AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING

To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 21 February 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 13 December 2018		
3.	Carried Forward / Action List Items		
4.	Canterbury Health System Quality Improvement Showcase 2018 – Video Clips Category: Improved Health & Equity for All Populations		
5.	Chair's Update - Oral	Dr John Wood	9.10-9.15am
6.	Chief Executive's Update	David Meates	9.15-9.45am
7.	Finance Report	Justine White	9.45-10.00am
8.	CPH&DSAC - 2019	Justine White	10.00-10.05am
9.	Policy on Appointment of Directors – CDHB Subsidiary Companies	Justine White	10.05-10.10am
10.	Oxford and Surrounding Areas Model of Care	Carolyn Gullery	10.10-10.25am
11.	Advice to Board: HAC – 31 January 2019 – Draft Minutes	Andrew Dickerson	10.25-10.30am
12.	Resolution to Exclude the Public		10.30am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.30am**

NEXT MEETING: Thursday, 21 March 2019 at 9.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

Ta Mark Solomon **Deputy Chair CDHB**	**Claims Resolution Consultation – Senior Maori Leaders Group** – Member This is an Advisory Board to MSD looking at the claims process of those held under State care. **Deep South NSC (National Science Challenge) Governance Board** – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities. **Greater Christchurch Partnership Group** – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work). **He Toki ki te Rika / ki te Mahi** – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury. **Liquid Media Operations Limited** – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology. **Maori Carbon Foundation Limited** – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country. **Ngāti Ruanui Holdings** – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki. **NZCF Carbon Planting Advisory Limited** – Director NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited. **Oaro M Incorporation** – Member 'Oaro M' Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at 'Oaro M', Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations. **Police Commissioners Māori Focus Forum** – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The

	forum plays a governance role and helps oversee the strategy's implementation. **Pure Advantage** – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth. **QuakeCoRE** – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission. **Rangitane Holdings Limited & Rangitane Investments Limited** - Chair The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne's settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members. **SEED NZ Charitable Trust** – Chair and Trustee SEED is a company that works with community groups developing strategic plans. **Sustainable Seas NSC (National Science Challenge) Governance Board** – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding. **Te Ohu Kai Moana** – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity. **Interim Te Ropu** – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019.
Barry Bragg	**Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the

	provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Managing Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **Farrell Construction Limited** - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Chairman The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Property Limited** – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Tracey Chambers	**Chambers Limited** – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise. **Rata Foundation** – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.
Dr Anna Crighton	**Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage **Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage **Heritage New Zealand –** Honorary Life Member CDHB owns buildings that may be considered to have historical significance.
Andrew Dickerson	**Accuro (Health Service Welfare Society)** - Director Is a not-for-profit, member owned co-operative society providing health

	insurance services to employees in the health sector and (more recently) members of the public. Accuro has many members who are employees of the CDHB. **Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
Jo Kane	**HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.
Chris Mene	**Canterbury Clinical Network** – Child & Youth Workstream Member **Core Education** – Director Has an interest in the interface between education and health. **Wayne Francis Charitable Trust** - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.

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

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 13 December 2018 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Ta Mark Solomon.
An apology for early departure was received and accepted from Aaron Keown (10.45am).

EXECUTIVE SUPPORT

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

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

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

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

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

Resolution (83/18)
(Moved: Aaron Keown/seconded: Chris Mene – carried)

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

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. DEPUTATION

In introducing Josie Butler, Registered Nurse and her mother Clare Butler, the Chair advised that there had been quite a bit of interaction with the Minister regarding this and that he had attended,

with the Chief Executive, a meeting with staff at Hillmorton Hospital to make a visible expression of concern and the Board's responsibility for health and safety of staff and patients.

The Board then received a deputation from Josie Butler and Clare Butler regarding safety at Hillmorton Hospital. Board members were given the opportunity to ask questions.

5. CHAIR'S UPDATE

Dr Wood advised that he has come to the end of his term as Chancellor of the University of Canterbury and there will be a new Chancellor from 1 January 2019. Dr Wood will remain on the University Council until the end of July 2019.

Dr Wood also spoke regarding undertaking a Board self-assessment in the New Year.

Jo Kane provided the Board with an update from the Crown Entities Workshop held on 28 November 2018, which she attended on behalf of the Chair.

Ms Kane also provided an overview of the Quality Improvement Showcase Awards at which she spoke and presented the Supreme Award.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented his update which was taken as read. He provided further updates as follows:

- The Health System Quality Improvement Showcase – the clips from this showcase will be presented over the next few meetings.
- Mental Health – this service continues to see many more patients and when facilities are operating at full capacity each day the ability to de-escalate incidents is not there. There have been some quite violent assaults and a number of solutions are being considered, both environmental and staffing. There has been a focus on getting a number of new graduate nurses into mental health to provide additional support to deal with the dramatic increase in activity. A number of staff forums have been held and there is acknowledgement from everyone that there is not a simple solution. It was also good that the Chair could attend some of these forums.

  A query was made regarding the mental health review and it was noted that a set of recommendations have been provided to the government and an outcome is expected by the end of March 2019.

The Chief Executive departed the meeting at 10.10am and Mary Gordon took his place.

It was agreed that the Terms of Reference for the Worksafe Review will be circulated to Board members.

A request was made for ED's Christmas period plan to be circulated to Board members.

It was also agreed that "The Way Forward" will be an agenda item for the Board's 21 February 2019 meeting.

Resolution (84/18)
(Moved: Jo Kane/seconded: Aaron Keown - carried)

"That the Board:

i. notes the Chief Executive's Update."

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report stated that the consolidated Canterbury DHB financial result for the month of October 2018 was a net operating expense of $7.176M, which was $3.496M favourable against the draft annual plan net operating expense of $10.672M. The October result included recent adjustments to the annual plan, so the YTD result is the more appropriate result to review.

Ms White advised that the November result has an unfavourable variance, however, a lot of this is due to timing and also to treatment related costs. We are also starting to see a variance in disability support, which is also around timing and in-between travel.

In regard to deficit funding it was noted that CDHB is among the first tranche for approval and if approved will be paid in early January.

Resolution (85/18)
(Moved: Aaron Keown/seconded: Barry Bragg – carried)

"That the Board:

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

8. HEALTHY (DRINKING WATER) AMENDMENT BILL – DRAFT SUBMISSION

Evon Currie, General Manager, Community & Public Health**,** presented the draft submission for the Healthy (Drinking Water) Amendment Bill. Ms Currie referenced the update on water from the last meeting. It was noted that there is not yet a clear signal of what this will look like in two years' time.

Discussion took place regarding the role of the Medical Officer of Health and the legislation to support this role.

Resolution (86/18)
(Moved: Andrew Dickerson/seconded: Jo Kane – carried)
(Aaron Keown & Sally Buck abstained from voting due to conflict of interest)

"That the Board:

i. approves the draft submission on the Health (Drinking Water) Amendment Bill."

9. CANTERBURY HEALTH SYSTEM - ALCOHOL RELATED HARM REDUCTION STRATEGY

(Board members, Aaron Keown and Sally Buck, took no part in the discussion due to conflict of interest).

Evon Currie, General Manager, Community & Public Health, presented the Alcohol Related Harm Reduction Strategy. There was no further discussion, as there had been no changes since the previous version had been viewed.

Resolution (87/18)
(Moved: David Morrell/seconded: Chris Mene – carried)

"That the Board:

i. endorses the Canterbury Health System Alcohol-Related Harm Reduction Strategy."

10. HAC DRAFT MINUTES

Andrew Dickerson, Chair, Hospital Advisory Committee, provided the Board with an update from the Hospital Advisory Committee meeting held on 29 November 2018.

Resolution (88/18)
(Moved: Andrew Dickerson/seconded: Sally Buck – carried)

"That the Board:

i. notes the draft minutes from HAC's public meeting on 29 November 2018."

Aaron Keown departed the meeting at 10.45am.

The meeting adjourned for morning tea at 10.45am, reconvening at 11:00am.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (89/18)
(Moved: Dr John Wood/seconded: David Morrell – carried)

"That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 15 November 2018	For the reasons set out in the previous Board agenda.	
2.	Christchurch Hospital – Avon Switchgear & Transformers	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Land Swap with the Crown	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Approval of Trust Fund Expenditure	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	IT Disaster Recovery	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
7.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
9.	Advice to Board: • FAC Draft Notes & Email Resolution *21 Nov 2018* • QFARC Draft Minutes *27 Nov 2018* • HAC Draft Minutes *29 Nov 2018*	For the reasons set out in the previous Committee agendas.	
10.	Board Only Time	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)

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 11.05am.

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Dr John Wood, 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 21 FEBRUARY 2019

DATE	ISSUE	REFERRED TO	STATUS
20 Sep 18	Presentation on IT systems; continual enhancement & ongoing use of data throughout the health system.	Stella Ward	Deferred to 21 March 2019 meeting

CANTERBURY HEALTH SYSTEM QUALITY IMPROVEMENT SHOWCASE 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

CATEGORY: IMPROVED HEALTH AND EQUITY FOR ALL POPULATIONS

Winner: ***Motivating conversations: Developing a motivational interviewing education module for primary care professionals using a continuous quality improvement approach*** **(Population Health and Access Service Level of Alliance, Canterbury Clinical Network)**
This project aimed to achieve increased interpersonal communication skill levels between patients and primary health care providers by designing an education programme, 'Motivating Conversations', that was peer-led, brief, and focused on the practical development of motivational Interviewing skills. Over 220 primary health care professionals attended Motivating Conversations between 2017 and mid-2018, and Motivating Conversations has maintained a high level of satisfaction among the participants and use in their workplace.

Runner-up: ***Sparklers: Helping tamariki live brighter*** **(Community and Public Health)**
Aiming to support tamariki to look after their own wellbeing, build positive mental health, and cope with life's challenges, Sparklers was collaboratively developed over two years as a free online wellbeing resource for school years 1-8. Evaluations have shown that the resource has been highly valued by school staff and other professionals, providing a common wellbeing language across students, school staff and other professionals, and normalised talking about and promoting positive mental health and wellbeing for the schools involved in the evaluation.

Finalist: ***Reducing the Triple Whammy: Small group education to improve patient safety and reduce harm in primary care*** **(Pegasus Health)**
The Triple Whammy is a potentially dangerous combination of drugs which can cause acute kidney injury and significant patient harm. Beginning in 2011, education messages alerting clinicians to watch for the Triple Whammy were delivered through relevant rounds of the regular peer-led Small Group programme run by the Pegasus Clinical Quality and Education team, and again in 2013. By the end of 2017, data showed that the number of patients on the Triple Whammy combination had fallen from 3,054 in 2010 to 1,821, which is a reduction of around 40 percent.

Finalist: ***INTRgr8: Totara House*** **(Specialist Mental Health Service, Totara House)**
Developed in conjunction between Totara House, Emerge Aotearoa and Comcare Trust, the aim of this project was improving social recovery and physical health outcomes for clients, promoting a holistic approach to the recovery journey. The pilot began in July 2017 with the appointment of dedicated Community Support Worker (CSW) from Emerge Aotearoa, and the appointment of Active Links Worker from Comcare Trust into Totara House. Next steps include developing Peer Support into Totara, adapting written job plans for staff, and identifying/developing targeted outcome measures for integrated workers to use with clients to measure vocational, social and health outcomes.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **21 February 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. DISCUSSION

PUTTING THE PATIENT FIRST – PATIENT SAFETY

Quality & Patient Safety

- **Canterbury Health System Quality Improvement Showcase:** The Canterbury Health System Quality Improvement and Innovation Awards Showcase, recognise, reward and publicly acknowledge excellence in quality improvements and innovations. This was held on 6 December and featured speeches, presentations, and an exhibition of all 48 poster entries. Entries came in from organisations across the Canterbury Health System, covering topics ranging from radiology, improving mental wellbeing, reducing appointment and waiting times, streamlining services, and more. Award winners and finalists were:

  Improved Health and Equity for All Populations
  Winner *Motivating conversations: Developing a motivational interviewing education module for primary care professionals using a continuous quality improvement approach* (Population Health and Access Service Level of Alliance, Canterbury Clinical Network)
  Runner-up *Sparklers: Helping tamariki live brighter* (Community and Public Health)
  Finalist *Reducing the Triple Whammy: Small group education to improve patient safety and reduce harm in primary care* (Pegasus Health)
  Finalist *INTRgr8: Totara House* (Specialist Mental Health Service, Totara House)

Best Value for Public Health System Resources
Winner *The customised variant testing service: A family-specific genetic testing service in New Zealand* (Hospital Support and Laboratories/Canterbury Health Laboratories/Genetics)
Runner-up *Where are my pumps?! Reducing the time spent looking for clinical equipment using wifi asset tracking and an easy-to-use website* (Medical Physics & Bioengineering, Clinical Engineering Emergency Department) (no video available)
Finalist *Radiology one-stop-shop for MRI general anaesthetic:* A *comprehensive solution* (Radiology Department)
Finalist *Keeping cool – a CDHB team project [resolving medical and laboratory refrigeration faults]* (Canterbury DHB Clinical Engineering)

Improved Quality Safety and Experience of Care
Winner *Focus on eyes: Delivering patient treatment on time* (Ophthalmology Service)
Runner-up *It's radiation therapy but not how you know it: Volumetric modulated arc therapy for breast cancer* (Radiation Oncology)
Finalist *Falls Prevention 2014 – 2018* (Quality and Patient Safety Team) (video not available)
Finalist *Grey Matters: Implementing Stereotactic Brain Radiation Therapy (SRT) at Christchurch Hospital* (Radiation Oncology Service)

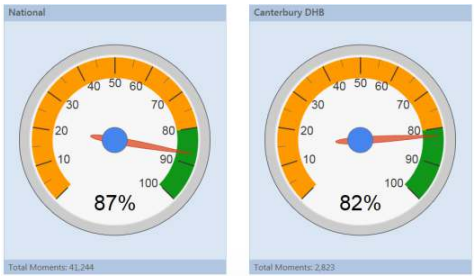
Improved Work-life
Winner *Excellence in palliative care: A new approach to supporting aged residential care facilities* (Nurse Maude Hospice Service)
Runner-up *Streamlining the vascular ward round: A time-out structure* (Ward 10, Vascular Surgery Department)
Finalist *Gerontology Acceleration Programme – Developing our Nursing Workforce* (Nursing Work Force Development team)
Finalist *Bronchoscopy emergencies training: introducing emergency simulation training to the bronchoscopy team* (Respiratory Service)

Consumer Council Award
Reducing the Triple Whammy: Small group education to improve patient safety and reduce harm in primary care (Pegasus Health)

People's Choice Poster Award
Radiology one-stop-shop for MRI general anaesthetic: A comprehensive solution (Radiology Department)

Supreme Award
Focus on eyes: Delivering patient treatment on time (Ophthalmology Service).

- **CDHB ACC Pressure Injury Prevention Programme:** The community of practice shared discussion/ learning site (open to all CDHB and WCDHB staff in the health systems) on healthLearn is being well patronised. The Link Nurse Programme kicked off in January with five nurses attending the briefing on their component of the project that will run over the next year. The practice areas are being funded to release these nurses to complete a current state assessment against best practice and to identify manageable improvement projects. This programme will equip (teach and coach) the nurses to be change agents in their teams. At the same time their managers will also be exposed to quality improvement methods through their *Heads Up* briefings so they can support their Link Nurse.
- **Hand Hygiene:** The Hand Hygiene Policy has been reviewed and approved to reflect best practice change recommendations as received from the Antimicrobial Stewardship Committee with regard to reducing the use of antimicrobial liquid soap to clinical procedures for patients with multidrug resistant organisms only.



- Canterbury DHB is currently in the 1 November 2018 – 31 March 2019 hand hygiene audit period. Current results at 82% (target 80%) and having met the expectation of auditing spread across the organisation for all in-patient areas/wards by 1 November 2018.
- Consultation for monitoring of Hand Hygiene activity in Specialist Mental Health Service and Rural Hospitals is occurring. Change of Hand Hygiene Product from the current Alcohol Based Hand to Microshield Angel Clear has been approved to resolve the laboratory label non-adherence problem experienced from a recent change in product. The new product meets the 70% ethanol content required and is used by 15 of the 20 DHB's. An implementation plan has been developed.
- 2018 Patient Safety Week was held between the 4 and 10 November 2018. The topic was Infection Prevention & and Control with a focus on hand hygiene. Hand hygiene was promoted for stopping the spread of germs and antibiotic-resistant infections. Supporting the use of fewer antibiotics and promoting excellence with hand hygiene to reduce the opportunity for microorganisms to develop resistance and share resistance genes. The Health Quality and Safety Commission produced some colourful and engaging graphics to help us get the message across.

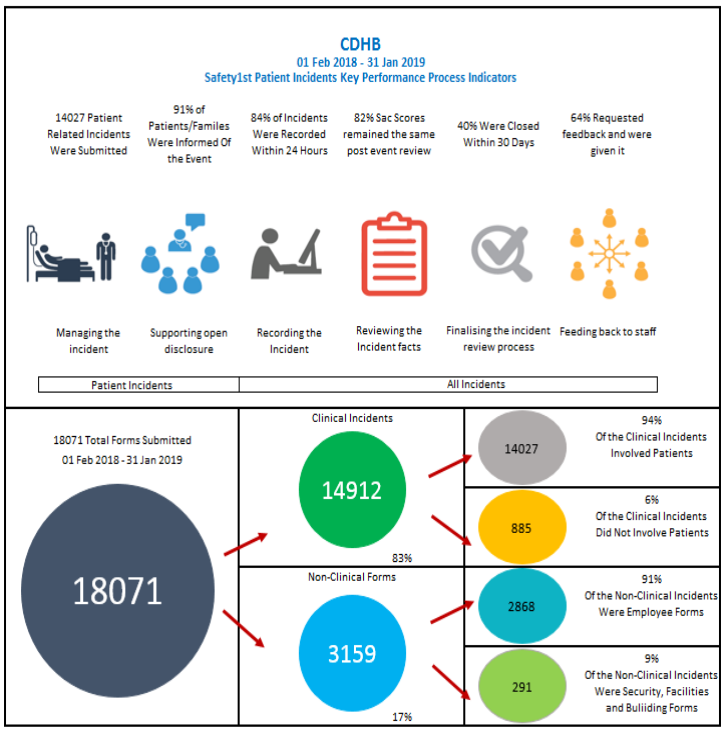
- **Falls**
  - The new Hospital Fall Prevention Programme Procedure has been approved. This procedure replaces the Hospital Fall Prevention and Management Policy.
  - The Safe Recovery Programme Pilot in OPH&R has been completed and the evaluation phase is underway.
  - Planning for the annual April Falls Awareness campaign has commenced.
- **CDHB HQSC Deteriorating Patient Programme**
  - **New Zealand Early Warning Score (NZEWS):** Having completed an evaluation of single red triggers in the NZEWS, and consulting with the Health Quality and Safety Team Clinical Lead, CDHB has been given permission to shift the red single triggers, a NZ addition to the UK EWS, to the orange zone. This issue was predicted with the initial modelling by CDHB prior to changing to NZEWS and the Chiefs and Chairs have been kept informed along the way and approved the alteration. The shift red single triggers will bring us in line with the UK EWS. It will result in 80% of the red triggers being shifted into the orange zone for nurse management. This will reduce the noise in

the system and provide a clear focus on the 20% of patients in red with multiple triggers who have a 10% higher risk of mortality in hospital. The Patientrack algorithms will be re programmed and implementation will occur at the end of April 2019, pre winter. The West Coast is in the process of preparing to go live with Patientrack (CDHB single instance) in mid-February and will be part of the April change as well.

