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, 20 June 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 16 May 2019		
3.	Carried Forward / Action List Items		
4.	Christchurch Hospital Mosque Video		
5.	Chair's Update - Oral	Dr John Wood	9.05-9.10am
6.	Chief Executive's Update	David Meates	9.10-9.40am
7.	Finance Report	Justine White	9.40-9.50am
8.	Rangiora IFHC Invitation	Carolyn Gullery	9.50-10.00am
9.	Petition Requesting After-Hours at the Rangiora Health Hub	Carolyn Gullery	10.00-10.05am
10.	Approval of Trust / Donated Funds Expenditure	Justine White	10.05-10.10am
11.	Approval of Trust Funds Expenditure	Justine White	10.10-10.15am
12.	Write-Off Report	Justine White	10.15-10.20am
13.	Delegations for Annual Accounts	Justine White	10.20-10.25am
14.	Advice to Board: HAC – 30 May 2019 - Draft Minutes	Andrew Dickerson	10.25-10.30am
15.	Resolution to Exclude the Public		10.30am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.30am**
MORNING TEA			**10.30-10.45am**

NEXT MEETING: Thursday, 18 July 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** – Chair 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. **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 10 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. **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.
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. **Earthquake Commission** Niece is a Policy Advisor on the public inquiry into the Earthquake Commission. **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 16 May 2019 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Dr Anna Crighton.
An apology for lateness was received and accepted from Andrew Dickerson (9.50am).

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); Sue Nightingale (Chief Medical Officer); Stella Ward (Chief Digital Officer); Karalyn van Deursen (Executive Director, Communications); Justine White (Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

EXECUTIVE APOLOGIES

Jacqui Lunday-Johnstone (Executive Director of Allied Health, Scientific & Technical).

Hector Matthews opened the meeting with Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
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 (22/19)
(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 18 April 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

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

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

5. CHAIR'S UPDATE

Dr John Wood, Chair, advised the Board as follows:

- HRH Prince William's visit to the Christchurch Campus was a very positive thing for him to do six weeks post the event and he spent a lot of time with patients and staff.
- Yesterday afternoon a major celebration was held at the Design Lab for the roll-out of Mana Ake to Christchurch Schools.
- There was a National Chairs and Chief Executive's meeting in Wellington last week which included meetings with the Minister of Health both formally and informally.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read. He spoke regarding the following:

- The positive response to the Royal visit.
- The video clip sent to Board members re the Terror attack.
- A reminder that during this period we were also dealing with a measles outbreak. It was noted that no new cases have been reported. Mr Meates advised that just over 20,000 measles vaccinations have been delivered in Canterbury since the outbreak.
- Te Ao Marama, a new service which has now been open for around two months and is managing mental health demand across the community.
- Faster Cancer Treatment targets.
- The Clot Retrieval Service which has been in operation in Christchurch for just over three years has dramatically changed the outlook for stroke patients with large clots. Without clot retrieval, there is an 80-90% risk of death or disability. With clot retrieval treatment around 50% of treated patients are independent at three months. The West Coast community has also benefited from this service.
- The last remaining service affected by the flood in the Outpatients Building will re-commence service from this building on Monday. It was noted that many thousands of appointments had to be rescheduled due to this flooding.
- The latest version of WellNow will be printed tomorrow.
- Demolition will commence on Monday at the old Diabetes Building. The Home Dialysis Training Centre was the last service to leave this building and has moved into refurbished rooms at 16 St Asaph Street. The Chair attended the blessing for the new premises earlier in the month.
- The Akaroa Health Centre facility is on target for a handover in July. A blessing is scheduled for June with a formal opening later in the year.
- Stage 3 of the Rangiora Health Hub is due for completion around August/September 2019.

Discussion took place regarding influenza and staff vaccination rates, which to date are just over 6.000. The team is working hard to improve on this. It was noted that staff who are vaccinated in Primary Care are not captured in this.

A query was made regarding counselling being undertaken at the Charity Hospital and how this fits into our mental health services.

DRAFT

Mr Meates advised the Board that he Chair's a local agency group in terms of a coordinated response to the terror attack and the work the Charity Hospital is doing is part of a much broader response. He added that he had sent to Board members earlier this week the work programme around this and that there is also a website which will go live tomorrow.

Andrew Dickerson joined the meeting at 9.50am.

Resolution (23/19)
(Moved: Aaron Keown/seconded: Chris Mene – carried)

"That the Board:

i. notes the Chief Executive's Update."

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report stated that the consolidated Canterbury DHB financial result for the month of March 2019 was a net operating expense of $14.428M, which was $2.054M unfavourable against the draft annual plan net operating expense of $12.374M. The year to date result was $4.775M unfavourable to budget.

It was noted that the main pressures are around: people costs; measles; terror attack; strikes; and issues around pharmaceuticals. Outpatients flood costs are not included, some of which may be covered by insurance. Further flow on costs associated with the terror attack are expected.

The Chief Executive advised that ongoing dialogue was taking place with the Ministry around costs for the terror attack.

Discussion took place regarding the many disasters that had occurred in Canterbury since 2010 and the effect these have had on staff sick leave, demonstrating a system under extreme stress. These disasters include:

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

In addition to the above events, there was also the impact of the extensive damage caused by the steam pipe rupture and subsequent flooding of the new Outpatients facility.

Resolution (24/19)
(Moved: Aaron Keown/seconded: Jo Kane – carried)

"That the Board:

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

8. ADVICE TO BOARD

David Morrell & Tracey Chambers provided the Board with an update from the Community & Public health and Disability Support Advisory Committee meeting held on 9 May 2019.

Resolution (25/19)
(Moved: David Morrell/seconded: Tracey Chambers – carried)

"That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 9 May 2019."

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (26/19)
(Moved: John Wood/Seconded: Ta Mark Solomon – carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and the information items contained in the report;
ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 18 April 2019	For the reasons set out in the previous Board agenda.	
2.	Burwood Mini Health Precinct	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Electronic Ordering of Laboratory Tests	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Benefits & Opportunities Programme	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
6.	2019/20 Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

DRAFT

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

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

The Public meeting concluded at 10.15am

_____ _____

Dr John Wood, Chairman Date of approval

DRAFT

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 20 JUNE 2019

DATE	ISSUE	REFERRED TO	STATUS
21 Mar 2019	Options around a Maori Health Plan	Hector Matthews / Carolyn Gullery	Report to CPH&DSAC 4 July 19 / Board 18 July 19

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 o Waitaha

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

SOURCE: **Chief Executive**

DATE: **20 June 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

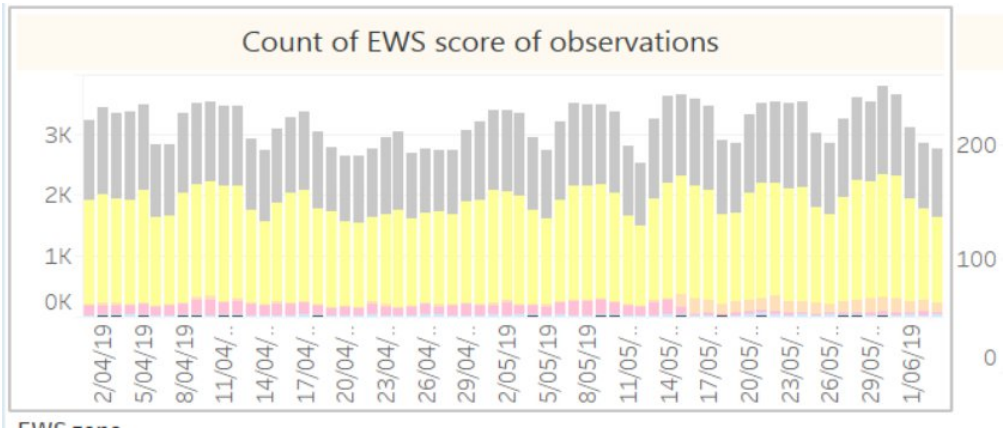
PUTTING THE PATIENT FIRST – PATIENT SAFETY

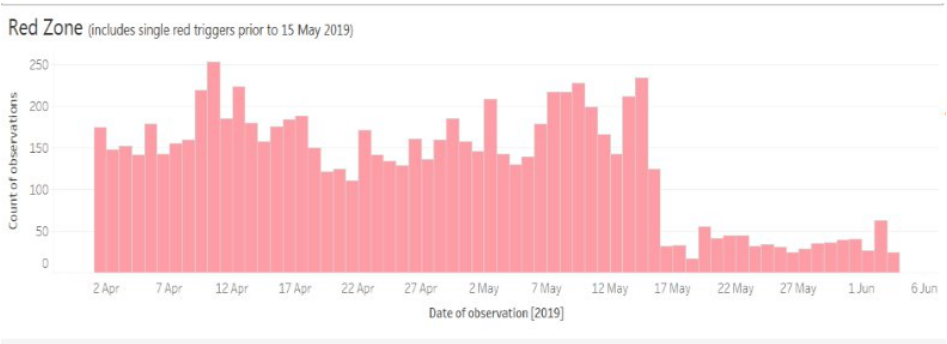
Quality & Patient Safety

- **Smooth transition to updated NZEWS pathway:** Following review and consultation that the single red parameter trigger increases workload in the red zone for registrars rather than House Surgeons, and the potential of reducing sensitivity through alarm fatigue leading to clinicians not assessing patients who are at risk, agreement was received from senior clinical leaders and the Health Quality and Safety Commission for all single red parameters to now be responded to in the orange zone pathway.

YELLOW ZONE – EWS 1-5	ORANGE ZONE – EWS 6-7 Or any single RED parameter	RED ZONE – EWS 8-9	BLUE ZONE – EWS 10+ Or any single BLUE parameter

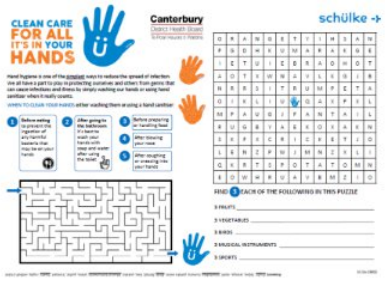
- New graphs have been developed to detect any increase in the aggregate red zone scores (9% mortality risk), the risk being an increase in unnecessary delay in treatment with increasing patient decompensation related to single red trigger. Associated documentation and resources have been updated.





- **Patient Experience:** Each fortnight both in and outpatients are invited to provide feedback via a patient experience survey. Understanding how people experience healthcare gives us valuable insight into where we can do better.
- **Hand Hygiene Month of May Campaign 2019:** Effective hand hygiene is the single most important strategy in preventing healthcare associated infections (HAIs) at 5 critical moments in the care process:
  - before touching a patient
  - before a procedure
  - after a procedure or body substance exposure risk
  - after touching a patient
  - after touching a patient's surroundings
- As part of the campaign and to promote these '5 moments' of hand hygiene, T-shirts were designed and supported by with each individual moment being displayed on a different coloured t-shirt.

- Patients received a meal tray liner with empowering them to ask staff and inviting them to get involved with some Hand Hygiene knowledge quizzes.



- A **Gold Auditors Community of Practice Forum** was launched by the Hand hygiene Governance Group. This is a closed forum which provides a network (Community of Practice) for Gold Auditors to collaborate and engage with colleagues as well as content experts, such as the Infection Prevention & Control Gold Auditor Trainers. It also supports collegial communications regarding hand hygiene audit data collection and sharing by participants of ideas, experiences and best practice learning resources as well as quality improvement activities.
- **Pressure Injury Prevention Link Nurse Programme:** This ACC funded Pressure Injury Prevention Community of Practice project (PIPCoP) has now been running five months. The multi professional online Community of Practice forum is well used across the two District. Forty one West Coast and Canterbury nurses enrolled across the health system from Aged Residential Care, Hospital and community **services**). The process for improvement methodology is being taught at the monthly project briefing meetings with staff empowered to act as change leaders challenging and changing pressure injury practice through innovation and improvement in their local services.

Christchurch Campus

- **Canterbury District Health Board Clinical Pharmacology supporting good medicine use nationally:** Providing good information to people about how to take their medicines helps to ensure that they gain the most benefit from medicines prescribed for them. It also helps people to identify side effects and when to take action. Effective use of medicines by patients supports them to stay well in the community, supporting them to avoid unnecessary time in hospital. The Canterbury District Health Board MyMedicines team produces patient information about medicines within Canterbury and now throughout New Zealand. It is now established as the national source of patient information about medicines that is distributed for free throughout New Zealand via the New Zealand Formulary.
  - There were a total of 1,115,541 views of the information sheets from 22/12/2017 to 21/12/2018, compared to 381,790 views for the same time period the previous year.
  - Thirty-three new sheets were requested and added to the database.
  - Database integration into the New Zealand Formulary is almost complete with 98% of the original database now integrated.
  - Methods of displaying side-effect frequencies in the sheets have been tested with consumers and integrating this information into the database will be a focus of 2019.
  - A pilot of translating information into Te Reo Maori was completed for 10 sheets relevant to Maori health issues. This initiative has been endorsed by Health Quality and

Safety Commission which has provided additional seed funding. Funding is now being sought for sustainable resourcing of Te Reo medicines information.

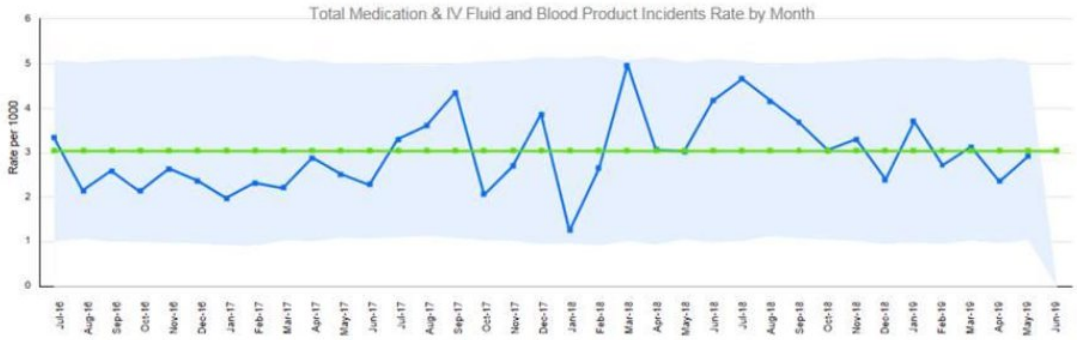
- Nationwide consumer testing project has continued with feedback surveys being conducted quarterly to ensure the information meets consumers' needs.

- **Immunology input into Canterbury's beekeeper's day out:** The Immunology Service at Christchurch Hospital provides an outpatient based service that regularly receives referrals of people who have had anaphylaxis for assessment, we provide this service for the South Island. Staff members from the Immunology Department recently gave a lecture about honey bee venom allergy and treatment to the local beekeeping. The talk touched on anaphylaxis diagnosis and treatment, bee sting reactions, the role of laboratory testing and our experience with bee venom desensitisation. Providing this education is just one part of improving public knowledge about such issues, with the aim that this will support people to take actions that will enable them to remain healthy and avoid the need for hospital care.

Older Persons Health & Rehabilitation (OPH&R)

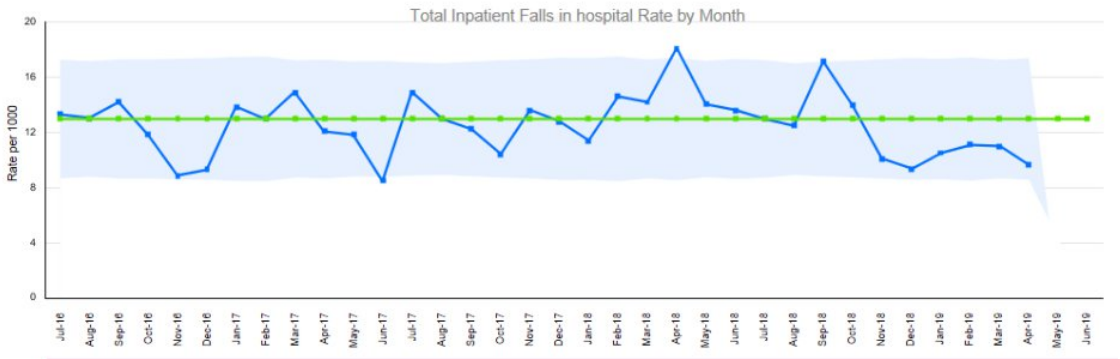
- **Medication Error:** The Department of Nursing are running a Medication Safety education month for July 2019. OPH&R Serious Event Review Group are trialling a new process for learning behind medication errors of wrong drug, wrong dose and wrong patient. This is in response to Health and Disability Commission medication error report released in 2018 that was followed up in February 2019 by Health and Disability Commission Commissioner asking organisations to no longer tolerate or normalise preventable medication errors. These three events are not required to be reported to the Health Quality Safety Commission unless they are scored SAC 1 or 2. OPH&R based on the Commissioners' report are committed to classing wrong drug, wrong dose and wrong patient as OPH&R never events that should always be reported, led by the OPH&R Serious Event Review Group and sponsored by OPH&R Clinical Governance Group. Learnings will be put into action plans, monitored by the Quality team and OPH&R Serious Event Review Group and progress will be reported back to OPH&R Clinical Governance

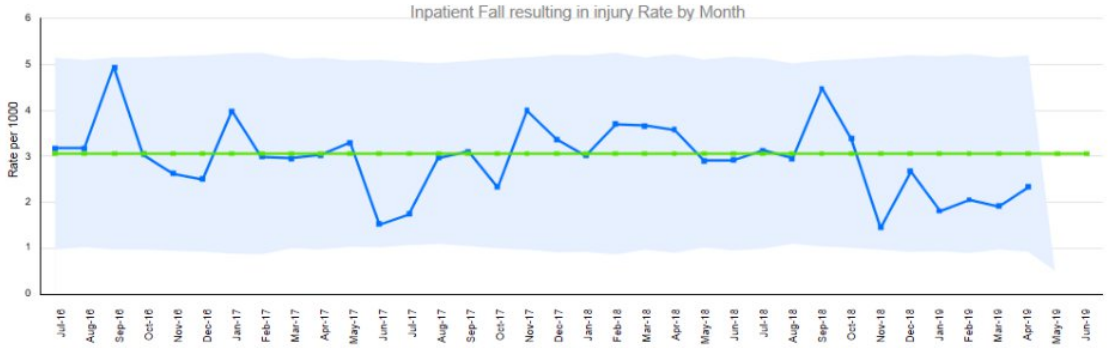
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	2017/18	2016/17
Total Medication & IV Fluid and Blood Product Incidents															
Numerator	31	31	26	21	22	15	24	17	21	15	20		243	262	194
Denominator	6,653	7,462	7,068	6,870	6,652	6,256	6,476	6,247	6,716	6,349	6,801		73,550	80,128	79,068
Rate per 1000	4.66	4.15	3.68	3.06	3.31	2.40	3.71	2.72	3.13	2.36	2.94		3.30	3.27	2.45



- **Pressure Injury:** Based on a successful pilot on an Older Persons Health ward and Spinal ward, Purpose-T risk assessment tool will be rolled out next month across Burwood Hospital, with ongoing education on skin, wounds, continence and positioning. This risk assessment tool will replace the Braden Scale assessment tool.

