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
Tuesday, 17 December 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Carried Forward / Action List Items		
3.	Patient Story		
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.10-9.20am
5.	Chief Executive's Update	David Meates *Chief Executive*	9.20-9.50am
6.	Finance Report	Justine White *Executive Director* *Finance & Corporate Services*	9.50-10.00am
7.	Schedule of Meetings - 2020	Justine White	10.00-10.10am
8.	Canterbury Wellbeing Index (Presentation)	Evon Currie *General Manager* *Community & Public Health*	10.10-10.40am
9.	Advice to Board: HAC – 5 December 2019 – Draft Minutes	Andrew Dickerson *Chair, HAC*	10.40-10.45am
10.	Resolution to Exclude the Public		10.45am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.45am**
	Information Item: Minutes of Previous Meeting – 21 November 2019		

NEXT MEETING
Thursday, 20 February 2020 at 9.00am (tentative)

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Clinical Network Alliance Leadership Team** - Chair **Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group** - Member **Canterbury Cricket Trust** - Member **Canterbury Youth Development Trust** – Trustee **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Ministry Primary Industries, Costs Review Rulings Panel for Gas Industry Co Ltd** - Member
Gabrielle Huria **Deputy Chair CDHB**	To be advised.
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **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** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.

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

	NZ Association of Gerontology - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Countrywide Residential (2018) Limited** – Director/Shareholder Residential Property Development **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The McLean Institute Trust** – Trustee Trust for the McLean Institute **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park (under construction) **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.

Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 17 DECEMBER 2019

DATE	ISSUE	REFERRED TO	STATUS
17 Nov 19	Annual Plan Progress Report – key performance measure for pregnant women – more detailed information requested regarding the Maori result.	Carolyn Gullery	Today's Agenda – Public - Item 5 – Page 19.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **17 December 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. DISCUSSION

PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY AND IMPROVEMENT

Quality & Patient Safety

- **Quality Improvement Showcase:** We finished the year with the Canterbury Health Improvement Showcases to Celebrate, Share and Inspire on 5 December. With over 40 improvements shared and a few lightning talks from across the health system, it was a great networking opportunity.
- The Pressure Injury Prevention Community of Practice Programme showcased the Link Nurse Programme on 4 December 2019. A Link nurse is an experienced nurse in a practice setting who takes on a leadership and quality improvement portfolio, in this case pressure injury prevention. Thirty-three nurses shared the improvements they have made in their Canterbury or West Coast practice setting. Below are the best practice principles set out in the ACC Pressure Injury Prevention Guidance.

PEOPLE FIRST: People have access to care and receive information and participate in shared decision-making about the care needed to prevent and manage pressure injuries.

LEADERSHIP: Healthcare organisations demonstrate leadership by ensuring that they have systems and resources to prevent and manage pressure injuries.

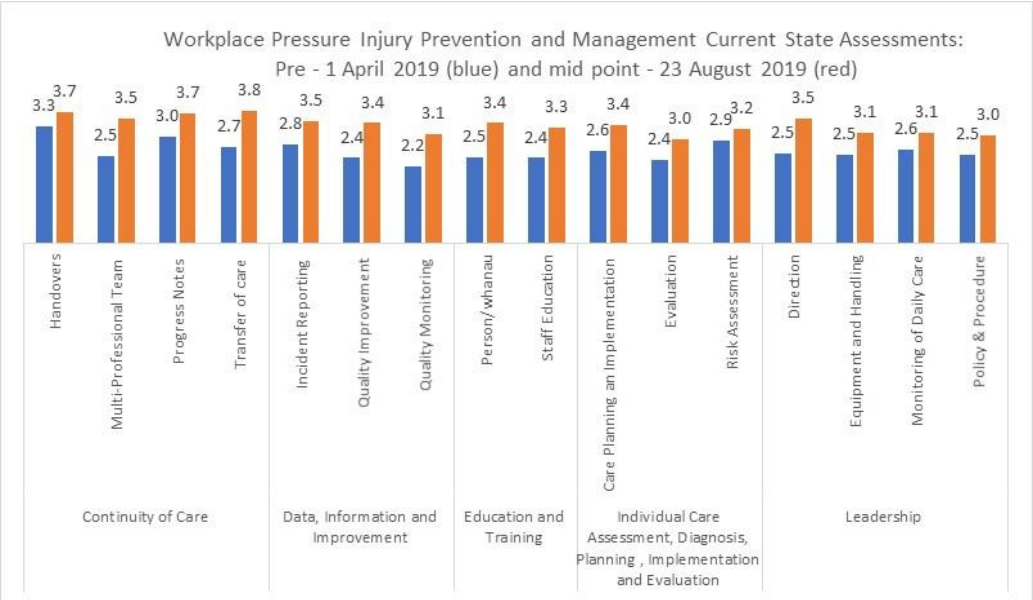
EDUCATION AND TRAINING: Healthcare workers at all levels have access to and support for acquiring current knowledge and skills that enable them to prevent and manage pressure injuries.

ASSESSMENT: Pressure injury risk assessments are completed as part of admission, referral and transfer processes, with reassessments when people's health status changes. At-risk areas are checked regularly and whenever the opportunity arises.

CARE PLANNING AND IMPLEMENTATION: Individualised, person-centred care plans employing evidence-based care bundles are developed, documented and implemented to reduce the risk of pressure injuries.

COLLABORATION AND CONTINUITY OF CARE: Care support, information and resources move seamlessly with people transferring between healthcare settings

- Below are results of the maturity assessment of the key practice attributes against the best practice principles set out in the ACC Pressure Injury Prevention Guidance (aim to score 4 with maximum score of 5 per item) completed by each nurse and their team in the Link Nurse Programme.



- **Learning from adverse event report released on the 21 November 2019:** Each year DHBs are required to release information relating to serious adverse events that have occurred within their hospitals. A serious adverse event (SAE) is one that has resulted in significant additional treatment, major loss of function, is life-threatening or has led to an unexpected death. The learnings of these reports are presented in the Health Quality & Safety Commission's learning from adverse events report 2018/2019.

- Inpatient falls and pressure injuries continue to be the two major serious adverse events reported. Continued focus on identifying risk factors and tailoring falls prevention strategies to meet the needs of individual patients through the work of our Hospital Falls Prevention Steering Group is starting to make a difference with a 5% reduction in falls resulting in injury per 1000 inpatient bed days compared to the 2017/2018 year.

Older Persons Health & Rehabilitation (OPH&R)

- **Shared Goals of Care**: Shared Goals of Care focuses on patient treatment preferences and not only involves the patient, but also their family / whanau who work in partnership with the clinical team. Shared Goals of Care identifies the overall direction of an episode of care for the patient, with agreed limitations on medical treatment.

- The Older Persons Health & Rehabilitation Shared Goals of Care and Treatment Preferences Record (Trial) form meets the Health Quality Safety Commission Deteriorating Patient Programme guidance and includes NZEWS and Patient/Family escalation. This form was initially trialled in ward C1 (Older Persons Health inpatient ward) and has now been rolled out to the remaining Older Persons Health and Older Persons Mental Health inpatient wards for further feedback.

- The trial form prompts staff to have conversations with patients around their preferences for care and allows patients to make informed choices about complex medical options for their current admission. Conversations may begin with any member of the healthcare team. There is also the option for any registered health professional to document discussions with the patient where they have expressed specific wishes for further follow up with the Medical Team. Serious illness conversation guide workshops for clinical have commenced with the aim to join up these two national pieces of work.

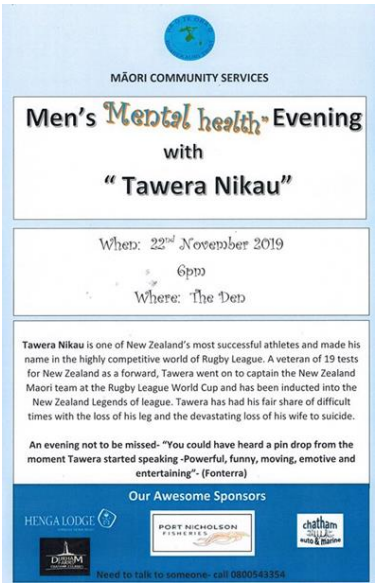
MAORI AND PASIFIKA HEALTH

- **Māori and Pasifika Health Providers:** Our Pasifika provider Tangata Atumotu Trust has won the Community Contribution category - Individuals or organisations offering exercise to populations that may normally find exercise difficult to access - at the New Zealand Exercise Industry Awards.

- This is a tremendous achievement for a small Pasifika provider who has gone to great lengths to support our Pasifika community to encourage and provide shared exercise groups, particularly targeted to Pasifika people that would not normally access organised exercise groups or gyms.

CE of Tangata Atumotu Carmen Collie and Nurse Suli Tuitaupe with their award

- **Te Hā o Te Ora o Wharekauri Trust** is our kaupapa Māori provider on the Chatham Islands. At the recent government Stakeholders meeting held on the islands this month, the provider was praised for their efforts in supporting the wellbeing of their community. This month they hosted NZ Rugby League legend Tawera Nikau on the island for a men's mental health evening. This is the second hui they've co-ordinated this year with the support of other organisations including Te Pūtahitanga (Whānau Ora commissioning agency). These hui are proving popular and enabling many men on the islands to confront and explore some difficult mental health and addiction issues.



- **Māori Caucus of CCN:** The Māori Caucus of the CCN met in November to look at the work programme 2019-2020. The caucus received presentations on respective work plans from the following workstreams and/or SLAs:
  - Child and Youth
  - Oral Health
  - Population and Access
  - Community Services
  - Pharmacy
  - Urgent Care
  - Rural Health
  - Mana Ake
  - Ashburton
  - Primary Care
  - Falls and Fractures
- The caucus had a great opportunity to look at the huge complexity of work that's occurring across the CCN within the workplan and specifically dig deep into the actions to reduce Māori inequity. Where necessary the caucus was able to challenge proposed actions in the workplan to ensure we are explicit in our workplan to address inequity.
- Understanding our data, particularly at a population level, is a key ongoing challenge. Many of the workstreams acknowledge that their data frequently shows that Māori are accessing services at lower than expected rates if we are to reduce inequity. However they also acknowledge many services need to improve the quality of data collection to help guide work to reduce Māori inequity.
- This is the first time that such a large number of Māori representatives on workstreams and SLAs have met collectively to explicitly look at our CCN workplan from a Māori equity perspective. A number of the workstreams and SLAs received good feedback and were challenged to sincerely examine their workplans to ensure that the equity actions articulated in the CCN workplan go beyond the words but can actually demonstrate progress toward reducing Māori inequity. This is a long journey but there is genuine desire for the CCN to work with Māori to reduce inequity.

MAKING IT BETTER - SYSTEM IMPROVEMENT

Older Persons Health & Rehabilitation (OPH&R)

- To support the outcomes for frail older people, Older Persons Health and Rehabilitation have been focusing on rethinking rehabilitation. We are seeing great outcomes with length of stay; meeting volume needs but importantly outcomes. Linked to this is the focus on patient safety and quality, culture change and ensuring we do no harm to the people we care for. Within the rethinking rehab workstream the following focus areas continue to support our outcomes:
  - Goal setting – the workgroup is focusing on finalising the process for goal setting and standardising where we document goals in the patient's notes.
  - Use of Volunteers – Ward B1 continues the use of volunteers to have group sessions as part of rehabilitation activities within the ward and act as companions with patients with mild cognitive difficulties. Due to the success so far we will roll out to Ward C2.
  - Orientation to Burwood for patient expectations – the workgroup is proposing to replace the current pamphlets with flipcharts which will be more sustainable and provide visual aid to activities and expectations supporting rehabilitation whilst in Burwood.
  - Ward D1 – is trialling replacing Interdisciplinary team meetings (IDT) on a Monday with more robust board rounds similar to the acute model. This has freed 24 hours of nursing and allied health time which has gone back into patient activity and patient contact time. Length of Stay (LOS) has reduced by another day.
- The OPH&R Serious Event Review (SER) group have implemented their Medication Safety: wrong drug, wrong dose, wrong patient initiative to change how we think about, and talk about events. Managers follow-up with staff involved in SAC 3 and 4 errors supportively using a guiding investigation form that prompts the manager to ask questions leading up to the error, checks the wellbeing of the staff involved and provides an opportunity for the staff to offer solutions to improve how we work. The manager then meets with the SER group to have a conversation about what happened, identify opportunities to improve our systems, processes, environments, and ways of working. The process has now involved medical, nursing and allied health. The conversations between managers and the SER Group have been positive, supportive and honest.
- Interruptions while carrying out a process appears to be the major catalyst to non-adherence to policy and procedures at this early stage.
- **Pressure Injury:** Purpose-T skin risk assessment tool was implemented on 15 July 2019 across Burwood Hospital inpatient wards. The implementation plan included intense nursing / allied health staff education sessions with ward 'champions' and Clinical Nurse Educators / Clinical Nurse Specialists continuing to train interdisciplinary staff.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Assessment and identification of pressure injuries and risk:** Development of pressure injuries is a key risk for people whose mobility is limited and is associated with spending time as an inpatient, particularly for the most frail or immobile patients. Pressure injuries can delay a patient's recovery, limiting quality of life and mean that longer hospital stays are required. Having good information about patients' risk factors for the development of pressure injuries and whether they came into hospital with pressure injuries or developed them while admitted is key to ongoing improvement in the way that we care for our patients.

  The Canterbury Pressure Injury Prevention Advisory Group has launched a new pressure injury alert sticker for our hospitals this month to support that supports the identification and coding of pressure injuries at the time a person's skin is checked on presentation to hospital. Processes to support accurate

coding and reporting of pressure injuries, whether they are present on admission to hospital or develop during a hospital admission, have been improved.

Decision Support has developed an interactive pressure injury dashboard that provides pressure injury data trends by rates, length of stay, diagnosis grouping, ward and patient demographics. This range of changes will enable us to better target investigation of pressure injuries, improvement of processes and provision of training to ensure ongoing improvement in this area.

- **Update on progress with streamlined Vascular ward rounds:** A report on changes to the way that Vascular ward rounds are conducted was provided at this time last year. The model introduced was loosely based on the World Health Organisation Surgical Safety Checklist and consists of a 'time-in' at the start of the ward round, 'pause' at each patient bedside, and a 'time-out' at the end of the ward round.

  This way of working has now been in place for a year and has been audited twice. The second audit shows a further improvement in 19 of 21 of the clinical quality indicators surveyed and all subjective measures including significant improvements in observation chart review (20% to 75% to 81%), drug chart review (10% to 54% to 79%) and anticoagulation/antiplatelet treatment (32% to 61% to 58%). Overall, these findings are encouraging as they indicate that the introduction of a surgical ward round structure did not adversely affect ward round efficiency and contributes to provision of effective care for our patients, giving them the best chance of recovering quickly and without unintended harm.

- **Cortex Nursing and Allied Health Care Plans:** Nursing documentation for patients being cared for as inpatients generally includes the use of a Care Plan in conjunction with progress notes each shift. There has previously not been a standard format for progress notes, the aim for some time has been to have exception-based charting in progress notes to compliment a comprehensive Care Plan.

  This has been achieved through the development of the Cortex Inpatient Care Plan (Nursing and Allied Health) to record, update and store information. The functionality developed specifically for the Care Plan ensures a comprehensive document that can be easily created and maintained. The results of a range of risk assessments including pressure injury risk, falls risk, nicotine dependence amongst others then trigger prompts for actions to be taken further down within the document incorporating local policy and guidelines to assist staff in the development of planned interventions in conjunction with the patient. The Care Plan is reviewed each shift with risks reassessed and interventions updated as required. A 'snapshot' of the Care Plan is then taken at the end of each shift.

  The development of the Cortex Inpatient Care Plan and nursing documentation now provides electronic access to these documents either via the Cortex application or Health Connect South to any clinician that needs this information within the health system.

  The new Care Plan functionality has eliminated the need for duplication of information, as previously the Care Plan had to be completely rewritten every twenty-four hours in a paper-based system. Succinct and standardised recording of information is supported, and significant time is released to patient care tasks each day by decreasing the time that had previously been spent by nurses recording their documentation at the end of each shift.

  The design of the Care Plan supports the multi-disciplinary team working towards discharge from the day of admission and is a key component in working towards an electronic record of patients' care.

  Nurses have responded very positively to the pilot in General Surgery. Significant duplication has been eliminated as patients traverse between the Surgical Assessment and Review Area and the wards.

- **Development of a telestroke service throughout the South Island:** Over recent months the rollout of a telestroke service has occurred throughout the South Island. It has been in place for West Coast patients for some time now and commenced for patients from Dunedin, Timaru and Invercargill during September and October. This service involves provision of neurologist consultation using telehealth tools to guide imaging and treatment choices for people who may have had a stroke.

  Imaging is carried out at the hospital of presentation, images are viewed electronically by a specialist neurologist and telehealth supports evaluation of the patient and communication between clinical teams. Information is entered into Health Connect South to enable immediate access by clinicians throughout the South Island.

This enables timely advice to be provided about whether thrombolysis should be started or the patient transported to Christchurch for clot retrieval. Rapid treatment through initiation of thrombolysis or clot retrieval where it is judged as being beneficial is key to reducing function lost following a stroke. Improved processes to support collection of data to support clinical audit and continuous improvement are being explored.

- **Improved management of hoist slings in orthopaedic wards releasing time for care:** Patients in orthopaedic wards who are unable to weight bear rely on physiotherapists and nurses to transfer them from bed to chair. Hoists, with washable slings, are used to affect this in a way that is safe for patients and staff.

  The slings used for this purpose come in several sizes and other variations. A physiotherapist carrying out a Collabor8 improvement project recognised that time was being wasted each day by nurses and physiotherapists searching for the appropriate slings. To improve this the area used to store this equipment has been reorganised with containers put in place for each sling variation so that stock levels are easily visible and a laminated stock control sheet for staff to mark when they remove an item has been put in place. This enables hospital aides to easily ensure that stock levels are managed.

  This simple change has released at least 26 hours of nursing and physiotherapist time to care tasks each year – the true benefit is likely to be larger than this due to avoidance of the need to arrange for delivery of stock outside of our normal cycles.

REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

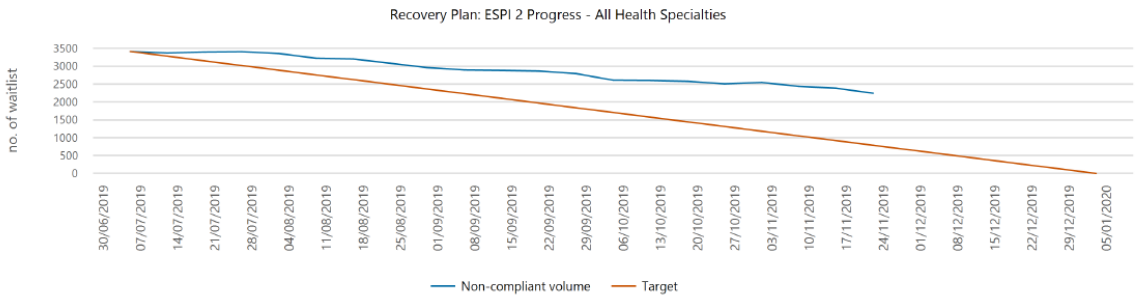
- **Faster Cancer Treatment Targets: 62 Day Target:** In the three months of August, September and October 2019, of the 165 records submitted by Canterbury District Health Board 25 patients missed the 62 days target, 20 did so through patient choice or clinical reasons and are therefore excluded from consideration. With 5 of the 145 included patients missing the 62 days target our compliance rate was 97%, meeting the 90% target.

- **31 Day Performance Measure:** Of 326 records towards the 31-day measure 299 (92%) eligible patients received their first treatment within 31 days from a decision to treat, meeting the 85% target. Of the 30 patients who missed the 31 days target 17 missed it by five days or less and 5 through patient choice or clinical considerations.

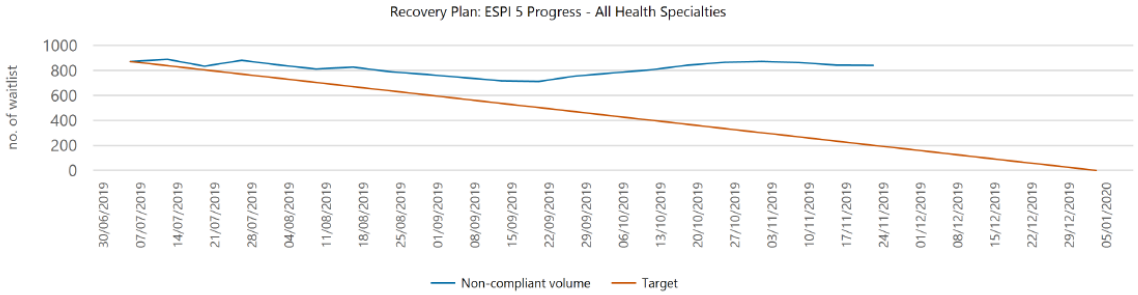
- **Elective Services Performance Indicators:** Services now have access to more targeted information that helps them to identify and correct data anomalies. For example, we are able to identify waitlist entries for either a first specialist assessment or surgery that relate to patients who have been seen already and not removed from the wait list. Summary reports provided by the Ministry now reflect our internal reporting about the number of people waiting longer than target for their First Specialist Assessment, however Ministry reports about waiting time for surgery require further updating.

  Internal reports show 2,240 patients (21% of the total) waiting for First Specialist Appointment for longer than 120 days while 838 patients (almost 17% of the total waitlist) have waited for Surgery for longer than 120 days.

  A recovery plan has been agreed with the Ministry of Health that would see both of these measures in green or yellow status by the end of 2019. While ongoing industrial action has affected our ability to achieve the planned reduction in people waiting longer than 120 days, there are many service areas that will have no patients waiting longer than 120 days for a first specialist assessment by the end of the year.



- The challenges in meeting our recovery plan for surgery waiting time are more troubling. As we make progress in reducing the number of patients waiting for their first appointment with a specialist it inevitably increases the number who are accepted for an elective surgical solution.



- The delay in the completion of Hagley Hospital is restricting our ability to provide elective surgery. While we can outsource a significant percentage of our elective surgeries to other providers there are many patients who are unsuitable for treatment anywhere other than in the public hospital where theatre time is at a premium.

- **Planned Care Interventions:** Planned care targets have been agreed with the Ministry of Health and incorporate planned inpatient operations as well as range of procedures provided to hospital outpatients and patients in community settings. At 1 November 2019 we have provided 6,514 planned inpatient surgical discharges, 169 discharges less than the phased target of 6,683. The target for inpatient planned volumes is set at the same level as last year's target. There is confidence that in the absence of the extraordinary circumstances experienced in 2018/19 the end of year target will be met.

