AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held via Zoom
Thursday, 19 August 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 15 July 2021		
3.	Carried Forward / Action List Items		
Overview			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.35-9.40am
5.	Chief Executive's Update	Dr Peter Bramley *Chief Executive*	9.40-10.00am
Reports for Decision			
6.	Schedule of Meetings – 2022	David Green *Acting Executive Director, Finance & Corporate Services*	10.00-10.05am
7.	Christchurch Hospital Campus Compliance Works Programme	David Green	10.05-10.10am
Reports for Noting			
8.	Finance Report	David Green	10.10-10.15am
9.	Advice to Board: • HAC – 5 August 2021 – Draft Minutes	Andrew Dickerson *Chair, HAC*	10.15-10.20am
10.	Resolution to Exclude the Public		10.20am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.20am**

NEXT MEETING
Thursday, 16 September 2021 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

Sir John Hansen (Chair)
Gabrielle Huria (Deputy Chair)
Barry Bragg
Catherine Chu
Andrew Dickerson
James Gough
Jo Kane
Aaron Keown
Naomi Marshall
Fiona Pimm
Ingrid Taylor

Executive Support

Dr Peter Bramley – *Chief Executive*
James Allison – *Chief Digital Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Tracey Maisey – *Executive Director, Planning, Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Tanya McCall – *Interim Executive Director, Community & Public Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Dr Helen Skinner – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*

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

BOARD ATTENDANCE SCHEDULE – 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	18/02/21	18/03/21	15/04/21	20/05/21	17/06/21	07/07/21 EM	15/07/21	19/08/21	16/09/21	21/10/21	18/11/21	16/12/21
Sir John Hansen (Chair)	√	√	√	√	√	√	√					
Gabrielle Huria (Deputy Chair)	#	√	√	√	√	√ (Zoom)	^					
Barry Bragg	√	√	√	√	√	^ (Zoom)	√					
Catherine Chu	√ (Zoom)	^ (Zoom)	#	^ (Zoom)	^ (Zoom)	√ (Zoom)	√ (Zoom)					
Andrew Dickerson	#	√	#	√ (Zoom)	#	#	√ (Zoom)					
James Gough	√ (Zoom)	√ (Zoom)	√	√	√	√ (Zoom)	#					
Jo Kane	^	√	√ (Zoom)	√	√ (Zoom)	√ (Zoom)	#					
Aaron Keown	√	√	√	√	√ (Zoom)	√ (Zoom)	√					
Naomi Marshall	√ (Zoom)	√	√	√	√	√ (Zoom)	√					
Fiona Pimm			* (16/04/21)	√	√	√ (Zoom)	√					
Ingrid Taylor	√ (Zoom)	√	√	√	√	√ (Zoom)	^					

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband
Barry Bragg	**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. **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. **CMUA Project Delivery Limited** - Director 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters.

	Farrell Construction Limited - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **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. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Paenga Kupenga Limited** – Chair Commercial arm of Ngai Tuahuriri Runanga **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Verum Group Limited** – Director Verum Group 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.
Catherine Chu	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Andrew Dickerson	**Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital.

	NZ Association of Gerontology - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **Medical Kiwi Limited** – Independent Director Research and distribution company of medicinal cannabis and other health related products. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.

Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Fiona Pimm	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Council for Education Research** – Chair Statutory organisation responsible for independent research in the education sector. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Deputy Chair Governance entity for Arowhenua affiliated whānau. **Te Runanga o Ngāi Tahu** – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB.

	Sir John and Ann Hansen's Family Trust – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 15 July 2021 commencing at 9.30am

BOARD MEMBERS
Sir John Hansen (Chair); Barry Bragg; Catherine Chu (via zoom); Andrew Dickerson (via zoom); Gabrielle Huria; Aaron Keown; Naomi Marshall; Fiona Pimm; and Ingrid Taylor.

CROWN MONITOR
Dr Lester Levy (via zoom)

APOLOGIES
Apologies for absence were received and accepted from Jo Kane; James Gough; and Dr Andrew Brant (Clinical Advisor).
An apology for lateness was received and accepted from Ingrid Taylor (9.45am).
An apology for early departure was received and accepted from Gabrielle Huria (12.50pm).

EXECUTIVE SUPPORT
Dr Peter Bramley (Chief Executive); James Allison (Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services); Becky Hickmott (Executive Director of Nursing); Mary Johnston (Chief People Officer); Tracey Maisey (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director Maori & Pacific Health); Dr Rob Ojala (Executive Director, Infrastructure); Dr Helen Skinner (Chief Medical Officer); Karalyn van Deursen (Executive Director, Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES
Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); and Tanya McCall (Interim Executive Director, Community & Public Health).

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
Barry Bragg declared an interest regarding the NZ Flying Doctor Service in the Chief Executive's Update which mentions air retrieval services.

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (23/21)
(Moved: Sir John Hansen/seconded: Barry Bragg – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 17 June 2021 be approved and adopted as a true and correct record."

Resolution (24/21)
(Moved: Sir John Hansen/seconded Barry Bragg – carried)

"That the minutes of the emergency meeting of the Canterbury District Health Board held on 7 July 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, advised that he would speak regarding a couple of issues across New Zealand confronting all DHBs.

Sir John commented that we continue to have record attendances in the Emergency Department, some relating to RSV and winter illnesses. He acknowledged the immense amount of work in these areas, with staff undertaking extra shifts. He also acknowledged the contribution of Primary Care in continuing to treat people in the community.

Sir John also commented that the DHB has attracted a lot of publicity around the COVID vaccination programme. He added that all vaccination programmes from DHBs have to be Ministry of Health (*MoH*) approved. Our plan was approved up to 4 July 2021 and we have delivered in accordance with that plan and continue to do so. These plans were based on MoH modelling of the population. He noted that by the end of this week we will have sent out 142,000 invitations for Tier 3. This current week we will do over 10,000 vaccinations, ramping up to over 18,000 the following week. Sixty General Practices and Pharmacies, in addition to other vaccination sites, have indicated that they wish to participate in this programme which is being followed up. We will watch with interest what happens in Auckland with the mass vaccinations as there is potential to do this here also. The Government has been clear that there have been constraints to date around the supply of vaccinations for all DHBs, but we have delivered to plan and even with the constraints we have been slightly over the plan.

Sir John advised that both the Capital Investment Committee and the Joint Ministers have now signed off on two projects: the Compliance Works Project Single Stage Business Case; and the Parkside Enhancements Single Stage Business Case which is very good news in this time of constrained capital funding.

The Chair's Update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, acknowledged the support of Sir John and Dr Lester Levy, Crown Monitor, in helping secure the support of the sector around things like additional funding to ensure we can complete the work at Parkside.

He commented that he is loving having an Executive Team in place with fantastic capabilities. Most importantly, they are leading and modelling the values that we hold important to us as an organisation, which makes a phenomenal difference in the way an organisation performs.

Dr Bramley highlighted the following:

- In his time at both Nelson Marlborough DHB and here at CDHB, he has never seen the health system under such pressure and demands from so many different places. This would be echoed by his colleagues.

- Acute demand is exacerbated by what is known as RSV. Dr Helen Skinner, Chief Medical Officer, and Becky Hickmott, Executive Director of Nursing, provided the Board with an overview of what had taken place over the last week and what clinical staff across the system are experiencing at the moment. They advised that Primary Care have been outstanding in their response. A whole of system response was required.

  Dr Bramley noted his thanks to staff. He advised that he had visited Christchurch Hospital and the level of care was exceptional.

  Discussion took place regarding COVID-19, lockdown and immunity.

  It was noted that there are also a lot of children with RSV who have not presented at hospital and are being managed at home.

  A query was made regarding planning for the flu season. It was noted that it will be similar to the RSV plan and as with this there could be some deferring of electives due to ICU use.

- The team in neonatal intensive care have done an amazing job around what can only be described as a completely extraordinary event in terms of little ones requiring care from across the South Island.

- Yesterday we received strike notices from NZNO for 29 July 2021 for 24 hours, noting that the last strike was for eight hours. This is a big step up and there is a huge amount of work to be done starting today around what resources will need to be retained to ensure safe delivery of care across all of our settings of care. Dr Bramley noted that there is extreme concern around our ability to provide safe care during this strike. Also on the horizon are strikes around midwifery and also stop work meetings being held by ASMS, our Senior Doctor's Union.

- In regard to the vaccination programme, with vaccinations becoming more available nationally the team is on the ramp up with GPs and Pharmacies all gearing up to be the key agents for delivery. Texts have gone out to the Group 3 category and we should see some progress being made. Dr Bramley noted that we are on target to meet the plan. He thanked the communications team who have cleared all communications through the Ministry and are in fact being micro-managed by the Ministry. The team is gearing up to lift the numbers into our wider community and we are standing up another mass vaccination site to give us some additional capacity. We are watching closely the lessons from Auckland's "Big Day Out". To keep this in perspective, when we are at our ramped up point we will be doing 47,000 vaccinations per week which is around 6,000 to 7,000 per day. Workforce is still one of our biggest challenges in this space.

- There are lots of key initiatives happening around making the system flow and you will hear more about this in the Public Excluded section of the meeting. This is really gathering pace and there are lots of specific opportunities. We have a very significant programme under the banner of Operation 3292, which is how do we better deliver the 3,000+ planned care

procedures that are destined to be outsourced. Can we do that work within our own resources and in the process strengthen our DHB teams.

- Mary Johnston, Chief People Officer, is working with the Executive Team and across all of our managers in the follow up around Tangata Ora. There are lots of opportunities to lead in the improvement of our culture, particularly in the area of poor performance and some of the elements of bullying culture that are unfortunately present in our organisation. With the Executive Team in place, each of the team are looking to re-align, re-home, and connect people to the right places within their teams. We are resetting and kind of getting back to basics. There are a lot of opportunities to really strengthen our teams.

- David Green, Acting Executive Director, Finance and Corporate Services, will be taking us through a presentation on the end of year financials and also the budget for 2021/22. In terms of end of year, congratulations to the hospital teams. We finished ahead of 95% of planned care delivery which is a stunning result and also secures all of the planned care funding. Kudos to everyone across the business as we have finished the year at a $149M deficit position which is a stunning result by so many people across our organisation.

- Visited the Sexual Health Team. They provided a presentation including, Xcelr8 Our Future around how they can save and do things better.

Discussion took place regarding how the Board could show their appreciation for this work. Dr Bramley commented that there are so many things to thank the organisation for currently, so we need to ensure we are acknowledging the right things at the right time. He added that he will convey this on behalf of the Board.

There was a query around volunteer car parking. It was noted that volunteers have access to the shuttle service and are encouraged to use this. Further information will be provided. Dr Bramley commented that we should not underestimate the contribution of our volunteer workforce and ideally we should have an active strategy to grow that workforce.

An update was requested on ED and the Paediatric and Observation space not opened as a part of the Waipapa commissioning. Dr Bramley advised that one of the things we have been doing with ED is ensuring they have the right level of resource to support the care and the volume moving through. At the moment we are okay for space, however, in the children's area we are fully utilising this area.

A query was made regarding the fall in immunisation statistics. It was noted that during lockdown, staff did not get out in the community as much. In addition, the same staff are being used for COVID vaccinations. We are rapidly trying to get back up to speed. Sir John commented that the focus does need to be on COVID vaccinations. We need to recognise that there will be some slippage, but there needs to be a plan for catch-up.

The Chief Executive's Update was noted.

6. BAD DEBT WRITE-OFFS

David Green, Acting Executive Director, Finance and Corporate Services, presented this paper which was taken as read. Mr Green advised that these had both been discussed at the last QFARC meeting and write-off was recommended to the Board for approval. He also advised that the DHB has tried to pursue payment.

Discussion took place regarding these being covered by travel insurance. Mr Green advised that this was dependent on the type of insurance cover purchased.

Resolution (25/21)
(Moved: Aaron Keown/seconded: Gabrielle Huria – carried)

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

i. approves the write-off of an ineligible patient debt of $121,000 (excluding GST);
ii. notes the write-off of an ineligible patient debt of $58,000 (excluding GST);
iii. notes that these debts have been fully provided for as doubtful in our accounts, so there is no further financial impact to our result; and
iv. notes that this request is made on the basis that Canterbury DHB has taken all reasonable steps to recover the debts and there is unlikely to be any payment on these accounts."