- **Falls:** 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, such as the use of night lights in the patient bedrooms and ensuites. As well as how we work as a team on admission. New Admissions are (where possible), cohort in close proximity to the pod where the nurses will be stationed at night. Focus closer attention for the first few days. We ensure new arrivals go into a room which has sensors in use. We continue conversations about falls prevention in various clinical settings across the hospital. This includes conversations between, and within teams that include medical, nursing and allied health.





- Intentional Rounding education has been completed in all wards. All wards are now embedding this into their practice on all shifts and a focus currently surrounds continence. This is one of the causes for falls to occur when mobilising for toileting. To reduce this we are highlighting that intentional rounding includes toileting and holds an importance in the reduction of falls.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Tertiary Survey Form Developed for Trauma Patients:** Major trauma victims are evaluated by a team of clinicians to rapidly identify life and limb threatening injuries. Primary survey, carried out by a registrar to identify life threatening injuries, and secondary survey, an initial head to toe examination completed prior to admission, are carried out in the emergency department. Even when this practice is reliably performed distracting injuries contribute to between 7% and 13% of significant injuries being missed during the initial evaluation. These can cause significant ongoing morbidity. Trauma tertiary survey is advocated to reduce the rate of missed injuries in hospitalised trauma patients. It has been shown to reduce the rate of injury missed during hospitalisation to as low as 1 in 40. The Intensive Care Society and Trauma Quality Improvement Programs have therefore included the provision of tertiary survey as a quality standard. The tertiary survey is to be completed within 24 hours of admission by the primary admitting team. A comprehensive general physical re-examination and review of all investigations, including imaging and blood results. It provides guidance to the multidisciplinary team about tasks required to enable the patient's recovery. The development of a Tertiary Survey Form for trauma patients was developed for Christchurch by the Trauma Service and a successful trial was conducted in the intensive care unit. Using this form has identified a number of missed injuries, enabling us to provide earlier interventions and improve the care provided to these patients.

- **Clinical Nurse Specialist support for children with allergy and eczema:** Eczema is a condition that affects around 20% of children, most of whom are able to be effectively managed in the community under the care of their General Practitioner. However some do require specialist care and some children with the most severe combinations of allergy and eczema require an extended period of wraparound care in order to ensure that the social and medical aspects of care are adequately assessed and managed. Children living in more deprived households tend to suffer from the most severe eczema and costs and ability to travel for treatment act as barriers to obtaining the required care. A small proportion of these children have previously been admitted to hospital for intensive treatment when care provided as outpatients or in the community has failed. Until July 2017 children and their whānau were provided care for this condition by specialist paediatricians as outpatients. Due to challenges faced by whānau a high "did not attend rate" was experienced by these children.

In order to address this a Clinical Nurse Specialist role has been put in place to care for children with moderate to severe eczema. She visits these children in their homes and other community venues. Over the past 18 months 190 children have been provided care by this nurse. Some patients only need to be seen once or twice and provided with information and evidence based education so that whānau can put in place a well-informed management plan that can be used at home and school. Some patients with especially challenging conditions have remained on the books for over a year to enable management to be optimised. The Nurse has now completed her prescribing training so will be able to prescribe a set range of drugs while still with the patient, rather than having arrange for a medical practitioner to carry out this task. This service has resulted in some heart-warming feedback from whānau as their children are able to attend school more regularly, wear normal clothes and sleep at night. This enables children to receive an education and parents to go to work. Another aspect of the role involves development of material for HealthInfo and Community and Hospital HealthPathways and involvement in Plunket, public health, practice nurse and General practitioner education. This is enabling a consistent, well informed approach to the management of eczema throughout the health system, enabling the expertise gained by this nurse to be leveraged throughout the system.

- **Development of Clinical Decision Support within MedChart:** Canterbury DHB Board has largely transitioned from paper based to electronic systems for medicines use for inpatients within its hospitals. The Clinical Pharmacology Department has been heavily involved in MedChart configuration, clinical decision support, development and implementation. Electronic systems offer many advantages over paper based systems, including that clinical decision support functions can be built into the system to help avoid patient harm. Clinical decision support functions can be categorised as rules that create alerts to guide clinical staff and pre-configured prescriptions to facilitate accurate and speedy prescribing. Most of the clinical decision functions in MedChart are locally developed to support clinicians in Canterbury's hospitals. These are constructed to preventing patient harm and minimising alert fatigue. This means that most alerts and functions are configured such that they are useful most of the time to most clinicians. MedChart data can be used to inform analysis, reporting and development of clinical decision support functions. International analysis shows that if appropriately focussed the resource required for this work can more than pay for itself. The Clinical Pharmacology Department is hopeful that in the future it will again have the resource to focus on use of this data and ongoing development of clinical decision support functions.

- **Reallocating nursing tasks to timely achievement and patient flow:** A new role, the After Hours Clinical Nurse Coordinator, has been introduced, which has enabled several improvements in the way the hospital works outside of normal hours. A couple of these are highlighted here. The Duty Nurse Manager is another role that is very challenging in the after-hours period as they work to ensure that best use is made of the nursing staff available to care for the patients in Christchurch hospital. The new After Hours Nurse Coordinator role contributes by addressing complaints, assessing the need for Hospital Aide Special duties, delivery of medicines and provision of support in an emergency. This releases Duty Nurse Managers to focus solely on patient flow processes and allocating available staff to the right places in the hospital. The new role has also released another very busy role from tasks that do not require their expertise. Until recently Clinical Team Coordinators roles included retrieving supplies from the emergency drug cupboard outside of normal working ours. This added multiple interruptions to an already busy role and diverted Clinical Team Coordinator away from the sickest patients that require their input. This task has been shifted to the Afterhours Nurse Coordinators and timeframes associated with the task have been defined. This has released Clinical Team Coordinators to focus on the patients that most require their care, ensuring timely intervention and improving their recovery.

REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

- **Faster Cancer Treatment Targets: 62 Day Target:** For the three months of February, March and April 2019, Canterbury District Health Board submitted submitted 134 records to the Ministry. Of the 20 who missed the 62 days target 16 did so through patient choice or clinical reasons and are therefore excluded by the Ministry of Health in compliance calculations. This leaves 118 patients eligible for inclusion in the target calculations. With 4 of the 118 patients missing the 62 days target through capacity issues our compliance rate was over 97% so once again the Canterbury District Health Board met the 90% target.

- **31 Day Performance Measure.** Canterbury District Health Board submitted 298 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 279 of the 298 (93.6%) eligible patients receiving their first treatment within 31 days from a decision to treat the Canterbury District Health Board continues to meet the 85% target.

- **Cervical Brachytherapy treatment pathway streamlined:** Cervical brachytherapy is a radiation therapy technique used to treat some cervical cancers in addition to external beam radiation therapy and chemotherapy. It involves insertion of radiation sources via the vagina to treat the cancer. The geometry and timing of the treatment is critical for effective treatment and minimising side effects. Cervical brachytherapy is delivered over two-two day admissions separated by about a week. The brachytherapy treatment day is extremely complex requiring a theatre visit typically with ultrasound scanning, a magnetic resonance imaging scan, a computed tomography scan, followed by extensive computerised planning and safety checks, and then finally the treatment delivery. The medical physics team has recently completed a detailed study of the magnetic resonance imaging and computed tomography studies and the contribution each makes to the treatment accuracy. They found that with good protocols and imaging technique the computed tomography scan could be eliminated without affecting accuracy, removing the considerable time required to exactly match the images before the treatment could be planned. Removing this step from the pathway speeds up the planning process and reduces the length of the treatment day for patients and staff. Two-two day admissions are still required but considerable waiting has been removed and difficulty of the treatment day reduced with associated safety benefits. This effects approximately 10 patients per annum. The study results have already been shared nationally and the resulting treatment changes should be shared more widely later in the year.

- **Radiation Oncology Service: Changes in Clinical Practice that are Right for the Patient and the System**
  - ***Low risk and intermediate risk prostate cancer:*** In 2018, the number of daily visits for radiation treatment for each patient decreased from 39 to 20. This was based on a number of randomised controlled trials that showed that the regimens were equivalent in terms of disease outcomes at five years. This reduced the time spent by each patient in the treatment room by 4 hours and 45minutes and meant that they saved 19 additional trips into the hospital. This 19 day difference is especially significant to patients required to live away from home and family to receive their treatment. This also released 304 hours of radiation treatment capacity to be used for other patients.
  - ***High risk prostate cancer:*** With current access to theatre, 18-24 patients per year benefit from brachytherapy (internal radiation treatment), followed by 15 treatments of

external beam radiation. The advantage for patients is that each patient is able to avoid the requirement for a further 23 radiation visits. From a system perspective, 138 hours of additional treatment capacity are released, and use of a radioactive source with a three month life is maximised.

- ***Advanced Breast Cancer:*** Utilising new technology, the service, developed a technique for advanced breast cancer that halved the time a patient was on the bed for radiation treatment. The patient received the same dose of radiation but it was delivered in 12.5 hours less time over the 25 treatment sessions. This benefited over 25 patients and released 275 hours capacity per year. An additional gain for the system was that the amount of manual handling and exposure to toxic materials for the staff was reduced.

- These gains in capacity have enabled us to invest time in new techniques such as stereotactic radiotherapy which enables the provision of high radiation doses across less treatment appointments. Stereotactic treatments take longer to deliver due to the complexity but instead of the patient coming in for 25 treatments they only come in for three or four. We have been utilising this in radical lung for several years now and have made several improvements in our delivery to reduce the time from a 60 minute procedure to 30 minutes which has meant more patients are able to tolerate having the treatment. Initially a cohort of 10 patients was treated using this method in the first year and we are now treating 25 per year with this technique with the intention to enable cure.

- Over the coming twelve months we aim to establish clinical guidelines for palliative sites that previously we were unable to offer treatment to, due to severe side effects which are now avoidable due to improved targeting of the tumour.

- **Electronic referral system benefitting patients needing dermatology care:** Referrals are being much more quickly assessed and more patients who need specialist care are being seen since the Canterbury/West Coast Dermatology Department began electronic triage in mid-2018. This has proved to be an easy change, bringing greater efficiency and an ability to ensure the right patient is getting the right care at the right time. E-triage has proven to be much more resource-efficient both for the Dermatology Department and primary care because it is now easier to deliver advice to referrers, and clinicians can see more patients who have a greater need for an in-clinic review. The Consultant Dermatologist reports enjoying being able to rapidly assess urgent referrals for rashes and skin lesions and provide timely practical feedback and support to General Practitioners. Turn-around times for providing diagnostic help or management advice to general practice teams and their patients have significantly reduced, compared to paper referrals requiring dictation, typing, letter review, and then posting to the general practice.

- The West Coast DHB Booking Co-ordinator notes that it makes the process much quicker that if the referrals come through by paper and the communication to the GPs is a lot clearer and goes to them directly. Along with these advantages, e-triage has diminished the burden of paperwork, saved costs, and reduced the risk of mislaying documents. It also allows for improved communication about referrals between the clinicians within the service, such as between doctor and nurse-led services. It supports the service in ensuring that the patient is directed to the appropriately skilled health professional within the department. Digitising the process has ensured that the appropriate people can more readily see where referrals are at and what outcomes are.

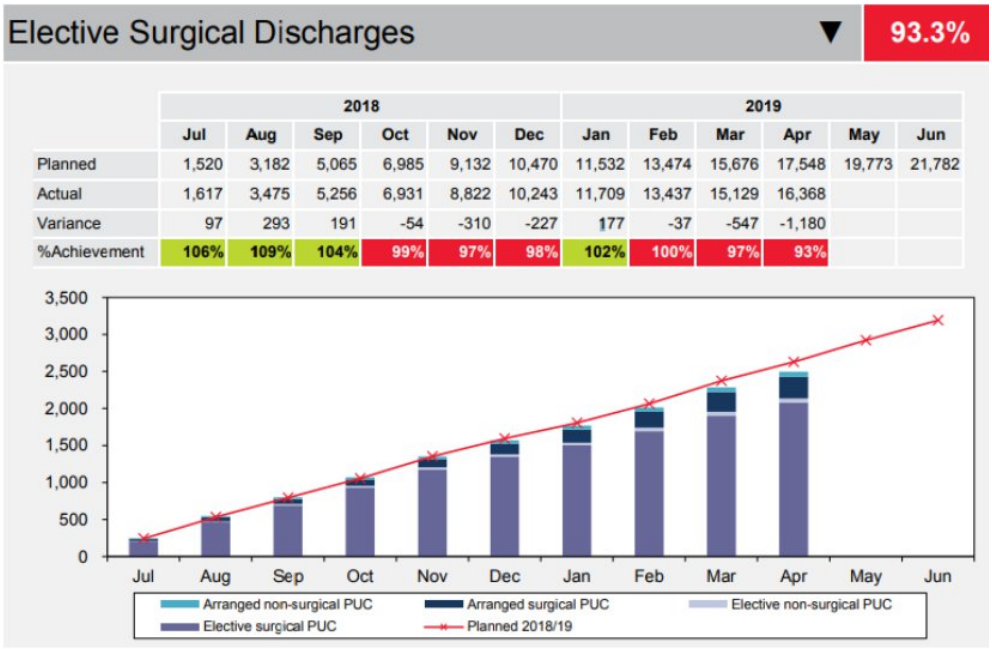
- **Telehealth in Dermatology:** Patients located remotely can now be assessed sooner and with less disruption, since the Dermatology Department's take up of Telehealth for patient consultations. It is also more convenient for patients than travelling to Christchurch. New patients can be seen in a tele clinic, without needing to travel to Christchurch. This is also a substantial cost-saving, as it removes the need for patient travel and accommodation.

- **Gynaecology Outpatient Clinic Changes:** On 28 May 2018 changes were made to the way Gynaecology Outpatient Clinics are scheduled which meant that SMO and Registrar patient lists were combined. Prior to this separate lists were created for Senior Medical Officer and Registrar clinics. This fixed the patients to be seen by each clinician and was not sensitive to which patients were best seen by who on the day and often made for imbalanced load on different staff meaning that some patients waited longer than desirable on the day. The change put in place was designed to improve clinic flow, be women centred and provide improved opportunities for learning and engagement. It has not changed the total number of patients seen each day. These changes have been evaluated six months following implementation, the following has been noted by staff:
  - Clinics seem to finish on time or even early
  - It provides a better learning environment for resident medical officers and students. Patients come earlier and are able to be seen by a trainee intern or senior house officer first. In the old way of working this would have required the Senior Medical Officer to wait for patients to be ready to be seen, creating a rush towards the end of the clinic.
  - Patients seem to be waiting less and there has been a reduction in the number of complaints about waiting times.
  - Patients can now be allocated at the start of clinic to ensure they are seeing the most appropriate clinician.
  - Some of the follow ups that were previously seen in Senior Medical Officer clinics are most appropriately seen by a Registrar. This frees up capacity for Senior Medical Officers to care for patients that most require their services.
  - A screen has been installed in the workroom allowing the team to see in 'real time' when patients have arrived, any late cancellations and patients who have not attended.
- **New Home Dialysis Training Centre:** The Home Dialysis Training Centre houses home haemodialysis and peritoneal dialysis training along with pre-dialysis education and dialysis services administration. Its work is key to supporting patients to independently perform dialysis in their own homes, enabling them to work their dialysis into their own routine, and around their work hours, and lifestyle. This service has spent the past 12 years located on the third floor of the Diabetes building, which is scheduled for demolition later this month, and was the last to leave the building, having moved to its new location on Friday 3rd May.
- The requirement for home dialysis services continues to grow, with 140 patients currently in Canterbury, West Coast and South Canterbury districts, and careful design has made the best use of the space available, ensuring that the centre has the capacity to provide its services for many years to come. The service was involved in the design of the new centre, spending many hours in the Design Lab mocking up rooms to make sure that the service fitted into the area in a workable way and would accommodate all the necessary equipment. The centre is close to the hospital which is important as the staff work with both community and hospital based patients. It has some dedicated off street parking and is entirely located on the ground floor, which is important as many patients experience mobility challenges.
- The new centre provides a vast improvement on the old one and will ensure the service can be effectively provided now and into the future. It has more treatment rooms than the old one, an increase of four to 11 for haemodialysis and two peritoneal dialysis training rooms with the ability to flex this activity into the haemodialysis rooms depending on need. The staff station has also increased in size, enabling the team to work and learn together more effectively. The Christchurch Kidney Society has offered to supply some artwork for the patient rooms and we look forward to making the unit inviting and welcoming to our patients.
- **Orthoptist botox clinics:** Some patients with blepharospam, a form of twitching of the muscles around the eye, can be so seriously affected that they are unable to open their eyes

and therefore are effectively unable to see. This condition is managed with injections of botulinum toxin every two to four months to treat the spasm. Around 30 patients receive this treatment at the Christchurch Hospital Eye department, with a half day clinic scheduled once every four weeks specifically for this purpose. Conventionally this treatment has been provided by a specialist ophthalmologist.

- Orthoptists are trained to have specialty knowledge about the testing, diagnosis and treatment of eye movements and, following specific training, are able to provide this this treatment in the United Kingdom. A senior orthoptist at Christchurch hospital has worked with the department's clinical director to customise the training package utilised in the United Kingdom and adopt this new way of working within the Eye Service at Christchurch Hospital. Since January 2019 this Orthoptist has carried out the training and has been working under the direct supervision of the clinical director to provide injections to many patients. This training will be completed by the end of August after which the orthoptist will be able to provide the injections independently, with the specialist ophthalmologist working in an adjacent room. Patients will be assessed by an ophthalmologist on initial presentation, and then annually with most patients injections being provided by the orthoptist. From a patient perspective this will mean that waiting time on the day of clinic is reduced as the orthoptist will not be called on for other duties during clinics in the way that the ophthalmologist is. This new model will release ophthalmologist time to see other groups of patients. The training package has been well documented and is available for use to upskill other orthoptists or registered nurses and this way of working has opened the door to other extensions of technical and nursing roles within the Eye Service.

- **Elective Services Discharges**



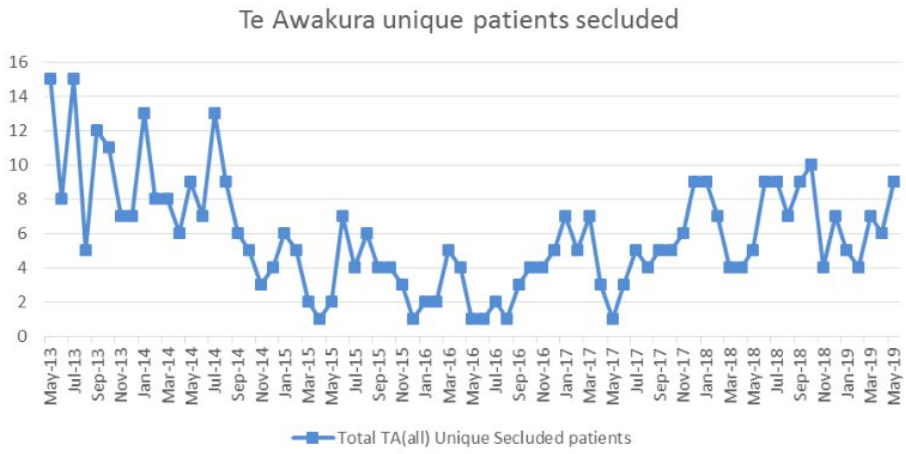
- Reporting from the Ministry shows that Canterbury DHB met its elective discharges objectives at the end of the first quarter (until the end of September 2018), and performance continued to be close to target until the end of February 2019. It indicates a significant under delivery by the end of March. Internal reporting shows that at the end of April 16,629 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 that we will not reach our target for elective services discharges this year.