  Our overall target for minor procedures at this point of the year is 3,869 with a plan that 3,055 of these would be carried out in a hospital setting (either inpatient or outpatient). This is a new component in our planned procedure reporting and processes that will ensure all relevant data are counted against the target are being worked through.

  2,808 minor procedures have been shown as provided in a hospital setting against the plan of 3,055.

  The final component added to this year's planned procedure target is the provision of publicly funded procedures in community settings. This is an area in which Canterbury has led the country. Provision of data from primary care to the Ministry of Health's National Minimum Dataset collection is being worked on so that these volumes can be counted.

- **No ordinary orderlies:** Orderlies are the glue that sticks so much of our hospital together, and now they're better trained than ever before. Last week, the 100th Orderly received their New Zealand Qualifications Authority Health and Wellbeing Level 3 (Orderlies) qualification. Our orderlies have had the opportunity to complete the qualification since 2014, following the development of a three-week, full-time training course with four dedicated trainers. The goal for the course was to ensure orderlies have the right skills to make the patient journey as comfortable as possible. Training emphasises compassion, understanding and empathy. It has transformed orderlies' interaction with patients and staff. The qualification has become the springboard for further career development for some orderlies.

- **Health Research Council of New Zealand Award for CDHB Senior Midwife:** Senior Midwife and Clinical Leader, Esther Calje, was the recipient of a 2020 Health Research Council Career Development Award. Esther's PhD will focus on the evidence gap regarding current treatment options for severe

postpartum anaemia. The overall objective is to improve health outcomes for postnatal women with severe anaemia.

- **Sterile Production Unit Cost-Saving Initiative:** The Sterile Production Unit incorporates a range of rooms and functions which have different requirements for the clothing worn by staff. The most demanding environment and functions require use of a disposable non-particle shedding coveralls, whereas other functions can be carried out wearing reusable scrubs, overshoes and head cover. A review of our processes and their associated costs made it clear that disposable coveralls, costing of $33 each, were being used for functions that did not require that option. Replacing the use of these suits where this is appropriate will save around 200 suits per year –around $6,600 savings per year. Other technological solutions are being evaluated that could eliminate the need for disposable coveralls.

Older Persons Health & Rehabilitation | Community Dental

- **Māori and Pasifika Health Providers:** Community Dental has identified a problem where whānau of preschool children are unable to be contacted to arrange a dental visit and, after several attempts, further follow up is not attempted. Māori and Pacific children are twice as likely to be lost to follow up as others. This failure to maintain contact is reflected in the lower rate of Māori 0- to 4-year-olds enrolled in Community Dental than others. The likelihood of poor oral health later in life is significantly reduced by regular dental visits. Reducing the number of tamariki and pepe lost to follow up is a key part of the Community Dental Service's cluster plan for 2019-2020. Work is now underway, due for completion in January, to develop in-depth understanding of the factors associated with loss to follow up. The data from this part of the project will then be used to develop improved contact processes, for implementation in early 2020, that will improve equity and the quality of services.

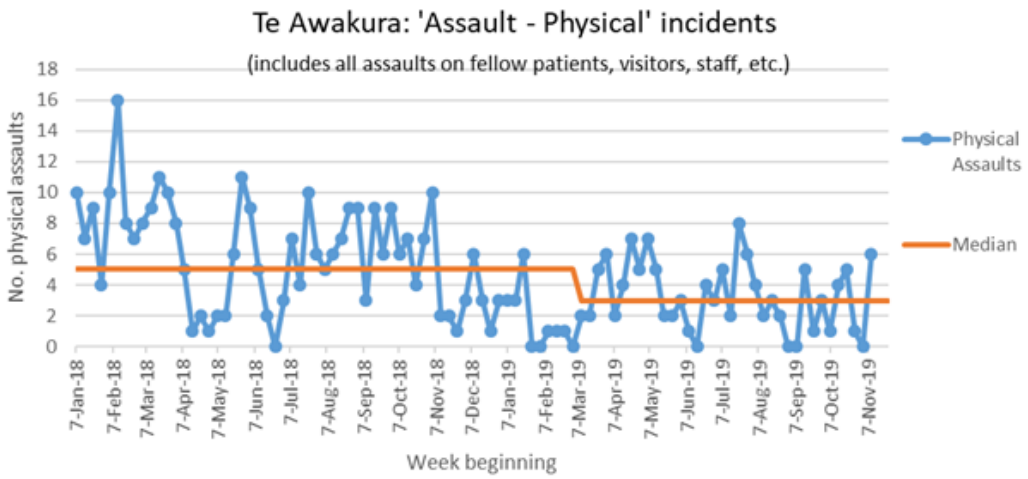
- **CREST:** The consultation process for our initial proposal for CREST has been extremely valuable and because of feedback we have made some changes to the final realignment of the service. The CREST (Community Rehabilitation Enablement Support Team) is an evidenced-based supported discharge service that provides support to people leaving hospital or allows them to avoid a hospital admission altogether by providing a range of care in people's own homes. It is made up of DHB, Nurse Maude Association, Access Home Health and Healthcare NZ staff. The service is for all adults but is mostly used by people aged over 65. The OPH&R CREST services changes will ensure that from a patient perspective there is not duplication of assessment or case management.

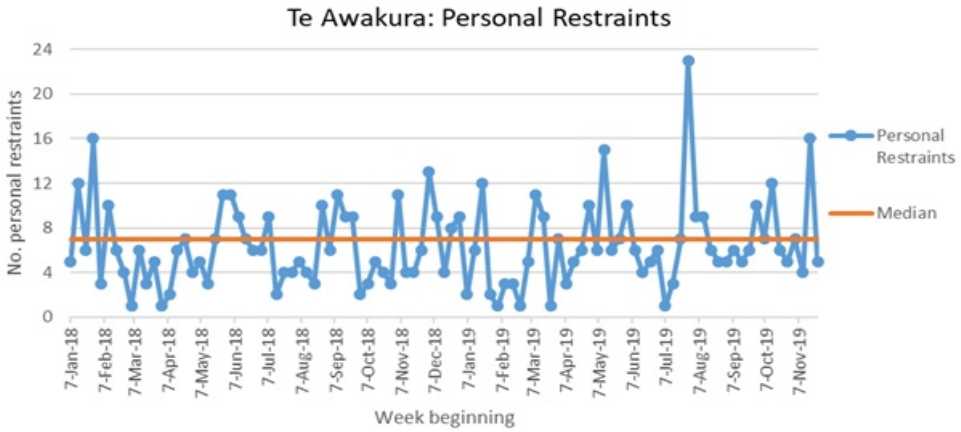
- Liaison staff (nursing) will be retained and we will be growing our Allied Health roles within the service. In addition to this we are introducing two new Clinical Nurse Specialist roles who will support and enable ongoing development and capacity within the three community providers for some of the more complex cases. One of these roles will have a specific mental health focus. The changes will see the case management component of the service be located with registered health professionals in our community provider teams to avoid duplication and improve the patient experience. These community providers are already providers of our existing District Nursing services across the Canterbury DHB region.

Specialist Mental Health Services (SMHS)

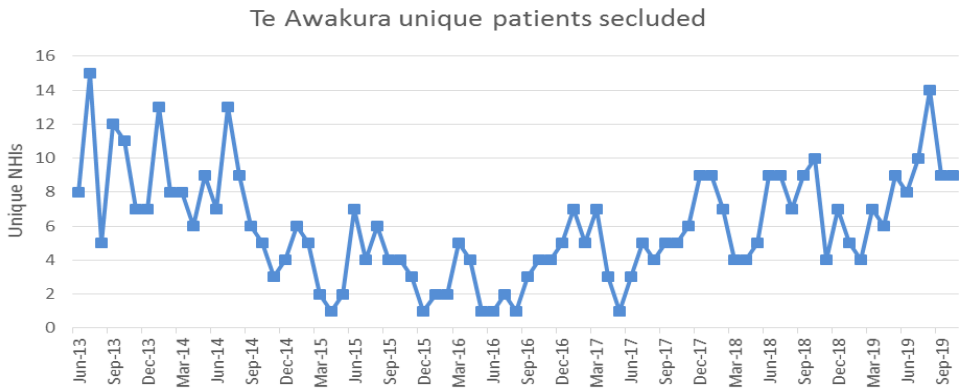
- **Adult Services:** Staff remain committed to least restrictive practice and continue to engage in the Health Quality & Safety Commissions Safer for All improvement programme. To support the work of the Safer for All programme, a range of activities have been undertaken to improve safety within the inpatient environment. Systems, processes, culture, practice and resourcing issues have been addressed and key changes have included increased security presence under clinical direction, increased clinical leadership, practice guidelines for the low stimulus and high care areas, review of the rapid tranquilisation policy and implementation, increased development of safety plans for consumers at higher risk of aggression, consistency of practice across shifts and across wards, and the introduction of a rolling programme of in-service education, supported by nurse coaches.

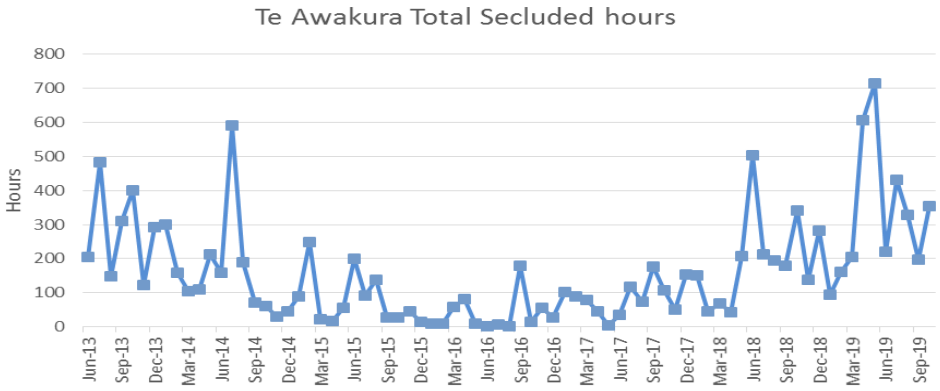
- Data from Safety 1st over the last three years gives an indication of a general downward trend in the number of incidents reported in our clinical areas. We know that incident data should not be viewed in isolation as a universal measure of safety, particularly given the significant variation in context and severity of individual events and settings, however, this downward trend is encouraging, given it is evident across the various incident types; from assaults to threats to verbal abuse.



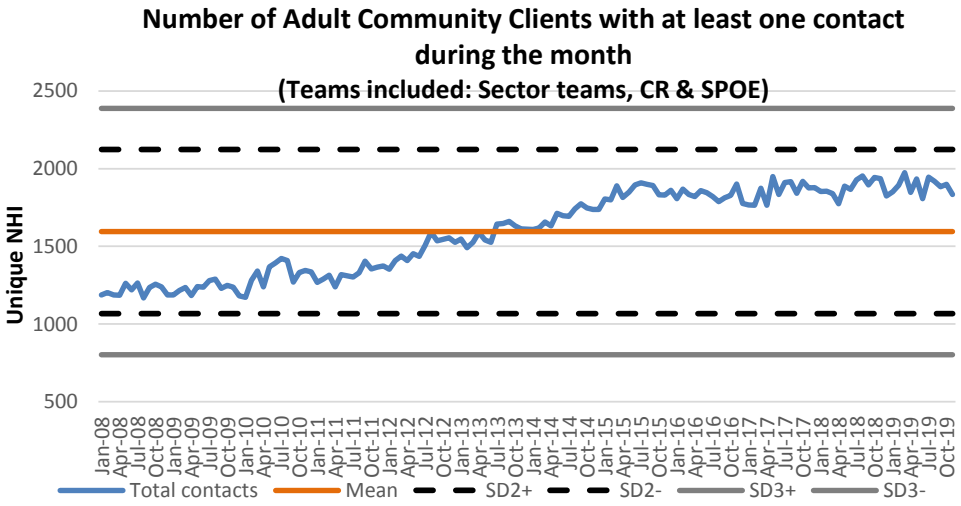


- Alongside this, we continue to monitor seclusion events. In November, 9 people experienced seclusion within Te Awakura, for a total of 227 hours. The overall trends for number of people being secluded and the number of hours of seclusion used are concerning. There are multiple review processes used to reflect on and learn from each episode of seclusion however despite this, seclusion use is increasing. We remain below the national average for the number of events and number of seclusion hours per 100,000 people.

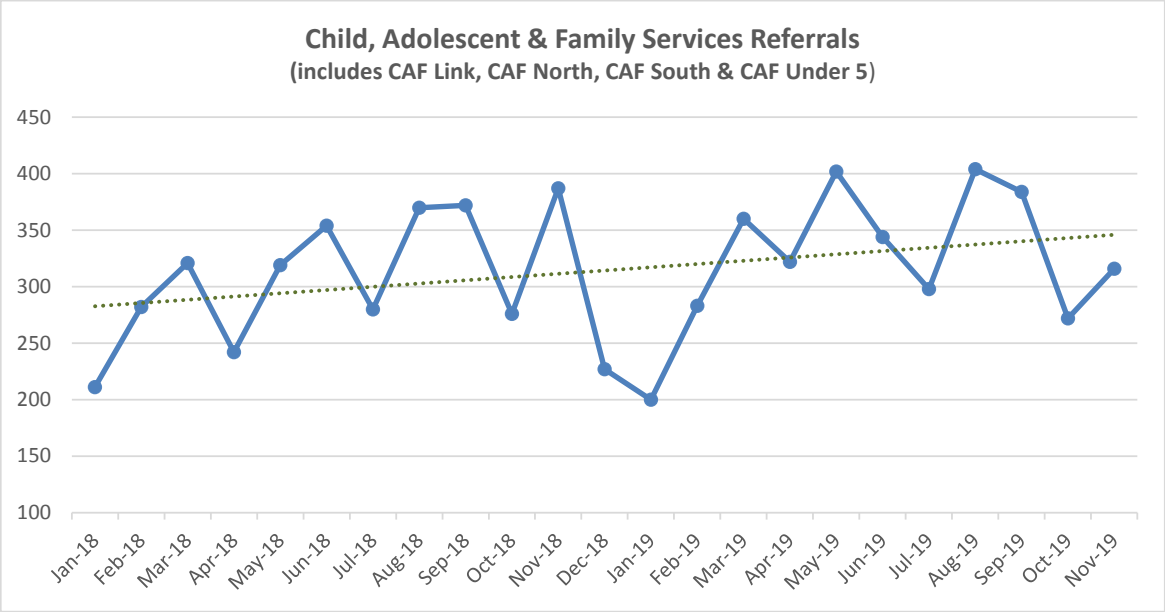


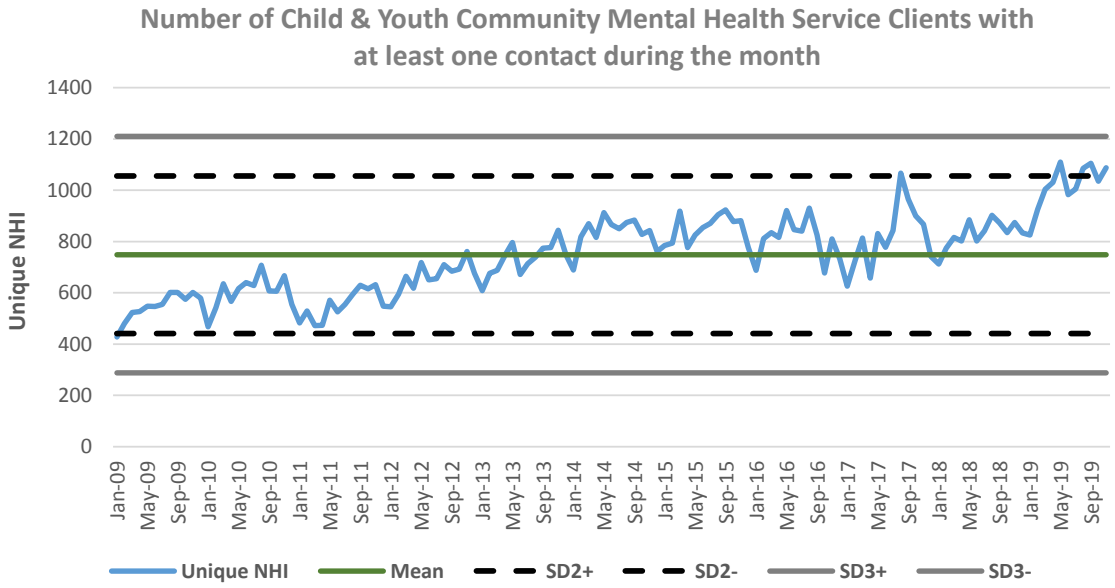


- **Adult Inpatient Services** continue to monitor and manage occupancy. the occupancy rate was 87% in November 2019, the readmission rate for people discharged in October 2019 was 15.4%, length of stay averaged 17 days in November 2019, with 39 people having been in the acute inpatient unit for longer than 15 days.
- **Adult Community Services** continue to monitor and manage demand within the community, activity has stabilised somewhat however new case starts into the community teams continue to increase and the stabilisation of numbers in the graph below probably reflect capacity constraints.

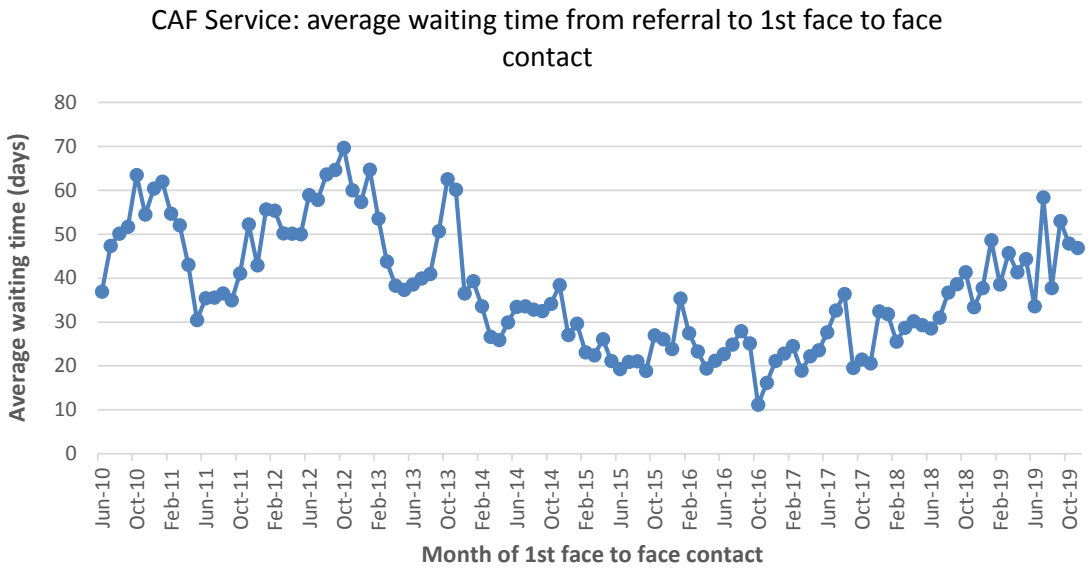


- **Child, Adolescent and Family (CAF) Services:** Demand remains a concern. There is an increasing number of referrals being received, averaging 86 per week in November 2019, and an ongoing increase in the number of young people engaged with CAF services.

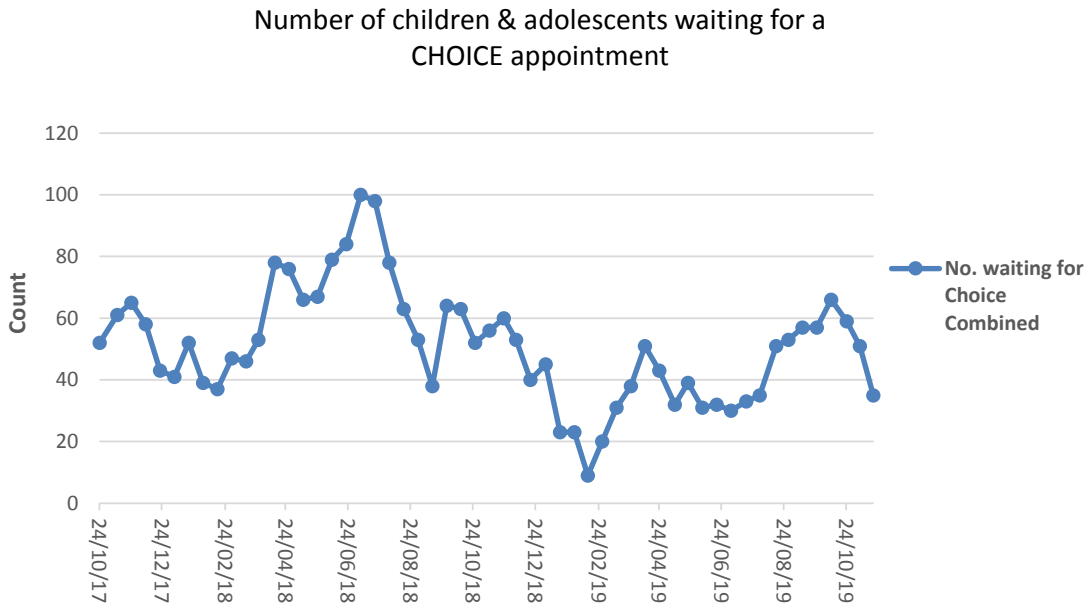


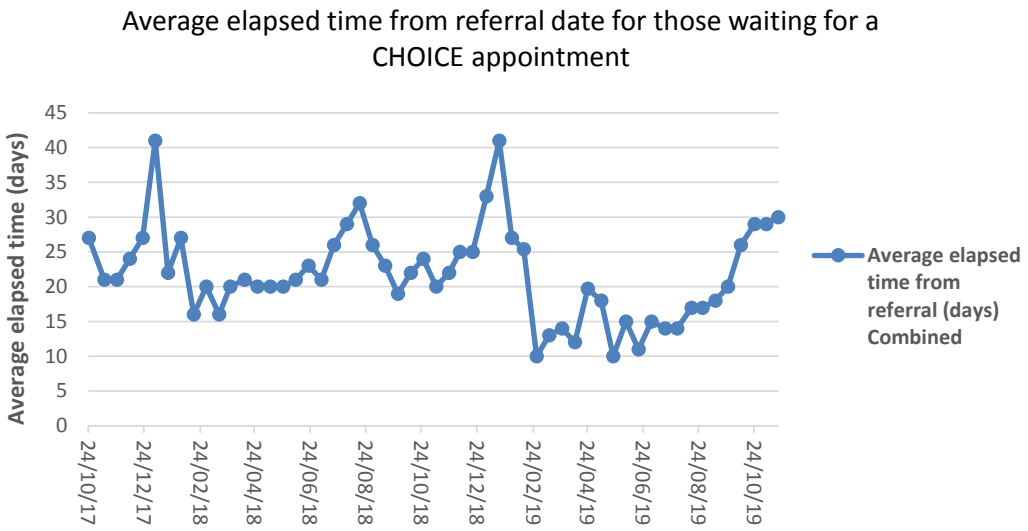


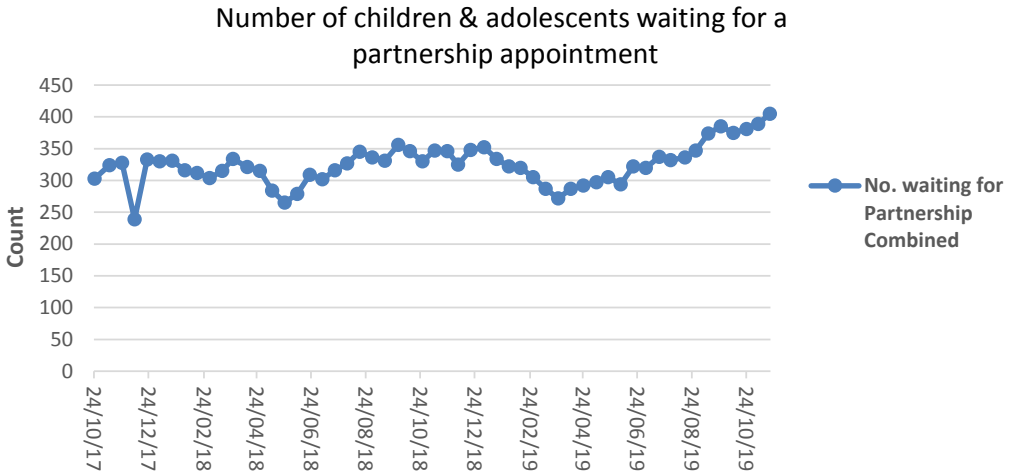
- National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for November 2019 show 53.72%% of children and adolescents were seen within 21 days and 77.66% within 56 days. The CAF service began using the Choice & Partnership approach widely in 2014, resulting in a reduction in the average waiting time to first face to face contact, although this is gradually increasing due to demand.