7. FINANCE REPORT

Mr Green presented the Finance Report for the month of May. He advised that the results were discussed in detail at QFARC's meeting and this was a very good result in terms of the savings plan and has flowed through to a preliminary year end result. He added that there were a couple of dynamics that should be noted, being the Holiday's Act, COVID costs and also the land sale.

There was no discussion.

The Finance Report was noted.

8. CARE CAPACITY DEMAND MANAGEMENT (*CCDM*)

Becky Hickmott, Executive Director of Nursing, presented this paper which was taken as read. Ms Hickmott advised that this will be presented to the Board on a quarterly basis with this being the first report to the Board.

The Board noted that part of the CCDM programme requires that the Core Data Set is monitored, reported and actioned, and that the DHB has a plan in place to advance reporting to EMT and to the Board on the measures and the improvements initiated resulting from this.

It was noted that the programme is progressing well, however, the DHB will not fully meet the MoH's June 2021 deadline, as full implementation is dependent on the completion of all the FTE calculations and these will be phased throughout the coming year.

The Care Capacity Demand Management report was noted.

9. ADVICE TO THE BOARD

Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)
Aaron Keown, Chair, CPH&DSAC, provided an update on the Committee meeting held on 1 July 2021.

The draft minutes were noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (26/21)
(Moved: Sir John Hansen/seconded: Ingrid Taylor - 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, 13, 14, 15, 16, 17, 18 & 19 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 public excluded meetings: • 17 June 2021 • 07 July 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	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.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	Making the System Flow	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
5.	Cyber Security Briefing	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
6.	Interim Endoscopy Expansion (Clinical Equipment)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	IT Device Replacements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Lease – Information Services Group	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	St John Ambulance Bay – Kaikoura IFHC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Asbestos Remediation Ashburton Hospital	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

11.	Portacoms for Canterbury Health Laboratories	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Hillmorton Laundry Building Strengthening Level Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Proposal for Future of Two Healthy Lifestyle Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
14.	2021 / 22 Draft Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
15.	2021 / 22 CDHB Capital Intention	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
16.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
17.	People Report	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)
18.	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)
19.	Advice to Board • QFARC Draft Minutes *29 June 2021*	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 10.30am.

_____ _____

Sir John Hansen, Chair Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 19 AUGUST 2021

DATE	ISSUE	REFERRED TO	STATUS
15 Oct 20	Review of CDHB/Manawhenua MOU	Dr Peter Bramley	Today's Agenda – Item 10A PX.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Peter, Bramley Chief Executive**

DATE: **19 August 2021**

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 performance from the Chief Executive to the Board of the Canterbury DHB. Content is provided by Operational General Managers, Programme Leads, and the Executive Management Team.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

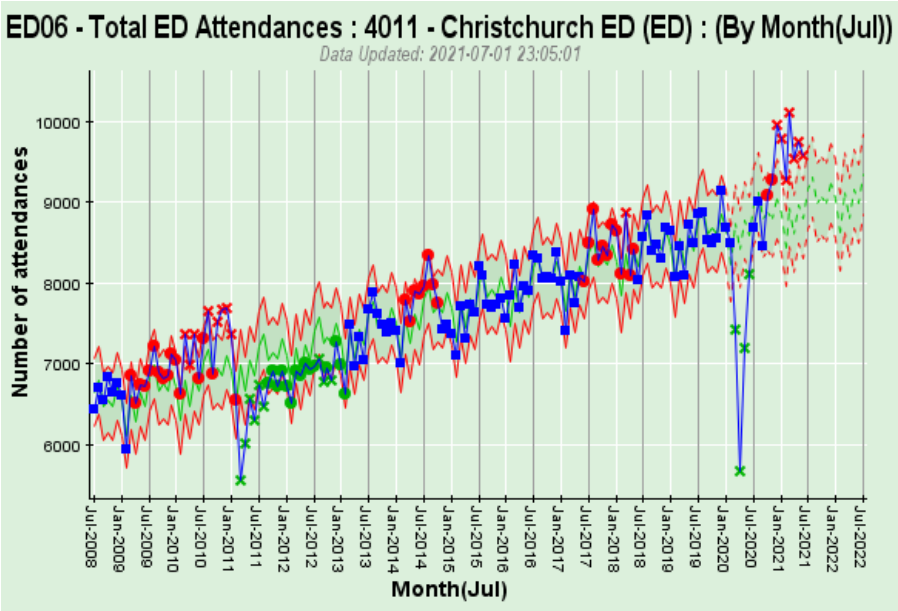
3. DISCUSSION

MEDICAL / SURGICAL SERVICES

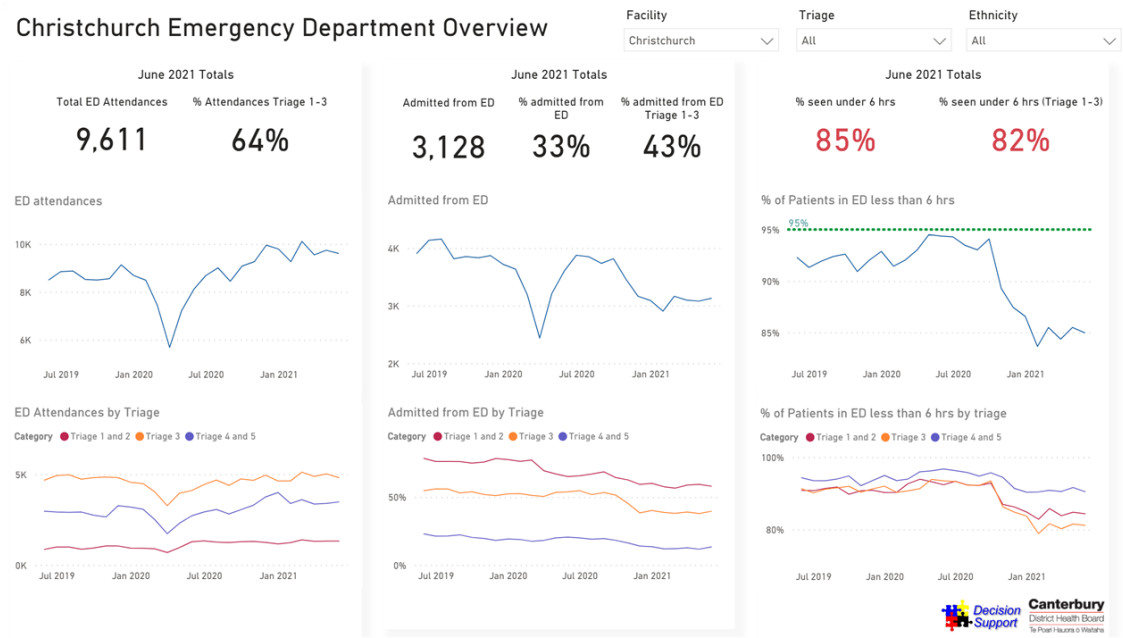
- At the end of June Canterbury District Health Board had provided 18,879 planned surgical discharges against a target of 19,614. This is 96.3% of target.
- Work is underway to bring two more endoscopy rooms into production with staff coming on line during August. The additional capacity will assist in managing the large number of patients waiting for longer than target periods for endoscopy. South Canterbury is providing one endoscopy list a week to replace capacity lost at Ashburton.
- Medical Oncology overdue follow-up appointments were sitting at 960 (64% of patients waiting) in mid-February and have been reduced to 4 (effectively 0%) as of 28 June 2021.

Service Delivery

- The increase in Emergency Department presentations that began in October 2020 continues with more than 9,500 presentations in June 2021. There were more presentations in the first six months of 2021 than any other previous period.
- A portion of this increase is due to changes in clinical models with initial orthopaedic care being provided within the department instead of a separate unit as it was in the past. Alongside this there is an increase in demand for emergency care.



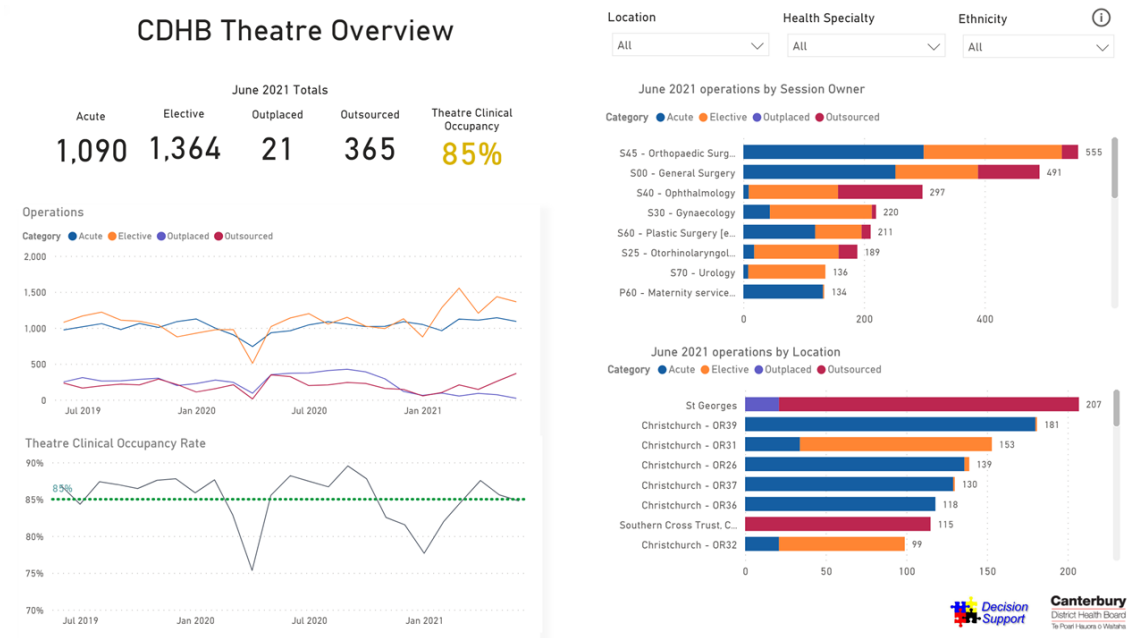
- The number of people being admitted to hospital (excluding ED Observation unit) from the Emergency Department has grown slightly.



Planned Care

- At the end of June Canterbury District Health Board had provided 18,879 planned surgical discharges against a target of 19,614. This is 96.3% of target.

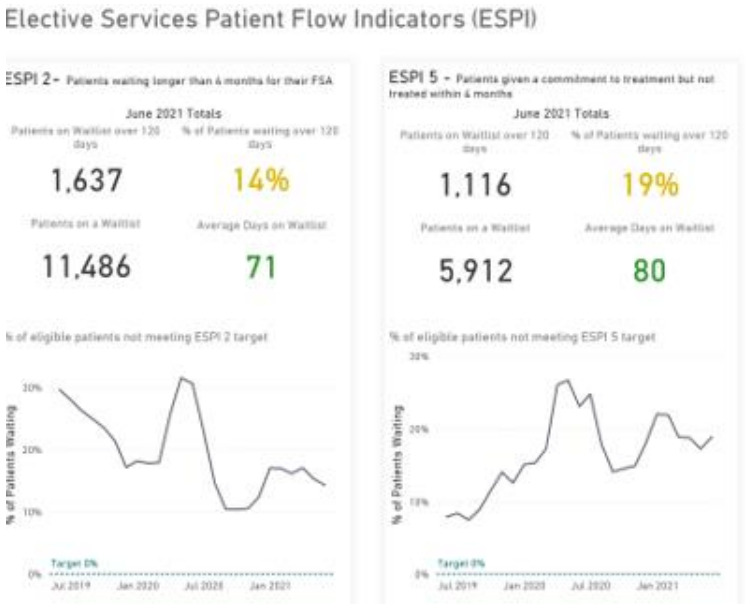
Use of Theatre Capacity



- A small volume of outplacing was carried out during June in mitigation of Anaesthetic Technician constraints.
- Outsourced operating was ramped up during June, using additional Planned Care Initiative and Improvement Plan funding, to support the achievement of planned care discharge targets.

The CDHB Improvement Action Plan 20/21

- For **First Specialist Assessment** there were 1,637 people waiting longer than 120 days at the end of June. This is a decrease from 1,810 on 28th May. Services are aware of and committed to meeting the plan's ultimate target and there are a multitude of actions now occurring.
- ESPI 5 has seen an increase in long waiting patients over the past month reflecting the progress of patients who have received first specialist assessments through the system.

