workplace. The graduates have all completed the Level Three Certificate in Health and Wellbeing through Careerforce. Along with this three orderlies were presented with certificates for completing apprenticeships in Social and Community Services, Community Facilitation, Level Four, also run by Careerforce. The commitment required to complete these qualifications supports these teams to play their part in providing the best care possible to patients in Christchurch Hospital.

Hospital aides, orderlies and operating theatre assistants with their certificates on graduation day

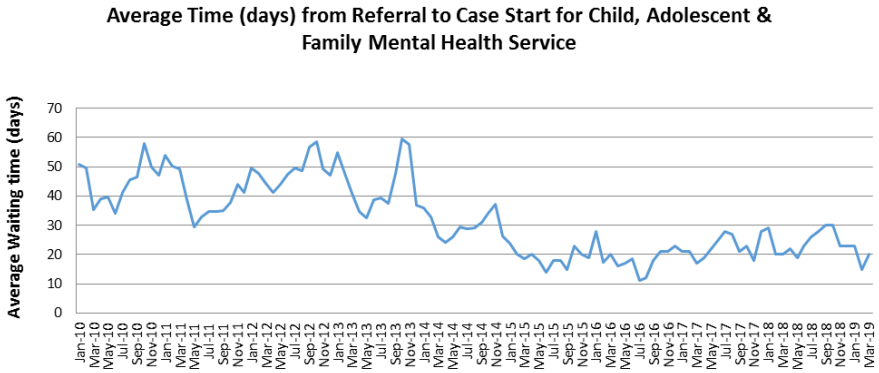
Specialist Mental Health Services (SMHS)

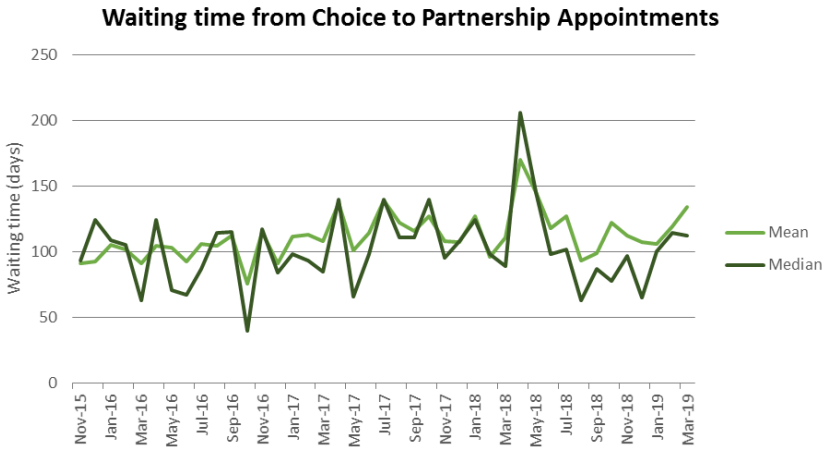
- **Demand for Specialist Mental Health Services**: We continue to closely monitor use of Mental Health Services. We anticipate the terror attack is going to increase demand for mental health services across the health system.
- Occupancy of the **adult acute inpatient service** was 90% in March 2019. The Te Awakura building poses a number of challenges that limit our ability to care for acutely unwell people in a contemporary way. Our staff are doing an incredible job in very challenging circumstances. Planning and Funding have led the development of a community service can provide an alternative to an acute inpatient admission which is opening in April.
- **Least restrictive practice:** Staff remain committed to least restrictive practice. In March 2019, five people experienced seclusion for a total of 148.7 hours. We are pleased to see that there is an overall trending down with seclusion use over the last nine months.





- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern although improvements are occurring. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for March 2019 show 86.0% of children and adolescents were seen within 21 days and 89.7% within 56 days. Child, Adolescent & Family Services had 380 new case starts in March 2019. There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 84 per week). We are working on improving Health Pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).

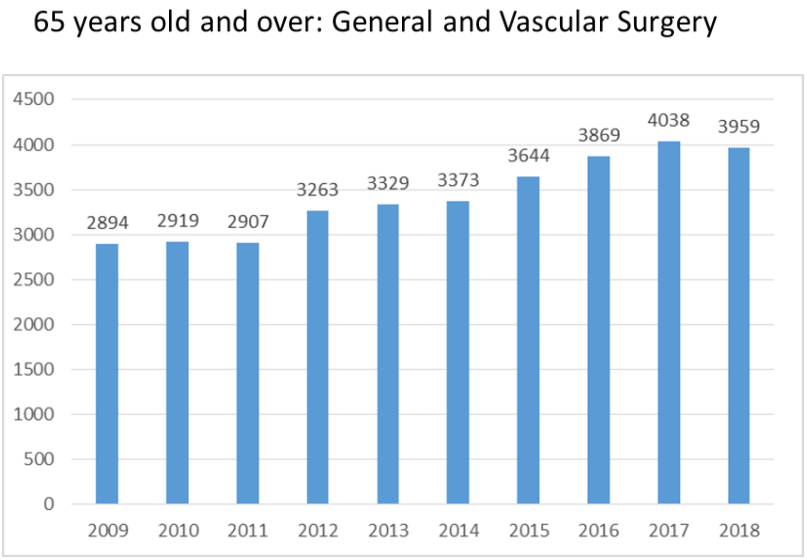




- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments.
- **The School Based Mental Health Team (SBMHT):** The team is currently engaged with **168** schools across the region although they concentrating on supporting those primary schools that are not yet engaged with Mana Ake, and secondary schools.

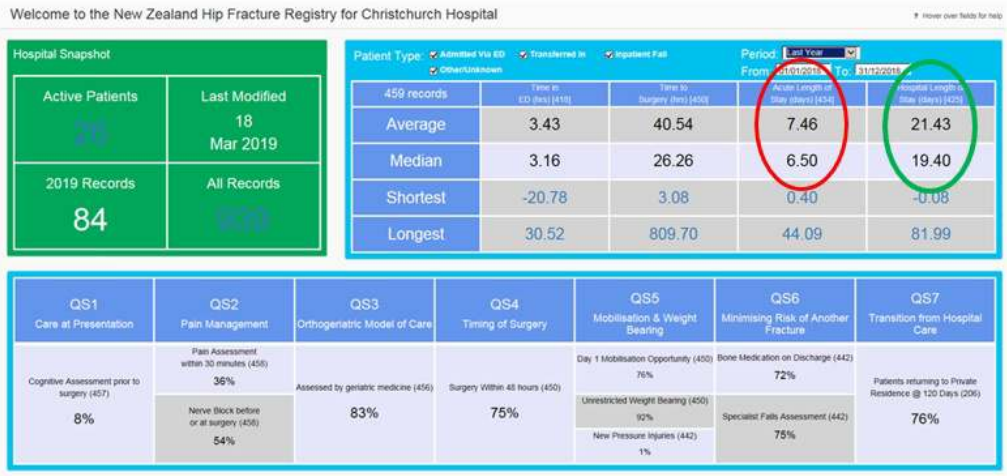
Older Persons Health & Rehabilitation (OPH&R)

- Clinical Nurse Specialist Liaison based at Christchurch Campus, has interacted with 1868 patients reviewing their pathway since the role began. During summer: 20 -30 patients seen each week; however increases in winter to 30 – 50 patients. On average 10 – 15 patients under review at any one time. This role manages a virtual ward, coordinating transfers to Burwood, facilitating discharges, liaising with community teams, and working closely with ward Interdisciplinary Team (IDT). There is a strong focus on supporting restorative care approach, residential care assessments alongside providing education for patients and their whanau and staff.
- Over 80% of General Medicine and associated specialty consults referred to OPH&R are seen by Clinical Nurse Specialist Liaison. The average length of time on waitlist is 2.00 days for transfer to OPH&R or the destination location. The length of time for General Medicine referrals to be seen is 0.76 days (August 2017 – October 2018). This results in 65% of General Medicine and medical specialty referrals transferring to Burwood, with 20% having an alternative plan made and only 12% received a residential care assessment and sign off. This has seen a drop in only signing off 50% of the patients that the referral specifically asks for residential care sign off, continuing to look at alternative plans through rapid assessment.
- The outcome for our frail older people is providing the right assessment at the right time within the Christchurch Campus, and ensuring the right referral pathway and transfer of care is undertaken. This reduction in time spent waiting for assessment and transfer of care is seen through the functional improvement score (FIM) and a low readmission rate.
- Older People Under Surgery (OPUS) is a comprehensive service for our elderly population that are undergoing surgery. This service from Older Persons Health has been in practice for 2 and half years. It is recognised as leading the way for New Zealand with recent presentations from Chief of Service and Clinical Director from OPH&R. Invited by Central Regional Clinical heads to present on our service and outcome measures it is evident there are very few services of this nature in existent in New Zealand. The service sees about 500 patients each year. The team members of the surgical ward team and undertake clinical reviews, facilitating transfers, discharge planning, education on frailty. During 2018 37% of surgical admissions were over the age of 65 years.

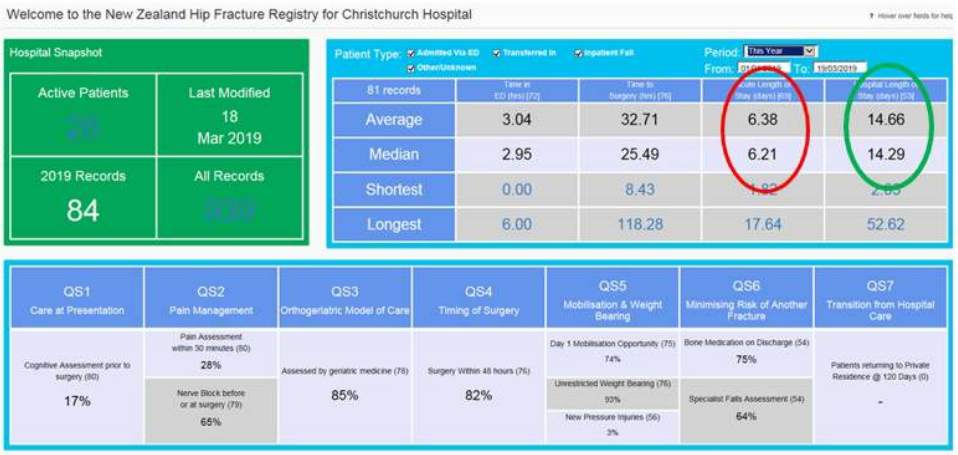


- With our orthopaedic-geriatric medicine service we have seen growth in the activity, and with a focus on the fractured neck of femur (#NOF) we are continuing to see the gains made. Fast track NOF pathway – reduced overall length of stay (LOS) by 4 days and we see our data from the Australia & New Zealand Hip Fracture Registry (ANZHFR) as real time data.

2018 Outcomes- New Zealand Hip Fracture Registry



2019 Outcomes- New Zealand Hip Fracture Registry



Ashburton Health Services

- **Rural Health Development:** Dr Gary Nixon, Director, Rural Postgraduate Programme (DSM) for the University of Otago facilitated a site visit on 25 March for Associate Professor Ruth Stewart. Professor Stewart is the professor of Rural Health at James Cook University, Australia provides a general practice clinic on Thursday Island in Torres Straight and is the immediate past president of the Australian College of Rural and Remote Medicine and has worked remotely in Australia for many years. The RHMS team have active working relationship with Dr Nixon through the research and partnership with Otago University with the ongoing work led through RHACA. The discussion concluded with future research opportunities being discussed with Otago University and we anticipate further reporting on this in the future. The National Rural Health Conference was held in Blenheim 4 – 7 April 2019. Both nursing and medical attended the conference with key presentations from the Rural Health Academic Centre (RHACA) team, this has provided an excellent opportunity to highlight the work underway in RHACA. The RiSC course operating in May and October in Ashburton includes presentations on research undertaken within RHACA faculty:
  - Survey of procedural sedation capacity in Rural hospitals of NZ – enhancing clinical service or a risky practice? Dr Sampsa Kiuru
  - Transitioning of Ashburton Hospital to a fully generalist medical model of care: a case study. Dr Steve Withington
  - Provision of chemotherapy in a rural hospital using an outreach model. Jane Wright
- The team are building on successful representation in the 2018 Rural Conference. Research led by Isobel Ferguson, on Rural Youth in Distress?, received the undergraduate research prize in 2018. This research was led under the umbrella of RHACA. This study is one of very few in New Zealand specifically examining self-harm among rural youth. It identifies a potentially growing and significant self-harm problem in the Ashburton Rural community. This study found rates of self-harm (and indeed suicidality) over ten years that appear to be higher than in a general population, which raised the questions over what is occurring in other rural communities in New Zealand. Further studies, including qualitative research and community level studies are underway to explore further the issues raised. This is an important issue that we are mindful of in our ongoing work in the Ashburton Service Level Alliance work plan. Understanding these trends is an important public health issues as effective community interventions to reduce both youth self-harm and youth suicide, as the biggest risk for completing suicide is a previous self-harm attempt. *(Rural Youth in Distress?*

Youth self-harm presentations to a rural hospital over ten years : Isobel Ferguson BSc Student, Stephanie Moore MRCPsych(UK) Senior Lecturer in Child and Adolescent Psychiatry, Chris Frampton, PdD, Professor of Biostatics, Steve Withington, FDRHMNZ, Senior Lecturer in Rural Health)

- **RHACA Steering Group** are considering the next phase of development to create a sustainable academic research centre and national simulation training centre for rural health in New Zealand. The research work and simulation training to date has been well recognised by the RHACA sponsors and key partners, namely the University of Otago, Advance Ashburton and the Mackenzie Charitable Foundation. Ashburton Hospital now operate simulation training on a fortnightly basis for nursing and medical teams, providing an excellent opportunity to practice response in the acute setting with both the paediatric (child) and adult simulator. At the end of 2018 Advance Ashburton and the Mackenzie Foundation endorsed their support in principle to fund SIM Baby, completing the suite of simulation equipment that can the full clinical team can utilise in the planned simulation training that significantly enhances the team's ability to respond to the acute deteriorating patient in a remote setting. Ashburton has recently added to the team of accredited simulation providers as RN Edwina Phipps, Nurse Educator, successfully completed the simulation training hosted through Manawa.

