

AGENDA – PUBLIC

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

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 20 June 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.	Maori Health Strategy Proposal	Hector Matthews	9.50-10.00am
9.	Advice to Board: CPH&DSAC – 4 July 2019 - Draft Minutes	Dr Anna Crighton	10.00-10.05am
10.	Resolution to Exclude the Public		10.05am
ESTIMATED FINISH TIME – PUBLIC MEETING			10.05am

NEXT MEETING: Thursday, 15 August 2019 at 9.00am

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 Crow – *Board Secretariat*
Kay Jenkins – *Executive Assistant, Governance Support*

BOARD ATTENDANCE SCHEDULE – 2019**Canterbury**

District Health Board

Te Poari Hauora o 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
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 o Waitaha

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

<p>Dr John Wood Chair CDHB</p>	<p>Advisory Board NZ/US Council – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director.</p> <p>Chief Crown Treaty Negotiator for Ngai Tuhoe Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Treaty Negotiator for Ngati Rangī Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment.</p> <p>Chief Crown Treaty Negotiator, Tongariro National Park Engagement with Iwi collective begins July 2018.</p> <p>Chief Crown Treaty Negotiator for the Whanganui River Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations High level agreement in principle reached. Aiming for deed of settlement end of 2018.</p> <p>School of Social and Political Sciences, University of Canterbury – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment.</p> <p>Te 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.</p> <p>Te Urewera Governance Board –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee.</p> <p>University of Canterbury (UC) 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.</p>
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<p>Ta Mark Solomon Deputy Chair CDHB</p>	<p>Claims Resolution Consultation – Senior Maori Leaders Group – Member This is an Advisory Board to MSD looking at the claims process of those held under State care.</p> <p>Deep South NSC (National Science Challenge) Governance Board – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities.</p> <p>Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu – Board Member Te Putahitanga o Te Waipounamu is a commissioning entity that works on behalf of the iwi in the South Island to support and enable whanau to create sustained social impact by developing and investing in ideas and initiatives to improve outcomes for Māori, underpinned by whānau-centred principles and strategies, these include emergency preparedness and disaster recovery. Te Pūtahitanga o Te Waipounamu also invests in Navigator roles to support and build whānau capability.</p> <p>Greater Christchurch Partnership Group – Member This is a central partnership set up to coordinate our city’s approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other’s work).</p> <p>He Toki ki te Rika / ki te Mahi – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury.</p> <p>Interim Te Ropu – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019.</p> <p>Liquid Media Operations Limited – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology.</p> <p>Maori Carbon Foundation Limited – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country.</p> <p>Ngāti Ruanui Holdings Corporation Limited – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga</p>
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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.

Taranaki Capital Partners Limited – Director

Not for profit company looking after share portfolios for Nga Rauru & Ngati

	<p>Ruanui.</p> <p>Te Ohu Kai Moana – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community.</p> <p>Te Ohu Kai Moana Portfolio Management Services Limited – Director Sub-committee of Te Ohu Kai Moana</p> <p>Te Ohu Kai Moana Trustee Limited – Director & Trustee Charitable Trust of Te Ohu Kai Moana.</p> <p>Te Putea Whakatupu Trustee Limited – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana.</p> <p>Te Wai Maori Trustee Limited – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana.</p> <p>Te Waka o Maui – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.</p>
Barry Bragg	<p>Air Rescue Services Limited - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services.</p> <p>Canterbury West Coast Air Rescue Trust – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.</p> <p>CRL Energy Limited – Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.</p> <p>Farrell Construction Limited - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch.</p> <p>New Zealand Flying Doctor Service Trust – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.</p> <p>Ngai Tahu Farming – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions.</p> <p>Ngai Tahu Property Limited – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.</p>

	<p>Ngai Tahu Property (CCC-JV) Limited – Director Wholly owned subsidiary of Ngai Tahu Property.</p> <p>Stevenson Group Limited – Deputy Chairman Property interests in Auckland and mining interests on the West Coast.</p> <p>Taurus Management Limited – Director Property syndication company based in Christchurch</p>
Sally Buck	<p>Christchurch City Council (CCC) – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.</p> <p>Registered Resource Management Act Commissioner From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.</p> <p>Rose Historic Chapel Trust – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.</p>
Tracey Chambers	<p>Chambers Limited – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise.</p> <p>Rata Foundation – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand’s largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.</p>
Dr Anna Crighton	<p>Christchurch Heritage Limited - Chair - Governance of Christchurch Heritage Christchurch Heritage Trust – Chair - Governance of Christchurch Heritage Heritage New Zealand – Honorary Life Member CDHB owns buildings that may be considered to have historical significance.</p> <p>The Art Registry Company Limited - Shareholder Theatre Royal Charitable Foundation – Director</p>
Andrew Dickerson	<p>Canterbury Health Care of the Elderly Education Trust - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB.</p> <p>Canterbury Medical Research Foundation - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB.</p> <p>Heritage NZ - Member Heritage NZ’s mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and</p>

	<p>Heritage NZ has already been involved with CDHB buildings.</p> <p>Maia Health Foundation - Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital.</p> <p>NZ Association of Gerontology - Member Professional association that promotes the interests of older people and an understanding of ageing.</p>
Jo Kane	<p>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.</p> <p>HurriKane Consulting – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.</p> <p>Latimer Community Housing Trust – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p>NZ Royal Humane Society – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.</p>
Aaron Keown	<p>Christchurch City Council – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.</p> <p>Grouse Entertainment Limited – Director/Shareholder</p>
Chris Mene	<p>Canterbury Clinical Network – Child & Youth Workstream Member</p> <p>Core Education – Director Has an interest in the interface between education and health.</p> <p>Wayne Francis Charitable Trust - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.</p>
David Morrell Board Member	<p>British Honorary Consul Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (<i>FCO</i>) may expect Honorary Consuls to become involved in trade initiatives from time to time.</p> <p>Canon Emeritus - Christchurch Cathedral The Cathedral congregation runs a food programme in association with CDHB staff.</p>

	<p>Earthquake Commission Niece is a Policy Advisor on the public inquiry into the Earthquake Commission.</p> <p>Friends of the Chapel - Member</p> <p>Great Christchurch Buildings Trust – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.</p> <p>Heritage NZ – Subscribing Member Heritage NZ’s mission is to promote the identification, protection, preservation and conservation of the 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.</p> <p>Hospital Lady Visitors Association - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.</p> <p>Nurses Memorial Chapel Trust – Member (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.</p>
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MINUTES

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
 held at 32 Oxford Terrace, Christchurch
 on Thursday 20 June 2019 commencing at 9.00am

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; and David Morrell.

APOLOGIES

There were no apologies.

EXECUTIVE SUPPORT

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

APOLOGIES

Michael Frampton (Chief People Officer); Sue Nightingale (Chief Medical Officer); and Stella Ward (Chief Digital Officer).

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 (27/19)**

(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 16 May 2019 be approved and adopted as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHRISTCHURCH HOSPITAL MOSQUE VIDEO

Due to technical difficulties this video will be shown at the next meeting.

5. CHAIR'S UPDATE

Dr Wood advised the Board that he will be overseas from 29 June 2019 until 15 July 2019, and that Ta Mark Solomon would be Acting Chair in his absence.

He spoke briefly regarding the appointment of the Crown Monitor and advised there would be more discussion around this later in the meeting.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

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

- Influenza is impacting very heavily across the community and the hospital has been operating beyond capacity for quite a period of time. It was noted that patient flow is being managed on an hour by hour basis.
- There have been two recent midwife deaths which means that staff are dealing with the loss of colleagues.
- Over 13,000 procedures have been performed in the community that would normally have been provided in a hospital setting.
- A number of us travelled to Wellington to have a strategic conversation with the Ministry and Treasury as part of a process being undertaken with all DHBs.
- Underpinning all of this is the release of the Resilience website which should make it easier for people to access different services.

Discussion took place regarding the importance of quantifying savings the DHB is making.

A query was made regarding the cost of the response to the Terror Attack and whether there is any indication from the Ministry that there will be an acknowledgement of these costs. It was noted that there has been some money allocated, however, the impact of IDFs and electives is still to be quantified.

Discussion took place regarding influenza vaccine uptake. It was noted that the uptake is higher than it has ever been, both in the community and for staff.

A query was made regarding how the DHB will deal with the 2018/19 results when the Annual Plan has not been signed off. It was noted that this is part of the work being undertaken with EY and the Ministry, and also it is important to remember that the Statement of Intent (*SOI*) is a critical document for the DHB and is tabled in parliament.

The Chief Executive commented that the clear signal from the Minister is that whilst the Annual Plan was not approved we should continue to give life to it.

Resolution (28/19)

(Moved: Ta Mark Solomon/seconded: David Morrell – 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 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.

It was noted that recent events have had a large impact on the results, including: the outpatient disruption; measles; early influenza; and strikes. However, we are making savings where we can.

Tracey Chambers departed the meeting at 9.55am.

A query was made regarding our deficit funding request and it was noted that advice has been received that support is imminent.

Resolution (29/19)

(Moved: Andrew Dickerson/seconded: Dr Anna Crighton – carried)

“That the Board:

- i. notes the financial result and related matters for the period ended 30 April 2019.”

8. **RANGIORA IFHC INVITATION**

Carolyn Gullery, Executive Director, Planning Funding & Decision Support presented this paper which was taken as read. Ms Gullery advised that this relates back to our original strategy where we were very keen to expand the range of services available at this hub and we are aware that there are now Primary Care organisations that are now interested in moving here. It is intended to undertake an expression of interest around this which is consistent with the process run in Ashburton.

Resolution (30/19)

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

“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.”

9. **PETITION REQUESTING AFTER-HOURS AT THE RANGIORA HEALTH HUB**

Ms Gullery also presented this report. The Board noted the petition received with 10,500 signatures looking for the DHB to make better use of the Rangiora Health Hub.

Resolution (31/19)

(Moved: Sally Buck/seconded: Aaron Keown – carried)

“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.

10. APPROVAL OF TRUST / DONATED FUNDS EXPENDITURE

11. APPROVAL OF TRUST FUNDS EXPENDITURE

There was no discussion on these items, which were self-explanatory.

Resolution (32/19)

(Moved: David Morrell/seconded: Aaron Keown – carried)

“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.”

Resolution (33/19)

(Moved: David Morrell/seconded: Aaron Keown – carried)

“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.”

12. WRITE OFF REPORT

Ms White presented this report which was taken as read. It was noted that this patient did have medical insurance, however, the cost was higher than the limit of the policy so approval was sought to write off the difference.

Resolution (34/19)

(Moved: Chris Mene/seconded: David Morrell – carried)

“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.”

13. DELEGATION FOR ANNUAL ACCOUNTS

There was no discussion on this report, which was self-explanatory.

Resolution (35/19)

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

“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."

14. **ADVICE TO BOARD**

Andrew Dickerson, Chair, HAC, provided the Board with an update from the Hospital Advisory Committee (HAC) meeting held on 30 May 2019.

Resolution (36/19)

(Moved: Andrew Dickerson/seconded: Ta Mark Solomon – carried)

"That the Board:

- i. notes the draft minutes from HAC's public meeting on 30 May 2019."

15. **RESOLUTION TO EXCLUDE THE PUBLIC**

Resolution (37/19)

(Moved: Dr 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, 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: <ul style="list-style-type: none"> • 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.”

The Public meeting concluded at 10.10am.

Dr John Wood, Chairman

Date of approval

CARRIED FORWARD/ACTION ITEMS

**CANTERBURY DISTRICT HEALTH BOARD
 CARRIED FORWARD ITEMS AS AT 18 JULY 2019**

DATE	ISSUE	REFERRED TO	STATUS
21 Mar 2019	Options around a Maori Health Plan	Hector Matthews / Carolyn Gullery	Today's Agenda – Item 8

CHAIR'S UPDATE

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

TO: Chair and Members
 Canterbury District Health Board

SOURCE: Chief Executive

DATE: 18 July 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.

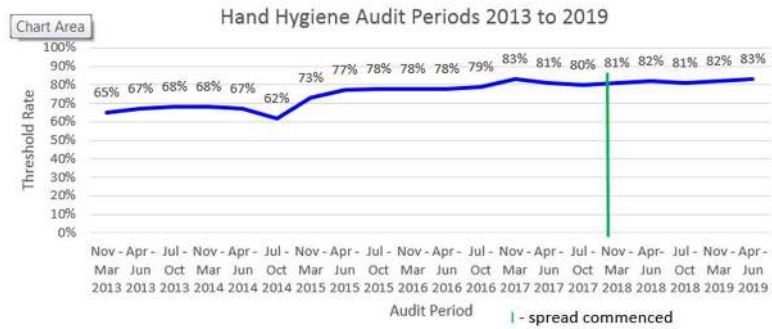
3. DISCUSSION

PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY AND IMPROVEMENT

Quality & Patient Safety

- **Korero Mai: Patient and Family Escalation of Care (Paediatrics):** The pilot in paediatric Ward 22 and Paediatric High Dependency Unit is due to complete. This work has been a co-design with families which resulted in an additional question to families as part of the communication staff process. As well as asking if they have any questions they are asked if they have any concerns, a different question entirely. This has now been built into routine practice. The three-tiered patient and family escalation process is in use. To date no calls for either tier 2 (requesting medical review) or tier 3 (0800 number requesting second opinion) have been recorded.
- **HQSC Quality & Safety Markers:** The January to March 2019 quarterly HQSC Markers report has been released. Canterbury DHB meets the national targets for *Falls, Hand Hygiene, Safe Surgery* (with exception of sign out engagement). Canterbury DHB was above the NZ rate for both Pressure Injury Prevention process markers.
- *Surgical Site Infection:* 94% (target 100%) of cardiac procedures were given an antibiotic at the right time. Targets were achieved for hip and knee arthroplasty and skin preparation for cardiac procedures.
- **Hand Hygiene:** Canterbury DHB has successfully spread, as per the Hand Hygiene Programme, across all in-patient areas as of 1 November 2018. For the eighth consecutive

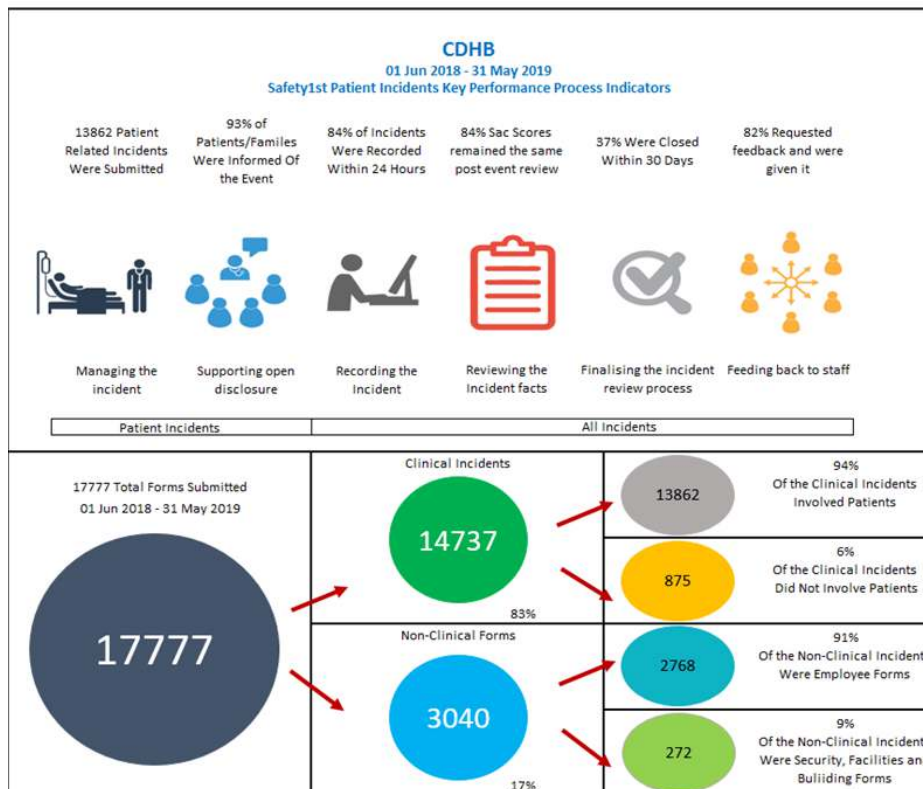
audit period the 80% hand hygiene threshold has been sustained and embedded with an 83% result for the audit period 1 April to 30 June 2019.