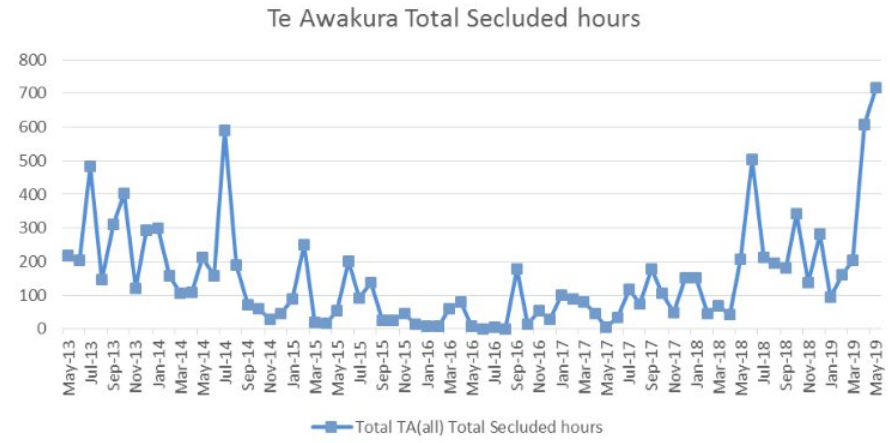
- **Intragam Infusions in the community:** Some patients, with low levels of immunoglobulin, the antibodies which are a part of our immune system, are provided with infusions of Intragam to increase their immunoglobulin levels. Around half of the patients that have immunodeficiency and are provided with immunoglobulin replacement via self-administration of Evogam at home. The other patients in this cohort have previously received these infusions in the medical day unit. From October 2018 the majority of these infusions have been provided by the Community Infusion Service previously mentioned in this report. This helps avoid a journey into the acute hospital to receive this treatment on a regular basis and releases capacity for the Medical Day Unit to target its service towards patients that can only receive their care in the hospital. Community settings provide a more comfortable environment for patients having infusion treatment, they are generally closer to home, provide for easy access to the service and usually no cost for parking. The Immunology Nurse remains liaison for the community for prescriptions and any queries regarding health, with bloods monitoring on these patients while attending for their treatment.
- **International Elder Abuse and Neglect Awareness Day: 31st May 2019:** Elder Abuse and Neglect is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. The West Coast and Canterbury DHBs have released their new Transalpine Elder Abuse and Neglect policy with guidance to staff on red flags for elder abuse, and how to support people if they disclose elder abuse and neglect. Documents align with the Violence Intervention Programme (VIP), including improvements to the pathway and include policy, procedure, screening tool, flowchart, safety planning booklet and an information sheet. An Allied Health Pathway and specific training for elder abuse and neglect are under development.
- **Scope Maintenance Improvement Plan:** Urology use a flexible scope called a Cystofibrescope, which is used to investigate patient urological issues. The previous system of sterilisation used for these scopes resulted in damaged scopes and high maintenance costs. A new sterilisation system has now been implemented that has reduced maintenance costs and has also decreased the number of replacement scopes required resulting in a further savings. Estimated savings are:
  - $30k per annum for avoidance of maintenance costs
  - $132k per annum for the replacement of damaged scopes
  - $36k per annum for avoidance of maintenance costs for replacement scopes
- **Deep Vein Thrombosis Prophylaxis in the intensive care unit**: TED stockings were routinely used in the intensive care unit but following a review of best practice, reusable compression sleeves are now being used instead. As well as reducing the risk of deep vein thrombosis and reducing pressure injuries, this change is expected to save an estimated $25,000 per annum.
- **New Oral Care Regime for Ventilated Patients in ICU:** At the end of 2018 the intensive care unit moved to full implementation of a new oral cares regime for ventilated patients. This is an evidence based, clinically driven change that is anticipated to save approximately $80,000 per year.

Specialist Mental Health Services (SMHS)

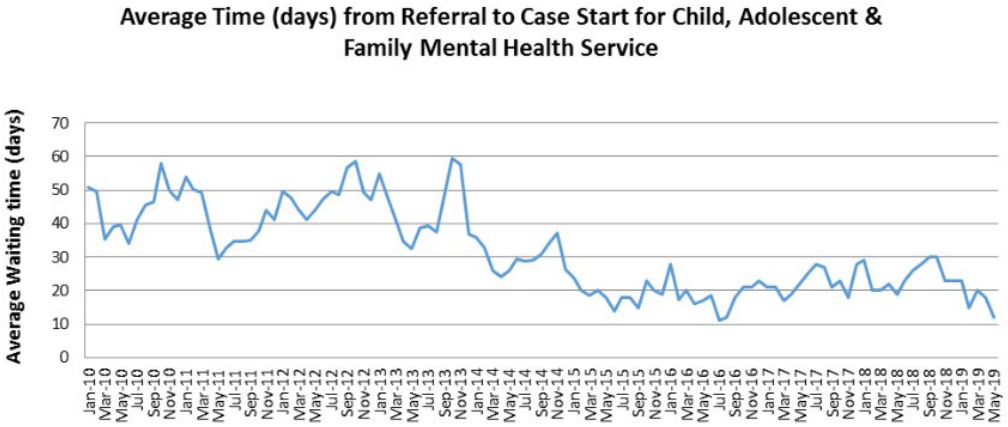
- **Demand for Specialist Mental Health Services**: We continue to closely monitor use of Mental Health Services. We have seen an increased demand for adult and child and youth specialist services since the 15 March 19 attack.

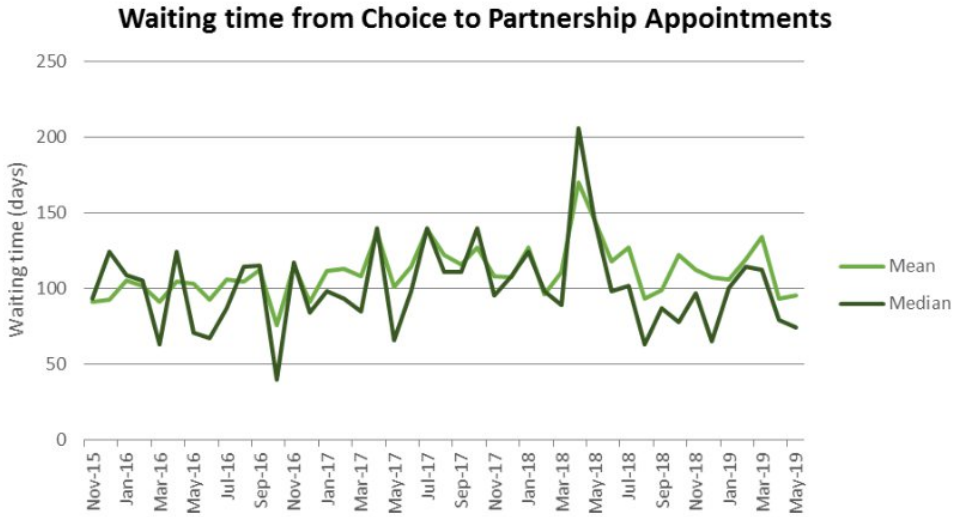
- Occupancy of the **adult acute inpatient service** was 100% in May 2019. The Te Awakura building poses a number of challenges that limit our ability to care for acutely unwell people in a contemporary way. Our staff are doing an incredible job in very challenging circumstances. Planning and Funding led the development of a community service Te Ao Marama which opened early April 2019 and is providing an alternative to an acute inpatient admission.
- **Least restrictive practice:** Staff remain committed to least restrictive practice. In May 2019, ten people experienced seclusion for a total of 716 hours. High occupancy and acuity with presentations that include alcohol and other drugs and unique presentations has impacted on the use of seclusion.





- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern although improvements are occurring. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for May 2019 show 91.2% of children and adolescents were seen within 21 days and 94.1% within 56 days. Child, Adolescent & Family Services had 374 new case starts in May 2019. There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 84 per week).





- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. We are working on improving Health Pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).
- The School Based Mental Health Team (SBMHT) is engaged with 171 schools across the region. They are now primarily supporting secondary schools as the Mana Ake programme is fully rolled out in primary schools. The SBMHT has worked closely with Mana Ake and other services to provide support for Canterbury schools affected by the 15 March 2019 attacks.

Older Persons Health & Rehabilitation (OPH&R)

- **Burwood Campus:** Within Older Persons health our admissions and transfers were up for the month of May with 162 in total admissions to Burwood. Within this were 25 from community and eight from Ashburton.
- Our continued focus on community admissions to reduce flow via Christchurch Campus is responding to primary care and community team's identification.
- During this time there was also an influenza outbreak in Ward B2 of nine patients and two staff which impacted on one ward but flow was maintained.

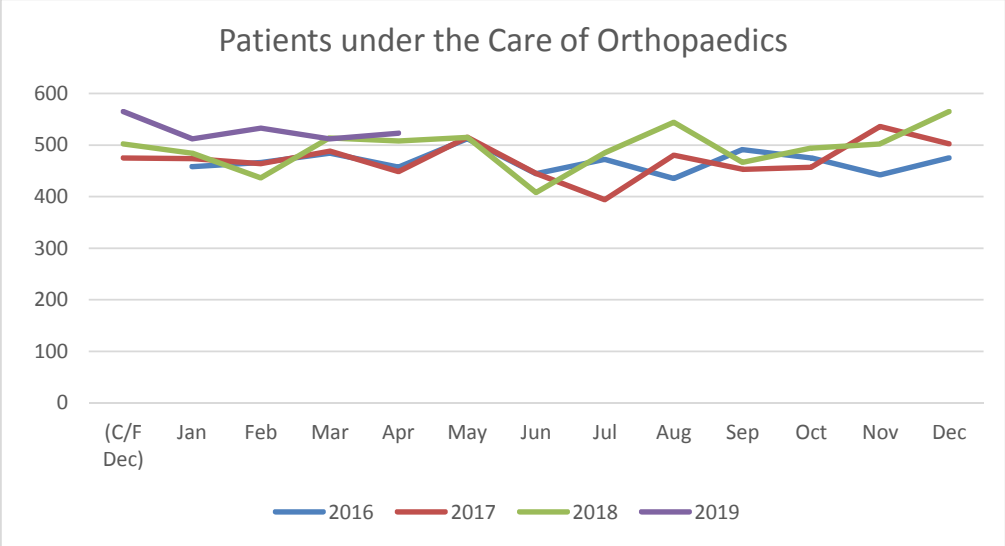
- Staff worked hard to go into the long weekend with no one on the waitlist at Christchurch campus.
- The Rethinking rehab workshop was very well attended by all disciplines across OPH and was seen as very positive.
- As a result of the follow up workshop of Wednesday here is an example of a follow up plan focussing on three must dos:
  - All patients to sit in a chair for all meals
  - Patients to be given the opportunity to walk three times a day (Outside of trips to the bathroom)
  - Patients to be given opportunity to spend time during the day in a social space other than their bedrooms all three of the above are to be introduced into each ward area immediately
- These three actions of rethinking rehab will continue to focus on rehab goals and have an effect on both length of stay and also the functional score (FIM).
- Each ward group are to write an action plan over the next fortnight on one of the below issues
  - Patients to have a schedule of their day and week
  - Resources to cover Orientation to the ward and expectations of rehab
  - Activities for patients to take part in
  - Develop roles for Volunteers to provide a range of activities for patients
  - All patients to have clear goals set with them
  - Business Rules for TV's
- An example of the action plans being developed to really keep thinking rehab in all that we do.

Our Action Plan WARD B1

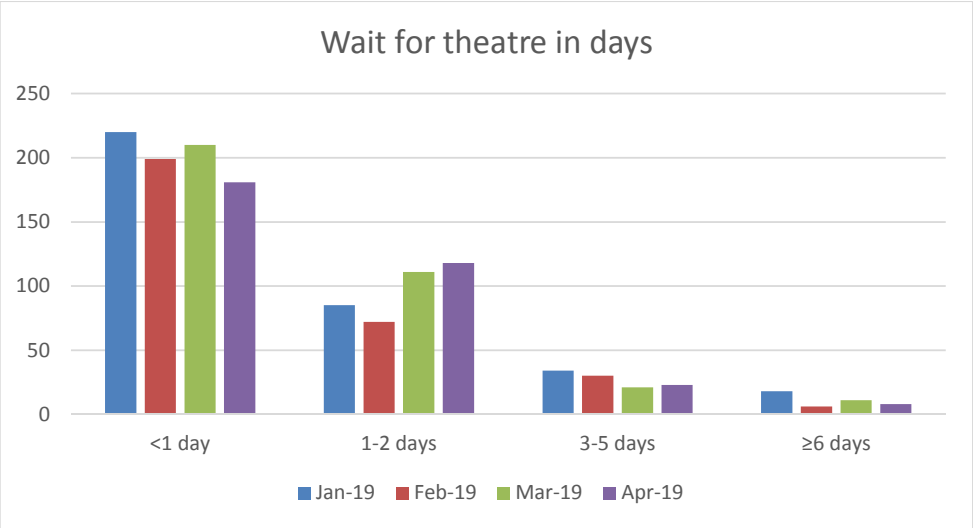
Aim	What is needed?	Outline your process	Barriers?	How will you communicate to the rest of you Team?	How will you measure improvement?
ALL PATIENTS TO SIT IN CHAIRS FOR ALL MEALS.	Do we have what we need? Can we get what we need? • PATIENT EDUCATION • UP TO DATE MOBILITY STATUS • HCA TO BE AVAILABLE PRIOR TO MEALS. • CATERING ASSISTANT INVOLVEMENT - SET MEAL TIME. - LOCATION OF MEALS. - DINING ROOM WHITEBOARD • TEAM EDUCATION	• SIGNS FOR THE PATIENTS. (DOORS DOOR) • ENSURE REGULAR REASSESSMENT OF MOBILITY STATUS & UPDATE BOARDS. • NURSES & HCA TO COMMUNICATE WHO CAN GET UP THEMSELVES & WHO NEEDS (A) • COMMUNICATE NEW PLANS TO THE CATERING ASSISTANT & PUT A SIGN UP IN THE KITCHEN. • ARRANGE A MEETING W/ TEAM.	How might you overcome these? ★ RELUCTANT PATIENTS. - CONTINUE EDUCATION ★ TIME. - COMMUNICATE AMONGST THE TEAM.	• TEAM MEETING • REMINDERS FOR KITCHEN STAFF - WRITTEN. • SIGNS IN BEDROOMS. GROUP E MAIL	• AUDIT IN TWO WEEKS.
PATIENTS TO BE GIVEN OPPORTUNITY TO WALK 3×/DAY - OUTSIDE OF TRIPS TO BATHROOM.	• PATIENT EDUCATION • WALKING CHART • STAFF EDUCATION	• CREATE CHARTS • COMMUNICATE NEW INITIATIVE TO THE TEAM. • INFORMATION PROVIDED ON CHART FOR FAMILY INVOLVEMENT.	★ PATIENT UNWELL - TRY AGAIN NEXT DAY ★ TIME - COMMUNICATE AMONGST THE TEAM.	• TEAM MEETING • GROUP EMAIL	AUDIT IN TWO WEEKS
PATIENTS TO BE GIVEN OPPORTUNITY TO SPEND TIME DURING DAY IN A SOCIAL SPACE.	• STAFF EDUCATION • ACTIVITIES TO ATTEND • PATIENT EDUCATION	• INCORPORATE DAILY PLANNER. • ORIENTATE PATIENTS & FAMILY TO THE SOCIAL SPACE. • MAKE AREAS INVITING. • VOLUNTEERS TO ENGAGE	★ PATIENT UNWELL - TRY AGAIN NEXT DAY ★ ISOLATION PATIENTS - PERSONALISE TO PATIENT. ★ TIME - TEAM WORK ★ SOCIAL PHOBIAS - ENCOURAGE QUIETER SPACES	• TEAM MEETING • CHART (SEE ABOVE)	• AUDIT IN TWO WEEKS.

REDUCING THE TIME PEOPLE SPEND WAITING

- **Orthopaedics**: There were 523 patients admitted under Orthopaedic care in April 2019; higher volumes than April 2018 (515) and April 2017 (448). However of those admitted only 330 acute procedures were undertaken; which is a decreased demand compared with March 2019 (354).
- The average wait for theatre in April was 0.88 days compared with 0.95 days in March 2019. Our focus of fit and medical ready for surgery is continually challenged at the daily acute theatre planning session. There were transfers to Burwood for surgery 47/330. There were 18 Burwood backfill sessions offered to Ortho Acutes giving an extra 80 hours of operating time over and above our Christchurch allocation, and we were unable to utilise 3.5 sessions (14 hours) of Burwood backfill sessions due to lack of appropriate cases to send or no surgeon available to operate.



- Our average length of stay is 3.58 this is consistent to previous months.
- We are keeping data that reflects the average wait for Orthopaedic surgery, this takes into consideration any medical reasons why the patient can't have surgery. For example; swelling/blood thinners/ICU a patient/awaiting anaesthetics. The adjusted data illustrates that on average the wait for Operating Theatre is less than a day sitting at 0.88 days.
- Orthopaedic trauma nurse facilitated Utilisation of Burwood Operating Theatre sessions has also contributed to a decreased length of wait for surgery.
- * Data calculated using "ready for surgery" date rather than admission date.



- We have had 47 patients transferred to Burwood for surgery as per the table below:

Lower limb	19
Upper Limb	11
Foot	0
Hands	7
Spines	1
NOF	2
Wash out	3
Tumour/Pathological	2
Hip revision	1

- Of those 47 patients there were four elective cases that have been cancelled and two cases have been added to an elective list.
- The clinical director and service manager are leading a 360 review of the Orthopaedics registrar on call role. Feedback is being sought from internal services that access the registrar role as well as primary care. This will involve a time in motion study to understand the tasks and work flow. It will also enable analysis of the volume of calls received from General Practice and why.
- Historical behaviour that see's GP's phoning the on call registrar for every patient they are referring to Boneshop. This is unnecessary, and wastes time of the GP and registrar time. Refining the referral process to make it seamless and electronic via Electronic Request Management System to a monitored email address will provide timely response.
- **Engagement with the GP's and large GP/after hours facilities**: The clinical director and Service Manager are about to begin a round of visits to afterhours practices to strengthen relationships and share expectations. Orthopaedics is also going to schedule several sessions to the regular GP weekly evening forum to ensure better engagement and understanding of orthopaedics service delivery processes while using opportunity to understand changes in primary care.
- **Community Dental Service:** Until two years ago Community Dental's strategy for working with families where children were not being brought for treatment was to refer them to the Child and Family Safety Service with the expectation that the CFSS social workers would work some magic. This strategy was largely unsuccessful -- the only result seemed to be an ever-lengthening list of cases. Success started to come once we started working with the

Pegasus Partnership Care Workers -- we developed a referral system and PCWs were allocated to each clinic. More recently Community Dental has started to play a more hands-on role – and we frequently find families are trying to get their children treated but have problems with transport and child care that frustrate their efforts to bring their children to appointments. The family journey presented illustrates how one of our staff has worked together with an Oranga Tamariki social worker, the Hospital Dental Service, children's dental practice (that contracts to the DHB) and other Community Dental staff to ensure a large family of children are able to access long-needed dental care.