- **Korero Mai: Patient and family/whanau escalation of care project (Co-design with Parents):** Planning is underway for the next test phase of the Korero Mai: Patient and family/whanau escalation of care project. A three step tiered patient and family escalation process will be trialled in Ward 22 and the Paediatric High Dependency Unit over a three month period along with the revised patient and family information sheet. The project team are currently working towards a 'go live' date of 18 February.

- **Restraint Minimisation:** The new Safe & Appropriate Use of Enablers (including Bedrails) procedure was approved and available. This procedure replaces the Safe & Appropriate Use of Bedrails Policy. The associated healthLearn self-learning package is in review for updating to reflect the new procedure. There are six approved restraint interventions. The Physical Restraint interventions: Lap belts, criss cross vests and Fall Out Chairs are no longer in use since mid-2018 and the 2 remaining approved physical restraint are only used in Tuarangi (bean bag) and Christchurch Hospital, mainly ICU (soft limb).

- **Incident Management Process indicators:** The December software upgrade took place on the 17 December 2018 as planned. This is inclusive of new feedback to submitter function which will assist in improving the current 64% of staff who requested feedback were given it, as all staff will be able to see feedback in their info centre. Another feature put in by CDHB on 1 February 2019 enables automatic pull through of all patient demographics and treating team data, rather than giving staff to option of typing and not getting a complete set.



Christchurch Campus

- **Creating magical memories for families:** Families with chronically ill children were treated to some festive magic in the lead up to Christmas 2018 courtesy of volunteer organisation "A Christmas Wish", its team of photographers and editors, and Santa himself. Through the magic of Photoshop, the families were transported from the Design Lab to far off lands and fantastical scenes. The shoot and photos were all generously done for free, providing families with a lifelong lasting memory to cherish. The children who attended the day have chronic illnesses and are seen regularly by the Paediatric Outreach Nurses. The Outreach team work very hard to keep the kids supported at home to prevent hospital admissions but occasionally they do need to be inpatients. Many of the families commented that they had never had a whānau photo taken as they thought it would be too hard. A Christmas Wish (a subsidiary of the Heart Project) visits hospitals around the world every year to deliver Christmas cheer to children that may be unable to go home at Christmas time.

Older Persons Health & Rehabilitation (OPH&R)

- We are keeping a focus on our falls. The strategies as part of safe recovery programme have been focusing on what activity we can improve during night shift. This includes how we work as a team on admission. New Admissions are (where possible), cohort in close proximity to the pod where the nurses will be stationed at night. Focus closer attention for the first few days. We ensure new arrivals go into a room which has sensors in use.
- Interdisciplinary team (IDT) forms are to be completed giving 'your' teammate all of the correct information for the care of the patient. Working closely as a team. Rest home care – where applicable, being proactive in getting those patients discharged as soon as possible.
- Intentional Rounding education has been completed in all wards. All wards are now embedding this into their practice on all shifts and a focus currently surrounds continence. This is one of the causes for falls to occur when mobilising for toileting. To reduce this we are highlighting that intentional rounding includes toileting and holds an importance in the reduction of falls.

- In December 2018, Ward BG Older Persons Mental Health (OPMH) at Burwood Hospital received a visit from Ombudsman Office inspectors. The Inspectors' role is to enquire about, and provide a report, on multiple aspects of care and treatment of patients within the chosen facility. The Ombudsman Office chooses facilities for audit at random. Their final report may be provided to Parliament. While visiting Ward BG, the Inspectors audit included; staffing levels; conduct and training; contact with whanau; leisure provision; appropriateness of health care; and the general standard of the environment including aesthetics and food. Initial feedback provided to the Ward's clinical management and leadership staff at the end of the audit was positive. The CDHB is likely to receive the full inspection report from the Ombudsman's Office Feb/March 2019.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Physiotherapists providing front line musculoskeletal assessment in the Emergency Department:** In October 2018 Physiotherapists experienced in musculoskeletal assessment began offering an extended hours service in the Emergency Department on a seven day per week basis. These clinicians will see patients direct from the waiting room, rather than waiting for medical or nursing assessment to occur first. The Emergency Department Physiotherapists can refer for x-ray examination, provide simple painkillers via standing order and make referrals to community services. Having this role in place will reduce patient wait times and maintain patient flow through the department. In addition to this the Physiotherapists continue to provide a secondary service for assessment of patient mobility and respiratory issues following medical examination.

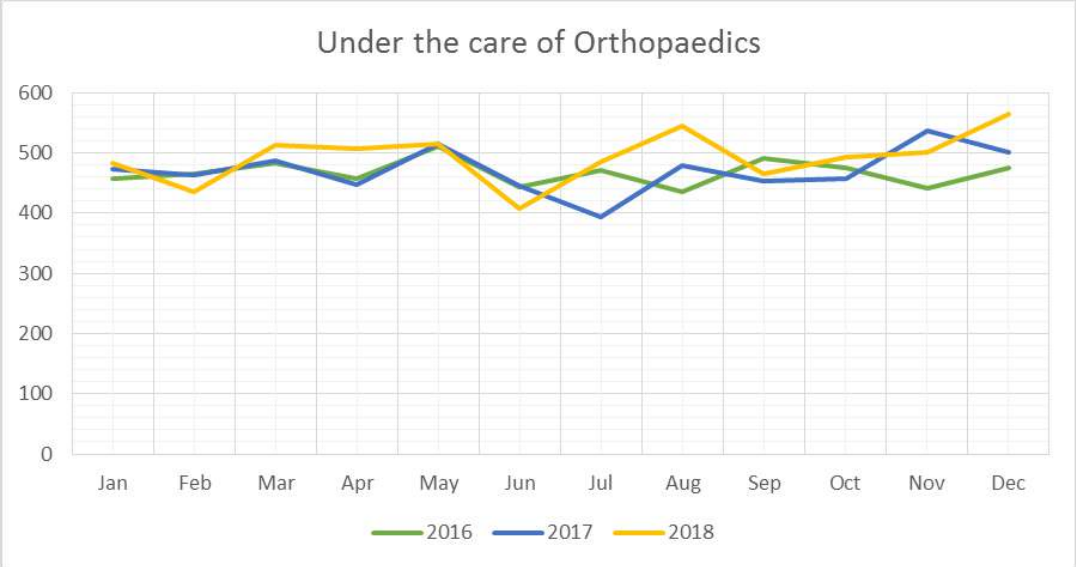
- **Expediting acute admissions into General Surgery:** In 2018 almost 8,000 acute admissions were accepted by the Department of General Surgery. More than 2,100 of these acute admissions were as a result of referrals directly from General Practitioners. People referred directly to General Surgery do not need to be seen in the Emergency Department to determine which service will provide the best care for them, as this assessment has already been provided by their General Practitioner. Their first stop in the hospital is the Surgical Assessment and Review Area. While this provides a timely response for the patient, avoiding unnecessary time in the Emergency Department, it is time consuming for the General Practitioner who until recently has had to make a phone call and wait for a response from the General Surgery registrar. It also means that the General Surgery Registrar spends a significant amount of time each day on the phone receiving these calls (around ten on an average weekday). In order to expedite this process an Electronic Referral Form has been put in place enabling General Practitioners to send a self-populating form to the service. This alerts the ward and the registrar to expect an acute patient's arrival, releasing time for both the general practitioner and registrar to provide other patient care tasks. This process will be piloted for three months, following this it will be further improved.

- **Ambulatory model for people requiring acute general surgery care:** A day surgery model is commonplace for a wide range of elective operations at Christchurch Hospital. This model sees people present at the Day of Surgery Admission unit on the morning of their operation and being discharged home during the evening following surgery. However people requiring acute surgery are not usually able to benefit from such a quick turnaround. In these circumstances people spend an average of 40 hours in hospital prior to receiving their operation. A range of conditions have been identified that are amenable to a day surgery approach that will see patients receiving diagnosis and pre-operative evaluation on their presentation to hospital before being booked into a theatre list within the following days, and being provided with support to be cared for at home in the interim period.

- Abscesses, painless jaundice and proctology result in over 1,100 people acutely spending time in hospital each year. If the right support is provided, there is no benefit, to many patients, of waiting in hospital, with most patients preferring the comforts of home. This approach will be an improvement for patients as well as potentially saving over 900 bed nights each year. This approach will be piloted by General Surgery in the coming months and will be subject to fine tuning during that period.
- **Otorhinolaryngology acute capacity:** Prior to 2017, patients presenting for acute care from the Otorhinolaryngology team within office hours were sent to the department's outpatient area to be seen by the on-duty registrar. These patients often waited for a long time because the registrar providing this care was also rostered to provide clinics or theatre duties. Sometimes patients would give up and go home, requiring the Charge Nurse Manager to arrange for them to come back at a suitable time. Many patients who could be treated in an outpatient setting were admitted due to a lack of capacity to provide the level of attention required in clinic. A workshop held under the Realign banner in December 2016 identified a number of improvements required within the service. Lack of registrar capacity to manage acute work presenting to the service was identified as the priority issue within the service. Based on this, an additional full time registrar position was approved and filled from early January 2017. The duties of this registrar position include staffing an acute clinic along with some other tasks that have released capacity within other registrar positions. Approximately 3,000 patients have been seen in the acute clinic in each of the two years following this change. These patients were seen more promptly than would otherwise have been the case, the number of patients choosing not to wait has dropped to single figures during each of the last two years. Along with this, the number of patients acutely admitted after presenting at clinic has reduced from over 500 a year to between 200 and 250. This increased capacity has improved the care of patients requiring acute care and released inpatient capacity for those that cannot be treated in another setting.

Older Persons Health & Rehabilitation (OPH&R)

- **Orthopaedics:** Activity for Orthopaedics has been high over the December and Festive seasons with multiple additional theatres being made available to cope with volumes. There have been 565 patients admitted under Orthopaedic's care in December with 333 acute procedures undertaken. Of note:
  - Higher volume of patients admitted in December 2018 compared with Dec 2017 (502) and Dec 2016 (475)
  - 34 of the 333 procedures transferred to Burwood for surgery up until the 20 December 2018
  - Average wait for theatre increased in December 1.14 days compared with November 0.96 days due to demand.
  - Higher volume of upper limb/hands cases in December 2018 compared with previous 3 months.



- **Unplanned (Acute) Surgery:** Given the growth in orthopaedic volumes, unplanned acute surgery has risen by 3.5% compared to a similar 6 month period in 2017. The latest increase being in quarter 1 with an increase of 11.2%.
- Our planning for 2018/19 was a 2% annual increase from 2017/18. This 3.5% increase is driven by increases in orthopaedic and general surgery volumes ranging from 2.3% to 17.7% depending on the time period comparison over the six months. This is exacerbated by a 37% increase in Orthopaedic complexity (over the 6 month period (measured by proxy of the number of cases taking longer than the normal four hour session time to complete). Quarter 2 was the peak load of 62.5% increase in complexity. Some of the impact we see from this increased work load is the transfer of cases to Burwood and resulting drop in elective activity. Alongside longer case mix reducing how many cases can be achieved during the duration of theatre times.
- The number and type of surgery we are transferring to Burwood includes:

Lower limb	13
Upper Limb	17
Foot	3
Hands	1
Spines	-
Hip NOF	-
Hip revision	-
Knee revision	-

- The impact on electives has resulted in some cases being cancelled to enable the volume of acute cases to be undertaken. Cases are rebooked.
  - 5 Carpel Tunnel Release cancelled
  - 5 electives cancelled
  - 2 cases added to elective lists without cancellations

REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

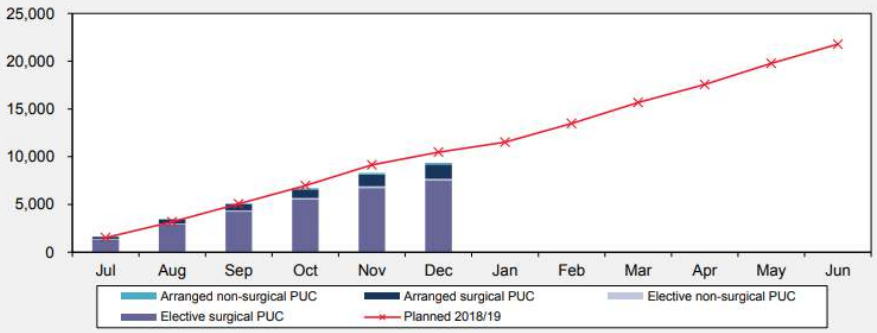
- **Faster Cancer Treatment Targets: 62 Day Target:** For the three months of September, October and November 2018, Canterbury District Health Board submitted 142 records to the Ministry of Health. Of the 22 who missed the 62 days target, 17 did so through patient choice or clinical reasons and are therefore excluded by the Ministry in compliance calculations. This leaves 125 patients eligible for inclusion in the target calculations. With five of the 125 patients missing the 62 days target through capacity issues, our compliance rate was 96%, once again meeting the 90% target.

- **31 Day Performance Measure:** Canterbury DHB submitted 339 records towards the 31 day measure in the same three month period. Unlike the 62 days target, all reasons for missing the target are included: there are no exceptions made for patient choice or clinical considerations, but the threshold is lower, at 85%. With 299 of the 339 (88.2%) eligible patients receiving their first treatment within 31 days from a decision to treat, Canterbury continues to meet the 85% target.

- **Elective Services Discharges**

Elective Surgical Discharges ▼ 89.3%

	2018						2019					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Planned	1,520	3,182	5,065	6,985	9,132	10,470	11,532	13,474	15,676	17,548	19,773	21,782
Actual	1,617	3,474	5,119	6,695	8,295	9,351						
Variance	97	292	54	-290	-837	-1,119						
%Achievement	106%	109%	101%	96%	91%	89%						



- A phased plan for provision of the 21,782 elective surgical discharges to be delivered in 2018/19 has been agreed with Ministry of Health. Increased volumes will generally be achieved through increases in outsourced and outplaced operating and are focussed on Ear, Nose and Throat and Plastic Surgery.

- Reporting from the Ministry shows that Canterbury DHB met its elective discharges objectives at the end of the first quarter (until the end of September 2018), but indicates a significant under delivery by the end of December. However internal reporting shows that at the end of January over 11,200 elective and arranged discharges have been completed. While this is a shortfall of around 290 cases compared with our agreed target, it is expected that data corrections will reduce this shortfall significantly and currently we have a real gap of 41 cases.

- **Allied Health Digital Notes:** A strategic aim, known as passive data integration, had been set for the Acute Site Allied Health services in 2014 and has recently been realised. The

Clinical Lead for Allied Health Informatics and Director of Allied Health services for Christchurch Campus, have been keen to eliminate waste for patients and staff by releasing clinicians from the need to enter data describing their workload in addition to that created through documentation required to support clinical care. Following national engagement and participation, the Allied Health Data Set Standard was published in March 2018. Subsequently, local development and co-design of the inpatient Allied Health digital notes, within Cortex, has aligned to this standard, enabling the first acute inpatient Allied Health eNotes with passive data integration. This provides data supporting planning and allocation of capacity to areas and tasks without requiring separate entry of workload data as this is gleaned directly from clinical notes.

- **Orderly Mobile Service Launched:** Early in December, the Christchurch campus celebrated the launch of a new mobile orderly request service. Orderly Mobile is a fully digital service which sees orderlies armed with mobile devices, enabling them to accept, respond to and fulfil work requests on the go. This means that staff can now make requests for orderly services online, and orderlies receive and complete tasks which are tracked on a mobile phone app.

- Co-designed by orderlies, nurses and ward clerks, it was delivered in just five weeks and provides full visibility of the nearly 1,000 daily requests for this critical service across the Christchurch Hospital campus. The app was developed by the People and Capability and Information Services teams as a part of People and Capability's commitment to streamline working practices for our more than 10,500 employees.

- The Orderly team is really excited about this new way of working. In the past they had received printed requests and instructions; this new way of working is saving reams of paper and bringing new efficiencies to the process of assigning jobs and having them completed. Most of the team had turned their radios off within just 24 hours of the launch of the new digital service, and is now one of the first fully digital and paper-free services in the organisation. The system also delivers data about service demand in real time and the analytics can help us improve the efficiency of what's already a fantastic service.