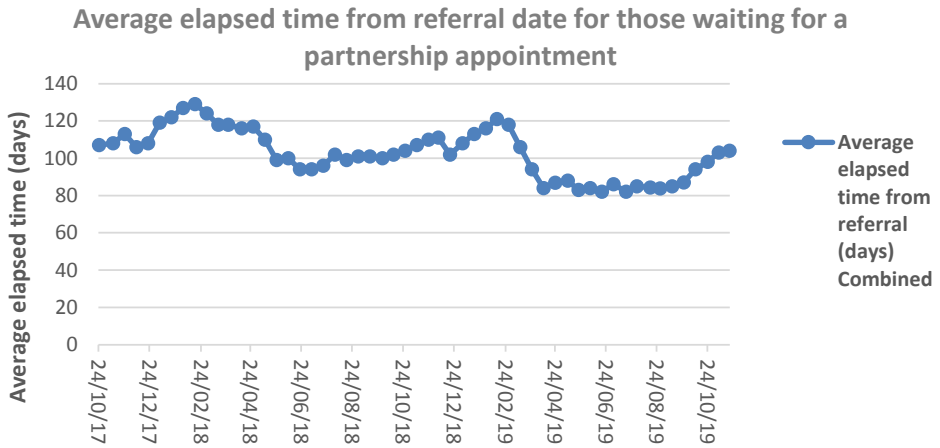


- Because of the increasing demand, we continue to see an impact on the number of young people waiting and the wait-times for treatment.




Average elapsed time from referral date for those waiting for a CHOICE appointment
Average elapsed time (days)
45
40
35
30
25
20
15
10
5
0
24/10/17
24/12/17
24/02/18
24/04/18
24/06/18
24/08/18
24/10/18
24/12/18
24/02/19
24/04/19
24/06/19
24/08/19
24/10/19
Average elapsed time from referral (days) Combined


Number of children & adolescents waiting for a partnership appointment
Count
450
400
350
300
250
200
150
100
50
0
24/10/17
24/12/17
24/02/18
24/04/18
24/06/18
24/08/18
24/10/18
24/12/18
24/02/19
24/04/19
24/06/19
24/08/19
24/10/19
No. waiting for Partnership Combined

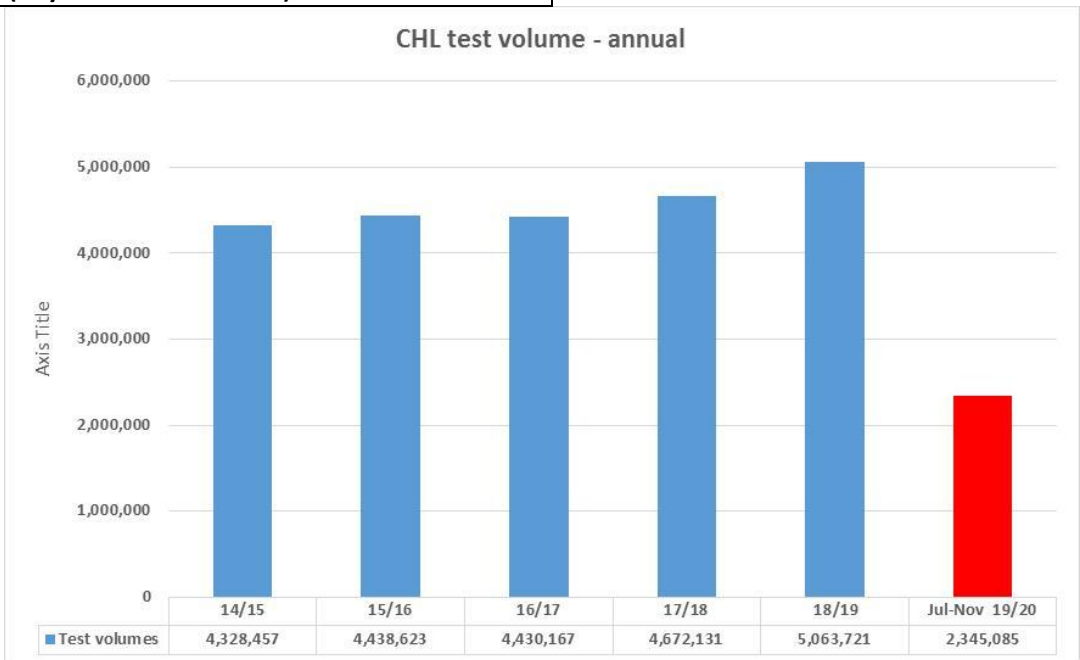

Average elapsed time from referral date for those waiting for a partnership appointment
Average elapsed time (days)
140
120
100
80
60
40
20
0
24/10/17
24/12/17
24/02/18
24/04/18
24/06/18
24/08/18
24/10/18
24/12/18
24/02/19
24/04/19
24/06/19
24/08/19
24/10/19
Average elapsed time from referral (days) Combined

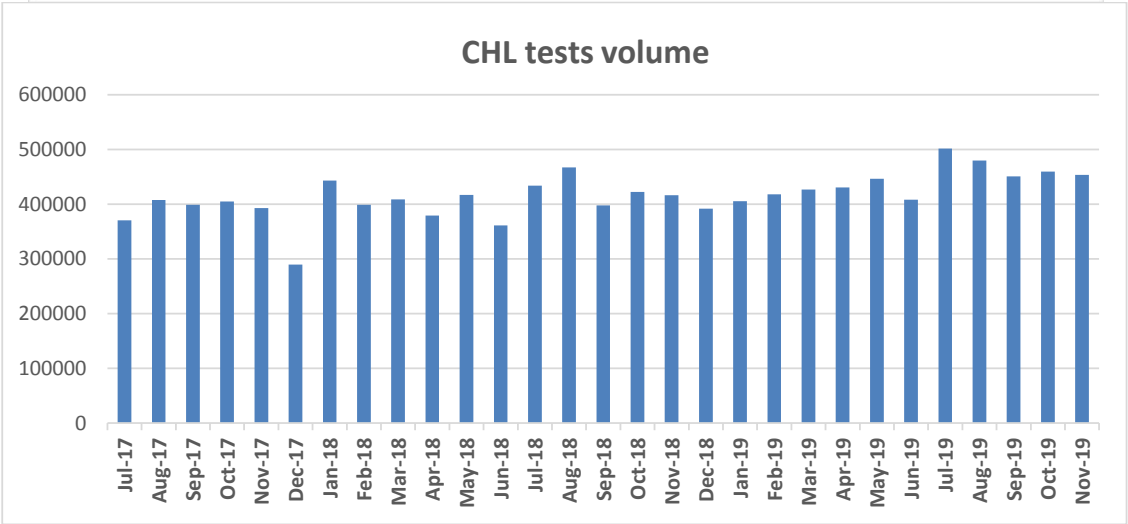
Laboratory Services

- **Laboratory activity volumes:**
- November saw an overall 10% increase in testing volumes for same period (July-Nov) in the previous year (18/19). CHL continues to identify opportunities to ensure test requests are clinically appropriate. This covers CDHB and other referring DHBs. As well as being business as usual practice for the labs, forms part of the CHL response to the Task Force initiatives around revenue optimisation.

	Annual volumes					
F/Y	**14/15**	**15/16**	**16/17**	**17/18**	**18/19**	**Jul-Nov 19/20**
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	5,063,721	2,345,085
Percent change		2.55%	-0.19%	5.46%	8.38%	

Overall increase 10% on a volume over the same period last year (July '18 - November '18)





- **Collaborations results in streamlined services to patients undergoing investigation for prostate cancer:** Collaboration between the departments of Urology and Anatomic Pathology has resulted in a more streamlined service to patients undergoing investigation for prostate cancer. The Clinical Directors

and Service Managers of both departments, together with the Section Head of Histology, met recently to discuss their respective challenges and requirements. To align with "faster cancer treatment" targets, patients undergoing prostate biopsies are required to be followed up to discuss treatment options which can vary from surgery to being added to an 'active surveillance database'. The target for this appointment is 14 days and this requires their biopsy material to be processed and the pathology report issued in time to inform treatment discussions. The group identified a number of ways to ensure these targets are met, ranging from changes to the schedule for delivery of specimens to the laboratory, advising the laboratory of the date of the patient's clinic appointment, and streamlining the flow of pathology reporting to meet these dates. This has streamlined the work flow in the laboratory and ensured that patients can be seen and advised of their biopsy results in a timely fashion, resulting in more efficient management of outpatient appointments and a better service to our patients.

- **International Pathology Day:** International Pathology Day took place on 11 November. This International Day has been instrumental in bringing awareness to the important role that pathologists play in the delivery of healthcare. For instance, about 70-80% of all medical treatment decisions and essentially all (100%) cancer diagnosis rests with pathologists. This was celebrated by Canterbury Health Laboratories with an article in the CEO update identifying some of the value of laboratory services to the Canterbury health system.

Ashburton Rural Health Services

- The team in Ashburton continue to focus on developing the generalist workforce model that complements the Canterbury DHB "one service – multiple sites partnership. For the past year, following the implementation of SI PICs and the single waitlist, work has been undertaken with all the specialist services providing outpatient or outreach clinics in Ashburton, exploring the continuous improvement opportunities to ensure service delivery is standardised and living in rural or satellite areas does not compromise access to Canterbury DHB specialist services. There are multiple interventions in this area of work, from ensuring access to in-service and training programmes through to ongoing 'business partnership' with the service management and clinical directors of each service. This includes a focus on rotating nursing staff providing specialist procedural care in Ashburton, through the Canterbury DHB specialist service to ensure we are incorporating the quality initiatives and delivery models of Canterbury DHB.

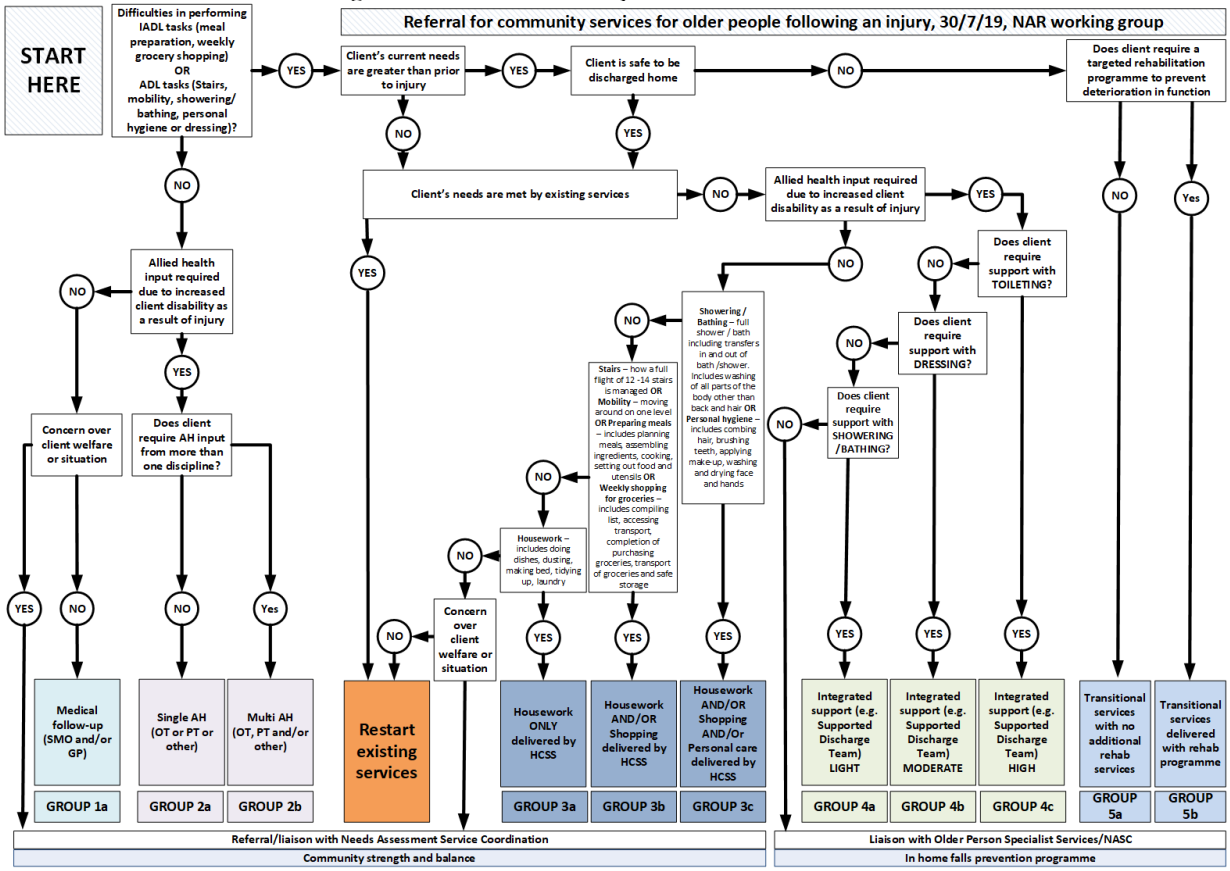
- The Acute Assessment team continue their work programme to implement nurse led assessment, treatment and discharge within the unit. This is part of collective plan for sustainable service delivery responding to the increasing presentations and limited afterhours care access within Ashburton area.

- The work of the Rural Health Academic Centre is expanding, with the implementation of the Rural Medical Immersion Programme commencing in 2020. A partnership between the University of Otago, Advance Ashburton, Mackenzie Foundation and the Canterbury DHB, this programme will enable four medical students to complete their training while immersed within the local Ashburton Hospital and general practice environment. Ashburton Hospital and Health services remain committed to developing the rural health workforce and are exploring the opportunities that will progress a general nursing pathway in the coming year.

- The community teams are engaged with the Health of Older Persons portfolio team within Planning and Funding as we focus our service delivery to implement the bundles of care and case mix model. As a service that provides both the NASC assessment and Home-Based Support services, this is an ideal opportunity to ensure we are focusing our packages of care to enable a restorative model and ensure a multi-disciplinary team approach is provided in the community for those most at risk/requiring a more comprehensive package of care. Through this approach, we will be matching the InterRAI data with our other data sources, giving us a more informed view of those living in our community with, or without, supports as well as contributing to key system level outcome measures:
  - Proportion of people 75+ living in their own home
  - Acute admissions to hospital
  - Reduced length of stay
  - Acute Readmissions

- The InterRai data is a rich platform of information to work from, by bringing this work together and investigating the information we are able to focus our work as follows:
  - Frail Care Planning – to prevent or delay the onset of frailty, rather than manage it. Informing Agnes how to better manage her own health.
  - Person centred service planning – knowing what the health and wellbeing of the older population looks like so that informed key services can be planned & delivered with prevention in mind, which may change the reach, scope, placement & entry method of existing services.
  - Disaster planning – knowing how many vulnerable people, living alone or with brittle social supports, are within the 65+ population so emergency responses can be appropriately co-ordinated in the event of a disaster.

The framework for assessing the bundle of care required is outlined below.



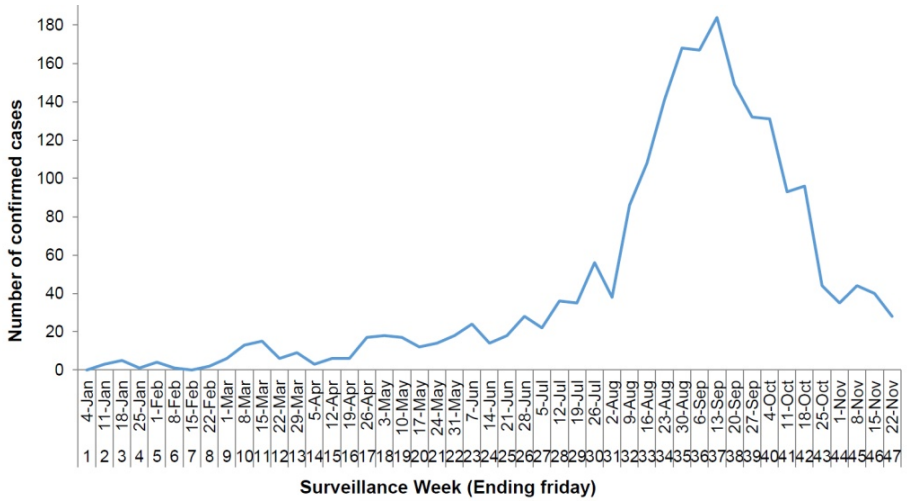
IMPACT OF INFLUENZA

Laboratory Services

- **Respiratory virus testing**: Whilst the positivity rates of Influenza have dropped off almost completely, the request volumes remain unseasonably high despite low positivity rates for other respiratory viruses. CHL virology are actively working with requesters through "Choosing wisely" campaign changes in requesting protocols to reduce unnecessary testing and direct resource to appropriate clinical testing. We will be continuing to work with the greater DHB circle to further look at demand management tools to identify any areas of inappropriate requesting.

- **Measles:** While we have not seen a continuation of measles locally (No new South Island cases for Nov 2019) and measles activity has significantly decreased within NZ from its peak in September we are still seeing the flow effect from the greater Auckland region with a further 16 nationally referred genotyping requests received, identifying 7 vaccine A strain measles cases. A further 23 genotype sequencing tests were also performed in November as part of our work involved under the MOH / WHO umbrella. The

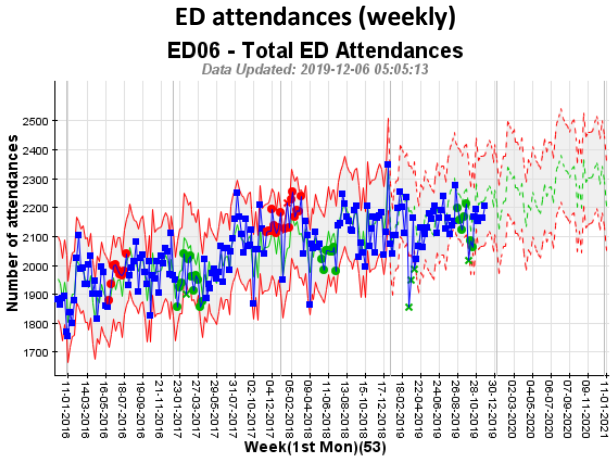
total number of confirmed measles cases for 2019, nationally, has now reached more than 2093 cases as of 22 November.



- **Mumps**: Since the 20th of November we have seen 11 positive cases of Mumps referred for testing to CHLabs. (2 within Canterbury). This is in keeping with the recent national increase in Mumps notifications with 27 notifications in the period 13-22 Nov.

Acute Demand Management

- At this time of year demand from the community has slightly reduced following winter with volumes of those seeking care lower in our ED Departments in Christchurch and Ashburton. However, over recent years a summer peak has developed and we will monitor this closely. The spring decrease is welcome but with further delays to increased capacity provided by the Hagley facility means we are developing new plans to continue to manage demand.



- While ED volumes have shown modest increases over the last period, there has been greater complexity in people attending ED resulting in higher admission rates and slightly longer ED stays. Greater growth has been experienced in community services with both Acute Demand Management Service utilisation and 24 Hour Surgery costs are higher than forecast, but in line with the 2019 winter plan to manage our constrained system which sought to maximise community resources.

- In the first three months of 2019/20 financial year, Acute Demand Management Service referrals have increased by 13% compared with the same time last year and claims have increased by 19%. This creates a budgetary tension for a system which has run out of acute hospital capacity, with delays in new capacity. We are actively working the Acute Demand Management programme to maximise the value of activity and reduce variation.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Older Person's Health

- **Restorative care:** Keeping older people in their own homes continues to be a strong focus for the DHB. Our Community Rehabilitation Enablement & Support Team (CREST service) has been reconfigured to reduce duplication of case management and patient assessment. The Service continues to support approx. 1,200 clients per year to reduce their stay in hospital or to prevent a stay altogether.

Mental Health

- **Mental Health and Wellbeing Response to Mosque Shootings:** Since 15 March, a number of initiatives to support victims and their families have been implemented by and coordinated with the DHB. A planning workshop was held to take stock of health responses to date and identify priorities for the coming 12 months. The participants included community people impacted, contracted Muslim Psychologists and Spiritual Advisor, health providers and other agencies involved in this work. Oversight will be provided by consolidating a number of current groups that are meeting regularly, with strong community voices. This will incorporate the newly established team at Purapura Whetu which is made up of people from the Muslim community who are being supported clinically and culturally.
- **Integrated Mental Health and Addiction Services in Primary and Community:** A collaborative proposal for the development of primary mental health and addiction services has been submitted in response to the Ministry of Health request for proposal (RFP). This will expand current approaches in primary care ensuring improved access for people with mild to moderate mental health issues. We have worked with Maori and Pacific in support of the proposals they have submitted for replicating and/or expanding current services. Further RFPs will be released in 2020 for new Maori and Pacific initiatives.