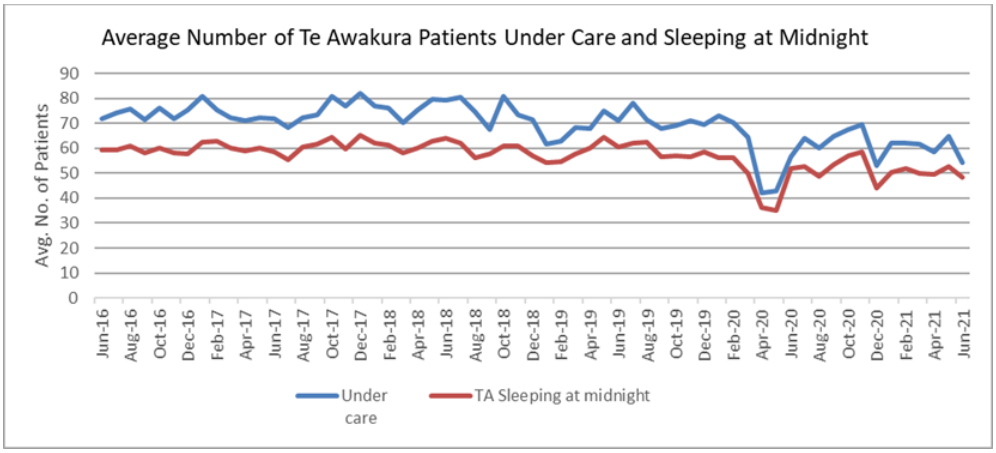


SPECIALIST MENTAL HEALTH SERVICES

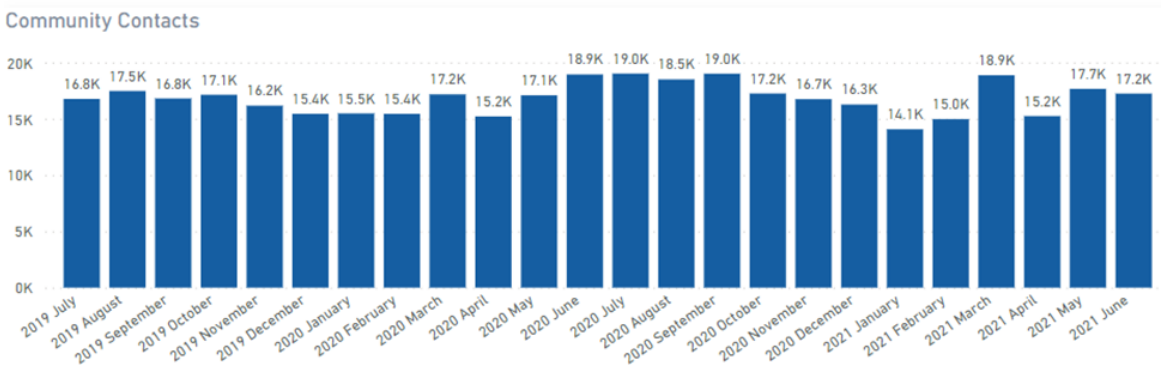
- The ongoing transformation of mental health and wellbeing services will be supported by a new contract from the Ministry of Health. He Ara Oranga has guided the key focus areas of greater engagement with Māori, our consumers and community. New approaches are being considered as we engage broadly for these codesign processes.
- This year Specialist Mental Health Services will have had our largest cohort of Ara nursing students with 149 students in Semester One and 128 students starting in August. Our nursing leaders from all parts of our system have created and secured a welcoming and learning clinical placement for each of them, thanks to the willingness of clinical teams and understanding that these are our future nursing workforce.

Service Delivery/Performance

- In June there were 175 admissions to Specialist Mental Health Services and 17,241 contacts with 4,645 individuals.
- Adult acute inpatient services occupancy has remained consistently at around 85% which has created a more therapeutic environment. This is a significant success for an integrated response that relies on the NGO and community sector, specialist services community teams and inpatient teams to be working together to support people in the lease restrictive environment possible.

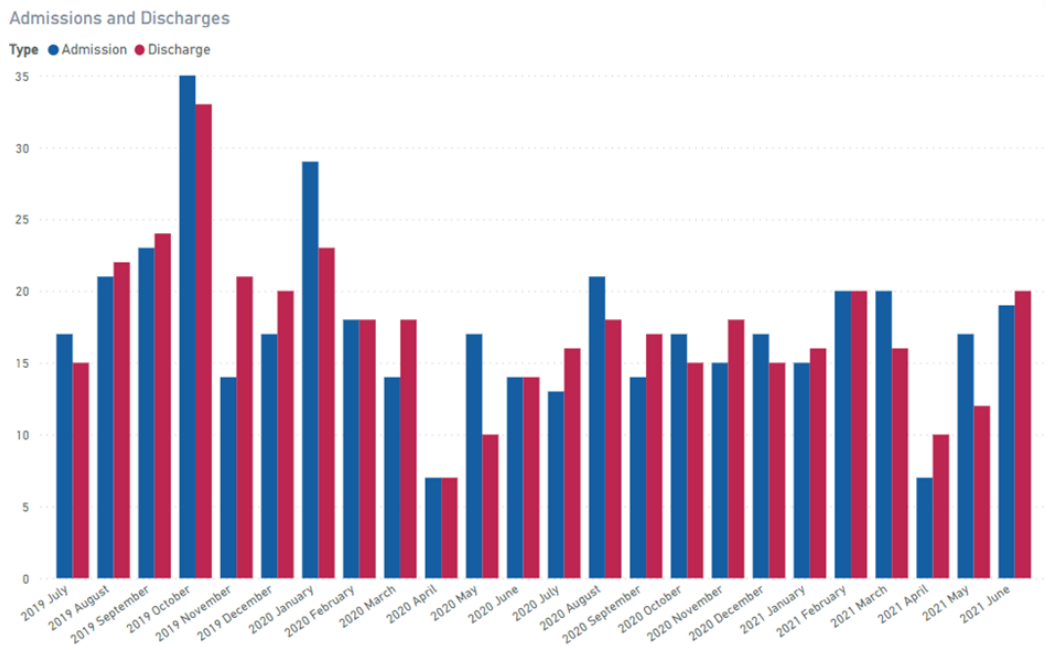


- Adult community contacts

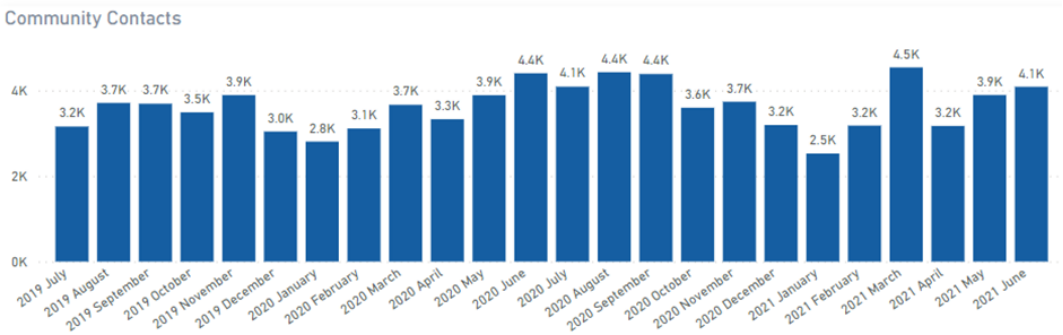


Child Adolescent and Family

- There has been high occupancy within the inpatient wards and this has been combined with the highest acuity experienced. Admissions and discharges are represented in the first figure and community contacts in the second figure below.



- Community contacts



Our People

Recruitment remains very tight, exacerbated by difficulties in recruitment from overseas during the pandemic, perceived and real risk of working in mental health, other mental health and wellbeing opportunities (Mana Ake, Te Tumu Waiora, Manu Ka Rere funding streams resulting from He Ara Oranga) and Covid-related nursing opportunities. Recruitment in intellectual disability (especially AT&R) has been particularly difficult. Filling the roster is a constant issue with a number of staff contributing with extended overtime shifts. Crisis resolution vacancies are being filled however, a number of vacancies in Te Whare Manaki (medium secure forensic) remain. Other units are supporting the roster as recruitment is underway.

PLANNING, FUNDING & DECISION SUPPORT

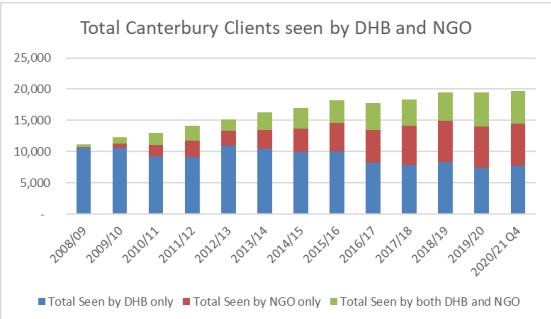
Planned Care interventions: Canterbury DHB achieved over 95% of our planned care discharge target for 2020/21 financial year. Achieving this milestone allows the DHB to receive the full planned care inpatient surgical discharge funding of $40.16M. When minor procedures and non-surgical discharges are included, DHB achieved 135% of overall plan volumes.

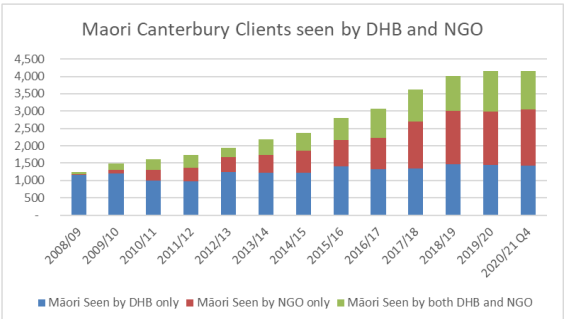
PLANNED CARE INTERVENTIONS	Actual	Plan	Variance	%
Inpatient Surgical Discharges	18,880	19,614	-734	96%
Minor Procedures	22,411	11,409	11,002	196%
Non-Surgical Interventions	1,201	336	865	357%
TOTAL	42,492	31,359	11,133	136%

Emerging Priorities

Making Our System Flow: The P&F team continue to support the Clinical Executive and clinical teams as part of the Making Our System Flow programme. A Governance Framework has been designed and socialised over the last month to address patient flow across five key areas: ED Flow, Medical Flow, Surgical Flow, Flow Between Facilities and Transitions of Care (pre- and post-hospital). The Flow Between Facilities stream had their first meetings starting with data analysis looking at patient transitions between the Christchurch, Ashburton and Burwood campuses and a deep dive into the number of and length of stay for non-weight bearing patients and those in active rehabilitation. It is expected the Governance Group and remaining workstreams will be established by end of July.

Mental Health demand: Ongoing demand across a range of services in primary care, NGO/community and Specialist Mental Health, challenges our ability to commit to planning processes with a view of stabilizing demand growth and ensuring all consumers have access to appropriate services. This is particularly difficult when wide engagement is needed to consider how our system can better respond to peoples' needs. We are working closely with Iwi partners, specialist services and community providers to support this work. The increasing demand from Maori is reflected nationally but indicates the importance of the partnership approach to the redesign of services.





Te Tumu Waiora: The project team is planning the next intake of staff to increase the reach of this programme across general practice in Canterbury. There has been some very positive feedback from people engaged and a more formal process is being developed to get service user input.

Community Pharmacy in Canterbury

The DHB funds 135 pharmacies to serve Canterbury's population. Of these three are from outside Canterbury: one services the Chatham Islands, and two area 'online' pharmacies – Zoom and PillDrop.

Services and activity levels

Dispensing activity has increased by 16% in Canterbury since early 2020 – similar to all-of-NZ. This is largely due to COVID-related medicine supply interruptions, requiring PHARMAC to limit dispensing periods for some medicines.

Vaccination is a growing service for pharmacies. In 2020, 67 pharmacies provided a total of 19,379 funded flu vaccinations. Some pharmacies are already part of Canterbury's COVID-19 vaccination programme, with more coming on-board to support vaccine delivery for groups 3 and 4.

Some pharmacies offer other funded professional services including a medicines management consultation in-home for people recently discharged from hospital and struggling to manage a complex medicines regime, and dose management and testing for people prescribed the anticoagulant warfarin. These services help to improve outcomes for our vulnerable populations but also release time/capacity across general practice.