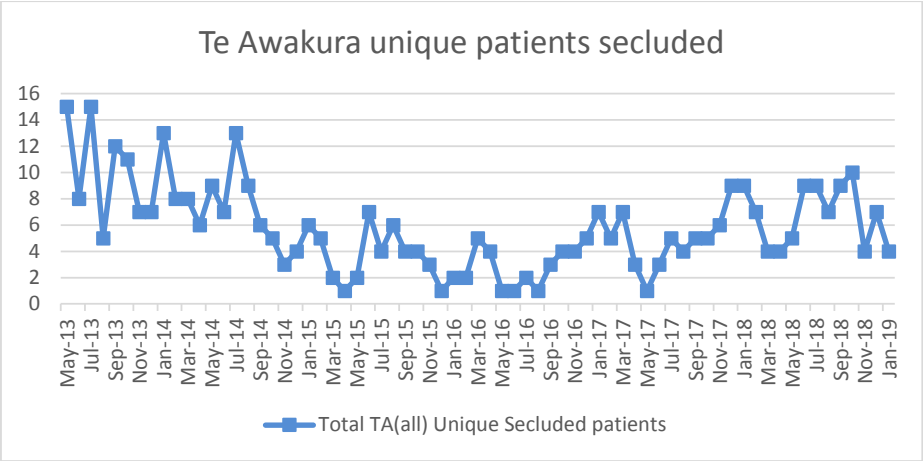
- **Guerilla Sim – team training and testing the work environment:** Simulation methods have become an important part of training teams to work together in complicated clinical scenarios. Generally these are scheduled well ahead of time, carried out in a simulation centre and attended by people who have applied to be a part of the exercise. The Emergency Department has put in place a series of "Guerilla Sim" team simulation exercises. These exercises are occurring without announcement and at any time within the Emergency Department as a part of testing and improving process and facilities in environments used within the department and improving the ability of team members to work together. This training allows exploration of team work and human factors, exposure to infrequent by high stakes crisis situations, interdisciplinary team training using all clinicians who are typically involved in a case (doctors, nurses, paramedics, orderlies etc.) and testing of the work environment to pick up problems with equipment processes and systems. The handful of Guerilla Sim sessions that have been carried out so far have enabled a number of facility and equipment problems to be discovered and fixed.

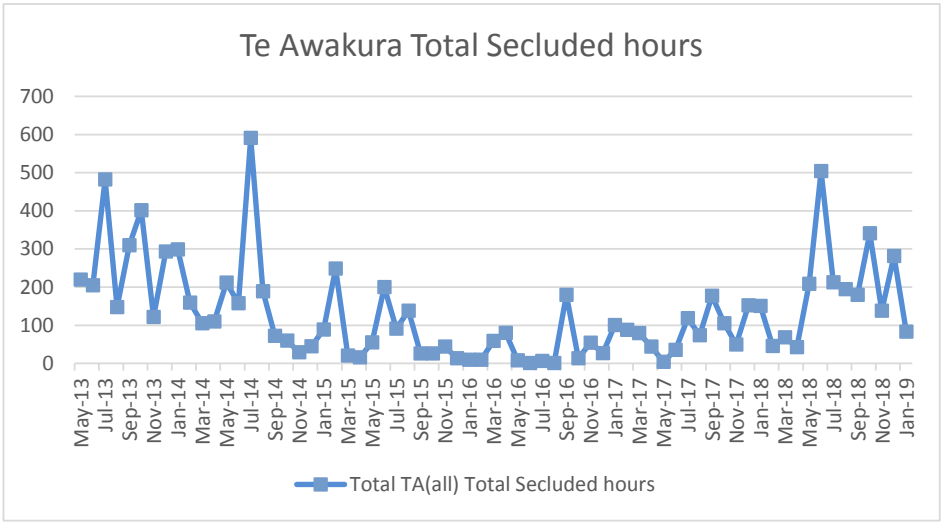
- **Major incident simulation in Radiology:** The team in Radiology is also using used simulation to ensure that various aspects of its system will serve it well in the event of a major incident. This has led to a review of the equipment kept for and procedures used during major incidents, creation of text groups for different workforce cohorts and has also prompted the team to explore what changes will occur to the way orderlies work in these situations. Further simulations are planned.

- **Professor Frank Frizelle receives The New Zealand Medical Association's 2018 Chair's Award:** The New Zealand Medical Association's highest accolade, the Chair's award, goes to an individual who has made an outstanding contribution to Health in New Zealand and this year it goes to Professor Frank Frizelle. Frank embodies outstanding achievement. He has and continues to make a significant contribution to both the health of New Zealanders and also the standard of medical research and publishing in New Zealand and worldwide. He is Head of Department for the Department of Surgery, University of Otago, Christchurch, as well as Professor of Colorectal Surgery at Christchurch Hospital, and carries a number of other fellowships. Most recently, he led the research team that discovered links to bowel cancer from a bacterial toxin carried in the gut. This discovery means people can be screened for the bug and a lifesaving vaccine can be developed - a world first.
- Professor Frizelle is also the Editor in chief of the New Zealand Medical Journal, the leading medical research publication in New Zealand, and a member of the International Committee of Medical Journal Editors. The International committee states it is a relatively small and carefully selected group of general medical journal editors and that Frank's contributions have been vital to the its mission with his counsel valued by all members. He has helped reshape the landscape of clinical science with initiatives in, for example clinical trial registration and data sharing. He has helped improve the conduct and reporting of medical science throughout the world. Frank has had over 400 research articles published in peer reviewed journals.

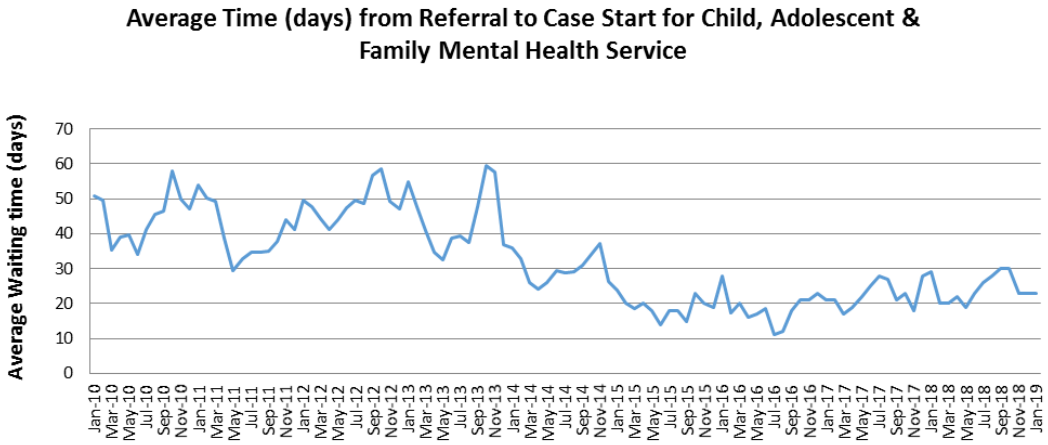
Specialist Mental Health Services (SMHS)

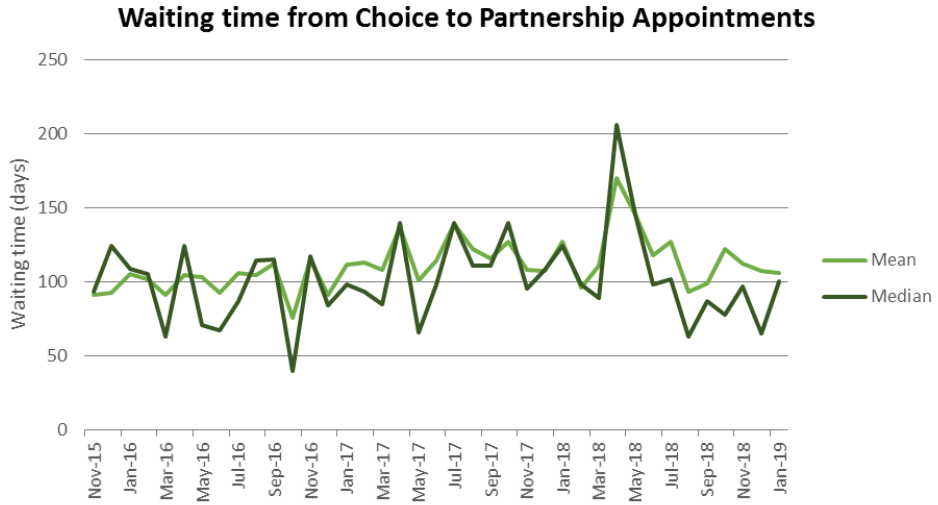
- **Demand for Specialist Mental Health Services**: We continue to closely monitor use of Mental Health Services. Our staff are working exceptionally hard to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff.
- Occupancy of the **adult acute inpatient service** was 89% in December 2018 and 85% in January 2019. High occupancy is unsustainable and increases risks of harm to patients and staff. The Te Awakura building poses a number of challenges that limit our ability to care for acutely unwell people in a contemporary way. Our staff are doing an incredible job in very challenging circumstances. Planning and Funding are leading the development of a community service that will provide an 8 bed alternative to an acute inpatient admission which is anticipated to open early to mid-2019.
- **Least restrictive practice:** Staff are working extremely hard to continue providing care for people in a least restrictive manner. In December 2018, seven people experienced seclusion for a total of 281.7 hours. n January 2019, four people experienced seclusion for a total of 83.2 hours.





- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for December 2018 show 76.1% of children and adolescents were seen within 21 days and 92.2% within 56 days. For January 2019 the figures were 76.7% and 86.1% respectively. Child, Adolescent & Family Services had 255 new case starts in December 2018 and 253 in January 2019.There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 63 per week). We are working on improving Health Pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).





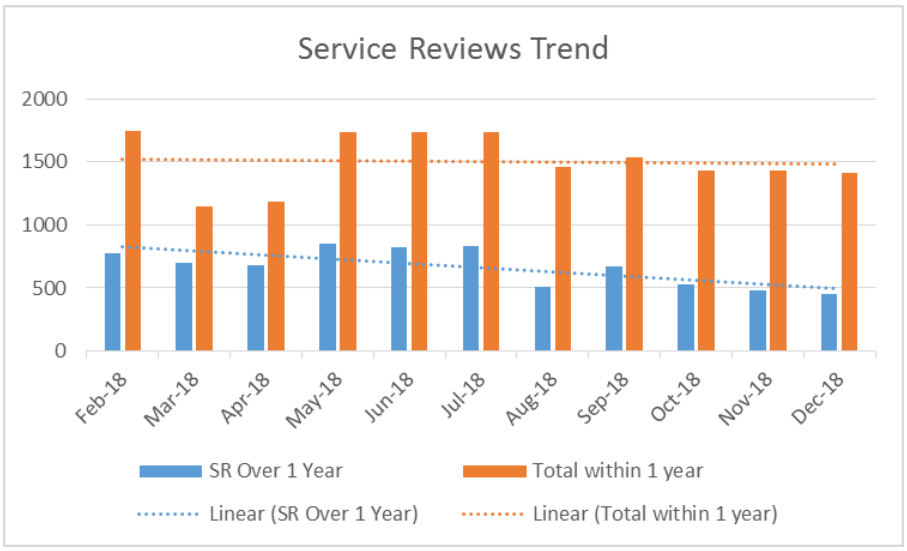
- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. This, combined with the provision of alternate treatment pathways for consumers has resulted in a marked decrease in reported waiting time (as shown in the graph above) for partnership appointments.
- **The School Based Mental Health Team (SBMHT)** is preparing for the start of the new school year. The team continues to be approached by new schools across Canterbury requesting engagement. The team responds to each request and provides an individualised approach for each school. The team is currently engaged with **168** schools across the region. The team continues to attend regular pastoral care meetings in many schools, and participates in Rock On meetings at which attendance issues are discussed. Networking and fostering strong relationships across schools and with the Ministry of Education remains a major function.
- **Mana Ake:** The SBMHT Clinical Manager has met with the latest cohort of Mana Ake workers and new team leaders. They will be invited to meet with the SBMHT staff over the coming months. Individual SBMHT staff continue to build and develop relationships with the various Mana Ake workers in their respective schools.

Older Persons Health & Rehabilitation (OPH&R)

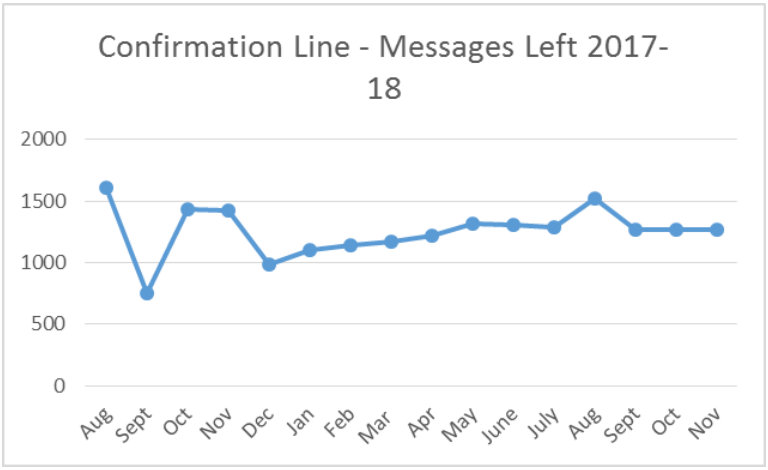
- **Older Persons Health Inpatient Wards:** Two Wards have commenced a trial of the Purpose T Clinical Pathway. This Clinical pathway aims to enable earlier detection of pressure risk patients and improve our management of these patients to reduce pressure injuries. The trial was successful and the pathway will be rolled out to the other Older Persons Health Wards in the coming weeks.

- **Community Dental Service:** After three attempts to arrange a visit to a Community Dental Clinic, for a preschool child, the Service cancels the planned recall – effectively un-enrolling the child. We found that Māori and Pacific children were being "un-enrolled" at twice the rate of others, clearly unacceptable, and an improvement project was started to ensure the right support was being provided to our most vulnerable children. The first improvement cycle involved identifying Māori and Pacific children who had been un-enrolled at two clinics and helping staff to use better strategies for finding accurate contact information for their whānau/family. 64% were able to be re-contacted. The second improvement cycle has just started -- this will involve engaging all staff in the use of effective contact strategies supported by regular feedback of un-enrolment rates for each clinic.

- **Community Services:** A focus on the Service Review is resulting in the waitlist slowly improving. Additional FTE is assisting in managing backlog. All service reviews have now been assigned to clinicians and progress being made to getting this reviewed and reduced. The game changer for the service has been better data visibility and a concerted effort to get staff to use the waitlist workbench alongside a good amount of work cleaning up the data. The target is to have no more than months lag on reviews.

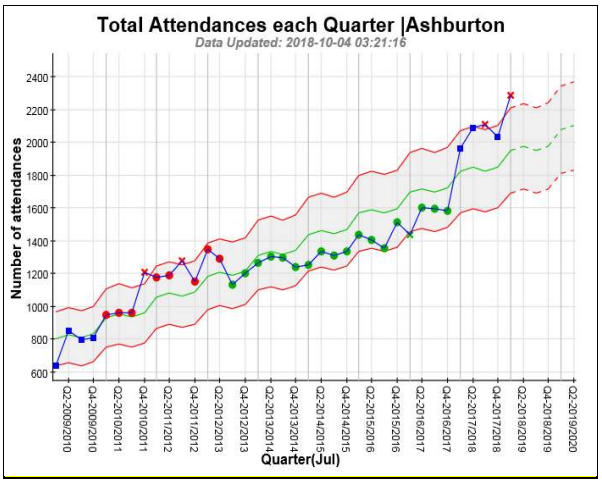


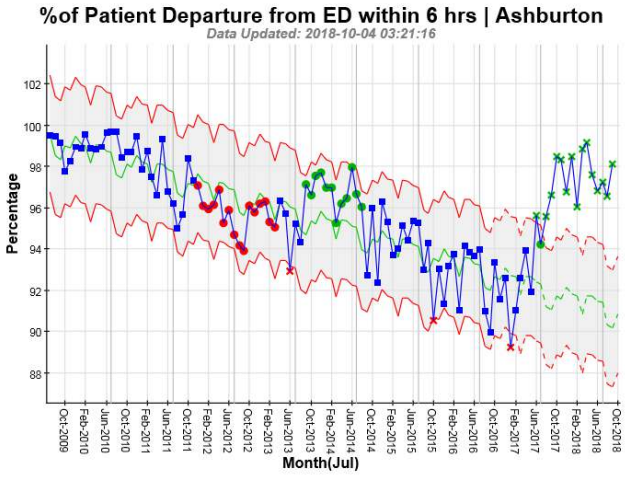
- **Burwood Orthopaedic Outpatient Confirmation Line:** Graph below showing the volume of messages left on the Burwood confirmation line for Orthopaedics since it commenced in August 2017. This has diverted the bulk of phone calls (most ringing only to confirm) from the Orthopaedic medical secretary's office reducing unnecessary distraction. There is also some minor improvement in DNA % overall average but not hugely significant but has taken out some of the large spikes in DNA's we used to see of 10-11% some weeks. The plan is to connect with Christchurch Campus staff around processes with text reminders and some change in thinking to ensure transformation and alignment with PICs capability.



Ashburton Health Services

- In December the Ashburton Health Services Team welcomed Brenda Close as our Director of Nursing. Brenda has recently returned from working in rural and remote communities in Australia and brings a wealth of knowledge and strength to our team. The local community and representation from the DHB Maori and Pacific teams joined us in welcoming Brenda with a powhiri as Hakatere Marae. Brenda provides the professional nursing leadership to these sites and will continue to have an active role in site visits and developments.





- Acute presentations continue on the upward trend for the Acute Assessment Unit (AAU) in Ashburton. Weekends continue to fluctuate significantly, with up to 40 presentations in one day over the Christmas period. The trend is similar to the increase in presentations experienced in Christchurch ED over this period, we are working through the detail to understand the specific drivers. Whilst the average presentation per day is sitting around 28, a spike of over 30, particularly on the weekend where our rostering of medical staff is limited, results in increased pressure experienced by staff and patients. We are working closely with medical and nursing leadership and representation from service delivery to explore options on how best to manage care delivery during these peaks.