Primary Care

- **Free GP consultations for people affected by the 15 March attacks:** DHB support for GPs providing free consultations for people affected by the 15 March attacks has been extended to June 2020. In the year to date October 2019, 1,390 free consultations have been funded by the DHB with the help of Canterbury's three primary health organisations (PHOs). This support is part of the Canterbury Wellbeing and Mental Health Recovery Plan for which the Ministry has contributed additional funding to the DHB of $4.3 million in 2019/20.
- **Te Hā – Waitaha stop smoking service for Māori women:** Smoking data, provided through the national Maternity Data Set indicates smoking among wāhine hapū is high. There are approximately 1,500 births each quarter in Canterbury, in quarter one 2019/20 (July-September) data was captured for 517 pregnant women. In that quarter, 17 (31%) of 54 wāhine hapū in Canterbury smoked, compared to 9.7% for all ethnic groups.
- The Te Hā – Waitaha stop smoking service has a high level of engagement with wāhine hapū. For example, in the period that Te Hā – Waitaha has been operating (for which we have data) – from October 2016 to September 2019 – of all 894 pregnant women enrolled to stop smoking, 402 (45%) were wāhine hapū.
- Of all 392 pregnant women with a Carbon monoxide (CO)-monitored quit at 4 weeks 169 (43%) were wāhine hapū. Te Hā – Waitaha also has good engagement with LMCs, with 46% of all referrals of wāhine hapū to the service coming from LMCs.
- With the DHB's support Te Hā – Waitaha has prioritised helping pregnant women to stop smoking by investing in a Pregnancy Incentive Programme (PIP). This gives vouchers to women at various stages of the stop smoking journey. The Incentive Programme has been evaluated by Community and Public Health and the evaluation reports that the Programme:
  - Incorporates evidence-based components – incentives, whānau involvement, regular contact, individually-tailored treatment plans
  - Is successful in engaging wāhine hapū (women identifying with Māori and Pacific ethnicities were 50% of those referred to the PIP)

  - Is an acceptable and equitable intervention for wāhine hapū who smoke (there is higher retention in the PIP of Māori and Pacific women).

- One aspect missing from the PIP evaluation was the view of LMCs, and a plan has been made to gather their feedback, particularly on how to engage more smoking pregnant women and their whānau. A summer studentship in 2019/20 is focused on identifying barriers experienced by LMCs in referring to Te Hā – Waitaha. The service intends to work with LMCs to use motivational interviewing techniques to overcome these barriers and help increase the number of referrals of pregnant women who smoke.
- The Ministry of Health has established a stronger focus on young Māori women who smoke, recognising the inequitably high rate of smoking among this group. A national co-design project with health providers and wāhine Māori has established a new set of guidance for stop smoking services to work in more responsive ways with young wāhine Māori called Ka Pū te Ruha, ka Hao te Rangatahi. Te Hā – Waitaha was very fortunate that Maraea Peawini, its Programme Lead, was involved in the co-design project, and the service is working on how to implement the guidance in Canterbury.

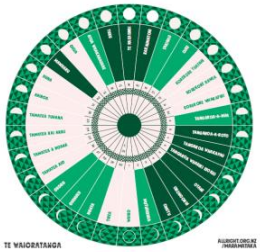
Child Youth and Family Health

- **Child Development Services:** The Canterbury DHB Child Development Service has recently been offered significant new funding as part of a Government initiative to improve access and reduce delays in treating or supporting children with psychological development delays or disabilities. This funding will allow the Child Development Service to recruit up to 12 new health professionals as part of the regional plan developed by the South Island Child Health Alliance and will enable more children to be seen sooner from the beginning of the New Year.
- **First Thousand Days:** The Child and Youth Workstream recently held a co-design workshop on the First Thousand days of Life. This is the time period from conception to a child's second birthday and is known to be a crucial time for the development, especially of the child's brain. Positive early childhood experience and environment during this period sets a foundation for lifetime health and wellbeing. The First Thousand Days initiative anticipates linking with child development services, child mental health, and paediatric health both locally and regionally (South Island wide).
- **Intensive Intervention for vulnerable Children and Families:** In November, Oranga Tamariki launched a new pilot for the provision of intensive intervention and support for vulnerable Children and Families in the eastern suburbs of Christchurch. This new approach seeks to reduce the risk of harm, prevent entry and re-entry into state care and enable tamariki to live safely at home (including with wider whānau and family).
- **Transition of Childrens Team:** In tandem with the Intensive Intervention pilot, the Canterbury Childrens Team will transition to an Early Intervention System for those children and families at risk of harm or neglect but not needing statutory intervention. This will entail DHB child and family services working in collaboration with education and NGO social service providers to achieve a more coherent and joined up approach to support children and their families.
- **School Based Health Services:** Additional funding for School Based Health Services will see the extension of School based nursing services to decile five schools from the beginning of the New Year. This will enable school nurses to be available for decile one to five schools in Canterbury.

  All of the initiatives listed above are congruent with the Prime Ministers Child and Youth Wellbeing Strategy (published in August 2019) that sets out to make Aotearoa the best place in the world for children and young people. It is anticipated that more announcements will be made on the implementation of this strategy in the New Year.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update - He Waka Eke Noa – we are all in this together:** He Waka Eke Noa resources have been made available nationally and as a result there has been a steady stream of requests from around the country. There will be a further push of these resources later this month to ensure that Muslim groups are aware of, and able to access, them.
- **Te Rātaka o te Marama - using the Māori Lunar calendar to promote wellbeing**



This soon to be launched resource is in the form of a downloadable PDF of the phases of the moon and their relationship to ancient Māori practices. The resource allows whānau to observe the phases of the marama (moon) and check the best activities to do according to the status of the environment; building Te Ao Māori understandings of natural cycles and energy patterns.

Chitter Chatter is a new resource developed to help tamariki aged 5-12 learn the skills they need to handle big emotions, develop social skills and build empathy. Each Chitter Chatter pack contains 40 fun challenges designed to help tamariki understand various emotions, including frustration, embarrassment, and calmness. The resource was launched on 24 November with free packs available from Christchurch City Libraries. People will also be able to order packs online for a small cost through the *All Right?* Website.

- **Mood Shift:** Together with the Christchurch City Council, the *All Right?* Campaign is supporting Gap Filler's Moodshift project once again. This is a free pop-up event series happening every workday lunchtime during the first week of December. Based on the "Five Ways to Wellbeing", the event aims to support positive wellbeing amongst inner-city workers – encouraging them to take a micro-pause and participate in something fun. Each event is unique, and the public will not know the nature of it until they arrive. The lunchtime activities will run between 12-2pm at Cashel Mall and people are encouraged to follow Gap Filler on Facebook or Instagram for clues in the lead-up to each event. The original Moodshift series activities included gifting a sunflower to a stranger crossing the street ("Give"); squealing down a giant inflatable slide ("Be Active"); taking part in a larger-than-life game of eight-player table tennis ("Keep Learning"); watching someone dance along a "human music machine" ("Take Notice"); and enjoying a cuppa and cake served by elderly residents inside an inflatable igloo ("Connect").

- **Te Waioratanga Ki Waitaha 2019-2020 – A Directory of Kaiwhakaora Māori Healers, Artists, Wellness Practitioners:** This resource, an updated version of the directory which was originally launched in December 2018, has been produced in collaboration with Te Pūtahitanga o Te Waipounamu and Tū Pono – Te Mana Kaha ō te Whānau. The purpose of the directory is to increase accessibility to Māori healers and wellbeing practitioners. The holistic approach to wellbeing taken by traditional Māori healers considers every aspect of a person's being. The directory seeks to reconnect people to cultural practices and the environment as well as illustrating why both are important.

- **Measles – on-going follow up involving Community and Public Health's Communicable Diseases team:** Since 1 January 2019 Community and Public Health in Christchurch has been notified of and investigated 345 cases of measles, of which 44 have been confirmed cases. This is a significant increase in workload over a prolonged period. While CPH Christchurch has not been notified of a locally confirmed case of measles since 18 October 2019, we have followed up on a number of contacts exposed to measles cases in other areas of the country; this has all added to an increased workload.

- **Localised tornado – Community and Public Health role:** On 18 November, a tornado moved through Sydenham and Woolston damaging buildings and scattering debris considered likely to contain asbestos. Community and Public Health were advised by Fire Emergency NZ (FENZ) of the incident. To minimise any risk to public health, it was essential that the clean-up was carried out by suitably qualified contractors with oversight from the appropriate agencies. Community and Public Health liaised with both FENZ and the Christchurch City Council to ensure the clean-up was managed appropriately. The Public Health advice that was given included:
  - Ensure the area is kept wet during the clean-up (including roads and roofs).
  - Set up vehicle wash down stations for cars leaving the area to prevent further spread beyond the contaminated zone.

- Advised FENZ to contact both Worksafe and ECAN to establish if there was any further assistance or advice available.

- Community and Public Health kept the Ministry of Health updated through-out the event. The Ministry of Health complimented Community and Public Health on the timeliness and usefulness of the advice provided.

- **Edible Canterbury School Gardening Hui:** Early Childhood Centres and primary and secondary school educators were invited to come together to share time, kai and knowledge at Avebury House on 29 October. This was the second round of professional development workshops hosted this year by the Food Resiliency Network and Health Promoting Schools. Positive feedback was received from the twenty plus teachers and students in attendance who learned about the culinary use of herbs, how to weave rourou, and how to design a food forest.

- **Food Resilience Network (FRN):** As you may be aware from reports in the media, the Ōtākaro Orchard eco-building construction was paused in September due to issues in securing finance. Since then the FRN Board and project management group membership has been refreshed and the budget reviewed with a new strategy formed to deliver the building within the funding available. It is unfortunate that this has taken energy away from the core vision of the FRN. Community and Public Health will continue to contribute to the FRN's shared work in supporting the development of food systems in Canterbury that promote health, sustainability and food security.

- **Pacific Health Promoter appointed to Community and Public Health:** Our new pacific health promoter, Losana Korovulavula, has many strong connections within the wider Pacific Community. Groups include Mothers and Babies, Elders, Canterbury Pacific Churches Network, Women Kiwi Mentorship, Leadership training for women, Pacific Island Churches, and supporting Tangata Atumotu Trust projects. The Tutupu Project (health promotion in pacific faith communities) is in its second phase and Losana has been working on producing newsletters and updating Facebook posts. Planning for 2020 has begun and includes a Pacific Expo and a proposal for a joint project with the CCC for a celebration or festival for Pacific peoples.

- **Christchurch Psychosocial Committee and Governance Group:** This month will see the final meetings of the Greater Christchurch Psychosocial Committee, and the Psychosocial Governance Group. The Psychosocial Committee has met regularly since September 2010 and is made up of representatives from local and national government agencies, NGOs and community networks. Since the earthquakes, it has overseen a shared programme of action to support communities and individuals to recover from the social and emotional effects of the earthquakes. Notable highlights of this programme of action have included the *All Right?* campaign, the Summer of Fun, the Canterbury 0800 helpline, the Earthquake Support Coordinator Service and the Accessibility Charter to name a few. The group has been co-chaired by Canterbury DHB since 2011.

- When the Canterbury Earthquake Recovery Authority wound up in 2016, its ongoing work supporting psychosocial recovery and monitoring social recovery was transferred to the Ministry of Health and Canterbury District Health Board (Community and Public Health). This was a relatively straightforward process given the close working relationship the agencies had developed since 2011, although it did involve the need to convene a Psychosocial Governance Group to support the Committee through the escalation of issues requiring national attention. Since 2016, the Psychosocial Committee and the Canterbury Wellbeing Index and Canterbury Wellbeing Survey (which is a key data source for the Index, but also a monitoring tool in its own right) have continued to evolve, with an increasing focus on population wellbeing and equity. We have reported regularly and widely on this work, locally through the Greater Christchurch Partnership, and nationally to the Ministry of Health.

- The Canterbury Wellbeing Survey, over its time series (2012 to the present) has emphasised that the groups who continue to experience the most compromised wellbeing are those with chronic illness or disabilities and those living in the most financially disadvantaged households. Those who have not yet resolved their insurance or repair processes have also been highlighted as a group with poorer wellbeing outcomes through much of the time series. The Survey continues to record a significant rise in population wellbeing measures and although there is no equivalent data for greater Christchurch's population pre-earthquakes, it is likely that the worst of the earthquakes damage to population wellbeing has now

receded. As a public health unit, we continue to work across sectors to address other causes of social inequity.

- Since 2018, the Psychosocial Committee has worked closely with the Greater Christchurch Claims Resolution Service and The Public Inquiry into the Earthquake Commission and has observed how much is now being done to address the needs of people affected by the insurance claims process. Insurance and repairs have proved to be a significant secondary stressor and social determinant of wellbeing for many in greater Christchurch but at this stage, the numbers of directly affected households decreases and the specialist support services like GCCRS and the Tribunal are making every effort to process remaining claims appropriately.
- This is therefore the appropriate time to wind up the Psychosocial Committee. CPH staff have consulted with key stakeholders, who are in agreement with this direction. We will continue to ensure GCCRS has access to evidence-based advice on wellbeing for their staff and clients. Waka Toa Ora, our Healthy Greater Christchurch network, will inherit the networking role of the Committee played as there is already overlap in membership. The ongoing intersectoral work of the Governance Group will be refocused into the Greater Christchurch Partnership, and the Canterbury Wellbeing Index will continue to develop as a useful regional wellbeing monitoring tool.
- **Greater Christchurch Partnership:** Canterbury DHB is a partner in the Greater Christchurch Partnership and has representatives on the SMG (Senior Management Group), CEAG (Chief Executives Advisory Group), and the Greater Christchurch Partnership Committee.
- The CEAG has been in discussions regarding the development of Christchurch 2050 and has agreed to support this undertaking. The intention behind the development of Greater Christchurch 2050 is:
  - the strong consistent positioning of Greater Christchurch – with central government, the private sector, and the wider community,
  - stronger partnerships and shared purpose, and a
  - coordinated focus on improving wellbeing.
- Dr Anna Stevenson is to a member of the project team for Phase 1: Dec 2019 – May 2020. This phase will:
  - identify the opportunities and challenges facing Greater Christchurch, and
  - articulate the opportunities for Greater Christchurch leadership in wellbeing thinking – UDS, Canterbury Wellbeing Index

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Digital Transformation**
  - **Windows 10 / PC Replacement Programme:** *Deployment to future proof our computer environment, including enhancements in security, speed and performance*. Approximately 2,500 devices have been upgraded across the Christchurch Campus, the Rural Hospitals and the Corporate Offices. We have also commenced planning for the implementation of Virtual Desktops across many sites, which will reduce the scale of our PC replacement programme.
  - **Outpatients Scheduling Tool:** *ServiceNow based tool for scheduling patient, clinicians, clinics and rooms. Initial focus is Christchurch Outpatients building, but subsequent deployments planned for Burwood and Ashburton Outpatients.* Christchurch Outpatients is now live and all development is complete. Implementation is underway for Burwood and Ashburton Hospitals.
  - **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*. Further integration development work is continuing and the next step is to plan a pilot with General Medicine.
  - **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.* Most services planned to transition to Cortex are now live, with Urology, Nephrology, General Medicine,

and ICU rolled out in November. ED is currently in planning and is the last remaining service in scope. In October, Cortex is now logging 700 unique users per day and 7.2M views to date, compared with just 160 users and 2.1M views in May 2019.

- **Health Connect South (HCS):** Release 54 (upgrades to existing software) has been successfully deployed to production. A further release is due to production before Christmas which includes Contact Notes for adding emails to the record. As part of a pilot phase, Celo images are now shown in the document tree. Integration to the Cortex web has also been made available. Migration to Clinical Referrals is continuing, with services being identified and requirements gathered for the 2020 schedule.
- **South Island Patient Information Care System (SIPICS):** We are continuing to work with Orion Health to strengthen our National Data Reporting requirements. Implementation of Release 19.2 was completed on 20 November 2019. There were some integration issues following the release which have now been resolved. Work has also begun to complete the integration of the Clinical Referrals/Electronic Records Management System into SIPICS for the automated registration of referrals.
- **Hybrid Cloud Transformation Programme:** *Canterbury DHB is embarking on a cloud transformation program to better take advantage of emerging technologies to drive innovation and deliver greater value.* Éclair and ICNET applications are in the User Acceptance testing phase and the application TrendCare has been built in the Production Environment (pending go live). Planning is also underway to migrate SIPICS, Rhapsody and Provation into the Cloud.

IMPROVING AND INTEGRATING RURAL HEALTH SERVICES

Canterbury DHB is working through the Canterbury Clinical Network with communities and local providers in several rural areas to improve and integrate rural health services:

- **Akaroa**: All Akaroa Health services are now operating from the new Akaroa Health Centre following the official opening in early September.
- **Hurunui:** Amberley Medical Centre and Hanmer Springs Health Centre, with the support of the DHB, Waitaha Primary Health and St John, continue to lead delivery of 24/7 emergency and urgent medical care for people of the Hurunui. However access to this care remains more limited for the Hurunui communities of Cheviot, Hawarden and Waikari. – We are currently exploring with local providers options to improve access for these communities.

  Amuri Health Care in Rotherham now has enough GPs contracted until at least February to maintain an adequate level of service for the local community. Waitaha Primary Health is engaged the local community trust which operates this health centre to strengthen its team, and explore ways to further integrate it with nearby Hanmer Springs Health.

  The Hurunui Health Service Development Group has reviewed its progress with implementing the service improvement recommendations endorsed by the Board last year. For the next 12 months it is focused on improving access to 24/7 emergency and urgent medical care, and closer integration between the Hurunui's five practices to strengthen their services and workforce.
- **Oxford:** The Oxford and Surrounding Area Health Services Development Group is continuing to oversee service improvements endorsed by the Board earlier this year, such as installing telehealth at Oxford Hospital and improving access to restorative care for people following hospital treatment.

CCN is also facilitating development of a protocol to better enable short-term observation of unwell local people in rural DHB and private residential care facilities, potentially avoiding transfer to Christchurch Hospital

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- Communications work in November included:

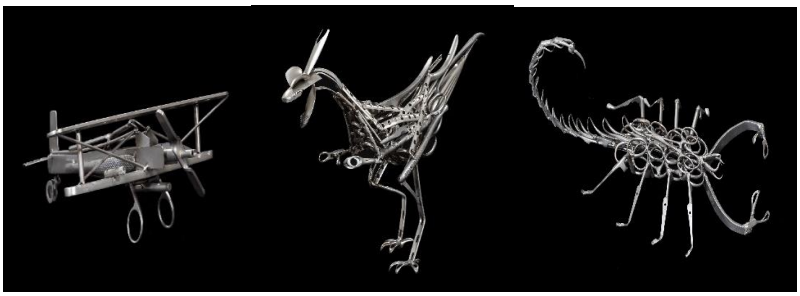
- Attending a planning workshop at Kaikōura Health Te Hā o Te Ora to support communications work to better explain to the community how the service operates.
- Promoting staff reviewing their Canterbury DHB-registered cell phone numbers to make sure an emergency mass text alert planned for roll out is effective.
- Researching and planning into behaviour change/social marketing work to help prevent violence against staff.
- Continuing to support the Care Capacity Demand Management programme as it rolls out to different areas.

- **Patient letters and maps:** As the campus continues to grow and develop, there is a need for updated maps and information for patient letters. These are currently being developed by the Communications Team, along with a campus map to assist with wayfinding for visitors.

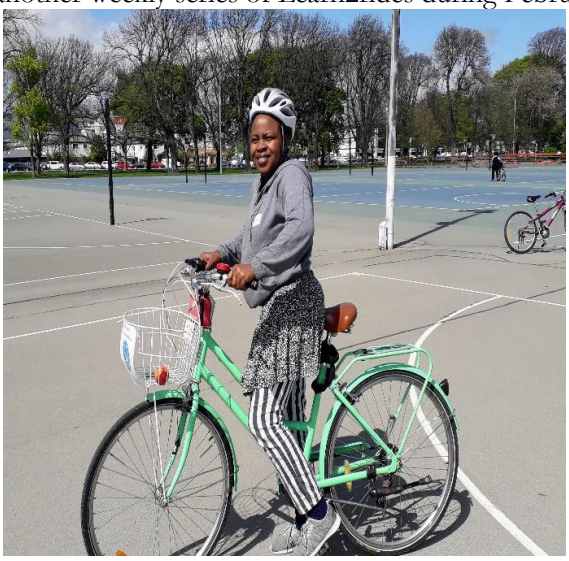
- **Media:** November was a busy month for media with the Communications Team responding to over 80 enquiries. We managed a significant number of queries about parking for staff, patients and visitors accessing the Christchurch Hospital campus. We also responded to multiple requests for information on progress of various facilities development projects across our campuses. Some of the other topics of media interest included:
  - The rollout of the bowel screening programme in Canterbury.
  - Ligature points within our Specialist Mental Health Services' facilities.
  - Progress on the Hillmorton campus masterplan.
  - Funding for services that operate out of Specialist Mental Health Services' AT & R Unit.
  - The impact of the APEX union Psychologists' strikes on mental health wait times.
  - Cost weighted discharges.
  - Advice given to staff regarding leave over the December/January period.
  - The deployment of Windows 10 across the DHB.
  - Legionnaires' cases notified in the Ashburton District.
  - The impact of delays to 53 University of Otago med school students' graduation.
  - The DHB's Registration of Interest on Government Electronic Tender Service (GETS) for a new facility in the central city for endoscopy services and a primary birthing unit.
  - The impact of the APEX Labs strikes on our mortuary services.
  - The DHB's debt recovery processes for money owed by patients who are ineligible for funded healthcare in New Zealand.
  - The care provided to an Ashburton Hospital patient who died as a result of meningitis.
  - The South Island wait list for bone marrow transplants for leukaemia patients.
  - Free GP consultations for those directly impacted by the 15 March mosque attacks.
  - David Meates, Chief Executive, was interviewed by Radio NZ about staff parking for Christchurch Hospital campus staff. David spoke of the parking challenges for anyone accessing the hospital following the earthquakes with the resulting demolition of facilities including the car parking building and loss of free on-street parking having an impact.
  - Michael Frampton, Chief People Officer, was interviewed by The Press about an increase in staff sick leave rates. Michael discussed the increase in sick leave across the organisation's workforce, which has increased from an average of seven days of sick leave per annum in 2010 to 14 days in 2018, and the impact this has on the services the DHB provides and the teams providing those services.
  - David Meates was also interviewed by The Press about a Registration of Interest on GETS for a new facility in the central city for endoscopy services and a primary birthing unit.
  - Our one live radio interview for Canterbury Mornings with Chris Lynch featured Dr Edward Coughlan from the Sexual Health Clinic speaking about the increase in syphilis cases in Canterbury and NZ and what people should do to avoid catching STIs.