Ashburton Health Services

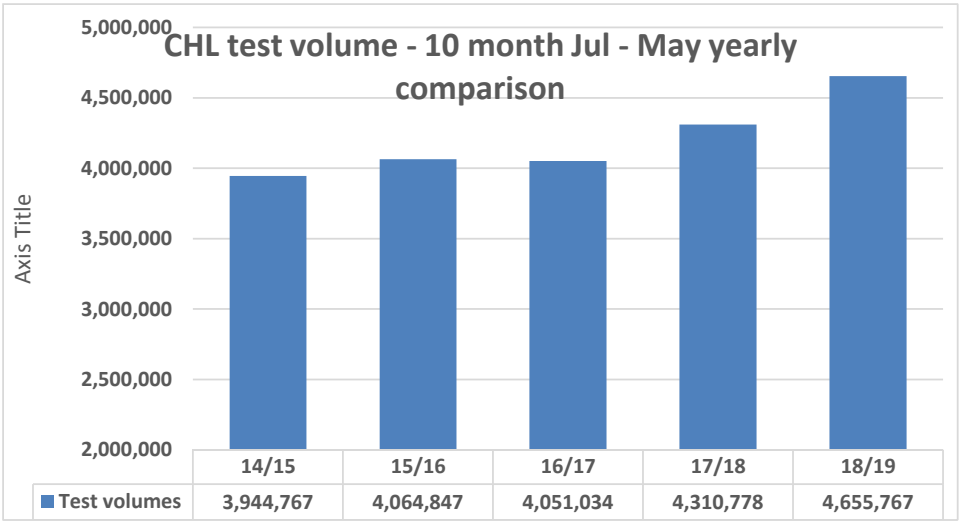
- **Acute and inpatient care:** The hospital and community led teams are cognisant of the Canterbury DHB winter plan and have implemented the localised activities aligned to the Canterbury DHB plan reported to the Hospital Advisory Committee (HAC). An emerging priority is the implementation of winter flex contracts for nursing and health care assistants (HCA), as increasing sick leave is impacting on shift coverage in the acute and in-patient setting and Tuarangi aged residential care facility. The hospital duty nurse management team re-deploy resources across the facilities, however previous reliance on over-time, additional shifts delivered via part time employees and casual pool of employees of nursing and HCA is no longer an adequate model for short term cover requirements. Modelling has been completed outlining the expense occurred over the previous three years with sick leave cover (via casual staff and overtime) to provide gap analysis and guideline for short term cover requirements. The remaining work continues with primary care and through the Ashburton Service Level Alliance to reduce acute presentations and build capacity in the community. Adding to our employed workforce, we are engaging with our youth representation on our Ashburton consumer forum to develop a new community of volunteers and provide opportunity for young people to connect their interest in a career in health.
- **Single service over multiple sites:** As we develop our generalist workforce plan in both nursing and allied health, a key focus is the implementation of the "one service -multiple site model". Whilst there has been a long-standing partnership with specialist services providing care in the Ashburton facility, this has mainly been based on the outpatient clinics located on site. In progressing the generalist model in both our nursing and allied health setting, we are bringing together a range of opportunities to deliver on the single waitlist intention, ensuring equitable access for patients regardless of demographic location.
- The principles that support this include transparency of demand for services (now delivered with a single waitlist), developing an agreed partnership on the generalist workforce delivery model and how this will align to specialist service quality and credentialing framework. This is a move away from service delivery that was previously designed locally with some consult with the specialist services, to a fully integrated partnership. The previous model held significant risk for Ashburton as a smaller division to recruit and retain smaller full time equivalent (FTE) with specialist skill sets and the inherent risks of practising in isolation. It is not the intention to "move the demand" to specialist services located in Christchurch to completely deliver, but to partner with Ashburton led services so that there is an agreed range of service delivery locally with a local workforce supported by specialist outreach clinics and associated quality developments. Early work underway with services include:
  - Child Development Services
  - Adult wheel chair and seating
  - Lymphoedema physiotherapy delivery
  - Gastroenterology Day Procedure delivery
  - Oncology Day Procedure delivery

- Older Persons Health – Assessment, Treatment and Rehab/partnership with primary care

- Another key component in our generalist plan is the recruitment and implementation of Allied Health Assistants. Two new assistants are joining the Ashburton team to work alongside the professional leads of physiotherapy and occupational therapy. This is an excellent opportunity to provide therapeutic care within an area that has struggled to recruit full time Physiotherapists and Occupational Therapists. As this workforce embedded, the Director of Nursing and Allied Health Leadership are exploring the opportunity to partner the Allied Health and Health Care Assistant roles within the generalist workforce.

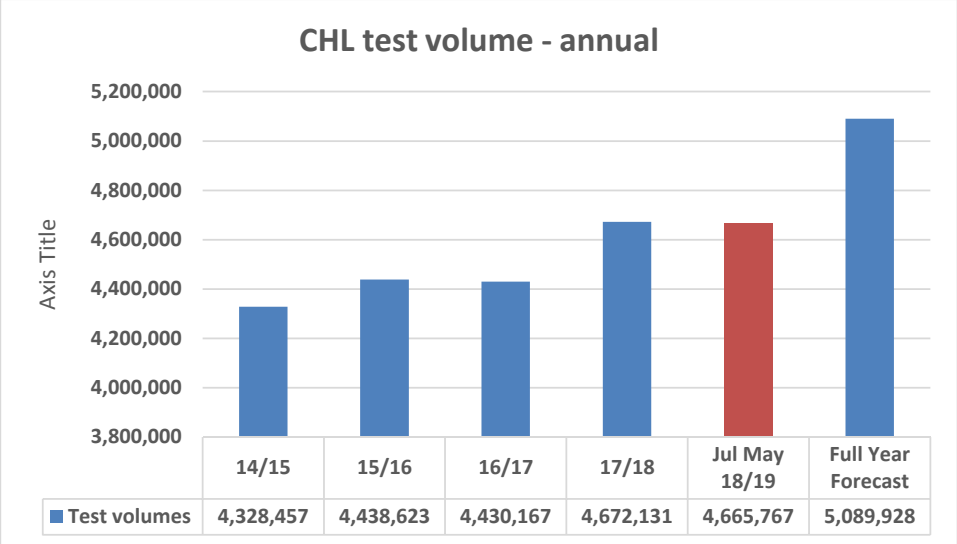
Laboratory Services

- **CHL volume activity reports:** Activity year to date (11 months July-May) demonstrates growth in demand for laboratory services over previous years:



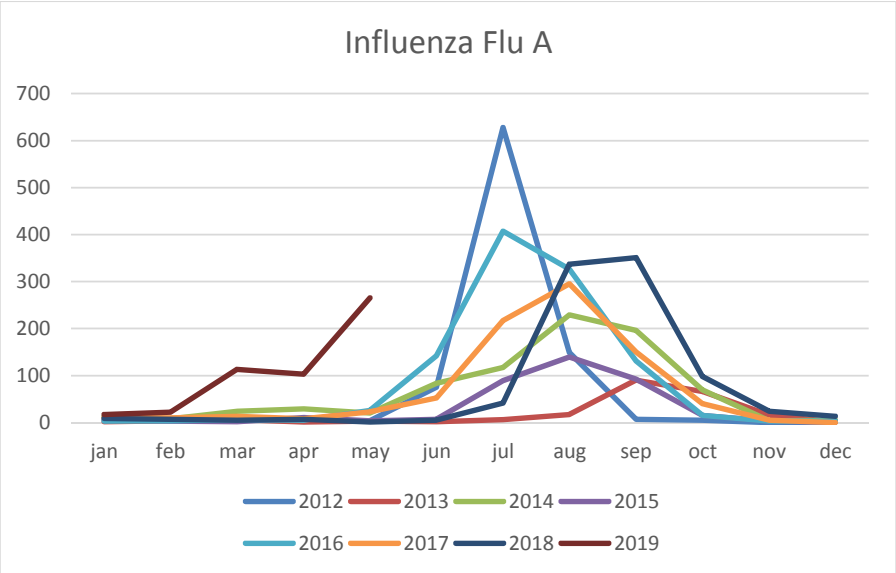
	Historical comparisons of 11 months (July-May) demand				
F/Y	**14/15**	**15/16**	**16/17**	**17/18**	**18/19**
Test volumes	3,944,767	4,064,847	4,051,034	4,310,778	4,655,767
Percent change		3.04%	-0.34%	6.41%	**8.00%**

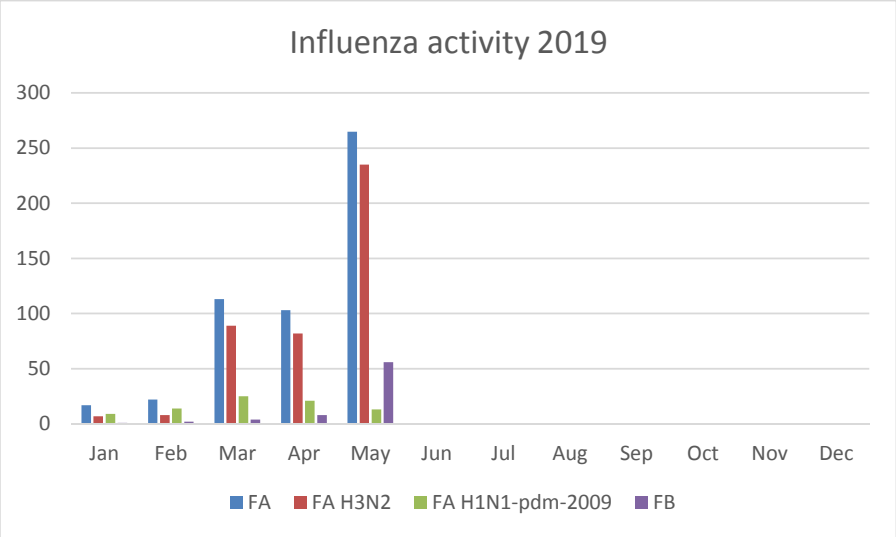
- Extrapolated data, forecasting through to end of 18/19 indicates consistency with this growth in demand for services.



	12 months volumes					
F/Y	**14/15**	**15/16**	**16/17**	**17/18**	**Jul May 18/19**	**Full Year Forecast**
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	4,665,767	5,089,928
Percent change		2.55%	-0.19%	5.46%		**8.94%**

- 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.
- **Winter planning**: Rapid testing for FluA/FluB/RSV for all CDHB inpatients as well as specimens from local GPs (excluding surveillance samples) is now offered 24/7. The results will automatically be available in HCS and ICNet. Samples from critical wards like BMTU, NICU and CHOC, which test negative for the rapid FluA/FluB/RSV test, will automatically be reflex tested with a wider respiratory panel batched once daily as well as all surveillance samples and all other samples on specific request for the full respiratory panel.
- **Influenza in Canterbury:** Influenza A activity in Canterbury is still well above previous comparative years. The majority of cases are attributed to subtype H3N2. The now offered rapid FluA/FluB/RSV testing 24/7 should alleviate the workload on laboratory staff and offer quicker turn-around-times and positively impact on patient management. Influenza B activity is now also slightly increasing.





- **Measles in Canterbury:** Since two incubation periods have passed with no new cases seen, the Canterbury B3 measles outbreak is declared to be over with a total of 39 cases. However, the Auckland B3 measles outbreak has spread to Taranaki, Northland and Wellington, with a total of 132 measles cases (as of week 19) for NZ since the beginning of the year. Globally measles rates have increased 300% compared to the same time period last year and the ongoing risk of importations from travellers remains high; as can be seen with new recent importations of B3 and D8 strains to Auckland, Whangarei, and Wellington.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management

- The first cold spells have seen an associated risk in Hospital bed occupancy. This has coincided with over 50 influenza related admissions (Australia has already reported high influenza numbers this year). This will put further pressure on our inpatient beds with forecasted demand of approximately 50-60 people more than we have beds.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Community Services – Code of Ethics for the Provision of Community Services:** Establishing an Ethical Framework has been an item on the Community Services Service Level Alliance workplan for 2018/19 and a first draft is now complete. An Ethical Framework refers to the system of principles, rules or standards by which human actions are judged right or wrong. Increasingly, as a Health System, we are being asked to look towards what is ethical. This arises from a growing population, increased diversity, people living for longer in their own homes and an increase in the complexity of care provided in the community, with constrained available resources. This provides new challenges and raises new ethical dilemmas – hence the need for an established code of ethics.

- The purpose of the code is to firstly identify the values and principles which inform the provision of our Community Services and a restorative model of care; and secondly to provide those involved in providing that care with an ethical framework for reflection and decision making. An existing clinical review meeting will then be utilised as a forum for discussing individual situations and making ethical decisions as part of a collective interdisciplinary team approach.

- We currently provide Home Based Support Services to more than 6,000 people a month, and Community Nursing to a further 2,500 people a month.

- **Rural Restorative Services:** We are currently working with our more rural providers and clinicians through the rural work stream groups, to enable a local solution to provide community services that have a restorative focus to our rural populations. This work has just begun, with a commitment to work together to complete a local stocktake of clinicians and services already in the area who may be more appropriate to deliver a sustainable service, rather than send services from the urban setting.

Child and Youth

- **SUDI:** In May 2019 a SUDI Prevention Coordinator started with Te Puawaitanga ki Ōtautahi Trust. Earlier in 2019 CDHB contracted Te Puawaitanga to host this position. This position is to facilitate the coordination of the objectives within the SUDI Prevention Plan across all of Canterbury. Key pieces of work the SUDI Prevention Coordinator will be involved in include workforce education and development; establishing a community based safe sleep programme to provide at risk whānau with safe sleep devices (wahakura and pēpi pods); safe sleep in DHB facilities; smoking cessation; young parents support; post SUDI care and future prevention for whānau who have lost an infant to SUDI; and build upon existing breastfeeding initiatives.

Mental Health

- **Response to terror attack:** The Resilience Hub is now available at www.resilient.org.nz and initial feedback is positive. Community meetings for people impacted will commence from the beginning of July with an emphasis on wellbeing. These fortnightly meetings will be held over the coming months and jointly run by Muslim people and Canterbury DHB clinicians, providing an opportunity to facilitate access to specialist interventions for people who need more intensive support.

- A number of initiatives are being developed to support people in voluntary roles across the affected community. There is also work occurring to build a local Muslim workforce that can provide a bridge between community and health services.

- Specialist Mental Health Services will be providing specific treatment programmes and the work on these pathways is now underway.
- **Mana Ake:** A celebration was held on 15 May to mark the first year of Mana Ake implementation. The event was attended by the Minister of Health, Hon Dr David Clark and Minister for Greater Christchurch Regeneration, Hon Dr Megan Wood as well as by many agency partners from the health, education and social sectors. A performance by the Kapa Haka Group from Burnside Primary School was a highlight.

Numbers of requests for support for Mana Ake as at 27 May 2019:

Status	All (n=2528)	%	Individual (n=1478)	Group (n=1030)	Therapeutic Group (n=9)
Active	1104	43.7%	682	422	0
Exited	847	33.5%	431	411	5
Pending	476	18.9%	218	169	4
Did Not Engage	101	4.0%	73	28	0
Totals	2528	100%	85	0	0

- (Note that 'Pending' includes cases allocated to workers but where we are actively working to gain initial informed consent, as well as those not yet allocated. Next month, these two categories will be reported separately.)

Ethnicity

	%
NZ European/Pakeha (n=1871)	74.0%
Māori (n=422)	16.7%
Pasifika (n=83)	3.3%
Asian (n=49)	1.9%
Other Ethnicity (n=102)	4.0%

Primary Care

- **Low cost access to primary care for people with a Community Services Card (CSC):** In Canterbury another four general practices will be offering low cost access for their enrolled patients with a CSC from 1 July 2019. This means that from that date at least 104 of 116 general practices now offer low cost access. The remaining practices have until 15 June to notify their intention to join the scheme for the 1 July start date. We continue to work with their primary health organisation, Pegasus Health, to promote the modelled financial impacts and benefits of introducing low cost access for these practices and their enrolled patients. It is worth noting that from 1 July 2019 general practices can choose to opt into, or out of the scheme each month.
- **Free General Practice Visits for those affected by the March 15 attacks:** To ensure the Muslim community receives the support they need related to their health and wellbeing, free general practice visits continue to be available until 15 June 2019. The utilisation and on-going need will be reviewed closer to that date to determine if this provision should continue.
- **Progress Report on Step Up:** Step Up is the employment and wellbeing programme funded by MSD to have General Practice refer beneficiaries to Pegasus health navigators, who work with the individual to overcome their barriers to achieve an off benefit outcome, through a partnership between Work and Income and the general practice team. After a successful 20-month prototype, Step Up moved to a 12-month trial on 1 November 2018. The trial had

expanded capacity to work with an additional 200 individuals, increased from 100 over the course of the prototype. In the first six months Step Up received 97 referrals from General Practice with 50 individuals entering the programme. It is anticipated that the demand for the service will increase over the coming months as the service recently expanded to all urban Christchurch general practices. The trial outcomes will be evaluated by MSD in July and August 2019, to assess effectiveness beyond the achievement of an off-benefit outcome. The evaluation will include elements such as increased work capacity and improved health and wellbeing, measured by a quality of life tool every participant is required to complete.

Maori and Pacific Health

- Our **Korimako NetP** (Nursing Entry to Practice) Nurse Hayley Lotter has been awarded a Nursing Now scholarship to attend the pre-World Health Assembly event for young nurses in Geneva, Switzerland, in May. The World Health Assembly is the decision-making body of the World Health Organization (WHO). Hayley is one of 30 young nurses chosen from across the world to attend and will be representing the Western Pacific region. The scholarship's aim is to help nurses at the start of their careers better understand the importance of international health policy and how to influence it. They will have an opportunity to meet with World Health Organization staff and attend the World Health Assembly to listen to debates. This was also attended by Margareth Broodkoorn, Chief Nursing Officer at the Ministry of Health, who is also New Zealand's first Māori Chief Nurse.
- The Korimako Netp initiative demonstrates the commitment the Canterbury region has to develop further and increase opportunities for our Māori staff within the community setting. The role has been set up as a collaborative programme between the CDHB, Pegasus Health PHO and our kaupapa Māori provider, Te Puawaitanga. Hayley works at Te Rawhiti Medical Centre and Te Puawaitanga ki Otautahi Trust. The blended employment allows Hayley to see patients across the health continuum from general practice presentation to the care that she can offer in their homes.
- **Kia Ora Hauora – Māori Workforce Development:** Kia Ora Hauora (KOH) the 'Māori Health as a Career Programme' is a national Māori health workforce development programme that was established in 2009 to increase the overall number of Māori working in the health and disability sector. Kia Ora Hauora supports growth in the Māori health workforce that is more reflective of the communities the workforce serves and supports.
- Kia Ora Hauora engages with Māori students, current health workers, and community members seeking a career in health. Kia Ora Hauora promotes health careers, both clinical and non-clinical. We are an information hub that provides knowledge, tools and resources to get you started on a health career pathway.
- The Canterbury DHB is the lead DHB for the Te Waipounamu regional delivery of this programme, which is delivered by our provider, Mokowhiti. Attached as **Appendix** 1 is an extract of the data for Te Waipounamu up for Q3, Jan-Mar 2019.