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



- Incident Management:



- Changes to the Feedback KPI 'Requested Feedback and were given it', now measures files that have been managed, previously the KPI measured all files, including files that had not been completed by the manager.
- The KPI Files closed within 30 days workflow has been redesigned and will tested within SMHS. The process currently combines two functions - investigation management by the local manager and quality review by the Quality staff. The change will enable visibility of the two functions and staff.

Pressure Injury Management - Older Persons Health & Rehabilitation (OPH&R)

- **Pressure Injury:** Purpose T is a skin risk assessment tool introduced to OPH&R Clinical Governance Group in February 2018. It is a visual traffic light system that was developed by Professor Jane Nixon (University of Leeds). As part of an initial trial, OPH&R working group has permission from University of Leeds to use this tool. It is a comprehensive tool that addresses many known factors that can contribute to acquiring a pressure injury.
- Following a successful trial and with approval from Executive Director of Nursing, Purpose T was rolled out 15 July 2019 across the wards at Burwood Hospital. This tool replaces the Braden Scale assessment tool currently used at Burwood Hospital. Education has been completed for Charge Nurse Managers, Clinical Nurse Specialists & Nurse Educators across the division.
- The documentation will be available electronically. Background work continues around terminology on the Purpose T (i.e. pressure ulcer vs. pressure injury), in view of likely implementation across Canterbury DHB.

MAORI AND PASIFIKA HEALTH

- **Menemene Mai (Smile):** Menemene Mai has been created for and with kaiako (teachers) of early childhood education settings in Waitaha/Canterbury. Menemene Mai supports kaiako to promote oral health so that children (with their whānau) are increasingly capable of:
 - caring for their teeth
 - keeping themselves safe from oral tooth decay
- This purpose aligns with the role of kaiako in Te Whāriki (Early Childhood Curriculum), and in Te Whāriki a te Kōhanga Reo. Menemene Mai has two main components; an online guide and a 'Teeth Tools' component which is a tool box that may be borrowed through Community and Public Health or kaiako may purchase the tools for themselves.
- **Why Menemene Mai?:** Menemene Mai is a collaborative response by Community and Public Health (CPH) and Community Dental Service (CDS) to:
 - [the challenge of tooth decay in tamariki under 5 years in Canterbury](#), particularly in our Māori, Pasifika and vulnerable populations.
 - a gap in oral health education and resourcing identified by ECE staff in Waitaha Canterbury
 - survey findings from ECE staff regarding the design of a proposed oral health toolkit
 - a need for oral health resources that are culturally responsive
- **Ngā Ratonga Māori – Christchurch Hospital:** Te Komiti Whakarite, comprising of staff from Ngā Ratonga Māori, recently met to discuss 13 research applications for Māori consultation. The applications were made up of international, national and local studies across all disciplines. Māori Health service is supporting a recruitment video targeted at attracting new staff into nursing. Staff from Careerforce and SI Alliance recently met with the team to

brainstorm a possible professional development and career pathways that aligns to Māori health values and objectives. Work is progressing on this.

- **Maternity Strategy:** In May 2019 the draft Canterbury Maternity Strategy was sent out to those involved in the co-design process, including the Child & Youth Workstream, and other interested groups to provide opportunity for feedback. Rich feedback was received from across the sector, including consumers. A theme that came through was that the draft strategy would not do enough to reduce inequity for Māori.
- On 19 June those leading the strategy met with representatives from different Māori groups from across the system to discuss how we would best move forward with the feedback received. It was decided that presenting the strategy from a Māori-centric perspective would be the best way to deliver services into the community that will reduce inequities. Huis are planned for July to begin working through this process.

Te Panui Runaka

- This year's Christchurch Arts Festival provides several opportunities to celebrate the role Ngāi Tūāhuriri and Ngāi Tahu continue to play in the story of Ōtautahi. Vaea Coe from the All Right? campaign says being aware of the forces that shape us can deepen our sense of belonging, confidence, connectedness and health. "As Māori we have a lot to be proud of when it comes to culture. Our strong focus on whānau and hospitality, our connection to the land, and our holistic approach to wellbeing and health are just some of the things that set us apart. Full of whanaungatanga (relationship, sense of connection) and manaakitanga (hospitality, kindness, and generosity), activities and events at the festival will be a special day out for the whole whānau.

WAI 2575 Waitangi Tribunal Health Services and Outcomes Inquiry

- Refer to **Appendix 1**.

MAKING IT BETTER - SYSTEM IMPROVEMENT

- **Technology Assessment – ECRI - improved information about the goods we purchase:** Radiation Therapy is preparing for some significant investment in the coming years with two linear accelerators, and associated equipment, requiring replacement in 2020. Technology in this area is heavily vendor driven and there is significant information asymmetry with vendors knowing the complicated detail of their offerings and customers often in the dark about what questions should be asked. Preparing for procurement of this technology has previously required Medical Physicists and Medical Radiation Therapists to commit a large amount of time in completing a literature review so that the value and desirability of various technological improvements can be understood and priority of various parameters set. This research will be much easier this time around as we are now making use of tools provided by the ECRI institute, included is a range of reports already on-line that provide a systematic, uniform approach to assessing new technology and comparing the offerings of different companies. Alongside this teams can ask for new reports to be generated if up to date and relevant information is not currently available. This will release time for other tasks while ensuring that the right questions are asked prior to engaging in the Procurement process for expensive equipment. Canterbury DHB Procurement Department, which runs the procurement processes for all services within Canterbury DHB, has also found the technology assessments provided by the ECRI institute useful in enhancing the procurement process.
- The SELECTplus tool provided by ECRI allows the Procurement Department to benchmark tender proposals against those provided to other health providers internationally. Inclusion

of consumable and service costs allows the Procurement Department to benchmark the relative costs of different products on a whole of lifetime (Total Cost of Ownership) against their own calculations relative to the New Zealand markets for capital purchases. It also provides alerts about recalls and unexpected maintenance requirements. The information provided by ECRI is analogous to that provided to New Zealand households by ConsumerNZ. This greatly simplifies the process of obtaining useful, information about intended purchases and helps in obtaining indicative value for money. This does not eliminate the requirement for the Procurement department to both sense check within the New Zealand market place and to manage mandatory procurement process.

- **Review of pricing for inter-district flow:** The Christchurch Campus Finance team and Planning and Funding have focussed together on the prices attracted for inter-district flow versus the associated costs. For example it is estimated that there is an annual deficit of \$1.5million in the area of Multidisciplinary Meetings which currently do not have an IDF charging mechanism and \$7million related to radiation oncology where national pricing has not kept up with changes in practice. These results will drive further analysis and discussions regionally and nationally as we seek resolution in these and other areas.
- **Choosing Wisely:** Canterbury DHB were early adopters of the NZ Choosing Wisely campaign, having already used and embedded many of the CW principles prior to the NZ launch. For many years, general practice in Canterbury has adopted a Choosing Wisely culture which has included radiology, lab testing, referring, and prescribing. The national campaign gave us the opportunity to further our campaign within our hospitals.
- Canterbury DHB has tried to develop an underpinning culture of the principles of Choosing Wisely across the whole health system, in addition to a number of specific Choosing Wisely projects. These include the use of radiology for pre-operative testing, the investigation of pulmonary embolism, and the investigation of sub-arachnoid haemorrhage. Our way of working heavily relies on the use of Hospital and Community HealthPathways to implement and embed improvement. We now reference nearly all Choosing Wisely recommendations within HealthPathways so evidence underpins our way of working. We are taking a broad approach to Choosing Wisely, to not only include what we do but include where services are delivered and by whom. This is influencing a number of other programmes, for example, the delivery of ambulatory therapies and infusions within community settings rather than hospital, and reviewing our use of hospital out-patient follow up. Some of Canterbury's activity was showcased at the May national forum.

Canterbury Initiative

- Canterbury Initiative works with a sense of urgency across the system, using a project-focussed approach, to deliver clinician-led, patient-centred improvement. Recent collaborative projects have included:
 - **Winter Check Initiative:** The Winter Check is a funded assessment in general practice, of patients at risk of acute hospital attendance this winter. It aims to keep people well in the community by maximising their health and having plans in place should they deteriorate. This trial initiative commenced on 7 June 2019. At the beginning of July, 80 checks had been completed by 9 general practice teams, with a further 26 general practices contacting Canterbury Initiative's Winter Check Facilitator for support to identify patients. Part of the initiative is to identify things that general practice cannot access, or are not currently funded, that could help people stay well in the community. Canterbury Initiative will analyse completed evaluation forms and use the anonymised information to evaluate the impact of this project and inform future planning.
 - **TamiFlu for High Risk Patients:** With the high rates of influenza in Canterbury, funded oseltamivir (TamiFlu) is available through General Practice via Acute Demand

for influenza A in adult high-risk patients. High risk patients are pregnant women, people with severe respiratory or cardiac disease and immunosuppression.

- **Women's Health:** A workgroup with Women's Health identified an opportunity to improve outpatient clinic capacity by providing additional access to Mirena (an intrauterine system) in general practice. This subsidy enables women to access a Mirena device if they have heavy menstrual bleeding, dysmenorrhoea, endometriosis, or previous benefit from a Mirena. 70 women have accessed a Mirena via this subsidy in the first six months.
 - **Physiotherapy in the Community:** General practice access to CDHB-funded physiotherapy and hand therapy was changed in November 2018. A centralised Physiotherapy and Hand Therapy SPOR (single point of request) was established for those services delivered at Christchurch and Burwood Hospitals. Requests are triaged against clear criteria by experienced physiotherapists. 'Packages of care' were put in place for selected patients requiring orthopaedic and musculoskeletal physiotherapy with private physiotherapy clinics in the community. General practice teams made 1,261 requests for physiotherapy and hand therapy in the first six month period. This compares to 1,110 requests in the same period the year before. 843 requests were accepted: 242 for Christchurch Hospital, 182 for Burwood Hospital and 419 patients referred to DHB funded community physiotherapy. This community physiotherapy is being well used by practices with high deprivation rates. Māori and Pacific are over-represented in these packages of care i.e at a greater percentage than the proportion of the total population. Average time to treatment is 15.3 days. Requests for CDHB-funded physiotherapy and hand therapy have increased in practices with high Māori and Pacific populations. These changes have freed up capacity for hospital physiotherapists to do specialist work, e.g.; resource in Christchurch Hospital has been redirected to providing hand therapy.
- **Communications Project** – working closely with the Office of the Chief Medical Officer and the Canterbury Clinical Network, the following changes have been implemented to stream-line flow of patients and information between general practice and the hospital based clinicians:
 - SI PICS waitlist screen is now visible to General Practice Teams via HealthOne. This means general practice can now tell when a patient is on a waitlist for most Canterbury DHB appointments or procedures without having to contact the service directly.
 - As a trial, General Surgery now accept stable patients directly to Surgical Assessment and Review Area (SARA) without the GP needing to make a phone call. An ERMS (electronic request management system) request and administrator phone call is still required, which will be answered by the surgical registrar, but does not need to be made by the GP.
 - "Update Patient Demographics" has been rolled out to all general practices. General practice can use this ERMS form to notify the hospital about changes to patient demographics, e.g.; change of address, and hospital patient management systems will then be updated by administrators.
 - Following feedback from general practices and consumers, a small audit was conducted of the time it takes for outpatient clinic outcome letters to get back to general practice. Letters were received in general practice from 1 day after the patient was seen in clinic up to 56 days after the patient was seen in clinic, with a median timescale of 10 days (interquartile range 7 to 15 days). These responses were received in an average of 14 days.
 - A new ACC form on ERMS has been well received by general practice as it enables general practice to electronically contact ACC about existing claims, e.g. if ACC have asked for notes or further clinical information about a patient.
- **HealthPathways** – there are 1,077 pathways live on Community HealthPathways, 689 on Hospital HealthPathways, 56 on AlliedHealthways and 1,910 on HealthInfo. Pathways are

reviewed and updated at least every 3 years with urgent and important updates actioned within 24 hours to ensure they enable clinicians across our system to support their patients to access the right care in the right place.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **New E-Text System Developed for After Hours Casual and Permanent Nursing Pool:** Issues with casual and permanent pool staff not arriving for rostered shifts have led to staffing shortages in the hospital after hours. In order to improve confirmation of staff availability after hours a new e-text system has been developed. A text is sent out to those staff members that have not confirmed their availability to work within the next 24 hours requesting that they contact the Duty Clerk staff. This new system has improved staff attendance after hours, ensures that the right staff are available as rostered and also that areas are not left short of staff. Another benefit is that it has also reduced the need for Nursing Directors to reshuffle staff around the campus at short notice when staffing is already tight.
- **Christchurch Outpatient Florence Self Check-in Touchscreen Kiosks:** In late February 2019, Christchurch Outpatients introduced Florence Self Check-in Touchscreen Kiosks that are integrated with the SI PICS patient administration system. Florence is easy to use allowing patients to scan the bar code on their appointment letter in order to check-in for their appointment. Once this is done, Florence checks SI PICS and if there is an appointment for the services assigned to Christchurch Outpatients that matches the day/time, then Florence responds positively with the patient's demographics. Once the patient has validated their demographics Florence messages SI PICS to arrive the patient and directs the patient to the assigned waiting area. Some of the features and benefits include:
 - Questions for patients can be added. For example, it is proposed to add in a smoking cessation question which would send a referral request through to Te Hā - Waitaha
 - Clinic updates can be managed internally, including extra clinics and changes in the wait area mapping.
 - Ability to add "Emergency Contact" to the patient demographic checks, once this is integrated into the message from SI PICS.
 - Ability to communicate with patients in their preferred language.
 - Wait times are reduced, it is taking patients less than a minute on average to check in via the kiosks.
 - Staff are spending less time arriving patients – freeing time up for other tasks.
 - Errors in entry of patient data are reduced.
 - Patient records are kept up-to-date