Current Issues

1. Pharmacies are increasingly short-staffed, due to:

   - Higher dispensing activity levels.
   - Additional demands of managing electronic prescriptions.
   - More pharmacies offering extended hours.

   This is impacting on the availability of pharmacists to:

   - Identify errors/omissions on prescriptions and protect patients from these.
   - Counsel patients about medicines new to them.
   - Give adherence support for people struggling with managing their medicines and at-risk of needing hospital admission.

Pharmacies are investing in labour-saving technology such as counting/packing robots. However, these more often replace technicians rather than pharmacists.

2. Competition between pharmacies for dispensing prescriptions and for retail products and services is intensifying. This is bringing people significant benefits, including extended opening-hours and lower pharmacy charges. However, not all pharmacies will adapt successfully to this intense competition, and quality of care from some could be at risk.

3. Primary care in Canterbury has been slow to embed pharmacists in their teams to improve care for more complex patients, e.g. with updating medication records following discharge from hospital, with optimising prescribing to reduce potential harm from medicines.

DHB Expenditure

Expenditure on community pharmacy services, currently at $55.5M per annum (excluding medicine subsidies), is up 13% – like all-of-NZ – and in line with increased dispensing activity. Medicine supply continuity remains uncertain for 2021/22 and accordingly dispensing activity and DHB expenditure on pharmacy services is also uncertain and difficult to forecast.

ALLIED HEALTH SCIENTIFIC AND TECHNICAL

0.75 FTE employed for Māori Health with focus on Nephrology
The Nephrology service has provided additional FTE to support a Kaimahi Hauora Māori Health worker, supporting Nephrology Outpatients and Christchurch Women's Hospital. The Nephrology service identified the need to support a cultural advocate, with an equity lens, to support the increase in Māori consumers on the transplant list who are successfully receiving transplants. The position will also support Māori patients coming onto dialysis to stay healthy, so they can be assessed for a transplant. Access to transplants has a huge impact on consumers and their whanau's quality of life; access to transplants ensures patients no longer have to have dialysis for five hours three times a week and can re-engage in many aspects of life that renal failure decreases their involvement in or hinders their ability to undertake. Longer term a transplant is far cheaper than life long dialysis costs, and the wider social costs for these patients and their whanau.

OLDER PERSONS HEALTH & REHABILITATION (OPH&R)

Service Delivery/Performance

Implementation of the Burwood patient flow dashboard: Patient Flow role has supported an enhanced visible presence and focus on flow. We have implemented a patient flow dashboard to provide specific information that allows the leadership team to better understand the demands of the hospital system each day.

Although there is some daily information around wait lists and discharges provided on the 'Seeing Our System - At a Glance board", this does not provide specific enough information at cluster level for the leadership team to make early decisions on actions is required. By capturing the specific information for each cluster, a more proactive approach can be taken if required to respond to bed capacity. This is particularly relevant if a change in demand is seen within a specific pathway, allowing early identification of this and all the necessary information in one place to consider alternatives and options.

Development of Audits to support patient flow: OPH&R are trialling an audit tool that will allow the leadership team to better understand why our patients are in our beds today.

This tool, loosely based on the 'day of care audit' developed for the NHS, aims to provide an opportunity for the auditor to understand the exact reason a patient cannot be discharged that day and an opportunity for barriers to discharge to be escalated to senior leaders to ensure action is taking to avoid wasting patients time. The tool provides a list of categories that each patient is placed in to which best represents the reason that they are in a hospital bed that day and cannot be discharged. This allows the division to see trends of reasons why our inpatient beds are occupied each day.

These audits are undertaken rapidly after a board round at around 10am each day. This is to ensure that the board round team have discussed each patient's discharge that day and the information provided is up-to-date.

SCHEDULE OF MEETINGS - 2022

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Anna Craw, Board Secretariat**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Services**

DATE: **19 August 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2022 calendar year as required by the NZ Public Health and Disability Act 2000.

2. RECOMMENDATION

That the Board:

i. notes the proposed schedule of meetings for 2022 (Appendix 1) is subject to the Health NZ transition taking effect from 1 July 2022;
ii. confirms support for the proposed schedule of meetings for 2022 (Appendix 1); and
iii. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The purpose of this report is to seek the Board's support for a proposed schedule of meetings for the 2022 calendar year.

The dates for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee and the Hospital Advisory Committee in particular. The proposed meeting cycle for 2022 is:

- Board – monthly meetings on a Thursday, starting at 9:30am
- QFARC – monthly meetings on a Tuesday, starting at 9.00am.
- HAC – bi-monthly meetings on a Thursday, starting at 9:00am.
- CPH&DSAC – bi-monthly meetings on a Thursday, starting at 1.00pm.

The proposed 2022 meeting schedule is subject to the Health NZ transition taking effect from 1 July 2022. With the transition, DHB meetings are scheduled to cease on 30 June 2022. Should there be any slippage with the transition dates and for internal planning purposes only, the meeting schedule for 2022 has been prepared for the full calendar year.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the *Act*) and in accordance with Standing Orders (Clause

1.14.1), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2022 are based on a similar cycle to 2021 meetings, with Committee meetings on Tuesdays and Thursdays, and Board meetings on the third Thursday of each month.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On rare occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the Act.

4. APPENDICES

Appendix 1: 2022 Proposed Schedule of Meetings

	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon
January 2022		31					1/2	NEW YEAR'S DAY - DAY OFF 3	DAY AFTER NEW YEAR'S DAY - DAY OFF 4	5	6	7	8/9	10
February			QFARC 9AM 1	2	HAC 9AM 3	4	5/6	WAITANGI DAY - DAY OFF 7	8	9	10	11	12/13	14
March			QFARC 9AM 1	2	CPH&DSAC 1PM 3	4	5/6	7	8	9	10	11	12/13	14
April						1	2/3	4	QFARC 9AM 5	6	HAC 9AM 7	8	9/10	11
May		30	QFARC 9AM 31				1	2	QFARC 9AM 3	4	CPH&DSAC 1PM 5	6	7/8	9
June				1	HAC 9AM 2	3	4/5	QUEEN'S BIRTHDAY 6	7	8	9	10	11/12	13
July						1	2/3	4	QFARC 9AM 5	6	CPH&DSAC 1PM 7	8	9/10	11
August		1	QFARC 9AM 2	3	HAC 9AM 4	5	6/7	8	9	10	11	12	13/14	15
September					CPH&DSAC 1PM 1	2	3/4	5	6	7	8	9	10/11	12
October		31					1/2	3	QFARC 9AM 4	5	HAC 9AM 6	7	8/9	10
November			QFARC 9AM 1	2	CPH&DSAC 1PM 3	4	5/6	7	8	9	10	CANTERBURY ANNIVERSARY DAY 11	12/13	14
December					HAC 9AM 1	2	3/4	5	6	7	8	9	10/11	12

Tues	Wed
11	12
15	16
15	16
12	13
10	11
14	15
12	13
16	17
13	14
11	12
15	16
13	14

Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S
13	14	15/16	17	18	19	20	21	22/23	24	25	26	27	28	29/30
CDHB BOARD 9.30AM 17	18	19/20	21	22	23	24	25	26/27	28					
CDHB BOARD 9.30AM 17	18	19/20	21	22	23	24	25	26/27	28	29	30	31		
14	GOOD FRIDAY 15	16/17	EASTER MONDAY 18	19	20	CDHB BOARD 9.30AM 21	22	23/24	ANZAC DAY 25	26	27	28	29	30
12	13	14/15	16	17	18	CDHB BOARD 9.30AM 19	20	21/22	23	24	25	26	27	28/29
CDHB BOARD 9.30AM 16	17	18/19	20	21	22	23	MATARIKI 24	25/26	27	28	29	30		
14	15	16/17	18	19	20	CDHB BOARD 9.30AM 21	22	23/24	25	26	27	28	29	30/31
CDHB BOARD 9.30AM 18	19	20/21	22	23	24	25	26	27/28	29	QFARC 9AM 30	31			
CDHB BOARD 9.30AM 15	16	17/18	19	20	21	22	23	24/25	26	27	28	29	30	
13	14	15/16	17	18	19	CDHB BOARD 9.30AM 20	21	22/23	LABOUR DAY 24	25	26	27	28	29/30
CDHB BOARD 9.30AM 17	18	19/20	21	22	23	24	25	26/27	28	QFARC 9AM 29	30			
CDHB BOARD 9.30AM 15	16	17/18	19	20	21	22	23	24/25	BOXING DAY 26	CHRISTMAS DAY - DAY OFF 27	28	29	30	31

January 2022
February
March
April
May
June
July
August
September
October
November
December

CHRISTCHURCH HOSPITAL CAMPUS COMPLIANCE WORKS PROGRAMME

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Beng-Cheng Chan, Corporate Support Manager**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Services**

DATE: **19 August 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This report has been generated to seek formal approval of capital expenditure for the Christchurch Hospital campus compliance programme, now that Canterbury DHB has received the formal approval from the Minister of Finance and the Minister of Health.

2. RECOMMENDATION

That the Board:

i. notes that on 8 July 2021, the Chair of Canterbury DHB received a letter of approval from the Minister of Health for the Christchurch Hospital campus compliance project (as outlined in Appendix 1);
ii. notes that the approval is for a total capital budget of $76.9M, with Crown equity contribution of $55.9M and the remaining $21M from CDHB insurance proceeds; and
iii. formally approves a total of $76.9M for the Christchurch Hospital campus compliance project, of which $21M is funded from CDHB insurance proceeds and $55.9M is funded from Crown equity.

3. APPENDIX

Appendix 1: Letter of Approval from Minister of Health received by CDHB on 8 July 2021.

Hon Andrew Little
Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques

Hon Sir John Hansen
Chair
Canterbury District Health Board
john.hansen@cdhb.health.nz

08 JUL 2021

Dear Sir John

Canterbury DHB: compliance works project single stage business case (SSBC)

The Minister of Finance and I have considered your request for approval of the Compliance Works Project SSBC. I am pleased to advise that we have approved this project with a Crown equity contribution of $55.9 million.

The standard approval conditions that apply to this project are detailed in Appendix One. In addition, this approval is conditional on your confirmation that the project can be delivered within the $76.9 million budget, based on assessment by an independent quantity surveyor.

The Government intends to make a further announcement of this funding in due course.

This project addresses passive fire and seismic compliance works in buildings on Christchurch Hospital campus to enable the continuation of clinical occupancy.

Congratulations on securing approval. Please pass on my thanks to your team.

Yours sincerely

Hon Andrew Little
Minister of Health

cc Dr Peter Bramley, Chief Executive, Canterbury DHB
Peter.Bramley@cdhb.health.nz

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand
+64 4 817 8707 | a.little@ministers.govt.nz | beehive.govt.nz

Appendix One: Approval Conditions

Canterbury DHB Compliance Works Project Single Stage Business Case *(Our Ref 10220)*

The conditions of this approval are:

Quarterly Project Assurance Reporting

1. The DHB Chair/Senior responsible officer will submit monthly project assurance reports for this project to the Ministry of Health. A template is available from the Capital Investment Management team.
2. Failure to submit the monthly assurance reports in a timely manner will result in cessation of access to Crown funding.

Project Assurance Reports should be submitted to Capital.Assurance@health.govt.nz, no later than 20 days following the end of a month.

Post Completion Reporting

3. The DHB is to submit a short (1 – 2 pages) Project Outcomes Report six months after project completion to Capital.Assurance@health.govt.nz. The Outcomes Report will include the following:
    i. A statement on whether the expected benefits of the project have been realised, and if not, why not?
    ii. A brief description of any lessons learned.

4. The total project budget is not to exceed $76.9 million (excluding GST) for the **Canterbury DHB Parkside Enhancements Phase One Project**.
    i. The Crown will provide $55.9 million in Crown capital equity from the Health Capital Envelope (Health Infrastructure Package).
    ii. A cash profile for the draw-down of equity is to be submitted and agreed with officials prior to any drawdowns. The DHB will be expected to manage expenditure within the agreed cash profile or provide timely notification of any re-phasing as part of the monthly assurance reports.
    iii. Any equity drawdown requests can be submitted monthly alongside the Assurance Report for the period identified, or more frequently if accompanied by evidence such as a quantity surveyor report or detailed invoicing. Please submit to Capital.Assurance@health.govt.nz.
    iv. The final draw-down of equity will be made no later than twelve months after project completion or the remaining funds will be forfeited.
    v. Any surplus capital funds from this project are to be returned to the Crown.