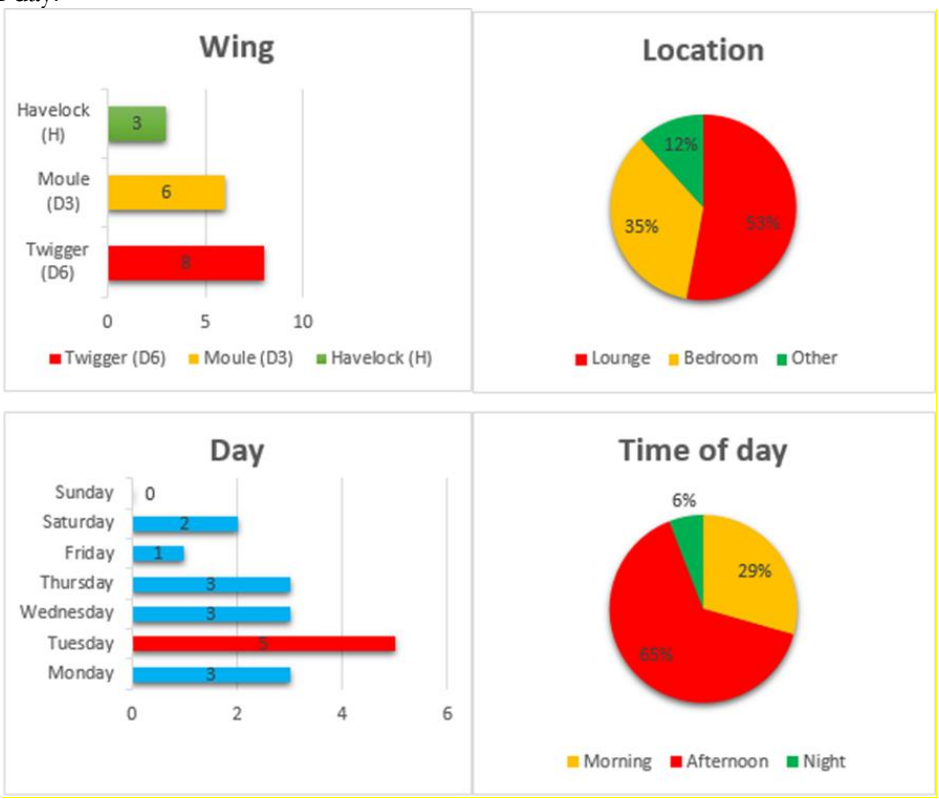
- Planning for winter volumes within this environment is an accepted challenge within the hospital leadership team. Admission rates have climbed due to the increased after hours presentations combined with the limitations on advanced diagnostics, after hours, leading to a perverse situation that it is easier to admit a patient for a workup than treat and discharge from the AAU. To enable the model of care to continue with Ashburton Hospital providing an Acute Assessment Unit, planning is underway to explore how we can re-co-ordinate our existing medical rostering pattern that will enable more resource to be deployed at the weekend where the backlog starts to build. This provides a short term option, necessary to cover the winter and ensure that the workload is manageable for all staff and we are addressing any health and safety risk exposed due to the pressure of increase presentations. In parallel to this process, an Advanced Nurse led treatment pathway is in development for AAU. This pathway would allow low triage patients to be seen and treated by the designated nursing resource, under the supervision of the admitting SMO. It is envisioned that simple MSK problems (work up for fractures and simple laceration repair) and straightforward health advice could be dispensed by a suitably trained and supported rural nurse workforce, e.g., standing orders, direct access to SMO for advice. The development of this pathway aligns with current Canterbury DHB workforce development goals, i.e., working at the top of your scope. Given the current flow through the AAU, this separate work stream could reduce the number of patients requiring RMO review by 30%. This model has been successfully deployed in other Rural hospitals in other DHBs such as Northland. Brenda Close, DON Ashburton and Rural is progressing the discussions and planning to implement this longer term sustainable solution.

- **Elizabeth Street Day Centre** opened on site in the grounds surrounding Ashburton Hospital on 1 April. Previously "Park Street Day Centre", the older person's facility had eventually grown out of its previous space on Park Street. The day began with an official blessing by Michelle Brett from Hakatere Marae supported by member Mana Manuel. Members, staff and volunteers were heavily involved with this. Following this, an official cutting of the ribbon occurred by both Elizabeth Street Centurion, Ossie Symons and Day Centre Manager, Sue Hopkins. The first public walk through then commenced followed by a shared morning tea in the new dining hall. The day was an overall huge success. The relocation of the facility was much needed as demand for this service continues to expand. Led by diversional therapists, approximately 25 people attend each day, the programme is planned to enhance member's lives socially, physically and cognitively. The objective to support people to continue to live within their own homes. With our qualified and

experienced team of Diversional Therapists any health or social issues can be identified early and appropriate interventions implemented before the problems escalate and lead to the need for hospitalisation or residential care.

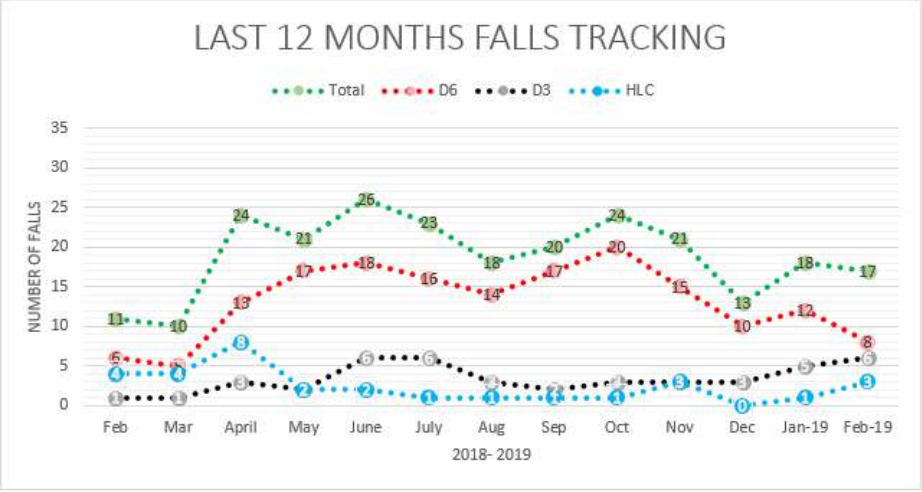
- **April Falls: H**ighlighting the challenge of managing falls in an Aged Residential Care facility. Whilst we continue to actively monitor and mitigate the risk of falling and harm from any falls that occur within the hospital, we are conscious that the highest incidence of falls occurs within Tuarangi. Our Charge Nurse Manager (CNM) continuously monitor for trends in any falls with individual patients or trends across the facility. The falls are discussed in our event review committee (ERC) and we recently increased the medication reviews. The following graphs demonstrate the level of monitoring and ongoing challenge, we are currently implementing a Falls Committee specifically for the ARC facilities/beds managed by CDHB to investigate any further expertise or equipment that can minimise harm. We recognise that we cannot completely stop this cohort of patients from falling.

- **Table 1:** A total of 17 falls (for a cohort of 34 patients) occurred in Tuarangi in the month of February. The following table demonstrates the dispersion of these falls by location and time of day.



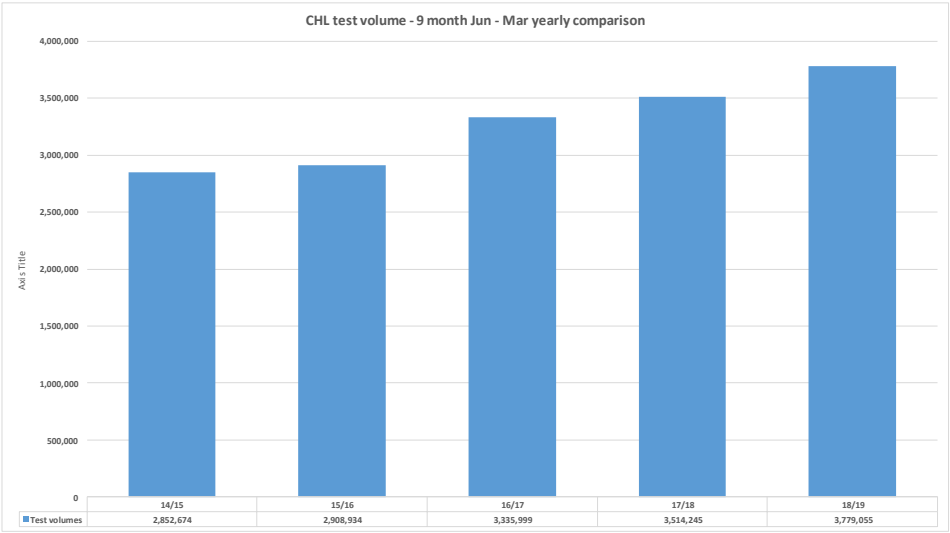
- 4 incidents of minor injuries from the falls. 1 resident had 3 falls out of the total 17 falls.

- **Table 2:** Tuarangi 12 month fall tracking



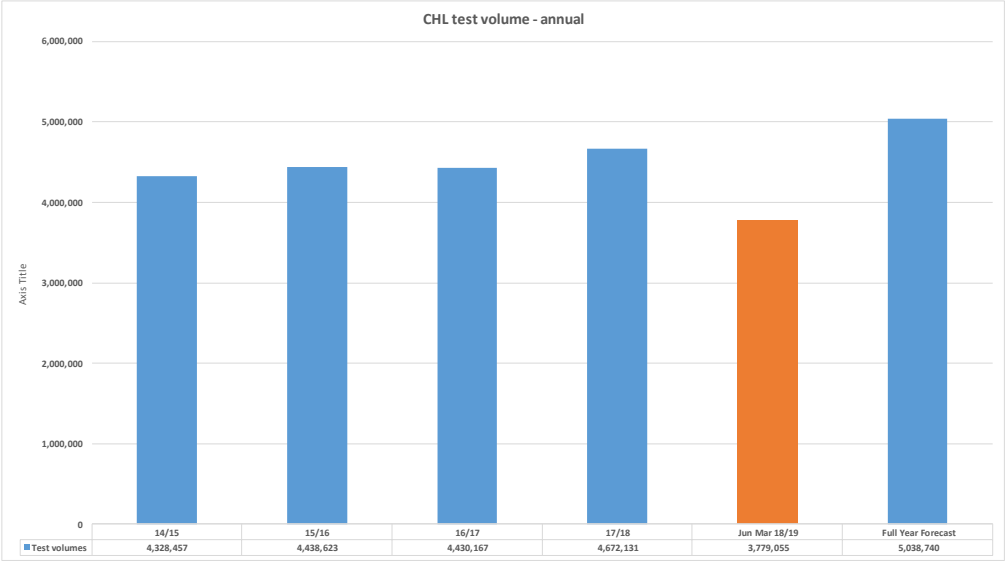
Laboratory Services

- **CHL volume activity reports:** Activity year to date (9 months July-Mar) demonstrates growth in demand for laboratory services:



	Historical comparisons of 9 months (July-Mar) demand				
F/Y	14/15	15/16	16/17	17/18	18/19
Test volumes	2,852,674	2,908,934	3,335,999	3,514,245	3,779,055
Percent change		1.97%	14.68%	5.34%	7.54%

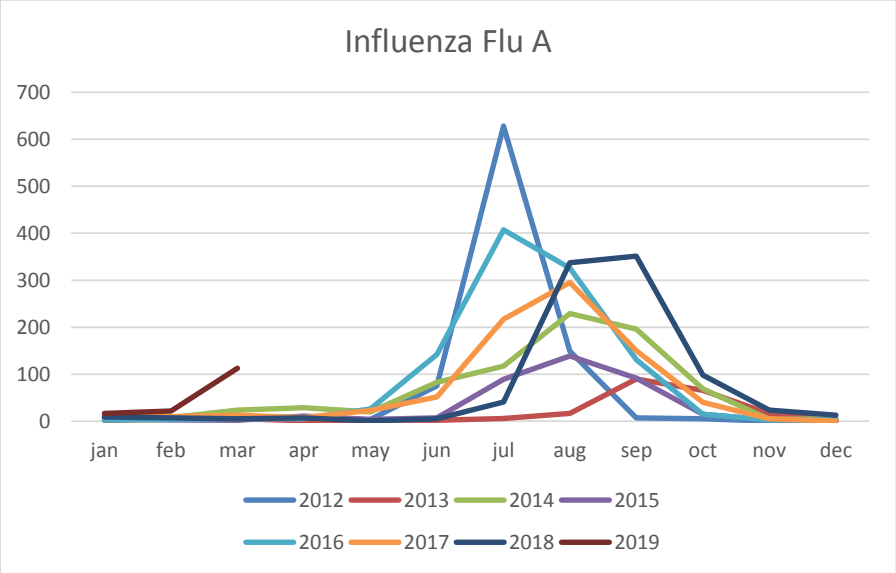
- Extrapolated data, forecasting through to end of 18/19 indicates consistency with this growth in demand for services.



	12 months volumes					
F/Y	14/15	15/16	16/17	17/18	Jun Mar 18/19	Full Year Forecast
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	3,779,055	5,038,740
Percent change		2.55%	-0.19%	5.46%		7.85%

- CHL continues to work with the regional alliance partner and internal referrers on ways to manage this growth and opportunities for any appropriate mitigations in service demand.
- **Facilities**: Activity is underway to repurpose the vacated space in the haematology and eye outpatient facility for a temporary relocation of laboratory support staff. The space in which CHL can occupy is limited due to a considerable portion of the mobile offices needing to be removed from site while the stairwell repairs are completed. This temporary relocation will help to generate some space within the laboratories to enable replacement of essential equipment and address some non-compliances in relation to the facilities. The programme of work to populate the vacated outpatient spaces has been delayed by the Outpatients building flood event. The vacated areas have required repopulation of outpatient services. This further delays the utilisation of these spaces by Labs which in turn prevents the scheduled sequence of changes to relieve pressure on space throughout the laboratory and the anatomical department in Otago School of Medicine.
- **Winter planning**: A testing strategy for winter activity using laboratory based rapid influenza testing to support patient flow and infection isolation decisions is being finalised with Infectious Diseases, General Medicine, Paediatrics and Infection Prevention and Control and Microbiology.
- **Measles and Influenza in Canterbury:** The current measles outbreak and increased influenza A activity in Canterbury has resulted in an early surge in workload for the Virology and Serology Lab. Currently we have an uncontained measles outbreak in Canterbury with 37 confirmed cases affecting different regions in Canterbury. Currently there are measles outbreaks in many parts of the world and therefore potential for increased numbers of measles importations to New Zealand. There have been several importations from the Philippines already this year as well as importations from Thailand, China and the UK.

- **Influenza A positive samples increased from 22 in February to 113 in** March.



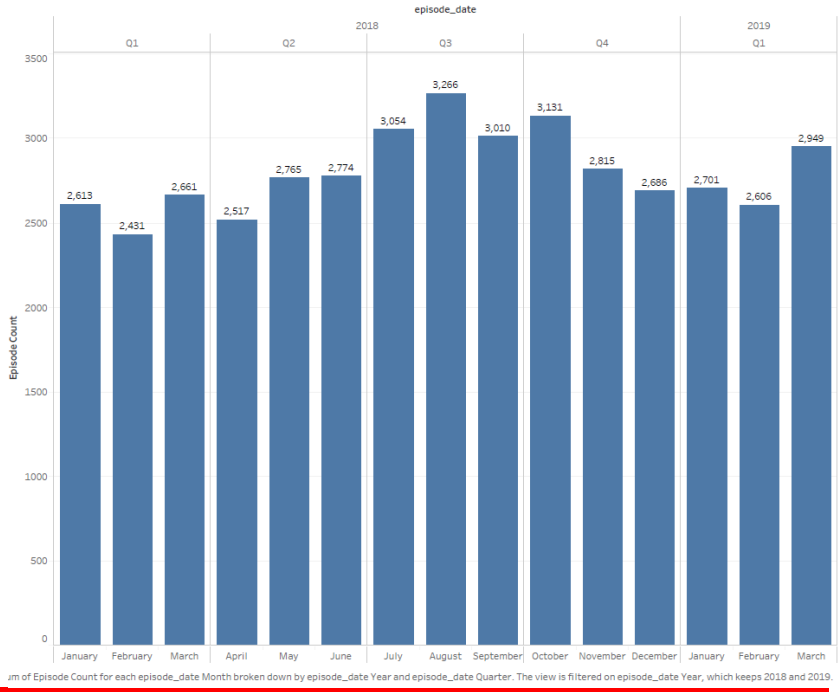
- The Measles outbreak and unusually early increase in influenza activity has resulted in an approximate 23% increase in workload for the Virology/Serology Section for March. The Microbiologists are integral in the response to outbreaks and managing surges in workload is challenging for a very small workforce.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management

- Hospital bed occupancy remains above average for this time of year. While growth in ED volumes have stabilised over the last 12 months, urgent triage categories are growing faster than less urgent categories reflecting greater complexity. The Mosque attacks saw a considerable reduction in ED volumes of the following week before returning to normal.

- Acute Demand Management Services demonstrate a seasonal pattern consistent with greater winter loads which making a difference to reduce seasonal loads in hospital.



SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Community support for those injured 15 March:** Community services providers and DHB community teams are working together to support people injured in the Mosque shootings as they are discharged from hospital. There are a number of lessons to learn, in terms of the cultural competency and response of our service delivery, but our providers are working hard to rise to the challenge and these lessons will improve our service delivery approach in the longer-term. The cultural preference that services be provided by workers of the same gender (for example) is particularly challenging where our workforce is primarily female, and the majority of victims are male. To support the affected families and community:
  - Our CREST liaison service is working to coordinate packages of care (focused on home based supports and nursing, but including mental health and allied health service delivery) which will be wrapped around those injured during the shootings as they are discharged home to the community.
  - This service will be working in an extraordinary way to ensure that we are supporting people in the best way possible, for what in many cases will be a long journey of recovery. This includes ensuring services are culturally appropriate wherever possible, mental health services are included as a matter of course and social services are engaged where needed.
  - The DHB Interpreter Service is coordinating the response to cover the extra demand and has permission to subcontract the New Zealand Interpreter Service as needed. They report that there are five different first languages spoken by shooting victims and their families.
  - Staff from Access Home Health are putting together a handbook for home-based support providers that will help support workers deliver services in a culturally appropriate way.

- Pegasus Health are running classes that will help familiarise community services providers with the particular cultural needs of the Muslim community.

Mental Health

- **Crisis response following the event of 15 March:** The DHB is participating in cross agency processes at all levels, including the development of a case management/navigator approach to ensure a coordinated response across agencies (based on the Integrated Safety Response model). A clinical leadership group, that includes Muslim expertise, is overseeing the immediate response and planning for the coming phases. This includes planning for specialist interventions for people who do not recover with lower level support.
- To support the affected families and community:
  - Promoting the Ministry of Health funded 1737 phone helpline, staffed by mental health professionals with cultural competence.
  - Mental health expertise and specialist support has been on the ground at the Welfare Centre since 16 March, primarily through the DHB's Specialist Mental Health Services and the Christchurch Resettlement Service. This will continue as needed.
  - The DHB is setting up a 'virtual hub', as a central place where people can access information and support.
  - Free access to primary health care is available to those directly affected, through PHOs
  - Direct access to primary mental health services is in place, with clear pathways agreed for people identified by organisations such as Victim Support. This team includes Muslim people from outside Christchurch (from Kahui Tu Kaha) who will be in place until at least the end of April.
  - Victim Support continues to work with the injured and their families, families of the deceased and witnesses to the event. They are linking people through to primary mental health services as appropriate.
  - ACC has started to receive claims for mental injury.
- **Primary and community mental health and addictions services:** The community based acute alternative facility opened on 1 April. Initially there will be provision for six residential placements, with an expectation of increasing to eight, with people able to return as day attendees when required.
- The DHB has reached an agreement with the Ministry of Health to maintain the additional funding provided in 2016 (following the earthquakes) which was due to end 30 June. This will enable the DHB to continue to respond to the ongoing needs of our population and the emerging needs of our younger populations groups and not have to wind-up the additional programmes we have invested in to date. A plan for ongoing support in response to the March event has been prepared for submission to the Ministry.
- **Mana Ake – Stronger for Tomorrow:** The Mana Ake team moved quickly to respond and support the needs of schools and communities following the terrorist attack on the two Mosques in Christchurch on Friday 15 March. The Project Team coordinated a meeting with: all Kaimahi (Mana Ake workers); the School Based Mental Health Team; Public Health Nurses; School Based Nurses; Ministry of Education representatives; Oranga Tamariki representatives; Resource Teachers Learning & Behaviour teams; DHB specialist Child & Family mental health services; Social Workers in Schools (from Stand Children's Services and Presbyterian Support); and the Leading Lights team.
- The purpose of the meeting was to implement a coordinated approach, to make contact with all schools in the Canterbury region (excluding Kaikoura), undertake a quick needs assessment to determine the level of support required, and share an information pack for teachers. More

than 120 front line staff attended. During the first two weeks following the event, Mana Ake provided 75 drop-ins or guidance/support sessions on site for 50 Canterbury schools. The team also responded to 44 individual children identified by schools as adversely impacted. Some children had families involved in the attack and others were affected by what they saw or heard directly or through media. The team provided specific advice and guidance to teachers and parents for these individuals.

- Requests for support – to 20 March 2019

	Individual (n=913)	Group (n=536)
Active (currently involved with Mana Ake)	507	241
Exited (have finished involvement with Mana Ake)	208	193
Pending (awaiting weekly allocation to kaimahi)	161	96
Did Not Engage	37	9

Primary Care

- **Low cost access - community service cards:** From April 2019 a further twelve practices will offer low-cost consultations for people enrolled with the practice and holding a Community Services Card. This will bring the number of practices offering low-cost access in Canterbury to 100. We continue to work with Pegasus Health to encourage the sixteen practices yet to come on board to offer low-cost access for people holding a Community Services Card.

- Families have access to free visits for any children under 14 years to their regular general practice, and to free urgent care after-hours from recognised urgent care providers. They also have access to prescribed medicines for their children without the normal $5 prescription co-payment, and without any additional after-hours dispensing fee otherwise charged after-hours by pharmacies at recognised urgent care clinics.

- **Low cost access - contraception long acting reversible contraception:** From 1 April women who hold a Community Services Card, live in a quintile 5area, or are at high risk of an unplanned pregnancy, will be able to access low cost contraception consults and free subsidized Long Acting Reversible Contraception (LARC) in general practice. Although Mirena, a preferred long-term option for many women, is not subsidised under the national programme, the insertions and removals will be free making access to this device more accessible for women.

- To ensure equitable access for our population, outreach clinics will be developed to reach women with complex health and social needs. We are anticipating that these will run alongside existing clinics like maternity outpatients and sexual health clinics across the region.

Maori and Pacific Health

- **Ngā Ratonga Māori (Christchurch Hospital):** After the Terrorist attack on 15 March, the team at Ngā Ratonga Māori have been involved in supporting karakia in different parts of the hospital that were utilised for examination and identification of those who perished in the attack. Such cultural practises have become an increasingly important process in helping many of our staff resolve some of the challenging and horrific circumstances our system found itself in during that time.

- In recent months Ngā Ratonga Māori have had a new team member begin working at the Emergency Department. Since joining the team she has advocated for improved ethnicity data collection in ED and over the last two months there has been excellent improvement of collection and visibility within the department. This makes the job of Māori Health Workers more straightforward but also allows us to better identify and provide cultural support to patients and whānau when required. In addition to this the new Māori Health Worker in ED is also supporting the ED team with basic te reo Māori which staff are finding helpful.
- Members of Ngā Ratonga Hauora Māori also supported a traditional pōwhiri at Rehua Marae for Dr David Reilly who is here to deliver the WEL Programme to the DHB and community. The pōwhiri was well supported by the Executive Director Allied Technical and Scientific, Jacqui Lunday Johnstone and some of the Directors of Allied Health from within the DHB.
- **Tangata Atumotu Trust (Pasifika provider):** Tangata Atumotu Trust highlights to report within our matua programme include:
  - Launch of the Island Breeze Social Club at Tūranga (Christchurch Central Library). Traditional Pasifika craft workshops and fellowship offered weekly on a Tuesday. Workshops have been set up to combat social isolation, provide a sense of purpose and achievement for participants, and to empower our community to reconnect with their cultural taonga (treasures).
  - Re-launch of the matua exercise programme to include Island music and dance, along with health education and literacy sessions, one-on-one nurse visits, a nutritious lunch and fellowship. This programme is offered weekly on a Thursday.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update:** Following the terrorist attack at two Christchurch Mosques on 15 March, the *All Right?* campaign has reached out to Cantabrians through the *All Right?* Facebook page and has produced a downloadable poster for workplaces which promotes six practical wellbeing tips. As with all of *All Right?'s* messaging, the tips are reminders of the small things we can do to look after ourselves and others even when times are tough. The emphasis is on encouraging Cantabrians to reach for their innate coping skills to actively look after themselves.
- In addition, *All Right?* is launching a new city-wide 'above the line' campaign on 1 April which is reminiscent of the first phase of the campaign following the earthquakes. The six messages are as follows, *it's all right to: talk it out, need a hug, have a cry, reach out, take a breather, and keep ticking along*. These messages will appear on posters around the city, on postcards in cafes, and on corflutes. The reverse side of the postcards will promote the six tips mentioned above.
- A meeting of the *All Right?* Champion's group took place on 27 March with forty people in attendance. The meeting focused on recent events, and provided participants with the opportunity to connect with others, share feelings and identify the strengths that were displayed by them and others in the aftermath of the tragedy. The group expressed their appreciation of *All Right?'s* presence at such a difficult time. The champions represent a wide range of people and organisations, who support the work of *All Right?* by promoting it in their workplaces and communities.
- **Measles Outbreak:** In the period 21 February to 2 April Community and Public Health has investigated 200 measles notifications. Of these 200 notifications, 38 have been confirmed as measles cases. An additional confirmed measles case, who became unwell while overseas and travelled to Christchurch on 19 March, does not meet the case definition and is not included in the confirmed case total above, but may result in secondary cases from both in-flight and Christchurch contacts.

- Confirmed cases have been in contact with large numbers of people with complex networks, including in early childhood centres (ECEs), schools, tertiary settings and healthcare facilities. Twelve cases have attended ECEs, schools and tertiary settings whilst in the infectious period. Those settings have been alerted and supported accordingly. Substantial follow-up of any Christchurch Hospital patients and staff is being managed by Occupational Health and Infection Control teams. The overall goal of the public health response to the outbreak is to prevent the spread of measles in the community and to increase overall measles immunity in the community through supporting primary care in increasing MMR vaccination coverage. Communications through media, communities and to organisations have been an essential part of the public health response. This has provided practical information and advice for those seeking help.
- As at 1 April 15,793 MMR vaccines have been delivered in Canterbury since 4 March. Community and Public Health continues to work closely with CPRG (Canterbury Primary Response Group) and the Ministry of Health to support the primary care MMR vaccination strategy. Since 11 March 2019 confirmed measles cases reported elsewhere in New Zealand include: Auckland DHB six cases, Waitemata DHB five cases, and Southern DHB one case.
- Measles continues to circulate globally and the Ministry of Health issued a national advisory about overseas measles outbreaks on 28 February. The Immunisation Advisory Centre has created a new Measles 'Hot topic' page on its website and has a new measles update video for health professionals.
- **Kaikoura Urban Water Supply – Boil Water Notice:** On 7 March 2019, a Boil Water Notice was issued on the Kaikoura Urban water supply following high numbers of coliform bacteria found in water samples taken post water storage reservoirs. Subsequent investigations highlighted integrity issues with two of the storage reservoirs as well as damaged supply bore heads. In addition, there were notifications of gastrointestinal illness in the Kaikoura community and in particular at a local pre-school. A full investigation involving the local Environmental Health Officer, the Drinking Water Assessor (Community & Public Health), the Kaikoura Medical Centre and the Kaikoura Council could not determine the cause or the likely source of the illness and so the notifications could not be linked directly to the water supply. The Kaikoura Urban water supply is likely to be on a Boil Water Notice for another 2 to 3 weeks as major structural works are being carried out on the storage reservoirs and bore heads to improve the safety of the supply. Community and Public Health's Drinking Water Assessor is continuing to work closely with the Kaikoura District Council.
- **Health Promoting Schools – School Gardening Hui:** As part of Edible Canterbury, the Health Promoting Schools team supported a School Gardening Hui on 26 March at the New Brighton Community Gardens. This was well attended by 31 people who were involved with running their school's garden. Four workshops were run simultaneously, covering an education programme about the role of bees, a curriculum linked science programme on what is in our soil, the art of storytelling, and permaculture. Edible Canterbury workshops for schools are part of the Food Resilience Network's emerging strategy to develop a collaborative approach to more comprehensively and sustainably support edible gardening in the region's schools and wider community.
- **Active transport – learn to ride a bike pilot for migrant and refugee women:** On International Women's Day (8 March) a pilot 'Learn 2 Ride' morning was offered to women from the migrant and refugee community. This was a collaboration between Community and Public Health, Revolve, and Go Cycle Christchurch. Two 1-hour sessions at the Canterbury Netball Courts were promoted to migrant and refugee organisations, and throughout the Canterbury DHB. Thirty women registered and 15 volunteers were recruited. Due to bad weather on the day (wet, windy and cold) only 12 women participated. Feedback from

attendees was that follow up sessions were required. As a result, three sessions have been planned by CPH for 27 March, 10 April and 1 May. Another series of 'Learn 2 Ride' sessions is planned for October. Funding for external contractors is being sought, to lead this project into the future.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Projects, including facilities and redevelopment**
  - **Hagley Building:** Network and location data has been validated and an audit of applications has commenced. 75% of wireless has been installed and we are expecting the network switches to be in place by mid-May.
  - **Christchurch Outpatients:** IT work is largely complete. Patient Kiosks went live on 8 March, providing automated check in for arriving patients. As of 20 March we have had approximately 1,200 patients check into their appointments.
  - Teams are currently working on remediation from the recent flooding issue, assisting to bring affected areas back into operation.
- **Digital Transformation**
  - **Cardiac Test Repository:** Pilot in development. This project is now being managed by the South Island Alliance Programme Office.
  - **End of Bed Chart (Clinical Cockpit):** Project to collate information from a number of systems on a hand-held device, including Medchart, Patientrack and Éclair results. The Business Case has been approved and the project will move to the implementation phase.
  - **Cortex:** Digital progress notes across Nursing, Allied Health and Doctors which will be accessible from point-of-care devices (iPads) so that the care team has immediate access to accurate information about our patients. The Business Case is in the final stage of the approval process. We intend to commence this project in the current financial year subject to approval.
  - **Health Connect South:** Release 52 is on track. We have automated more tests for clinical referrals which has greatly reduced the time spent. We are currently working on calculating the effort required to support HCS on multiple browsers (including HealthOne).
  - **South Island Patient Information Care System (SIPICS):** Preparation for the implementation of SI PICS and HCS functionality to Maternity Services is progressing. Preparation is also underway for the implementation of release 19.1 of SI PICS in mid-June. This release will include enhancements to improve user workflow and data quality, while also continuing with completing the foundation functionality for theatre management. Engagement continues with services to provide help for the general use of SI PICS including support to improve data quality.
  - **ED at a Glance (EDaaG):** This application, originating from Nelson Marlborough DHB was introduced to Christchurch and Ashburton Hospital Emergency Departments late last year to align with SIPICS, and to cater for the particular requirements of ED workflow. The development project is coming to an end, with final features to aid ED workflow being implemented. The Project will then move into the Support and Maintenance phase.

Improving and Integrating Rural Health Services

- Work continues in the following particular areas:
  - **Akaroa:** Akaroa Health is on schedule to complete the takeover of aged residential care from Pompallier House in May, and to begin operating all services from the new Akaroa Health Centre in July.
  - **Hurunui:** The trial of new urgent after-hours arrangements by Hurunui practices and St John is continuing, and telehealth facilities are being upgraded. Work on other initiatives, supported by the Board, to assure the sustainability of primary care in the area is about to get underway.
  - **Oxford:** The Oxford and Surrounding Area Health Services Development Group has begun work on implementing the service improvements endorsed by the Board, including installation of telehealth at Oxford Hospital.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- **Measles outbreak:** During early March both public, stakeholder and internal communication were major areas of focus as the number of confirmed measles cases in Canterbury continued to climb. The public and media interest was such that the Communications team was posting updates on social media and releasing a media statement daily as well as scheduling a number of media stand-ups ('press' conferences) which were also live-streamed to help manage the sheer number of enquiries and requests for interviews. Our output, monitoring and engagement through social media in particular was the most active it has been for any public messaging previously. We were answering numerous individual requests coming in via Facebook messenger from concerned parents. We created a dedicated area for measles-related info on our website. There was also significant work undertaken on clarifying the various priority groups and phases for vaccination with the MMR [Measles, Mumps and Rubella] vaccine. This included liaison with the Ministry of Health and the Canterbury Primary Response Group who represent primary care. We also had to ensure our own people were aware of the outbreak, as there were measles cases within Christchurch Hospital. Internal communications included information regarding staff MMR immunisations to ensure maximum protection for them and everyone they interacted with.