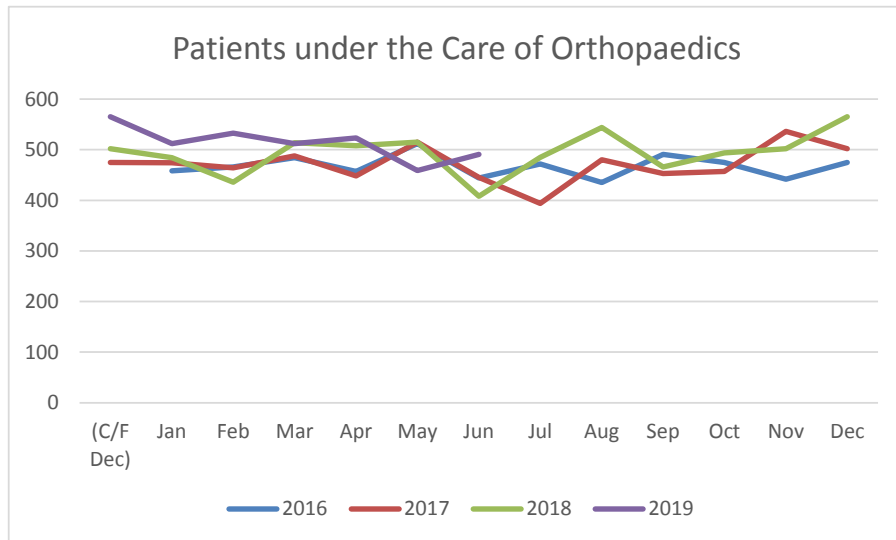
REDUCING THE TIME PEOPLE SPEND WAITING

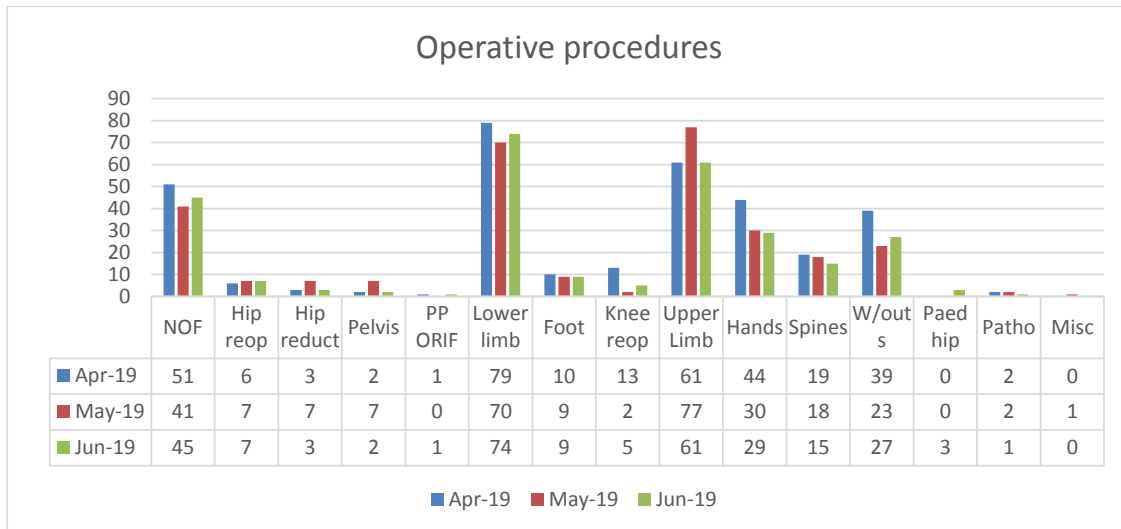
Christchurch Campus

- **Faster Cancer Treatment Targets: 62 Day Target:** For the three months of March, April and May 2019, Canterbury District Health Board submitted 136 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 120 patients eligible for inclusion in the target calculations. With 4 of the 120 patients

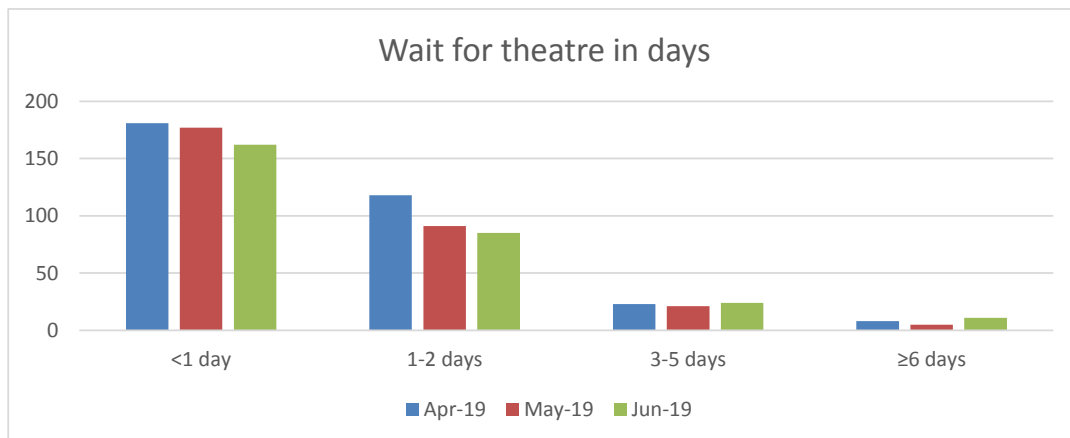
missing the 62 days target through capacity issues our compliance rate was over 96.7% so once again the Canterbury District Health Board met the 90% target.

- 31 Day Performance Measure.** Canterbury District Health Board submitted 330 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%. With 305 of the 330 (92.4%) 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.
- Orthopaedics:** There has been a greater number of patients admitted under the care of orthopaedics in June 2019 compared with previous 3 years admissions. The average length of stay remains fairly constant at 3.56 days. The average wait for theatre based on patients “readiness for theatre” increased to 1.04 days compared with previous month of 0.79 days. This has also reflected on theatre time for several complex cases. However we are making progress with 57% of patients who were ready for theatre received their surgery with less than one full days wait, while 30% made it to theatre with between 1-2 days wait. A greater number of patients waited 6 or more days for their surgery (11) compared to the previous 2 months (April-8 and May-5). This is both access to subspecialty and access to theatre. There were 49 of our 282 patients transferred to Burwood for surgery. A major focus of utilising theatre sessions that are vacant due to annual leave has seen a significant leap forward with only 20% not being able to be used. This equates to only 5 half day sessions over the month of 26 sessions.





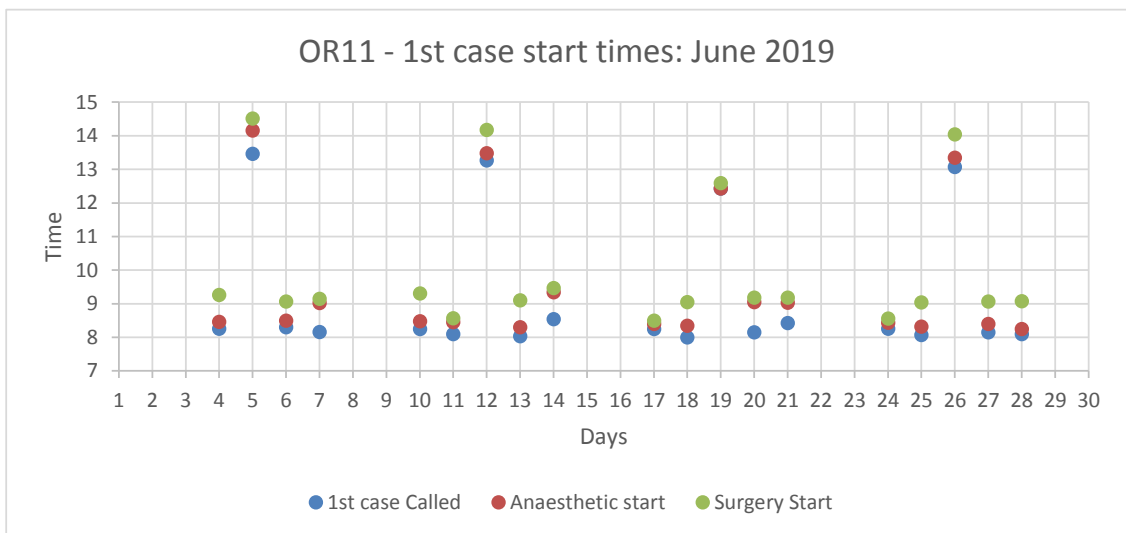
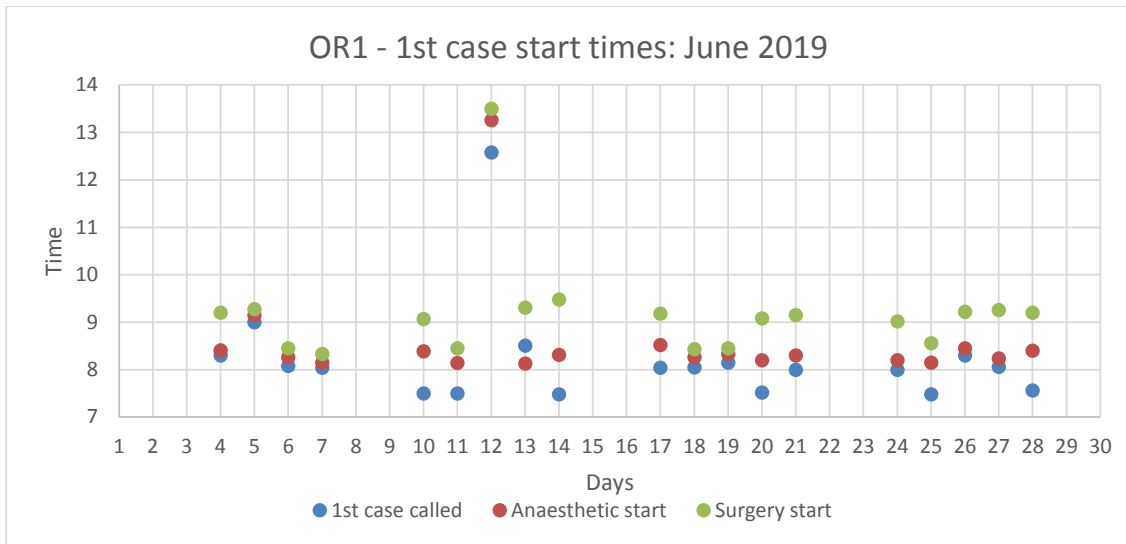
- Currently Our Average Wait for Theatre is 1.04 days which is calculated using “ready for surgery” date rather than admission date.



- We have transferred 49 patients from Christchurch to Burwood for surgery. These acute cases have resulted in five elective cases being deferred. The case mix are those that require surgery but due to the level of acuity and being fit and ready for surgery the appropriate location has been Burwood. Thus improving our utilisation and reducing the wait time. This approach contributes to flow across Christchurch campus.

Lower limb	15
Upper Limb	19
Foot	5
Hands	6
Knee re-op	1
Spines	1
Cancelled	2

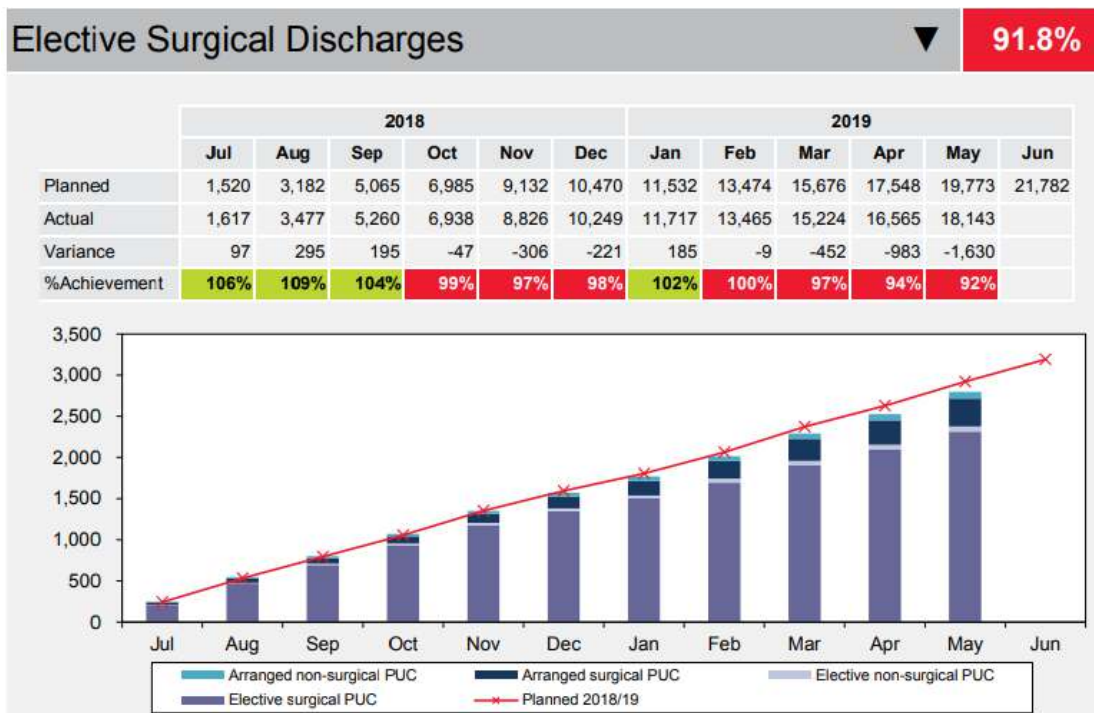
- We are undertaking a focus on 1st surgical start times at Christchurch Campus for Orthopaedics. Those that are not called prior to 0800 impact greatly on our start times. This can be seen in the attached graph:



- Musculoskeletal:** Canterbury Initiative has been delivering the musculoskeletal clinic in the community, with clinicians contracted on a fee for service basis, for a number of years now. This service works well to meet an unmet need and it has been agreed in principle that it should become business as usual and be incorporated into services at Burwood. The service is funded as an out-sourced service we are currently working to calculate what Full Time Employment and budget required to cover the clinical and admin requirements of the service and the People and Capability process required for transferring the existing clinicians to become District Health Board staff. There has been some discussion with alignment of musculoskeletal clinic activity and the Burwood Pain Centre for Clinical Leadership structures and administration efficiency.
- Burwood Outpatients:** Continuing to Engage with Services exploring moving clinic activity to Burwood Outpatients Facility where capacity is available (below is an overview of activity moved into Burwood Outpatient Facility). Burwood Outpatients Facility is linked into the ‘Outpatients Resource Scheduling System’ development project, this tool will allow greater transparency of matching activity and clinic room allocation.

Existing	<ul style="list-style-type: none"> • Older Persons Health Service • Older Persons Mental Health • Burwood Orthopaedic Outpatients • Pain Management Centre • Brain Injury Rehab Service • Low Vision Centre • Dietetics
New – Implemented since facilities completed	<ul style="list-style-type: none"> • Orthopaedic Out Patients Department Scoliosis Clinic • Older Persons Health inpatient Orthopaedic Out Patients Department plaster activity • Heart Failure Clinical Nurse Specialist Clinic • Public Health – New born hearing assessment • Public Health Bacille Calmette Guerin immunisation • Canterbury Eye Service - Diabetic Retinal Screening • Christchurch Women's Obstetrics - “Preparing to Breastfeed” Group Education • Christchurch Women's Outpatients Department – Gestational Diabetes Education
New – Potential (currently being discussed)	<ul style="list-style-type: none"> • Christchurch Women's – Midwifery Clinics • Canterbury Initiative – Musculoskeletal Clinics • Canterbury Eye Service – Further clinic activity • Extra Orthopaedic Out Patients Department Volume/New Surgeon Capacity/Bone Shop Model Of Care changes
Raised but Withdrawn	<ul style="list-style-type: none"> • Paediatric Diabetes • Respiratory – Sleep Studies Unit • Medical Day Unit Iron Infusions – into community

• **Elective Services Discharges**



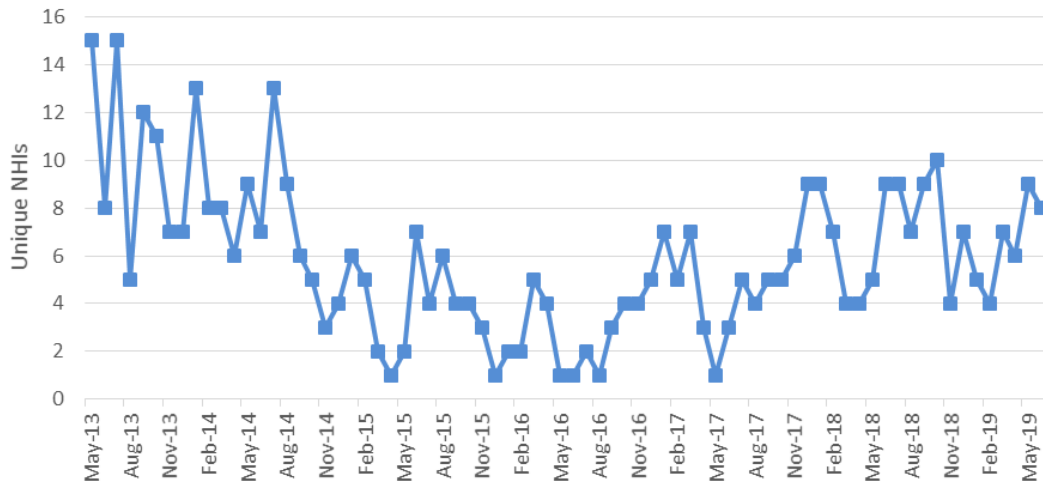
- Reporting from the Ministry shows that Canterbury DHB met its elective discharges objectives at the end of the first quarter (until the end of September 2018), and performance continued to be close to target until the end of February 2019. It indicates a significant under delivery by the end of March. Internal reporting shows that at the end of May 19,026 elective and arranged discharges have been completed. While data corrections may increase the count the impact of the mass shooting incident of 15th March means that we will not reach our target for elective services discharges this year which is the first time since 2010/11. It should be noted that the acute surgical load has increased substantially and we anticipate that the total number of surgical interventions will be similar to last year despite missing the electives target.