Our People (CEO Update Stories)

- A member of Christchurch Hospital's Bioengineering team has created intricate metal sculptures from discarded unusable surgical instruments. Surgical Instrument Technician in the Medical Physics and Bioengineering department, Dorin Panainte, has in his spare time made three sculptures which he donated to the New Zealand Association of Artist Doctors. The plane, dinosaur and scorpion sculptures were sold in a charity auction at a recent NZAAD event, raising $1,145 for the Maia Foundation. Dorin, who emigrated to New Zealand from Romania 12 years ago, is a trained engineer specialised in welding, and a trained nurse. He says each sculpture took him about four hours and creating them was like a "puzzle", working out how to transform them with the minimum amount of alteration to the original instruments.



- The Christchurch PROMPT Team was delighted to host Tim Draycott, World Leader in Practical Obstetric Multi Professional Training (PROMPT) from the United Kingdom. PROMPT is a simulation training programme for obstetric emergencies that brings the maternity team that attends these obstetric emergencies together to train in their real work place. It is known for vastly improving clinical outcomes. PROMPT was started in Christchurch 11 years ago by Midwifery Educator Tina Hewitt and Obstetrics and Gynaecology Senior Medical Officer Sharron Bolitho with the support of Christchurch Hospital General Manager Pauline Clark. The local programme has had a major revamp this year with a new format and focus on closer links with the rest of the maternity quality team.
- Former refugee and migrant women had the opportunity to learn to ride a bike at programme co-ordinated by Public Health Promoter Meg Christie. During the programme the women progressed from sitting and scooting on a 24" child's bike with both feet on the ground, to pedalling independently on an adult sized bike with the seat at the correct position for their height. Participants have the option to go on to advanced skills training and on-road experience through Go Cycle Christchurch. Community and Public Health is planning another weekly series of Learn2rides during February 2020.



- A commercial freezer for the Human Milk Bank has been purchased thanks to funds raised by the Christchurch Hospital volunteers. It has been installed in the Neonatal Intensive Care Unit at

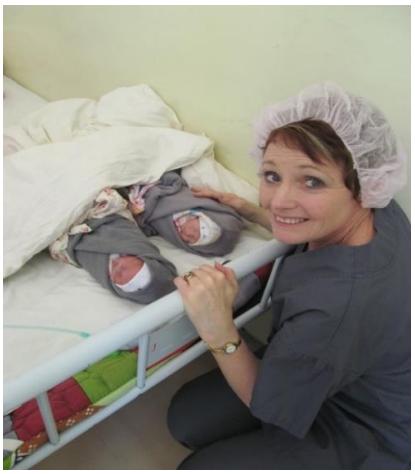
Christchurch Hospital for breast milk storage. The Human Milk Bank serves sick and preterm babies in the Neonatal Unit and pasteurises about 580 litres of breast milk a year.

- Friends of Children in Hospital (FOCH) Christchurch Inc. is seeking new members. The organisation began in 1988 with the aim to make the lives of children and their families in hospital a little brighter. FOCH raises about $20,000-$25,000 a year mostly by applications to charitable trusts and three cake stalls. Most of its work focuses on Christchurch Hospital but recently it has been helping the Child and Adolescent Inpatient Unit at The Princess Margaret Hospital. FOCH buys whatever is needed. The long list includes TVs, night lamps, washing machines, dryers, toddler drinking cups, toasters, parent chair/beds, children's wooden tables and chairs, books, and toys.

- International Pathology Week was in the second week of November. Canterbury Health Laboratories (CHL) is one of the largest laboratories in Aotearoa, providing pathology services (including cancer screening, tissue diagnosis, and a range of specialist testing disciplines) to the Canterbury and West Coast DHBs. CHL is also the national Measles Reference Laboratory for New Zealand – a service whose importance has been highlighted with the recent outbreak. About 70-80 per cent of all medical treatment decisions are informed by a pathology result, and essentially all cancer diagnosis rests with pathologists. Pathologists are medical specialists who undergo a minimum of five years of postgraduate training.

- Master's degree research by Diabetes Nurse Specialist Lupesiliva Tu'ulua has confirmed psychological barriers to insulin use. Lupe has graduated from the University of Otago with a Master's of Health Sciences endorsed in Nursing (Clinical). Psychological Insulin Resistance (PIR) has been recognised as a significant barrier to timely initiation and continuation of insulin therapy. Lupe's research looked in depth at how Pasifika women diagnosed with type 2 diabetes responded to having an insulin prescription and ongoing insulin treatment. Her findings showed they experienced the same multifaceted psychosocial issues and physical complications identified in the literature regarding PIR. The most prominent issues identified were fear of needles and injections; lack of family support; low health literacy; daily diabetes care competing with parental duties; and lack of clinical and culturally sensitive support.

- Ashburton Hospital Maternity Unit Midwife Manager Julie Dockrill has received a Woman of Achievement award from Zonta International in recognition of her work in Mongolia. She was among 50 nominees around New Zealand. Julie, who is a passionate breastfeeding advocate and childbirth educator, was involved with a team working in Mongolia between 2013 and 2018 implementing a childbirth education programme and teaching obstetric emergency processes to local doctors, midwives and nurses in the main centres and in rural communities. Part of this work involved designing a manual which has been translated and embedded into national midwifery training at all universities in Mongolia. A similar project will soon be put in place in Nepal.



- A ground-breaking service in Christchurch for children with epilepsy has been extended to the whole South Island. Paediatric Ketogenic Dietitian, Charlene Tan-Smith, began Ketogenic Diet Therapy (KDT) at Christchurch Hospital in August 2016 for the most severely affected children who may have up to hundreds of seen and unseen seizures a day. The diet is a high fat (up to 92 per cent) low carbohydrate (restricted to 10gms a day) treatment that causes ketosis and tricks the brain into thinking it is starving. A custom 'food prescription' is created for each patient, their food must be weighed very accurately

(down to 0.1gm) with medical scales and careful monitoring is required. KDT can significantly reduce seizures with some children becoming totally seizure-free. In the last three years that the service has been running it has reduced epilepsy related overnight stays in hospital for these children by an average of 85 -100 per cent. Stephanie Emery, whose daughter Amaria is a patient of Charlene's, says Charlene's work has changed Amaria's life "and given us so much hope for a better future for her". The KDT service was extended after Canterbury DHB put a case to the South Island Alliance's Child Health Service Level Alliance and some critical processes and technology came together to make it possible, Charlene says.

- For children and their families in the South Island who live outside of Christchurch, the service is done remotely via Zoom conferencing sessions (remote conferencing using cloud computing), email and phone calls.

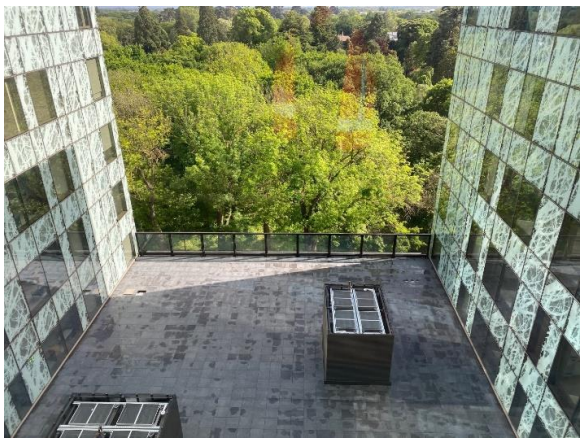
Facilities Redevelopment - Communication

- **Christchurch Hospital Hagley:** Up until November 2019, communications under the "Let's Get Ready To Move" banner have included weekly updates in the CEO update, a presence at Hagley Operational Team meetings, and the provision of signs and posters for noticeboards around campus. These have been well received with updates emailed widely, including to charge nurses and ward clerks. Updates have discussed many aspects of the building and how it was developed, details of new spaces and their uses, advice for preparing for migration, wayfinding, and 'shout out's to staff who have been preparing well for the move. Detailed planning has also gone into a blessing and staff and public open days.

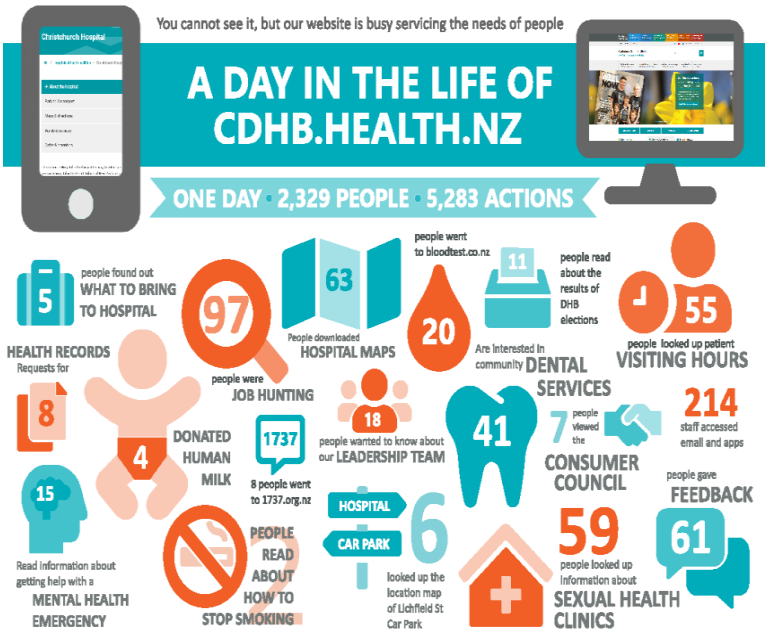
- A schedule for future communications now needs to be reconsidered as much of the planning has been disrupted by events either now not occurring or happening later in the migration plan. A change in direction for communications is needed with the focus moving to new ways of working and practical considerations for those moving into Hagley. While the 'bright shiny new building' is very interesting, the most important factor in the move is our people – our patients and our staff. Communications will centre on the people and processes of the planning and migration. Planned activities include:
  - Updating the branding and name for the move to 'Hīkina to Hagley' which means the act of migrating to Hagley.
  - Refreshing the Facebook group (which is now private) to allow sharing of information and ideas
  - Using Instagram to provide a 'photo a day' of the progress and journey to Hagley
  - Monthly videos for staff that are also shared on café and reception TV screens
  - Regular 'social' videos that can be shared widely on the intranet, Facebook, and with our stakeholders
  - Weekly briefings in the CEO update that are also shared via ward communications books and the Hagley Operational Transition team and its networks.

- **healthLearn:** The team continues to update the healthLearn module as new information is available and is working with SMO/RMOs to develop a new, specific orientation package specifically to be completed ahead of the move.

- **Hagley Operational Transition Team liaison:** Regular meetings are continuing with the Hagley Operational Transition team, including service-specific meetings to assist with communications for particular services.
- **360-degree tours:** A comprehensive 360-degree tour of many of the areas in Hagley is now available to staff via the Intranet page and was presented to the House Officer's Expo in November. This has been well received and when combined with the online floor plans and maps available through healthLearn and the Intranet page, staff are able to familiarise themselves with their new workspaces before they even set foot in the building.
- **Maps and wayfinding:** The Communications Team is helping produce maps for transit routes for patient and staff migration and assisting with wayfinding strategies for patients, staff and visitors. We have also worked to develop an 'exploded map' with details of services and departments per level that will be used by emergency services.
- **Print collateral:** Posters, brochures and handouts for the lead-up to and during the move are in development. These will be updated and refreshed and will be available in vacated wards following the move.
- **Social Videos:** The team has been creating short and effective social videos to promote the work happening to prepare for migration to Hagley. To date, videos have included the helipad testing, the MRI installation, scenario testing to assess time and routes for patient migration, and a plea for donors for the Human Milk Bank. Upcoming videos will include work around the Matatiki branding including the beautiful decals going up in the Child Health spaces in Hagley.
- **Terrace Fundraising:** The communications team is assisting with a campaign to fundraise for the landscaping and fitout of the 'Terrace' – the space between the Hagley towers on Level 3. When complete, this space will provide a beautiful outdoor area for staff and patients, with planters, furniture, fresh air and some of the best views in the city. With a focus on rest, regeneration and healing, the team is working with Maori & Pacific Health to craft an appropriate name.



- **Christchurch Campus:** Communications is providing regular staff updates on work around the Christchurch campus and surrounding area as well as other facilities projects under way.
- **Specialist Mental Health Services support:** Communications is working with the Mental Health facilities team to ensure staff and stakeholders are kept up to date with developments on the Hillmorton site. This includes letting the neighbours and staff know about any early morning concrete pours.
- **Website**: Canterbury DHB's website is our silent worker connecting people with the information they need. Here's a snapshot of some of the activity.



FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** NW corner works due for completion Nov. Exterior works complete, only internal make good works remains. Intrusive investigation works continuing to allow formulation of detailed design. Pricing received for works to small number of 'life safety' panels. Business case submitted for works for NE Corner of Parkside Building which will allow for approximately 20% of work to be completed. Design work is underway.
- **Lab Stair 4:** RFP documentation awaiting internal approval prior to issuing to contractors. Aim to start works Jan/Feb 2020.
- **Riverside L7 Water Tank Relocation:** M&E have submitted an updated business case for approval. Following approval design scheduled to commence Jan 2020, with construction due to be tendered follow design completion.
- **Riverside Full Height Panel Strengthening:** Structural engineer to advise availability to complete design work. It is no longer feasible to undertake work concurrently with CSB roof strengthening due to delays in being able to undertake that work.
- **Parkside Canopies:** Business case for replacement of shrink wrap has been approved and work has commenced.

Christchurch Women's Hospital

- **Stair 2:** Team have identified a number of potential passive fire targets for improvement and are currently working through design and engineering prior to formal submission of a business case. The Architect has commenced concept design to enable budgets to be completed. The balance of fire analysis work is awaiting master plan sign off and migration dates for Hagley Christchurch before works can be programmed to complete proposed 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 and post Hagley Christchurch occupation.
- **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.
- Work for levels 3, 4 and 5 is unlikely to occur until after Hagley Christchurch occupation.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering:**
  - Materials database is currently in use and annual review completed.
  - Digitalization of the inspection and maintenance programme system is complete. This will allow for onsite recording of all works and integration to M&E management software.
  - Continue to identify non-compliant areas. The new Hagley Christchurch building currently undergoing a complete review of passive fire installation to ensure compliance with code.
  - SRU to observe and review MoH / CPB internal audit on 21st Nov and report back to QFARC/Board.
  - Second Stage RFP for installer fixed costs is with Corporate Legal for sign off.
  - Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Approval to proceed to issue the fire engineering brief to Council and Fire Emergency NZ for comment now received. Quantitative Fire Assessment (QFA) recommenced.
- **Christchurch Hospital Campus Energy Centre (managed by Ministry of Health (*MoH*)):** Value engineering has been undertaken to bring project back on track. Walking floor truck requirements (based on design adjustments to delivery system) to be confirmed as part of next stage of design. Urban design panel review complete.
- **235 Antigua St and Boiler House (Demolition):** No work to be undertaken until new energy centre constructed and commissioned.
- **Parkside Renovation Project to Accommodate Clinical Services, Post Hagley (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.
- **Backup VIE Tank:** Work to be undertaken in conjunction with Labs stair 4 works, to be tendered at the same time current start date proposed for Jan 2020.
- **Antigua St Exit Widening:** Camera traffic count to be undertaken.
- **Avon Switch Gear and Transformer Relocation:** Design complete. Project is being managed by M&E.
- **Otakaro/CCC Coordination.** Bus stop open. Coordination with CCC ongoing with traffic impact in the area.
- **Diabetes Demolition**: Complete with final costs to come through.
- **Co-ordinated Campus Program:** Work is well advanced on a co-ordinated programme to tie together the demolition of Riverside West, the relocation of clean and dirty loading docks, demolition of the Avon generator building, Parkside Panel replacement / repairs, relocation of food services building and clinical support staff requirements in the LGF of The Hagley Christchurch. This will provide insight into timing, relocation requirements and potential sequencing issues. It is still subject to confirmation of who goes where, and subsequent endorsement, in relation to the MoH led campus master plan. It is also dependant on which components of work will be MOH or CDHB managed.

Canterbury Health Labs

- **Anatomical Pathology (*AP*):** Initial planning on options for repatriating AP from School of Medicine has commenced. Design team has been engaged and briefed, and initial bulk and location options have been developed. This process is linked to the overall master plan for this service. SRU project manager resources will be allocated once there is more clarity on time frames for delivery of this work.
- **Core Lab (High Volume Automation) Upgrade:** Design team has been engaged and briefed. Initial advice provided to the CHL team in support of the equipment RFP process. This work has now been transferred to M&E due to its size and relatively straight forward process.

Burwood Hospital Campus

- **Burwood New Build**: Passive fire elements, external testing has been completed and revised fire engineering judgement has been provided. Defect issues have now been finalised and a recommendation for release of retentions has been received.
- **Older Persons Health (*OPH*) Community Team Relocation:** Repurposing of the old Burwood Administration area will need to be re-assessed to accommodate community teams.
- **Mini Health Precinct:** The Artificial Limb Service (ALS) has withdrawn its proposal of building on the old maternity unit site. They have decided to build a new facility on their existing site. Some of the stakeholder groups may look at co-locating with the ALS. Details around this are yet to be received.
- **Spinal Unit:** Staff and patients occupied the unit on 10 – 12th September as planned. Project now in defects liability period. Cost overruns due to scope changes will require board approval. Specifics around this are currently being detailed. A large part of the overruns will be attributed to non-compliant passive fire installation which required removal and replacement.
- **Burwood Birthing/Brain Injury Demolition**: All demolition work and backfilling has now been completed.
- **Burwood Ambulance Bay**: Completed and all stake holders happy.

Hillmorton Hospital Campus

- **Hillmorton SMHS:** Preliminary design complete and presented to CLG, FDGG, HRPG and Board. Developed design started and due for completion Feb 2020. A review of the inclusion of Greenstar elements has been recommended. Business case has been prepared. The project is currently on budget and on time.
- **Earthquake Works:** No earthquake works currently taking place.
- **Food Services Building:** Maintenance and Engineering have provided information. Awaiting the business case to be signed off.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements.
- **AT&R:** Resource consent and building consent received. Sub structure blockwork complete. Hot water diversion commenced, new drainage connection commenced, new electrical supply to site installed. Ground floor slab pour due 11th Dec. Additional requirements for building 1 and 2 and temporary High Care Area for building 3 complete. Additional space in the PSAID area and opportunities for a low stimulus area retrofitted into existing spaces commenced. Business case for temporary works approved. Internal alteration has commenced and is progressing well.
- **Master Planning:** Currently working with the Mental Health Service and Planning and Funding to understand the metrics and clinical service requirements going forward. A meeting has been held with the CCC around traffic planning which will feed into the Master Planning process. Draft master planning presentation provided to the Chief Executive and Executive Director of Nursing (Facilities Lead) 19th Nov. This was well received.

Ashburton Hospital & Rural Campus

- **New Boiler and Boiler House**: Currently being managed by M&E.

Other Sites/Work

- **Akaroa Health Hub:** Building is complete and tenants have moved in. As Built documentation and defects are going through a review and revision process before handover to M&E.
- **Kaikoura Integrated Family Health Centre:** Minor repairs being undertaken by M&E.
- **Rangiora Health Hub:** Facility in defects liability period.
- **Seismic Monitoring:** Business case approved for stage 1 Design & Procurement. Case study building assessment underway.

Project/Programme Key Issues

- Sign off on the direction of the Master Planning process is required to plan the next stage of the POW, passive fire and Parkside panel rectification works.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high-risk areas of Panel replacement are starting, as instructed by CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. Work in these areas will not be possible until the Hagley Christchurch project is complete and space elsewhere on the campus becomes available.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of October 2019 was a net operating expense of $14.160M, which was $0.101M favourable against the draft annual plan net operating expense of $14.261M. YTD the result is $0.172M favourable.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.052	0.000	**0.052**	(0.222)	(0.000)	(0.222)
Funder	(7.702)	(7.883)	**0.181**	(29.616)	(29.162)	(0.454)
DHB Provider	(6.509)	(6.378)	**(0.131)**	(16.091)	(16.938)	0.847
Canterbury DHB Group Result	**(14.160)**	**(14.261)**	**0.101**	**(45.928)**	**(46.100)**	**0.172**

Report prepared by: David Meates, Chief Executive

MANA AKE STRONGER FOR TOMORROW

THE NUMBERS – Nov 2019

13 NGO's working together to support:

80 kaimahi and **8** kaiarahi
work in virtual teams to support

220 schools in **26** clusters

A partnership with:

- Ministry of Education
- Resource Teachers Learning and Behaviour
- Social Workers in Schools
- Public Health Nurses
- School Based Mental Health Team

to enhance existing supports

42 cross-sector work groups informing the development of:

90 pathways and support pages on Leading Lights visited by **3,571** individuals

55,088 page views

7 education sessions for teachers and other professionals attended by **705** individuals

4,100 students seen

2,030 individuals and **2,070** in groups

For **750** individuals, a positive change in:

- ✓ attendance at school **73%**
- ✓ engagement and wellbeing **85%**
- ✓ learning and achievement **64.5%**

Support for **22** children directly impacted by the Mosque Attacks and related events

October 2019 survey to schools

196 individuals, including **71** school principals told us that Mana Ake is helping to:

- ✓ address wellbeing concerns in the classroom **89.8%**
- ✓ improve access to services **85.7%**
- ✓ improve knowledge **72%**
- ✓ increase health presence **94.4%**
- ✓ provide wrap around support **81%**
- ✓ enhance communication **71.5%**

- **April 2018** — 7 kaimahi in 2 clusters
- **July 2018** — 20 kaimahi in 5 clusters
- **September 2018** — 40 kaimahi in 12 clusters supported by 2 kaiarahi
- **February 2019** — 60 kaimahi in 19 clusters supported by 8 kaiarahi
- **March 2019** — Coordinated response to Mosque Attacks
- **April 2019** — 80 kaimahi in 26 clusters supported by 8 kaiarahi

FINANCE REPORT 31 OCTOBER 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **17 December 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of October 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of October 2019 was a net operating expense of $14.160M, which was $0.101M favourable against the draft annual plan net operating expense of $14.261M. YTD the result is $0.172M favourable.