- **Flu campaign 2019:** Planning is underway for the 2019 flu campaign, using the flufree website and collateral developed last year. The vaccine release date was moved back to 1 April this year. Targeted communications to priority groups and the general public will begin in May.

- **Mosque attacks:** Managing both internal and external communications associated with the Mosque attacks has been the priority for most of the communications team since the team was first alerted to the issue on Friday afternoon 15 March. Numerous internal messages and emails were sent 24/7 to ensure health system staff had access to the latest information coming in from Police. This started with the formal lock-down of all of our facilities.

- We received hundreds of media calls and requests for information and interviews from international and local media. Due to time differences, these requests came in 24/7 and the Communications team members worked extended hours including weekends to manage the large volume of requests. The most efficient way to manage many of these requests was to hold a media briefing, live-stream it and videoed by the team. The raw footage was then provided to media not attending in person to 'cut' for use in their various bulletins. Each stand up would be followed by one on one interviews with the participating clinical teams and DHB CEO.

- A number of VIP visits were organised including dignitaries from Turkey, Qatar, Jordan, Kuwait, The Prime Minister, Minister of Health and Minister for Greater Christchurch Regeneration and Sonny Bill Williams. These visits required significant organisation, communication and liaison with other government agencies, as well with clinical staff to check that patients were happy to receive visits.

- We also continue to provide regular updates to a range of government agencies. Initially we provided written updates up to three times a day, these then reduced to a daily update and now, three weeks later we are providing patient updates on request. We continue to facilitate and attend numerous media visits to interview and film/photograph individual patients. These too have been occurring 'around the clock.' While the initial high volume of media requests has reduced we are now working with a number of media outlets, both NZ-based and international, on longer format documentaries, series and videos.

- As a central point of contact, the communications team has also received hundreds of messages and offers of support from all around the world and in NZ, along with kind messages and donations which have been provided to the families of victims and patients.
- We have provided a large number of photographs to the State Services Commission for use at their upcoming Spirit of Service event.

Media

- Some other topics of media interest in March included:
  - The current measles outbreak
  - Mental health response to the mosque attacks
  - The community care organised for victims of the mosque attacks once discharged from hospital
  - MMR and influenza vaccination campaigns and the supply of vaccines
  - The Community Service Card lower-fees scheme and those general practices who have not signed up
  - Potential Holiday Act underpayments
  - Relocation of Merivale Retirement Village's residents
  - Cancellation of APEX-affiliated Pharmacy staff's strike
  - Flooding of the Outpatients building
  - Assaults on staff walking between their cars and the hospital
  - Demand for dialysis treatments
  - Dr Ramon Pink, Medical Officer of Health fronted a number of media stand-ups and was interviewed by various media outlets throughout March to give updates on the current measles outbreak. Topics covered by Dr Pink included the vaccine supply in Canterbury, advice for parents of children who could not be immunised yet, updates to the vaccination priority groups and advice for those not immunised/suffering measles-like symptoms when it comes to attending large gatherings.
  - Dr Pink was also interviewed Radio NZ about the 'flu campaign' in Canterbury and the effect of the measles outbreak on the campaign.
  - Our one live radio interview for Canterbury Mornings with Chris Lynch featured Dr Lucy Daeth talking about wellbeing after the mosque attacks. Lucy spoke of the range of emotions that it's normal for people to feel after such an event and detailed the wellbeing and mental health support available for the community.

Facilities Redevelopment

- **Christchurch Hospital – Hagley / Acute Services building:** Communications planning for the November migration/operational transition to the building is now underway, including a communications presentation at a workshop for workstream leaders on 28 March. Other work includes:
  - Facilities intranet pages updated
  - "Let's Get Ready To Move" branding developed
  - Branded banners for staff noticeboards distributed
  - Email address letsgetreadytomove@cdhb.health.nz set up for staff queries.
- **CEO Update stories**
  - A lifelike replica of a baby's chest made at Christchurch Hospital was used at an international workshop in the city to train surgeons in a life-saving procedure. The model allows surgeons to practice a difficult keyhole procedure on babies born with

oesophageal atresia, a congenital abnormality that affects one in 4000 babies, where a baby is born without part of their oesophagus, so cannot swallow food. The Neonatal Thoracoscopic Simulator course dovetailed into the 52nd Pacific Association of Paediatric Surgeons combined meeting with the Australia and New Zealand Association of Paediatric Surgeons and the New Zealand Society of Paediatric Surgeons meeting held in the recently refurbished Christchurch Town Hall. It was the first conference to be held at the new Town Hall since it reopened.

- Eight years ago the Blue nursing team in Christchurch Hospital's Emergency Department decided to initiate a "warm fuzzy" scheme there – and it's still going strong. A box was set up in a busy part of ED where staff pass by frequently. The idea is to put in little notes of appreciation. It promotes good morale and relationships.
- Clinical Director of Anatomic Pathology at Canterbury Health Laboratories (CHL) Chris Hemmings has been honoured with the Royal College of Pathologists of Australasia (RCPA) Meritorious Service Award which recognises pathologists who have made outstanding contributions to the College. The award was presented at the RCPA's annual graduation ceremony in Melbourne where Chris was also admitted as a Fellow of the Faculty of Science of the College. Chief Pathologist at CHL Anja Werno was also admitted to the Faculty, in absentia. There are several routes to admission to the Faculty; Chris and Anja are two of only three pathologists to have so far been admitted through the route of "By Scientific Achievement". Another CHL Pathologist, Clinical Director of Chemical Pathology and Genetics Richard King, was admitted to the Faculty last year, by examination.
- Dr Amjad Hamid, aged 57, much loved and respected by his colleagues and patients, was killed in the shootings at Al Noor Mosque, in Christchurch on March 15. He was among six Palestinians who died in the attack. Amjad is remembered as a special doctor who was a very humble, caring and gentle person and will be dearly missed by many. The senior doctor with a special interest in cardiology was known for being caring and approachable. He worked in Cardio-Respiratory Integrated Specialist Services (CRISS) at Christchurch Hospital and at Ashburton Hospital until moving to Hawera Hospital in South Taranaki three years ago. Amjad also worked for the Christchurch Heart Institute research team and led the outpatient cardioversion service for the past few years at Canterbuy DHB. Amjad was also involved in the Palliative Workstream of Canterbury DHB's Heart Failure Project from 2015 - 2017, and at one point was running a combined Heart Failure/Palliative Care clinic with Lee Anderson from the Specialist Palliative Care Service at Nurse Maude. He completed a PhD in atrial fibrillation, or irregular heartbeat. He held an appointment as a research physician with the Christchurch Heart Institute at the University of Otago, Christchurch, participating in Health Research Council of NZ Funded heart failure research. He also qualified as a rural hospital medicine specialist. His widow, Hanan, says he was a good husband and father to their two sons, Husam, 22, and Mohammed, 20. They migrated to Christchurch in 1995 from Palestine, for a better future, and he loved the city.
- A Christchurch charity, 'One Mother to Another', provided gifts and notes of encouragement to Christchurch Hospital and St John Ambulance staff who responded to the mosque attacks. The charity has given away 400 gift packs as a way of saying thank you and to encourage the incredible hard-working Christchurch Hospital and St John Ambulance staff. The charity primarily supports mothers and carers of sick children in the Child Acute Assessment Unit and the Neonatal Intensive Care Unit but given its close relationships with various nursing staff, it extended its initiative to support as many as possible of those at the forefront of the recent tragedy.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Contractor is on site for removal / restraint of North West corner panels. Awaiting approval of business case for funding to progress implementation planning for remaining panels.
- **Clinical Service Block Roof Strengthening Above Nuclear Medicine:** Stage 1 and 2 complete. CT camera installed and being commissioned. Stage 3 due for completion end of March. Final completion is forecast June 2109.
- **Lab Stair 4:** RFP documentation being readied for issue. Programme start date to be in 2nd quarter 2019 following completion of Diabetes building demolition. Relocation of Labs staff and other associated planning underway.
- **Riverside L7 water tank relocation:** Handed across to Maintenance & Engineering for completion. SRU to continue to provide assistance.
- **Riverside full height panel strengthening:** Business case for design funding approved. Design and review underway.
- **Parkside Canopies:** Business case for replacement of shrinkwrap is being prepared.

Christchurch Women's Hospital

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

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering:**
  - Passive fire issues continue to be identified and advised at Burwood, Outpatients, and existing facilities.
  - Materials database is currently in use and is midway through annual review.
  - Digitalization of the inspection and maintenance programme system is due to be completed mid-February. This will allow for onsite recording of all works integration to Maintenance & Engineering management software.
  - Continue to identify non-compliant areas as other projects open walls / ceilings.
  - Second Stage RFP for installer fixed costs is in final stage of procurement progressing.
  - Passive program continues to receive positive support from wider industry representatives. Southern DHB, Auckland and Capital Coast DHB's have requested visits to our test facility and advice on how to begin the process.
  - Testing of new installers and annual evaluations of current installers has recommenced.

  - Supply of material continue to improve on site works and cost / waste reductions.
  - Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Works may need to be stopped until information is available.

- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (*MoH*):
  - Energy Centre: ROI for boilers completed. Preferred Boiler supplier identified and design work has commenced.

- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre constructed and commissioned.

- **Temporary Accommodations on Antigua/Tuam St.** Staff now using facility. Some minor items still to be completed - signage, planning planters etc.

- **Parkside Renovation Project to Accommodate Clinical Services, Post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on formal advice from MoH as to outcome of master planning process.

- **Back Up VIE Tank** Business case pending approval. Primary VIE tank is operational.

- **Antigua St Exit Widening:** CDHB work completed in advance of Otakaro requirements.

- **Avon Switch Gear and Transformer Relocation**. Design complete. Business approved. Project is being managed by Maintenance & Engineering.

- **Otakaro/CCC Coordination.** Liaison with contractor has commenced for Bus Super Stop works on Tuam St. Licence to occupy granted to Otakaro to allow works to commence. Enabling works by contractor underway.

- **Diabetes Demolition**: Demolition to occur after Home Dialysis Training Centre has relocated to refurbished leased facility. Business case for additional funding submitted and approved. Contractor appointed. Start date approximately May 2019 once Home Dialysis relocation is complete.

- **Co-ordinated Campus Program:** Work has begun on a co-ordinated programme to tie together the demolition of Riverside West, the relocation of clean and dirty loading docks, demolition of the Avon generator building, Parkside Panel replacement / repairs, relocation of food services building and clinical support staff requirements in the LGF of The Hagley Christchurch (ASB). This will provide insight into timing, relocation requirements and potential sequencing issues.

Canterbury Health Labs

- **Anatomical Pathology (*AP*):** Initial planning on options for repatriating AP from School of Medicine has commenced. Design team has been engaged and briefed.

- **Core Lab (High Volume Automation) Upgrade:** Design team has been engaged and briefed.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand.

- **Burwood Admin Old Main Entrance Block:** QS figures sent to Dan Coward for review. Hold on way forward until a decision on Mini Health / Artificial limbs is made.

- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further.
- **Spinal Unit:** Good progress being made. Work continues in existing areas. Roof on new extension. First fix works to new extension continues.
- **Burwood Birthing/Brain Injury Demolition**: Main demolition completed. Work to clad and waterproof attached buildings being carried out. Soil testing being undertaken prior to levelling ground and sowing grass.
- **2nd MRI Installation:** Final signoff and as built documentation being provided.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** Business case pending review and approval.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements. Meeting on site with Cotter Trust representatives.
- **Mental Health Services:** New High Care Area for AT&R is in scheduling stage with all consultants working well. Resource consent due soon with only four landscape conditions. New High Care Area AT&R EOI submission for contractors complete. Final co-ordination of design completed. Building consent submitted mid-February. Currently working on development for building 1 and 2 and temporary High Care Area for building 3. These include options for additional space in the PSAID area and opportunities for a low stimulus area retrofitted into existing spaces.

The Princess Margaret Hospital Campus

- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in September 2017. Letter received from Minister of Health in late Dec 2108 transferring project back to the CDHB. Tenders for consultants went out to the market on 18 January 2109 and closed 22 February 2019. Review of tenders underway and nearing completion.

Ashburton Hospital & Rural Campus

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

Other Sites/Work

- **Akaroa Health Hub:** In construction. Internal fitout is underway. Some extension of time has been granted due to inclement weather. Completion is anticipated by late May 2019.
- **Kaikoura Integrated Family Health Centre:** Repair strategy received from Beca. Minor repairs to be undertaken by Maintenance & Engineering.
- **Rangiora Health Hub:** Building alterations underway.
- **Home Dialysis Relocation:** Home Dialysis team to relocate beginning May 2019.

- **SRU:** Project Management Office manuals re-write and systems overview. Aligning with P3M3 process and documentation where appropriate. Training underway for Keyed In software as part of P3M implementation.
- **Seismic Monitoring:** Business case submitted, pending approval.
- **Manawa (formerly HREF):** SRU continues to be involved in providing construction and contract administration / interpretation advice to the Manawa project. Building has been blessed and is occupied. Currently in defect liability stage.

Project/Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Sign off on the direction of the Master Planning process is required to plan the next stage of the POW.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRU is looking at options to decant teams to adjacent spaces to allow works to commence. This will, however, not be possible until the Hagley Christchurch project is complete and space in Parkside becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up, but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames. Risk analysis progressing slowly due to delay in releasing the master plan details. Works may need to be stopped until information is available.
- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. The programme of works and business as usual projects are currently being reviewed in conjunction with the approved revised decision making framework in an attempt to identify tranches of work for commencement. This process is still largely dependent on master planning. Guidance from the Board will be required as to the timing and suitability of any proposed projects to mitigate ongoing risks to the CDHB.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of February 2019 was a net operating expense of $2.330M, which was $1.294M unfavourable against the draft annual plan net operating expense of $1.036M. 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	0.329	-	**0.329**	0.941	-	0.941
Funder	(0.782)	(0.900)	**0.118**	(30.273)	(30.604)	0.331
DHB Provider	(1.877)	(0.136)	**(1.741)**	(20.585)	(16.592)	(3.993)
Canterbury DHB Group Result	**(2.330)**	**(1.036)**	**(1.294)**	**(49.917)**	**(47.196)**	**(2.721)**

Report prepared by: David Meates, Chief Executive

FINANCE REPORT 28 FEBRUARY 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **18 April 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 28 February 2019.