Variations to scope or budget

5. Any material variations to the scope and budget of this project will require approval from the Minister of Health before proceeding. Please contact us at Capital.Assurance@health.govt.nz, for guidance on what constitutes a material change.
6. Change requests must be requested in writing at Capital.Assurance@health.govt.nz.

FINANCE REPORT FOR THE PERIOD ENDED 30 JUNE 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Gabrielle Gaynor, Corporate Finance Manager**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Services**

DATE: **19 August 2021**

Report Status – For: Decision ☐ Noting ☑ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly report of the financial results of Canterbury DHB and other financial related matters.

2. RECOMMENDATION

That the Board:

i. notes the consolidated financial result for the month **excluding** the impact of Covid-19, Holidays Act compliance provision, and one off transactions (gain and loss on land sales) is favourable to plan by $1.630M (YTD $4.824M unfavourable);
ii. notes that the YTD impact of Covid-19 is an additional $0.681M net revenue;
iii. notes that the full year impact of the Holidays Act Compliance is an additional $20.421M expense; and
iv. notes the one-offs comprise the $4.2M loss on sale relating to the carpark land, partially offset by a $1.2M gain on sale of land for the council's Bus Super Stop.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result excluding Covid-19, Holidays Act Compliance and net loss on Land Sales:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.184	0.005	0.180	0.241	0.000	0.241
Funder	(6.954)	(1.740)	(5.214)	(53.954)	(55.294)	1.340
DHB Provider	(2.292)	(8.956)	6.664	(96.118)	(89.712)	(6.406)
Canterbury DHB Group BAU Result	**(9.061)**	**(10.691)**	**1.630**	**(149.830)**	**(145.006)**	**(4.824)**

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Canterbury DHB Group BAU Result	**(9.061)**	**(10.691)**	**1.630**	**(149.830)**	**(145.006)**	**(4.824)**
Covid-19 & Holidays Act & One-off	3.084	0.000	3.084	22.752	0.000	22.752
Canterbury DHB Group Result	**(12.145)**	**(10.691)**	**(1.454)**	**(172.583)**	**(145.006)**	**(27.577)**

4. KEY FINANCIAL RISKS & EMERGING ISSUES

Savings plans –The phased savings plans were budgeted to increase significantly from January 2021. Actual savings have not reached the level expected for the year. The internal provider allocation of the $56.9M savings target is $48.5M Note also that the 2019/20 savings plan had a Year 2 component totalling $17.2M, largely phased evenly over the full year.

Liquidity - We are forecasting that we will not need to use our overdraft facility until the first quarter of the 2021/22 financial year, and not breach our overdraft limit until January 2022. As we will continue to incur deficits, we will require further equity support in the future.

Covid-19 - CDHB is managing the vaccination programme, six Managed Isolation Quarantine Facilities (*MIQFs*) and providing support for contact tracing and laboratory testing.

Holidays Act Compliance – the workstream to determine CDHB's liability under the Holidays Act is continuing. We have accrued a liability based on an assessment from EY; there is risk that the final amount differs significantly from this accrued amount.

MECA settlements - We have accrued for the NZNO MECA settlement along with other MECA settlement accruals. Depending upon the status of the negotiations, Audit NZ may challenge the validity of our accruals.

5. APPENDICES

Appendix 1	Financial Results
Appendix 2	Financial Result Before Indirect Revenue & Expenses **excluding** the impact of Covid-19 and Holidays Act compliance
Appendix 3	Group Income Statement
Appendix 4	Group Statement of Financial Position
Appendix 5	Group Statement of Cashflow

APPENDIX 1: FINANCIAL RESULTS

The following table shows the financial results, including the impact of Covid-19, Holidays Act compliance, and one-off transactions for the month and year to date:

	Period to date								Year to date							
June 2021 Results	Month Actual $000	Month Budget $000	Month Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	BAU Actual Result	Underlying Variance	YTD Actual $000	YTD Budget $000	YTD Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	YTD BAU Actual Result	Underlying Variance
MOH Revenue	(178,067)	(162,725)	15,342	(5,428)			(172,639)	9,914	(1,994,287)	(1,952,782)	41,505	(19,735)			(1,974,552)	21,770
Patient related revenue	(7,237)	(4,638)	2,599	(2,290)			(4,947)	309	(73,244)	(55,498)	17,745	(14,140)			(59,104)	3,605
Other Revenue	(4,531)	(3,629)	902	(244)			(4,287)	658	(48,166)	(47,534)	632	(12,204)			(35,962)	(11,572)
Total Operating Revenue	(189,836)	(170,992)	18,843	(7,962)	-	-	(181,874)	10,881	(2,115,696)	(2,055,814)	59,882	(46,079)	-	-	(2,069,617)	13,803
Employee expenses	89,113	79,730	(9,383)	2,927	3,990		82,196	(2,466)	1,018,854	967,342	(51,511)	17,814	20,421		980,618	(13,276)
Treatment Related costs	13,719	14,434	715	577			13,142	1,292	177,141	168,059	(9,082)	8,465			168,676	(617)
External Provider costs	75,376	65,127	(10,249)	2,563			72,813	(7,686)	843,188	814,343	(28,845)	15,942			827,246	(12,903)
Other Expenses	11,631	10,853	(778)	978			10,653	200	126,520	129,327	2,807	3,155			123,365	5,962
Total Operating Expenditure	189,839	170,145	(19,695)	7,045	3,990	-	178,805	(8,660)	2,165,702	2,079,071	(86,631)	45,376	20,421	-	2,099,904	(20,833)
Operating result (Surplus) / Deficit	4	(848)	(851)	(917)	3,990	-	(3,069)	2,222	50,005	23,257	(26,748)	(703)	20,421	-	30,287	(7,030)
Total Indirect revenue and expenditure	12,142	11,539	(603)	11			12,131	(592)	122,577	121,749	(828)	22		3,012	119,543	2,206
Total - (Surplus) / Deficit	12,145	10,691	(1,454)	(906)	3,990	-	9,061	1,630	172,583	145,006	(27,577)	(681)	20,421	3,012	149,830	(4,824)

Covid-19

Canterbury DHB's YTD net result in relation to COVID is a net surplus of $0.681M due to timing of revenue and expenditure.

MoH Revenue

MoH revenue includes community surveillance and testing, Maori health support and vaccination. This is offset by external provider expenses and internal staffing and other costs.

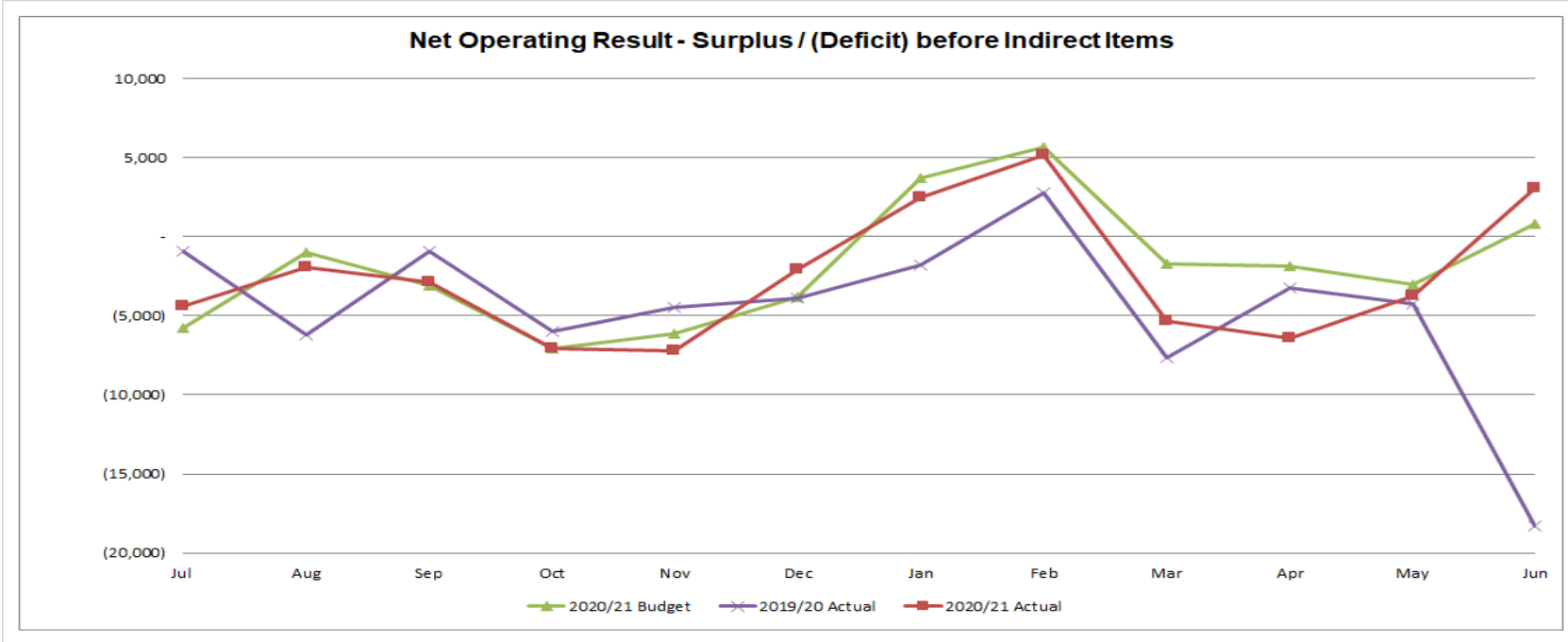
Patient related revenue includes revenue for MIQFs. There is a risk with the trans-Tasman travel bubble that occupancy rates will fluctuate and this will impact the funding and resourcing of facilities.

Other revenue is from Covid-19 pathology tests processed by Canterbury Health Laboratories (CHL) for Canterbury and other regions.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES (excludes Covid-19, Holidays Act Compliance, and net loss on sale of the staff carpark and Bus Super Stop land)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 30 JUNE 2021

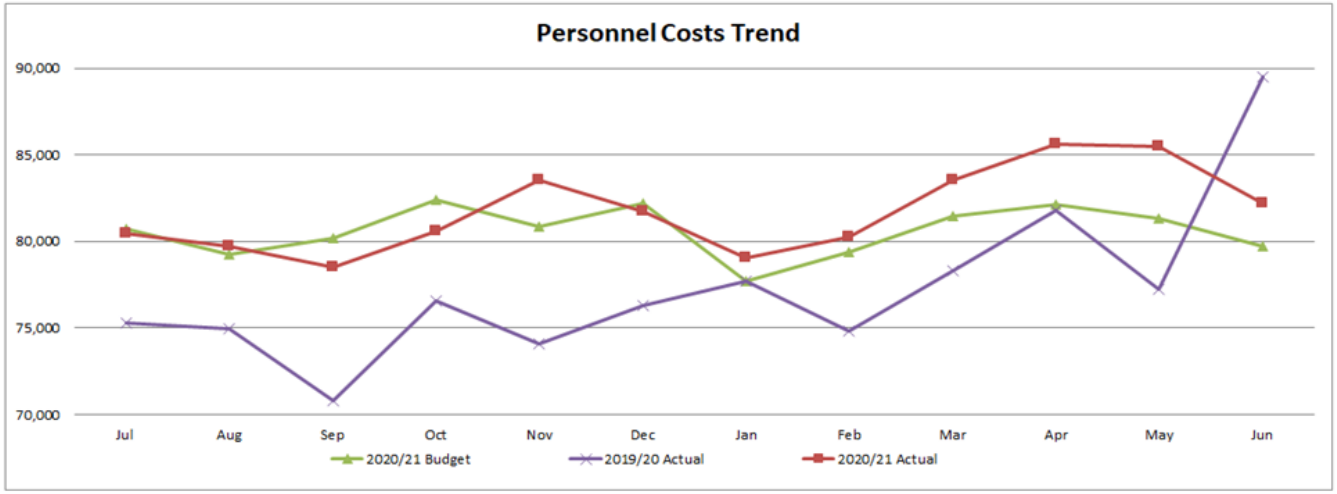
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	3,069	848	2,222	262% ✓	(30,287)	(23,257)	(7,030)	30% ✗	(51,601)	(23,257)