The current draft annual plan is for a full year deficit result of $180.470M. This includes savings initiatives from our five key taskforces. However, it does not take into account recently announced adjustments to the capital charge regime (although announced in July 2019, the mechanics of this adjustment are yet to filter through to DHBs), which will take effect upon transfer of the Hagley building. The table below provides the breakdown of the October result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(6.536)	(6.339)	(0.197)	(16.296)	(17.028)	0.732
Community & Public Health	(0.056)	(0.046)	(0.010)	(0.084)	(0.032)	(0.052)
Total In-House Provider excl Subsidiaries	**(6.592)**	**(6.385)**	**(0.206)**	**(16.381)**	**(17.060)**	**0.680**
Add: Funder & Governance						
Funder Revenue	147.829	147.016	0.813	592.149	588.067	4.082
External Provider Expense	(68.754)	(68.122)	(0.632)	(274.757)	(270.120)	(4.637)
Internal Provider Expense	(86.777)	(86.777)	0.000	(347.009)	(347.110)	0.101
Total Funder	**(7.702)**	**(7.883)**	**0.181**	**(29.616)**	**(29.162)**	**(0.454)**
Governance & Funder Admin	0.052	0.000	0.052	(0.222)	0.000	(0.222)
Total Canterbury DHB (Parent)	**(14.242)**	**(14.269)**	**0.026**	**(46.218)**	**(46.223)**	**0.005**
Add: Subsidiaries						
Brackenridge Services Ltd	0.030	0.004	0.026	0.174	0.166	0.009
Canterbury Linen Services Ltd	0.053	0.004	0.049	0.116	(0.043)	0.159
Canterbury DHB Group Surplus / (Deficit)	**(14.160)**	**(14.261)**	**0.101**	**(45.928)**	**(46.100)**	**0.172**

Although the result for the first four months of the financial year is on target, there are continued stress points within the DHB that we will need to keep very close control over, particularly with any changes to timing of the new Hagley facility coming on stream, and the managed transition of outsourced surgery.

In addition to this we are continuing to see significant cost pressure as a result of the industrial landscape.

4. KEY FINANCIAL RISKS

The liquidity issue that was forecast for early October was alleviated through an early PBFF funding payment, but issues with future months remain.

Ongoing industrial action will have an impact on our financial performance, as we will need to manage our volume delivery throughout any strikes.

5. APPENDICES

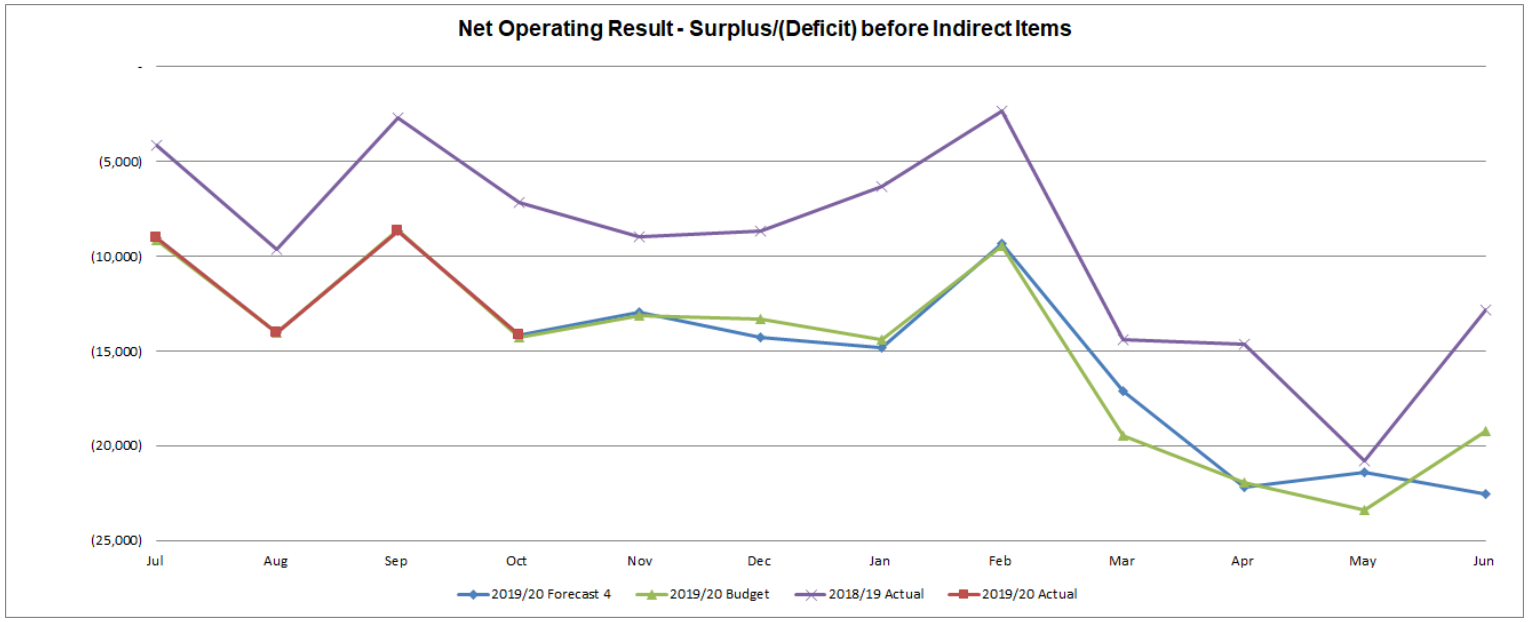
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 30 SEPTEMBER 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Surplus/(Deficit) before Indirect items	(5,882)	(5,665)	(217)	4% ✗	(14,020)	(11,921)	(2,099)	18% ✗	(100,335)	(64,754)	(58,337)	(6,416)	11% ✗



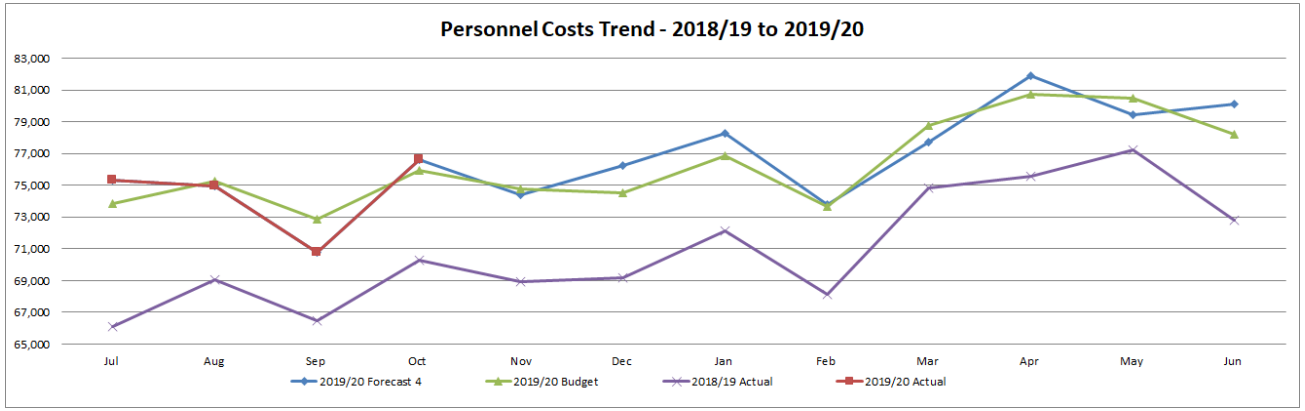
NB: The June 2019 result in the above graph excludes the one off Holiday Act compliance accrual for comparison purposes.

This month the graph has been changed to show the operating result before the indirect items such as depreciation, interest, donations, capital charge and the offsetting capital charge funding. Although we have a YTD favourable variance of $0.172M on the bottom line, our operating result has an unfavourable YTD variance of $2.099M. Refer to the Statement of Comprehensive Revenue & Expense in Appendix 2.

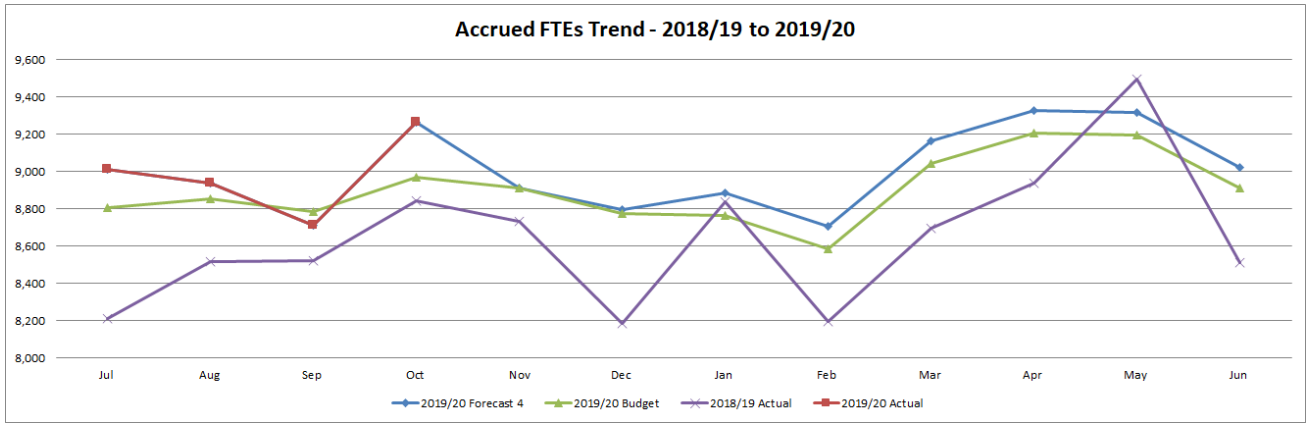
KEY RISKS AND ISSUES

- We will need to exert tight fiscal control over all expenditure items to ensure we do not exceed our planned result. This includes achieving the savings from taskforce initiatives, and the ability to maximise further opportunities to enhance the full year results.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



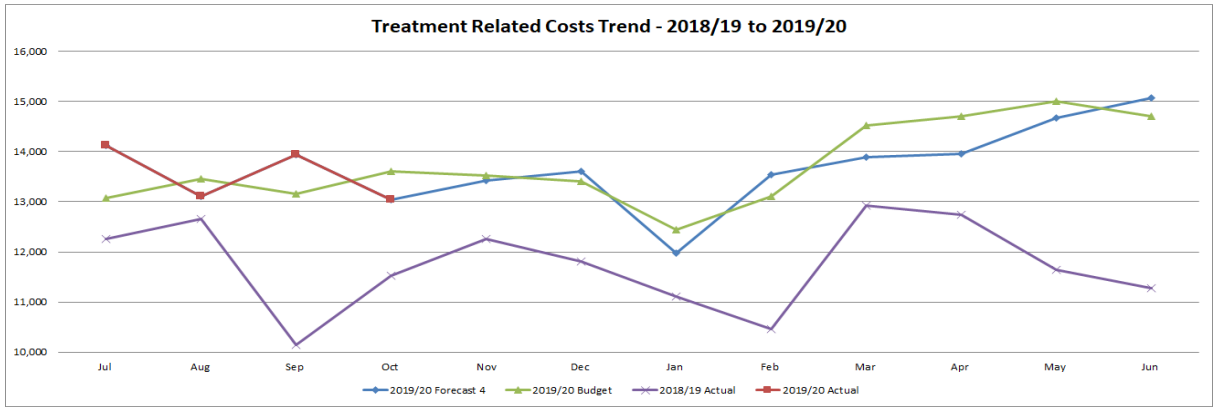
NB: June 2019 actual payroll costs in the Personnel Costs Trend graph exclude the one off Holiday Act compliance accrual of $65.260M for comparison purposes

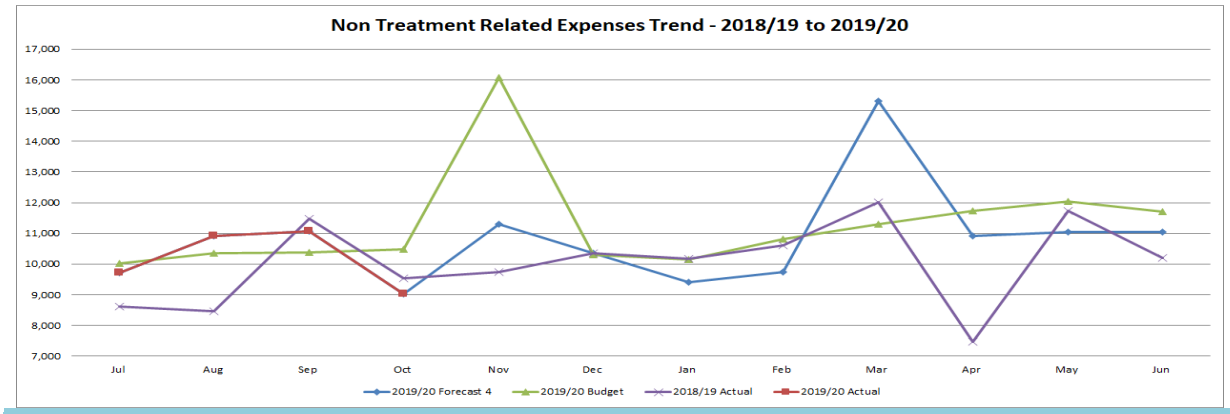


KEY RISKS AND ISSUES

- Higher costs associated with higher activity, along with the resourcing required for the new Hagley facility, result in unfavourable variances. Strike action and MECA settlements result in unfavourable variances, from both strike costs and recovery plan costs.
- Growth will occur in future periods as a result of additional resource required for the new Hagley facility and other significant projects.

TREATMENT & OTHER EXPENSES RELATED COSTS



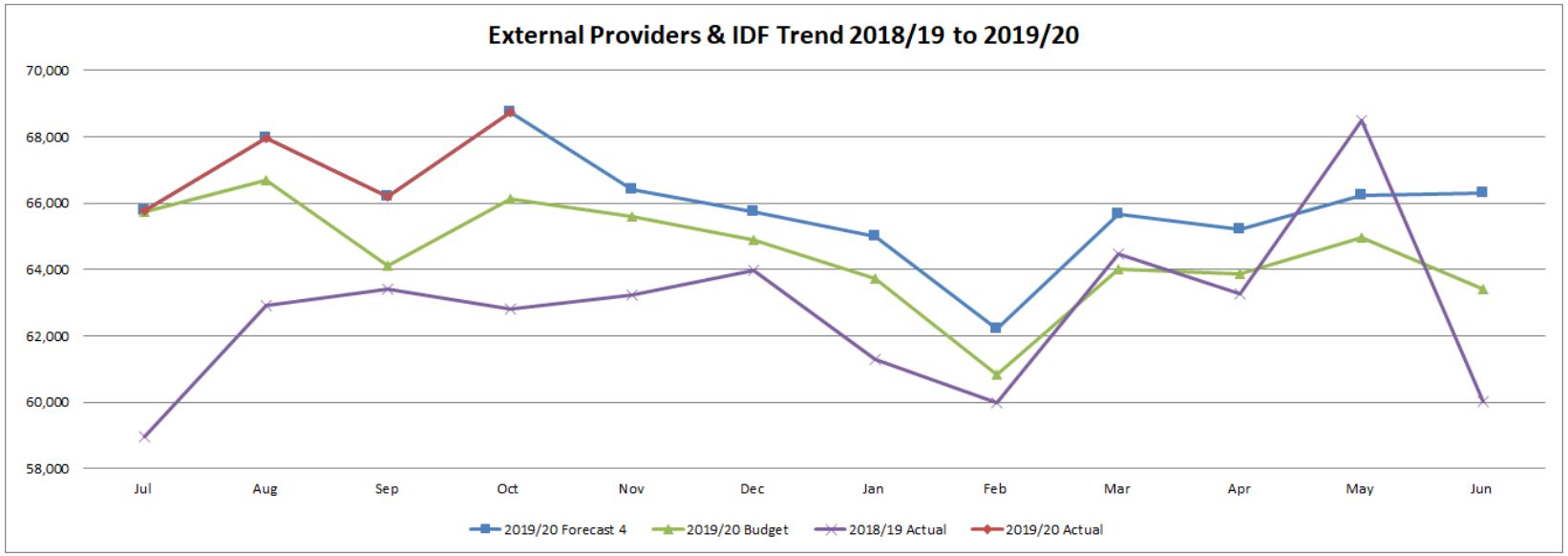


KEY RISKS AND ISSUES

- Treatment related costs are influenced by activity volume, as well as complexity of patients. Pharmaceutical costs, particularly PCT and related drugs, continue to increase.
- Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital (TPMH) campus, including security, basic maintenance etc. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 2022/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
External Provider Costs	68,754	68,122	(632)	-1% ✗	274,757	270,120	(4,637)	-2% ✗	752,784	789,237	773,439	(15,798)	-2% ✗



KEY RISKS AND ISSUES

- Additional outsourcing to meet electives targets may be required. The use of additional clinics at penal rates, outplacing, and/or outsourcing may be used to reduce this impact.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000	
Equity	557,443	624,443	66,999	11% ✔

	YTD Actual $'000	YTD Budget $'000	Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Cash	(50,529)	(52,912)	2,383	-5% ✔	(31,576)	(83,246)	(62,397)	(20,849)	33.4% ✘

Note that the above cash forecast assumes no equity support is received

KEY RISKS AND ISSUES

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

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd
For the four months ended 31 October 2019

Month					Year to Date				Annual (Year End)			
19/20 Actual 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's		19/20 Actual 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's	19/20 Forecast 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's
153,827	152,184	144,452	1,643 ✓	MoH Revenue	614,906	608,932	576,583	5,974 ✓	1,838,722	1,826,897	1,740,486	11,825 ✓
4,357	4,371	3,936	(14) ✗	Patient Related Revenue	17,234	17,324	15,550	(90) ✗	51,167	51,613	49,201	(446) ✗
3,336	3,961	3,571	(625) ✗	Other Revenue	15,134	15,456	12,733	(322) ✗	50,584	51,708	39,747	(1,124) ✗
161,520	**160,516**	**151,959**	**1,004**	**Total Operating Revenue**	**647,274**	**641,712**	**604,865**	**5,562**	**1,940,473**	**1,930,218**	**1,829,434**	**10,256**
76,591	75,956	70,260	(635) ✗	Personnel Costs	297,619	296,959	271,852	(660) ✗	919,531	915,003	915,946	(4,528) ✗
13,039	13,609	11,527	570 ✓	Treatment Related Costs	54,212	53,299	46,569	(913) ✗	164,337	164,745	140,795	408 ✓
68,754	68,122	64,774	(632) ✗	External Service Providers	274,757	270,120	256,072	(4,637) ✗	789,237	773,439	752,784	(15,798) ✗
9,018	8,494	7,612	(524) ✗	Other Expenses	34,706	33,255	29,862	(1,451) ✗	132,122	135,369	120,244	3,246 ✓
167,402	**166,181**	**154,174**	**(1,221)** ✗	**Total Operating Expenditure**	**661,294**	**653,633**	**604,354**	**(7,661)** ✗	**2,005,227**	**1,988,555**	**1,929,769**	**(16,672)** ✗
(5,882)	**(5,665)**	**(2,215)**	**(217)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(14,020)**	**(11,921)**	**511**	**(2,099)** ✗	**(64,754)**	**(58,337)**	**(100,335)**	**(6,416)** ✗
46	79	114	(33) ✗	Interest Revenue	206	254	405	(48) ✗	890	939	627	(49) ✗
685	685	-	- ✓	MoH Revaluation Cap Charge funding	2,740	2,740	-	- ✓	8,220	8,220	-	-
-	-	-	- ✓	MoH Debt Equity Swap funding	-	-	-	- ✓	3,740	3,740	-	-
15	224	15	(209) ✗	Donations	1,035	894	2,059	141 ✓	2,726	2,586	4,067	140 ✓
-	1	-	(1) ✗	Profit on Sale of Assets	13	3	5	10 ✓	18	8	133	10 ✓
746	**989**	**129**	**(243)** ✗	**Total Indirect Revenue**	**3,994**	**3,891**	**2,469**	**103** ✓	**15,594**	**15,492**	**4,827**	**102** ✓
2,961	3,286	954	325 ✓	Capital Charge	11,844	13,144	8,319	1,300 ✓	50,024	53,864	24,241	3,840 ✓
5,963	6,249	4,143	286 ✓	Depreciation	23,860	24,726	18,309	866 ✓	80,688	83,161	54,407	2,473 ✓
55	50	(16)	(5) ✗	Interest Expense	145	200	10	55 ✓	545	600	552	55 ✓
45	-	7	(45) ✗	Loss on Sale of Assets	53	-	8	(53) ✗	53	-	23	(53) ✗
9,024	**9,585**	**5,088**	**561** ✓	**Total Indirect Expenses**	**35,902**	**38,070**	**26,645**	**2,168** ✓	**131,311**	**137,625**	**79,223**	**6,314** ✓
(14,160)	**(14,261)**	**(7,174)**	**101** ✓	**Total Surplus / (Deficit)**	**(45,928)**	**(46,100)**	**(23,665)**	**172** ✓	**(180,470)**	**(180,470)**	**(174,731)**	**(0)** ✗
-	-	-	-	Impairment	-	-	-	-	-	-	(3,108)	-
-	-	-	- ✓	Gain on Revaluation of Land and Buildings	-	-	-	- ✓	-	-	137,346	- ✓
(14,160)	**(14,261)**	**(7,174)**	**101** ✓	**Total Comprehensive Revenue & Expense**	**(45,928)**	**(46,100)**	**(23,665)**	**172** ✓	**(180,470)**	**(180,470)**	**(40,493)**	**(0)** ✗

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 October 2019

Audited 30-Jun-19 $'000		Group Actual 31-Oct-19 $'000	Group Budget 31-Oct-19 $'000	Annual Group Budget 30-Jun-20 $'000
496,272	Opening Equity	597,378	662,639	662,639
141,600	Net Equity Injections / (Repayments) During Year	5,994	7,904	650,781
137,345	Reserve Movement for Year	-	-	-
(177,839)	Operating Results for the Period	(45,928)	(46,100)	(180,470)
597,378	**TOTAL EQUITY**	557,443	624,443	1,132,950
	Represented By:			
	Current Assets			
4,999	Cash & Cash Equivalents	2,812	627	627
750	Short Term Investments	750	750	750
91,010	Trade and Other Receivables	70,232	91,010	91,010
5,838	Prepayments	14,139	5,838	5,838
13,209	Inventories	13,277	13,209	13,209
14,510	Restricted Assets	14,369	14,685	14,685
130,315	**Total Current Assets**	115,579	126,119	126,119
	Less Current Liabilities			
36,575	Overdraft	53,341	53,539	63,024
123,935	Trade and Other Payables	143,731	137,080	123,936
14,760	Restricted Funds	14,483	14,760	14,760
245,602	Employee Benefits	244,732	180,342	180,342
420,872	**Total Current Liabilities**	456,287	385,721	382,062
(290,557)	**Working Capital**	(340,708)	(259,602)	(255,943)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,225	3,225	3,225
890,595	Fixed Assets	901,155	886,706	1,391,554
893,837	**Term Assets**	904,396	889,947	1,394,795
	Non Current Liablilties			
5,902	Employee Benefits	6,245	5,902	5,902
5,902	**Term Liabilities**	6,245	5,902	5,902
597,378	**NET ASSETS**	557,443	624,443	1,132,950

Restricted Assets and Restricted Liabilities include funds held by Maia on behalf of CDHB.