3. DISCUSSION

Overview of February 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of February 2019 was a net operating expense of $2.330M, which was $1.294M unfavourable against the draft annual plan net operating expense of $1.036M. 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	(1.892)	(0.232)	**(1.660)**	(20.609)	(16.608)	(4.001)
Community & Public Health	(0.172)	0.066	**(0.238)**	(0.232)	(0.049)	(0.183)
Total In-House Provider excl Subsidiaries	**(2.064)**	**(0.166)**	**(1.898)**	**(20.841)**	**(16.657)**	**(4.184)**
Add: Funder & Governance						
Funder Revenue	139.729	138.131	1.598	1,109.963	1,104.558	5.405
External Provider Expense	(60.037)	(58.645)	(1.392)	(496.909)	(492.084)	(4.825)
Internal Provider Expense	(80.474)	(80.386)	(0.088)	(643.327)	(643.078)	(0.249)
Total Funder	**(0.782)**	**(0.900)**	**0.118**	**(30.273)**	**(30.604)**	**0.331**
Governance & Funder Admin	0.329	-	0.329	0.941	-	0.941
Total Canterbury DHB (Parent)	**(2.517)**	**(1.066)**	**(1.451)**	**(50.173)**	**(47.261)**	**(2.912)**
Add: Subsidiaries						
Brackenridge Estate Ltd	(0.010)	(0.001)	**(0.009)**	0.036	0.057	(0.021)
Canterbury Linen Services Ltd	0.197	0.031	**0.166**	0.220	0.008	0.212
Canterbury DHB Group Surplus / (Deficit)	**(2.330)**	**(1.036)**	**(1.294)**	**(49.917)**	**(47.196)**	**(2.721)**

4. APPENDICES

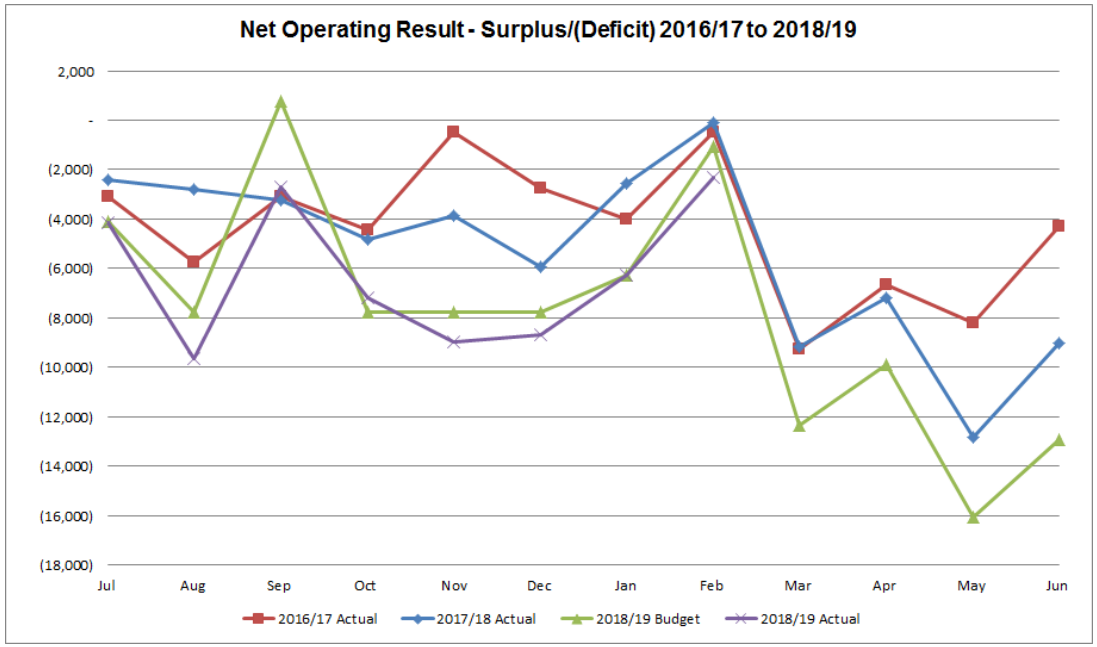
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 328 FEBRUARY 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(2,330)	(1,036)	(1,294)	125% ✕	(49,917)	(47,196)	(2,721)	6% ✕



Our revised draft 18/19 Annual Plan is a net operating expense of $98.475M, submitted to the MoH in November (this included a reduction in the nursing MECA funding, a reduction to the annual capital charge, and a change to our depreciation rates on assets)

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

KEY RISKS AND ISSUES

We continue to operate under constrained capacity, with the ASB facility not being available until November this year at the earliest. All our facilities and services have been operating at capacity over the last three years and beyond, and we do not have any flex to accommodate delays of this nature, as well as the Mosque attacks, ongoing impacts of multiple earthquakes in Christchurch and Kaikoura, recent strike action, and the flooding of our new Outpatients facility.

The impact of delayed facilities has resulted in a higher personnel cost, whilst we continue to incur outsourcing and outplacing costs that we otherwise would expect to reduce. We have been consistently operating our theatres on weekends to keep up with demand.

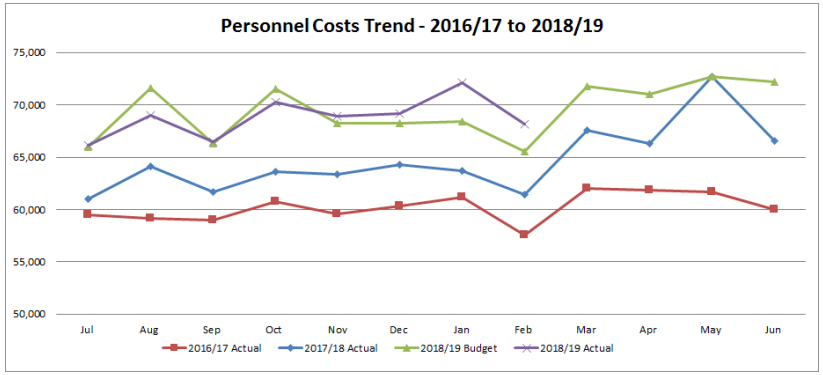
The March Mosque attacks are expected to have a large impact on the financial costs of the DHB – the extent of which is not quantifiable at this stage. This, along with the ongoing impacts of earthquakes, and the recent measles outbreak and Outpatients flood, has resulted in an ongoing and sustained impact to our workforce (and the community as a whole). This continues to flow through to our personnel costs (with a large sick leave increase recorded in our workforce over recent years, and the accompanying increase in FTE this creates with backfilling positions, often at a cost premium). Similar impacts are seen with our External Providers.

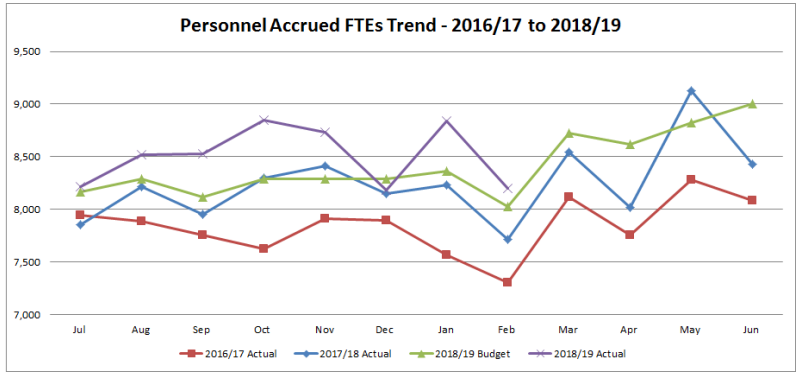
Mental Health remains under huge pressure and it is expected that the Mosque attacks will add to this pressure.

New facilities coming on stream will also attract additional capital charge and depreciation expense. Any additional cost escalation will also impact on capital charge and depreciation costs forecasted.

Pressure continues to remain on personnel costs with the average cost of settlement of MECAs above the average uplift in funding.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE





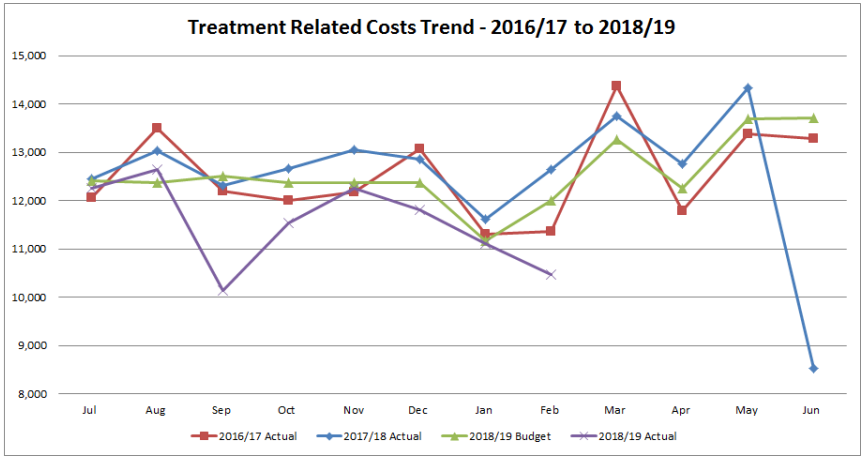
KEY RISKS AND ISSUES

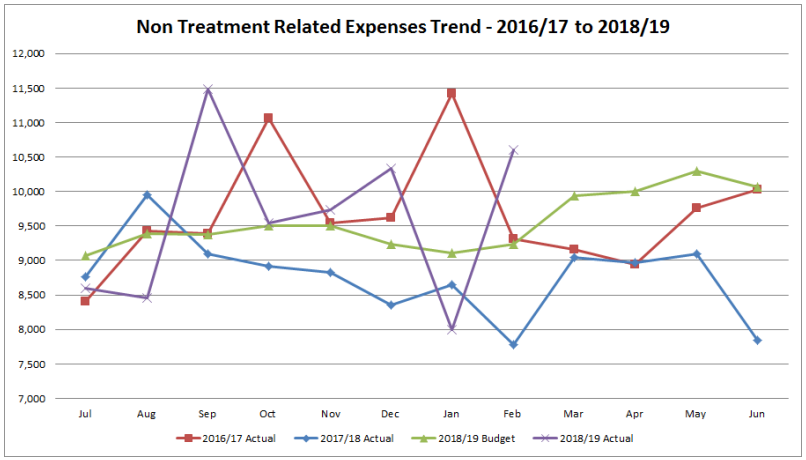
The impacts of the March events will impact on personnel costs in future months.

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

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

TREATMENT & OTHER EXPENSES RELATED COSTS





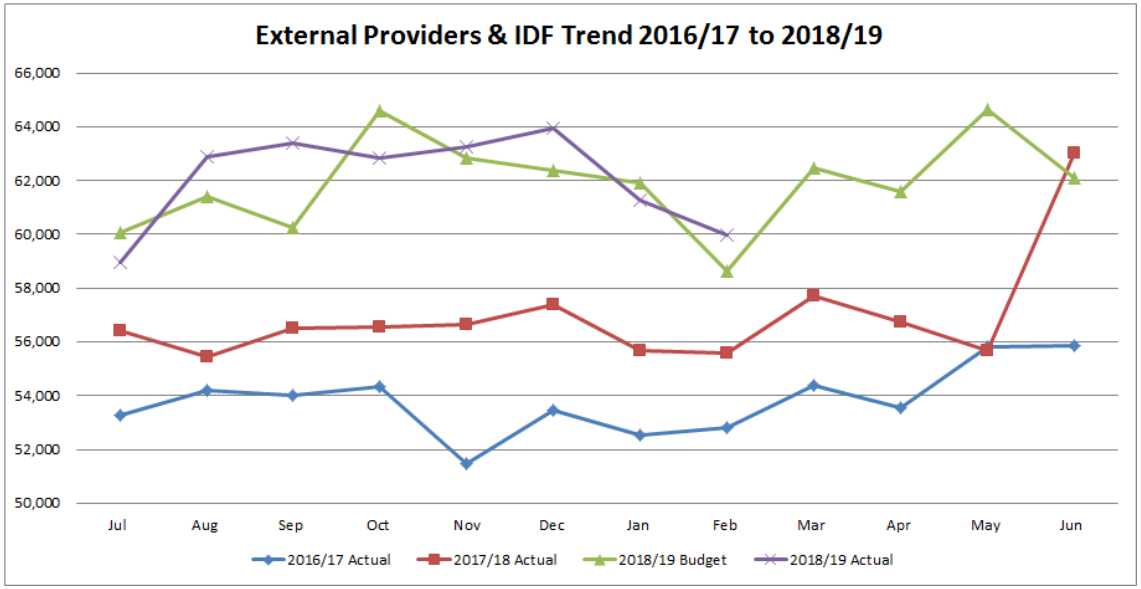
KEY RISKS AND ISSUES

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

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital campus, including security, basic maintenance etc. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 22/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
External Provider Costs	60,037	58,645	(1,392)	-2% ✗	496,909	492,084	(4,825)	-1% ✗



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

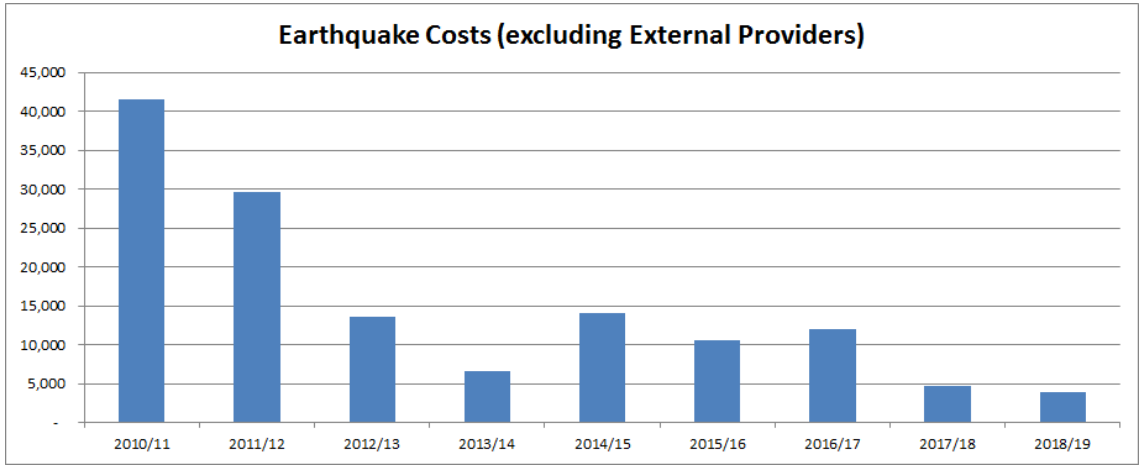
Additionally, the reimbursement of hospital pharmaceutical spend from the combined pharmaceutical budget rebate pool has resulted in an unfavourable variance in external provider costs, which should be offset by lower pharmaceutical costs in the internal provider. We will adjust this budget in 19/20.

KEY RISKS AND ISSUES

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

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	$'000	$'000	$'000			$'000	$'000	$'000		
Total Earthquake Revenue (Draw Down)	**773**	**400**	**373**	**100%**	✓	**2,778**	**2,750**	**28**	**100%**	✓
Earthquake Costs - Repairs	696	400	(296)	100%	✗	2,825	2,750	(75)	100%	✗
Earthquake Costs - External Provider	1,431	1,431	-	100%	✓	11,447	11,447	-	100%	✓
Earthquake Costs - Non Repairs	138	138	-	100%	✓	1,006	1,006	-	100%	✓
Total Earthquake Costs	**2,265**	**1,969**	**(296)**	**100%**	✗	**15,278**	**15,203**	**(75)**	**100%**	✗



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

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

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

KEY RISKS AND ISSUES

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

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	538,205	600,034	(61,829)	-10%	✗
Cash	(42,739)	2,975	(45,714)	-1537%	✗

KEY RISKS AND ISSUES

If future deficit funding is less than the expected amount or not received on a timely basis, cash flows will be impacted, and the ability to service payments as and when they fall due will become a potential issue.