Promotion of Healthy Environments & Lifestyles

- ***All Right?*** **social marketing campaign update: Opinions Monitor:** The annual survey facilitated by Opinions Market research which measures the reach and impact of the *All Right?* campaign has been piloted and is now in the field.
- **Research with Māori in Hurunui and Kaikoura districts:** The Lotteries Commission approved the use of a small underspend in the Health Promotion contract for the post-November 2014 Kaikoura earthquake, for research with local Māori. This research will be completed by the end of June and seeks to understand the challenges and strengths of Māori as they relate to psychosocial wellbeing in the post-disaster context. Of particular interest will

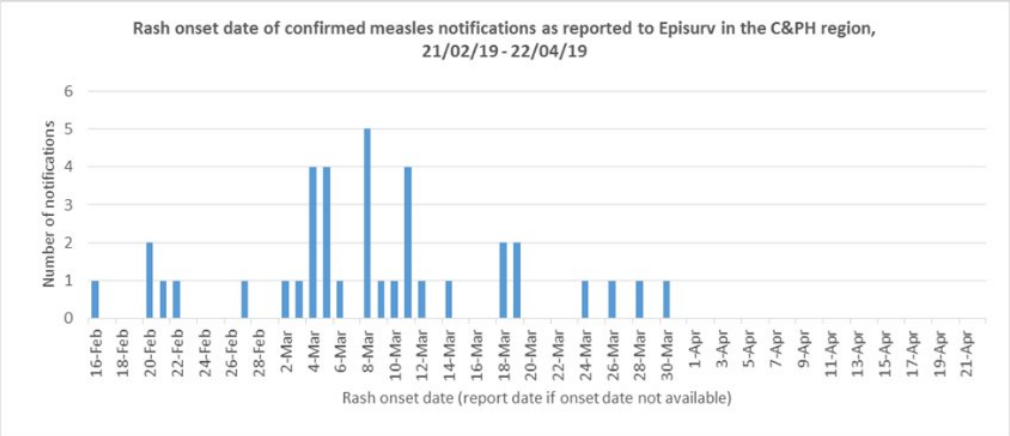
be any findings which identify areas of unmet need. The research findings will help to provide an equity lens for planning, funding and service provision for Māori. Additionally, the research will add to the knowledge and evidence base regarding Māori wellbeing and what matters most to Māori living in Kaikoura. The findings will be shared with mana whenua, local and regional stakeholders (such as the Kaikoura District Council, Te Pūtahitanga o Te Wai Pounamu, Te Ahi Wairua o Kaikoura and the Canterbury DHB), and will also be publicly available. It is anticipated that the findings will inform decision-making by providers of services, funders of those services and other supports, as well as inform the direction of future health promotion efforts.

- **He Waka Eke Noa – we are all in this together:** He Waka Eke Noa is the name of the *All Right?* campaign developed by *All Right?* to respond to the Mosque shootings. This work was partly funded by the Mental Health Foundation who were keen to actively support the mental health and wellbeing of the Canterbury population and other communities around Aotearoa.

- This particular campaign took its inspiration from the first phase of *All Right?* campaign post-earthquakes, which was about reassuring Cantabrians that whatever they were feeling was 'all right'. He Waka Eke Noa reminds people that in tough times each of us can go through a range of emotions and often in different ways. The meaning, 'we are all in this together' was a reminder that we are all in the same waka and that it's essential that no one is left behind. The campaign encourages people to think about 'where they're at' and to reflect on the fact that others may be at different stages, feeling and doing different things - but that's all right.
- He Waka Eke Noa draws on the skills and knowledge that the Canterbury community has built up following the earthquakes, and builds on the incredible displays of kindness and compassion that have been evident in the city since 15 March.
- The campaign was launched on 1 April with street posters, corflute signs, washroom posters and 8,000 postcards. Requests have come from the Muslim communities for the resources to be translated into 7 languages including, Arabic, Somali, Dari, Urdu, Hindi Nepali and Tigrinya and that process is underway. There is also a Te Reo Māori version.
- **Social Media:** The *All Right?* Facebook page now has 15,359 likes and was a key avenue for reaching out to Cantabrians, following the Mosque attacks. While *All Right?* staff were in lock down they began to respond to the attacks with posts advising people to check on their friends and family, reminders to breathe through the stress to manage the adrenaline overload, advice on caring for kids once the lockdown was over, advice on limiting exposure to media coverage and being kind. The first post was on 1.34pm on 15 March followed by four more posts that evening. The posts on the following days highlighted reminders of how to care for self and others and included a downloadable poster on managing ongoing reactions. Once the He Waka Eke Noa campaign had been designed, it was launched on Facebook on 1 April, reaching a total audience of over 80,000 people. That figure has now increased to 122,500. This tells us that the campaign was shared far and wide both within and beyond Canterbury.

Facebook continues to be a key vehicle for contributing to a wellbeing conversation with Cantabrians and others.

- **Canterbury Measles Outbreak - outbreak declared over:** The Canterbury measles outbreak was declared over on 16 May. A multidisciplinary incident management team, of Community and Public Health staff was responsible for implementing and supporting effective public health action to limit and stop the spread of measles in the community.



- In the period 21 February to 16 May staff investigated 236 measles notifications. Of these notifications, 38 (+1 case not related to the outbreak) were confirmed as measles cases. Case management included following up 1021 contacts and recommending suitable public health interventions (including vaccination & isolation).
- As part of the outbreak strategy approximately 27,000 MMR vaccinations were administered in general practice in an effort to prevent community spread. Limiting the outbreak to 38 cases is seen as a major achievement and illustrates the effectiveness of sound incident management, investigation (of cases and contacts), and judicious application of isolation requirements. It also highlights the benefits of an all of health system approach which encouraged and achieved significant community cooperation and increased MMR vaccination rates.
- **Canterbury Health System Alcohol-related Harm Reduction Strategy Launch:** The Canterbury Health System Alcohol-related Harm Reduction Strategy was formally launched on 14 May with support from various organisations and individuals involved in alcohol-harm reduction across the health system.

- The Strategy has been very well received, and new partnerships formed since the launch have helped raise awareness of the importance of this work - given the significant impact alcohol use has on our health system.
- Implementation of the Strategy which sits within the Canterbury Clinical Network structure, continues to be progressed via the Alcohol Strategy Working Group.
- **Healthy Commute Programme:** A travel demand management programme to encourage and support Canterbury DHB staff to travel to the Christchurch Campus using alternatives to private car (bus, walking, scootering, car-pooling) has now been successfully completed.

In partnership with CCC and ECan, the Healthy Commute Programme is now embedded in the Canterbury DHB's corporate orientation to ensure that alternatives are considered by new staff at the beginning of their employment.

- The programme has received excellent feedback, although an ongoing challenge for the Christchurch Campus, which has been identified over the programme's duration, is the availability, capacity and security of cycle parking on and around campus. This is likely to remain an ongoing challenge whilst building development continues on-site.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Projects, including facilities and redevelopment**
  - **Hagley Building:** Wireless is now installed and testing has started. We are engaging with Telecommunication companies to survey coverage and propose any necessary remediation.
- **Digital Transformation**
  - **Windows 10 / PC Replacement Programme:** *Deployment to future proof our computer environment, including enhancements in security, speed and performance***.** A pilot is in the last stages of preparation as we finalise the deployment methodology and the image design. Subject to a successful pilot, wider deployment is expected to start in July and continue until early 2020.
  - **Outpatients Scheduling Tool:** *ServiceNow based tool for scheduling patient, clinicians, clinics and rooms. Initial focus is Christchurch Outpatients building, but subsequent deployments planned for Burwood and Ashburton Outpatients.* A pilot is underway with Urology and Ophthalmology with the Outpatients building as a whole to follow.
  - **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.* This project is now underway with requirements being confirmed and the vendor engaged.
  - **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 has been approved and the project is now underway following a successful pilot in General Surgery. We have rolled out Cortex to Paediatrics and we are currently working with General Medicine, Allied Health, and ICU to enable deployment.

- **Health Connect South (HCS):** Two sub releases, predominantly dedicated to the roll out of Clinical Referrals have been migrated to production. We are now focussed on Release 53 and the following sub releases which will introduce Assign & Notify and further services to Clinical Referrals. Integration to SI PICS alerts is due in August, with investigation to integrate to other features underway.
- **South Island Patient Information Care System (SIPICS):** We are planning to migrate our Maternity Services to SI PICS on Wednesday 12 June. This month we are also aiming to install release 19.1. This release will introduce additional functional enhancements designed to support user workflow and further improve data quality/validation in the system.

Improving and Integrating Rural Health Services

- Through the Canterbury Clinical Network the DHB has been engaging with communities and local providers in several rural areas to improve and integrate rural health services:

Akaroa	Local community-owned provider Akaroa Health has now taken over responsibility from the Pompallier House Trust for aged residential care services in Akaroa. Construction of the Akaroa Health Centre is on schedule towards handover on the 3rd of July, with all services to transfer to the new facility shortly afterwards. The official opening is planned for the 7th of September.
Hurunui	Hurunui practices and St John are continuing to together deliver urgent and emergency care for local communities under new arrangements introduced in late 2018. All providers met recently and were happy to continue the new arrangements, subject to available resource. The Hurunui Health Services Development Group is continuing to progress other elements of the model of care endorsed by the Board in 2018. A current focus is on improving local access to restorative care for people following a stay in hospital. Sustaining the clinical workforce in these practices remains challenging. We will be working with the community trusts this year to explore options to improve the sustainability of their services.
Oxford	The Oxford and Surrounding Area Health Services Development Group is overseeing the implementation of service improvements endorsed by the Board earlier this year. Including the installation of telehealth at Oxford Hospital, and working with CCN on restorative care for people in the community. The Oxford and Hurunui working group is developing a Clinical pathway for an observation service, with the next meeting planned for late June.

- For all rural areas, a common protocol is being developed allowing local general practice teams to refer patients to rural hospitals and residential care facilities for overnight observation under medical supervision. This can avoid transfer to Christchurch Hospital of rural people who are unwell but expected to remain stable.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- The mail out of WellNow Canterbury to every household and PO Box, including rural deliveries, started on Monday 10 June. Advance copies have been sent to pharmacies, General Practice teams, and story contributors outside of Canterbury. This edition includes a wide

range of stories and health information, including the cover story on therapy dogs at Burwood Hospital, an update from the interns participating in Project SEARCH – a programme giving young people with learning disabilities an opportunity to gain experience in the workforce, and the story of two registered nurses who drove over 2,000 km in Morris Minors, raising $5000 for the New Zealand Spinal Trust. The magazine will be promoted through the Canterbury DHB website, *CEO Update* and Facebook.

Media

- May provided a large variety of media enquiries, with no one topic dominating the requests we received. We continue to provide ongoing updates on the number and the status of patients involved in the attacks in our care (with only two now remaining in our care) and requests to interview those patients and clinical staff involved in the response. Towards the end of May influenza was becoming a dominant topic of enquiry and we continue to respond to various requests about the early start to the flu season, influenza-related hospitalisations and the vaccination programme. Some of the other topics of media interest included:
  - The Canterbury measles outbreak being declared officially over
  - Our MMR vaccination campaign and immunisation rates
  - Capacity constraints over winter and our winter planning
  - Facilities and care provided in various units in our Specialist Mental Health Service
  - Our 2019/2020 Annual Plan and the Minister of Health's decision not to approve the plan
  - A woman who was a volunteer and alleged to have posed as a doctor to gain access to patients involved in the March 15 terror attack
  - Canterbury Wellbeing and Mental Health Recovery Plan, in response to the mosque attacks
  - Our policy on ensuring the safety of patients when there is concern for their wellbeing once they return home
  - Progress on the new Christchurch Hospital, Hagley building
  - Capacity at Christchurch Women's Hospital
  - Self-check in kiosks in the Outpatients building
  - Our cancer treatment referral pathway
  - Processes for lung cancer diagnosis and monitoring
  - Progress on the land swap between the DHB, the Crown, and Miles Group
  - The use of leeches as a medical treatment
  - The DHB's policy on 'Bring Your Own' electronic devices
  - Reaction to budget 2019 announcements
  - Mental health presentations to ED
- Dr Sue Nightingale was interviewed by Newshub about a sterilisation incident from February this year when the sterilisation process on a set of surgical instruments was not completed due to a machine failure. Dr Nightingale gave details of the incident and why it occurred, and the steps taken to ensure another incident can't occur in future.
- CEO, David Meates was interviewed by Plains FM about the Canterbury Health System's response to the mosque attacks and the ongoing efforts and achievements of our staff caring for patients injured in the attacks.
- Our one live radio interview for Canterbury Mornings with Chris Lynch early on in the month featured Dr Alistair Humphrey, Medical Officer of Health speaking about the 'flu campaign' in Canterbury and giving some background to the early start to the flu season this year.

Facilities Redevelopment

- **Christchurch Hospital Hagley:** The "Let's Get Ready To Move" communications campaign for the November migration/operational transition to the building continues with
  - Monthly videos for staff that are also shared on café TV screens. These videos will become more regular/weekly as the move date approaches.
  - Weekly briefings in the CEO update that are also shared via ward communications books, and the Hagley Operational Transition team and its networks
  - Facebook updates and a new email address for staff queries.
  - Posters and banners for staff noticeboards, screensavers and email signatures for staff.
- More elements will be added as the campaign progresses.
- Regular meetings continue with the Hagley Operational Transition team, including service specific meetings to find out what communication needs are for particular services.
- Standard and 360-degree photography of near-completed wards in Hagley is planned to assist with staff orientation, enabling staff to see their new workspaces without having to visit during the construction phase.
- Communications is helping to draft the online Healthlearn orientation module for the new building and we're keeping the Intranet and Internet pages updated.
- Communications is helping produce maps for transit routes for patient and staff migration and assisting with wayfinding strategies for patients, staff and visitors.
- **Site Redevelopment:** Communications provided support for the blessing of the refurbished Diabetes Home Training Unit, and is working with Akaroa Health to support its blessing and open days. Communications is providing regular staff updates on work around the Christchurch campus and surrounding area, including the demolition of the Diabetes building and the bus super stop.
- **CEO Update stories**
  - Alicia Gainsford, whose niece Lilly was in Christchurch Hospital's Neonatal Intensive Care Unit (NICU) after being born at 30 weeks, organised a fundraising dinner and auction evening for the unit, which raised $43,000. The money has been used to purchase new recliner chairs for the unit and to support neonatal research. Neonatal Nurse Manager Debbie O'Donoghue says they are gratefully received as some of the current recliners are 15 years old.
  - After 51 years of nursing Pam Woodham has hung up her stethoscope. She retired last month and her colleagues celebrated her contribution to the profession with a "Throwback Thursday" afternoon tea was held with Pam and her colleagues wearing old nursing uniforms from the Hillmorton Hospital museum. Pam was involved with the Nursing Entrance to Practice Programme (NETP) Advisory Committee since its inception. She guided NETP nurses expertly through their first year of practice, at the same time teaching and mentoring new preceptors. Pam won the NETP preceptor prize twice and was proud that a number of her NETPs went on to be preceptors themselves.
  - Korimako Nursing Entry to Practice Nurse Hayley Lotter was awarded a Nursing Now scholarship to attend the pre-World Health Assembly event for young nurses in Geneva, Switzerland. The World Health Assembly is the decision-making body of the World Health Organization (WHO). Hayley is one of 30 young nurses chosen from across the world to attend and represented the Western Pacific region. The scholarship's aim is to help nurses at the start of their careers better understand the importance of international health policy and how to influence it. They will have an opportunity to meet with World

Health Organization staff and attend the World Health Assembly to listen to debates. Korimako is a Canterbury Health System nursing workforce initiative developed in partnership with Pegasus Health, Te Matau a Māui Collective and Canterbury DHB.

- Staff, patients and families at Christchurch Hospital were delighted to receive a visit from Arya, a four year old female Husky, a professional publicity dog for Husky Rescue New Zealand. The dogs must have special permission and public liability insurance and visit places such as the Antarctic Centre, universities and rest homes. The visit to Christchurch Hospital was well received by patients and their families, says Clinical Nurse Coordinator, Child Health, Alison Duggan. The contact with an animal was particularly appreciated by families who have been in hospital for a prolonged time, or who particularly miss their own pets.
- Dennis Parker is back on his bike and winning gold medals again after treatment to remove tumours from his tonsils and neck. He reached out to Canterbury DHB to thank those involved in his care, saying his medical support team's interventions, support and advice has been awesome. Dennis was diagnosed after his hairdresser noticed a lump on the right side of his neck. A keen cyclist who won his age category in Le Race just the week before his diagnosis, Dennis had surgery in June last year to remove the tumours. It was a shock to get the diagnosis Dennis says but the care he received from all those involved in his treatment was excellent. In April Dennis competed in the 2019 New Zealand Age Group M7 Road Cycling National Championships and won his 65-69 year olds race, regaining his New Zealand title from a previous year.
- A celebration was held to mark the opening of the new premises for Diabetes Christchurch at 21 Carlyle Street, Sydenham. Kaumatua Henare Edwards carried out a blessing and Canterbury DHB CEO David Meates cut the ribbon to officially mark the centre open. The new building has good parking access and as always there is a kind welcome waiting for those with diabetes, their family/whanau or friends, and health professionals, says Manager Lynne Taylor.
- Patients in Ashburton Hospital's rehabilitation ward are enjoying the cosiness and cheerfulness of colourful crocheted blankets thanks to a generous donation of time and talent. Veteran of Lowcliffe Women's Institute and regular visitor to the hospital Olive Philpott delivered six crocheted knee blankets and a large wool blanket to Ashburton Hospital's rehabilitation ward (Ward 2). Olive, aged 93, helps with Meals on Wheels, visits patients and does flower arrangements. It was when she was in hospital herself that she noticed the need for wool blankets for patients, especially smaller ones to place across their knees.
- Burwood Outpatient Physiotherapist, Paul Timothy, is off to Portugal in June to represent New Zealand at the 2019 International Association of Ultrarunners Trail World Championships. Paul will line up alongside eight other New Zealand representatives to tackle the annual event, which is regarded as the premier event of world trail running. Set in Mirandha, Portugal, the 44km course traverses off road terrain and climbs to 2100m. His training programme includes running an average of 130km a week. Paul says he gets a lot of inspiration from the patients he treats at Burwood Hospital, observing the resiliency and determination they have when rehabilitating from serious impairments.
- A survivor of the Linwood mosque attack and keen cyclist, approached Community and Public Health requesting help with holding a memorial ride to promote love, unity and peace. The 'Peace Train' event took participants on a 10km ride to several faith-based sites in and around central Christchurch, starting at the El Noor Mosque and ending at the Linwood Mosque. Community and Public Health Health Promoter Meg Christie says she hoped it would be a good reminder that there is still a need to come together and celebrate diversity.

- Emergency Department Administration Manager Carol Le Beau has retired after a 50 year career at Canterbury DHB that has included overseeing many changes. Carol's first role as a 17 year old straight out of school, was as a booking clerk in the Waiting List department (as it was formerly known). She stayed until 1977, before leaving to have children. Carol returned in 1991, joining the IT department to scope and implement the Homer patient management system. For the past 18 years she has led the ED Administration team.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Contractor is on site for removal / restraint of North West corner panels. Consenting strategy discussions with Christchurch City Council have commenced in relation to remaining panels. Intrusive investigations are underway to inform the detail design. Implementation planning is contingent on master plan and decanting plans being developed separately.
- **Clinical Service Block Roof Strengthening Above Nuclear Medicine:** Stage 1, 2, 3 and 4 complete. Stage 5 started involving strengthening. Final completion is forecast for the end of 2019.
- **Lab Stair 4:** RFP documentation being readied for issue. Programme start date to be in 3rd quarter 2019 following completion of Diabetes building demolition. Relocation of Labs staff and other associated planning continues.
- **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 complete. Awaiting budget pricing from quantity surveyor.
- **Parkside Canopies:** Business case for replacement of shrinkwrap has been approved.