Specialist Mental Health Services (SMHS)

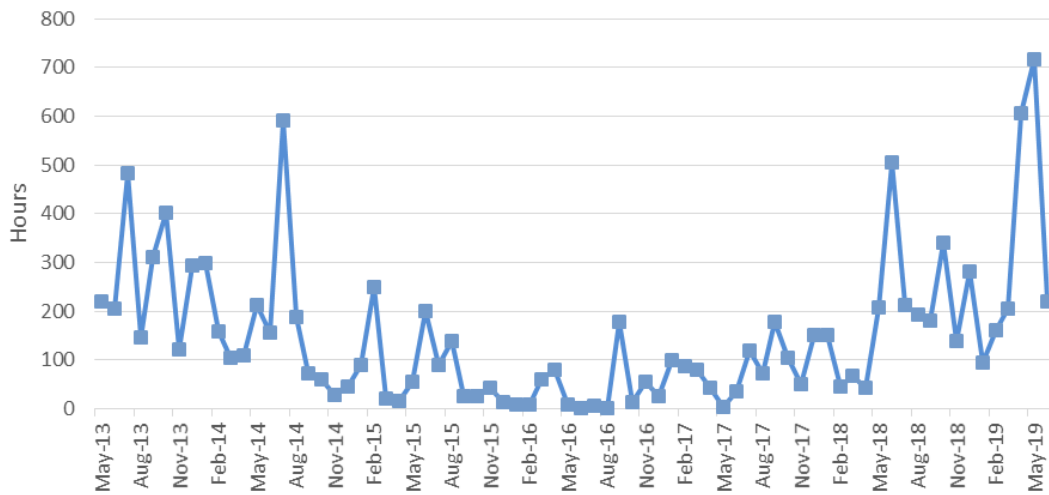
- **Demand for Specialist Mental Health Services:** We continue to closely monitor use of Mental Health Services. We have seen an increased demand for adult and child and youth specialist services since the 15 March 19 attack.
- Occupancy of the **adult acute inpatient service** was 93% in June 2019. 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, currently 7 of the 8 beds are occupied .
- Recent changes to models of care within the NGO residential sector have impacted on discharge rates of consumers within the adult inpatient services. Currently there are 45 consumers who have been an inpatient in Te Awakura for more than 15 days.
- **Least restrictive practice:** Staff remain committed to least restrictive practice. In June 2019, eight people experienced seclusion for a total of 219 hours. High occupancy and acuity with

presentations that include alcohol and other drugs and unique presentations has impacted on the use of seclusion.

Te Awakura unique patients secluded

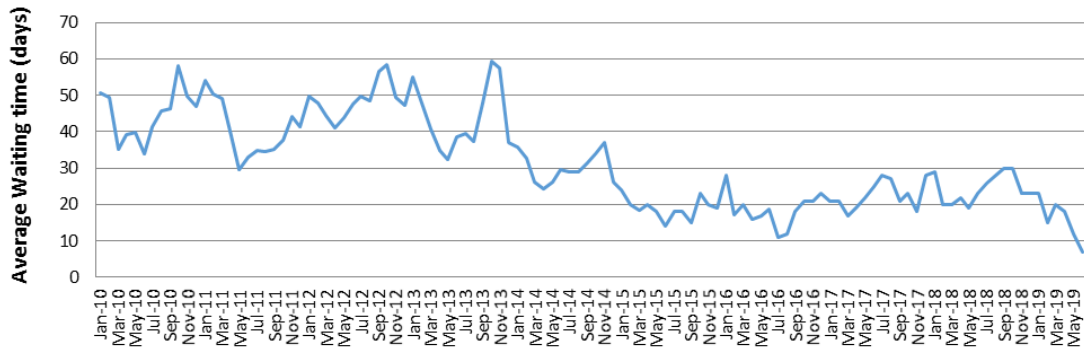


Te Awakura Total Secluded hours

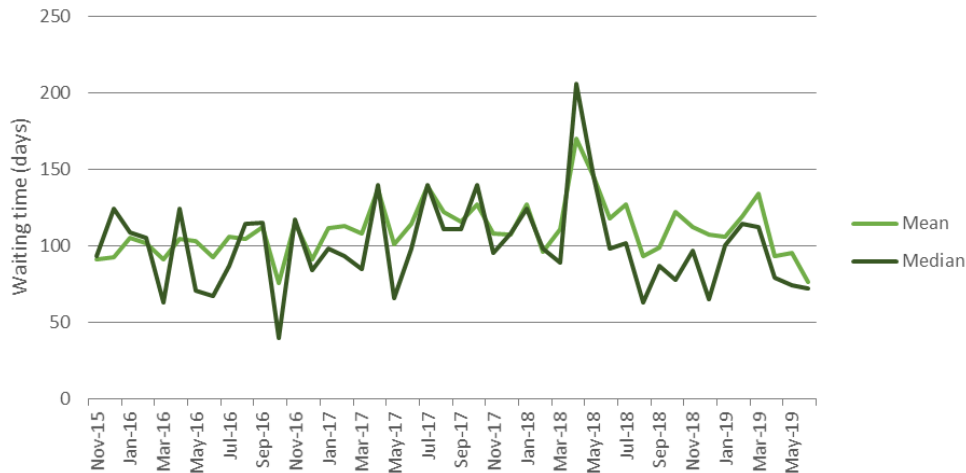


- Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern although improvements are occurring. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for June 2019 show 63 % of children and adolescents were seen within 21 days and 86% within 56 days. Child, Adolescent & Family Services had 327 new case starts in June 2019. There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 86 per week). An analysis is underway of the increasing numbers of referrals.

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



Waiting time from Choice to Partnership Appointments



- The reduction in time from referral to case start is a reflection of a change in process within the CAF Access team. The CAF Service found that a proportion of children and young people attending a Choice (triage) appointment did not meet the service criteria for treatment. The new process includes comprehensive information gathering and triage by phone to avoid unnecessary assessment appointments, timelier re-direction of children and young people, resulting in increased clinician time for undertaking treatment. This has also resulted in a greater proportion of children and young people going straight to a Partnership appointment (full assessment).
- The School Based Mental Health Team (SBMHT) is currently engaged with 171 schools across the region. They are working in a number of secondary schools and continue to consult and work with Kaimahi from the Mana Ake programme, which has now been fully rolled out in primary schools. The SBMHT continues to work closely with Mana Ake and other services to provide ongoing support for Canterbury schools affected by the 15 March 2019 attacks.

Ashburton Health Services

- **Acute and inpatient care – Improving Flow:** Patient flow remains the key focus as we experience the increasing pressures. A key commitment of the local team is working closely

with Nurse Manager Patient Flow and the bed management planning on a daily basis. The duty nurse manager of the day connects regularly during the day with Christchurch campus and the inter-hospital transfer team to ensure we maximising any ambulance movement and transferring patients back to Ashburton the earliest possible event. Recent work includes improving early hand over of patients, utilising e-handover early to improve efficiencies.

- The team have also progressed the discussions with St John to remove the requirement for nursing resource for medically stable patient transfers. Historical practice has required a Registered Nurse (RN) to accompany any ambulance transfer. A number of patients of medically stable patients are transferred each week to Christchurch for Outpatient appointments, many of them transferring on to Burwood to complete rehab. This new model enables RNs to be released back into the pool, which is essential with sickness increasing and reduces overall cost for the DHB. In addition to this Ashburton are working with OPH Chief of Service, to progress implementation of a 'virtual orthopaedic review' reducing the requirement for non-weight bearing patients to spend a day in Bone Shop, waiting for clearance to transfer onto Burwood (or not, and return to Ashburton).
- **One Service- Multiple Sites:** Gerontologist and Clinical Nurse Specialist have worked through the pathway development to re-establish direct referrals from primary care for hospital level assessment, treatment and rehabilitation. Again, this is bringing to life the HealthPathways for local primary care to refer patients early, the multidisciplinary team triage all referrals each week led by Gerontologist. Ability to refer to the hospital for admission was a key issue raised by primary care in previous discussions. We will continue to provide regular communication to primary care regarding this process and measure the progress or changes in this space. We are recruiting for a CNS psycho-gerontology with an explicit path to work towards a nurse practitioner. This is the next step in embedding the one service over multiple sites with older person's mental health.
- **Clinical partnership with primary care:** Following the practice visits by the hospital team earlier in the year, work has continued to increase the partnership with primary care. We now have in place a standing invite for primary care to participate in the morbidity and mortality committee, and present primary care led cases alongside the integrated cases presented by the hospital team. The Mid Canterbury General Practice Business Group meetings have extended an invite for an SMO to regularly attend. It is envisaged that the SMO would act in a liaison role to assist in communication and understanding between primary and secondary care clinicians and that this might result in proposals to modify local health pathways that could then be explored further in an appropriate manner.
- In the summary of themes from the practice meetings, it was agreed to bring together the Clinical Leadership from the hospital and primary care representation to discuss the management of test result follow-up and the partnership with primary care. The SMO team provided a summary paper for discussion that outlined the intention that the hospital team would take responsibility for the acute episodic care, the tests requested and pertaining to the episode of care provided at the hospital and the transfer of care (the discharge summary) would indicate any test requests and follow up required in the provision of longitudinal care. The General Practice representatives and CD recently met and positively supported the document and intent and have agreed the communication to all general practices in the area.
- **Connecting with our community** is a core focus in Ashburton. As a key provider in both hospital and community care, the connection with the voice of our consumers and local leadership is an essential part of rural health care. In the past months this work has included connecting with the local farming and council leadership responding to the Mycoplasma Bovis outbreak, connecting the multiple primary mental health options and information on '*Its All Right*' and '*1737*' are well distributed amongst the farming community.

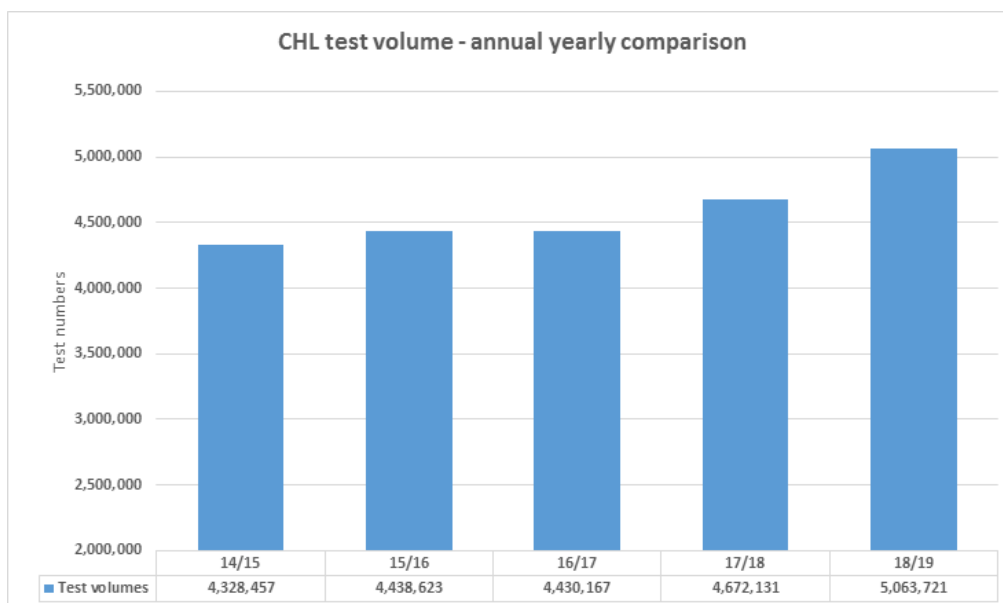
- We have been concerned for some time about the messages from our local Maori and Pasifika communities about their experience in accessing timely and appropriate health care. With the intent of connecting to community directly, we invited some of the local Maori and Pasifika health and social service providers to share their experiences about local access. Hosted by Hakatere Marae, we were very privileged to hear directly the challenges at hand, and they are many and they are very real. The intent from this day was to build a group to meet regularly, to build a plan together, with the strength of us working together we can tackle the multiple barriers to access for our most vulnerable community. Issues raised included enrolment with primary care, being charged to enrol at a primary care, housing, and being turned away when seeking treatment at the hospital.

IMPACT OF INFLUENZA

Laboratory Services

- **CHL volume activity reports:** Activity year to date (12 months July-June) demonstrates growth in demand for laboratory services over previous years:

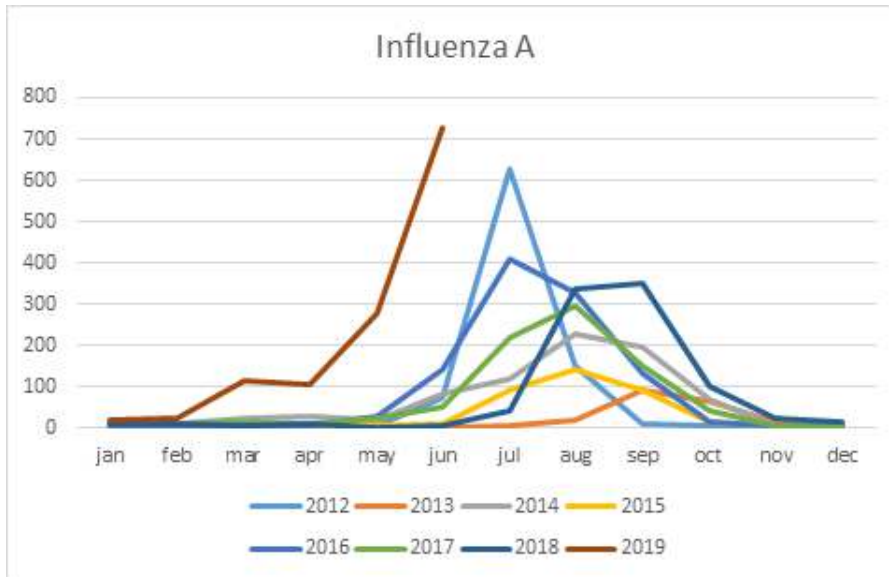
F/Y	Historical comparisons of 12 months (July-June) demand				
	14/15	15/16	16/17	17/18	18/19
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	5,063,721
Percent change		2.55%	-0.19%	5.46%	8.38%



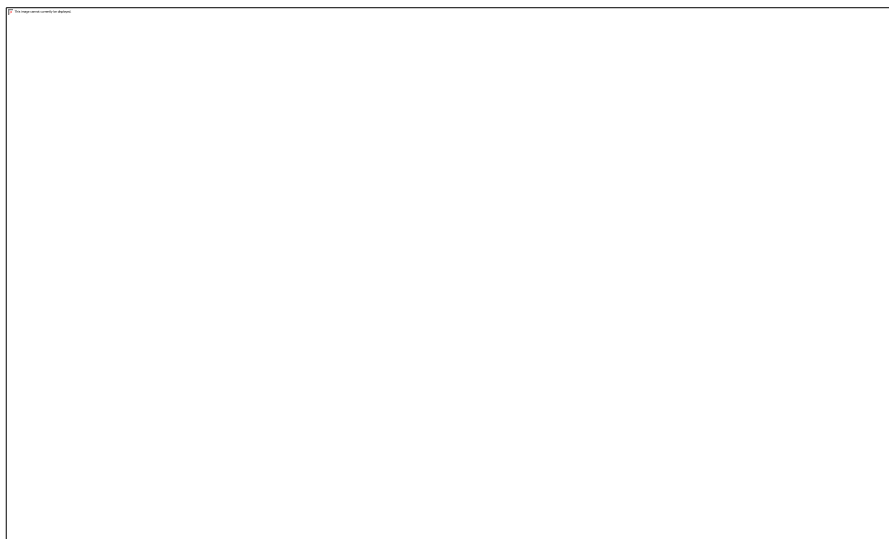
- Final year end test volumes are in line with the forecasts previously predicted through to end of 18/19 with an 8.34% growth in demand against the 17/18 year. Testing in 18/19 exceeded 5 million.
- CHL continues to work with the regional alliance partner and internal referrers on ways to manage this 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 GP's (excluding surveillance samples) is now offered 24/7. The results are 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, are 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 started very early this year and is well above previous comparative years. The majority of cases are attributed to subtype H3N2. The now offered rapid FluA/FluB/RSV testing 24/7 is alleviating the workload on laboratory staff and offers quicker turn-around-times and shows a positive impact on patient management.