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

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

Month					Year to Date				Annual
18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget		18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget	18/19 Budget
145,533	143,913	137,492	1,620 ✓	MoH Revenue	1,157,873	1,150,817	1,100,756	7,056 ✓	1,726,350
4,121	3,917	3,895	204 ✓	Patient Related Revenue	31,442	33,103	31,824	(1,661) ✗	37,172
3,791	3,191	2,770	600 ✓	Other Revenue	26,624	25,249	22,534	1,375 ✓	52,497
153,445	**151,021**	**144,156**	**2,424**	**Total Operating Revenue**	**1,215,939**	**1,209,169**	**1,155,113**	**6,770**	**1,816,019**
68,130	65,579	61,399	(2,551) ✗	Personnel Costs	550,212	542,507	503,143	(7,705) ✗	830,258
10,461	11,997	12,635	1,536 ✓	Treatment Related Costs	92,206	96,179	100,672	3,973 ✓	149,097
60,037	58,645	54,886	(1,392) ✗	External Service Providers	496,909	492,084	450,260	(4,825) ✗	742,871
10,548	9,242	8,508	(1,306) ✗	Other Expenses	78,287	74,425	70,237	(3,862) ✗	114,720
149,176	**145,463**	**137,429**	**(3,713)** ✗	**Total Operating Expenditure**	**1,217,613**	**1,205,195**	**1,124,313**	**(12,418)** ✗	**1,836,946**
4,269	**5,558**	**6,728**	**(1,289)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(1,674)**	**3,974**	**30,801**	**(5,649)** ✗	**(20,927)**
59	148	75	(89) ✗	Interest	661	1,184	1,117	(523) ✗	1,778
224	290	336	(66) ✗	Donations	3,360	2,365	1,045	995 ✓	4,027
114	-	(1)	114 ✓	Profit / (Loss) on Sale of Assets	129	-	(25)	129 ✓	-
397	**438**	**410**	**(41)** ✗	**Total Indirect Revenue**	**4,150**	**3,549**	**2,137**	**601** ✓	**5,805**
2,079	2,085	2,470	6 ✓	Capital Charge	16,636	16,647	20,319	11 ✓	24,994
4,864	4,909	4,761	45 ✓	Depreciation	35,559	37,768	38,298	2,209 ✓	57,909
53	38	-	(15) ✗	Interest Expense	197	304	60	107 ✓	450
6,996	**7,032**	**7,231**	**36** ✓	**Total Indirect Expenses**	**52,392**	**54,719**	**58,677**	**2,327** ✓	**83,353**
(2,330)	**(1,036)**	**(93)**	**(1,294)** ✗	**Total Surplus / (Deficit)**	**(49,917)**	**(47,196)**	**(25,739)**	**(2,721)** ✗	**(98,475)**

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

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 28 February 2019

Audited 30-Jun-18 $'000		Group Actual 28-Feb-19 $'000	YTD Group Budget 28-Feb-19 $'000	Annual Group Budget 30-Jun-19 $'000
517,833	Opening Equity	496,272	496,272	496,272
42,398	Net Equity Injections / (Repayments) During Year	91,850	150,959	149,098
(63,959)	Operating Results for the Period	(49,917)	(47,197)	(98,475)
496,272	**TOTAL PUBLIC EQUITY**	538,205	600,034	546,895
	Represented By:			
	Current Assets			
1,677	Cash & Cash Equivalents	3,482	2,975	-
750	Short Term Investments	750	750	750
87,165	Trade and Other Receivables	82,767	85,839	85,839
4,554	Prepayments	10,338	4,554	4,554
11,171	Inventories	11,549	11,171	11,171
10,561	Restricted Assets	12,745	14,576	14,577
115,878	**Total Current Assets**	121,631	119,865	116,891
	Less Current Liabilities			
17,376	Overdraft	46,221	-	48,920
111,189	Trade and Other Payables	114,393	115,362	111,192
10,577	Restricted Funds	12,902	14,591	14,591
172,699	Employee Benefits	160,257	163,361	163,361
311,841	**Total Current Liabilities**	333,773	293,314	338,064
(195,963)	**Working Capital**	(212,142)	(173,449)	(221,173)
	Non Current Assets			
16	Restricted Funds	16	16	16
5,186	Investment in NZHPL	6,333	5,186	5,186
693,197	Fixed Assets	750,306	774,458	769,043
698,399	**Term Assets**	756,655	779,660	774,245
	Non Current Liablilties			
6,164	Employee Benefits	6,308	6,177	6,177
6,164	**Term Liabilities**	6,308	6,177	6,177
496,272	**NET ASSETS**	538,205	600,034	546,895

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

APPENDIX 4: CASHFLOW

Audited 30-Jun-18 $'000		Actual 28-Feb-19 $'000	YTD Budget 28-Feb-19 $'000	Budget 30-Jun-19 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	**Net Cash from Operating Activities**	(33,375)	(13,257)	(48,565)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	**Net Cash from Investing Activities**	(24,710)	(47,028)	(61,754)
	CASHFLOW FROM FINANCING ACTIVITIES			
42,398	**Net Cash from Financing Activities**	31,044	78,959	77,098
(1,179)	Overall Increase/(Decrease) in Cash Held	(27,040)	18,674	(33,221)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	**Closing Cash Balance**	(42,739)	2,975	(48,920)

MATERNITY STRATEGY UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: **Planning & Funding**

DATE: **18 April 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The Canterbury Maternity Strategy (the *Strategy*) has been under development over the past year with workshops held with people from across maternity; clinicians, lead maternity carers, consumers, Pasifika and Canterbury iwi. The first workshop informed key development areas within the Strategy, from which the four themes of the Strategy were identified. These themes are: Becoming Pregnant in Canterbury; Having a Baby in Canterbury; Becoming a Parent in Canterbury; and Being a Child in Canterbury. This process was presented to the Board in August 2018.

After this, another workshop was held to identify how best to begin realigning workflow in the Having a Baby in Canterbury theme of the Strategy. Work has already commenced in this particular space in realigning our maternity system.

Writing up of the Strategy has also occurred with a draft now completed. Before finalising the Strategy we wish to send the draft to those involved in the workshops in order to encourage continued participation in its development. Sharing the draft will provide opportunity to ensure that it accurately reflects the input already provided, provide a vehicle for additional information, and contribute to priorities going forward.

2. RECOMMENDATION

That the Board:

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

3. SUMMARY

The draft Strategy has been developed with the underlying principles of the Canterbury Health System as a foundation to ensure we can deliver maternity services that are equitable, support women to take greater responsibility for their own health, support women to stay well when pregnant and for those who, or their babies, are unwell, that they receive timely and appropriate care.

Consultation through workshops held with consumers and those who work across the maternity system identified four strategic themes for the strategy.

Becoming Pregnant in Canterbury

Focuses on women having the best health and wellbeing possible before becoming pregnant. This wellbeing is influenced by her childhood, adolescence and adulthood. The objective of this theme is for women to partake in healthy lifestyle practices to ensure optimal health before becoming pregnant. Actions within this theme include, but are not limited to, reducing rates of obesity; access to contraception; support for women in violent relationships; access to mental health services; and smoking cessation.

Having a Baby in Canterbury

Is about where, how and who provides maternity care during pregnancy and until six-weeks after birth. There is a need to support our workforce and improve how and where we provide maternity care. The objective of this theme is that women receive appropriate care in the right place, at the right time. Some actions within this have already commenced with the review of Ante-natal Clinic and where some obstetric clinics occur. Other actions within this theme include creating clinical pathways to assist triage and decision making for clinic referrals; development of a quality framework to review inductions of labour and Caesarean sections; and changing culture so that birthing at a midwifery led unit or home is 'normal', leaving Christchurch Women's Hospital for those who need that level of care.

Becoming a Parent in Canterbury

Focusses on the importance of not only the mother, but the wider family/whānau, and the support that they provide. The objective of this theme is that family/whānau provide the best possible care for their infant. Actions within this theme include improving parents' knowledge in relation to aspects (eg, food, sleep) that influence their child's development; reviewing pregnancy and parenting education; and improving breastfeeding rates.

Being a Child in Canterbury

Links the Strategy to the Child, Youth and Family Workstream, as well as the Child and Youth Wellbeing framework that is under development nationally. The objective of this theme is that children have access to support and services to meet their needs to have the best start in life. Actions within this theme include promoting the importance of every child feeling and being loved, nurtured and safe; receiving the care they need in order to be happy, healthy and able to participate in society; and family/whānau being able to access what their child needs.

4. APPENDICES

Appendix 1:	Canterbury Maternity Strategy, 2018-2024 (draft).

Report prepared by:	Nicky Smithies, Planning & Funding, Project Specialist
Report approved for release by:	Carolyn Gullery, Executive Director, Planning Funding & Decision Support

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Canterbury Maternity Strategy

2018 – 2024

Draft 3, April 2019.

Introduction

A need has been identified for realignment of the maternity system, across the Canterbury Health System; rural and urban. While the maternity system performs well with positive outcomes for most, there is place to review the system due to the changing health of women, and the pressing need to address equity of access and outcomes. To do this we need to identify improvements/ different ways of working to achieve the principles we have agreed but also the national frameworks for the whole health system and alliances with other sectors.

The Canterbury Health System's vision is for a maternity system that provides safe, high-quality maternity services that achieves optimal health outcomes for mothers and babies.

The development of a re-aligned maternity strategy in Canterbury remains with the underlying principles of the Canterbury Health System:

Equity of access and outcome for all Canterbury women to our maternity system/services

- Active partnership with people and communities at all levels.

Women[1] are supported to take greater responsibility for their own health whilst pregnant

- Supporting women's navigation of the maternity system, through communication that includes the use of accessible technology.
- Women understand the information they need to manage their care.

Women stay well when pregnant in their own homes and communities

- Integrating health services and making better connections with wider public services.
- Providing care closer to home.

Women or their babies who are unwell when pregnant receive timely and appropriate care

- Access for all women and babies to the appropriate level of service for care required.

Background

It is during our very earliest years and even pre-birth that a large part of the pattern of our future adult life is set. Factors that impact key determinants of health are changing amongst Canterbury's population. We are seeing more women with multiple co-morbidities in pregnancy presenting than in the past. Sub-optimal health in some parts of the community is placing greater demand on the maternity system, as well as the wider health system. This strategy seeks to work within the First 1000 days and maximise the opportunities for children to get the best start to life within the Canterbury Health system by ensuring that our maternity system that creates a shift from intervening only when a crisis happens, to prevention and early intervention. The basis of this is a strengthening of health literacy for our population about becoming pregnant and the environment a baby needs in utero to grow to its potential as well as the environment a mother needs to carry her baby to achieve optimal outcomes supported by fathers, partners and whanau.

Canterbury's secondary/tertiary level maternity facility at Christchurch Women's Hospital (CWH) is being stretched with the majority of women presenting here, including those who are well when they go into labour, while midwifery led birthing units (MLU) are under-utilised. The demand being created in CWH is due partly to the historical expectation that this is where babies are born in Canterbury. Some women are choosing to use tertiary level services who could be cared for in a community facility setting. There also has to be the recognition of the impact of an increasing number of high acuity women, such as those with gestational diabetes and/or high BMI which predisposes to conditions that

[1] And their partners and whānau.

create a high risk in pregnancy such as elevated blood pressure. While these conditions may be being managed and are stable, the baby in utero can be unwell, meaning birth needs to occur at CWH. Increasing acuity is also contributing to the increasing volumes in the neonatal service due to the need to deliver babies earlier than term.

During 2018 a co-design workshop was held to commence the development of a re-aligned maternity strategy for Canterbury. The workshop was held with a range of people including service providers, non-government organisations, and most importantly consumers; women and their whanau/family. The group was asked to tell us how the service needs to work to deliver the best possible outcomes for our people, and the CDHB will then determine how to organise it and fund it. The workshop has informed this strategy.

Nationally there are other frameworks that have and will impact on the work that is generated from this strategy:

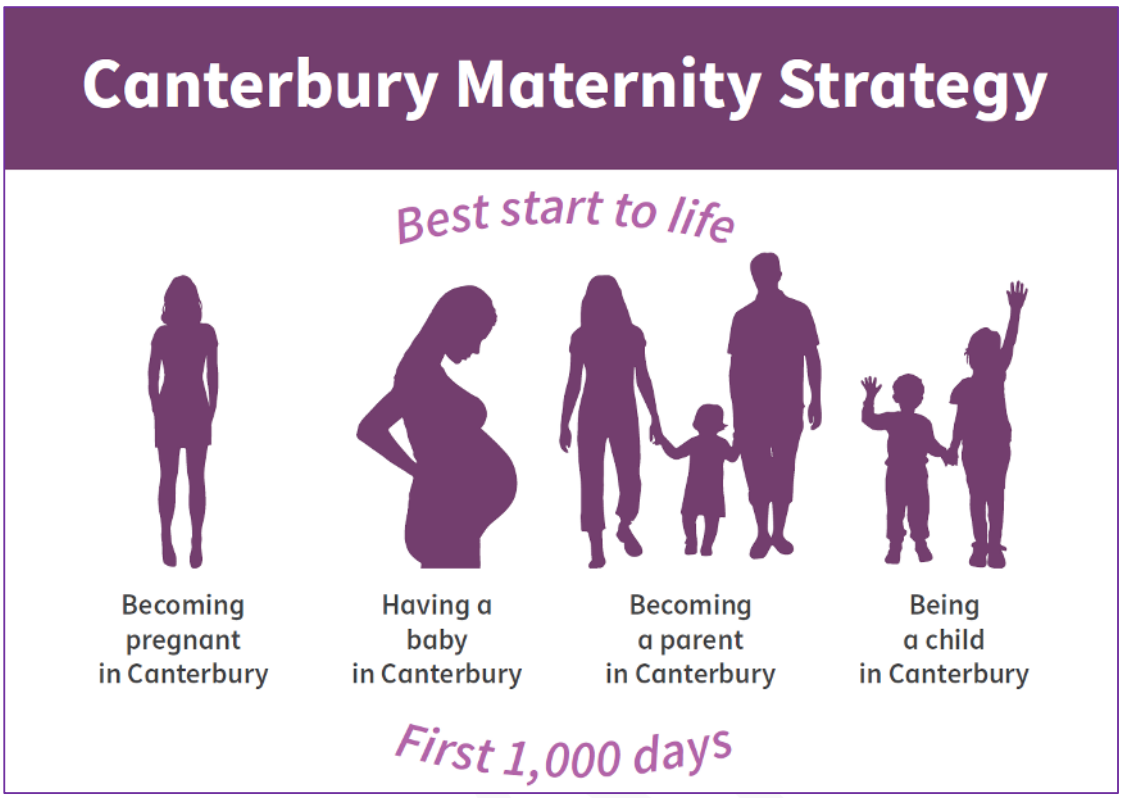
- The New Zealand Maternity Standards- https://www.health.govt.nz/publication/new-zealand-maternity-standards
- NewZealand HealthStrategy- https://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf
- He Korowai Oranga- https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga
- Child and Youth Wellbeing Strategy- https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy
- Health Workforce and Regulatory Authority workforce planning.
- Ministry of Health Maternity Oversight Group work.
- The Health Equity Assessment Tool: A User's Guide 2008.
- ‘Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018
- Equity of Health Care for Māori: A Framework.
- Whānau Ora Health Impact Assessment 2007.

Four strategic themes

The discussions in the co-design workshop have highlighted many interlinking parts, and from reviewing these, and also the work currently occurring and being debated nationally and within the wider CDHB health system, we identified four pillars of work from which workstreams can flow.

These provide the framework from which the work required to address the strategy across the health system can be designated. The intention being that the maternity strategy will develop and align their workstreams with the wider health system work to achieve better health for women and their babies at the start of life.

The four pillars for the strategy are shown below as part of the overarching framework. The detail related to each of these is described in respective sections through this document. The themes are interconnected, and while approximately linear, overlap and eventually go back to the beginning. Life course health outcomes for a baby born today are affected by the health and wellbeing of their mother before she conceives, their time in-utero and childhood. The overarching feedback from our workshops was the need to connect maternity with the wider system but also within maternity to reduce siloes and welcome input from other agencies not in health. One of our key issues is poverty and the impact this has on the child, the woman and the pregnancy.