Christchurch Women's Hospital

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

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering:**
  - Materials database is currently in use and is 95% through annual review.
  - Digitalization of the inspection and maintenance programme system is completed. This will allow for onsite recording of all works and integration to Maintenance & Engineering management software.
  - Continue to identify non-compliant areas as other projects open walls / ceilings.
  - Second Stage RFP for installer fixed costs is in final stage of procurement progressing.
  - Passive program continues to receive positive support from wider industry representatives. Southern DHB, Auckland and Capital Coast DHB's, County Manukau, MBIE, Wellington Children's Hospital and Branz have requested visits to our test facility and advice on how to begin the process.
  - Testing of new installers and annual evaluations of current installers has recommenced.
  - Supply of materials continue to improve on site works and cost / waste reductions.
  - Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Approval to proceed to issue the fire engineering brief to Council and Fire Emergency NZ for comment now received. Qualitative Fire Assessment (*QFA*) can now continue.
- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (*MoH*):
  - Preferred Boiler supplier identified and preliminary design work has yet to commence, pending confirmation of exact location on the St Asaph campus. This is in response to the emerging requirements of the campus master planning process and having to revise the concept design to accommodate CDHB's requirements for maximum flexibility around fuel delivery vehicle types.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre constructed and commissioned.
- **Temporary Accommodations on Antigua/Tuam St.** Complete.
- **Parkside Renovation Project to Accommodate Clinical Services, Post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on formal advice from MoH as to outcome of master planning process.
- **Back Up VIE Tank** Primary VIE tank is operational. Design phase started.
- **Antigua St Exit Widening:** CDHB work completed in advance of Otakaro requirements. Camera installation required to undertake traffic count.
- **Avon Switch Gear and Transformer Relocation**. Design complete. Project is being managed by Maintenance & Engineering.
- **Otakaro/CCC Coordination.** Liaison with contractor has commenced for Bus Super Stop works on Tuam St. Licence to occupy granted to Otakaro to allow works to commence. Contract works underway.
- **Diabetes Demolition**: Contractor appointed. Start date 16 May 2019.
- **Co-ordinated Campus Program:** Work is well advanced on a co-ordinated programme to tie together the demolition of Riverside West, the relocation of clean and dirty loading docks, demolition of the Avon generator building, Parkside Panel replacement / repairs, relocation

of food services building and clinical support staff requirements in the LGF of The Hagley Christchurch (ASB). This will provide insight into timing, relocation requirements and potential sequencing issues. It is still subject to confirmation of who goes where in relation to the MoH led campus master plan.

Canterbury Health Labs

- **Anatomical Pathology (*AP*):** Initial planning on options for repatriating AP from School of Medicine has commenced. Design team has been engaged and briefed, and initial bulk and location options have been developed**.** Currently reviewing SRU resources for new Project Manager to take over this work.
- **Core Lab (High Volume Automation) Upgrade:** Design team has been engaged and briefed. Initial advice provided to the CHL team in support of the equipment RFP process. This work will require a new project manager.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand. Still awaiting outcome of passive fire elements external testing and revised fire engineering judgement.
- **Burwood Admin Old Main Entrance Block:** QS figures sent to Dan Coward for review. Hold on way forward until a decision on Mini Health / Artificial Limbs is made.
- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further.
- **Spinal Unit:** Good progress continues. Due to scope change the programme will be extended by approx. eight weeks. Currently experiencing quality issues with passive fire install.
- **Burwood Birthing/Brain Injury Demolition**: Main demolition completed. Additional site scrape being undertaken to confirm level of soil contamination. Currently awaiting sample results.
- **2nd MRI Installation:** Final signoff and as built documentation being provided.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place.
- **Food Services Building:** Business case being finalised for submission.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements. Meeting on site with Cotter Trust representatives undertaken with proposed new location to be presented after review and sign off by senior management.
- **AT&R:** New High Care Area for AT&R construction is in tender review. Resource Consent received and building consent currently with Council. Working on additional requirements for building 1 and 2 and temporary High Care Area for building 3. These include options for additional space in the PSAID area and opportunities for a low stimulus area retrofitted into existing spaces.

The Princess Margaret Hospital Campus

- **Older Persons Health (*OPH*) Community Team Relocation:** The feasibility study is now complete and work is to commence shortly on the options for repurposing the old Burwood Administration building to accommodate community teams.

- **Mental Health Services Relocation:** All consultants have been awarded and the concept design phase has commenced. Regular project meetings are being setup for design, user groups and governance. Design is expected to take one year approximately.

Ashburton Hospital & Rural Campus

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

Other Sites/Work

- **Akaroa Health Hub:** Interior fitout is currently progressing. Exterior pathways and services are being constructed. Completion is anticipated by late May 2019.
- **Kaikoura Integrated Family Health Centre:** Minor repairs being undertaken by Maintenance & Engineering.
- **Rangiora Health Hub:** Building alterations progressing well. Practical completion programmed for end of July 2019, with staff occupying end of August 2019.
- **Home Dialysis Training Centre Relocation:** Home Dialysis team relocated over weekend of 4 May 2019.
- **SRU:** Project Management Office manuals re-write and systems overview. Aligning with P3M3 process and documentation where appropriate. Training continuing for Keyed In software as part of P3M implementation.
- **Seismic Monitoring:** Business case approved for stage 1 Design & Procurement. Case study building assessment underway.
- **Manawa (formerly HREF):** Building has been blessed and is occupied. Currently in defect liability stage. Last PCG meeting held. Currently forecast to be under budget.

Project/Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Sign off on the direction of the Master Planning process is required to plan the next stage of the POW.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRU is looking at options to decant teams to adjacent spaces to allow works to commence. This will, however, not be possible until the Hagley Christchurch project is complete and space elsewhere on the campus becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up, but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames. Risk analysis progressing slowly due to delay in releasing the master plan details.

- Uncertainty of delivery of MoH projects continues to affect our ability to programme projects and allocate resources efficiently.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of April 2019 $14.642M, which was $4.756M unfavourable against the draft annual plan net operating expense of $9.886M. The table below provides the breakdown of the April result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.061	-	**0.061**	0.845	-	0.845
Funder	(3.532)	(3.846)	**0.314**	(36.810)	(39.152)	2.342
DHB Provider	(11.171)	(6.040)	**(5.131)**	(43.022)	(30.304)	(12.718)
Canterbury DHB Group Result	**(14.642)**	**(9.886)**	**(4.756)**	**(78.987)**	**(69.456)**	**(9.531)**

4. APPENDICES

Appendix 1: Extract of the data for Te Waipounamu for Q3, Jan-Mar 2019

Report prepared by: David Meates, Chief Executive

Kia Ora Hauora
Supporting Māori into Health

PROGRAMME STATISTICS MARCH 2019

3,105

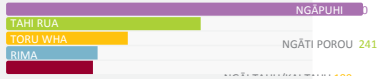
REGION INFO:

GENDER: 83% 17%

AGE:

TE REO FLUENCY:

TOP 5 IWI:



YEARS REGISTERED WITH KOH

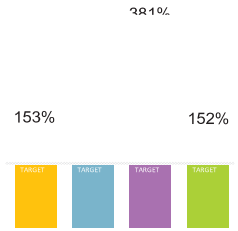
CURRENT STATUS:

EMPLOYED-HEALTHSECTOR	16%
EMPLOYED-OTHERSECTOR	4%
SECONDARY STUDENT	21%
TERTIARY STUDENT	57%
TBC	4%

HEALTH STUDY PATHWAY:

STUDENT CONTACT:

PERFORMANCE AGAINST TARGET



TARGET#OFCONTACTS	ACTUAL
NORTHERN 1,908	2,926
TE WAIPOUNAMU 1,059	1,611

EMPLOYMENT:

600

305 CLINICALROLES

104

376 FULL-TIME

32 PART-TIME

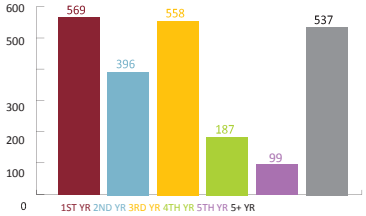
256 DHB

158

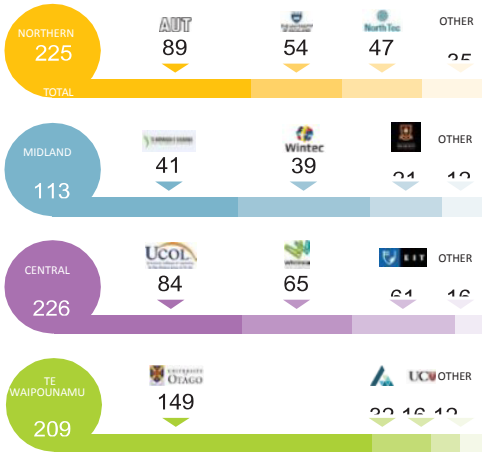
SECONDARY STUDENTS:

YEAR LEVEL	YR9
NORTHERN	0
MIDLAND	0
CENTRAL	0
TE WAIPOUNAMU	
TOTAL	

TERTIARY STUDENTS:



TERTIARY INSTITUTE BY REGION:



Kia Ora Hauora
Supporting Māori into Health

PROGRAMME STATS |JANUARY - MARCH 2019

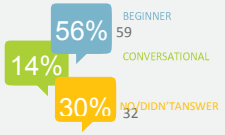
112

TE WAIPOUNAMU REGION:

GENDER: 74% 26%

AGE:

TE REO FLUENCY:



CURRENT STATUS:

EMPLOYED - HEALTH SECTOR	5
EMPLOYED-OTHERSECTOR	2
SECONDARY STUDENT	12
TERTIARY STUDENT	93
TBC	0

HEALTH STUDY PATHWAY:

DISTRICT HEALTH BOARD:

Health	9
Canterbury	0
South Canterbury	40
Southern District	

EMPLOYMENT:

7

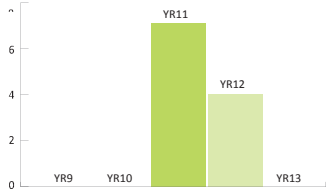
0
CLINICALROLES

3

3
DHB

0

SECONDARY STUDENTS:



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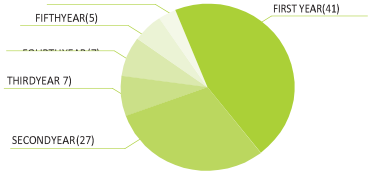


STUDENT CONTACT:

1,059 1,611 152%

TERTIARY INSTITUTE:

Kia Ora Hauora
Supporting Māori into Health

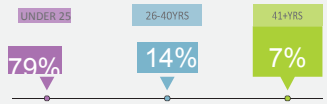
TOTAL CUMULATIVE PROGRAMME STATS - JAN 2019

706

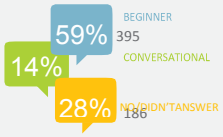
TE WAIPOUNAMU REGION:

GENDER: 78% 22%

AGE:



TE REO FLUENCY:



YEARS REGISTERED WITH KOH

CURRENT STATUS:

EMPLOYED - HEALTH SECTOR	115
EMPLOYED - OTHER SECTOR	25
SECONDARY STUDENT	128
TERTIARY STUDENT	418
TBC	20

HEALTH STUDY PATHWAY:

DISTRICT HEALTH BOARD:

Health	89
Canterbury	24
South Canterbury	208
Southern District	

EMPLOYMENT:

140

75
CLINICALROLES

29

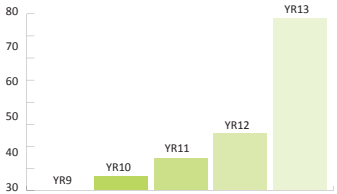
99
FULL-TIME

6
PART-TIME

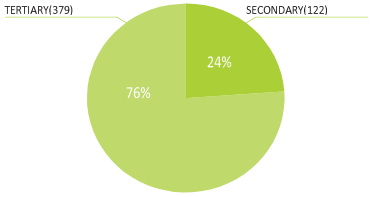
112
DHB

23

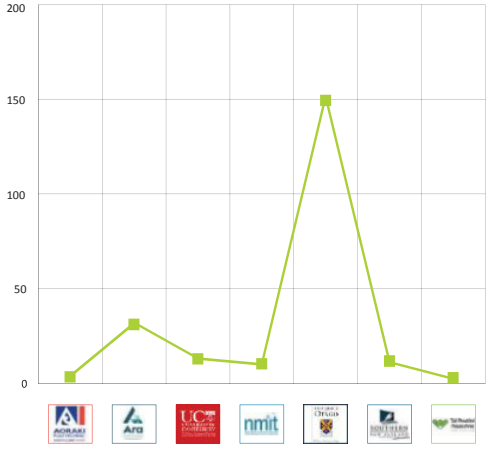
SECONDARY STUDENTS:



EDUCATION LEVEL:



TERTIARY INSTITUTE:



FINANCE REPORT 30 APRIL 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **20 June 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 30 April 2019.

3. DISCUSSION

Overview of April 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of April 2019 was a net operating expense of $14.642M, which was $4.756M unfavourable against the draft annual plan net operating expense of $9.886M. The table below provides the breakdown of the April result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(11.097)	(5.861)	**(5.236)**	(43.035)	(30.271)	(12.764)
Community & Public Health	(0.018)	0.004	**(0.022)**	(0.270)	(0.063)	(0.207)
Total In-House Provider excl Subsidiaries	**(11.115)**	**(5.857)**	**(5.258)**	**(43.305)**	**(30.334)**	**(12.971)**
Add: Funder & Governance						
Funder Revenue	140.192	138.131	2.060	1,392.106	1,380.820	11.286
External Provider Expense	(63.310)	(61.594)	(1.716)	(624.717)	(616.127)	(8.590)
Internal Provider Expense	(80.414)	(80.383)	(0.031)	(804.199)	(803.845)	(0.354)
Total Funder	**(3.532)**	**(3.846)**	**0.314**	**(36.810)**	**(39.152)**	**2.342**
Governance & Funder Admin	0.061	-	0.061	0.845	-	0.845
Total Canterbury DHB (Parent)	**(14.586)**	**(9.703)**	**(4.883)**	**(79.270)**	**(69.486)**	**(9.784)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.025	(0.079)	**0.103**	0.131	0.021	0.109
Canterbury Linen Services Ltd	(0.081)	(0.104)	**0.023**	0.152	0.009	0.143
Canterbury DHB Group Surplus / (Deficit)	**(14.642)**	**(9.886)**	**(4.756)**	**(78.987)**	**(69.456)**	**(9.531)**

The impact of the March terrorist attack and the Outpatients flood continues to add additional strain on our already stressed health system. The impacts of these events not only include the additional costs associated with theatres, ICU, and wards running at capacity and rescheduling of a large number of outpatient appointments (ie the direct financial impact), but also include the impact on our workforce, the community, and our community providers. The impact on staff cannot be underestimated; our workforce continues to be under severe strain.

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

We have been dealing with significant increases in sick leave over the past four years reflecting the cumulative impacts of a system under extreme stress (see below), for a prolonged period of time. In spite of this, the Canterbury Health System performed beyond expectations.

Although our financial result for April was an unfavourable variance of $4.7M, most of this is explainable by the abnormal costs associated with the Mosque terrorist attack, Outpatients flood, and measles immunisations, particularly in terms of personnel costs. These costs will continue to impact our results in the near term.

Disasters and Events since 2010 – the underlying stressors in the Canterbury Health System

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

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

The Outpatients flood may result in some insurance recovery – the costs that we believe may be recovered are not included in our results due to the level of uncertainty. However, there are some costs that are unlikely to be recovered, for which we have accounted partially in our April result.

The additional impact on already constrained capacity is showing in the IDF flows with the likelihood of a very negative wash-up. At this point we do not have a reasonable estimate of this, and have not yet accounted for any wash-up. Coding of discharges is behind due to the implementation of SIPICS and is adversely impacting on the volumes currently reported.

This is all on top of other not insignificant events including strikes, MECA settlements above plan, etc.

4. APPENDICES

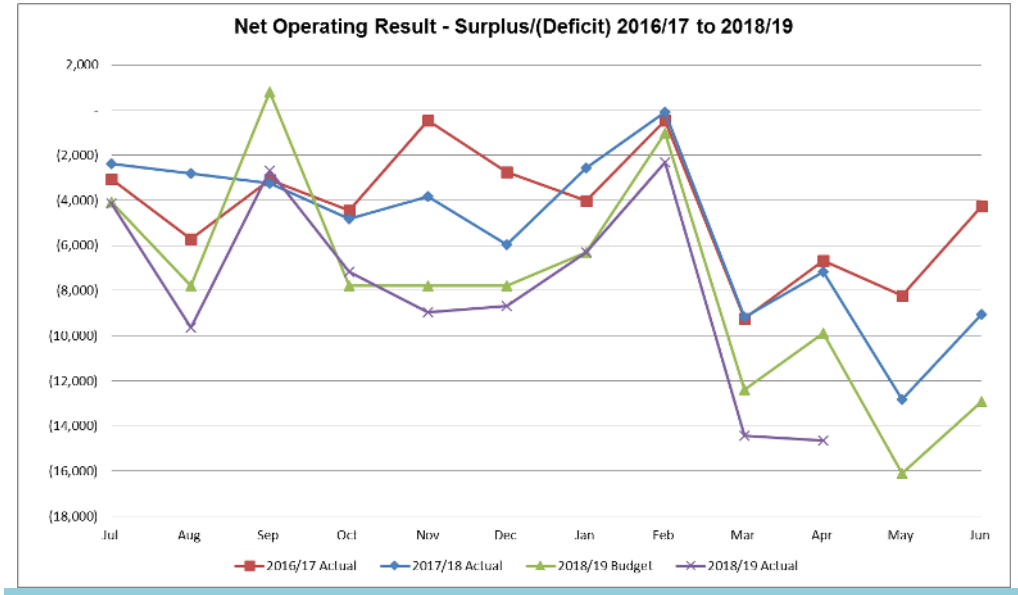
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 MARCH 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(14,642)	(9,886)	(4,756)	48% ✗	(78,987)	(69,456)	(9,531)	14% ✗



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

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

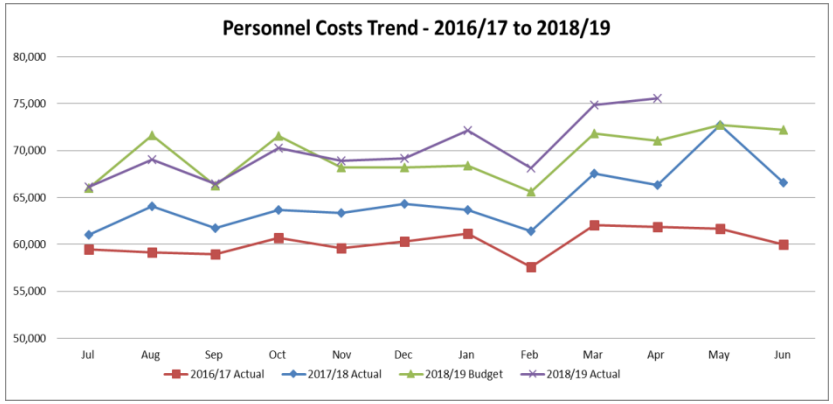
The DHB continues to feel the impact of the terrorist attack and the Outpatients flood. This has placed further significant pressure on payroll costs. Pressure also remains on personnel costs with the average cost of settlement of MECAs above the average uplift in funding. We continue to operate under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

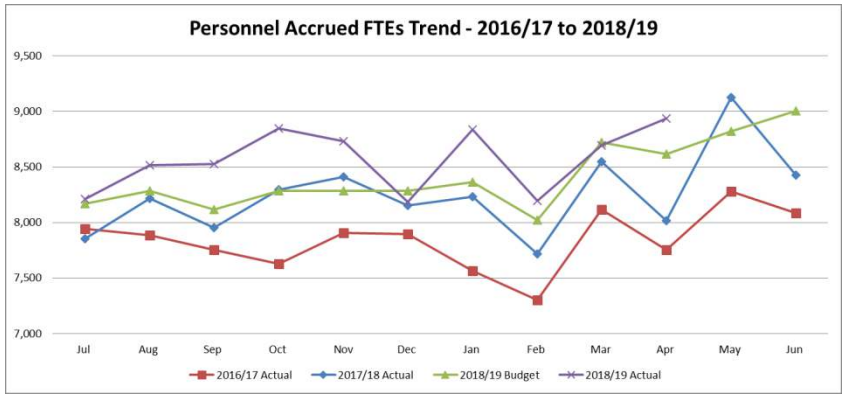
Mental Health remains under huge pressure and it is expected that the March incident will add to this pressure.