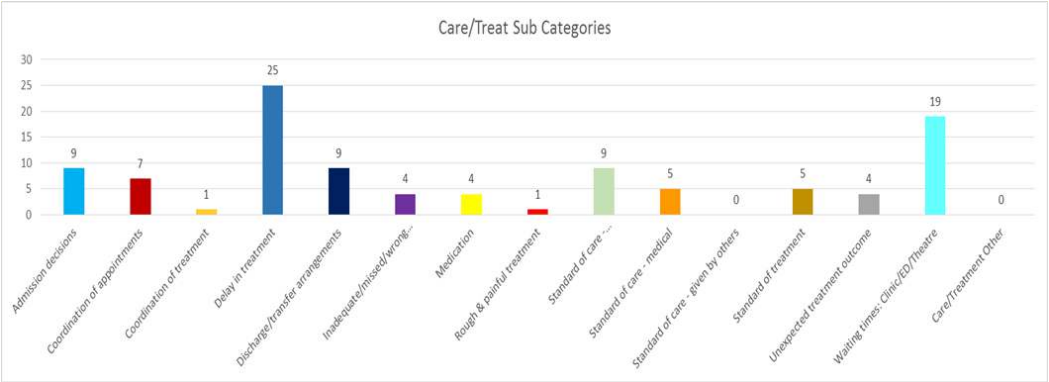
- The first meeting with all Practice Managers was held at the end of 2018, hosted by the PHOs and CCN. The practice managers warmly received the opportunity to get together with hospital representation at planned meetings throughout the year and appreciated the opportunity to provide their perspective on challenges the practices are facing regarding

enrolment and acute appointments. It is intended that these meetings will continue throughout 2019 led by the PHOs.

- As "winter planning" is clearly on our horizon, the ASLA operations group are committed to work that prepares the system for increases in acute demand within the community and hospital setting. Alongside this, we remain active in our partnership with Christchurch Hospital and Older Persons Health teams to ensure we identify early any opportunity for patients to return to Ashburton facilities or community.

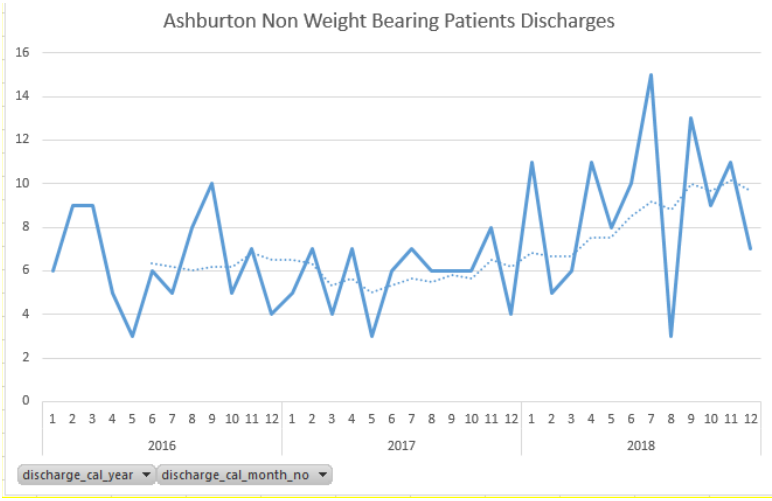
- The patient voice perspective in this process is represented when reviewing the complaints received for Ashburton and Rural Division. We encourage our patients and whanau to provide feedback. As you will see from the table below, in reviewing the total number of complaints received in the past year, the common theme is the delay in treatment and waiting times. When we review in detail the delays, they pertain to the waiting time experienced in the unit. The data included in this graph incorporates all Ashburton and Rural, therefore will include complaints relating to the Rural Community Hospitals.

Total complaints January 2018 to January 2019



- **Ward 2:** **T**owards the end of 2018 we moved Ward 6 into their refurbished Ward and renamed them Ward 2. The Ashburton facility operates two main inpatient wards on site, Ward 1 with 21 beds predominately provides acute medical inpatient care with an average length of stay of 2.8 days, Ward 2 has 18 beds but the capacity to increase to 22, predominately providing care for non-weight baring (NWB) patients and Assessment Treatment & Rehabilitation (AT&R). The length of stay in this ward varies, with the NWB consistent occupancy of 42 days and the ATR patients up to 15 days. With the move complete we are embarking on a series of activities that support this ward to operate as cohesive team of Nursing and Allied Health professionals leading they Ashburton implementation of restorative care and rehabilitation. A core component of this is stronger engagement with our local primary care practices to identify the unmet/unknown demand for AT&R as work underway in 2018 identified that many practices were under the impression this service was not available in Ashburton. Nastasha Smith, Gerontologist from the CDHB Older Persons Health Team is supporting this work with primary care, the outcomes will be mapped into the work we commenced mid 2018 with the ASLA developing a Frail Elderly Pathway for Ashburton. The recent appointment of a new co-ordinator for the ASLA has enabled us to bring this work to fore and again will be a strong contributor to our winter planning.

- The graph below demonstrates the monthly occupancy of the Ward with NWB patients over the past three years, you will notice the peak of 14 patients in a 18 bed ward in July 2018. We are mindful to maximise the full facility and occupancy across the hospital as pressures in this ward translate our inability to pull more from Christchurch. Hence our focus to work as one team across hospital and across the system.

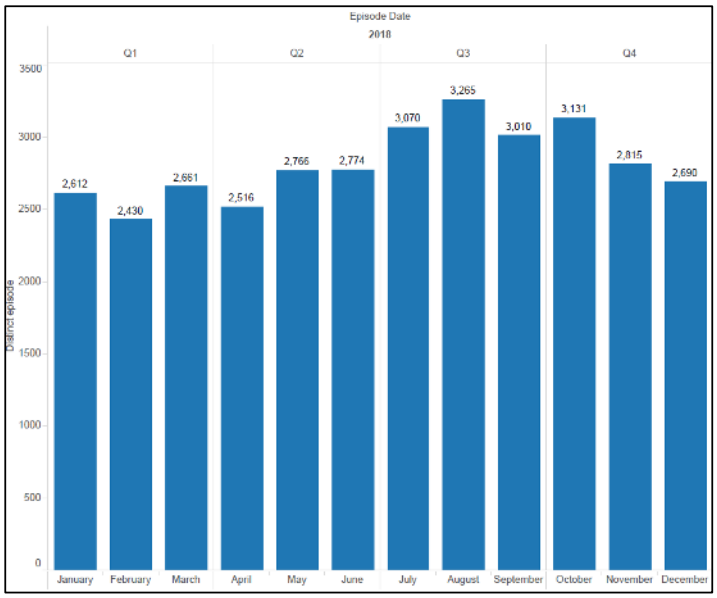


- **Community service delivery changes**: "Park Street Day Care" moving to the park grounds and building within the CDHB Ashburton facility. Park Street Day Centre provides provides day activity programmes for older people with memory loss, cognitive impairment (Dementia), or other limiting conditions that have been assessed by our NASC team as requiring day activities and intervention to support their ability to continue to live in the community with their family and caregivers. Our programme is designed to offer interesting, age- and ability-appropriate activities in a safe, inviting environment. This includes a mixture of in-house activity and co-ordinated supervised outings. Our aim is to support our vulnerable frail elderly community remain socially active and engaged while their carers take some time out. The programme identifies attendees as members, and is well respected by families and community as a core service we provide as part of Ashburton Health Services.

- As pressures for space in the current environment limited our capacity to accept new referrals, it was agreed in 2018 to explore how this service could be bought on site into the CDHB facilities. This will enable us to manage a larger number of attendees attending the programme, and in time provides us a flexible space where the non-weight bearing patients who are domiciled as inpatients for up to six weeks, can attend diversional therapy and time away from the inpatient ward in a safe and supervised environment. The work for development is currently underway with a planned move in date of April 1, 2019. The members, whanau and staff have been involved in many discussions planning this new location. They see this an exciting change as a great opportunity for our centre and believe it will be a huge benefit for our growing day care facility.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management



The Christmas period provided a peak in hospital occupancy for an extended period. An increase in acute orthopedics has been a feature. Clinical staff have spoken of increased complexity among their patients. Community and ED volumes have been steady but with significant peaks. This is reflected in the figure showing Acute Demand Management Services. We continue to work with rural partners to address the sustainability of our rural acute services.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Health of Older People Workstream**: The Canterbury Clinical Network Health of Older People Workstream (HOPWS) was established to enable older people to live well at home and in their community through clinically led service transformation. An objective on the Health of Older People Workstream work plan for 2018-19 is to provide better access to wellbeing services for Māori kaumātua. A hui was held at the Birdlings Flat Community Centre Te Whare Tapere o te mata Hapuku, and a plan is being developed out of the lessons from this meeting. Outcomes from the Hui include hosting a kaumātua day support service at this venue monthly, with health professionals visiting on a rotating basis to ensure kaumātua are linked in with appropriate services. This will begin to address the unmet health needs of this cohort, including social isolation and engagement with general practice. If this pilot yields good outcomes, the plan is to implement similar programmes in other rural locations in 2019-20. HOPWS has discussed this plan with the Māori Caucus, who have strongly encouraged us to engage with as many rural marae as possible, as they see this service as an important step towards providing health equity for kaumātua who live rurally.
- **Pre-frail interventions:** We are researching national and international interventions that are in place for the cohort identified as "pre-frail" (people experiencing unintentional weight loss, exhaustion, low grip-strength, low physical activity and a slow walking pace, as a part of ageing). If we are able to assess people earlier and put in suitable interventions in time, the potential for healthy ageing can be improved. We are discussing the Client-Led Integrated Care (CLIC) programme with Southern DHB. The CLIC programme utilises risk prediction tools to identify pre-frail patients who may present an increased falls risk, polypharmacy, social isolation and equipment needs; and provides early interventions to assist them to self-manage. This is run out of the WellSouth PHO, with funding packages provided to individuals depending on their level of complexity/pre-frailty. There may be elements of this programme that are suitable in the Canterbury context.

Mental Health

- **Mental Health and Addictions Inquiry**: The Government's mental health inquiry report "He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction" (the Report) was released to the public in early December. Forty recommendations included expanding access and choice, transforming primary health care, strengthening the NGO sector, enhancing wellbeing, promotion and prevention, placing people at the centre of care, taking action on alcohol and drugs, preventing suicide, reforming the Mental Health Act and establishing a new Mental Health and Wellbeing Commission. The Ministry of Health has indicated it will reply to the Report in March. The recommendations align with our direction of strengthening primary and community responsiveness to provide more early intervention and prevent the development of serious mental illness and addiction. The Mental Health Workstream will consider the implications of the report following the Ministry's reply and prioritise actions for 2019.
- **Child, Adolescent and Family Services (CAFS):** Integration is a key focus for Child Adolescent and Family Services. Centralised pathways are being developed to streamline access to the right response and reduce wait times.
- **Suicide Prevention:** The Canterbury Suicide Prevention Governance Committee is considering the four recommendations from "He Ara Oranga" and is working on a Canterbury Suicide Prevention website and the formation of a new Canterbury Suicide Prevention Action Plan to provide a whole of system coordinated approach to prevention and postvention activities.
- **Mana Ake – Stronger for Tomorrow:** A mihi whakatau was held on 21 January to welcome the Phase 4 kaimahi (workers) to Mana Ake. Twenty three (23) new FTE have commenced induction alongside five new team leaders (kaiarahi). Induction has been held over a three week period, to allow kaimahi to be inducted into their host agencies as well as into Mana Ake. Fourteen organisations, in addition to the 13 providers in the Provider Network, have contributed to the induction. The new kaimahi will commence in seven school clusters (66 schools) on 11 February, bringing the total number of schools able to access Mana Ake to 164. The final phase of kamahi will commence in schools in term 2. Leading Lights is now available to all schools in Canterbury. There are currently 53 pages live on the site and 8 under development. The team has been participating in teacher only days over the school holidays to share Leading Lights with teachers. We have received 522 individual requests for support, of which:
  - 20 did not engage
  - 102 have received support and exited the service
  - 380 are currently active
  - 20 are pending
- Twenty eight (28) group interventions have been completed for 150 students, of which 74 are also counted as individuals. (Kaimahi also supported a whole class intervention). There are 15 active groups, supporting 58 students of which 31 are counted as individuals. The total number of unique individuals for whom support has been requested or provided by Mana Ake as at 5 February 2019 is 625.

Primary Care

- **Low cost access:** From December 2018, 77% of general practices in Canterbury began offering people with a community services card low fees to see their family doctor or nurse (no more than $12.50 for 14-17 year olds, and no more than $18.50 for people 18 years and older). We are expecting some other practices will take the opportunity to join this scheme, receive additional capitation-based funding and reduce their fees from 1 April. This scheme

is intended to allow increased utilisation of primary care by those on low incomes, improving their health and reducing demand for secondary care. We will be monitoring the utilisation response with the Ministry and primary health organisations. All children under 14 years in Canterbury now have free access to visits to their regular general practice, and to certain urgent care clinics after-hours, and to prescription medicines.

Maori and Pacific Health

- **Kaupapa Māori & Pacific NGO Collective (The Māui Collective):** The Māui Collective, comprises the Māori and Pasifika health providers funded by the Canterbury DHB.
- **"Korimako" - NetP Maori Nurse**: The Māui Collective welcomed their first Māori NetP Nurse, Hayley Lotter, at a pōwhiri in January, held at Te Puawaitanga ki Otautahi Trust. NetP is the Nursing Entry to Practice Programme which supports nursing graduates as they begin their careers in clinical practice.
- This has been named "Korimako" and is a new workforce development initiative developed in partnership with Pegasus PHO, the Māui Collective and the Canterbury DHB to enable a graduate nurse who is Māori, the opportunity to complete a NetP Year working in both primary care and in the community, specifically in a kaupapa Māori provider. For Hayley this means working 0.5 FTE – with Te Rawhiti Medical Centre and 0.4 FTE with Te Puawaitanga ki Otautahi Trust. Hayley will be supported by Pegasus PHO – Di Bos, the kaupapa Maori and Pacific Shared Services Clinical Co-ordinator - Elly Grant, the Canterbury DHB as well as staff in both Te Rawhiti Medical Centre and Te Puawaitanga ki Otautahi Trust.
- **Mana Ake**: Mana Ake - Stronger for Tomorrow provides support for children aged five to 12 years old across Canterbury. Mana Ake kaimahi (staff) work with schools to support teachers and whānau when children are experiencing ongoing issues that impact their wellbeing such as anxiety, social isolation, parental separation, grief and loss and managing emotions. Whānau engagement is a key component of the Mana Ake approach. Students are identified for support through their school. Mana Ake kaimahi seek to engage with whānau to provide wrap around support, as appropriate. To date (as at 7 January 2019) 588 individuals have received support from Mana Ake of which 108 (18.4%) identify as Māori and 27 (4.6%) as Pasifika. This proportionality is reflective of our Māori and Pasifika populations at the 5-12 years age group.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update: - Research with Rainbow communities** A survey which was informed by focus groups with the Rainbow Community, was widely distributed to relevant networks during December 2018. The survey closed on 4 January 2019 with 148 responses. The survey responses are currently being analysed and, along with the findings of the focus groups, will be written up in a comprehensive report due for completion mid-February. Very little research has been carried out with these communities in Aotearoa so we hope that this work will contribute to the national wellbeing picture of this highly diverse community. As stated in the last report, the aim of this research is to take the pulse of the Rainbow communities in Otautahi and to gather some information about the usefulness of the *All Right?* campaign for Rainbow community members.
- **Moments that Matter** - *All Right's* summer campaign which launched early in December concluded at the end of January. The focus of the campaign was on the 'moments that matter' and encourages us to reflect on the simple things that stand out in our memories, even many years down the track. For example, a trip to the beach with the whānau, backyard cricket on Boxing Day, staring at the stars, or sharing kai with friends. Facebook competitions attracted wide interest with people sharing their personal 'moments'.

Moments That Matter

all right?

- **Make the most of our resources:** Members of the *All Right?* campaign presented a poster to the Earthquake Recovery Symposium in November 2018 along with a presentation as part of a panel about psychosocial recovery.
- **Greater Christchurch Psychosocial Committee:** The Greater Christchurch Psychosocial Committee held its first meeting for 2019 at the end of January. As a recovery matter, the Committee confirmed arrangements for its new role as the Wellbeing Advisory Group for the Greater Christchurch Claims Resolution Service. As a broader wellbeing matter, the Committee discussed the Mental Health & Addictions Inquiry, noting the value of community and population-level approaches such as the *All Right?* campaign and other activities captured in the Shared Programme of Action. The Committee is reviewing its Terms of Reference in light of re-emerging recovery responsibilities and the continued interest in psychosocial wellbeing more broadly.
- **Recreational Water and Cyanobacterial Blooms:** A number of warnings have been issued for rivers and lakes following findings of cyanobacteria at levels that are potentially harmful to public health. Cyanobacteria are potentially toxin producing bacteria that are evident in lakes as a blue/green 'cyan' coloured scum (planktonic) and black/brown mats (benthic) with a musty smell in rivers. Community and Public Health works with the Regional Council - Environment Canterbury and the Territorial Local Authorities in a joint approach to recreational water quality.
- Environment Canterbury scientists conduct water testing for lakes and rivers, the Territorial Authorities put up signage to warn users of water bodies about the potential risk, and Community and Public Health (the Public Health Unit) issue public health warnings. There are three main components that contribute to cyanobacteria growth; high temperatures, low river flows and nutrient rich water. Land Air Water Aotearoa have the latest information about the status of contact recreation spots and their current suitability for swimming. Community and Public Health work with Environment Canterbury through the Canterbury Water Management Strategy to reduce nutrient discharge and runoff from rural activities, which are a contributing factor in cyanobacteria growth. Community and Public Health also provides health advice to those who may have been exposed to cyanobacteria; exposure to cyanobacteria can involve skin rashes, nausea, stomach cramps, and tingling and numbness around the mouth and fingertips. People who experience these symptoms following exposure to cyanobacteria are advised to contact their GP immediately. Contact with cyanobacteria can be potentially fatal for dogs and small children, but generally causes short term ill health for healthy adults. Improving knowledge about the public health risks of cyanobacteria, is one of the key components in reducing accidental exposure.

- Current Warnings in Canterbury (as at 2 February)
  - Ashley/Rakahuri River near Rangiora-Loburn Bridge
  - Selwyn/Waikirikiri River downstream of the Glentunnel Swimming Hole
  - Waipara River at Teviotdale
  - Lake Ellesmere/Te Waihora
  - Lake Forsyth/Te Roto o Wairewa
  - Lake Pegasus
  - Lake Rotorua (Kaikoura) – this is a permanent warning

- **Ministry Visit: a focus on drinking water in Christchurch:** On 18 January Community and Public Health staff facilitated a visit from the Ministry of Health: Director of Public Health, Caroline McElnay, Director of Drinking water, John McGrath and Health Uwins-England, Ministry consultant to Christchurch City Council (CCC). The CCC had invited Ministry of Health staff to visit, given the national interest in Christchurch and the council's wish to return to an unchlorinated supply, as works are completed to bring well heads up to the current Drinking-water Standards. The visit was considered a success by all parties. The Ministry gained a better appreciation for the complexity of the Christchurch supplies and of the work being undertaken to improve the wells heads, and also within the distribution to gain better control over potential risks. The CCC have agreed to rewrite their Water Safety Plans using the recently revised New Zealand Drinking-water Safety Plan Framework and Ministry staff committed to assisting them in this process.