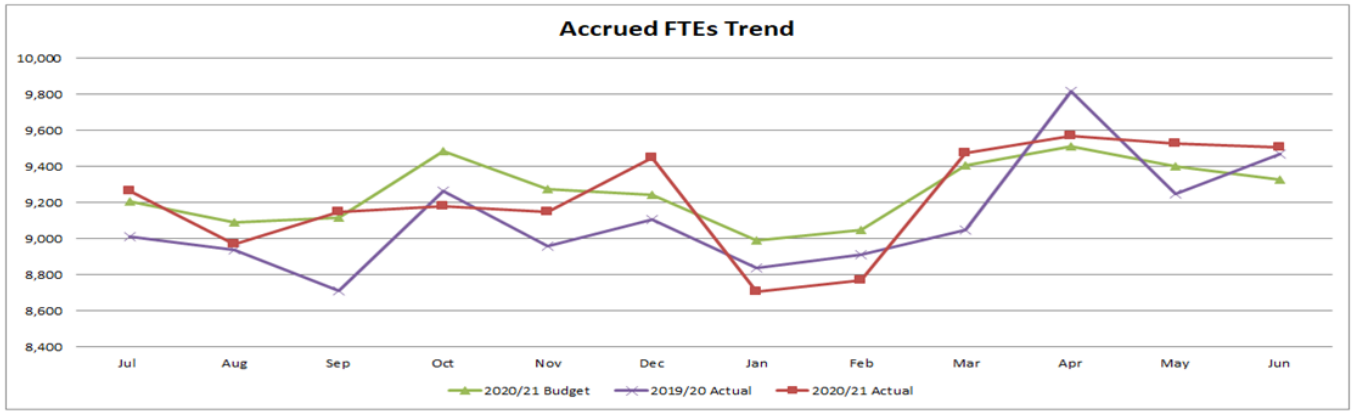


KEY RISKS AND ISSUES

Our full year Business as Usual (BAU) result is $7.030M unfavourable to budget and reflects savings that have not been fully realised.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE (excluding Covid-19 and Holidays Act compliance and including outsourced personnel)



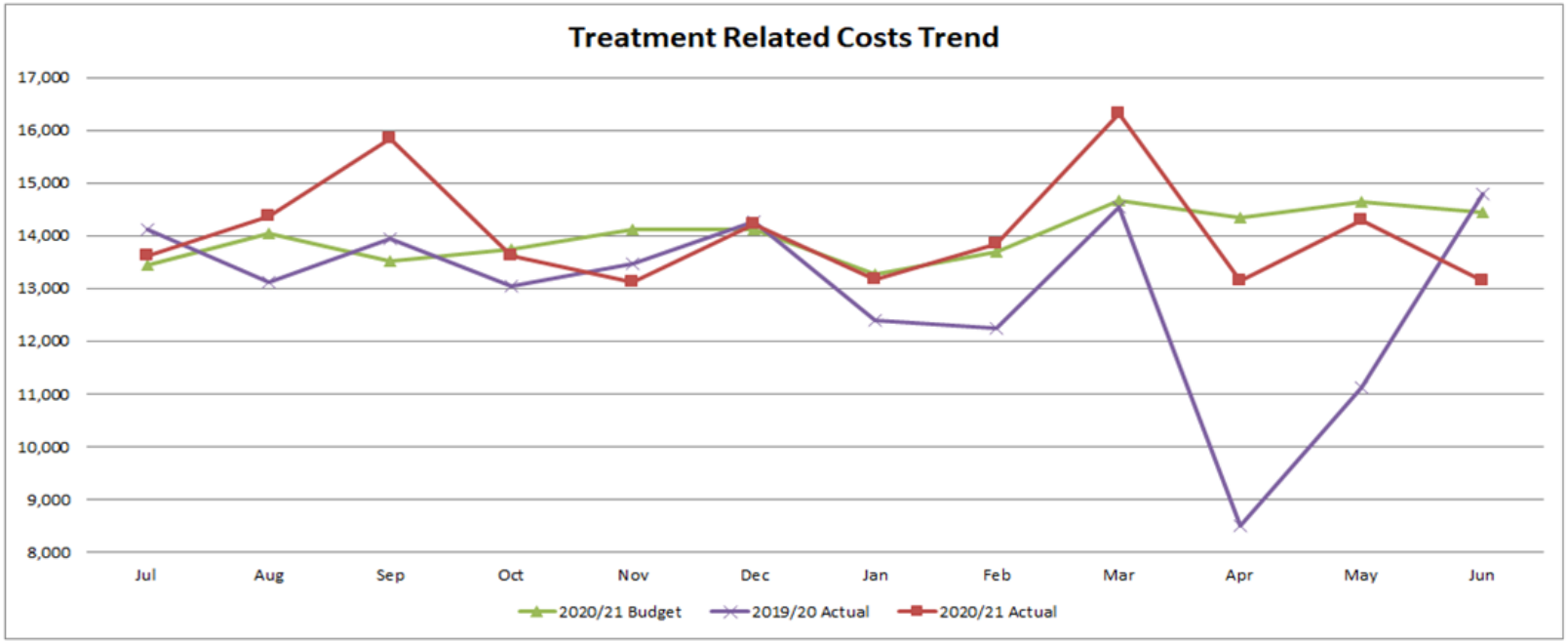


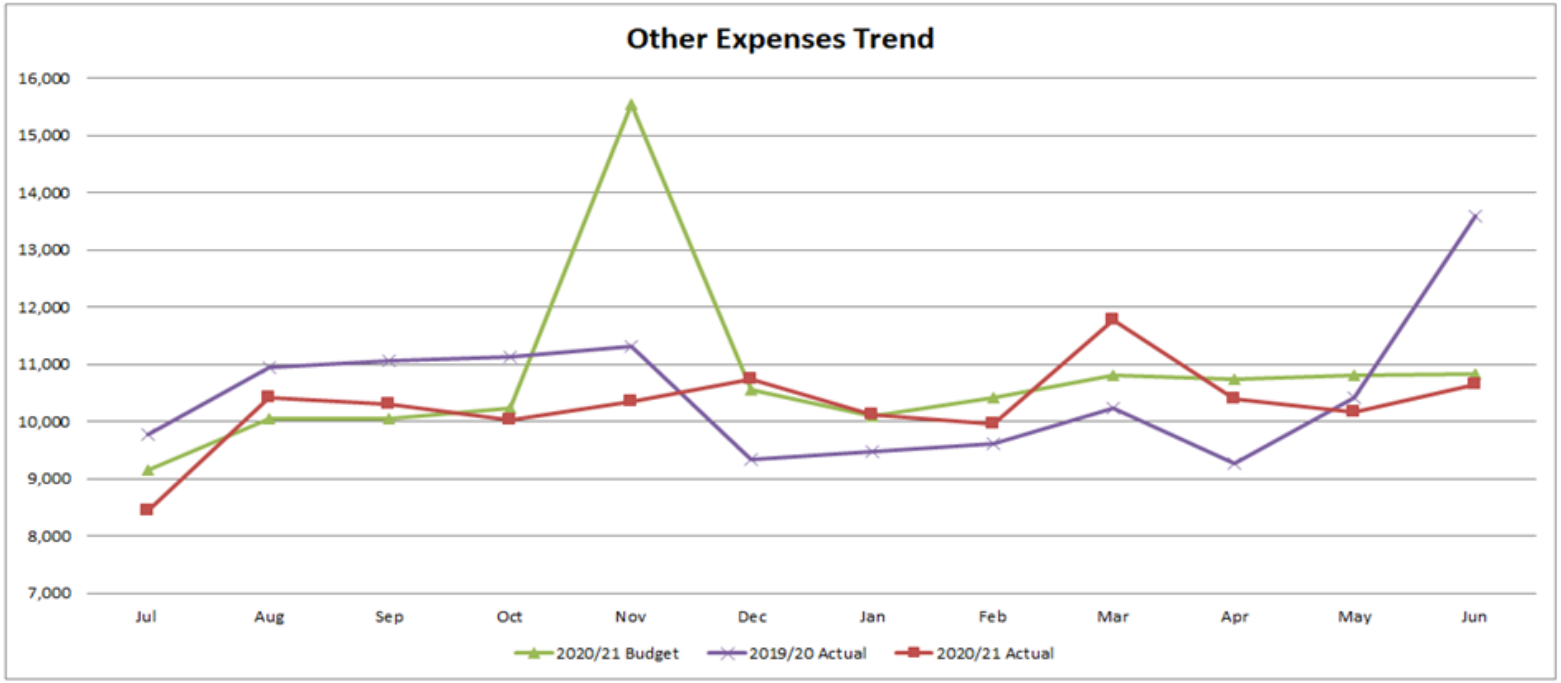
KEY RISKS AND ISSUES

Personnel Costs Trend - BAU personnel costs are unfavourable to budget partly due to not having reached our savings targets in this area.

Accrued FTE largely correlates with the trend in contracted FTE.

TREATMENT RELATED & OTHER EXPENSES COSTS (excluding Covid-19)





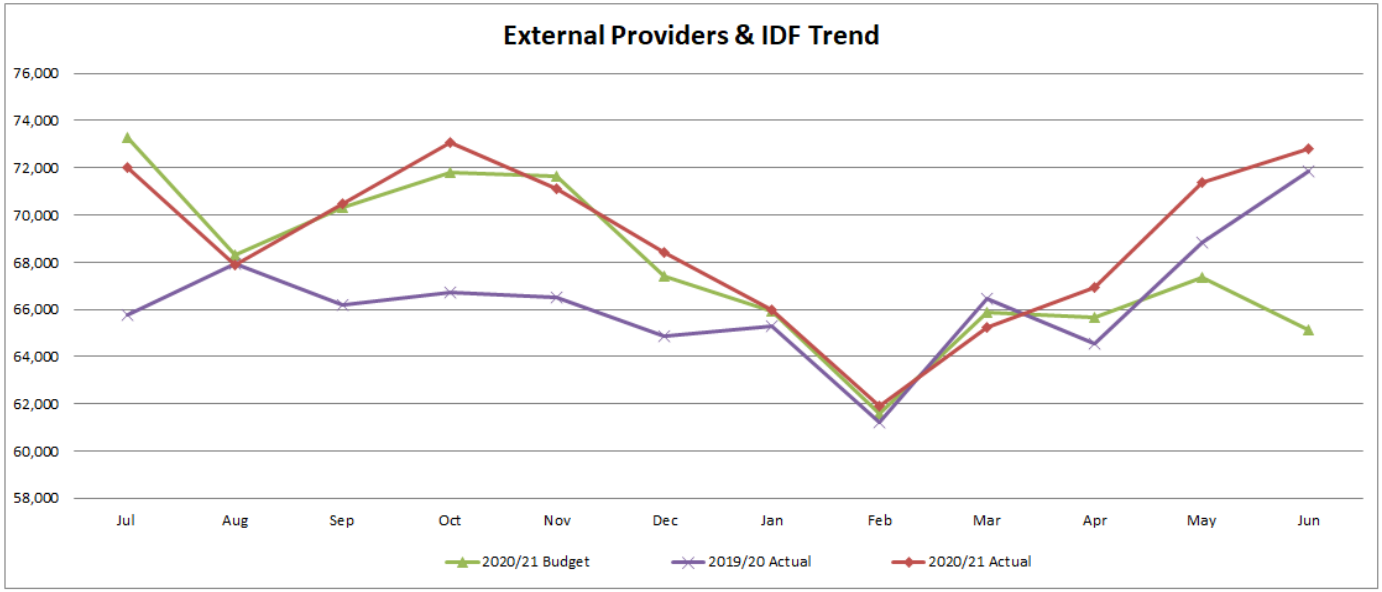
KEY RISKS AND ISSUES

Treatment related costs:
YTD BAU treatment related costs are unfavourable to budget. The pressure on the Emergency Department continues with more than 10,000 ED presentations in the month of June. The low BAU treatment related costs in April 2020 (last year) relate to lower patient activity during the Covid-19 pandemic lock-down period.

Other expenses:
Quake expenditure is favourable to plan and is offset by reduced quake drawdown revenue. The budget increase in November relates to the tunnel project and is equally offset by revenue; this was transacted in 2019/20.