KEY RISKS AND ISSUES

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

PERSONNEL COSTS/PERSONNEL ACCRUED FTE





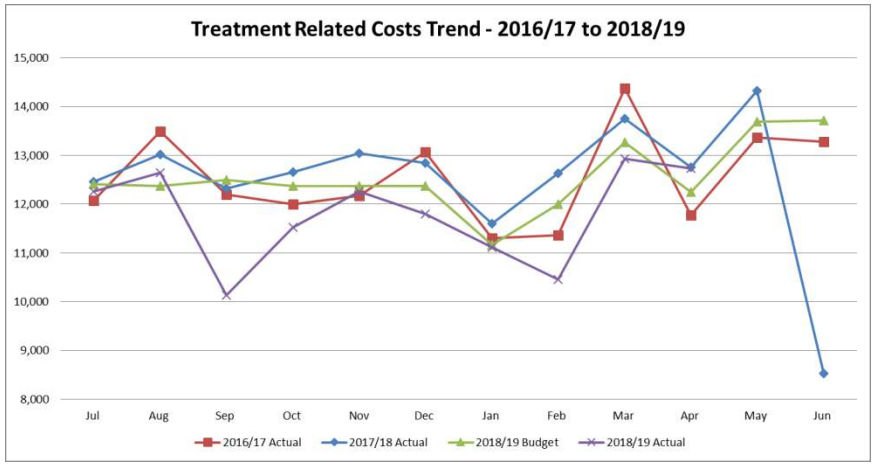
KEY RISKS AND ISSUES

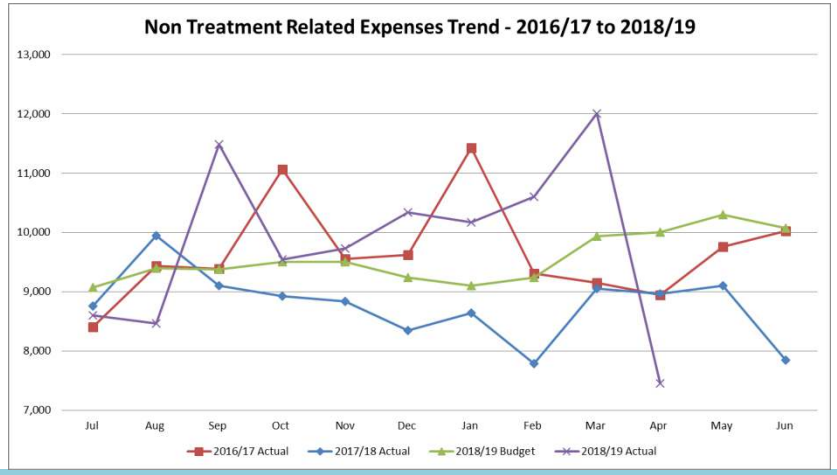
The impacts of the March attack on our workforce continues to place them under severe strain.

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

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

TREATMENT & OTHER EXPENSES RELATED COSTS





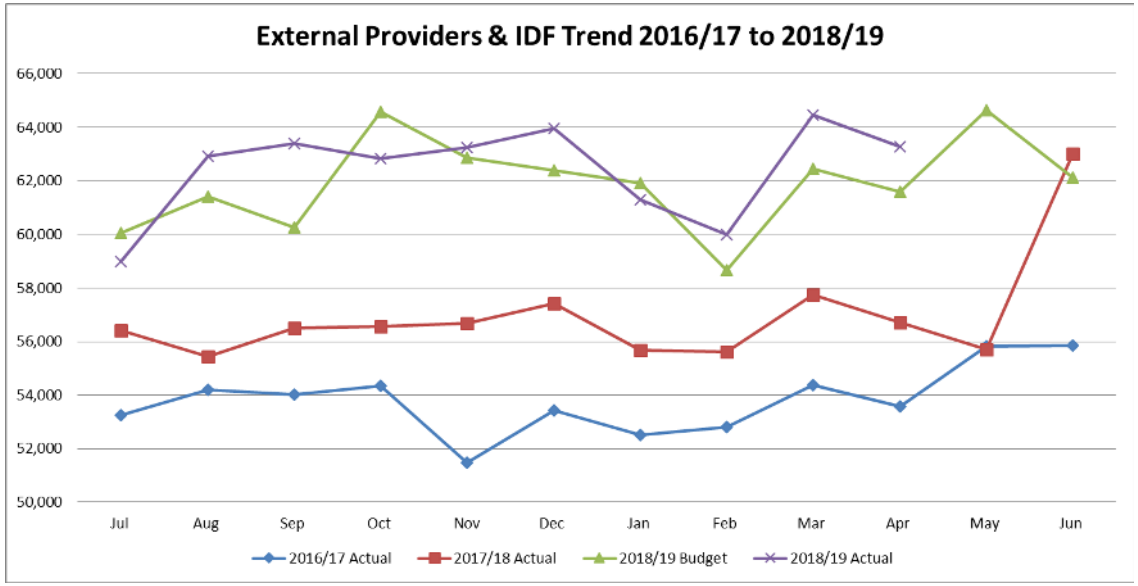
KEY RISKS AND ISSUES

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

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

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
External Provider Costs	63,310	61,594	(1,716)	-3%	✗	624,717	616,127	(8,590)	-1%	✗



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

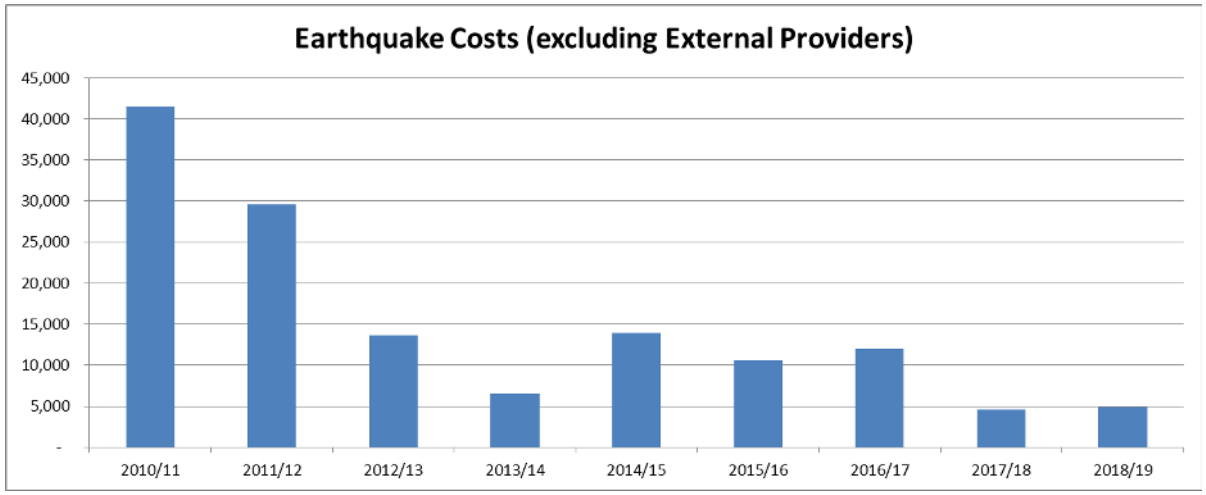
Additionally, the reimbursement of hospital pharmaceutical spend from the combined pharmaceutical budget rebate pool has resulted in an unfavourable variance in external provider costs, which should be offset by lower pharmaceutical costs in the internal provider. We will adjust this budget in 19/20.

KEY RISKS AND ISSUES

Additional outsourcing to meet electives targets may be required. The impact of the March Outpatients flood on electives is still being worked through. There is an impact on elective delivery, and, therefore may impact elective funding. However, the use of additional clinics at penal rates, outplacing, and/or outsourcing may be used to reduce this impact. The amount we may be able to claim for these costs as part of our insurance policies is not quantified but we are in discussions with insurers. Additionally, there is uncertainty on the impact on combined pharmaceutical 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)	**430**	**700**	**(270)**	**100%**	✗	**3,608**	**4,000**	**(392)**	**100%**	✗
Earthquake Costs - Repairs	423	700	277	100%	✓	3,654	4,000	346	100%	✓
Earthquake Costs - External Provider	1,431	1,431	-	100%	✓	14,309	14,309	-	100%	✓
Earthquake Costs - Non Repairs	129	129	-	100%	✓	1,267	1,267	-	100%	✓
Total Earthquake Costs	**1,983**	**2,260**	**277**	**100%**	✓	**19,230**	**19,576**	**346**	**100%**	✓



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

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

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

KEY RISKS AND ISSUES

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

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	509,135	577,775	(68,640)	-12%	✗
Cash	(37,230)	(12,499)	(24,731)	198%	✗

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 April 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
143,066	143,913	137,338	(847) ✗	MoH Revenue	1,449,747	1,438,644	1,375,816	11,103 ✓	1,726,350
4,789	4,217	4,226	572 ✓	Patient Related Revenue	40,328	41,686	40,713	(1,359) ✗	37,172
3,544	3,531	2,680	13 ✓	Other Revenue	33,674	32,211	28,272	1,463 ✓	52,497
151,399	**151,661**	**144,245**	**(262)**	**Total Operating Revenue**	**1,523,749**	**1,512,541**	**1,444,800**	**11,208**	**1,816,019**
75,586	71,039	66,316	(4,547) ✗	Personnel Costs	700,641	685,336	637,014	(15,305) ✗	830,258
12,734	12,251	12,764	(483) ✗	Treatment Related Costs	117,872	121,698	127,213	3,826 ✓	149,097
63,310	61,594	57,835	(1,716) ✗	External Service Providers	624,717	616,127	564,717	(8,590) ✗	742,871
7,410	9,999	7,839	2,589 ✓	Other Expenses	97,652	94,358	88,210	(3,295) ✗	114,720
159,040	**154,883**	**144,754**	**(4,157)** ✗	**Total Operating Expenditure**	**1,540,882**	**1,517,519**	**1,417,154**	**(23,363)** ✗	**1,836,946**
(7,641)	**(3,222)**	**(510)**	**(4,419)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(17,134)**	**(4,978)**	**27,646**	**(12,156)** ✗	**(20,927)**
60	148	55	(88) ✗	Interest	777	1,480	1,148	(703) ✗	1,778
(5)	290	490	(295) ✗	Donations	3,565	2,945	2,222	620 ✓	4,027
1	-	42	1 ✓	Profit / (Loss) on Sale of Assets	130	-	22	130 ✓	-
56	**438**	**587**	**(382)** ✗	**Total Indirect Revenue**	**4,472**	**4,425**	**3,391**	**47** ✓	**5,805**
2,250	2,085	2,470	(165) ✗	Capital Charge	20,966	20,817	25,259	(149) ✗	24,994
4,760	4,979	4,783	219 ✓	Depreciation	45,060	47,706	47,819	2,646 ✓	57,909
47	38	-	(9) ✗	Interest Expense	299	380	60	81 ✓	450
7,057	**7,102**	**7,253**	**45** ✓	**Total Indirect Expenses**	**66,325**	**68,903**	**73,138**	**2,578** ✓	**83,353**
(14,642)	**(9,886)**	**(7,176)**	**(4,756)** ✗	**Total Surplus / (Deficit)**	**(78,987)**	**(69,456)**	**(42,101)**	**(9,531)** ✗	**(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 30 April 2019

Audited 30-Jun-18 $'000		Group Actual 30-Apr-19 $'000	YTD Group Budget 30-Apr-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	(78,987)	(69,456)	(98,475)
496,272	**TOTAL PUBLIC EQUITY**	509,135	577,775	546,895
	Represented By:			
	Current Assets			
1,677	Cash & Cash Equivalents	4,896	-	-
750	Short Term Investments	750	750	750
87,165	Trade and Other Receivables	80,367	85,839	85,839
4,554	Prepayments	8,388	4,554	4,554
11,171	Inventories	9,867	11,171	11,171
10,561	Restricted Assets	13,130	14,577	14,577
115,878	**Total Current Assets**	117,398	116,891	116,891
	Less Current Liabilities			
17,376	Overdraft	42,126	12,499	48,920
111,189	Trade and Other Payables	126,660	119,532	111,192
10,577	Restricted Funds	13,047	14,591	14,591
172,699	Employee Benefits	177,209	163,361	163,361
311,841	**Total Current Liabilities**	359,042	309,983	338,064
(195,963)	**Working Capital**	(241,644)	(193,092)	(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	750,791	771,842	769,043
698,399	**Term Assets**	757,141	777,044	774,245
	Non Current Liablilties			
6,164	Employee Benefits	6,362	6,177	6,177
6,164	**Term Liabilities**	6,362	6,177	6,177
496,272	**NET ASSETS**	509,135	577,775	546,895

Prepayments are expected to reduce over the year to the level of the annual budget. Capital expenditure continues to be less than expected. Main drivers include $14.6M of the tunnel project (managed by MOH) which has been deferred to 19/20. Additional delays to other expenditure have resulted as resources have been reallocated to manage the terrorist attack and floods.

APPENDIX 4: CASHFLOW

Audited 30-Jun-18 $'000		Actual 30-Apr-19 $'000	YTD Budget 30-Apr-19 $'000	Budget 30-Jun-19 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	**Net Cash from Operating Activities**	(19,841)	(18,587)	(48,565)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	**Net Cash from Investing Activities**	(32,734)	(50,689)	(61,754)
	CASHFLOW FROM FINANCING ACTIVITIES			
42,398	**Net Cash from Financing Activities**	31,044	78,959	77,098
(1,179)	Overall Increase/(Decrease) in Cash Held	(21,531)	9,683	(33,221)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	**Closing Cash Balance**	(37,230)	(6,016)	(48,920)

RANGIORA IFHC INVITATION

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Planning, Funding & Decision Support**

DATE: **20 June 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This report originates from the Executive Management Team.

2. RECOMMENDATION

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

i. agrees to inviting interest from primary care in building and operating an integrated family health centre at the Rangiora Health Hub, broadening the range of health services available here for the community of North Canterbury.

3. SUMMARY

Waimakariri's population is growing strongly and with it demand for health services. There is an opportunity to support expansion of services available from the DHB's Rangiora Health Hub for this population by inviting interest from primary care providers in building and operating an integrated family health centre on suitable land at the Hub.

4. DISCUSSION

The population of the Waimakariri District is around 50,000 strong, having grown by more than 16% since the 2006 Census (Statistics NZ). Continuing growth is expected due to the healthy local agricultural and service economy, improving transport infrastructure between North Canterbury and Christchurch, and the filling of new subdivisions around Rangiora, Kaiapoi and at Pegasus/Ravenswood.

This growing population is increasing demand for primary care, and local providers are making plans and investing to meet this growth in demand (eg. the general practice Durham Health recently expanded its premises to accommodate more clinical staff and the co-location of Rangiora Pharmacy and Pacific Radiology).

The DHB's Rangiora Health Hub currently includes the following services:

- primary birthing and postnatal care at the Rangiora Maternity Unit, with three birthing rooms, 10 postnatal rooms, four assessment rooms and four further beds for general use;
- dental treatment for school-age children at the Rangiora Community Dental Clinic, with two treatment suites;
- public health nursing;
- community mental health care; and
- various other visiting specialist outpatient services.

There is ample land available at the Rangiora Health Hub to accommodate a broader range of health services for the communities of North Canterbury.

It is proposed to support further development and investment in primary care services for North Canterbury's growing population by inviting interest in leasing land at the Rangiora Health Hub for the purpose of building and operating a family health centre. Co-location of a family health centre here will support integration of primary care with the DHB's various community services (eg. mental health, public health nurses), and could also support expanding services available here (eg. short-term or overnight observation of unwell people in the Maternity Unit's general beds, instead of transport to Christchurch Hospital).

The part of the site most suitable for a primary care facility is at the eastern end, fronting Ashley Street. This has the street presence which such facilities require - including for an on-site pharmacy and other allied health providers – and Ashley Street is on a bus route. The boundaries of the land to be leased would be open for agreement with the lessee, subject to retaining direct access from Ashley Street to the DHB's facilities. This part of the site is indicated on the satellite image below.

Diagram: Satellite photo of Rangiora Health Hub site, marking area most suitable for development of an integrated family health centre.

Leasing land for such a development is subject to approval by the Minister of Health. The lease is proposed to:

- have a term up to 35 years less one day, which avoids the subdivision-related requirements of the Resource Management Act;
- grant a right to the lessee to sublease space within their facility subject to the approval of the Canterbury DHB (eg. for a pharmacy);
- carry a rental set at an open market rate for undeveloped land in Rangiora, and reviewed every five years; and
- require, at the end of the term, that the improvements revert to ownership by the DHB, subject to the DHB paying compensation to the lessee at their depreciated replacement cost.

An invitation to register interest in this opportunity would be made via the Government Electronic Tender Service.

Report prepared by:	Michael James, Primary Care Team, Planning Funding & Decision Support
Report approved for release by:	Carolyn Gullery, Executive Director, Planning Funding & Decision Support

PETITION REQUESTING AFTER-HOURS AT THE RANGIORA HEALTH HUB

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Planning, Funding & Decision Support**

DATE: **20 June 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This report originates from Planning, Funding & Decision Support.

2. RECOMMENDATION

That the Board:

i. notes that Rangiora residents Sandi and David Mclean have submitted to the Board a petition signed by an estimated 10,500 people requesting an after-hours medical facility for the Rangiora Health Hub; and
ii. agrees to writing to Mrs and Mr Mclean, acknowledging the petition, and confirming that the DHB indeed plans to continue expanding the services available from the Rangiora Health Hub to meet the healthcare needs of Waimakariri's growing population.