- Influenza B activity is now increasing in parallel:



Acute Demand Management

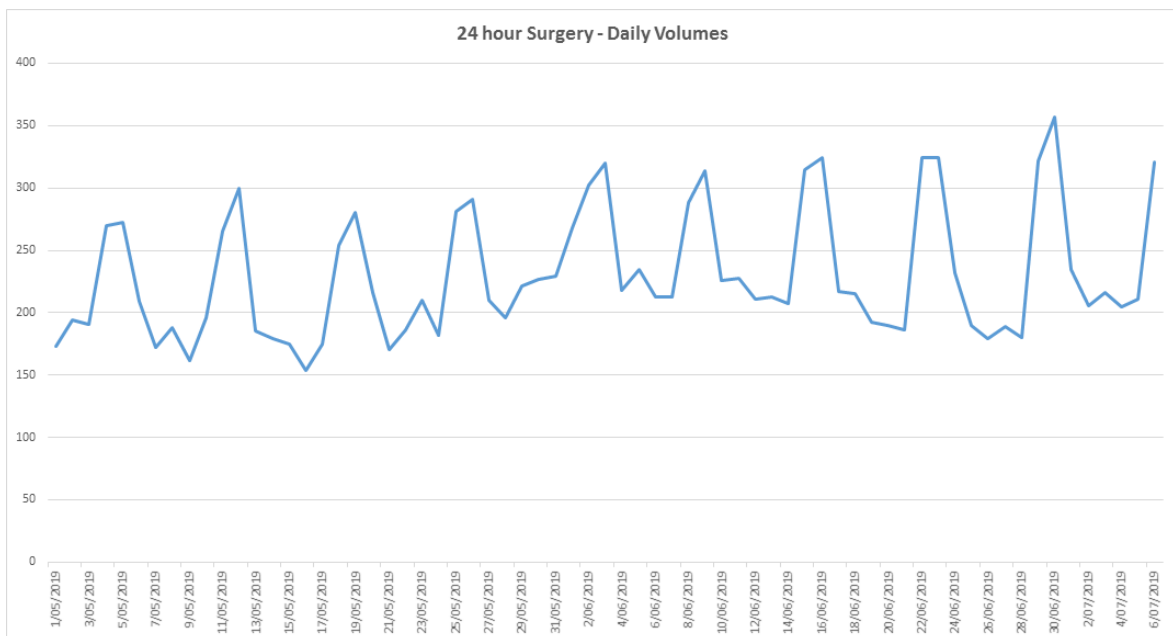
- This winter has seen an early arrival of influenza following similar reports in Australia. Over 60 beds have been required for people with flu but this has fallen slightly. The decrease follows forecast patterns with a higher peak of 450-500 admissions expected in one week in August. A whole of system response is key to avoiding system failure. Our community

partners report high volumes but are coping with demand. A number of new initiatives are being trialled to help us through this winter until we have more capacity. These include increasing senior decision making at the front door of ED, proactive assessment and management of higher risk people in primary care.

- Our Acute Demand Management Service (ADMS) has seen a 10% increase in activity comparing this June with June 2018. On average 100 people per day were cared for by the service in 2019 but this varied from less than 50 per day on the weekends to as high as 178 during the week when General Practice is adding to the capacity. The following graphic breaks cases down by age band and compares June 2018 with June 2019. Red is 65 plus



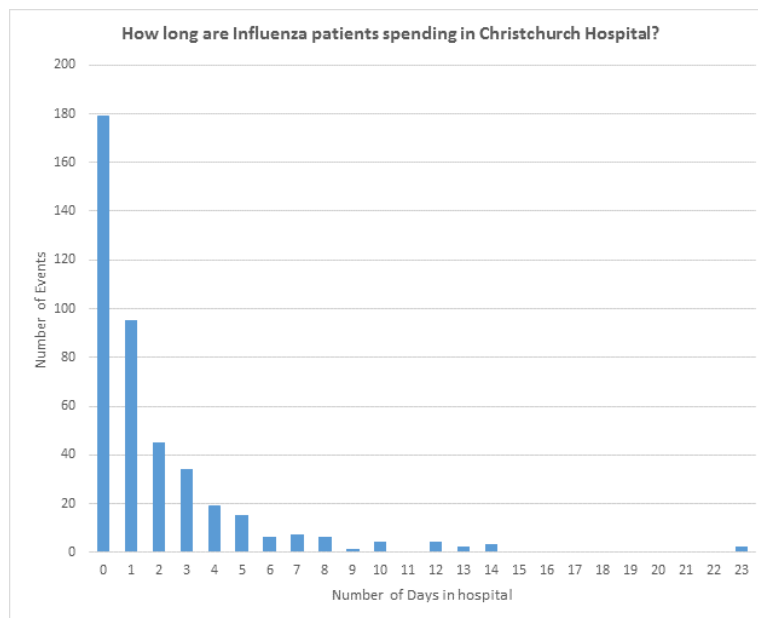
- The 24 Hour Surgery has also seen significant activity. With its highest volumes taking place in the weekend. We do not have that activity coded by reason for attendance.



- Christchurch Hospital has experienced episodes of peak occupancy with many days over its available bed numbers. General medicine has ranged between 40 and 70 beds over its bed foot-print and patients have been located in Gynaecology ward, DOSA and parts of ED to manage the volume of activity. Current forecasts predict that August will be worse with the entire campus being 60 beds short. Burwood Older Persons has also been running at 100%

occupancy to support patient flow and the community based teams (Acute Demand, CREST and Community Services) have been in the hospital each day facilitating discharge.

- The following graphic identifies the number of in-patients by length of stay in Christchurch Hospital with influenza. It should be noted that this will be less than the total number as not all coding is complete and some patients are yet to be discharged.



INTEGRATING THE CANTERBURY HEALTH SYSTEM

Mental Health

- Primary mental health services report high demand, with the Pegasus Team receiving 2243 referrals during the 12 weeks from March 18, 2019. This is 235 more than the same period in 2018. This team continues to work collaboratively with Victim Support who provide private counselling and psychological support to people affected by the shootings; therefore the increase in referrals reflects wider community need.
- Referrals to the centralized Addictions Service are averaging at 200 per month, with recruitment challenges impacting on response time. Work is occurring to review the pathway and reinvigorate streamlining access where possible.
- **Mana Ake:** We are thrilled to have been shortlisted for the State Services Commission - Spirit of Service Awards, Better Outcomes category.
- On 26 June we held a Cluster forum for school principals and special needs coordinators focused on strategic planning to support wellbeing and positive mental health. The forum was attended by approximately 60 people who reported they found the session very valuable. We are also working with the Provider Network and some of our kaimahi to develop a cross agency approach to supporting cultural workforce development.
- The number of children and their whānau accessing support has grown rapidly, although these numbers alone don't reflect the work being done with school communities.
- Numbers of requests for support for Mana Ake as at 26 June 2019:

Status	All (n=3139)	Percentage	Individual (n=1762)	Group (n=1343)	Therapeutic Group (n=34)
Active	1187	37.8%	791	388	8
Exited	1177	37.5%	549	623	5
Pending	468	14.9%	206	241	21
Not allocated	158	5.0%	103	55	0
Did Not Engage	149	4.7%	113	36	0
Totals	3139	100%	1762	1343	0

- We have completed a first draft of our second review of individual outcome records (Tū Taurira). A full report will be available next month.
- The Tū Taurira tool measures progress in three domains – Presence, Engagement and Wellbeing and Learning and Achievement. Ratings are entered at the start of intervention, through discussion between children, whānau and teachers, and at the end.

	Number of Responses for Analysis	Mean Score at Time 1 (PRE)	Mean Score at Time 2 (POST)	Raw Score Change (% Change)
Presence	n = 44	4.27	6.73	2.45 (57.4%)
Engagement & Wellbeing	n = 173	4.50	6.46	1.96 (43.6%)
Learning & Achievement	n = 106	4.55	5.72	1.17 (25.7%)

	Positive Change (number of students)	Neutral (no) Change (number of students)	Negative Change (number of students)
Presence	39	3	2
Engagement & Wellbeing	143	22	8
Learning & Achievement	69	28	9

Primary Care

- **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 have been extended until 15 November 2019. The utilisation and on-going need will be reviewed closer to that date to determine if this provision should continue. ACC have also committed to funding free General Practice visits for the same timeframe.
- Free general practice consultation for low paid Canterbury DHB staff as part of the Benefits and Opportunities Programme. The Benefits and Opportunities Programme is a programme of work planned to increase the engagement with and support for the Canterbury DHB low paid work force. The free general practice consultation is one component of that programme.

- In order to have the greatest value to the individual staff, what is included/excluded in the free consultation is determined via a discussion between the General Practitioner and the individual. It may include what is usually covered in a standard consultation and take into account what is important to the individual. What is expected though, is that the consultation provides an opportunity for more than what is routinely covered in a standard consultation and can include a broader health and wellbeing review.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update: National Plan to support people affected by the Christchurch Mosque attacks:** The Ministry of Health has invited members of the *All Right?* team to join the Governance group overseeing the national plan to support people affected by the Christchurch Mosque attacks. The plan is for 12 months and sets out the national approach, and the actions the Ministry of Health will be undertaking as well as how other agencies are to be involved. The national plan complements the Canterbury DHB's Wellbeing and Mental Health Recovery Plan.
- The *All Right?* campaign features in the outcome focused on the promotion of mental wellbeing, coping and recovery. Along with the Mental Health Foundation the campaign's specific role is to promote public wellbeing and mental health literacy, and to promote the wellbeing campaign locally and nationally. This includes developing relationships within Muslim communities nationally and reorienting existing tools and resources to reach those communities, encouraging engagement with the Five Ways to Wellbeing and reorienting existing tools and resources to promote population-level mental health. Work is underway to create a plan for the campaign to deliver these outcomes nationally, and to continue to deliver a wellbeing programme in Canterbury.
- **He Waka Eke Noa:** (we are all in this together) is the name of the campaign launched a month after the Mosque attacks. The resources associated with this campaign have been translated into seven languages (Arabic, Somali, Dari, Urdu, Hindi Nepali and Tigrinya) and have been distributed to a range of organisations in Canterbury. Early anecdotal feedback has been extremely positive. Additional languages will be added to this suite of resources following conversations with stakeholders in different parts of the country.
- **Sparklers and the Prime Minister:** Sparklers was singled out in Prime Minister Jacinda Arden's Budget Day speech as an initiative that 'is about helping educators to improve children's emotional and mental health at school'. The Prime Minister went on to say, 'We know these resources make a difference to children's mental health, and that's why from now on they will be available to every school across New Zealand as a result of this Budget'.
- **Every Life Matters, the Draft Suicide Prevention Strategy and Plan 2020-2030** *All Right?* is identified in the 'promoting wellbeing' section of the draft suicide prevention strategy which takes an holistic and multi-pronged approach to suicide prevention.
- **Health Promoting Schools (HPS):** In the past year C&PH health promoters facilitated Health Promoting Schools engagement, inquiry, planning, action and evaluation with 75 schools (including 4 kura) and 9 Kāhui Ako across the Canterbury and West Coast DHB region. Examples of work progressed includes:
 - Supporting development and trialling of a student wellbeing journal called RAD (reflective answers daily) at Chisnallwood Intermediate as a curriculum resource for the Ōtākaro Kāhui Ako. Students reported positive engagement and wellbeing benefits.
 - Te Kura Whakapūmau is now running mau rākau and traditional Māori games as part of its physical activity curriculum with our Māori health promoter having successfully transitioned the kura into being able to lead this activity for themselves.

- **Food Resilience Network:** Community and Public Health has an advisor role in the Food Resilience Network. This year we have been contributing towards the revision of the Network's strategic plan to increase access to healthy locally grown kai in Waitaha. C&PH's Communities Team has played a key role in supporting the Network's activities including the Edible School Gardening hui and distribution of heritage fruit trees for the development of school and community orchards. Our new food security and nutrition focused health promoter will be able to add considerable time and energy to progressing the Network's action plan over the coming year.
- The Ōtākaro Orchard eco-building project that includes a café and community meeting rooms is now under construction. C&PH organised for Medical Illustrations to film the launch event on Friday 25 May, capturing the vision and hopes of stakeholders and supporters for this collaborative initiative. The video will be up on the new Edible Canterbury website shortly. The Orchard will become a great teaching space, community facility and public café, acting as a hub for promoting locally grown healthy food and sustainability – key determinants of health.
- **The First 1000 days:** *The First 1000 Days* report prepared by Community and Public Health, is being used by the Hauora Alliance and the South Island Child Health SLA to inform the South Island Alliance's 'First 1000 Days' priority. Recent years have seen numerous calls to action on early childhood both in New Zealand and overseas. A growing body of evidence confirms that experiences during the first 1000 days – the period from conception until a child's second birthday – have a far-reaching impact on health, educational, and social outcomes, and on health equity. The purpose of this report is to inform inter-sectoral planning, action, and monitoring to support the best start in life for every child in the South Island/ Te Waipounamu.
- **The Canterbury Wellbeing Index** was launched online in November 2018. Subsequently, the Index team has been working through a rolling schedule of content updates as new data become available. The Canterbury Wellbeing Survey is a major data source for the Index. The survey questionnaire has been reviewed by the interagency working group and the 2019 survey is currently in the field. There will be a substantial update of the Index once the survey data become available in late July. The Index has had 6,464 page views between 1 January and 31 May, representing 1,303 individual users.
- The Index continues to be positively received, with presentations made in the last six months to a Selwyn District wellbeing forum, University of Canterbury staff development day, Healthy Greater Christchurch hui, Pegasus Health Population Health and Community Engagement Team, and the Ngāi Tahu Data Stakeholders Group. The Index was also presented as a case study of Treaty partnership at a partnerships day at the University of Otago, Wellington Public Health Summer School, via a ten-minute video made together with representatives from Te Rūnanga o Ngāi Tahu and Te Pūtahitanga o Te Waipounamu. Index team members have recently been invited to provide feedback on the pilot website for the Statistics New Zealand Indicators Aotearoa New Zealand (IANZ) project.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Projects, including facilities and redevelopment**
 - **Hagley Building:** Wireless is now installed and coverage testing is underway. To date ISG has confirmed 100% paging coverage, and assessment of cellular coverage is in progress.

- **Digital Transformation**

- **Windows 10 / PC Replacement Programme:** *Deployment to future proof our computer environment, including enhancements in security, speed and performance.* Pilot deployment is in progress with approximately 60 machines included so far (with a target of up to 100). Beneficial learnings to date have enabled us to tailor the design so that we can deploy at scale. Enterprise level deployment is expected to begin in July.
- **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, Ophthalmology, and Outpatients.
- **End of Bed Chart (Clinical Cockpit):** *Project to collate information from a number of systems on a hand-held device, including MedChart, Patientrack and Éclair results.* The project has achieved its first demonstration milestone, showing early stages of product implementation.
- **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.* Roll out completed for General Surgery, Paediatrics, and Spinal Orthopaedics. ICU and Orthopaedics are scheduled for the month of July and General Medicine is in trial. Other services are in a planning stage.
- **Health Connect South (HCS):** We are now focussed on Release 53 which is due to Production on 10 July. In the following sub release we have a greater number of referrals services being deployed than have been achieved in the past. SIPICS alerts integration is on track for deployment in August, alongside the launch of Cortex from HCS. Celo integration is in the planning phase. Standardisation of discharge summaries across Canterbury DHB is also progressing, with a discharge summary dashboard in development to allow teams to manage KPIs.
- **South Island Patient Information Care System (SIPICS):** All Canterbury DHB Maternity services were successfully transitioned to SIPICS as planned on 12 June. The Transition Team is currently providing post implementation support to embed the change and address any post go live concerns. Release 19.1 was implemented on 26 June which introduced additional functional enhancements designed to support user workflow and further improve data quality/validation in the system. The immediate focus now is to address any outstanding data quality issues and complete the transition to business as usual activities.