EXTERNAL PROVIDER COSTS (excluding Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2019/20 Actual $'000	Yr End Budget $'000
External Provider Costs	72,813	65,127	(7,686)	-12%	✗	827,246	814,343	(12,903)	-2%	✗	790,838	814,343



KEY RISKS AND ISSUES

Community pharmacy costs are unfavourable. ARRC expenditure growth trends continue to be higher than plan.

FINANCIAL POSITION – EQUITY & CASH

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 19/20 $'000
Equity	1,135,312	1,158,760	23,448	Cash	50,775	31,443	19,332	(6,966)

KEY RISKS AND ISSUES

Equity

We received equity support of $180M in October 2020 ($145M was budgeted in November and a further $41M in January 2021).

A large increase incurred in November 2020 relates to the Waipapa handover and equity received.

We made the annual equity repayment of funding for additional costs relating to 2006 property revaluations on 30 June totalling $1.861M. Payment was made based on a standing Board approval dated 20 June 2012, provided the amount does not change.

Cash

We made a $27.7M capital charge payment to the MoH on 22 June, which is in line with expectations.

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 12 months ending 30 June 2021

Month					Year to Date				
20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's		20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's	
178,067	162,725	160,445	15,342 ✓	MoH Revenue	1,994,287	1,952,782	1,864,766	41,505 ✓	
7,237	4,638	5,129	2,599 ✓	Patient Related Revenue	73,244	55,498	53,364	17,745 ✓	
4,531	3,629	10,905	902 ✓	Other Revenue	48,166	47,534	48,770	632 ✓	
189,836	**170,992**	**176,479**	**18,843**	**Total Operating Revenue**	**2,115,696**	**2,055,814**	**1,966,900**	**59,882**	
89,113	79,730	155,878	(9,383) ✗	Personnel Costs	1,018,854	967,342	1,000,806	(51,511) ✗	
13,719	14,434	16,781	715 ✓	Treatment Related Costs	177,141	168,059	160,676	(9,082) ✗	
75,376	65,127	73,972	(10,249) ✗	External Service Providers	843,188	814,343	810,046	(28,845) ✗	
11,631	10,853	10,859	(778) ✗	Other Expenses	126,520	129,327	130,109	2,807 ✓	
189,839	**170,145**	**257,491**	**(19,695)** ✗	**Total Operating Expenditure**	**2,165,702**	**2,079,071**	**2,101,637**	**(86,631)** ✗	
(4)	**848**	**(81,013)**	**(851)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(50,005)**	**(23,257)**	**(134,737)**	**(26,748)** ✗	
16	48	32	(32) ✗	Interest Revenue	1,075	577	695	498 ✓	
1,039	1,695	-	(656) ✗	Capital Charge Relief / Debt Equity Swap Funding	8,940	10,170	8,220	(1,230) ✗	
130	241	242	(111) ✗	Donations	2,384	2,674	3,674	(290) ✗	
(110)	-	-	(110) ✗	Profit on Sale of Assets	1,653	-	17	1,653 ✓	
31	-	-	31	Joint Venture Income	31	-	-	31 ✓	
1,106	**1,984**	**273**	**(878)** ✗	**Total Indirect Revenue**	**14,084**	**13,421**	**12,606**	**663** ✓	
4,590	5,690	2,656	1,100 ✓	Capital Charge	39,871	48,762	38,136	8,891 ✓	
8,432	7,721	8,909	(711) ✗	Depreciation	90,315	85,108	79,829	(5,207) ✗	
231	-	-	(231)	Financing Component of Operating Leases	2,079	-	2,967	(2,079)	
(70)	112	48	182 ✓	Interest Expense & Forex Gains and Losses	60	1,300	315	1,240 ✓	
65	-	- 13	(65) ✗	Loss on Sale of Assets	4,336	-	57	(4,336) ✗	
13,248	**13,523**	**11,599**	**275** ✓	**Total Indirect Expenses**	**136,661**	**135,170**	**121,304**	**(1,491)** ✗	
(12,145)	**(10,691)**	**(92,339)**	**(1,454)** ✗	**Total Surplus / (Deficit)**	**(172,583)**	**(145,006)**	**(243,436)**	**(27,577)** ✗	

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 30 June 2021

Audited 30-Jun-20 $'000		Group Actual 30-Jun-21 $'000	Annual Group Budget 30-Jun-21 $'000
597,378	Opening Equity	490,730	558,272
136,588	Net Equity Injections / (Repayments) During Year	182,924	26,139
200	Other Movements	532,839	719,355
-	Reserve Movement for Year	101,401	-
(243,436)	Operating Results for the Period	(172,583)	(145,006)
490,730	**TOTAL EQUITY**	1,135,312	1,158,760
	Represented By:		
	Current Assets		
4,066	Cash & Cash Equivalents	50,775	31,443
750	Short Term Investments	750	750
105,853	Trade and Other Receivables	107,251	103,253
5,649	Prepayments	6,278	5,649
14,549	Inventories	13,810	14,549
14,666	Restricted Assets	15,094	14,425
145,533	**Total Current Assets**	193,958	170,069
	Less Current Liabilities		
11,032	Overdraft	-	-
205	Borrowings (Finance Leases Current)	1,657	-
165,170	Trade and Other Payables	151,683	150,239
14,693	Restricted Funds	15,112	14,256
343,643	Employee Benefits	381,697	277,644
534,743	**Total Current Liabilities**	550,148	442,139
(389,209)	**Working Capital**	(356,190)	(272,070)
	Non Current Assets		
16	Restricted Funds	16	16
3,225	Investment	4,253	3,225
909,554	Fixed Assets	1,543,843	1,433,893
912,795	**Term Assets**	1,548,112	1,437,134
	Non Current Liablilties		
6,304	Employee Benefits	7,544	6,304
26,552	Borrowings (Finance Leases Non Current)	49,067	-
32,856	**Term Liabilities**	56,611	6,304
490,730	**NET ASSETS**	1,135,312	1,158,760

Restricted Assets and Restricted Liabilities include funds held by the Māia Foundation on behalf of CDHB.

The Holidays Act compliance provision is shown under Employee Benefits and was not included in the budget.

Investment in the non current assets include Investment in NZHPL and Health One limited partnership.

Borrowings in current and term liabilities is the finance lease liability for the Manawa building and the CLS building. The lease costs of the buildings are also included in Fixed Assets.

APPENDIX 5: CASHFLOW

Audited 30-Jun-20 $'000		Actual 30-Jun-21 $'000	Budget 30-Jun-21 $'000
	CASHFLOW FROM OPERATING ACTIVITIES		
(48,135)	**Net Cash from Operating Activities**	(46,822)	(72,459)
	CASHFLOW FROM INVESTING ACTIVITIES		
(63,551)	**Net Cash from Investing Activities**	(78,900)	(109,917)
	CASHFLOW FROM FINANCING ACTIVITIES		
136,529	**Net Cash from Financing Activities**	183,463	220,785
24,843	Overall Increase/(Decrease) in Cash Held	57,741	38,409
(31,809)	Add Opening Cash Balance	(6,966)	(6,966)
(6,966)	**Closing Cash Balance**	50,775	31,443

HAC – 5 AUGUST 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Anna Craw, Board Secretariat**

APPROVED BY: **Andrew Dickerson, Chair, Hospital Advisory Committee**

DATE: **19 August 2021**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 5 August 2021.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 5 August 2021 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 5 August 2021.

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 5 August 2021, commencing at 9.00am

PRESENT

Andrew Dickerson (Chair); Barry Bragg; Jan Edwards; Naomi Marshall; Ingrid Taylor; and Michelle Turrall.

Attending via Zoom: James Gough; and Jo Kane.

APOLOGIES

Apologies for absence were received and accepted from Catherine Chu, Dr Rochelle Phipps; and Sir John Hansen (Ex-officio).

EXECUTIVE SUPPORT

Becky Hickmott (Executive Director of Nursing); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

APOLOGIES

Apologies for absence were received from Dr Peter Bramley (Chief Executive); Dr Jacqui Lunday-Johnston (Executive Director, Allied Health, Scientific & Technical); Tracey Maisey (Executive Director, Planning Funding & Decision Support); and Dr Helen Skinner (Chief Medical Officer). An apology for early departure was received from Becky Hickmott (Executive Director of Nursing).

IN ATTENDANCE

Kirsten Beynon, General Manager, Laboratories
Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Dr Greg Hamilton, General Manager, Specialist Mental Health Services
Kate Lopez, Acting General Manager, Older Persons Health & Rehabilitation
Berni Marra, Manager, Ashburton Health Services
Michael O'Dea, Secondary Care Team, Planning & Funding

Item 4

Dr Clare Doocey, Chief of Child Health and Clinical Director for General Medicine for Paediatrics
Tracy Jackson, Nursing Director for Women's & Children's
Dr Tony Walls, Paediatric Infectious Diseases Specialist

Andrew Dickerson, Chair, HAC, opened the meeting welcoming those in attendance. He took the opportunity to acknowledge the recent death of Dr Robert Crawford. Dr Crawford was the Medical Superintendent of the Queen Mary Hospital in Hanmer Springs, a Residential Alcohol and Drug Treatment Centre, from 1976 to 1991. Under his leadership, the hospital became a centre of excellence for expanding the treatment modalities for families affected by addiction, and the training of people working in treatment and rehabilitation. Dr Crawford established a successful Kaupapa Māori/Taha Māori programme, Te Aroha o to Hau Angiangi. He authored a number of publications and served in various national governance and advisory roles.

1. INTEREST REGISTER

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

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (06/21)
(Moved: Barry Bragg/Seconded: Naomi Marshall – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 3 June 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action items were noted.

4. RSV & IMPACTS

Pauline Clark, General Manager, Medical/Surgical, Women's & Children's Health, & Orthopaedics, introduced Dr Clare Doocey, Chief of Child Health and Clinical Director for General Medicine for Paediatrics; Tracy Jackson, Nursing Director for Women's & Children's; and Dr Tony Walls, Paediatric Infectious Diseases Specialist.

The Committee received a presentation on the Respiratory Syncytial Virus (*RSV*) and its impact on the Canterbury health system in July 2021. The presentation provided an overview of:

- What RSV is.
- The spectrum of illness and severity across all ages.
- Hospital management – a supportive role through observation, feeding and breathing.
- International Post COVID-19 Lockdown RSV Experience.
- The spike in Canterbury presentations in the last week of July.
- CDHB & WCDHB RSV positive samples 2012 – 2021.
- GP after hours & health line calls / 24 hours: < six years with RSV symptoms.
- 24 hour surgery presentations in July.
- Christchurch Emergency Department respiratory presentations July.
- Children's Acute Assessment Admissions July 2015 – 2021.
- The impact on Paediatrics and Associated Services.
- Gratitude.
- Reflections; including
    - challenges of a lean system;
    - the importance of a whole of system approach; and
    - the need to be prepared for a resurgence of non-COVID infections (influenza, and a continued focus on childhood immunisations).
- Children's Emergency Care area and the importance of having the right people, in the right place, to care for children.

Dr Doocey and Ms Walker thanked staff for their support of the organisation, as it would not have been possible to care for this number of children without the generosity of staff in terms of doing extra work.

Becky Hickmott, Executive Director of Nursing, acknowledged the significant leadership provided by Dr Doocey and Ms Walker in this space. The whole of system approach was phenomenal. At a time when there was enormous pressure on the system, their leadership was stellar. Ms Hickmott also took the opportunity to note that the 24 Hour Surgery, Urgent Care in Ricccarton and Moorhouse, also provided amazing leadership.

Members had the opportunity to discuss the presentation and ask questions. There was discussion around the following:

- Winter flex.
- The impact on staff and sustainability for the remainder of the winter season.
- Staff sickness and the availability of discretionary leave.
- Rapid testing of staff by Labs, across the system.
- Vulnerability once borders are opened with respect to the resurgence of other infections.

In response to a query around the need to commission some extra space (the Children's Emergency Centre (*CEC*)), Ms Hickmott advised that there is a meeting currently being coordinated between ED and CEC to plan for bringing the teams together to see what can be done. She commented that we have proven our capabilities, so are now looking at how to acquire the necessary resources.

Mr Dickerson thanked Dr Doocey, Ms Walker and Dr Walls for the informative presentation and the work that they are doing.