APPENDIX 4: CASHFLOW

Audited 30-Jun-19 $'000		Actual 31-Oct-19 $'000	YTD Budget 31-Oct-19 $'000	Budget 30-Jun-20 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(52,680)	**Net Cash from Operating Activities**	(4,359)	(8,229)	(97,305)
	CASHFLOW FROM INVESTING ACTIVITIES			
(43,992)	**Net Cash from Investing Activities**	(20,587)	(20,836)	(70,913)
	CASHFLOW FROM FINANCING ACTIVITIES			
80,794	**Net Cash from Financing Activities**	5,994	7,904	137,572
(15,878)	Overall Increase/(Decrease) in Cash Held	(18,953)	(21,161)	(30,646)
(15,698)	Add Opening Cash Balance	(31,576)	(31,751)	(31,751)
(31,576)	**Closing Cash Balance**	(50,529)	(52,912)	(62,397)

SCHEDULE OF MEETINGS - 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **17 December 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2020 calendar year as required by the NZ Public Health and Disability Act 2000.

2. RECOMMENDATION

That the Board:

i. notes that in terms of the Canterbury DHB's Standing Orders (Clause 1.6.1) a formal resolution is required from the incoming Board to adopt a meeting schedule for 2020;
ii. notes that at the Board meeting of 15 August 2019, the Board approved "in principle" the attached schedule of meetings for the 2020 year (Appendix 1);
iii. notes that for planning purposes, the assumption has been made that the Community and Public Health Advisory Committee (*CPHAC*) and Disability Support Advisory Committee (*DSAC*) will continue as one committee (the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)) through 2020, however, should they revert back to two separate committees following review by the incoming Board, CPHAC and DSAC meetings will take place on the scheduled CPH&DSAC dates, with CPHAC meetings starting at 9:00am and DSAC meetings starting at 1.00pm;
iv. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this; and
v. formally confirms the adoption of the attached schedule of meetings for the 2020 year, as required by the NZ Health & Disability Act 2000 and the Board's Standing Orders.

3. SUMMARY

The purpose of this report is to seek the Board's support for a schedule of meetings for the 2020 calendar year.

The dates for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee and the Hospital Advisory Committee in particular. The proposed meeting cycle for 2020 is:

- Board – monthly meetings on a Thursday, starting at 9:00am.
- QFARC – monthly meetings on a Tuesday, starting at 9.00am.
- HAC – bi-monthly meetings on a Thursday, starting at 9:00am.
- CPH&DSAC – bi-monthly meetings on a Thursday, starting at 9:00am. It has been assumed, for planning purposes, that the Community and Public Health Advisory

Committee (*CPHAC*) and Disability Support Advisory Committee (*DSAC*) will continue as one committee (the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)) through 2020, however, should they revert back to two separate Committees following review by the incoming Board, CPHAC and DSAC meetings will take place bi-monthly on a Thursday, with CPHAC starting at 9.00am and DSAC starting at 1.00pm.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the *Act*) and in accordance with Standing Orders (Clause 1.14.1), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

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

The suggested meeting dates for 2020 are based on a similar cycle to 2019 meetings, with Committee meetings on Tuesdays and Thursdays, and Board meetings on the third Thursday of each month.

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

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

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

4. APPENDICES

Appendix 1: 2020 Schedule of Meetings

Report prepared by: Anna Craw, Board Secretariat

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

	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon
January 2020				NEW YEARS DAY 1	PUBLIC HOLIDAY 2	3	4/5	6	7	8	9	10	11/12	13
February	1/2	3	4	5	WAITANGI DAY 6	7	8/9	10	11	12	13	14	15/16	17
March	1	2	QFARC 9AM 3	4	CPH&DSAC 9AM 5	6	7/8	9	10	11	12	13	14/15	16
April				1	HAC 9AM 2	3	4/5	6	7	8	9	GOOD FRIDAY 10	11/12	EASTER MONDAY 13
May						1	2/3	4	QFARC 9AM 5	6	CPH&DSAC 9AM 7	8	9/10	11
June		QUEEN'S BIRTHDAY 1	QFARC 9AM 2	3	HAC 9AM 4	5	6/7	8	9	10	11	12	13/14	15
July				1	CPH&DSAC 9AM 2	3	4/5	6	7	8	9	10	11/12	13
August	1/2	3	QFARC 9AM 4	5	HAC 9AM 6	7	8/9	10	11	12	13	14	15/16	17
September			QFARC 9AM 1	2	CPH&DSAC 9AM 3	4	5/6	7	8	9	10	11	12/13	14
October					HAC 9AM 1	2	3/4	5	6	7	8	9	10/11	12
November	1	2	QFARC 9AM 3	4	CPHAC/DSAC 9AM 5	6	7/8	9	10	11	12	CANTERBURY ANNIVERSARY DAY 13	14/15	16
December			QFARC 9AM 1	2	HAC 9AM 3	4	5/6	7	8	9	10	11	12/13	14

Tues	Wed
14	15
18	19
17	18
14	15
12	13
16	17
14	15
18	19
15	16
13	14
17	18
15	16

Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S
16	17	18/19	20	21	22	23	24	25/26	27	QFARC 9AM 28	29	HAC 9AM 30	31	
CDHB BOARD 9AM 20	21	22/23	24	25	26	27	28	29						
CDHB BOARD 9AM 19	20	21/22	23	24	25	26	27	28/29	30	QFARC 9AM 31				
CDHB BOARD 9AM 16	17	18/19	20	21	22	23	24	25/26	ANZAC DAY OBSERVED 27	28	29	30		
14	15	16/17	18	19	20	CDHB BOARD 9AM 21	22	23/24	25	26	27	28	29	30/31
CDHB BOARD 9AM 18	19	20/21	22	23	24	25	26	27/28	29	QFARC 9AM 30				
CDHB BOARD 9AM 16	17	18/19	20	21	22	23	24	25/26	27	28	29	30	31	
CDHB BOARD 9AM 20	21	22/23	24	25	26	27	28	29/30	31					
CDHB BOARD 9AM 17	18	19/20	21	22	23	24	25	26/27	28	QFARC 9AM 29	30			
CDHB BOARD 9AM 15	16	17/18	19	20	21	22	23	24/25	LABOUR DAY 26	27	28	29	30	31
CDHB BOARD 9AM 19	20	21/22	23	24	25	26	27	28/29	30					
CDHB BOARD 9AM 17	18	19/20	21	22	23	24	CHRISTMAS DAY 25	26/27	BOXING DAY OBSERVED 28	29	30	31		

January 2020
February
March
April
May
June
July
August
September
October
November
December

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY
WELLBEING INDEX

Presentation to Canterbury DHB Board
17 December 2019

Kirsty Peel
Annabel Begg

Outline

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- History of Index
- Website demonstration
- Updates from Canterbury Wellbeing Survey

Establishment of Canterbury Wellbeing Index by CERA

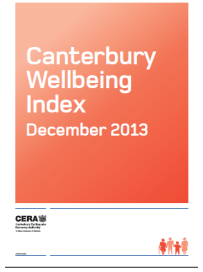
Canterbury District Health Board
Te Poari Hauora ō Waitaha

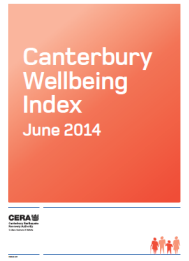
2011 | 2012 | 2013 | 2014 | 2015

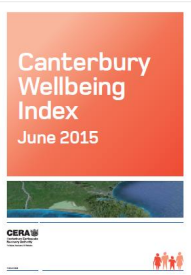
CERA established end March 2011

Workshops

First survey produced in September 2012 and repeated every 6 months (April and September)







First Index produced June 2013, updated Dec 2013
Repeated with minor changes in 2014 and 2015

Data from many agencies plus wellbeing survey data

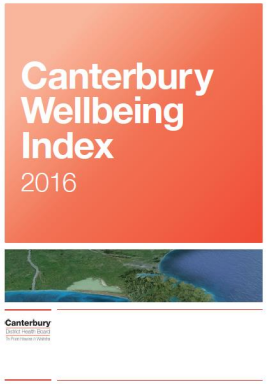
Canterbury DHB era

Canterbury District Health Board
Te Poari Hauora ō Waitaha

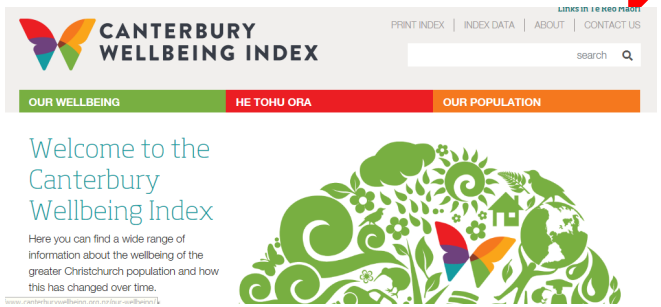
2016 2017 2018

CERA
Canterbury Earthquake Recovery Authority
Te Mana Haumanu ki Waitaha

Canterbury District Health Board
Te Poari Hauora ō Waitaha



Review of Index



Index available online

Canterbury Wellbeing Survey

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- Representative sample of over 18 year olds in Christchurch City, Selwyn District and Waimakariri District
- 12 time-points to date
- Multiagency working group continues
- Survey completed by 2649 people in 2019
- Response rate of 40% in 2019
- Questions moving to reflect wellbeing, broadly
- Survey delayed in response to Mosque attacks and in field in May / June 2019
- New questions added in 2019, including emotional support
- 17/57 indicators in Index come from survey- data allow multiple breakdowns
- 2019 survey report to be released on Dec 18

CANTERBURY WELLBEING INDEX

OUR WELLBEING

57 indicators

- SUBJECTIVE WELLBEING (4)
- CIVIC ENGAGEMENT (3)
- EDUCATION (4)
- EMPLOYMENT (5)
- ENVIRONMENT (7)
- HEALTH (9)
- HOUSING (5)
- INCOME (4)
- SAFETY (5)
- SOCIAL CAPITAL (11)

HE TOHU ORA

19 indicators

- Whānau support and contact
- Health and whānau wellbeing
- Quality of life
- Te reo Māori
- Identity
- Tūrangawaewae connection
- Cultural support and engagement
- Spirituality / Taha wairua
- Access to health determinants

OUR POPULATION

10 indicators

- Population size and change
- Population distribution
- Iwi affiliation
- Deprivation
- Disability status

CANTERBURY WELLBEING INDEX

PRINT INDEX | INDEX DATA | ABOUT | CONTACT US | TE REO

search

OUR WELLBEING | HE TOHU ORA | OUR POPULATION

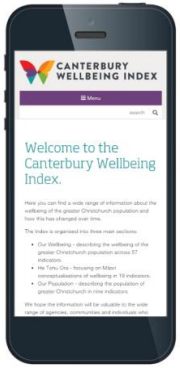
Welcome to the Canterbury Wellbeing Index.

Here you can find a wide range of information about the wellbeing of the greater Christchurch population and how this has changed over time.

The Index is organised into three main sections:

- **Our Wellbeing** - describing the wellbeing of the greater Christchurch population across 56 indicators, organised into ten domains.
- **He Tohu Ora** - focusing on Māori conceptualisations of wellbeing in 19 indicators.
- **Our Population** - describing the population of greater Christchurch in ten indicators.

We hope the information will be valuable to the wide range of agencies, communities and individuals who are working to improve the wellbeing of our local region.



LATEST NEWS

>2018 Canterbury Wellbeing Survey now released
This is the source of a number of indicators in this Index and

Index Update Process

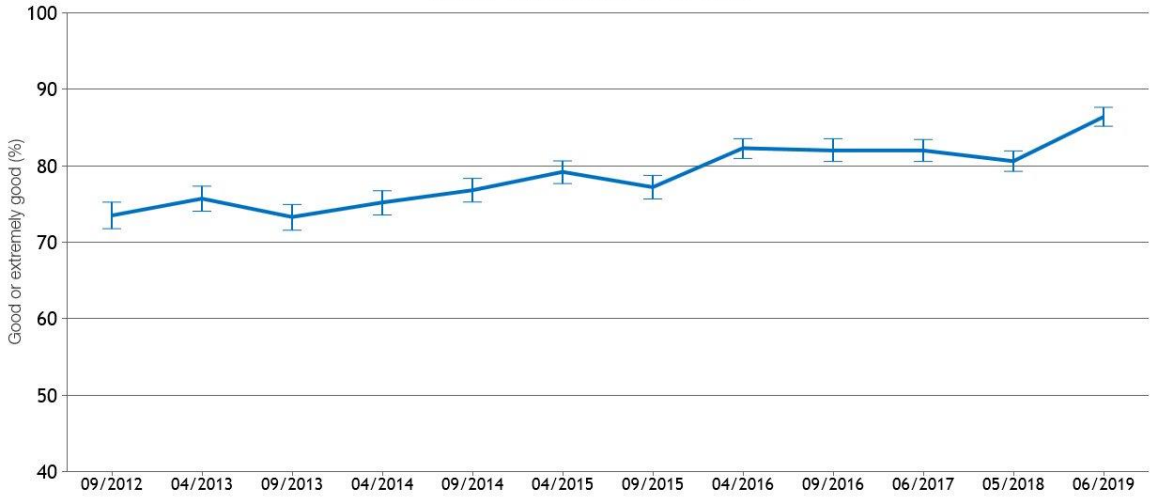
- Data collected and analysed throughout year
  - Custom requests
  - Publicly available via websites
  - Canterbury Wellbeing Survey data
- Text developed and internally reviewed
- External agencies providing data offered opportunity to review section

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Quality of Life

Quality of life rated as good or extremely good

Figure 1.1: Proportion of those aged 18 years and over rating quality of life as good or extremely good, in greater Christchurch, 2012–2019



86.4%

Quality of Life

Quality of life rated as good or extremely good

Figure 1.2: Proportion of those aged 18 years and over rating quality of life as good or extremely good, by Territorial Authority, 2012–2019

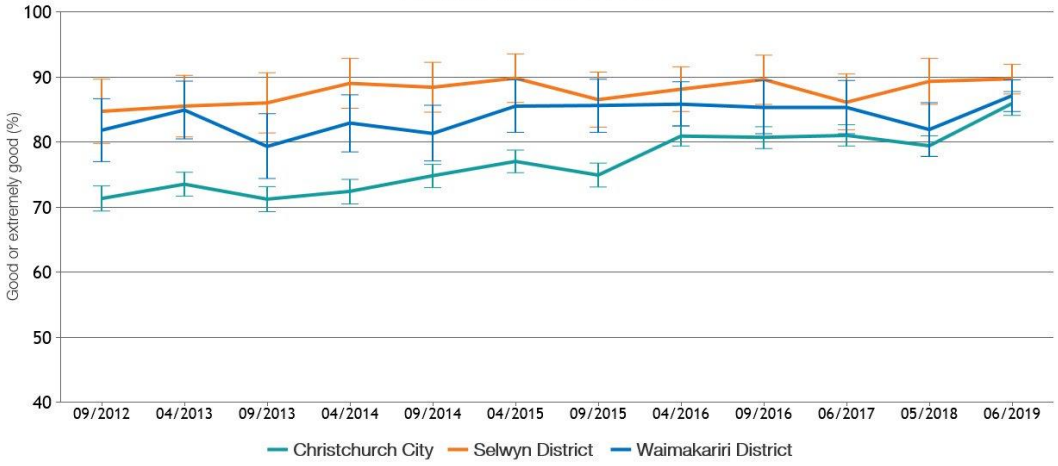
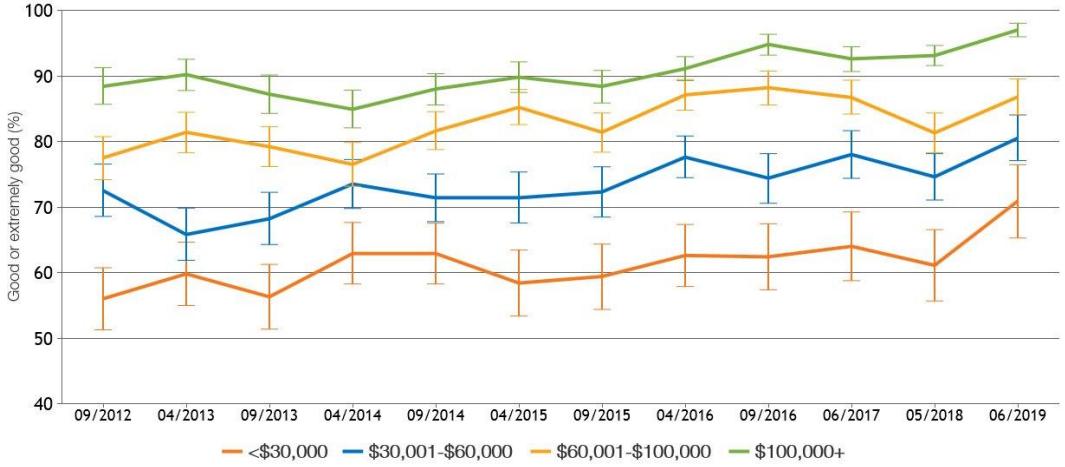


Figure 1.6: Proportion of those aged 18 years and over rating quality of life as good or extremely good, in greater Christchurch, by income, 2012–2019



Emotional wellbeing

WHO-5 wellbeing scale mean raw score

15.3 mean score

Figure 2.1: WHO-5 Wellbeing Index mean raw score, in greater Christchurch, 2013–2019

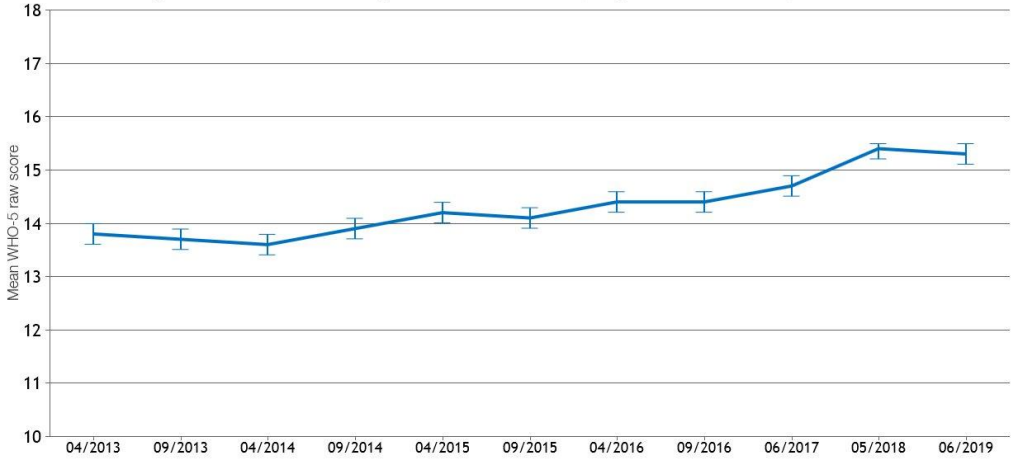
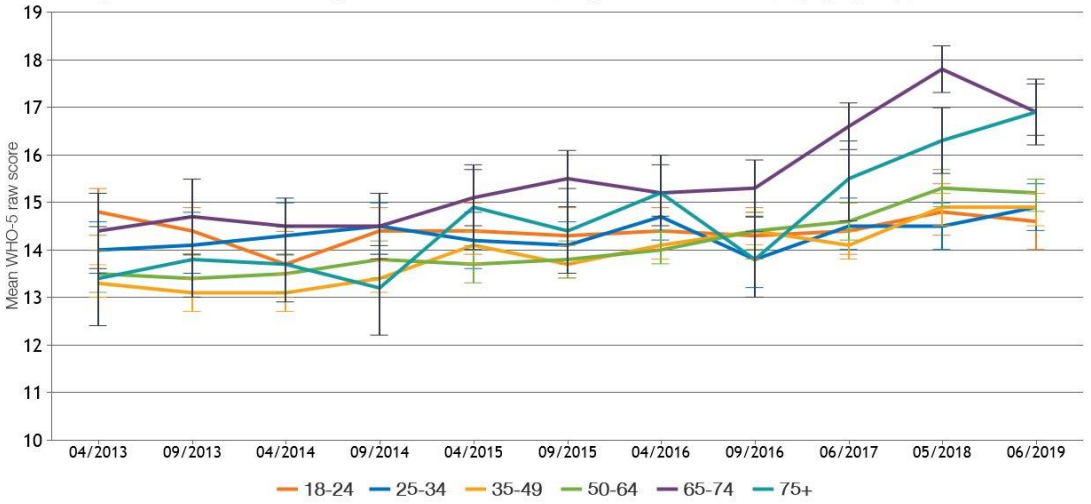


Figure 2.4 WHO-5 Wellbeing Index mean raw score, in greater Christchurch, by age group, 2013–2019



Stress

Feel stressed at least some of the time

67.9%

Figure 3.1: Proportion of those aged 18 years and over reporting stress sometimes, most of the time or always, in greater Christchurch, 2012–2019

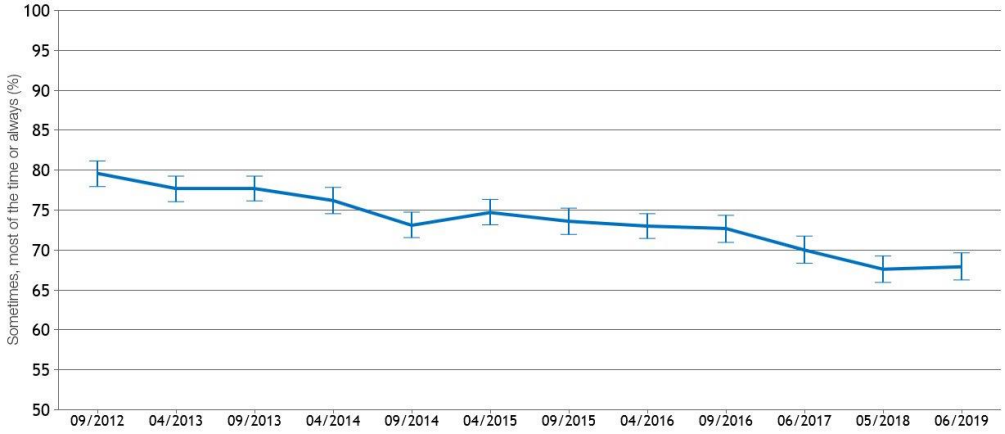
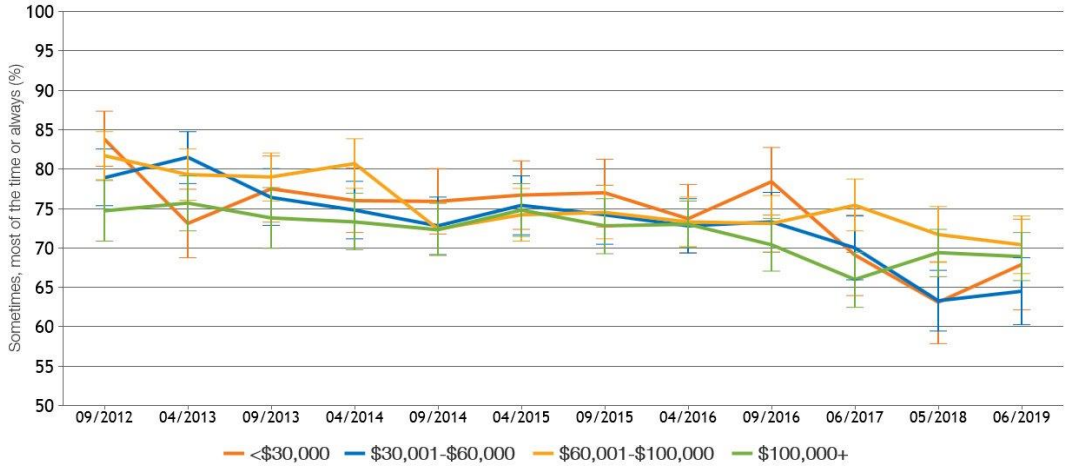