IMPROVING AND INTEGRATING RURAL HEALTH SERVICES

- Through the Canterbury Clinical Network the Canterbury 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 providing aged residential care in Akaroa. All primary care and residential care services will be transferring to the new Akaroa Health Centre facility during July, and an official opening is planned for the September 7.
Hurunui	Emergency and urgent care after-hours for all the Hurunui District is provided by Amberley Medical Centre and Hanmer Springs Health Centre, alongside local St John volunteer ambulance crews. This includes a doctor or nurse on-call to respond to the

	<p>scene of a serious medical event or accident, available in all areas except Cheviot, Hawarden and Waikari. People in these areas must rely on own transport or ambulance to see the on-call doctor or nurse at Amberley Medical Centre. We are talking with local providers about options to improve access for these more distant areas.</p> <p>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.</p> <p>We are also working with local practices on ways to maintain and make best use of their clinical workforce.</p>
Oxford	<p>The Oxford and Surrounding Area Health Services Development Group is continuing to oversee service improvements endorsed by the Board earlier this year.</p>

- 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

- **Public influenza vaccination campaign:** An advertising campaign promoting the flu vaccine continued throughout June across print, social media and online channels in Canterbury and the West Coast. With the reduced vaccination stock levels, general winter wellness tips will be the focus for the remainder of the flu season.



Media

- The flu season and the staggering number of cases in Canterbury, along with coverage marking three months on from the mosque attacks dominated the media enquiries we responded to in June. We have managed a large number of requests for information on this year's flu season including our weekly respiratory reports, overall statistics and data on influenza-related hospitalisations and deaths. We also facilitated a number of requests regarding the mosque attacks, specifically to mark the three months anniversary post the attacks. This included providing up to date information on the how many operating theatre hours were related to patients injured in the attacks, facilitating interviews with staff and with

patients involved in the attacks during their follow up appointments at Christchurch and Burwood Hospitals.

- We were also involved in 'Operation Ted' which saw hundreds of soft toys left at the Rolleston Avenue tribute wall and outside Masjid Al Noor in the wake of the mosque shootings washed by Canterbury Linen Services, and given to young Muslim children in Christchurch.
- Behind the scenes photos of Operation Ted at Canterbury Linen Services, and a grateful recipient.



- Some of the other topics of media interest included:
 - Maternity and neonatal services at Christchurch Women's Hospital
 - Capacity and birthing numbers at Canterbury's primary birthing units
 - The DHB's elective surgery numbers so far this year
 - Midwifery capacity in Canterbury
 - Our policy on providing food for mothers of children receiving care from us

- Publicly funded fertility treatment in the South Island
 - Our draft Maternity Strategy
 - The appointment of a Crown Monitor to the Board
 - Assaults on security guards at our facilities
 - Criteria for compulsory treatment under the Mental Health Act
 - Unreturned medical equipment
 - New Akaroa Health facility
- Some of our clinical staff spoke to the NZ Herald about their experiences on 15 March, for a piece reflecting on the events of the day 3 months on. The article can be viewed online if you have access to NZ Herald 'Premium Content':
 - CEO was interviewed by The National - a media outlet from the UAE - on the Canterbury Health System's response to the 15 March mosque attacks. Dr James McKay, General Trauma Surgeon, and Orderly Spencer Friese were also interviewed and gave an account of their experiences on the day of the attacks.
 - Team Leader Secondary Care was interviewed by The Press regarding the number of elective surgeries performed so far this year and the affect the mosque attacks, flooding of the Outpatients building and RMO strikes have had on these numbers.
 - Our one live radio interview for Canterbury Mornings with Chris Lynch featured Dr Ramon Pink, Medical Officer of Health speaking about influenza and giving some background on how the flu season was tracking this year, along with some practical tips to help stop the spread and how to care for someone at home with the flu.

Facilities Redevelopment- Communication

- **Christchurch Hospital Hagley:** The "Let's Get Ready To Move" communications campaign for the 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. These are also distributed through wider networks, including unions and medical officers.
 - 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 and we get closer to move date.
- 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.
- The online Healthlearn orientation module for the new building is almost complete and we're planning updates for the Intranet and Internet pages.
- Communications is helping produce maps for transit routes for patient and staff migration and assisting with wayfinding strategies for patients, staff and visitors. Collateral is being developed including posters, bifold brochures and DLE handouts for the lead-up to the move and these will be updated and refreshed for the day of the move and will also be available in

the previous locations of wards and services to help guide the public to the new Hagley location.

- **Site Redevelopment:** Communications is working with Akaroa Health to support its blessing and upcoming official opening.
- 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 SuperStop in Tuam Street.
- **Mental health facilities:** Communications for the mental health facilities, including information for staff and neighbours has been prepared and circulated ahead of the construction on the new high-care area of the AT&R Unit which will commence in July.

Our People

- A proposal by Registered Nurse Brian Salisbury has led to Canterbury DHB swapping to a new sustainable paper medication pottle. Brian took his idea for a paper medication pottle to Collabor8 as part of his project called, "Reducing Waste at Te Whare Manaaki". As a result biodegradable paper medication pottles are replacing plastic ones in all Canterbury DHB hospitals. The 30ml pottles are suitable for liquid or dry medicines. Canterbury DHB uses nearly 1.2 million plastic medication pottles a year. The move will not only see us doing our bit to save the environment but will also likely realise a 33 per cent saving, which is about \$10,000 a year.
- In the recent Queen's Birthday Honours, Christchurch doctor Sue Bagshaw was made a Dame Companion of the New Zealand Order of Merit for her services to youth health. Dame Sue has been a senior lecturer at the university's Christchurch campus for more than a decade teaching adolescent health to undergraduate and postgraduate students and is a committed advocate of youth health. Robert Crawford became a Member of the New Zealand Order of Merit for services to mental health and addiction services. He was a general practitioner in Hanmer Springs before running programmes at Queen Mary Hospital in Hanmer for people with alcoholism and drug addiction. Graeme and Kathryn Reid, of Christchurch were awarded the Queen's Service Medal for services to mental health support and palliative care respectively. Kathryn is a senior lecturer at the University of Canterbury in Palliative Care. Graeme founded the Stepping Stone Trust over 25 years ago, a rehabilitation and support service for the mentally ill.
- Charge Technician Quality and Systems Mike Stackhouse has been recognised for his contribution to Canterbury DHB with a Rotary award.
- The Pride of Workmanship award was presented to Mike by the Christchurch South Rotary Club. The award recognises those who make an outstanding contribution in their workplace, producing results in their field or innovations. Clinical Engineering Manager Tony Hampton says Mike has immense knowledge of the Clinical Engineering world having been the lead technician on lasers, theatre tables and anaesthetic machines at Canterbury DHB over the past 13 years.
- Jason Watson a Registered Nurse in the School Based Mental Health Team has again answered the call for much needed donations for Samoa. Last year he organised two containers filled with over 200 student desks, 130 chairs and dozens of other items for a school he happened to visit while on holiday in Apia with his wife. A few months ago he received a phone call from the school asking if there was any more educational equipment available as the school is growing and now has over 800 students and also has a satellite school. Also the school's families are still in the re-building phase after Cyclone Gita and need household items such as beds and bedding, clothes, shoes, kitchen utensils and general

laundry items. Jason contacted people and co-ordinated the donations and fundraised to create care packages.

- Dementia Canterbury volunteers have been recognised in the 2019 Minister of Health Volunteer Awards. The Activity Volunteer team won the Community Non-Governmental Organisation Health Service Team Award. The award honours those who have demonstrated ongoing commitment within a health and disability non-governmental organisation, providing excellent services at community level and offering outstanding support and dedication. Thirty volunteers at Dementia Canterbury assisted people with dementia take part in community based activities such as gardening at local community gardens, walking, swimming, art, and guided tours of local attractions.

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 22nd July 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. Meeting held with CCC regarding consent requirements. Indication is that discretionary exemption from consent will be issued. Change request to be submitted to capture budget and scope changes.
- **Riverside L7 Water Tank Relocation:** Handed across to Maintenance & Engineering for completion. SRU to continue to provide assistance.
- **Riverside Full Height Panel Strengthening:** No change. Design and review complete. Budget pricing received from the quantity surveyor. Business case currently being formulated.
- **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. 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:**
 - Passive fire program has been selected as finalist in NZIOB Innovation Awards 2019.
 - 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 commenced.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre constructed and commissioned.
- **Temporary Accommodations on Antigua/Tuam St.** 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. Consent documentation being prepared. Work to be undertaken in conjunction with Labs stair 4 works.
- **Antigua St Exit Widening:** CDHB work completed in advance of Otakaro requirements. Camera traffic count to be undertaken.
- **Avon Switch Gear and Transformer Relocation.** Design complete. Project is being managed by Maintenance & Engineering.
- **Otakaro/CCC Coordination** Liaison with contractor for Bus Super Stop works on Tuam St ongoing.
- **Diabetes Demolition:** Contractor appointed. Start date 16 May 2019. Demolition underway. Current forecast completion late September 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 and proposed works relating to the proposed Tower 3 and Tower 4.

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 has now been transferred to M&E due to its size and relatively straight forward process.

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:** 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. Quantity Surveyor figures sent to General Manager of Older Persons Health for review. The way forward for this is on hold until a decision on Mini Health / Artificial Limbs facility has been made.
- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being detailed. Agreement of scope and financials as well as key stakeholder requirements are currently underway.
- **Spinal Unit:** Good progress continues. Due to scope changes, the programme will be extended by approximately eight weeks. Passive fire issues are being resolved which will add approximately 4-6 weeks to the programme. Clinical teams have been engaged and there are no concerns on the revised proposed delivery dates.
- **Burwood Birthing/Brain Injury Demolition:** Main demolition completed. Additional site scrapes are being undertaken to mitigate soil contamination. These additional works may require a budget scope change.
- **2nd MRI Installation:** Final signoff and as built documentation being provided.

Hillmorton Hospital Campus

- **Hillmorton SMHS:** Concept design reports have been completed and are being reviewed by the Project Team. A cost estimate is expected shortly.
- **Earthquake Works:** No earthquake works currently taking place.
- **Food Services Building:** Business case being finalised for submission. With Corporate Finance for decision.
- **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 contract being prepared. 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.

- **Master Planning:** Scoping of works has begun to formalise contracts with the Architect/Health Planners for this work. Programme of deliverables will be available during the next reporting period.

The Princess Margaret Hospital Campus

- **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 still 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:** Completion works are underway and final inspections will be carried out in the next couple of weeks. A building blessing was held on 3 July, and first tenants move-in in late July with Nursing home residents to move in early August.
- **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:** Completed.
- **SRU:** Project Management Office manuals re-write and systems overview. Aligning with P3M3 process and documentation where appropriate. Project Managers now using all systems and minor improvements are being made as they come to light.
- **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

- 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. Work in these areas will not be possible until the Hagley Christchurch project is complete and space elsewhere on the campus becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up, but the budget for this has not been formalised. Ongoing 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.

- The passive fire QA process has identified substantial non compliances on newly installed elements in the Burwood Spinal Unit works. These are now being rectified. The contractor responsible for the initial install has been removed from site and a new contractor has been engaged so as to mitigate delivery dates and resolve quality issues for this work.
- 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 May 2019 was a net operating expense of \$20.807M, which was \$4.717M unfavourable against the draft annual plan net operating expense of \$16.090M. The table below provides the breakdown of the May result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$M	\$M	\$M	\$M	\$M	\$M
Governance	0.015	-	0.015	0.861	-	0.861
Funder	(8.249)	(6.883)	(1.367)	(45.059)	(46.035)	0.975
DHB Provider	(12.574)	(9.207)	(3.367)	(55.596)	(39.512)	(16.083)
Canterbury DHB Group Result	(20.807)	(16.090)	(4.717)	(99.794)	(85.547)	(14.247)

Report prepared by: David Meates, Chief Executive

Appendix 1: WAI 2575 Waitangi Tribunal Health Services and Outcomes Inquiry

APPENDIX 1

WAI 2575 Waitangi Tribunal Health Services and Outcomes Inquiry

- The Waitangi Tribunal has released on 1 July its findings from Stage one of the Health Services and Outcomes Inquiry. The report is very extensive and will require a more extensive update in the near future but a very brief summary follows. We await the response of the government.
- The Tribunal found that the legislative, strategy and policy framework that administers the primary health care sector fails to consistently state a commitment to achieving equity of health outcomes for Māori.
- The Tribunal found that Māori primary health organisations were underfunded from the outset and that the funding arrangements for the primary health care system disadvantage primary health organisations and providers that predominately serve high-needs populations, particularly Māori primary health organisations and providers. The Crown has been aware of these failures for well over a decade but has failed to adequately amend or replace the current funding arrangements.
- The Tribunal found that the Crown does not collect sufficient qualitative or quantitative data to fully inform itself how the primary health care sector is performing in relation to Māori health. Furthermore, the Crown does not use the data it does collect effectively; nor does it make it easily accessible to, and understandable by, the public. Despite the significant, persisting inequities that Māori experience, Māori health outcomes are not systematically separately measured and reported on. Furthermore, we found that Te Puni Kōkiri has failed to carry out its statutory duty to monitor the health sector by failing to conduct agency reviews. While the Crown knows enough to establish that the situation for Māori is urgent and serious, it has not adequately informed itself why this situation might be persisting, nor sought the necessary information needed to improve the performance of the primary health care sector.
- The Tribunal found that the Crown did not design the primary health care framework in partnership with Māori. That Māori are significantly underrepresented across a range of health professions and in the Ministry of Health itself. The Tribunal were particularly concerned at the disestablishment of Te Kete Haurora, a unit in the Ministry of Health focused on Māori health, and the impact that had on the efficacy of Māori-specific policy making and advice at the Ministry of Health level. The Tribunal were concerned that those managers responsible for Māori health within District Health Boards appeared hamstrung by the ambit of their role and the very minimal budget holding functions they often hold.
- The Tribunal found several breaches in relation to District Health Board governance and concluded that the governance arrangements for District Health Boards do not, when taken together, reflect the Treaty partnership. Māori members of District Health Boards are always in the minority, and do not necessarily reflect mana whenua interests, nor the Māori population or the district they serve. Ultimately, board members are appointed by and answerable to the Minister of Health, which does not reflect a true partnership model. While every District Health Board partners with a Māori relationship board, these arrangements do not have statutory recognition, and the extent of their role and influence upon the operation of district health boards varies considerably throughout the country.
- The Tribunal made numerous recommendations but have made two overarching recommendations:
 - That the legislative and policy framework of the New Zealand primary health care system recognises and provides for the Treaty of Waitangi and its principles. To that end, we recommend an amendment to the New Zealand Health and Public Disability Act 2000

to include a new Treaty of Waitangi clause. We have also gone on to recommend several principles for adoption and use in the primary health care sector.

- That the Crown commit itself and the health sector to achieve equitable health outcomes for Māori. To that end, we recommend an amendment to section 3(1)(b) of the New Zealand Public Health and Disability Act 2000.

FINANCE REPORT 31 MAY 2019

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

SOURCE: Finance

DATE: 18 July 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 31 May 2019.