The meeting moved to Item 6.

6. CLINICAL ADVISOR UPDATE (ORAL)

Becky Hickmott, Executive Director of Nursing, provided the following updates:

- Nursing is under quite considerable pressure, but this is not a local issue, it is a national and also international issue.
- NZ has a history of an over-reliance on the international qualified nursing (*IQN*) workforce. 50% of all of our registrations make up IQNs. The IQN workforce has significantly dropped due to COVID, partly due to nursing not being on the high priority list at the moment apart from a couple of small areas; and the second issue is that many countries are holding back their nursing teams due to what is happening within their borders (eg, the Philippines). 30% of our 50% IQNs are Filipino nurses, so this is having a major impact.
- Nursing across the nation is approximately 1,500 FTE down. All health roles are approximately 3,500 FTE down. A letter has been sent by the CEOs across NZ asking for healthcare to be prioritised, especially nursing.
- 900 FTE down across the nation for Aged Residential Care (*ARC*), and this is growing. Aged care is in a challenging space. Nationally, in some areas, wings have been closed due to an inability to staff. Aged care teams seem to be migrating into other areas.
- Strike action is scheduled for 19 August 2021. Huge efforts are going into contingency planning and negotiations with the Union will continue for the rest of this week.
- Challenge and mood - the moral distress that nursing is feeling at the moment. They feel they need to speak out for safety and for their patients. Again, this is across the nation.
- Working closely with teams to support nurses, with daily monitoring in place.

- CCDM – just starting first FTE calculations.

Ms Hickmott provided a shout out to all colleagues. It has been a very interdisciplinary response; a whole of system response; all of the system is under pressure; and private hospitals are struggling to get staff for the first time in many years.

The Clinical Advisor Update was noted.

The meeting moved to Item 5.

5. H&SS MONITORING REPORT

The Committee considered the Hospital and Specialist Services Monitoring Report for August 2021. The report was taken as read.

General Managers introduced their respective divisions and spoke to their areas as follows:

Hospital Laboratories – Kirsten Beynon, General Manager, Laboratories

- Week long IANZ audit peer review and surveillance for pathology and laboratories this week, with reaccreditation against NZISO15189 and multiple other standards.
- High volume Chemistry Analyser Installation happening next week.
- The labs team are focussing in on a Paiaka Ora reset post the Board's decision to pause. This includes a reset and adjustment of financials/budget forecast, review of planned service models to support community referrers, fleet business case with a move to hybrid vehicles and optimisation of courier networks for the whole system, ceasing and modifying procurement – business cases, RFPs and contracts, reassessment of workforce and needs, anatomical pathology shift of work back to community, reset of acute demand service models, investment of new ways of working to support community referrers. The team has undertaken a significant programme of work and is extremely proud of it. It is a piece of work that can be handed over to anyone leading into the transition and health reforms.
- RSV as per presentation from Paediatrics is a learning and warning to our health systems throughout NZ of what we need to continue to be prepared for as pathogens are reintroduced as borders open, this also includes Measles and Bordetella Pertussis (whooping cough). Whilst the greatest impact was on paediatrics laboratory data showed it has affected our entire population and across all age groups.
- Every winter (except for lock down) we see peaks in RSV, however, our peaks for influenza are always much larger and have a greater impact on the system. Our systems need to be prepared. The shutdown of our borders again for COVID also lessons the likelihood of the introduction of influenza. Therefore, when it is re-introduced the impact will be significant.
- RSV figures - noting we do not test all patients:
  - At current peak 77% of patients tested positive for RSV.
  - 0-4 years positive – this age group 39% positive.
  - Patients tested >80 years old 39% positive for RSV.
  - Non European 60-65% positivity rate.
  - Europeans tested 40% positivity rate.
- To support the pressure on our hospital we have placed phlebotomists into ED. SMOs from ED have fed back that this has had a very positive impact on stretched resources. Labs continues to review and grow its rapid testing capacity for the three main virus groups that are in need of urgent results in an acute care context.
- Labs will continue to work with ED leads and the Office of Clinical Leaders on other triage/testing opportunities that will assist with patient flow and clinical decision making.

- Lab figures:
  - There has been a significant increase in demand for tests out of hours over the last 12 months. Community volumes referred to CHL out of hours (excluding COVID) have increased by 20% (19/20 to 20/21 years).
  - TNI (cardiac marker) test demand is increasing (ED, Acute Demand Service, and 24 Hour Surgery). There has been an upward trend in Maori and Pasifika Peoples.
  - Acute Demand test service to CHL is continuing to go up and up, year on year. Quick turnaround time is required to support primary care with this service. Couriers and logistics in the community need review to ensure we are meeting the needs of primary care to support patients in the acute care space.
- COVID. CHL processed the highest volumes in a month last month. This is reflective of a range of factors including other viruses circulating in the community due to similar symptom presentations, changes in border restrictions, and contact tracing of returnees from Australia due to the current resurgence of the virus there. We will see an increase with our returning Olympians and support teams filling up the MIQs.

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

- MERAS, the Union for Midwives, are taking industrial action next week. This will have a significant clinical impact. MERAS is also signaling further industrial action for the same day as NZNO action – 19 August 2021. This will have a huge impact and requires a great deal of planning.
- ASMS which represents SMOs is scheduling two hour stop work meetings in August.
- Currently in orange on the escalation pathway, so are challenged from a resourcing perspective. Need to right size the hospital. Some planned surgery is being deferred. Where we can, we are swapping out planned surgery that would require an overnight stay, with day stay surgery. ICU is full today.
- The provider arm certification visit has taken place. Very positive feedback was received.
- Selwyn Health Hub is progressing – on time and on budget – and is looking to be occupied in late January 2022. Planning for the opening and occupation of the facility is on track.
- Acknowledged the recent passing of Gary Barbara, who was a Service Manager with the DHB for many years.
- Shout out to the Clinical Coding Team.

A member expressed concern that whilst we continue to tinker around the edges, the reality is that we are constrained. Ms Clark acknowledged the point made, but commented that some of the work being done from a systems perspective, and certainly came to the forefront at the weekend, is that if we can get SMO or senior registrar engagement early and into ED, we can either pull or turnaround. We need to be really careful that the answer to volume demand is not simply to say we need more beds, more space, or more staff. It is likely that there is something to that, but if we went for a model that had some KPIs and time allocated to SMOs to get in amongst it in ED, we may see something different. In addition to that, if we can engage with General Medicine colleagues on a trial of a different way of working, it is possible to release medical capacity to have a greater role in ED. The member applauded Ms Clark's optimism.

Ms Hickmott commented that there has been a huge amount of analysis conducted on what is coming through the front door of ED. During this period of RSV, the admission rate has gone from 25% up to 35-39%, and there is no doubt there is quite considerable pressure on the system. However, we are also seeing a number of people presenting at ED who should not be. That is the area of opportunity to turn around. We are looking at changing the model of care at the moment. There are resource constraints, there is no doubt about that, but there are also opportunities that we have not yet done that need to be tried first before we look at anything

else. If we can take that noise out, we are hoping to perhaps take the pressure off the ED team. We have invested too – have put more resources into different areas, have increased some beds within the medical area and have increased staffing in relation to that. We have also increased staffing for the ED team and continue to look at that.

ESPIs

Ms Clark commented that for the last two to three weeks, with school holidays and RSV, we have slipped back. However, for the last five working days, we can see progress towards compliance resuming.

Michael O'Dea, Secondary Care Team, Planning & Funding, commented that when the MoH recently visited, they noted our performance against the Planned Care targets. We achieved 97% against our original plan of 100%, but over the 95% that ensured we got the full funding. They intimated that CDHB was one of four DHBs that achieved that.

Mr O'Dea noted that the way the MoH funds us for Planned Care comes through bulk funding and what is called the PCI; its $44M. We have to achieve 95% of our target to be able to access all of that $44M and do the wash-up. We have achieved that on a year on year basis. The MoH have also put in Improvement Action Plan funding. Last year that was based on volume, not on ESPI. We over achieved on that, which ended up resulting in about $2.7M additional revenue over cost. This year, the MoH turnaround is based on ESPI - $6M total, $4M available (basically $1M per quarter), with a $2M bonus at the end on ESPI achievements. It will be a big challenge for all DHBs, which the MoH have already recognised.

In relation to the physiotherapy – conservative management of prolapse and incontinence work, a member queried whether there had been any thought about assessment of women six week post-partum, as this would go a long way in preventing women to get to prolapse and incontinence. Ms Clark noted that this is picked up in ante-natal classes. Ms Hickmott noted there is a service just new in primary care, which she would come back to the member on.

Specialist Mental Health Services (*SMHS*) – Dr Greg Hamilton, General Manager

- Still under strong demand for Mental Health Services. The two services at the forefront of that are the Child & Adolescent Service and Eating Disorders Service.
- Integration across the system is working very well, both within the division but also with NGO partners. Look forward to the continued rollout of the primary care measures, as that is yet to have a true impact on the system at this point in time.
- Staffing remains a problem in Mental Health Services. There are more choices for mental health staff, who want to rotate out.
- Whaikaha AT&R was occupied early last week. Consumers are relatively settled and staff are adapting to a new environment.
- New builds are on time and on budget.
- The Programme Business Case does not feel like quite such good news – still in ongoing negotiations with the Health Infrastructure Unit. There is another meeting on Friday that will be looking at master planning. We are in the unusual position of being offered a chunk of money, but that does not fit within our Programme Business Case, our master planning, or what we can do on site. We are looking at what are the best solutions to help us get something on the ground, which the MoH are desperate to do in terms of new beds, but also allows us to have a master planning process within it.
- Yesterday we negotiated the Life Preserving Services for the NZNO strike scheduled for 19 August 2021.
- This month's report highlights the various sources of information that are used across the system to keep improving services. There is a really strong drive in terms of quality and service improvement.

There was discussion around the Clinical Audit Program and opportunities for improvement.

Older Persons Health & Rehabilitation (*OPH&R*) Service – Kate Lopez, Acting General Manager

- Whilst not impacted to the same degree as Christchurch Hospital by the increase in volume of presentations, OPH&R have been impacted by sickness amongst staff across all workforces. This has been a significant challenge.
- Holding daily incident management meetings connected to the whole system. In the last week, have been heightening the focus on what can be done to support flow by fully utilising campus capacity as much as possible.
- Heavily involved in the Making Our System Flow work that is being led by the Clinical Executive.
- Taking an assertive approach to discharge.
- Community Dental Service. Gains are being made, but there remains opportunity for further improvement.

In response to a query, Ms Lopez undertook to provide some longitudinal data in the next report with regards to the percentage of Canterbury children overdue for dental examinations.

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

- Ashburton Health Services are 50% primary care. 50% of working week is operating as the acute primary care.
- 72% of presentations are self-referrals.
- People need timely access to acute care. Our opportunity is to look at how longitudinal care, preventative care, participation and keeping the community well, is connected.
- Primary care locality workforce. This provides a framework to think about what we have been wanting to progress through the Ashburton Service Level Alliance – moving from the delineation of primary care, PHOs and hospitals, to a service lens for the community that we can coordinate and deliver collectively.
- One of the significant challenges that will have to be addressed in any satellite community service delivery, is the delivery of transport and St John.

The H&SS Monitoring report was noted.

The meeting moved to Item 7.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (07/21)
(Moved: Jan Edwards/Seconded: Naomi Marshall – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 3 June 2021	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(if required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

INFORMATION ITEMS

- Making Our System Flow (ex Board 15 July 2021)
- 2021 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.03am.

Approved and adopted as a true and correct record:

Andrew Dickerson
Chairperson

Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Anna Craw, Board Secretariat**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Support**

DATE: **19 August 2021**

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, 10A, 11, 12, 13 & 14 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 public excluded meetings – 15 July 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	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.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	2021/22 Draft Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	MoH Quarterly Financial Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	Audit NZ Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	NZ Health Partnerships – FPIM Services Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	NZ Health Partnerships HSC Pre-Paid Services Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Planned Care Initiative Funding – Enhanced Telecare Reach	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Hillmorton Whaikaha AT&R HCA Scope Changes	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10A.	Proposed Draft Treaty Partnership Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	People Report	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)
13.	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)
14.	Advice to Board • HAC PX Draft Minutes *5 August 2021* • QFARC Draft Minutes *3 August 2021*	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.