Achieving Equity Across the Maternity Strategy

Equity underpins all government and health system priorities. Within the maternity strategy we will work to ensure that services are developed and refined so that they meet the needs of Māori, Pasifika and non-Māori/non-Pasifika. This means that some services may not have a one-fit that meets the needs of all, and therefore require development and change in how services are provided so they meet the needs of the individual and/or family/whānau navigating and accessing the maternity system. Unmet need represents a significant barrier to achieving equity in health outcomes for all population groups. This Strategy document will be shared widely with various communities within our health/maternity system to ensure that the priorities that are agreed reflect the need to lead us towards equity in our maternity system/child health system – First 1000 days services.

Within Canterbury we are also a part of the South Island Alliance and the wider health system. Canterbury's maternity secondary/ tertiary services are accessed by women/ babies who live in other health systems within the South Island. There is a need to align with their expectations of support and service provision for their populations also with an equity lens applied.

Becoming Pregnant in Canterbury

Key concepts of this theme

This theme focuses on women having the best health and wellbeing possible before becoming pregnant. This wellbeing is influenced by her childhood, adolescence and adulthood.

- Wellbeing is influenced by access to:
  - Equity across ethnicity, gender, sexual orientation, post code
  - Warm and dry housing

  - Education
  - Employment
  - Healthy relationships
  - Optimal physical, sexual, oral and mental health
  - Healthy weight and healthy weight gain in pregnancy
  - Good nutrition
  - Immunisation
  - Smokefree environments
  - Fertility

- Wellbeing is influenced by reducing or eliminating exposure to:
  - Alcohol
  - Illicit drugs
  - Poverty
  - Family Violence

Why it is important

This pillar within the strategy enables the maternity system and the wider public health, education and social services including housing to actively become focussed on population health and wellbeing with the focus of when a woman becomes pregnant. If a woman's wellbeing is not optimal when she becomes pregnant, there will potentially be ongoing implications for both the woman, her baby and her wider family and support systems.

The proportion of women approaching childbirth with complex health/social needs is increasing. In addition to social determinants, genetic and biological factors also contribute to high-risk pregnancies and these are often interlinked, meaning that women who have high-risk pregnancies often present with co-morbidities, social constraints and/or are negatively affected by inequity and poverty:

- diabetes, obesity and poor nutrition;
- teenage pregnancy, smoking, alcohol and poverty;
- family violence, substance misuse and poor mental health.

Aligning the Maternity System with work in the population health space in Canterbury will overtly signal and enable the need for collaboration and alliancing with partners in relation to housing, poverty, family violence and health. Canterbury has a strong history of alliancing and this strategy presents opportunities to progress from the needs of older person's health to Best Start to Life.

What we will do

Becoming pregnant in Canterbury

Objective

Women partake in healthy lifestyle practices to ensure optimal health before becoming pregnant

Short term

- Initiatives to reduce rates of obesity in Canterbury are implemented.
- Healthy food options become more accessible.
- Women have access to contraception
- Pregnant women access immunisations.
- Women living in violent relationships are supported.
- All women who smoke are offered access to smoking cessation services.
- Women with mental health concerns have access to services
- Sexual health education and screening within Canterbury is understood by the whole population- specifically no babies are born with congenital syphilis

Medium term

- Everyone has access to warm and dry housing.
- The education sector works with health to create learning packages about how a mother's health can impact her unborn child.
- Increased awareness of the impacts of adverse childhood experiences (ACE) so support can be provided where needed.
- Oral health before and during pregnancy is promoted.
- Increased awareness across the community of the effects of alcohol on general health and the development of unborn babies.
- Increased awareness across the community of the effects of illicit and prescription drugs on general health and the development of unborn babies.

- Improve maternal health for women before they become pregnant, or between pregnancies.
- Enhance and improve the registration of non-European women with an LMC by 13 weeks gestation.
- Reduce rates of obesity in Canterbury children and their families by linking with services that promote healthy weight before and during pregnancy.
- Promote the accessibility of healthy food options and advocate for a reduction in the accessibility of poor nutrition choices, such as sugar sweetened beverages.
- Provide sexual health awareness, particularly around the effects that diseases such as syphilis can have on the un-born child and HPV on risk of prematurity.
- Promote the importance of oral health before and during pregnancy.
- Review existing mental health services and develop further to meet the needs of mothers and infants.
- Increase the number of pregnant women receiving immunisations for influenza and whooping cough[2] from 28 weeks gestation.
- Provide support to women who are not in healthy relationships, particularly those who are victims of family violence and/or harm.
- Support women to be smokefree by encouraging all women who smoke to access smoking cessation services provided by Te Hā - Waitaha, and refer all pregnant women who smoke for Te Hā – Waitaha's incentivised programme.
- Support work within the alcohol action plan and Child and Youth Workstream, particularly around the effects of Fetal Alcohol Spectrum Disorder. Provide assessment and adequate support services for children exposed to high risk fetal alcohol exposure. Where possible influence within the alcohol industry.
- Support women who use illicit drugs to stop, or at least reduce consumption.
- Improve understanding of the effect of age and sub-optimal health and wellbeing on fertility.

Factors outside of the control of the health system can have a large impact on a woman's wellbeing. The strategy will allow for the linking of services within the maternal health system to:

- Collaborate with groups promoting warm and dry housing.
- Recommend school curriculums contain education on how a mother's health can impact her unborn child.
- Collaborate with education providers to encourage young women to complete high school education and plan for the future.
- Work with groups that support women into employment.

Having a Baby in Canterbury

Key concepts of this theme

This theme focusses on where, how and who provides maternity care when a woman is pregnant and until six weeks after the birth. Workforce and place of birth are particularly key within this pillar of the strategy. There is a need to support:

- Lead Maternity Carers (LMCs) as well as the employed workforce of midwives, medical and allied staff.
- Christchurch Women's Hospital (CWH where the majority of babies are born in Canterbury is also the secondary/ tertiary referral centre.

[2] Whooping cough immunisation is administered via the Tdap vaccination which contains tetanus, diphtheria and acellular pertussis.

- CWH Fetal Maternal Medicine (MFM) service which provides secondary and tertiary inpatient medical care for women throughout the South Island except Nelson and Marlborough.
- CWH Level 3 Neonatal Unit which provides secondary and tertiary inpatient medical care for Canterbury, West Coast and South Canterbury, and neonatal surgical care for the majority of the South Island except Nelson and Marlborough.
- The five community midwifery led birthing units within Canterbury and homebirth which is provided by LMC midwives throughout the region.
- A system that provides care closer to women's homes.

Why it is important

During 2017 6,400 babies were born in Canterbury. Eighty-two percent of those babies were born at CWH, a secondary/ tertiary hospital designed for women and babies needing the highest level of care.

The number of babies being born in Canterbury is expected to increase over the next decade.

The age of the midwifery workforce is increasing, and presently, not enough new undergraduates are entering education to meet future demand. Two-thirds of Canterbury's core midwife workforce is aged 45 years or older. Ministry of Health project that in 10 years, Canterbury will have 16 less core midwife FTE filled compared with 2018 if we continue to do what we do now, so it is important that we start to plan this workforce and what is needed in the future. We currently struggle to fill our vacancies so this will only worsen unless we take action. We are also heavily reliant on our community workforce – the LMC midwives who will similarly be affected by these changes unless we address overall undergraduate education numbers, recruitment and retention into all parts of the maternity system.

With CWH already over capacity for present day demand, a projected decrease in workforce FTE, and a projected increase in births, the present system of service provision needs to change across the system but specifically at CWH.

CDHB has community midwifery led birthing units (MLU located in Kaikōura, Rangiora, Lincoln, Ashburton, Darfield and contracts St George's Hospital to provide birthing and postnatal care. Home births in Canterbury are increasing, with 5%, nearly 300 babies born at home in 2017.

For the majority of women, pregnancy and birth is a normal physiological process. Our population is however changing with more women presenting with risk factors that will impact on their pregnancy or labour and birth. Some of these risk factors can be avoided which could result in less need for the first caesarean section"

. Encouraging women who are well when pregnant and at the time of labour to birth at a MLU will improve capacity at CWH for those women who have high acuity.

Ensuring women feel confident to commence their labour at a MLU requires significant change to the understanding within the community about where babies are born in Canterbury, as CWH has been the 'go to' facility for several generations. We need to create a system that ensures women access the appropriate level of care for their, and their baby's needs. Providing different aspects of care provision closer to women's homes will also help women and the wider community understand that CWH is not the place to go for all needs when pregnant and birthing.

What we will do

Having a baby in Canterbury

Objective

Women receive appropriate care in the right place, at the right time.

Short term

- Women who are pregnant of all ethnicities register with an LMC by 13 weeks.
- Review where obstetric clinics are provided other than complex obstetric and MFM clinics.
- Enable more women to receive care closer to home without compromise in that care.
- A separate Maternity Assessment Unit (MAU) developed at Christchurch Women's.
- Create clinical pathways to assist the triage and decision making for clinic referrals and followups.
- Create a quality framework to review inductions of labour and caesarean sections.
- Create a workforce plan for sufficient midwifery, medical and allied health workforce for birth projections.

Medium term

- Develop an alongside maternity unit at CWH for women who are stable but have a medical or obstetric condition which requires birthing at CWH.
- A Birth Afterthoughts clinic for women who have had a previous birth trauma and/or fetal loss.
- Midwife led vaginal birth after Caesarean clinic.
- Review how we provide mild to moderate mental health service provision.
- Work with LMC midwives and women to address concerns about place of birth choices.
- Increase use of technology to reduce the need for women (especially those living rurally) to travel for appointments.
- Develop career development pathways for the maternity system workforce.
- Improve support for breast feeding from birth with a focus in the first 3 months.

Long term

- Change culture so that birthing at a MLU or home is 'normal', leaving CWH for those who are medically complex, have risks for intervention or need this level of care.
- Develop a central city MLU operated by CDHB.

Inefficiencies in the flow of women through CWH was identified by staff as a key area causing difficulty and contributing to demand on services provided in CWH. To improve patient flow we will:

- Develop a hub and spoke model so that women can receive care closer to home without compromise in that care, for example, provide obstetric clinics at the MLUs. This enables greater capacity for high risk obstetrics and fetal medicine at CWH. There is also a need to consider how better these services could use technology to assist women to travel less when they are not Christchurch based.
- Improve how we use spaces within CWH.
- Develop a maternity assessment unit (MAU) which combines with the day Assessment Unit (DAU) so that women do not need to be admitted to Birthing Suite in order to be assessed and all assessments are centralised. This could reduce Birthing Suite admissions by as much as 400 each month.
- Develop an alongside midwifery unit (AMU) for women who are not suitable to birth at a MLU off site, but who are medically and obstetrically stable to birth in this unit on the CWH site. This follows the models used elsewhere in the world for these women so that they are within the secondary/ tertiary facility for access to that level of care should they need it.
- Improve the flow at CWH about how, why, when and where interventions such as inductions of labour and Caesarean sections are done on that site.
- Consider changing the name of Birthing Suite to reflect the acuity of care it is designed for.
- Develop initiatives to reduce women's fear of birthing at MLU or at home.
- Change culture so that birthing at MLU or home is 'normal', leaving CWH for those who have high or complex risk or need extra assistance.
- Increase use of telehealth type technology to reduce the need for women (especially those living rurally) to travel for appointments.
- Identify a suitable central city space to develop a CDHB managed and staffed MLU.

We need to protect our existing workforce and plan for growth in demand in the future. We will do this by:

- Supporting LMCs to work in the community, including increasing LMC confidence and competence to assist women to birth at a MLU or at home.
- Workforce succession planning to ensure we have a training pipeline that allows for sufficient midwifery, medical and allied health workforce for future birth projections across the system and in all birthing areas.

Becoming a Parent in Canterbury

Key concepts of this theme

This theme focusses on the importance of not only the mother but also the wider family/whānau, and the support that they provide particularly in the first few months as they become parents to a new baby. It is widely understood that new parents require support and that it takes a community to raise a child. In our modern society there can be an isolation that occurs for new mothers and their partners, this strategy endeavours to recognise the importance of us all in supporting a new mother and her baby, no matter what number baby it is for her. There are many communities within our health system and this element of the strategy more than others looks to those communities for renewed ways of working with and valuing the role of being a parent in Canterbury. This pillar focusses on:

- The time after having a baby is a key time for the mother to focus on her wellbeing especially in relation to her adaptation to becoming a mother.

- Incorporates fathers and other whanau into the strategy so that their importance in a child's life is valued.
- Provides a focus on wellbeing after birth.
- Ensures that pregnancy and parenting education/ information before and after birth meets the needs of Canterbury communities.
- Provides support and recognises the importance of breastfeeding in the life of an infant and how best we can support women to succeed in breastfeeding.
- Creates frameworks of understanding to reduce sudden unexpected death in infancy (SUDI).
- Creates infrastructures of support to reduce post-natal depression and increase supports for parents and caregivers for women who have PND but also other mental health issues. Maternal mental health services in the community currently have greater demand than the funded service. Align with mental health strategy.

Why it is important

Experiences in an infant's first 1,000 days (conception to approximately 2 years) can impact on many aspects of their wellbeing. Whilst parents/caregivers and wider family/whānau are the main influencers many others often support them and can also contribute to the wellbeing of our tamariki. This support is integral to an infant thriving.

Canterbury's breastfeeding rate is far below the Ministry of Health target of 70% exclusive or fully breastfeeding at 3 months particularly when we look at equity and the populations who are well below this rate. As of June 2018, 61% of Canterbury's three month olds were fully breastfed. However, inequity exists with Māori at 55%, Pacific at 50% and people living in highly deprived areas (deprivation quintile 5) at 41%. There are many maternal and infant benefits of breastfeeding. It boosts babies' immunity, supports optimal growth and psychological development, and has a positive impact on the mother's health, including reducing the risk of some cancers. CDHB recommends exclusive breastfeeding of babies until they are around six months of age, when they become ready for and need solid food.

Numerous key modifiable risk factors influence an infant's susceptibility to SUDI. The wider maternity system has the opportunity to intervene at various stages within the SUDI risk period. Uncoupling smoking during pregnancy as well as after baby is born and sharing sleep surfaces has been identified as being integral to Canterbury reducing its SUDI rate.

What we will do

Becoming a parent in Canterbury

Objective

Family/whānau provide the best possible care for their infant.

Short term

- Fathers and wider family/ whānau are supported to be an important part of a child's infancy, childhood, adolescence and ongoing life.
- Parenting and nurturing children is recognised, valued and supported.
- Parents/caregivers understand the importance of food, exercise and sleep for a child's development.
- PPE programme reviewed to ensure it effectively covers what new parents need to know and is accessible to all within the community.
- Reduced SUDI through supporting work within the SUDI Prevention Plan.
- Women are supported at home and within the community to breastfeed.

Medium term

- Barriers that prevent some women from breastfeeding are reduced.
- Post-pregnancy women are supported to re-focus on their wellbeing.
- Community understanding of the importance of learning and development for infants during the first 1,000 days with community involvement to support the progress of this.

Long term

- Referral programme developed where prevention is key.
- Women have early access to services if there is a decline in their wellbeing, be that mental or physical health.

While the maternity strategy primarily focusses on women and their infant(s); fathers, caregivers and family/whānau are vitally important for nurture, care and support in a developing infant's wellbeing.

- Promote the importance of fathers and other support in a child's infancy, childhood, adolescence and ongoing life.

Over half of first time parents attend pregnancy and parenting education (PPE). To meet the needs of Canterbury's communities there is a need to review the PPE programme to:

- Ensure that PPE covers what new parents need to know.
- Make sure that PPE is effectively delivered for our diverse community and tailored where needed.
- Review whether PPE is offered on days of the week, times of day, and locations across Canterbury that are accessible.
- Ensure PPE reaches parents in rural areas.