- **Swimming Pools and Cryptosporidium Prevention:** To reduce the chance of people becoming seriously ill this summer due to serious gastro bugs such as cryptosporidium (commonly known simply as 'crypto'), we are raising awareness of how these bugs are transmitted as well as appealing to people to help us limit their spread. Other possible water-borne infections include norovirus, giardia and *E.*coli, all of which are also very unpleasant and potentially dangerous. The main infection pathway is through contact with infected or polluted water, which may occur when someone shares a swimming pool or spa with a person who has had a recent infection and isn't completely better. People tend to incorrectly assume that chlorination will kill everything but cryptosporidium, in particular, is resistant to the standard chlorine dosages used in most pools.

- In conjunction with Communications and Medical Illustrations, a poster has been developed that will be displayed in pools throughout Canterbury. A website and Facebook campaign aimed at raising awareness of the consequences of spreading enteric illnesses through swimming pools is also planned.

- **Tāne Ora work with Jade Associates:** The Men's tikanga Māori programme (Te Ihu Waka) focuses on tikanga Māori and knowledge of identity as a pathway to wellbeing for men in prison. A CPH Māori health promoter helps to facilitate 4-5 courses a year. One of the guiding frameworks from a Health Promotion perspective is Te Pae Māhutonga (Mauriora). This focuses on the importance of a strong, positive cultural identity as a prerequisite for Māori health. Next steps involve focusing on building (and strengthening) our connections and supports within the community for these men once they are released.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Projects, including facilities and redevelopment**
  - **Hagley Building:** Issues with patching cables have been resolved and we are working with the contractors to complete this work. Wireless design improvements identified in the peer review are being implemented as required.
  - **Christchurch Outpatients:** IT work is largely completed to support the move and updates to the configuration management database are underway. Kiosks are in place and working in a test environment, awaiting the South Island Patient Information Care System 18.3 upgrade. We expect these to be operational for patients at the beginning of March.
- **Digital Transformation**
  - **Cardiac Test Repository:** Pilot in development.
  - **End of Bed Chart (Clinical Cockpit):** Project to collate information from a number of systems on a hand-held device, including Medchart, Patientrack and Éclair results. The Business Case is in the final stage of the approval process. We intend to commence this project in the current financial year subject to approval.
  - **Cortex:** Digital progress notes across Nursing, Allied Health and Doctors which will be accessible from point-of-care devices (iPads) so that the care team has immediate access to accurate information about our patients. The Business Case is in the final stage of the approval process. We intend to commence this project in the current financial year subject to approval.
  - **Health Connect South:** Work is underway to extend Health Connect South access to Wairarapa, Hutt Valley and Capital & Coast DHBs.
  - **South Island Patient Information Care System (SIPICS):** Three general releases are scheduled for 2019. The scope of the releases will include the key functionality needed to complete foundation requirements for the region, and provide improvements to enhance the end user experience and improve data quality. We are also continuing to engage with specific service areas to provide additional support, and to ensure that the downstream benefits of SIPICS can be realised. Activity is underway to transition this programme to the new way of working following the completion of key activities such as data and reporting improvements, implementation to maternity services and supporting the West Coast DHB implementation in 2019.
  - **ED at a Glance (EDaaG):** This application, originating from Nelson Marlborough DHB was introduced to Christchurch and Ashburton Hospital Emergency Departments late last year to align with SIPICS, and to cater for the particular requirements of ED workflow. Several modifications have been made to the original version that allow for the higher volume of patients specifically coming through Christchurch Hospital ED.

We are continuing to work closely with the departments while the software is being embedded into daily process.

Integrated Family Health Services and Community Health Hubs

- Improving access and closer integration of health services is being pursued in several rural areas.
- **Hurunui**: Implementing recommended changes endorsed by the Board at its meeting in July continues, including a six month trial of new collaborative urgent care after-hours arrangements by Hurunui practices and St John. Case load and management is being regularly reviewed.
- **Oxford**: The Oxford and Surrounding Area Health Services Development Group paper is coming to the Board.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- The Communications Team is supporting the development of the new Mental Health Acute Alternative Community Service. To date our involvement has been with developing and implementation of a communications plan. Staff updates and responding to media enquiries, as well as planning community engagement.
- **Project Search:** The Communications Team supported People and Capability for the launch of Project SEARCH in Canterbury, a first for Australasia. Project SEARCH was conceived and developed in the United States and is designed to give young people with learning disabilities the skills and experience needed to enter the workforce. The programme also helps employers become more inclusive and is a step towards achieving one of the goals in our Health Disability Action Plan – which is to employ more people who experience disability. Our first group of eight interns starts on 11 February at Burwood Hospital and Canterbury District Health Board has been keen to promote the programme in the hope that other New Zealand employers will follow our lead.
- **Midwifery Employee Representation and Advisory Service (MERAS) Strike Action:** We received a strike notices from MERAS for the 12 hour strike of hospital midwife members of MERAS on 13 February 2019.
- **Resident Doctors' Association Strike Action:** Since the beginning of the year we have been working on three sets of communications materials for the three 48 hour RDA strikes where most of our Resident Medical Officers/RMOs (junior doctors) took strike action. Communications input includes writing and recording information on our 0800 strike info line, media releases and responses to media queries, and providing specific information for other impacted members of our health system such as general practice, urgent care providers, lead maternity carers, aged residential care providers, private hospitals, pharmacies, in-home care providers along with keeping our own staff and inpatients and their families aware of what is happening.

Media

- During January we received a significant number of media enquiries regarding mental health services. Multiple enquiries were received about an Ombudsman's report into the facilities and processes at Hillmorton. We also responded to enquiries regarding Child, Adolescent and Family mental health wait times, specifically for ADHD diagnosis.

- Some of the other topics of media interest included:
  - Progress on the Acute Services building and planned migration into the building
  - Synthetic drug use at festivals
  - Lime Scooter accidents
  - Preparations for the resettlement of refugees recommencing Christchurch
  - Heat-related admissions to hospital
  - Roll-out of the National Bowel Cancer Screening Programme in Canterbury
  - The new mental health Acute Alternative Community Service
  - Radio Lollipop's service at Christchurch Hospital
  - The relocation of specialist mental health services from Princess Margaret Hospital to the Hillmorton campus.
  - Hospital and outpatients parking
  - Smoking rates in Canterbury
  - Land swap for Metro Sports Facility and judicial review
  - Contaminated waterways/toxic algal bloom health alerts
  - A large number of condition update requests over the holiday period and during January reflects the high volume of serious trauma incidents, including motor vehicle accidents, which have been occurring.
- CEO David Meates was interviewed by NZ Doctor on forecasting the DHB had done for 2019 and the expected pressures on the health system this year.
- Dr Alistair Humphrey took part in a joint media interview with Environment Canterbury at the Ashley River/Rakahuri to raise awareness about toxic algae and what people should do if they come across it.
- A live radio interview for Canterbury Mornings with Chris Lynch featured Dr Alistair Humphrey speaking about heat stress and foodborne illnesses, and how to avoid the effects of both.

Facilities Redevelopment

- **Christchurch Outpatients:** We worked closely with the CCC and Otakaro around communications for the opening of the new section of Oxford Terrace in mid-December. Patient leaflets and CDHB website information were updated to take new parking and drop-off arrangements into account. Photographs of the completed building were taken by the architect's photographer. The building's official opening ceremony occurred on 31 January 2019 with the Ministers of Health, Education and Greater Christchurch Regeneration in attendance. This was a joint official opening of Christchurch Outpatients and the Manawa building, organised jointly by communications staff from the District Health Board, Ara and University of Canterbury. Around 250 people attended the event.
- **Acute Services building**: Work is ongoing communicating site activity related to the Acute Services build, mostly via the daily global and weekly CEO updates. The dismantling of the old Hagley Outpatients building was captured on a timelapse video. The building is being repurposed and has been transported to the Rangiora Health Hub where it will provide additional clinical space.
- **CEO Update stories**
  - Community and Public Health have initiated a pilot project whereby people who access Specialist Mental Health Services or Corrections are supported to buy good quality, second hand bikes. The 'BuyCycles' project provides the initial finance to buy a bike

which suits the client's choice, physical needs and price range. The client then pays off their debt, interest free, at a rate that does not cause financial hardship. This supported purchase model is a novel approach towards alleviating a health disadvantage, and also in this case a transport disadvantage.

- Paediatric Outpatient, Daystay, and Outreach nurses developed a Collaborative Care project, working with families and other health professionals to better meet the needs of children and teens with the most complex healthcare requirements. One of their most popular initiatives was coordinating appointments to reduce the number of times the young people have to visit hospital. This nurse-led initiative has been so successful over the last few years that the health professionals involved have expanded it to further improve integration of services. The group now includes consultants, GPs, adolescent and adult consumer reps and a recent initiative was helping adolescents transition to Adult health services. A report due out this year will include further recommendations.
- Brogan Maoate, who graduated from the University of Otago in December last year is the third generation of her family to become a doctor. Her father is a Paediatric Surgeon and Urologist at Christchurch Hospital Tearikivao (Kiki) Maoate and her grandfather was Sir Terepai Maoate, a doctor and former Cook Islands Prime Minister. Brogan is one of 49 students who identified as a Pacific Islander in the 2018 graduating class.
- Site Maintenance Manager Engineering Graeme Coulson, known as a quiet achiever and cornerstone of the department, retired in January 2019 after a 40 year career at Canterbury DHB. Graeme was known for his integrity, work ethic, energy and positive attitude.
- Sixty-one new house officers and 76 new registrars were welcomed to the Canterbury DHB team in December 2018. The Medical Education and Training Unit (METU), which is responsible for the general orientation of all RMOs, organised a full-on programme of computer application training, to ensure that the new registrars would be 'up to speed' with our local technology, in preparation for their commencement on the wards.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Cost estimate and programme for restraint of all panels on Parkside have been prepared. Design Fees for detailed design are currently being negotiated. Contractor is on site for removal / restraint of North West corner panels.
- **Clinical Service Block Roof Strengthening Above Nuclear Medicine:** Stage 1 and 2 underway for completion mid-Feb. CT camera installed and being commissioned. Final completion is forecast to be mid-May 2109.
- **Lab Stair 4:** RFP documentation being readied for issue. Programme start date to be in 2nd quarter 2019 following completion of Diabetes building demolition. Relocation of Labs staff and other associated planning underway.
- **Riverside L7 water tank relocation:** Handed across to Maintenance & Engineering for completion. SRU to continue to provide assistance.
- **Riverside full height panel strengthening:** Business case for design funding approved.

Christchurch Women's Hospital

- **Stair 2:** Draft review completed by fire engineer as part of the overall Women's risk analysis. Strategic assessment process has been finalised and presented to facilities committee of board for information. "It was noted that an assessment of Parkside D is to be undertaken and will be treated as a type of trial. Stakeholder engagement and a final report are expected to be completed by the end of 2018. It is anticipated that this trial will establish a baseline for moving forward."

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

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering**
  - Passive fire issues continue to be identified and advised at Burwood, Outpatients, ASB and existing facilities.
  - Materials database is currently in use and is midway through annual review
  - Digitalization of the inspection and maintenance programme system is due to be completed mid-Feb. This will allow for onsite recording of all works integration to Maintenance & Engineering management software.
  - Continue to identify non-compliant areas as other projects open walls / ceilings.
  - Second Stage RFP for installer fixed costs is in final stage of procurement progressing.
  - Passive program continues to receive positive support from wider industry representatives. Southern DHB, Auckland and Capital Coast DHB's have requested visits to our test facility and advice on how to begin the process.
  - Testing of new installers and annual evaluations of current installers to recommence mid-Feb.
  - Supply of material continue to improve on site works and cost / waste reductions
  - Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Works may need to be stopped until information is available.
- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (*MoH*).
  - Service Tunnel: Complete. Steam provided by coal boilers to Outpatients and Hospital. Final connection for ASB still to be completed.
  - Energy Centre: ROI for boilers completed. Preferred Boiler supplier identified and to be advised shortly.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new Energy Centre constructed and commissioned.
- **Temporary Accommodations on Antigua/Tuam St.** Practical completion achieved. Last of the data to be installed and swipe card access initiation due this week. Staff relocating from 11th February.
- **Parkside Renovation Project to Accommodate Clinical Services, post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on formal advice from MoH as to outcome of master planning process.
- **Back Up VIE Tank** Business case pending approval. Primary VIE tank is operational.
- **Antigua St Exit widening:** CDHB work completed in advance of Otakaro requirements.

- **New Outpatient Project (managed by MoH):** All migration shifts complete.
- **Avon Switch Gear and Transformer Relocation**. Design complete. Business case to be submitted for approval. Project is being managed by M&E.
- **Otakaro/CCC Coordination.** Oxford Gap works complete and opened December 2018. Land swap agreed in principal however we are still waiting for formal approval before any documentation can be formalised with LINZ. Liaison with contractor has commenced around planning for Bus Super Stop works on Tuam St.
- **Hagley Outpatients 2 Storey Demolition:** Building removal complete. Foundation removal complete. Handover to MOH completed on time and on budget.
- **New Outpatients Cafeteria:** Fit out complete and on budget.
- **Diabetes Demolition**: Demolition to occur after Home Dialysis Training Centre has relocated to refurbished leased facility. Business case for additional funding submitted and approved. Contractor appointed. Start date approx. May 2019 once Home Dialysis relocation is complete.
- **Co-ordinated Campus Program:** Work has begun on a co-ordinated programme to tie together the demolition of Riverside West, the relocation of clean and dirty loading docks, demolition of the Avon generator building, Parkside Panel replacement/ repairs, relocation of food services building and clinical support staff requirements in the LGF of The Hagley Christchurch (ASB). This will provide insight into timing, relocation requirements and potential sequencing issues.

Canterbury Health Labs

- **Anatomical Pathology:** Initial planning on options for repatriating AP from School of Medicine has commenced. Business case for pre-concept has been approved and the Architect is currently being engaged.
- **Core Lab (High Volume Automation) Upgrade:** SRU to commence procurement of design consultants to develop scope for required building of infrastructure changes. Business case for seed funding approved.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand.
- **Burwood Admin Old Main Entrance Block:** Meeting held onsite to review the area and requirements narrowed down. QS has visited site and is now preparing costs for a business case.
- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further. An updated paper will be prepared in Feb outlining a recommended delivery method.
- **Spinal Unit:** Good progress being made. Work continues in existing areas. Timber framing being installed with roof trusses being erected.
- **Burwood Birthing/Brain Injury Demolition**: Main demolition completed. Work to clad and waterproof attached buildings being carried out. Soil testing being undertaken prior to levelling ground and sowing grass.
- **2nd MRI Installation:** MRI 2 works complete and fully operational.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** Business case pending review and approval.

- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements. Meeting on site with Cotter Trust representatives.
- **Mental Health Services:** New High Care Area for AT&R is in scheduling stage with all consultants working well. Resource consent due soon with only 4 landscape conditions. New High Care Area AT&R EOI submission for contractors complete. Final co-ordination of design completed. Building consent, full tender to be submitted mid-Feb. Currently working on development for building 1 and 2 and temporary High Care Area for building 3. These include options for additional space in the PSAID area and opportunity's for a low stimulus area retrofitted into existing spaces.

- **The Princess Margaret Hospital Campus**
  - **Older Persons Health (*OPH*) Community Team Relocation:** The feasibility study is now complete and work is to commence shortly on the options for repurposing the old Burwood Administration building to accommodate community teams.
  - **Mental Health Services Relocation:** Indicative Business case approved by Ministers in September 2017. Letter received from Minister of Health in late Dec 2108 transferring project back to the CDHB. Tenders for consultants went out to the market on the 18th Jan 2109 and close on Feb 22nd 2019.

Ashburton Hospital & Rural Campus

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

Other Sites/Work

- **Akaroa Health Hub:** In construction. Brick cladding is due to commence shortly and internal lining will also begin. Some extension of time has been granted due to inclement weather. Completion is anticipated by mid-May 2019.
- **Kaikoura Integrated Family Health Centre:** Repair strategy received from Beca. Minor repairs to be undertaken by Maintenance & Engineering.
- **Rangiora Health Hub:** Hagley Out patients building has been transported to site and lowered on to new foundation.
- **Home Dialysis Relocation:** Programme forecast completion March 2019, but various delays have led to completion being pushed out to mid-April.
- **SRU:** Project Management Office manuals re-write and systems overview. Scope has increased as understanding of documentation required has been realised to approximately 3 times original size. Main documentation is now 100% complete and is in use daily by the SRU team. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring:** Business case submitted, pending approval.
- **Manawa (Formerly HREF):** SRU continues to be involved in providing construction and contract administration / interpretation advice to the Manawa project. Building has been blessed and is occupied. Currently in defect liability stage.

Project/Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Additional peer reviews of Parkside and Riverside structural assessments, being undertaken by the MoH, are now complete. Clarity on the direction of the Master Planning process is required to plan the next stage of the POW.

- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRU is looking at options to decant teams to adjacent spaces to allow works to commence. This will, however, not be possible until the ASB project is complete and space in Parkside becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up, but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames. Risk analysis progressing slowly due to delay in releasing the master plan details. Works may need to be stopped until information is available.

- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. The programme of works and business as usual projects are currently being reviewed in conjunction with the approved revised decision making framework in an attempt to identify tranches of work for commencement. This process is still largely dependent on master planning. Guidance from the Board will be required as to the timing and suitability of any proposed projects to mitigate ongoing risks to the CDHB.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of December 2018 was a net operating expense of $8.677M, which was $0.885M unfavourable against the draft annual plan net operating expense of $7.792M. The table below provides the breakdown of the December result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.174	-	**0.174**	0.492	-	0.492
Funder	(3.718)	(4.626)	**0.908**	(26.915)	(25.541)	(1.374)
DHB Provider	(5.133)	(3.166)	**(1.967)**	(14.874)	(14.330)	(0.544)
Canterbury DHB Group Result	**(8.677)**	**(7.792)**	**(0.885)**	**(41.297)**	**(39.871)**	**(1.426)**

Report prepared by: David Meates, Chief Executive

Canterbury DHB national performance measures report

Quarter 2: October- December 2018/19

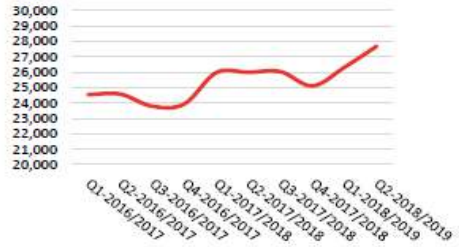
What are the national performance measures?