3. DISCUSSION

Overview of May 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of May 2019 was a net operating expense of \$20.807M, which was \$4.717M unfavourable against the draft annual plan net operating expense of \$16.090M. The table below provides the breakdown of the May result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$M	\$M	\$M	\$M	\$M	\$M
Hospital & Specialist Service and Corporate	(12.607)	(9.282)	(3.325)	(55.642)	(39.554)	(16.088)
Community & Public Health	(0.120)	(0.026)	(0.094)	(0.390)	(0.089)	(0.301)
Total In-House Provider excl Subsidiaries	(12.727)	(9.308)	(3.419)	(56.032)	(39.643)	(16.389)
Add: Funder & Governance						
Funder Revenue	140.700	138.131	2.569	1,532.806	1,518.951	13.855
External Provider Expense	(68.535)	(64.631)	(3.904)	(693.252)	(680.759)	(12.493)
Internal Provider Expense	(80.414)	(80.383)	(0.031)	(884.613)	(884.227)	(0.385)
Total Funder	(8.249)	(6.883)	(1.366)	(45.059)	(46.035)	0.976
Governance & Funder Admin	0.015	-	0.015	0.861	-	0.861
Total Canterbury DHB (Parent)	(20.960)	(16.191)	(4.769)	(100.230)	(85.678)	(14.552)
Add: Subsidiaries						
Brackenridge Estate Ltd	0.072	0.043	0.029	0.203	0.064	0.138
Canterbury Linen Services Ltd	0.081	0.057	0.024	0.233	0.066	0.167
Canterbury DHB Group Surplus / (Deficit)	(20.807)	(16.090)	(4.717)	(99.794)	(85.547)	(14.247)

Although earthquake events are fading into the past, the impact of lost facilities remains. Delays in facility rebuilds continue to add to the stress on the system and the extraordinary pressures put on the Canterbury Health System as a whole. In addition, we are continuing

to deal 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 continues to perform beyond expectations in terms of outcomes being delivered.

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

Our current deterioration against the original 2018/19 budget can be summarised into the following specific areas:

- Industrial Action - \$2M
- Terrorist attack costs (immediate response plus catch up efforts) - \$6M
- SIPICS and FPIM additional implementation FTE - \$1M
- MECAs settled in excess of funding parameters - \$4M
- Outpatients flooding - \$1M
- Hepatitis C unfunded proportion - \$2.5M
- Leave liability adjustments to reflect amended Treasury discount rates - \$1M

This is not an exhaustive list; other events such as the measles outbreak response, and a particularly early onset of seasonal influenza have not been separately quantified here.

The Outpatients flood which resulted in the cancellation and rescheduling of over 15,000 outpatient appointments has had significant patient and staff implications. The additional effort required to alleviate service disruptions has been significant and costly in relation to workforce effort.

Canterbury DHB's initial response to the March terrorist attacks has been quantified at \$6M. We recently received verbal advice of approved additional funding to offset these costs of \$3M.

4. APPENDICES

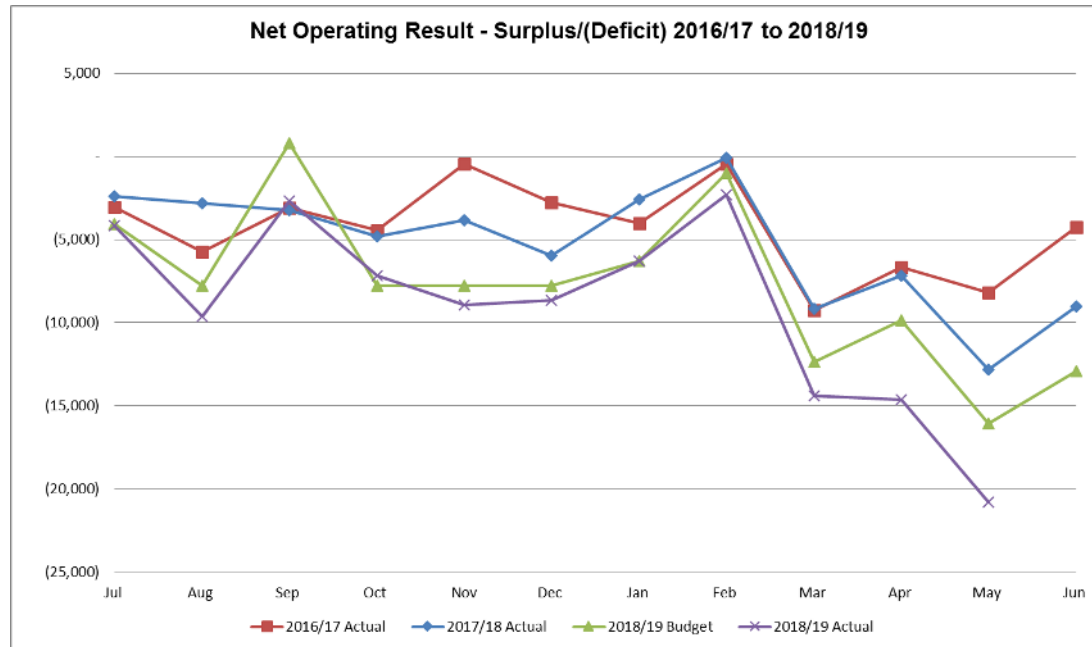
- Appendix 1: Financial Result
- Appendix 2: Statement of Comprehensive Revenue & Expense
- Appendix 3: Statement of Financial Position
- Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 MAY 2019

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(20,807)	(16,090)	(4,717)	29% X	(99,794)	(85,547)	(14,247)	17% X



Our 2018/19 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 focused operational plan being co-developed with CDHB, MoH and EY.

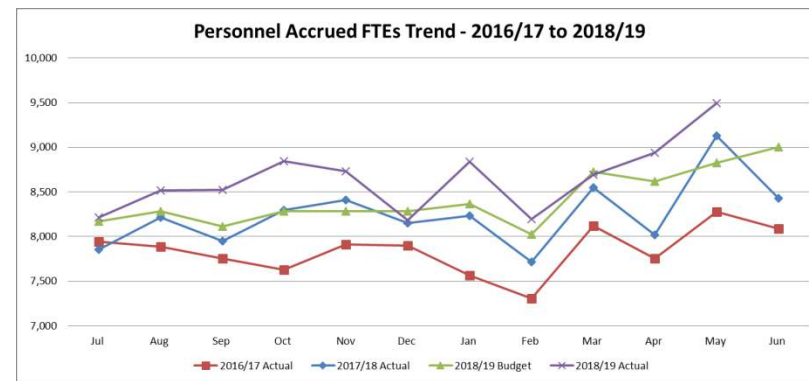
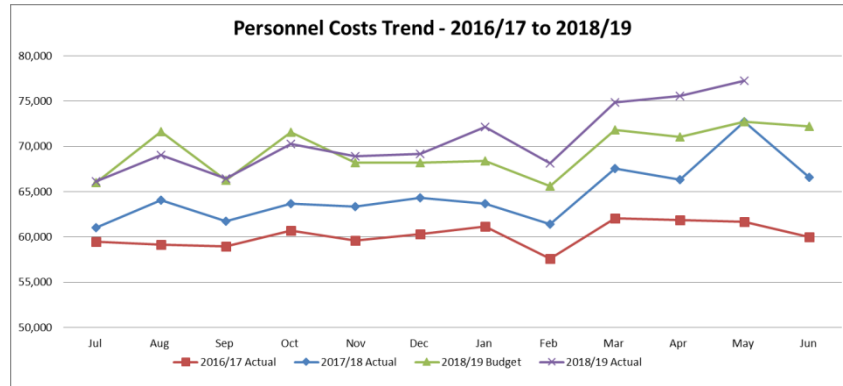
The DHB continues to feel the impact of unplanned events such as the terrorist attack and the Outpatients flood. This has placed further significant pressure on payroll costs, particularly in the inability for scheduled leave to be taken in order to cope with backlogs. Pressure also remains on personnel 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

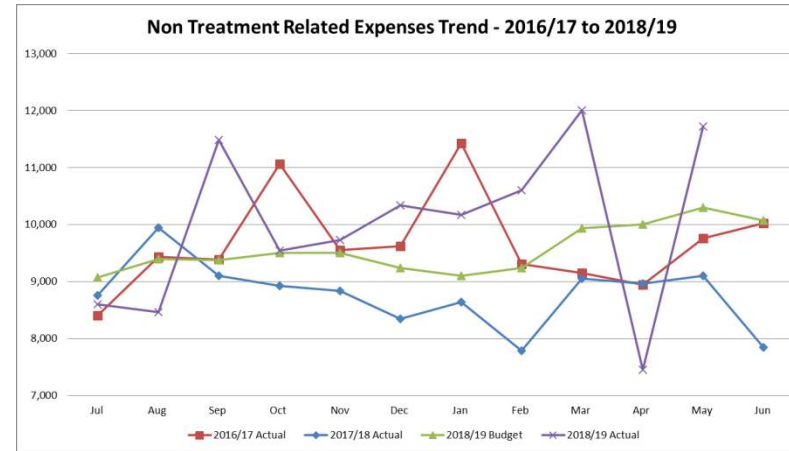
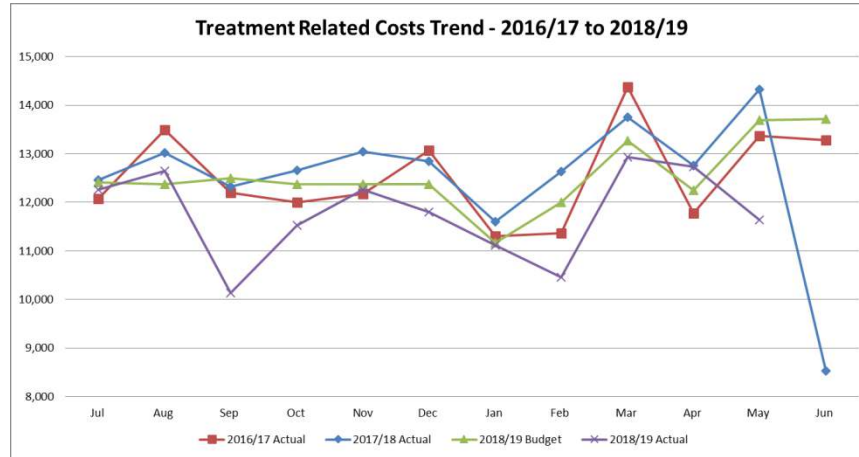
The impacts of the March attack on our workforce continues to place them under severe strain, this additional workload manifests as higher accrued FTE.

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.

Growth in personnel accrued FTEs will occur in future periods as a result of additional resource required for the new ASB redevelopment and other significant projects.

TREATMENT & OTHER EXPENSES RELATED COSTS



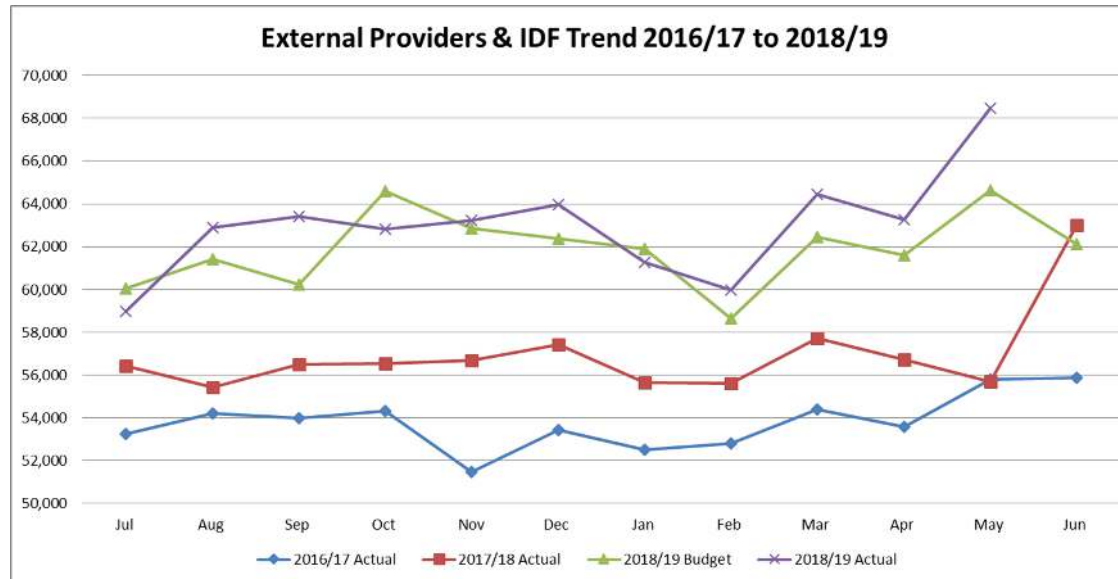
KEY RISKS AND ISSUES

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 2022/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
External Provider Costs	68,535	64,631	(3,904)	-6% X	693,252	680,759	(12,493)	-2% X



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.

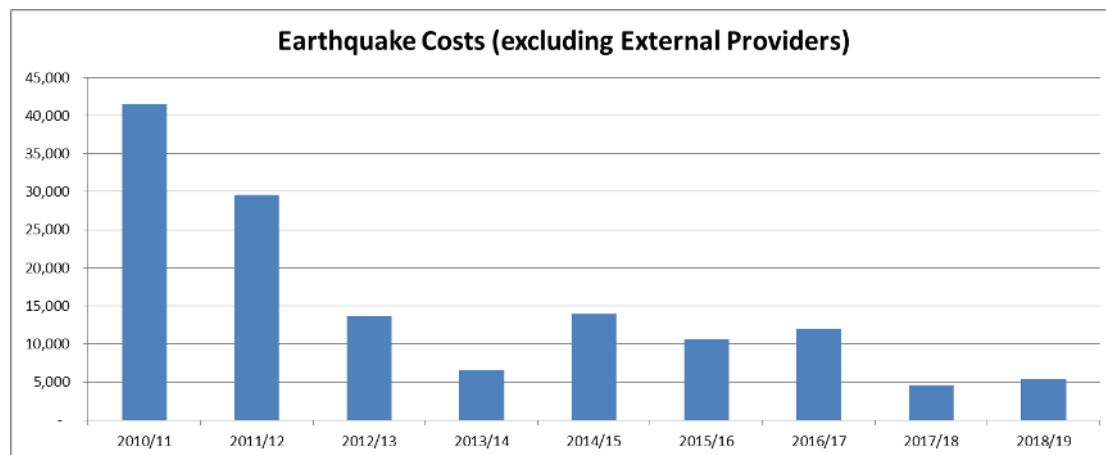
Additionally, the reimbursement of hospital pharmaceutical spend from the combined pharmaceutical budget rebate pool has resulted in an unfavourable variance in external provider costs, which should be offset by lower pharmaceutical costs in the internal provider. We will adjust this budget in 2019/20.

KEY RISKS AND ISSUES

Additional outsourcing to meet electives targets may be required. 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 in relation to the Outpatients flood is not quantified at this stage 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)	354	700	(346)	100% ✗	3,962	4,750	(788)	100% ✗
Earthquake Costs - Repairs	355	700	345	100% ✓	4,009	4,750	741	100% ✓
Earthquake Costs - External Provider	1,431	1,431	-	100% ✓	15,740	15,740	-	100% ✓
Earthquake Costs - Non Repairs	118	118	-	100% ✓	1,385	1,385	-	100% ✓
Total Earthquake Costs	1,904	2,249	345	100% ✓	21,134	21,875	741	100% ✓



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

EQ repair (integral part of the DHB EQ Programme of Works) costs are offset by an equivalent amount of insurance revenue that will be progressively drawn down to minimise the impact of EQ repair costs on the net result. The insurance revenue relates to the portion of earthquake insurance settlement amount that was repaid to the Crown in 2013/14 for future drawdown 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	488,328	561,684	(73,356)	-13% ✘
Cash	(67,733)	(25,173)	(42,560)	169% ✘

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 an issue.