SUDI is a leading cause of death in infants up to one year old in New Zealand. Māori and Pasifika infants are at greater risk of SUDI than non-Māori, non-Pasifika due to increased rates of smoking and bed sharing. We plan to implement the Canterbury SUDI Prevention Plan to:

- Develop a programme that ensures every baby has somewhere safe to sleep for every sleep.
- Refer all women who smoke and are pregnant to incentivised smoking cessation services.
- Promote and support mothers to breastfeed.

Canterbury needs to increase its rate of fully or exclusively breastfed babies at three months. We will:

- Build upon existing breastfeeding initiatives.
- Promote and support women to breastfeed, and where possible, reduce barriers for those who struggle.

Post pregnancy is a good time for women to re-focus on their wellbeing. We will support this throughout all pillars within the strategy within the framework of the importance of the First 1,000 days and best Start to Life:

- Review of existing maternal mental health services to identify where improvements can be made to better meet the needs in the community.
- Develop a referral programme where prevention is key and women know where and how to access community focussed support. The aim will be to get services to support women early in being a mother so that both mental and physical health needs can be considered.

Being a Child in Canterbury

Key concepts of this theme
This theme links the Maternity Strategy to the Child, Youth and Family Workstream, as well as the Child and Youth Wellbeing framework which is under development nationally. This linkage between maternity and the child health work recognises the importance of the need to reduce adverse childhood events (ACE) for all children but also to enable equity of life opportunity.

Why it is important
In order for a baby/child to grow well and healthy they need to be loved and nurtured, as well as being in an environment that ensures they are, and feel safe. Love, nurture and safety is provided for a child

primarily through their parents/caregivers and wider family/whānau but as noted in the previous workstream within the strategy the influencers also exist within the wider community and how we treat and regard our tamariki.

Wellbeing for children is also influenced by the factors that effect a woman in the Becoming Pregnant in Canterbury pillar of the strategy; access to these positive factors, for example, healthy housing, education and good nutrition are key for a child who is loved and nurtured to prosper.

ACE[3] have been shown to impact negatively on health and social problems later in life. As the number of ACE experienced by a child increase the risk of health problems later in life also increases. Health problems associated with high ACE scores include (but are not limited to) alcoholism, depression, family violence, smoking, and suicide; all of which can ultimately shorten lifespan. By pulling together the three other themes of the maternity strategy we will work to reduce ACE in children in Canterbury.

Setting up children for the best start to life over their first 1,000 days enables them to thrive when they are young, flourish throughout adolescence and then succeed as an adult who is able to contribute to their community, be happy, healthy and have access to the basic needs for life, essentially returning again to the beginning of the maternity journey.

[3] ACE include emotional, physical, or sexual abuse, emotional or physical neglect, growing up in a household where someone was an alcoholic, a drug user, mentally ill, suicidal, where the mother was treated violently, or where a household member had been imprisoned during the person's childhood.

What we will do

Short term

- Children feel and are loved, nurtured and safe.
- Children receive the care they need in order to be happy, healthy and able to participate in society.
- Children have early exposure to language.
- Children are encouraged to learn and prosper through play.
- The Child, Youth and Family Workstream and the Maternity Strategy are linked.

Medium term

- Family/whānau can access what their child needs (e.g. housing, food, education).
- Communities include and value children so that they feel they contribute and belong.
- Family/whānau identified as at risk, or having experienced ACE are linked with support services.

Long term

- Infant mental health services are readily available to treat infants and children showing signs of, or have, mental health problems.

Objective

Children have access to support and services to meet their needs to have the best start in life.

The Department of the Prime Minister and Cabinet (DPMC) draft Child and Youth Wellbeing Strategy provides a good framework for child wellbeing, from this we will:

- Promote the importance of every child feeling and being loved, nurtured and safe.
- Support family/whanau via navigators to access what their child needs (e.g. housing, food, education).
- Support community growth to include and value children so that they feel they contribute to and belong to communities.
- Ensure all children are receiving the care they need to order to be happy and healthy.
- Promote the importance of learning and development for infants during the first 1,000 days.

ACE contribute to adverse health outcomes later in life and stresses for the child at the time that they occur. We will aim to reduce ACE by:

- Referring family/whānau identified as at risk, or having experienced ACE to support services.
- Developing infant mental health services to treat children who are showing signs of, or have, mental health problems.
- Considering ACE screening of women during pregnancy to provide supports where needed to prevent the potential ongoing cycle of ACE for their unborn child.

The Canterbury Child, Youth and Family Workstream sits within the Canterbury Clinical Network (CCN) and covers the period from conception to 25 years:

- The maternity strategy will connect with objectives being worked upon under the umbrella of the Child, Youth and Family Workstream, this includes but is not limited to, immunisation, healthy weight, sufficient sleep, and reducing preventable hospitalisation.

Work Programme 2018/19

Becoming pregnant in Canterbury

• Initiatives to reduce rates of obesity in Canterbury are implemented	Obesity Guideline being developed and debated by Maternity Guidelines group with input from Public Health and Physicians to determine if pregnancy is where we should be starting with this guideline or could we take it broader across health.
• Women have access to contraception	Low cost contraception announced. P&F developing a process for enabling this for women.
• Pregnant women access immunisations	Antenatal clinic at CWH starts to offer immunisations in pregnancy. Support women to access GP for immunisation.
• Women living in violent relationships are supported	Cross discipline meetings, care plans, community and hospital planning becoming more 'joined up'.
• Sexual health education and screening within Canterbury is understood by the whole population- specifically no babies are born with congenital syphilis	Increasing numbers of women contracting syphilis noted by Sexual health service- working group formed – led by Public health and sexual health. Support HPV vaccination programme in Canterbury.

Having a baby in Canterbury

• Review of where some obstetric clinics are provided	Project commenced in October 2018. Final report due March 2019. Rangiora commenced first remote obstetric / gynae clinic February 2019
• Enable more women to receive care closer to home without compromise in that care	All community birthing units now have CTG machines to enable initial antenatal assessments to take place there for women rather than always having to come to CWH
• Maternity Assessment Unit (MAU) developed so that women can be seen in a more timely way for concerns they need to be seen for at Christchurch Women's	Project commenced scoping this February 2019. Plan to open this June 2019
• Develop an alongside maternity unit at Christchurch Women's for women or their baby, who are not medically or obstetrically suitable to birth at a community MLU but who with may be able to birth normally	Project scoped 2018. This will be recommenced when more pressing workflow issues are resolved and space is identified for this service.
• Support a combined neonatal maternity transitional care unit at CWH. Babies born with higher care needs from 35 weeks gestation who can	Scoped in 2018 and discussion to commence in 2019 about this project.

be managed by their mother on the postnatal ward with support from maternity and nursing/midwifery staff	
• Lactation support services	Role of lactation support both within and across the maternity system being reviewed both through external contract requirements and role of lactation consultants within the services
• Women due December/January	Care provided through an etext system in 2018/19 successfully ensuring women received care with a shortage of midwives at this time

Becoming a parent in Canterbury

Child and Youth Workstream work programme	
• PPE programme reviewed to ensure it effectively covers what new parents need to know and is accessible to all within the community	Late 2018 Te Puawaitanga ki Ōtautahi Trust were funded by CDHB to run free PPE classes. Just under half (48%) of attendees to PPE run by Plunket in the first half of 2018 completed at least 70% of the course.
• Reduced SUDI through supporting work within the SUDI Prevention Plan	Pepi pods supplied to all birthing units. First days pods ordered for all units for mothers to be able to have a safe sleep space if baby in bed with them in any of the units.

Being a Child in Canterbury

• Child and Youth Workstream and Maternity Strategy linked	Work continues with this through overlap of work programmes and respective views being understood.

HAC – 4 APRIL 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Hospital Advisory Committee**

DATE: **18 April 2019**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 4 April 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 4 April 2019 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 4 April 2019

Report prepared by: Anna Craw, Board Secretariat

Report approved by: Jo Kane, Deputy Chair, Hospital Advisory Committee

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch,
on Thursday, 4 April 2019, commencing at 9.00am

PRESENT

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

APOLOGIES

An apology for absence was received and accepted from Trevor Read.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Jacqui Lunday-Johnstone (Executive Director of Allied Health, Scientific & Technical); Melissa Macfarlane (Team Lead, Planning & Performance); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

IN ATTENDANCE

Item 4

Helen Skinner, Chief of Service, Older Persons Health & Rehabilitation (OPH&R)
Sarah Hurring, Clinical Director, Older Persons Health Inpatient
Sally Nicholas, Operations Manager, OPH&R
Diana Gunn, Director of Nursing, OPH&R
Claire Pennington, Director of Allied Health, OPH&R
Jo Lilley, Quality Manager, OPH&R
Pip Hyde, Clinical Nurse Specialist, Older Persons Health

Item 5

Kathy Davenport, Service Manager General Surgery & Christchurch Outpatients

Item 6

Sally Nicholas, Operations Manager, OPH&R
Toni Gutschlag, General Manager, Specialist Mental Health Services
Kirsten Beynon, General Manager, Laboratories
Berni Marra, Manager, Ashburton Health Services
Win McDonald, Transition Programme Manager, Rural Health Services
Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health

Ta Mark Solomon opened the meeting with a karakia.

The Chair, Andrew Dickerson, acknowledged the horrific events of 15 March 2019. He advised that the Board, at its meeting on 21 March 2019, had acknowledged the outstanding response by our health system. Mr Dickerson further expressed his thanks to everyone involved.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

- Ta Mark Solomon – addition – Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu – Board Member
- Jo Kane – addition – Christchurch Resettlement Services

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

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (04/19)
(Moved: Sally Buck/Seconded: Jan Edwards – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 31 January 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted the carried forward items.

4. BURWOOD CAMPUS (PRESENTATION)

Sally Nicholas, Operations Manager, Older Persons Health and Rehabilitation (*OPH&R*), introduced staff from Burwood Hospital who presented on OPH&R. Those in attendance and presenting were: Helen Skinner, Chief of Service, OPH&R; Sarah Hurring, Clinical Director, Older Persons Health Inpatient; Diana Gunn, Director of Nursing, OPH&R; Claire Pennington, Director of Allied Health, OPH&R; Jo Lilley, Quality Manager, OPH&R; and Pip Hyde, Clinical Nurse Specialist, Older Persons Health.

The presentation highlighted:

- The clinical nurse specialist liaison role within OPH&R
- Surgical Medicine – Older People Under Surgery (*OPUS*)
- Orthopaedic Medicine
- Fractured Neck of Femur (*NOF*) Pathway
- Quality Improvement
- Ongoing Plans
- Recent Presentations

It was noted that there is a lot of work being undertaken in the quality improvement space. Discussion took place around Serious Event Review (*SER*) processes.

The Chair thanked those in attendance for the informative presentation.

5. AVOIDABLE ADMISSIONS IN GENERAL SURGERY (PRESENTATION)

Kathy Davenport, Service Manager General Surgery & Christchurch Outpatients, presented on a new project which is in its infancy looking at reducing avoidable admissions in general surgery. The presentation outlined:

- Issues to be addressed and solved with regards to patient flow
- Project team meetings and discussions held to date
- Data analysis
- Decision by project group to focus initially on abscesses for maximum impact on patient flow
- Timelines going forward.

Discussion took place around General Surgery being a high performing department. Success of this initiative will further increase its already high performance rate.

Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health, noted that work being undertaken by General Surgery is proving inspirational to other services.

The Committee congratulated Ms Davenport on the new initiative.

6. H&SS MONITORING REPORT

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

General Managers spoke to their areas as follows:

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

- SMHS is progressing in the right direction from a safety, wellbeing, and acute capacity crisis perspective.
- Have had 3rd visit from Worksafe. No issues or concerns have been raised. Worksafe have indicated they would like to schedule a 4th visit, potentially the last.
- SMHS has seen an increase in calls as a result of the mosque attacks on 15 March 2019.
- Intellectual Disability Service (*IDS*) – continues to be challenging. Facilities expansion is on track. Management of one individual continues to be a struggle. Currently five staff are off work on ACC as a result of workplace assaults.

  As a result of a letter of concern from senior clinicians last year, the MoH established working groups to look at the IDS service model and other issues. CDHB has been working closely with the MoH on a weekly basis regarding safety and sustainability issues, and a favourable response was anticipated in respect to additional funding. However, notification was received last week that this would not be the case, with the expectation that services continue to be provided within current funding.

  There is a $1M+ shortfall of funding for this service.

There was a query around the plan for ongoing wellbeing as a result of the mosque attacks. It was noted that a draft plan is due for completion later today. This piece of work is being led by CDHB, with other parties including Police, Ministry of Education, Christchurch City Council, Oranga Tamariki, St Johns, Ngai Tahu, and Ministry of Social Development. The draft plan will form the basis of a national plan. The importance of a joined up communications programme was stressed, to ensure that a cohesive Christchurch/Canterbury story is told. A copy of the draft plan will be circulated to Committee members when available.

There was discussion around money raised as a result of the mosque attacks and how this would be spent. It was noted that the Department of Internal Affairs is taking the lead on this.

There was a query around child mental health services following the mosque attacks. It was advised that additional work is already underway in this area. This is being led by Mana Ake.

Older Persons, Orthopaedics & Rehabilitation Service – Sally Nicholas, Operations Manager

- Took the report as read. Nothing further to add.

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

- Elizabeth Street Day Centre opened on Monday.
- Work continues on the Frail Older Persons Pathway.
- Work being undertaken in the acute care space.

Rural Health Services – Win McDonald, Transition Programme Manager

- Weekly / fortnightly meetings are occurring with General Practices.
- Increased acuity in comorbidities presenting in end of life patients. Not unexpected, but requiring flexing to meet demand.
- First workshop has been held in relation to the Oxford, Hurunui, Rangiora Observation Unit and what this may look like. Work is ongoing.

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

- Yesterday, site power blackout testing was undertaken on the Parkside Building, Riverside & Clinical Services Building, Oncology, and Food Services. This was part of a regular six monthly blackout screening programme. Initially, testing in Parkside West was unsuccessful, taking a couple of hours before a work around solution could be achieved. This directly impacted on theatre use, with the loss of surgical/theatre time during this period. It is expected to be a couple of months before permanent repairs can be made. This poses a heightened risk to the DHB. Weekly black out testing is being considered for Parkside West until the permanent solution is achieved. This incident further highlights the increasing fragility of the infrastructure environment.
- Easter / ANZAC period. Acute demand is expected to be large. Work is underway with primary health colleagues to ensure a joined up response.
- Notice of RMO strike action before Easter has been received. Whilst this excludes Canterbury RMOs, strike action will still impact Canterbury.

ESPIs

The Committee noted that in light of recent events, ESPIs have not been at the forefront. It was acknowledged that CDHB will have an ESPI issue for some time into the future.

Resolution (05/19)

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

"That the Committee:

i. notes the Hospital Advisory Committee Activity Report."

7. CLINICAL ADVISOR UPDATE – NURSING (ORAL)

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

- Nursing MECA settlement – meeting requirements for additional positions to be filled. Achieved by the end of February 2019.
- Increase in time taken to recruit for replacements positions – a particular issue for the Burwood Spinal Unit. Also evident within SMHS.
- Competency Assessment Program (*CAP*).
- Second registered nurse prescriber now in place in Paediatrics.
- Brenda Close, new Director of Nursing (*DON*) for Ashburton Health Services. Brings a wealth of experience in rural health, hospital facilities and access for indigenous people.
- Patient track developments.

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (06/19)
(Moved: Dr Rochelle Phipps/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 31 January 2019.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(If required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

INFORMATION ITEMS

- 2019 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.24am.

Approved and adopted as a true and correct record:

_____ _____

Andrew Dickerson
Chairperson

Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **18 April 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 21 March 2019	For the reasons set out in the previous Board agenda.	
2.	Christchurch Hospital Energy Centre	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Stafff Carpark – Two Storey Extension	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	NZHIH Response Following Sapere Review	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
6.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

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

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