This report presents current performance against the national performance measures formerly referred to as national health targets. A new set of high-level measures are being developed, however these have not yet been released.

These measures still reflect Canterbury's performance in areas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place . Three of the measures focus on patient access and three focus on prevention.

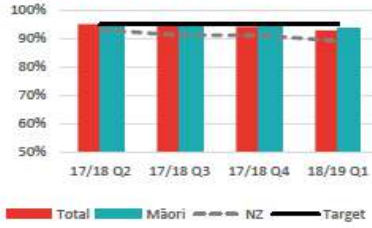
Supplementary indicators

The number of people presenting to Ashburton and Christchurch



Shorter stays in ED — n/a

Patients admitted, discharged or transferred ED within six hours. Target: 95%



The introduction of two new patient management systems has disrupted the data capture for Canterbury. The SI PICS system does not have a suitable ED module and the decision has been made to implement EDaaG for the medium term.

Unfortunately the linkages between these systems require further development to provide a stable measurement of time in ED.

Improved access to elective surgery — 89%

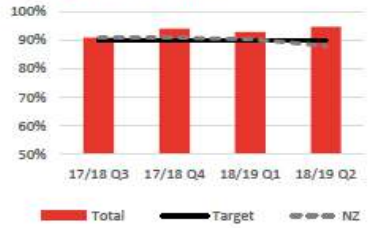
Patients receiving planned surgery Year-end target: 21,782

Issues following the introduction of South Island PICS in October 2018 as well as coding delays have impacted the DHBs reporting of this target.

Internal resutls suggest that as of 11 Jan 2019, Canterbury is currently 10 surgical discharges ahead of target for the year to date for elective surgery.

Faster cancer treatment — 95%

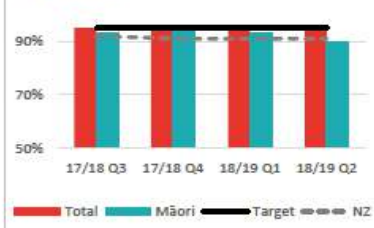
Patients getting their first cancer treatment within 62 days. Target: 90%



Canterbury DHB achieved the cancer target in quarter two with 95% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Of the 301 patients within the 62 day cohort 13 did not meet the target due to capacity issues.

Increased immunisation — 94%

Eight-month-olds fully immunised Target: 95%



Canterbury DHB did not achieve the increased immunisation target with only 94% of eligible children fully vaccinated at eight months. The target was reached for New Zealand European (96%) Asian (96%) and Pacific (97%) populations. The target was just missed for Maori, with 90% of infants fully immunised at eight months. The target was missed by just five children with six children vaccinated after milestone age.

Better help for smokers to quit — 89%

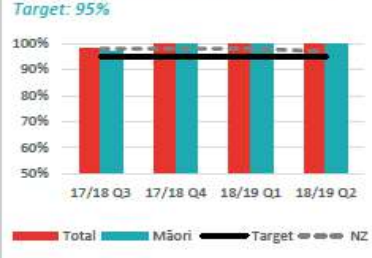
Patients in the community who smoke are offered help to quit Target: 90%

Canterbury DHB did not achieve the smoking target in quarter one with 89% of smokers enrolled with a PHO offered advice and help to quit smoking.

Canterbury DHB's cessation support indicator (the percentage of current smokers who have been given or referred to cessation support services in the last 15 months) is again the highest in the country at 54%.

Raising healthy kids — 100%

Children with obesity referred for support Target: 95%



In Canterbury, 100% of children, identified as obese at their Before School Check (B4SC), were offered a referral to a health professional in quarter one. The number of referrals declined' by families fell to 17% this quarter.

Produced by Canterbury and West Coast DHB Planning and Performance team.

Canterbury make it better

FINANCE REPORT 31 DECEMBER 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **21 February 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 31 December 2018.

3. DISCUSSION

Overview of December 2018 Financial Result

The consolidated Canterbury DHB financial result for the month of December 2018 was a net operating expense of $8.677M, which was $0.885M unfavourable against the draft annual plan net operating expense of $7.792M. The table below provides the breakdown of the December result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(5.040)	(3.019)	**(2.021)**	(14.932)	(14.336)	(0.596)
Community & Public Health	(0.001)	(0.025)	**0.024**	(0.077)	(0.091)	0.015
Total In-House Provider excl Subsidiaries	**(5.041)**	**(3.044)**	**(1.998)**	**(15.009)**	**(14.427)**	**(0.581)**
Add: Funder & Governance						
Funder Revenue	140.683	138.131	2.552	831.084	828.296	2.788
External Provider Expense	(64.001)	(62.373)	(1.628)	(375.554)	(371.533)	(4.021)
Internal Provider Expense	(80.400)	(80.384)	(0.016)	(482.444)	(482.304)	(0.140)
Total Funder	**(3.718)**	**(4.626)**	**0.908**	**(26.915)**	**(25.541)**	**(1.374)**
Governance & Funder Admin	0.174	-	0.174	0.492	-	0.492
Total Canterbury DHB (Parent)	**(8.584)**	**(7.670)**	**(0.915)**	**(41.431)**	**(39.968)**	**(1.463)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.021	(0.037)	**0.058**	0.100	0.095	0.004
Canterbury Linen Services Ltd	(0.114)	(0.085)	**(0.029)**	0.035	0.002	0.033
Canterbury DHB Group Surplus / (Deficit)	**(8.677)**	**(7.792)**	**(0.885)**	**(41.297)**	**(39.871)**	**(1.426)**

4. APPENDICES

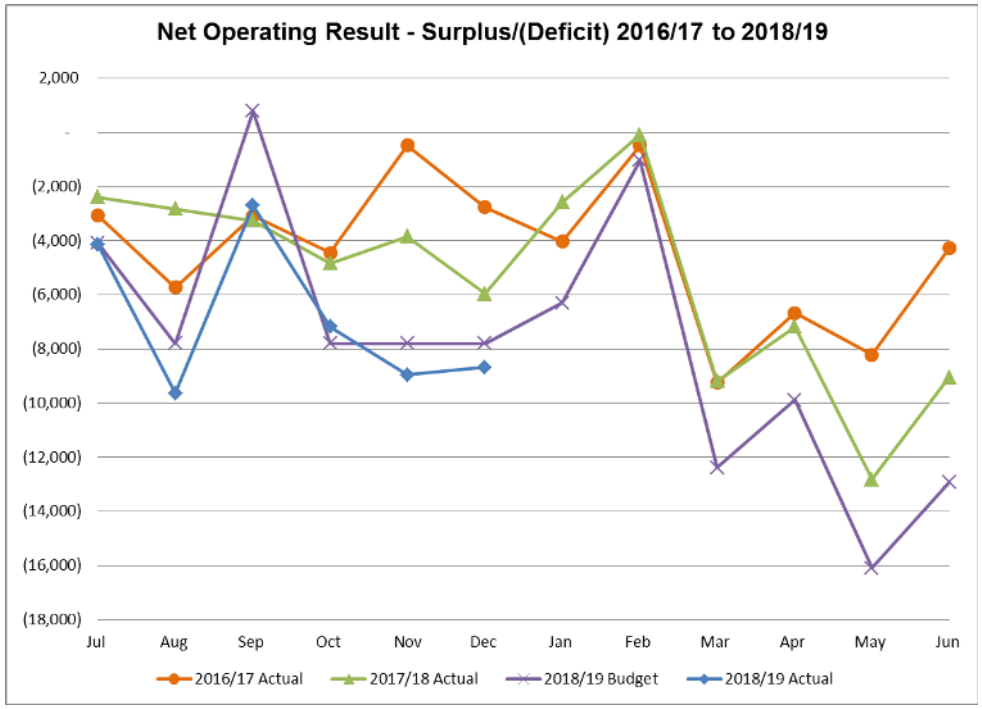
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 OCTOBER 2018

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(8,677)	(7,792)	(885)	11% ✗	(41,297)	(39,871)	(1,426)	4% ✗



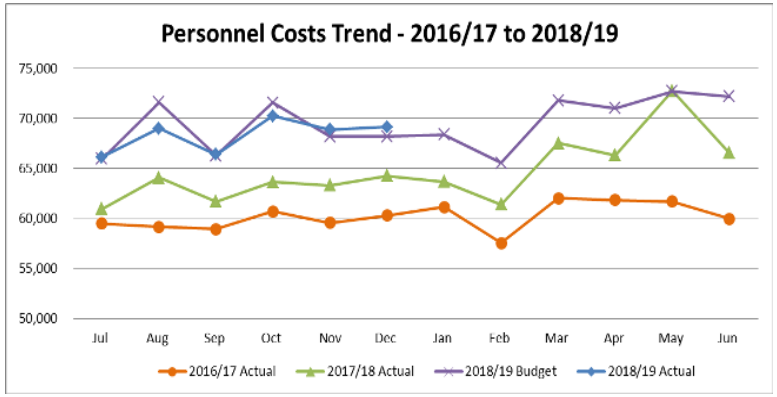
Our revised draft 18/19 Annual Plan is a net operating expense position of $98.475M, and was submitted to the MoH in November. The significant changes include a reduction in the nursing MECA funding; a reduction to the annual capital charge; and a change to our depreciation rates on assets.

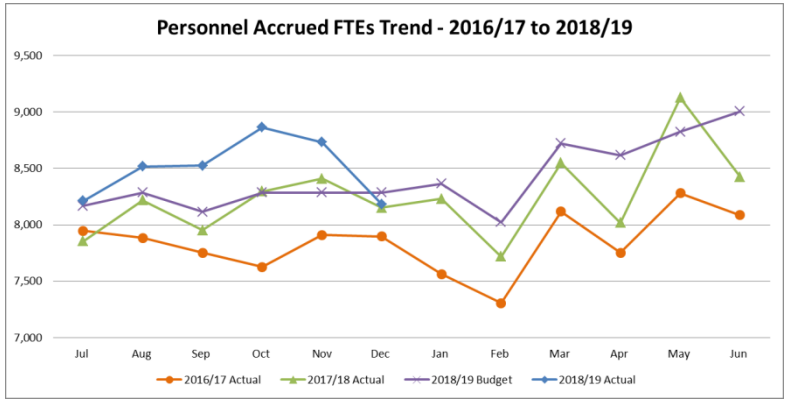
The YTD budget has been adjusted to pick up these changes.

KEY RISKS AND ISSUES

We expect to continue to incur earthquake related repair and maintenance expenditure and the depreciation impacts of quake related capital spend for a significant number of years into the future. There will be variability between the expected and actual timing of these costs. New facilities coming on stream will attract additional capital charge and depreciation expense.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE





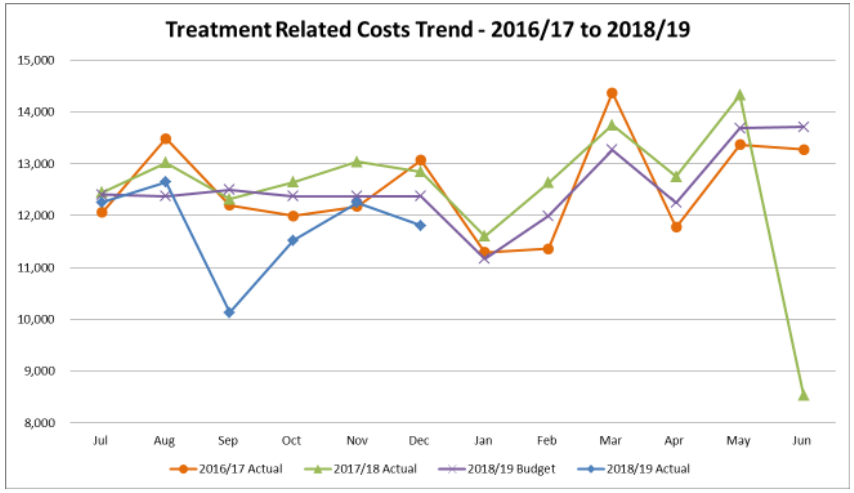
KEY RISKS AND ISSUES

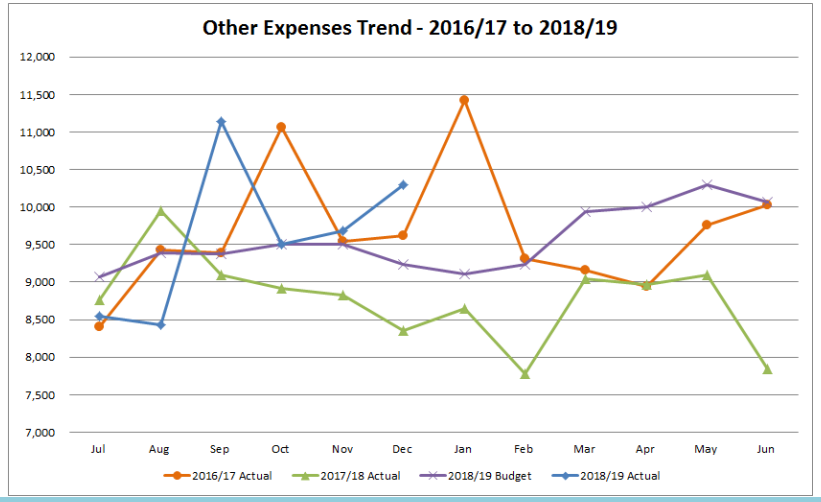
Pressure will continue on personnel costs into the foreseeable future, as a result of settlements as well as additional resource required for the new ASB redevelopment.

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

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

TREATMENT & OTHER EXPENSES RELATED COSTS





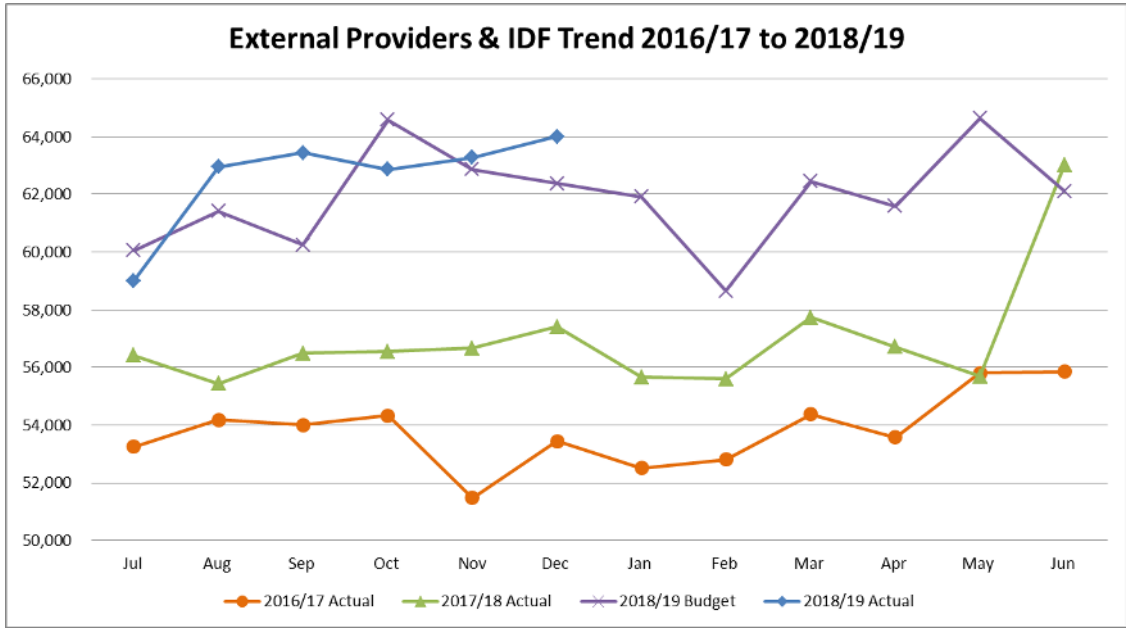
KEY RISKS AND ISSUES

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

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital campus. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Earthquake expenditure is lower than planned due to the timing of the repairs, and the split between capex and opex repairs.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
External Provider Costs	64,001	62,373	(1,628)	-3% ✗	375,554	371,533	(4,021)	-1% ✗



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

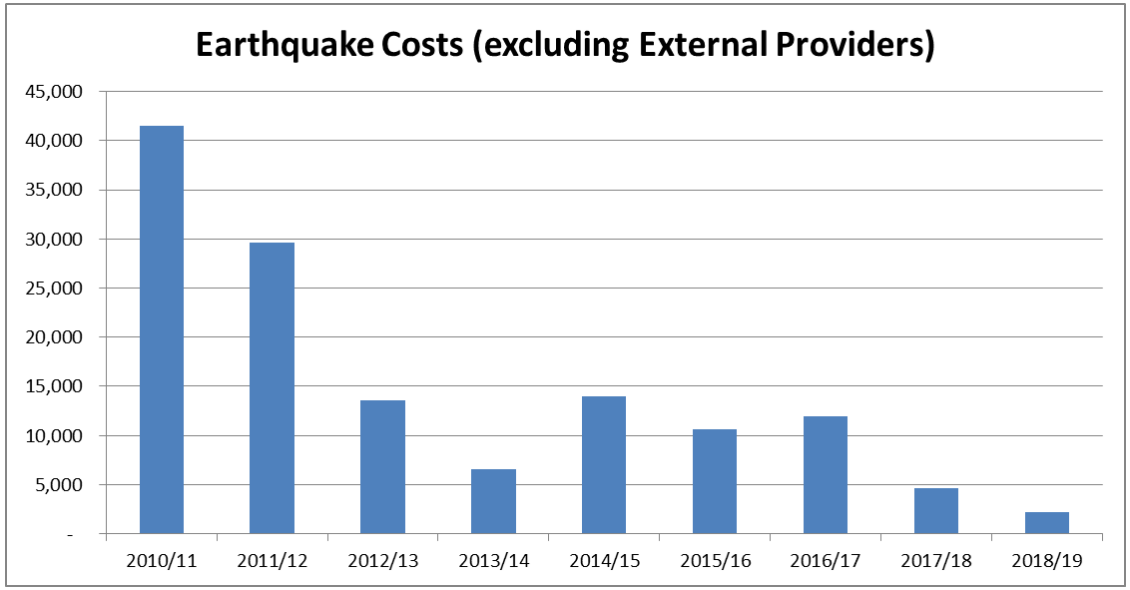
Additionally, the reimbursement of hospital pharmaceutical spend from the combined pharmaceutical budget rebate pool has result in an unfavourable variance in external provider costs, which should be offset by lower pharmaceutical costs in the internal provider. We will adjust this budget in 18/19.