3. DISCUSSION

On Thursday 6 June 2019, at a public meeting hosted by Waimakariri MP Mr Matt Doocey, local residents Mrs and Mr Mclean presented a petition signed by an estimated 10,500 people to CDHB's Executive Director of Planning Funding & Decision Support, Carolyn Gullery. The petition says:

"We the undersigned: Request the Canterbury District Health Board to resource an after hours medical care facility for the Waimakariri District based at the Rangiora Health Hub."

The petition will be tabled at the Board's meeting.

The petition's request is well-aligned with CDHB's planning to further expand healthcare services for the communities of the Waimakariri District from the Rangiora Health Hub, as progressed in the previous agenda item: "Rangiora IFHC Invitation". Evaluation criteria for this invitation will include the respondent's capacity and proposals to offer extended clinic hours, as well as integration with the DHB's mental health and other community services on-site.

It would be appropriate for the Board to write to Mrs and Mr Mclean to acknowledge their petition and to confirm the DHB's plans for the Rangiora Health Hub.

Report prepared by:	Michael James, Primary Care Team, Planning Funding & Decision Support
Report approved for release by:	Carolyn Gullery, Executive Director, Planning Funding & Decision Support

APPROVAL OF TRUST/DONATED FUNDS EXPENDITURE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Ashburton and Rural Health**

DATE: **20 June 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The Rural Health Academic Centre Ashburton (*RHACA*) is a partnership between Canterbury DHB, Otago University, Advance Ashburton and the McKenzie Foundation. Funded through the named community partners, the founding principles of RHACA are aimed at increasing the medical and nursing workforce with rural health expertise. RHACA incorporates researching, teaching and simulation training specifically designed and delivered for the rural and remote service delivery context. This proposal seeks the approval to purchase the infant (<1yr old) Laerdal manikin, funded by donations received in May 2018 specifically pertaining to this purchase.

2. RECOMMENDATION

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

i. approves the expenditure of trust/donated funds from Community Trusts, Advance Ashburton and McKenzie Foundation of $62,612.90 to procure one complete simulation "sim-baby" manikin for the Rural Health Academic Centre Ashburton.

3. DISCUSSION

Building on the existing partnership between the University of Otago and the Canterbury DHB, and the long standing partnership between Advance Ashburton and Ashburton Health Services, a local education unit dedicated to the pursuit of education and research of rural health service delivery was established in 2017. The research and teaching commitments delivered in partnership with Otago University are ongoing and on target for two published research papers in 2019.

Throughout the 2018 year, the simulation unit was temporarily located within the Ashburton Hospital. The planned facility developments and relocation of services progressing over the past 12 months have reached conclusion and the simulation centre is located in its "permanent location", in the previous Ward 6 location. Over the past 18 months, we have delivered four successful RiSC five day simulation training workshops on site, in partnership with Otago University. Participants involve nursing and medical teams from across New Zealand involved in delivering acute care in rural and remote settings. This has increased significantly the profile of Ashburton Hospital and Canterbury DHB as a leading provider of rural health care delivery and workforce development.

In April 2019, we introduced the Trauma and Emergency Management Course into the RHACA curriculum. This programme is specifically designed for medical and nursing students interested in expanding into Rural Health; the potential future workforce of rural health delivery. A first to be delivered in a rural setting and led by a clinical workforce involved exclusively in rural health care delivery, 17 participants attended the week long

programme, including five from the Cook Islands. Four participants have confirmed they will be applying for the registrar placement in Ashburton within the next 12 months.

In addition to formal training programmes, the simulation centre is utilised weekly providing in-house training sessions for the nursing and junior medical team on site, improving clinical response and team work as part of the ongoing in-house training programme.

In April 2018, the clinical leadership involved in the design and delivery of RHACA submitted a proposal to the RHACA Steering Group to expand the simulation centre. The current simulation lab consists of one adult manikin and one child manikin (5-7yr old). The proposal outlined the partnership with the clinical leaders in the Emergency Department of Canterbury DHB looking to collaboratively train junior doctors and nurses in pediatric life support. This course has recently been made available in NZ and is a truncated version of a full Advanced Paediatric Life Support (*APLS*) course. This one day course would be integrated into the orientation of new doctors working in either the Emergency Department in Christchurch or Ashburton Hospitals. The course will be delivered in RHACA's simulation lab and would run every three months. To deliver this course, we require an infant (<1yr old) manikin to go alongside our child manikin. This application for funding was approved in April 2018 and the funds donated and receipted by Canterbury DHB within the corresponding month.

At the time of application, the RHACA clinical leadership team were aware that Laedarl were in the process of releasing an updated simulation unit, more appropriate to partner with the existing simulation units. There was a delay in this product being released to market, but this is now fully available and ready for purchase.

This unit completes the purchase of simulation equipment and provides a strong platform to continue to increase the volume and scope of simulation training in Ashburton to compliment the research underway. All costs for training programs provided to external stakeholders are recovered fully from Otago University, who manage the administration and registration costs for participants.

Report prepared by:	Berni Marra, Manager Ashburton Health Services Anna Combrink, Management Accountant Rural Hospitals
Report approved for release by:	Justine White, Executive Director Finance & Corporate Services

APPROVAL OF TRUST FUNDS EXPENDITURE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Maintenance and Engineering in association with Rural**

DATE: **20 June 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This report is generated following an engineering review commissioned into the heating and cooling issues associated with Tuarangi Home in Ashburton. Maintenance and Engineering are now seeking approval for capital expenditure to remedy the issues, in line with the Delegated Authority for Trust Funds requiring Board approval.

2. RECOMMENDATION

That the Board:

i. approves the expenditure of trust funds from the Moule Trust Fund of $277,300 for the implementation of the recommended option to remedy heating and cooling issues at Tuarangi Home.

3. DISCUSSION

There have been long standing issues regarding the heating and cooling at Tuarangi Home. At low outside temperatures, typically when near freezing or below for any length of time, temperatures in the home drop rapidly from comfortable and acceptable, to cold. Due to the nature of the cohort of patients living within this facility, the physical environment and temperature comfort has a significant impact on health and wellbeing of patients.

Health and Safety reports have consistently noted issues with the temperature control. As a result, an engineering assessment has been completed. This assessment has identified issues with the heat pump and chiller being undersized, issues with domestic hot water system inefficiencies, under-ventilated areas, over heating issues in summer due to lack of cooling provision, and other air handling unit failures.

The recommended option is the installation of a 4-pipe heat pump with a larger capacity, replacing both the existing heat-pump and chiller, building management system modifications, exhaust system modifications, new individual patient room air conditioning, and installing a back-up/ supplementary heating source, for an estimated cost of $277,300.

Application for funding of this project to the Moule Trust will be made subsequent to Board approval.

Report prepared by: Jan van der Heyden, Corporate Support

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

WRITE-OFF REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **20 June 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This report seeks approval for the write-off of approximately $130,134 (subject to conversion rates on the day of transfer), being the outstanding balance of a non-New Zealand resident inpatient charge. This request is made on the basis that the CDHB has taken all reasonable steps to recover the debt and there is no further chance that it will be collected.

Write-offs over $50,000 must be notified to the Quality, Finance, Audit and Risk Committee and write-offs over $100,000 require Board approval.

2. RECOMMENDATION

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

i. approves the write off of approximately $130,134 (subject to conversion rates on the day of transfer), being the balance of a non-New Zealand resident inpatient charge; and
ii. notes that this request is made on the basis that the CDHB has taken all reasonable steps to recover the debt and there is no further chance that it will be collected.

3. DISCUSSION

The patient was in New Zealand on a visitor's visa and was not eligible to receive publicly funded healthcare. We have not made enquiries on sponsorship as the patient was insured.

The patient was an acute General Medicine admission in January 2019 and remained in Christchurch Hospital until he was discharged to return home in late February 2019. A total of NZ$187,684 was invoiced for the cost of hospital services.

The patient had travel insurance. The insurance company is proposing to pay the limit of the policy directly to CDHB. The limit available to the patient under his policy is RM150,000 (Malaysian Ringgit). This converts to approximately NZ$54,950.

The patient made an initial payment of $2,000 as a show of good faith and is paying $100 per week until such time as the account is paid by the insurance company. The balance as at 9 May 2019 is $185,084.

The patient has provided a Declaration of Assets and Liabilities. The patient claims to have no assets and as a retired 76 year old, he has no income. The current outstanding balance has been provided for as doubtful debt.

4. FINANCIAL SUMMARY

	Amount	Paid	Outstanding
Invoice 508294	187,684	2,600	
To be paid by insurance company		54,950	
	$187,684	**$57,550**	**$130,134**

5. STATUTORY REQUIREMENTS

The CDHB fulfilled all responsibilities for acute care for this patient. As required under the Code of Health and Disability Services Consumer Rights, the patient's family was fully informed that there would be a cost for their health services.

The Revenue Team have generated invoices and provided them to the family. Consistent and persistent efforts have been made to recover the debt.

We are only able to write off an account when all reasonable steps have failed to recover the debt or is not cost effective to do so.

6. CDHB BAD DEBT WRITE-OFF POLICY

The CDHB Bad Debt Write-offs Procedure/Policy document (AR8) specifies that "A debt should be written off as "uncollectable" when there is no chance of collecting it, or the likelihood of recovery is very low."

If an account has been put forward for write-off, the Delegation of Authority is as follows:

Executive Director Finance & Corporate Services	Up to $50,000
Chief Executive	Up to $100,000

Note- As per the Authorities and Purchasing Delegation of Authority dated 8 August 2008, the Chief Executive is required to report write-offs over $50,000 per item to the Quality, Finance, Audit and Risk Committee, and write-offs over $100,000 require Board approval.

Report prepared by: Andrew Meier, Senior Management Accountant, Christchurch Hospital

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

DELEGATIONS FOR ANNUAL ACCOUNTS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **20 June 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek Canterbury DHB Board approval for a delegation to approve the final audited accounts for the 2018/19 financial year on the Board's behalf, if required, if the timing of these does not fit with Board or Committee meetings.

2. RECOMMENDATION

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

i. authorises either the Quality, Finance, Audit and Risk Committee Chair and the Board Chair or, if one of these should not be available, one of these two and a Board member, to approve the final audited accounts for 2018/19 on the Board's behalf if required, should the timetable not fit with a Board or Committee meeting;
ii. notes that if this delegated authority is exercised, the final accounts will be circulated to Committee and Board members; and
iii. notes that the Canterbury DHB Chair, Chief Executive and General Manager Finance and Corporate Services, will sign the letter of representation required in respect to the 2018/19 Crown Financial Information System accounts which are required at the Ministry of Health in early August.

3. SUMMARY

The audited Crown Financial Information System (*CFIS*) accounts for the 2018/19 financial year are due with the Ministry of Health in early August to meet the Crown's financial reporting timetable. It should be noted that the Canterbury DHB Board's August meeting is on 15 August 2019.

The CFIS accounts for the 2018/19 financial year will be signed on behalf of the Board by the Canterbury DHB Chair, Chief Executive and General Manager Finance and Corporate Services, and their letter of representation will accompany the accounts. Any change to the 'bottom line' result as reported to this Committee will be discussed with the Chair of the Quality, Finance, Audit and Risk Committee and/or the Canterbury DHB Chair; with Committee members to be updated via email of any change.

The audit process will begin in late July 2019 and is expected to be finished by early September 2019, with the final full audited accounts expected to be completed by the end of September 2019. In the event that the timing of the completion of these does not fit the Board meeting schedule it is recommended the Board be asked to delegate approval of the final 2018/19 audited accounts as per the recommendations contained in this report.

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

HAC – 30 MAY 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Hospital Advisory Committee**

DATE: **20 June 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 30 May 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 30 May 2019 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 30 May 2019

Report prepared by: Anna Craw, Board Secretariat

Report approved by: Andrew Dickerson, 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, 30 May 2019, commencing at 9.00am

PRESENT

Andrew Dickerson (Chair); Jo Kane (Deputy Chair); Sally Buck; Jan Edwards; David Morrell; Dr Rochelle Phipps; Trevor Read; and Dr John Wood.

APOLOGIES

Apologies for absence were received and accepted from Barry Bragg; Dr Anna Crighton; and Ta Mark Solomon.
An apology for lateness was received and accepted from Jo Kane (9.25am).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Sue Nightingale (Chief Medical Officer); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

IN ATTENDANCE

Item 4

Dr Amanda Lyver, Paediatric Oncologist and Chair, National Child Cancer Network
Kirsten Ballantine, Analyst, Coordinator New Zealand Children's Cancer Registry

Item 6

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

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
David Morrell – addition – Niece working as Policy Advisor on the public inquiry into the Earthquake Commission.

There were no other additions/alterations.

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

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

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2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (07/19)
(Moved: Sally Buck/Seconded: Dr Rochelle Phipps – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 4 April 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

4. CHILDREN'S HAEMATOLOGY & ONCOLOGY CENTRE (PRESENTATION)

Dr Amanda Lyver, Paediatric Oncologist and Chair, National Child Cancer Network; and Kirsten Ballantine, Analyst, Coordinator New Zealand Children's Cancer Registry, presented to the Committee on the New Zealand Children's Cancer Registry (*NZCCR*).

An overview was provided of what NZCCR is; its eligibility criteria; what information it holds; what "Shared Care" is; and how this is achieved.

The presentation highlighted that:

- child cancer survival in New Zealand is comparable with our usual benchmark health systems; and
- there is no difference in survival for the usually accepted differentiators of ethnicity, urban/rural, socioeconomic status.

Jo Kane joined the meeting at 9.25am.
The meeting moved to Item 6.

6. H&SS MONITORING REPORT

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

General Managers spoke to their areas as follows:

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

- Challenges continue in the AT&R environment. A workshop is scheduled with Ministry of Health colleagues mid June 2019 to focus on sustainability of AT&R services, with an emphasis on patient care and staff wellbeing.
- Joan Taylor has been appointed to the role of Director of Nursing.
- SMHS continues to work closely with Planning & Funding with regards to mosque attack recovery processes and ensuring that appropriate wrap around services are available.

The Government's response to the Inquiry into Mental Health and Addiction, as provided to CDHB Board members on Wednesday, 29 May 2019, is to be circulated to external HAC members for their information.

The meeting moved to Item 5.

5. 2019 WINTER PLANNING UPDATE

Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health, presented the report. Discussion took place around the following:

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- The high rates of influenza already being experienced, with it noted that this has hit harder and earlier than in previous years. 40 influenza cases have been admitted to Christchurch Hospital over the last week. The impact of this and flow on effects are significant.
- The need for flexibility and a system wide response. The importance of remaining cool, calm and collected when the system is under pressure.
- The effectiveness of the vaccine against the current flu strain.
- The ongoing health and wellbeing of staff.

The Committee received the report.

The meeting returned to Item 6.

6. H&SS MONITORING REPORT

General Managers continued to speak to their areas as follows:

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

- The Muslim community of Christchurch invited representatives from DHB services to a special dinner last week to express thanks for the treatment and care received. The ongoing support the DHB continues to receive locally, nationally and internationally by both Muslim and non-Muslim communities is extremely humbling.
- The "Save Teddies" operation has been a success and is now complete.
- All services have returned to the Outpatients building, which is now fully functional. The impact of this incident has been significant.

ESPIs
Agreement has been reached with the Ministry of Health for CDHB to provide monthly manual reporting on ESPI5, with the first report provided last month. ESPI5 is the current priority focus area to ensure surety around year end figures. Focus will then shift to ESPI2.

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

- Focus continues on falls. Strategies as part of the Safe Recovery Programme have been focusing on what activity can be improved during night shifts, such as the use of night lights in patient bedrooms and ensuites. There has also been a focus on working as a team on admission and focusing closer attention for the first few days of admission.
- A new programme is being rolled out to address medication errors.
- The Spinal Unit is on track for opening in August 2019.
- There has been a greater use of telemedicine in spinal care outreach. Work continues to advance in this area

There was discussion around the shortage of spinal surgeons and recruitment plans.

Laboratories – Kirsten Beynon, General Manager

- Influenza and respiratory virus activity is increasing.
- CDHB has a reputation for being a leader in the Point of Care Testing (*POCT*) setting. As such, it has had close interaction with the POCT team at Waitemata DHB when it was awarded funding for the Rural POCT implementation in the Auckland region, sharing its understanding of services implemented in Canterbury and other learnings.
- Two forensic pathologists have recently been appointed and will join Dr Martin Sage in the Forensic Pathology and Mortuary Service, ensuring stabilisation of the Service.

- Updates were provided around Facilities, E-Ordering, Molecular Microbiology, and Laboratory Information System issues.

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

- In partnership with Otago University, Ashburton Health Services recently delivered the first Trauma and Emergency in Rural Settings programme. Seventeen participants from all over New Zealand, and including five from the Cook Islands, arrived in Ashburton for an immersion week of teaching and training. Several of the participants indicated a desire to work in the Ashburton Hospital and will be applying for RMO rotations as they arise later in the year. This is the first time that this course/programme has been delivered in a rural setting.
- As the result of a recent spike in Mycoplasma Bovis cases, primary mental health providers are coming together to address sustainable ongoing support in this area. There will be a focus on providing clear and succinct messaging, as well as easily accessible information to enable connection to appropriate services.
- Allied health staff have shifted their focus from a hospital based service to more of a community delivery based service.

Rural Health Services – Win McDonald, Transition Programme Manager

- The Akaroa IFHC is progressing as scheduled. The building handover will take place July 2019, with the official opening on 7 September 2019.
- Measles vaccination messaging has been successful in the Chatham Islands, with a further 47 families now vaccinated.
- There has been a recent focus across all rural sites on Advance Care Plans and Acute Care Plans.

The Committee received the report.

7. CLINICAL ADVISOR UPDATE – MEDICAL (ORAL)

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

- Clinical Board. Has been in abeyance while being re-established to take a whole of system overview. This should occur in the next few months.
- Review of Research Office and Committees. Review has been completed. Primary recommendations are for an immediate review of the governance system, and the immediate appointment of a CDHB Director of Research in a leadership role across the DHB. Following this, a wider strategy for integration of activities with Te Papa Hauora/Health Precinct is recommended.
- New Technologies. A New Treatments and Technologies Programme (*NT&T*) has been developed in response to a recurring demand from the organisation for a clear rational process for adopting new treatments and technologies, including the purchase of new consumables.
- Health Emergency Planning. A designated business continuity planner is assisting services in developing plans, lining up policies and approaches. A review of the DHB's response to the events of 15 March 2019 has been undertaken, and whilst feedback has been very positive, learnings have also been identified.
- Resident Medical Officers. Industrial negotiations - facilitation process continues. Due to be completed 31 May 2019.

The Committee requested a presentation on the NT&T Programme to a future meeting. This will be scheduled.

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (8/19)
(Moved: David Morrell/Seconded: Trevor Read – 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 4 April 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

- Quality & Patient Safety Indicators Level of Complaints
- 2019 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.25am.

Approved and adopted as a true and correct record:

Andrew Dickerson
Chairperson

Date of approval

Draft

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: **20 June 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, 11, 12 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 16 May 2019	For the reasons set out in the previous Board agenda.	
2.	NZ Health Innovation Hub – Future Options	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Medchart Upgrade	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Audit NZ – Audit Arrangements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Rangiora Health Hub – Stage 3	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Chair & Chief Executive - Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
8.	2019/20 Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Final Accountability Documents	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	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)
12.	Advice to Board: • HAC Draft Minutes *30 May 2019* • QFARC Draft Minutes *30 May 2019*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

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