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd For the month of May 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
147,618	143,913	138,215	3,705 ✓	MoH Revenue	1,597,365	1,582,557	1,514,031	14,808 ✓	1,726,350
4,583	4,367	4,508	216 ✓	Patient Related Revenue	44,911	46,053	45,221	(1,142) ✗	37,172
2,658	3,642	2,809	(984) ✗	Other Revenue	36,332	35,853	31,081	479 ✓	52,497
154,859	151,922	145,533	2,937	Total Operating Revenue	1,678,608	1,664,463	1,590,333	14,145	1,816,019
77,230	72,717	72,743	(4,513) ✗	Personnel Costs	777,871	758,052	709,757	(19,819) ✗	830,258
11,642	13,689	14,336	2,047 ✓	Treatment Related Costs	129,514	135,387	141,564	5,873 ✓	149,097
68,535	64,631	60,872	(3,904) ✗	External Service Providers	693,252	680,759	620,415	(12,493) ✗	742,871
11,669	10,297	3,912	(1,373) ✗	Other Expenses	109,322	104,657	97,282	(4,665) ✗	114,720
169,076	161,334	151,863	(7,742) ✗	Total Operating Expenditure	1,709,958	1,678,854	1,569,017	(31,104) ✗	1,836,946
(14,217)	(9,412)	(6,331)	(4,805) ✗	Total Surplus / (Deficit) Before Indirect Items	(31,350)	(14,391)	21,316	(16,959) ✗	(20,927)
45	148	115	(103) ✗	Interest	822	1,628	1,262	(806) ✗	1,778
188	290	360	(102) ✗	Donations	3,753	3,235	2,582	518 ✓	4,027
2	-	461	2 ✓	Profit / (Loss) on Sale of Assets	133	-	482	133 ✓	-
235	438	936	(203) ✗	Total Indirect Revenue	4,707	4,863	4,327	(156) ✗	5,805
2,079	2,085	2,470	6 ✓	Capital Charge	23,045	22,902	27,730	(143) ✗	24,994
4,690	4,993	4,949	303 ✓	Depreciation	49,750	52,699	52,768	2,949 ✓	57,909
56	38	-	(18) ✗	Interest Expense	355	418	60	63 ✓	450
6,825	7,116	7,419	291 ✓	Total Indirect Expenses	73,151	76,019	80,557	2,868 ✓	83,353
(20,807)	(16,090)	(12,814)	(4,717) ✗	Total Surplus / (Deficit)	(99,794)	(85,547)	(54,915)	(14,247) ✗	(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 31 May 2019

Audited 30-Jun-18 \$'000		Group Actual 31-May-19 \$'000	YTD Group Budget 31-May-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	(99,794)	(85,547)	(98,475)
496,272	TOTAL PUBLIC EQUITY	488,328	561,684	546,895
	Represented By:			
	Current Assets			
1,677	Cash & Cash Equivalents	4,955	-	-
750	Short Term Investments	750	750	750
87,165	Trade and Other Receivables	84,672	85,839	85,839
4,554	Prepayments	7,154	4,554	4,554
11,171	Inventories	11,890	11,171	11,171
10,561	Restricted Assets	13,104	14,577	14,577
115,878	Total Current Assets	122,526	116,891	116,891
	Less Current Liabilities			
17,376	Overdraft	72,688	25,173	48,920
111,189	Trade and Other Payables	122,144	121,617	111,192
10,577	Restricted Funds	13,023	14,591	14,591
172,699	Employee Benefits	176,598	163,361	163,361
311,841	Total Current Liabilities	384,452	324,742	338,064
(195,963)	Working Capital	(261,926)	(207,851)	(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	750,422	770,510	769,043
698,399	Term Assets	756,771	775,712	774,245
	Non Current Liabilities			
6,164	Employee Benefits	6,517	6,177	6,177
6,164	Term Liabilities	6,517	6,177	6,177
496,272	NET ASSETS	488,328	561,684	546,895

Capital expenditure continues to be less than expected. Main drivers include \$14.6M of the tunnel project (to be recharged by the MOH) which has been deferred to 2019/20. 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 31-May-19 \$'000	YTD Budget 31-May-19 \$'000	Budget 30-Jun-19 \$'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	Net Cash from Operating Activities	(45,765)	(30,422)	(48,565)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	Net Cash from Investing Activities	(37,313)	(58,011)	(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	(52,034)	(9,474)	(33,221)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	Closing Cash Balance	(67,733)	(25,173)	(48,920)

MĀORI HEALTH STRATEGY PROPOSAL

Canterbury
District Health Board
Te Pori Hauora o Waitaha

TO: Chair and Members
Canterbury District Health Board

SOURCE: Executive Director, Māori & Pacific Health

DATE: 18 July 2019

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

At CDHB's Board meeting on 21 March 2019, discussion took place regarding the re-introduction of a separate Māori Health Plan. It was agreed that a recommendation would be brought back to a future meeting with developed thoughts on options and consultation with Manawhenua Ki Waitaha and Māori community. This report is in response to that request.

2. RECOMMENDATION

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

- i. approves the proposal to develop a co-design process to develop a longer-term Strategy for improving Māori health outcomes and reducing Māori health inequity; and
- ii. formalises the incorporation of Whanau Ora into the proposed Maori Health Strategy.

3. DISCUSSION

After discussion with Manawhenua Ki Waitaha and Planning & Funding, it is proposed that rather than develop an annual Māori Health Action Plan like has been done in the past, CDHB will engage its health system partners in a co-design process to develop a longer-term strategy for improving Māori health outcomes and reducing Māori health inequity.

The proposal would bring to life the Māori Health Outcomes Framework that was developed several years back, by setting the strategic direction alongside the desired outcomes, much like the wider DHB outcomes framework which incorporates both the desired outcomes and the strategy for getting there.

CDHB would then seek to bring a smaller group of people, from its partner organisations, together, in a similar process to that used to develop the System Level Measures (SLM) Improvement Plan. The agreed outcomes and the strategy would be used to establish the immediate focus for the coming year (over a smaller number of prioritised areas), and the key actions that all would take to enable and deliver change.

Like the SLM Improvement Plan, progress on the actions will be tracked quarterly and a dashboard established to track progress against the desired outcomes over time. This would give the DHB a similar improvement focus for Māori Health and allow it to focus on the impact over time, in areas of importance locally, rather than adding in what might end up being another compliance document.

It is anticipated that the engagement and co-design process will begin once Board approval has been gained. It is expected that a strategy will be developed for approval for implementation at the start of the 2020/21 financial year (1 July 2020).

Report approved for release by: Hector Matthews, Executive Director, Māori & Pacific Health

CPH&DSAC – 4 JULY 2019

TO: Chair and Members
 Canterbury District Health Board

SOURCE: Community & Public Health and Disability Support Advisory Committee

DATE: 18 July 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 Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 4 July 2019.

2. RECOMMENDATION

That the Board:

- i. notes the draft minutes from CPH&DSAC's meeting on 4 July 2019 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 4 July 2019.

Report prepared by: Anna Crow, Board Secretariat

Report approved by: Dr Anna Crighton, Chair, Community & Public Health Advisory Committee

MINUTES

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
 held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
 on Thursday, 4 July 2019 commencing at 9.00am

PRESENT

Dr Anna Crighton (Chair, CPHAC); Sally Buck; Tom Callanan; Wendy Dallas-Katoa; Jo Kane; David Morrell; Ta Mark Solomon (ex-officio); Dr Olive Webb; and Hans Wouters.

APOLOGIES

Apologies for absence were received and accepted from Tracey Chambers (Chair, DSAC); Rochelle Faimalo; Susan Foster-Cohen; Chris Mene; Yvonne Palmer; and Dr John Wood.
 An apology for lateness was received and accepted from David Morrell (9.40am).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Evon Currie (General Manager, Community & Public Health); Carolyn Gullery (Executive Director, Planning Funding and Decision Support); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Crow (Board Secretariat).

EXECUTIVE APOLOGIES

There were no Executive apologies.

IN ATTENDANCE**Item 4**

Hector Matthews, Executive Director, Māori & Pacific Health

Item 6

Neil Brosnahan, Manager, Community & Public Health (CPH)
 Chris Ambrose, Development Specialist, CPH

Item 7

Kerry Marshall, Public Health Manager, CPH

Item 9

Gordon Boxall, Chair, Disability Steering Group (DSG)

Item 10

Kathy O'Neill, Team Leader, Planning & Funding (P&F)

Item 11

Michael Frampton, Chief People Officer
 Maureen Love, Strategic HR Business Partner

Item 12

Michael Frampton
 Maureen Love
 Linda Leishman – Project Search Facilitator
 Ricky Reeves – Project Search Intern

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions/alterations to the interest register.

Declarations of Interest for Items on Today's Agenda

Tom Callanan – Item 12 - Project Search Steering Group member.

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (10/19)

(Moved: Tom Callanan/Seconded: Sally Buck – carried)

“That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 9 May 2019 be approved and adopted as a true and correct record.”

3. CARRIED FORWARD / ACTION LIST ITEMS

It was noted that CDHB's Fluoridation Position Statement is currently under review and will come before the Committee for consideration in due course.

The carried forward action list was noted.

The meeting moved to Item 8.

8. TRANSGENDER HEALTH / GENDER AFFIRMING HEALTHCARE

Carolyn Gullery, Executive Director, Planning Funding & Decision Support presented the report, noting it was a follow-up to the Ko Awatea Transgender Health Working Group presentation received at the Committee's 9 May 2019 meeting.

Ms Gullery advised that a Steering Committee has been established to progress work already underway in this area to enable better access to the right services. A key gap identified has been access to appropriate psychologists, and this is to be an initial focus. Data collection issues will also be a focus moving forward.

The Steering Committee will be critical for maintaining momentum in this space and for this reason the CDHB has committed to funding it for an initial two year period.

The Committee expressed its congratulations for an excellent piece of work.

Resolution (11/19)

(Moved: Ta Mark Solomon/Seconded: Tom Callanan – carried)

“That the Committee:

- i. notes the Transgender Health / Gender Affirming Healthcare report.”

The meeting moved to Item 4.

4. MAORI HEALTH STRATEGY PROPOSAL

Hector Matthews, Executive Director Maori & Pacific Health, presented the report which looked at options for a Maori Health Strategy/Plan for the DHB moving forward. Mr Matthews gave details of the proposal to develop a co-design process to develop a longer-term Strategy for improving Māori health outcomes and reducing Māori health inequity.

Discussion took place around aspects of the Waitangi Tribunal's recent statements regarding health inequities for Maori.

There was discussion around the need for better quantitative and qualitative data by region in order to better inform.

Resolution (12/19)

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

“The Committee recommends that the Board:

- i. approves the proposal to develop a co-design process to develop a longer-term Strategy for improving Māori health outcomes and reducing Māori health inequity.”

5. COMMUNITY & PUBLIC HEALTH UPDATE REPORT

Evon Currie, General Manager, Community & Public Health, presented the report which was taken as read. Discussion took place on the following:

- Syphilis project
- Peace train memorial bike ride
- Canterbury Wellbeing Survey

David Morrell joined the meeting at 9.40am.

Resolution (13/19)

(Moved: Wendy Dallas-Katoa/Seconded: Sally Buck – carried)

“That the Committee:

- i. notes the Community and Public Health Update Report.”

6. HEALTHSCAPE (PRESENTATION)

Neil Brosnahan, Manager, CPH; and Chris Ambrose, Development Specialist, CPH, presented to the Committee on Healthscape – a structured information management and accountability tool specifically designed for population and public health requirements.

The Chair thanked Messrs Brosnahan and Ambrose for the informative presentation.

7. WORK IN SCHOOLS (PRESENTATION)

Kerry Marshall, Public Health Manager, CPH, presented to the Committee on CPH's Work in Schools. The presentation highlighted:

- Early Childhood Health Promotion – an oral health toolkit, established through collaboration between CDHB Dental Services and CPH.
- Health Promoting Schools – ways of working and priorities; a move towards working with Kahui Ake; and health sector partnerships.
- All Right? Sparklers – outlining its history and focus; activities; and links with Mana Ake.
- Kakano - an online support programme for parents of 5-12 year olds, to help them manage their kids “BIG emotions”. The programme was piloted last year and is now undergoing a randomised control programme, with 300 families trying the app. Results are due at the end of 2019 and it is hopeful that the app will be launched publicly next year.

The Chair thanked Ms Marshall for the presentation.

The meeting adjourned for morning tea from 10.30 to 10.50am.

The meeting moved to Item 9.

9. DISABILITY STEERING GROUP UPDATE (ORAL)

Gordan Boxall, Chair, DSG, provided an update on DSG activities. He noted that Canterbury is at the leading edge in many areas, which creates both opportunities and challenges. Three areas highlighted by Mr Boxall were: Hillmorton Hospital facilities; the Accessibility Charter; and Employment.

There was discussion around:

- Disability Sector Transformation
- Disability funding
- Employment opportunities for people with a disability
- Winston Churchill Memorial Trust Fellowship
- Synergy between the DSG and CPH&DSAC. Msrs Callanan and Wouters expressed an interest in attending DSG meetings.
- Whanau Ora funding

The Chair thanked Mr Boxall for his update.

The meeting returned to Item 4.

4. MAORI HEALTH STRATEGY PROPOSAL

Following discussions under Item 9, Mr Matthews was recalled to the meeting for a discussion about Whanau Ora and its incorporation in the proposed Maori Health Strategy (Item 4). In addition to the recommendation passed earlier in the meeting, the Committee passed a second recommendation.

The Committee requested an update on Whanau Ora to a future meeting.

Resolution (14/19)

(Moved: Dr Anna Crighton/Seconded: Wendy Dallas-Katoa – carried)

“The Committee recommends that the Board:

- i. formalises the incorporation of Whanau Ora into the proposed Maori Health Strategy.”

The meeting moved to Item 10.

10. TRANSALPINE STRATEGIC DISABILITY ACTION PLAN – PRIORITY ACTIONS - REFRESH

Kathy O’Neill, Team Leader, Planning & Funding, presented the report which was taken as read. An update was provided on forums and other avenues for feedback where attendance at forums is not possible.

Discussion took place around the limited response received from a previously used electronic survey which sought feedback on progress against the priority actions to the sector and where CDHB should be focusing its efforts in the coming two years.

There was also discussion about capturing the knowledge and experiences of current DSG members who would not be renewing their terms.

There was a request for the Canterbury and West Coast Health Disability Action Plan to be attached as an information item for the Committee’s 29 August 2019 meeting.

Resolution (15/19)

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

“That the Committee:

- i. notes the processes for refreshing the priority actions of the Disability Action Plan; and
- ii. notes the process for the seeking of new disability community members of the Disability Steering Group.”

11. CDHB WORKFORCE UPDATE

Michael Frampton, Chief People Officer, presented the report which was taken as read. Also in attendance, was Maureen Love, Strategic HR Business Partner.

There was discussion on a Radio New Zealand interview about supported employment in Washington State, and how over 80 percent of people with intellectual and developmental disability are in paid employment, compared to 15 percent in New Zealand. A link to the interview will be circulated to Committee members.

Resolution (16/19)

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

“That the Committee:

- i. notes the Canterbury Workforce Update.”

12. PROJECT SEARCH (PRESENTATION)

Mr Frampton introduced Linda Leishman, Project Search Tutor; and Ricky Reeves, Project Search Intern. The presentation provided an update on:

- Background to the Project Search programme
- Progress to date
- The establishment of a business advisory group

- An introduction to the “Class of 2019”

Mr Reeves spoke to the Committee about his experiences and learnings from being a part of the “Class of 2019”.

The presentation was enthusiastically received by the Committee, with members extending their congratulations on CDHB’s participation in the Project Search Programme, which was proving to be a stunning piece of work.

INFORMATION ITEMS

- Disability Steering Group Minutes
(3 May 2019 & 24 May 2019)
- CCN Q3 2018/19
- 2019 Workplan

There being no further business the meeting concluded at 12.15pm.

Confirmed as a true and correct record:

Dr Anna Crighton
Chair, CPHAC

Date of approval

Tracey Chambers
Chair, DSAC

Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
 Canterbury District Health Board

SOURCE: Corporate Services

DATE: 18 July 2019

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 20 June 2019	For the reasons set out in the previous Board agenda.	
2.	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)
3.	Taskforce Updates – Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	EY Draft Report – Executive Response	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Water Quality – Oral Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Selwyn District Health Hub Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Annual Plan Update and Delegations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
10.	Advice to Board: • QFARC Draft Minutes 2 July 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