KEY RISKS AND ISSUES

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

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	$'000	$'000	$'000			$'000	$'000	$'000		
Total Earthquake Revenue (Draw Down)	**466**	**350**	**116**	**100%**	✓	**1,373**	**2,100**	**(727)**	**100%**	✗
Earthquake Costs - Repairs	466	350	(116)	100%	✗	1,427	2,100	673	100%	✓
Earthquake Costs - External Provider	1,430	1,430	-	100%	✓	8,585	8,585	-	100%	✓
Earthquake Costs - Non Repairs	129	129	-	100%	✓	745	745	-	100%	✓
Total Earthquake Costs	**2,025**	**1,909**	**(116)**	**100%**	✗	**10,757**	**11,430**	**673**	**100%**	✓



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

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

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

KEY RISKS AND ISSUES

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

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	469,975	500,192	(30,217)	-6%	X
Cash	(54,051)	(39,686)	(14,365)	36%	X

KEY RISKS AND ISSUES

If future deficit funding is less than the expected amount, cash flows will be impacted, and the ability to service payments as and when they fall due will become a potential issue.

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd
For the month of December 2018

Month					Year to Date				Annual
18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget		18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget	18/19 Budget
146,501	143,913	137,897	2,588 ✓	MoH Revenue	867,395	862,988	825,738	4,407 ✓	1,726,350
3,356	2,898	3,519	458 ✓	Patient Related Revenue	22,983	18,738	24,241	4,245 ✓	37,172
3,165	4,140	2,621	(975) ✗	Other Revenue	19,246	25,570	17,240	(6,324) ✗	52,497
153,022	**150,951**	**144,037**	**2,071**	**Total Operating Revenue**	**909,624**	**907,296**	**867,219**	**2,328**	**1,816,019**
69,170	68,217	64,292	(953) ✗	Personnel Costs	409,924	408,528	378,050	(1,396) ✗	830,258
11,810	12,374	12,849	564 ✓	Treatment Related Costs	70,631	73,010	76,406	2,379 ✓	149,097
64,001	62,373	58,628	(1,628) ✗	External Service Providers	375,554	371,533	338,987	(4,021) ✗	742,871
10,295	9,233	7,119	(1,062) ✗	Other Expenses	57,611	56,075	53,833	(1,536) ✗	114,720
155,275	**152,197**	**142,888**	**(3,078)** ✗	**Total Operating Expenditure**	**913,721**	**909,146**	**847,277**	**(4,575)** ✗	**1,836,946**
(2,253)	**(1,246)**	**1,150**	**(1,007)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(4,097)**	**(1,850)**	**19,942**	**(2,247)** ✗	**(20,927)**
16	148	76	(132) ✗	Interest	476	888	773	(412) ✗	1,778
546	290	140	256 ✓	Donations	2,884	1,785	460	1,099 ✓	4,027
-	-	(2)	- ✓	Profit / (Loss) on Sale of Assets	14	-	(24)	14 ✓	-
562	**438**	**214**	**124** ✓	**Total Indirect Revenue**	**3,375**	**2,673**	**1,208**	**702** ✓	**5,805**
2,079	2,079	2,538	- ✓	Capital Charge	12,477	12,477	15,378	0 ✓	24,994
4,867	4,867	4,776	(0) ✗	Depreciation	27,993	27,989	28,791	(4) ✗	57,909
39	38	-	(1) ✗	Interest Expense	105	228	48	123 ✓	450
6,985	**6,984**	**7,314**	**(1)** ✗	**Total Indirect Expenses**	**40,575**	**40,694**	**44,217**	**119** ✓	**83,353**
(8,677)	**(7,792)**	**(5,951)**	**(885)** ✗	**Total Surplus / (Deficit)**	**(41,297)**	**(39,871)**	**(23,067)**	**(1,426)** ✗	**(98,475)**

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

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 31 December 2018

Audited 30-Jun-18 $'000		Group Actual 31-Dec-18 $'000	YTD Group Budget 31-Dec-18 $'000	Annual Group Budget 30-Jun-19 $'000
517,833	Opening Equity	496,272	496,272	496,272
42,398	Net Equity Injections / (Repayments) During Year	15,000	36,000	149,098
(63,959)	Operating Results for the Period	(41,297)	(32,080)	(98,475)
496,272	**TOTAL PUBLIC EQUITY**	469,975	500,192	546,895
	Represented By:			
	Current Assets			
1,677	Cash & Cash Equivalents	3,392	-	-
750	Short Term Investments	750	750	750
87,165	Trade and Other Receivables	77,494	85,839	85,839
4,554	Prepayments	11,836	4,554	4,554
11,171	Inventories	10,243	11,171	11,171
10,561	Restricted Assets	12,761	14,576	14,577
115,878	**Total Current Assets**	116,476	116,890	116,891
	Less Current Liabilities			
17,376	Overdraft	57,443	39,686	48,920
111,189	Trade and Other Payables	178,489	161,606	111,192
10,577	Restricted Funds	12,924	14,591	14,591
172,699	Employee Benefits	157,862	163,361	163,361
311,841	**Total Current Liabilities**	406,718	379,244	338,064
(195,963)	**Working Capital**	(290,242)	(262,354)	(221,173)
	Non Current Assets			
16	Restricted Funds	16	16	16
5,186	Investment in NZHPL	6,333	5,186	5,186
693,197	Fixed Assets	760,269	763,521	769,043
698,399	**Term Assets**	766,618	768,723	774,245
	Non Current Liablilties			
6,164	Employee Benefits	6,401	6,177	6,177
6,164	**Term Liabilities**	6,401	6,177	6,177
496,272	**NET ASSETS**	469,975	500,192	546,895

Prepayments are expected to reduce over the year to the level of the annual budget.
We will revise the budget in the next submission to the MoH.

APPENDIX 4: CASHFLOW

Audited 30-Jun-18 $'000		Actual 31-Dec-18 $'000	YTD Budget 31-Dec-18 $'000	Budget 30-Jun-19 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	**Net Cash from Operating Activities**	(20,317)	(19,881)	(48,565)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	**Net Cash from Investing Activities**	(18,035)	(25,106)	(61,754)
	CASHFLOW FROM FINANCING ACTIVITIES			
42,398	**Net Cash from Financing Activities**	-	21,000	77,098
(1,179)	Overall Increase/(Decrease) in Cash Held	(38,352)	(23,987)	(33,221)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	**Closing Cash Balance**	(54,051)	(39,686)	(48,920)

CPHAC/DSAC – 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Support**

DATE: **21 February 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

In March 2018, the Board endorsed the merging of the Community and Public Health Advisory Committee (*CPHAC*) and the Disability Support Advisory Committee (*DSAC*) into the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*) for the remainder of 2018. The purpose of this paper is to seek the Board's support for these two committees to remain merged as one for the remainder of the Board's current term – ie, through until December 2019.

2. RECOMMENDATION

That the Board:

i. endorses CPHAC and DSAC continuing as a merged Committee (CPH&DSAC) for the remainder of 2019; and
ii. approves CPH&DSAC's amended Terms of Reference (Appendix 1).

3. DISCUSSION

At its meeting on 15 March 2018, the Board endorsed the merging of CPHAC and DSAC meetings for the remainder 2018. This was in response to a request from the Board Chair to review committee workplans to ensure the Board and its committees were best placed to succeed in the ongoing key focus areas of the CDHB.

It is proposed that CPHAC and DSAC continue as a merged committee (CPH&DSAC) for 2019. A clear distinction on meeting agendas will remain between DSAC and CPHAC items, with the current co-chairing arrangement to continue.

CPH&DSAC Terms of Reference have been updated to reflect this ongoing merger. Changes are of an administrative nature and are shown as tracked in Appendix 1.

4. APPENDICES

Appendix 1: CPH&DSAC Terms of Reference – amended (tracked)

Report prepared by: Anna Craw, Board Secretariat

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (*CDHB*), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from ~~19 April 2018~~21 February 2019.

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

FUNCTIONS

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

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

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

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

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

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

The Committee will effect these functions by:

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SUBMISSION PROCESS

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

KEY PROCESSES

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

ACCOUNTABILITY

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

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

WELLBEING HEALTH AND SAFETY

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

LIMITS ON AUTHORITY

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

RELATIONSHIPS

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

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

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

TERM

~~These Terms of Reference shall apply for the remainder of 2018, at which time they will be reviewed. Should a major issue arise prior to this date an earlier review of the Terms of Reference may be undertaken.~~

These Terms of Reference shall apply for the remainder of 2019, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

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

MEMBERSHIP OF THE COMMITTEE

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

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

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

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

MEETINGS

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

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

REPORTING FROM MANAGEMENT

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- Management will provide such reports and information as necessary to enable the Committee to fulfil its statutory obligations.

MANAGEMENT SUPPORT

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

REMUNERATION OF COMMITTEE MEMBERS

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

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

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

Adopted by Board: 19 April 2018.

Amended by Board: [insert date]

POLICY ON APPOINTMENT OF DIRECTORS – CDHB SUBSIDIARY COMPANIES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Support**

DATE: **21 February 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to amend the policy for the appointment of directors to Canterbury District Health Board (*CDHB*) subsidiary companies as adopted by the Board in June 2010.

2. RECOMMENDATION

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

i. adopts the amended policy for the appointment of directors to Canterbury DHB subsidiary companies, attached as Appendix 1.

3. DISCUSSION

In June 2010, the Board adopted a policy for the appointment of directors to CDHB subsidiary companies. It was considered best practice for CDHB to have such a policy, defining the appointment process, allowing for management succession and ensuring the appointment of directors with an appropriate skills mix to its subsidiary companies.

Since adoption of the policy, CDHB's two subsidiary companies have experienced changes, mostly of an administrative nature, that require the policy to be updated. These are as follows:

a. Canterbury Laundry Services Limited is now called Canterbury Linen Services Limited.
b. Brackenridge Estate Limited (*BEL*) is now called Brackenridge Services Limited (*BSL*).
c. BEL's constitution provided for a minimum of four and maximum of five directors, whereas BSL's constitution allows a minimum of one and maximum of six directors.
d. Of the BSL directors, at least one is to have direct experience of disability (either being a person with a disability or as a family member of someone with a disability) provided that such person has the necessary skills to hold that office.

These changes are reflected in the attached amended policy.

4. APPENDICES

Appendix 1: Policy on Appointment of Directors – Canterbury District Health Board Subsidiary Companies – amended

Report prepared by: Anna Craw, Board Secretariat

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

POLICY ON APPOINTMENT OF DIRECTORS
CANTERBURY DISTRICT HEALTH BOARD SUBSIDIARY COMPANIES

PURPOSE

The purpose of this policy is to set out an objective and transparent process for:

- The appointment and replacement of directors to a Canterbury DHB Subsidiary Company.
- The tenure and remuneration of directors of a Canterbury DHB Subsidiary Company.
- The policy will apply to the two existing Canterbury DHB Subsidiary Companies and to any other subsidiary companies that may be formed.

PRINCIPLES / OBJECTIVES

The following principles under lie this policy:

- Appointments should be made on the basis of merit.
- The Canterbury DHB will follow corporate governance best practice.
- Directors of a Canterbury DHB Subsidiary Company will be appointed on the basis of the contribution they can make to the organisation, their ability to guide the organisation and contribute to the achievement of the objectives of the organisation.

SKILLS CRITERIA

Directors appointed to a Canterbury DHB Subsidiary Company should clearly demonstrate the following skills:

- Intellectual ability
- Commercial experience or other experience, or other skills or qualifications that are relevant to the activities of the organisation (or both).
- Sound judgement.
- High standard of personal integrity including:
  - Commitment to the principles of good corporate citizenship.
  - Understanding of the wider interests of the publicly accountable shareholder.
- Ability to work as a team member.
- Understanding of governance issues.
- Understanding of accounting, finance and legal matters.

APPOINTMENT OF DIRECTORS

The Canterbury DHB as the sole shareholder has the right in terms of the Constitution of Brackenridge ServicesEstate Ltd (*BSEL*) and Canterbury Linenaundry Services (*CLS*) to appoint and remove directors. The constitution of BSEL provides for a minimum of onefour and maximum of sixfive directors and in the case of CLS a minimum of two and maximum of seven directors. The process for the appointment of directors will be as follows:

Canterbury Linenaundry Services Ltd

The Board will consist of up to four directors comprising:

- One external independent Chairperson (an experienced director ideally with a background in finance and/or manufacturing).
- At least Oone internal director (from Canterbury DHB senior management in order to create the link to the key customer and for leadership development).

- Up to two other directors as required to allow for succession and/or any other skills requirements for the Board as may be required from time to time.

Brackenridge Services~~Estate~~ Ltd
The Board will consist of up to six~~five~~ directors comprising:

- An experienced Chairperson with a skills mix appropriate to the needs of the Company.
- At least one Director who has direct experience of disability (either being a person with a disability or as a family member of someone with a disability) provided that such person has the necessary skills to hold that office.
- Up to four other directors with a skills mix appropriate to the needs of the Company, which may include one Canterbury DHB senior management staff member, ~~and one other person able to present a family (intellectual disability) perspective if possible,~~ noting also the need to allow for succession.

PROCESS

Appointment of Directors

In considering the appointment of directors to fill any vacancies on the Board of a Canterbury DHB subsidiary company the Canterbury DHB Chief Executive (*CE*) will consult with the Chairperson of the relevant Board to assess the skills mix required. For external appointments a candidate profile will then be drawn up and the connections, networks and knowledge of the Canterbury DHB and the relevant Company Board Chairperson and members of the QFARC Committee will be utilised to prepare a shortlist of applicants for interview by a subcommittee comprising; the Canterbury DHB CE (or his nominee), the Company Chairperson and the QFARC Chairperson (or their nominee). A preferred applicant will then be appointed from the interview process by the CE (subject to endorsement of the QFARC Committee).

In the case of an internal appointment as a director, from the Canterbury DHB senior management team, a similar process as above will be followed except that the shortlist for interview will be prepared by the Canterbury DHB CE.

In assessing the needs of the subsidiary companies to ensure there is a range of skills represented and in identifying a preferred person for appointment as a director, the following factors (including but not limited to) will be considered:

- The range of skills currently represented on the Company's Boards.
- The time required by a director to effectively discharge their duties to the Company.
- The number of other existing directorships and other commitments that may demand the attention of the appointee.
- The nature of existing positions, directorships or other relationships and the impact that each may have on the appointees ability to exercise judgement without conflicts of interest.
- The extent to which the appointee is likely to work constructively with the existing directors and contribute to the overall effectiveness of the Board.

It is expected that all appointees as directors to Canterbury DHB subsidiary companies will undergo, or already have undergone, formal corporate governance training, or have the requisite experience in this area.

Reference is made to current governance best practice in this area, as encapsulated in the Institute of Directors' guidelines and other relevant material.

A public announcement of the appointment will be made as soon as practicable thereafter.

Appointment of Chairperson
The Canterbury DHB, as the sole shareholder, has the right to appoint one of the directors of its subsidiary companies as a Chairperson, either arising from a vacancy, or as a replacement appointment. The procedure as outlined in the relevant parts of this policy and the Chairperson Succession Policy will be followed for the appointment of a Chairperson.

Reappointment
Where a director's term of appointment has expired and he or she is offering him/herself for reappointment, the Chief Executive will consult on a confidential basis with the Chairperson of that Company with regard to:

- Whether the skills of the incumbent add value to the work of the Board.
- Whether there are other skills which the Board needs.
- Succession issues.

The subcommittee comprising the Canterbury DHB CE, Company Chairperson and Chairperson of QFARC (or their nominee) will consider the information obtained and, taking into account the director's length of tenure (see below), form a view on the appropriateness of reappointment or of making a new replacement appointment.

Where reappointment is considered appropriate the CE will report this to QFARC to seek its endorsement of his/her decision to a further term.

Where it is not intended to reappoint the existing incumbent, the appointment process outlined above will apply.

LENGTH OF TENURE

Directors will normally be appointed for periods of three years. Subject to a review of the director's performance after each three year period, by the Chair of the Company and the Canterbury DHB CE, the normal tenure for a director will be for a maximum of nine years (three terms of three years). Following nine years of service, a director may be re-appointed for a further three years (a maximum of twelve years in total), but only in special circumstances.

An appointment may be made for a lesser time as considered appropriate by the subcommittee of the Canterbury DHB CE, the Company Board Chairperson and Chairperson of QFARC (or their nominee). Terms of tenure should be staggered to ensure that not all director terms expire at the same time. On the adoption of this policy a programme to achieve this shall be put in place by the Canterbury DHB CE, in association with the Chairperson of QFARC.

The length of tenure for a Chairperson will not normally be for more than nine years (three terms of three years), with a review of performance after each three year period by the Canterbury DHB CE and the Chair of QFARC Previous service as a director need not, however, count against the time of tenure as a Chairman. Following nine years of service, a Chairperson may be re-appointed for a further three years only in special circumstances. The total length of service for a Chairperson, as both a director and Chairperson, should not, however, exceed 12 years.

SUCCESSION PLANNING

A copy of the Chairperson's Succession Policy is attached as Appendix 1~~A~~. The policy is to ensure that there can be continuity of knowledgeable and capable leadership of the Canterbury

DHB subsidiary companies. The policy envisages that work commences to identify a successor to the chairperson at least a year before the planned retirement of the incumbent and that in making any director appointments that consideration be given as to whether there is sufficient potential on the company board for a replacement chairperson should one be needed unexpectedly.

REMUNERATION OF DIRECTORS

The Chairperson of each subsidiary company and external directors will be paid appropriate director's fees as endorsed by QFARC on the advice of the Canterbury DHB CE, who will firstly consult with the Company Chairperson and Chairperson of QFARC, as for the appointment process.

The requirements of any relevant Cabinet Office Circulars, as may be updated from time to time, or other relevant legislation or policies will be taken into account in setting the remuneration levels of directors.

No payments will be made to Canterbury DHB staff members appointed to the board of a subsidiary company or for state servants appointed and attending as part of their employment.

Periodically, normally every three years, but more frequently if considered appropriate, the Canterbury DHB CE together with the Chairperson of QFARC will review the level of remuneration being paid to the Chairpersons and directors of the subsidiary companies and determine if any amendments to the scale of fees paid is appropriate. The Canterbury DHB CE may (subject to the endorsement of QFARC), revise the level of fees paid to the Chairpersons and directors.

The subsidiary companies will arrange and pay for director's liability insurance, and indemnify each of the directors if that is not already covered by the Canterbury DHB.

In performing its review of remuneration, the following factors will be taken into account:

- The need to attract and retain appropriately qualified directors.
- The levels of remuneration paid to comparable companies in New Zealand.
- The performance of the Company and any change in the nature of its business.
- The performance of an incumbent.
- Cabinet Office Circulars
- Any other relevant factors.

Professional advice will be sought where necessary.

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APPENDIX 1

CANTERBURY DISTRICT HEALTH BOARD
SUBSIDIARY COMPANY CHAIRPERSON SUCCESSION PLANNING POLICY

Introduction

In line with best practice, and following development of the Canterbury DHB's Director Appointment Policy, this policy has been developed.

Rationale for a succession plan

To provide for:

- Smooth transition through a planned approach.
- Knowledgeable leadership of a subsidiary company board in the event of planned or unexpected retirement of the incumbent Chairperson.
- Recognition that the term of any chairperson in that role is limited.
- A Chairperson's desire to step down at any time, knowing that there is a person who is prepared to take over the role.
- Appointment of a new Chairperson who should generally have knowledge of the Company.

Principles

- Chairpersons, as with directors, would not normally be reappointed for more than three terms of three years on a board, but in exceptional circumstances this may be extended to twelve years in total.
- Any previous service as a director should be considered in the reappointment/succession process, but need not necessarily count against the length of service as a chairman.
- The need for a potential successor will be considered as director appointments are made to ensure a possible successor from existing board members.

Process

Ideally the CE together with the relevant Board Chairperson will work through succession planning using the following process:

- Ensure that planning starts at least one year before planned retirement.
- Discuss with the current Chairperson their views on the date of their retirement and who would be a good successor.
- Compose a list of required skillsets for the position following discussion (as appropriate) with the Chairperson and individual Board members and ascertain whether there is any obvious leader amongst the existing board directors.
- Agree a timeframe of the new appointments allowing a bedding-in time of at least one year if the newly proposed Chairperson is new to the Board.
- Interview/discussions with the preferred candidate by the Canterbury DHB CE and current Company Board Chairperson to ascertain their availability and suitability for the Chairperson role.
- Recommendation by the Canterbury Board CE to QFARC for endorsement of an appointment.
- Preliminary discussions will not guarantee appointment but give an indication that all things being equal, they will be the next Chair.

General Skill Sets Required

- Able to maintain the trust of the Canterbury DHB Board.
- Able to maintain close, but independent, working relationships with CE.
- Ability to harness the collective skills of the Companies' Board and executive team to achieve the business objectives and maintain the full confidence of the shareholders.
- Ability to encourage all directors to have full participation in Board deliberations.
- Ability to lead Board evaluation process.
- Ability to demonstrate leadership and good interpersonal skills.
- Ability to efficiently conduct Board meetings.
- Ensure timeliness and relevance of information to the Board.
- Ability to be the spokesperson for the company.
- Integrity and credibility within the business community.
- Ability to retain the confidence and able to build relationships within the Canterbury DHBs networks

Adopted by Board: 11 June 2010

Amended by Board: [insert date]

OXFORD AND SURROUNDING AREAS MODEL OF CARE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Planning & Funding**

DATE: **21 February 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

As part of a progressive review of rural health services, an Oxford and Surrounding Area Health Service Development Group (*OSHSDG*) was established in late 2016 (under the Canterbury Clinical Network (*CCN*)), to lead the development of a Model of Care for sustainable health services within Oxford and the surrounding area to support the people of Oxford to stay well in their community.

A proposed Model of Care was subsequently developed and endorsed by the CCN Alliance Leadership Team in May 2018. The proposed Model was presented to the Canterbury DHB Community & Public Health and Disability Support Advisory Committee in August 2018, and local provider, stakeholder and public engagement meetings were held through August and September 2018.

Feedback from the Committee, local health providers and the community was supportive and was incorporated into the final Model of Care proposal, which was endorsed by the CCN Alliance Leadership Team in November 2018. There were no substantial changes to the Model endorsed by the Community & Public Health and Disability Support Advisory Committee (CPH&DSAC). This paper has been prepared to present the final Model of Care and proposed recommendations to the Board, and to seek approval for the team to progress with the development of the recommended community services and enablers to support implementation of the new Model.

2. RECOMMENDATION

That the Board:

i. notes that feedback from health professionals and the community regarding the proposed Model was supportive, and that the feedback was incorporated into the final Model of Care;
ii. notes that the final Model of Care proposal was endorsed by the CCN Alliance Leadership Team in November 2018;
iii. approves development of the proposed recommendations to determine how these services might be delivered locally in order to implement the proposed Model of Care.

3. SUMMARY

The Model of Care developed by the OSHSDG contains ten recommendations. Five of these relate to new, modified or enhanced services, and five of these relate to "enablers" that will support change or improve service delivery.

The Model of Care describes services or enablers; it does not determine which provider will deliver the services or where the services will be delivered. This paper is to seek approval from the Board to progress on the proposed recommendations, so that further discussions can occur regarding how and where the proposed services can be sustainably delivered as part of the new Model.

The recommendations are listed below. Four of the five proposed new services involve bringing technology and services which are already in place in other regions of Canterbury to the Oxford region – telehealth, observation, local rehabilitation services, and rural based mental health services. Formal approvals will be sought with regards to funding for implementation, once the recommendations for each element have been worked through.

4. DISCUSSION

New, modified or enhanced services recommendations:

1. **Implementation of technology to support telehealth**
   Support the provision of a telehealth package to enhance and enable: connections to 24 Hour Surgery or Emergency Department for clinical advice for patients admitted for observation; pre-arranged or emergency clinics or consultations with specialist consultants including mental health, palliative care specialists and follow-up appointment with other specialists; and to support education for rural primary care teams via videoconference links.

2. **Locally based observation and monitoring service**
   Design and establish a local observation/monitoring service in Oxford. This service will support patients referred by clinicians as needing a level of support that they do not have at home, who would otherwise need to be admitted to Christchurch Hospital.

3. **Sustainable transportation**
   Identify and work with agencies to collectively design and implement a sustainable and affordable transport service, such as local councils, New Zealand Transport Agency, NGOs and volunteers.

4. **Restorative care – rural rehabilitation service**
   Design and implement a rural rehabilitation service, where local service providers deliver a 'wrap around' service to support the restoration of function and independence for people who have experienced a period of illness or hospital stay (*effectively, a localised model of the Community Rehabilitation Enablement and Support Team (CREST) service*).

5. **Rural 'area-based' mental health services**
   Design and implement a rural 'area-based' mental health and wellbeing service, building on the skill base of the existing local workforce and bridging the gap between local and specialist services.

Enabler recommendations:

6. **Rural professional workforce pathways**
   Develop pathways and positions for health workers to upskill and advance their scope of practice and support advanced practice roles including: Nurse Practitioners, Allied Health, Pharmacy, Care Givers, and Paramedics etc.

7. **After hours health alliance**
   Establish an after-hours alliance to support and enhance around the clock care in the Oxford and the surrounding areas.

8. **Sharing and communication of patient information**
   Implement a system that allows all providers of care in Oxford and the surrounding areas to use one suite of common care plans.

9. Locally based Oxford Health Advisory Committee
Establish a locally-based health committee to monitor service delivery, support ongoing service development and address local challenges (*similar to the Kaikoura and Akaroa Advisory Committee models*).

10. Facility needs and development
As part of the implementation of the Model of Care (following decisions on delivery models for the recommended new/modified services), explore the availability and use of local facilities with local service providers to ascertain what facilities needs are required going forward.

Next Steps

The work of the OSHSDG in developing the Model of Care has focused on services, not service providers or facilities. The OSHSDG strived for recommendations which are realistic and will support the people of Oxford to stay well in their community. The investment will produce savings in terms of reduced admissions to Christchurch Hospital and the 24 Hour Surgery.

The decisions regarding which provider/s will deliver the different elements of the Model of Care will come after further work in each area and as part of implementing the Model.

The Board's approval of the Model of Care and recommendations will allow Planning and Funding to work with the OSHSDG to progress with implementation planning and determine how the recommended services might be delivered locally. Appropriate approval will be sought with regards to funding for each element.

Without pre-empting the work yet to be undertaken, it is expected that the outcomes of the implementation will include some consolidation of services (service providers working more closely together, and/or some overlap of space utilisation). This anticipates services evolving in an integrated manner and being delivered from the most appropriate site.

The proposed observation service, rural rehabilitation and mental health services will be progressed by exploring ways that existing providers can provide the needed services locally, and also exploring how community groups and volunteers can contribute to wellness in their community.

Financial Considerations

The recommendations in the Model of Care were developed with an understanding of the current fiscal environment and with the expectations that the proposal would be reasonable and affordable.

While not all recommendations are the responsibility of the Canterbury DHB, the Board should be aware that it may incur some costs related to two of the recommendations.

The proposed telehealth service recommendation is likely to require DHB investment in telehealth equipment for Oxford, which will link with the DHB's Hospital and Specialist Services and also the 24 Hour Surgery. The establishment of an observation service may also require renovations and some equipment to accommodate the service, depending on the final configuration. More clarity will be provided as the team work through the recommendations.

Report prepared by:	Carol Horgan, Project Facilitator, Planning & Funding
Report approved for release by:	Carolyn Gullery, Executive Director, Planning, Funding & Decision Support

HAC – 31 JANUARY 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Hospital Advisory Committee**

DATE: **21 February 2019**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 31 January 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 31 January 2019 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 31 January 2019

Report prepared by: Anna Craw, Board Secretariat

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

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch,
on Thursday, 31 January 2019, commencing at 9.00am

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

APOLOGIES
Apologies for absence were received and accepted from Barry Bragg and Ta Mark Solomon.

EXECUTIVE SUPPORT
Dr Greg Hamilton (Team Leader, Intelligence & Transformation, Planning & Funding); Becky Hickmott (Nurse Manager, Nursing Workforce Development); Jacqui Lunday-Johnstone (Executive Director of Allied Health, Scientific & Technical); Dr Sue Nightingale (Chief Medical Officer); Stella Ward (Chief Digital Officer); Anna Craw (Board Secretariat); Charlotte Evers (Assistant Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

IN ATTENDANCE

Item 4
Paul Tudor Kelly, Laboratory Manager, Sleep Services
Robin Rutter-Baumann, Service Manager
Michael Hlavac, Respiratory Physician
David Smyth, Chief of Medicine

Item 5
Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health
Dan Coward, General Manager, Older Persons, Orthopaedics & Rehabilitation Service, Burwood Hospital
Barbara Wilson, Quality Manager, Specialist Mental Health Services (*SMHS*)
Win McDonald, Transition Programme Manager, Rural Health Services

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
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 (01/19)
(Moved: Jo Kane/Seconded: Jan Edwards – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 29 November 2018 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted the carried forward items.

4. SLEEP HEALTH SERVICES IN CANTERBURY (PRESENTATION)

Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health, introduced Paul Tudor Kelly, Laboratory Manager, Sleep Services; Robin Rutter-Baumann, Service Manager; Michael Hlavac, Respiratory Physician; and David Smyth, Chief of Medicine; who provided a presentation on Sleep Health Services in Canterbury. The presentation highlighted the following:

- the importance of good sleep;
- the prevalence of sleep disorders;
- the associated costs of poor sleep;
- what the sleep team does (diagnostic, treatment, long term care, and education); and
- current and future projects.

There was discussion around the correlation between alcohol / drug intake and sleep apnoea, as well as the association between sleep apnoea and depression.

There was discussion around an increasing group of non-complex patients, and the potential to reverse the condition as opposed to treat the symptoms. It was acknowledged that sleep apnoea is reversible in many cases when there is a reduction in body mass. The need for adjunct therapies was acknowledged.

Education was stressed, with it noted that this will be a focus for the Service over the next couple of years.

Jan Edwards congratulated the team for its passion and commitment, noting that successes were now being seen as a result of a number of initiatives implemented to improve the Service.

The Chair thanked those in attendance for the informative presentation.

5. H&SS MONITORING REPORT

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

General Managers spoke to their areas as follows:

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

- The Safe Recovery Program has been extended through to the end of November 2019. The goal of this evidence based intervention program is to reduce the rate of patient falls during rehabilitation and their subsequent injuries.
- An audit by the Ombudsman's Office of Older Persons Teams has led to changes in nurse practices and a reduction in restraint usage.
- Increased acute orthopaedic volumes over the December / January period, directly impacted on elective volumes.
- Spinal build is progressing well. Framing is up and work is underway on the roof.

There was discussion around the beneficial use of volunteers (eg, retired nursing volunteers), as evidenced in the Safe Recovery Program. It was acknowledged that such volunteers make a difference and were seen as an untapped resource.

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

- Christmas / New Year was a demanding period.
- Increased use of texting (eg. "text to remind" service for outpatient appointments). Educating the public on the importance and growing use of NHI numbers in communication.
- RDA industrial action. Second round of strikes now complete. Whilst the system has managed, this has been a demanding period requiring a lot of planning on the part of a lot of people. It was noted that a number of RMOs worked through the strikes.
- Notice of industrial action from the Midwifery Employee Representation and Advisory Service (*MERAS*) has been received. There will be period in February where both midwives and RMOs will be striking.

There was a query around the drivers behind the increased demand over the Christmas period. It was noted that this was not due to a lack of visibility or understanding of the hospital flow. Increases had been planned for, however, the actual increase in demand was bigger than expected. Not only was there a step change in what was being seen in presentation numbers, there was also increased complexity in the presentations.

ESPIs

The Committee agreed to defer an update on ESPIs until its next meeting.

Specialist Mental Health Services (*SMHS*) – Barbara Wilson, Quality Manager

- A workplan for Worksafe engagement in 2019 is in place.
- Two new policies are in place with regards to requesting assistance from, and reporting matters to, the Police.
- Increased security on the Hillmorton Campus has received positive feedback.
- Associate charge nurse managers have been introduced into afterhour leadership roles.

Rural Health Services – Win McDonald, Transition Programme Manager

- Akaroa – construction of the Health Hub is progressing. Staff transition process is currently being worked through.
- Kaikoura - Steering Group has been established for Kaikoura Health. A Clinical Governance Group has also been established.
- Oxford – work is progressing on the model of care, with a report anticipated to go to the Board's meeting on 21 February 2019.
- Waikari – work continues on strengthening telehealth capability.
- Chathams – GP contracts are in place through to January 2021. Registered nurse positions are being reviewed to reduce the risk of issues around overtime and / or no cover.
- Ellesmere / Darfield – experiencing increased levels of "end-of-life" patients. Palliative support levels have been increased accordingly.

There was discussion around the consultation process with regards to the Hurunui Model of Care.

There was a query around the relocation of the old Outpatients building to Rangiora Hospital, and when the facility would become operational. It was noted that the relocation has taken place. An update is to be provided to the next meeting on the building's operationalisation on the Rangiora site.

There was a query about the upward trend of acute presentations to the Acute Assessment Unit in Ashburton and whether this was seen as sustainable. The Committee was advised that the growing trend was concerning and a strategic piece of work is underway. It was noted that continuing close alliances between ED, Burwood and Ashburton will be critical, with telehealth to play an essential role.

Resolution (02/19)
(Moved: David Morrell/Seconded: Sally Buck – carried)

"That the Committee:

i. notes the Hospital Advisory Committee Activity Report."

6. CLINICAL ADVISOR UPDATES (ORAL) – NURSING AND ALLIED HEALTH

Nursing
Becky Hickmott, Nurse Manager, Nursing Workforce Development Team, presented a nursing update advising that work is underway to fill the agreed number of nursing, midwifery and hospital aide positions as per the MECA settlement.

There was discussion on Canterbury being a leader in hiring local nurse graduates, and that Ara is meeting the demand as well as working on future demand. It was noted that this strong relationship with the education providers is not the case in many other parts of the country. There was further discussion around an international shortage of nurses and the potential impact this may have on NZ's nursing workforce, especially where offshore positions are offering salaries which are unsustainable for NZ to match. This is concerning.

It was noted that the official opening of Manawa health research and education facility, as well as the Christchurch Outpatients building, will take place this afternoon.

Allied Health
Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical, advised that she has been spending time familiarising herself with the substantial allied health professions across the DHB, getting an understanding of their totality and the fantastic pool of talent across the organisation. Ms Lunday-Johnstone highlighted the following:

- Ongoing work in the area of professional development.
- A visit from the Northern Health Team, Victoria. CDHB shared its learnings on integrative health.
- Focus on increasing connectivity between hospital and community pharmacists, in order to optimise pathways.
- Work continues with community colleagues to prevent hospital admissions, by challenging people to live well through a holistic approach.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (03/19)
(Moved: David Morrell/Seconded: Trevor Read – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 4 October 2018.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(If required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

INFORMATION ITEMS

- 2019 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 10.35am.

Approved and adopted as a true and correct record:

_____ _____

Andrew Dickerson
Chairperson

Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **21 February 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 13 December 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Facilities Committee Review	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Specialist Mental Health Services – Detailed Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Quarterly Facilities / Earthquake Programme of Works Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Demolition of Diabetes Centre and Squash Court Block	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	2019 / 20 Annual Planning Expectations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	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)
11.	Advice to Board: • HAC Draft Minutes *31 Jan 2019* • QFARC Draft Minutes *29 Jan 2019*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

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