Figure 3.6: Proportion of those aged 18 years and over reporting stress sometimes, most of the time or always, in greater Christchurch, by income, 2012–2019



Housing quality

Satisfied or very satisfied with physical quality of home

80.2%

Figure 5.1: Proportion of those aged 18 years and over satisfied or very satisfied with physical quality of home, in greater Christchurch, 2017-2019

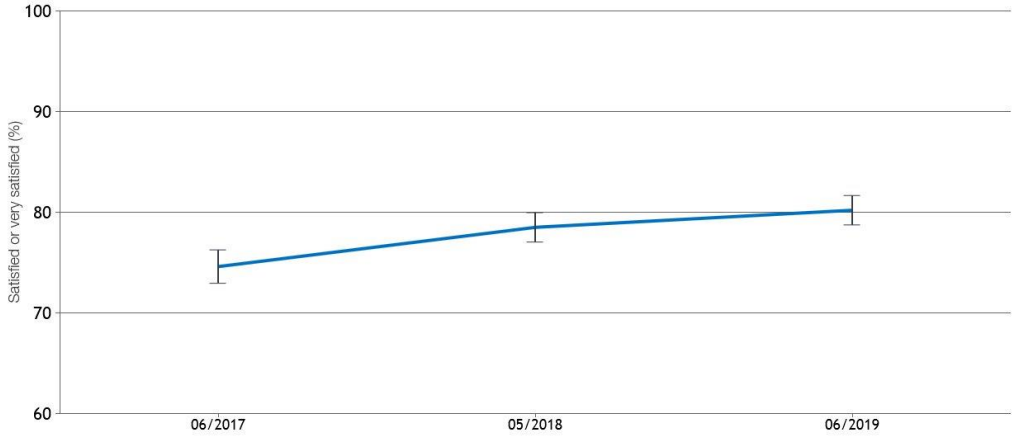
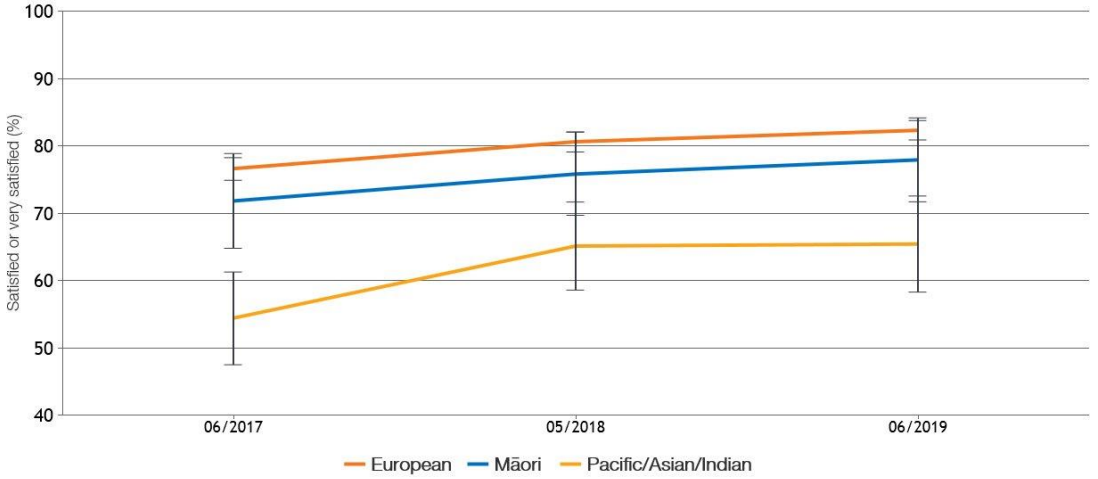


Figure 5.3: Proportion of those aged 18 years and over satisfied or very satisfied with physical quality of home, in greater Christchurch, by ethnicity, 2017-2019



Loneliness and isolation

Reporting feeling lonely or isolated always or most of the time

6.0%

Figure 3.4: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by age group, 2017-2019

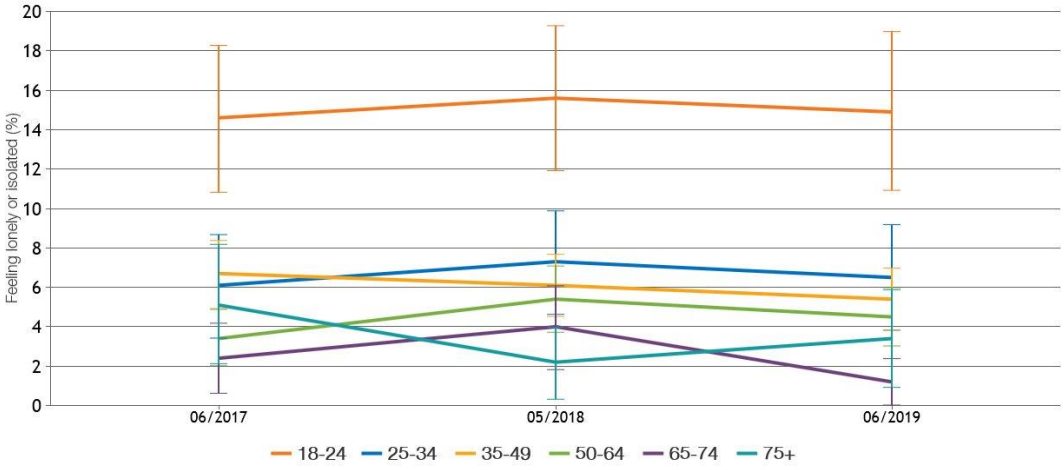
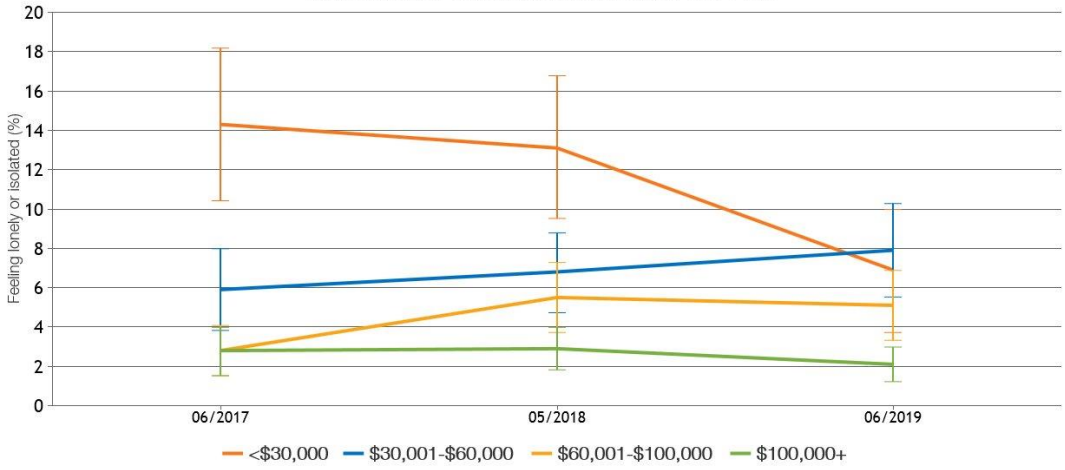


Figure 3.6: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by income, 2017-2019



Emotional support

Reporting would find it hard or very hard to talk to someone if they were feeling down

12.5%

Figure 4.3: Proportion of those aged 18 years and over who would find it hard or very hard to talk to someone if they were depressed, in greater Christchurch, by age group, 2019

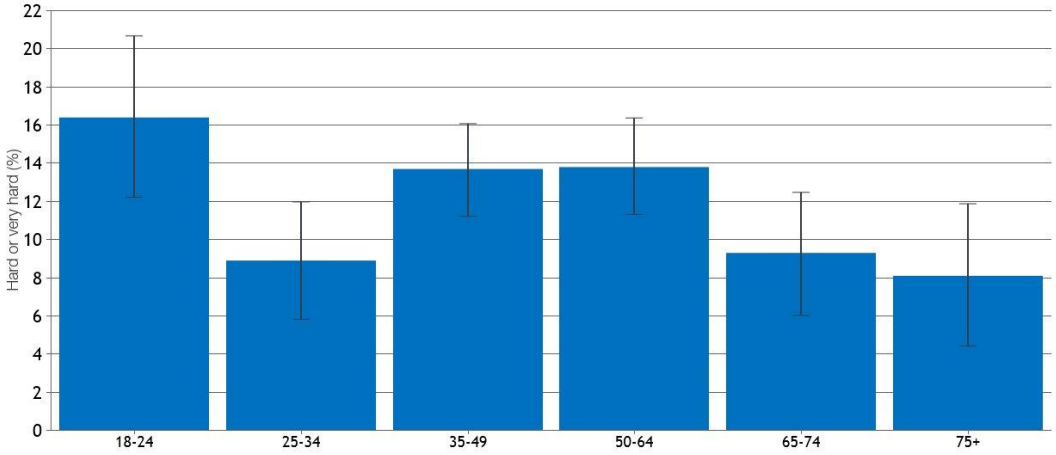
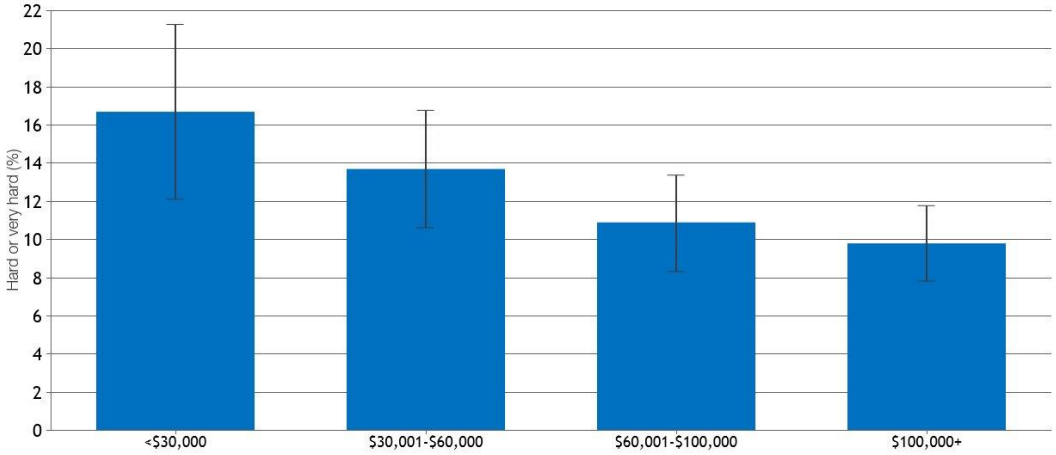


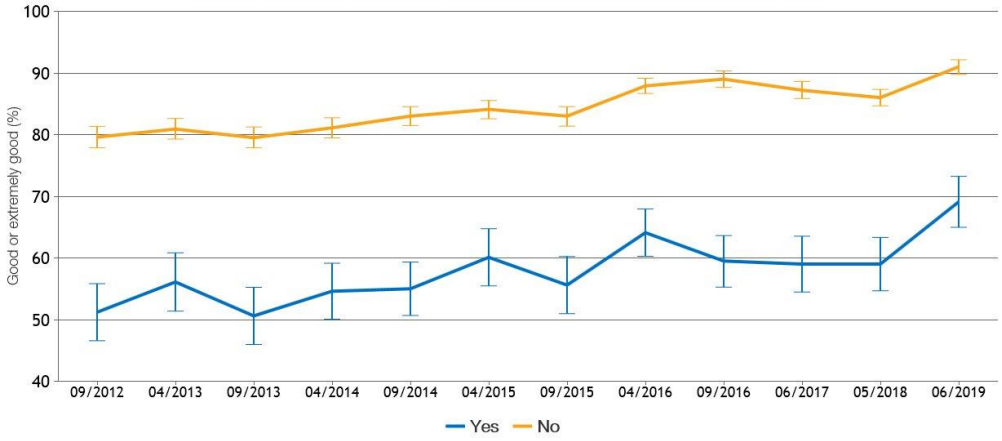
Figure 4.5: Proportion of those aged 18 years and over who would find it hard or very hard to talk to someone if they were depressed, in greater Christchurch, by income, 2019



Long term health condition or disability

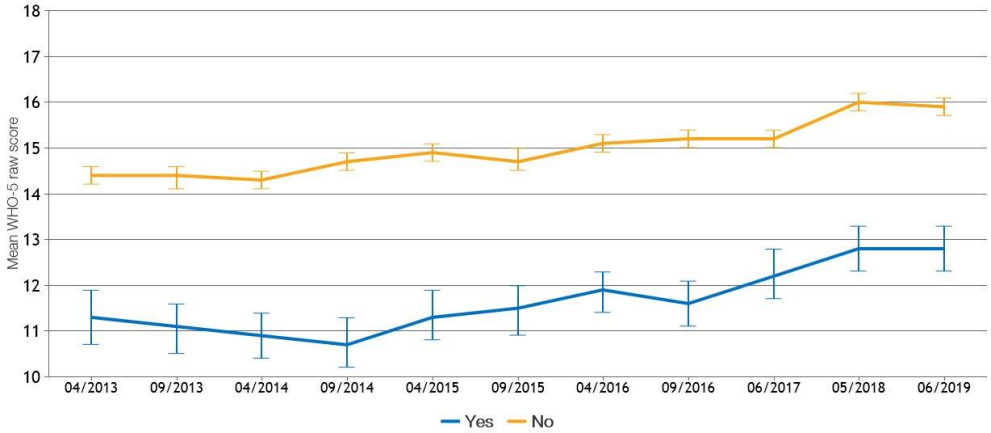
Quality of life rated as good or extremely good

Figure 1.7: Proportion of those aged 18 years and over rating quality of life as good or extremely good, in greater Christchurch, by long-term health condition or disability, 2012–2019



WHO-5 wellbeing scale mean raw score

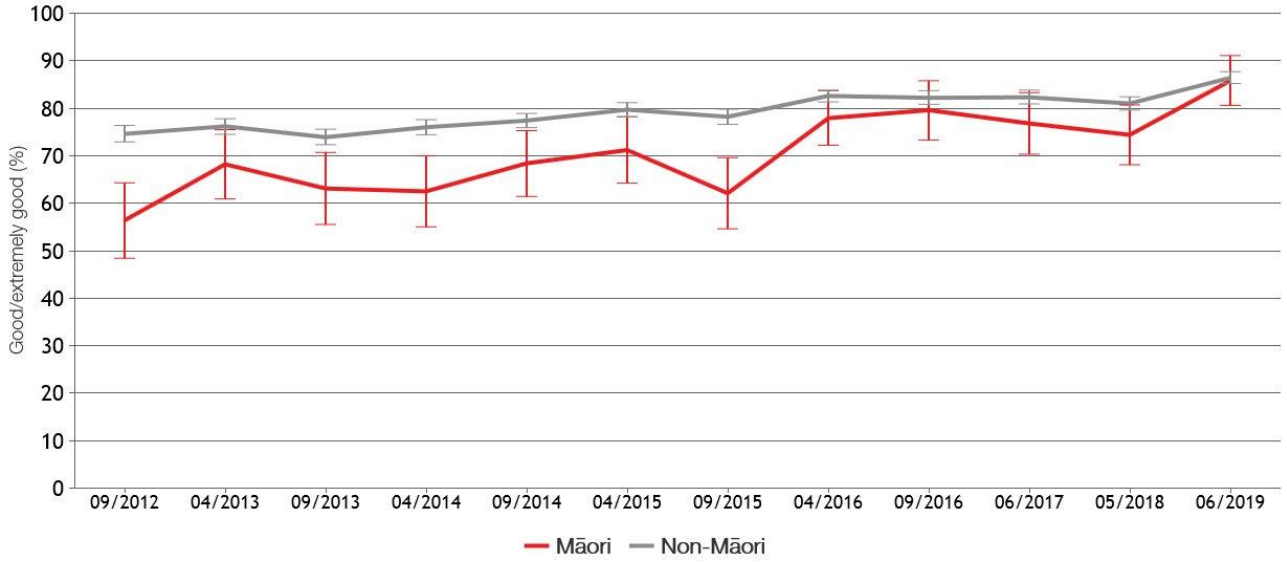
Figure 2.7 WHO-5 Wellbeing Index mean raw score, in greater Christchurch, by long-term health condition or disability, 2013–2019



HE TOHU ORA – MĀORI INDEX

Quality of life rated as good or extremely good

Figure 7: Proportion of Māori and non-Māori aged 18 years and over rating quality of life as good/extremely good, in greater Christchurch, 2012–2019



Canterbury Wellbeing Index since launch

- Index was well received locally at launch events
- Statistics NZ met with us on multiple occasions to learn for the development of Indicators Aotearoa
- Partnership with Ngāi Tahu and Te Pūtahitanga documented in video form and shared with others
- Over 3800 unique visitors to the website
  - Largest group (~1400) from Canterbury
  - Significant interest also from Auckland / Wellington and elsewhere
- He Tohu Ora is a popular section(~1200 visits), as is subjective wellbeing and health

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Thank you

- Take a postcard
- Take a list of indicators
- Explore the Index
- Share web address with others
- Use the data to improve wellbeing outcomes

- Let us know how you use it

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

HAC – 5 DECEMBER 2019

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: **Hospital Advisory Committee**

DATE: **17 December 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 5 December 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 5 December 2019 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 5 December 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, 5 December 2020, commencing at 9.00am

PRESENT
Andrew Dickerson (Chair); Jo Kane (Deputy Chair); Sally Buck; Wendy Dallas-Katoa; Jan Edwards; David Morrell; Dr Rochelle Phipps; Trevor Read; Ta Mark Solomon; and Dr John Wood.

APOLOGIES
Apologies for absence were received and accepted from Barry Bragg; and Dr Anna Crighton.

EXECUTIVE SUPPORT
David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Sue Nightingale (Chief Medical Officer); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
Mary Gordon; Jacqui Lunday-Johnstone; Berni Marra; and Win McDonald for absence.
David Meates for lateness.

IN ATTENDANCE

Item 4
Laura Corrigan, Clinical Team Coordinator
Debbie Hamilton, Nursing Director, Haematology/Oncology/Palliative Care/Ambulatory Care & Afterhours.

Item 5
Richard French, Clinical Director, Service Improvement
Mary Hunter, Clinical Director, Special Projects
Natalie King, Programme Lead, Treatments & Technologies

Item 8
Kirsten Beynon, General Manager, Laboratories
Pauline Clark, General Manager, Medical/Surgical & Women's & Children's Health
Dan Coward, General Manager, Older Persons, Orthopaedics and Rehabilitation
Toni Gutschlag, General Manager, Specialist Mental Health Services

Andrew Dickerson, HAC Chair, opened the meeting.

Dr John Wood, CDHB Chair, noted that the terms of appointment for himself and Ta Mark Solomon expired yesterday, however, the process is that they remain in position until such time as new appointments or reappointments are made. Therefore, at this time, he and Ta Mark remain ex-officio members of the Committee.

Mr Dickerson welcomed Wendy Dallas-Katoa to the meeting, noting she is Manawhenua ki Waitaha's nominated representative to the Committee. This nomination was endorsed at CDHB's Board's meeting on 21 November 2019.

Mr Dickerson noted that today is David Morrell's last meeting as a CDHB Board member, thanking him for his many years of contribution. It was also noted that today would have been Dr Anna Crighton's last meeting as a CDHB Board member had she been in attendance.

Mr Dickerson also welcomed Lisa Mulholland, trainee intern doing her elective placement in medical administration with the clinical leadership team.

1. INTEREST REGISTER

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

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (15/19)
(Moved: Trevor Read/Seconded: Dr Rochelle Phipps – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 3 October 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action items were noted.

4. CLINICAL TEAM CO-ORDINATORS (PRESENTATION)

Pauline Clark, General Manager, Medical/Surgical and Women's & Children's Health introduced Laura Corrigan, Clinical Team Co-ordinator (*CTC*); and Debbie Hamilton, Nursing Director, Haematology/Oncology/Palliative Care/Ambulatory Care & Afterhours.

Ms Corrigan presented to the Committee on the role of the Clinical Team Co-ordinators whose key focus is "right person, right patient, right time". Committee members were provided the opportunity to ask questions.

There was a query around the introduction of Cortex, an electronic patient notes portal. Ms Corrigan advised that CTCs have been quite involved with Cortex's development. Once fully functional, it will close the loop of communication, which will prove very useful. CTCs have appreciated being involved in the process.

It was noted that CDHB'S CTC role is attracting a lot of interest both nationally and internationally.

The Chair thanked Ms Corrigan and Ms Hamilton for the informative presentation.

5. NEW TREATMENTS AND TECHNOLOGIES (PRESENTATION)

Dr Nightingale introduced Richard French, Clinical Director, Service Improvement; Mary Hunter, Clinical Director, Special Projects; and Natalie King, Programme Lead, Treatments & Technologies.

The Committee received a presentation on the New Treatments & Technologies programme, and were provided the opportunity to ask questions.

There was a query on the process around disinvestment. It was noted that at this stage, the focus is on new items and ensuring the process is trusted and embedded. The programme is very much about peer moderation, generating questions and getting things right at the department level. Achieving this will enable the programme to move up and disinvestment will become a key part of the ongoing process.

A member raised the importance of ensuring double accounting does not occur. Ms King advised that the programme team has developed its own templates, enabling the right information be provided, to ensure true realisable benefit is evident.

The Chair thanked those in attendance for the presentation, noting this was a very positive piece of work.

6. CLINICAL ADVISOR UPDATE – MEDICAL (ORAL)

Dr Nightingale provided updates on the following:

- Work is underway with People & Capability to establish principles on the size of SMO jobs and a consistent approach to remuneration, rostering etc.
- Credentialing of services continues to go well.
- Training sessions for Clinical Directors (*CDs*) is ongoing.
- Leadership training of some sort is now required for all CDs. This has taken on momentum, with great enthusiasm and feedback. Otago University in Dunedin provides a course that has been very popular. CDHB has now developed its own in-house training which covers a greater time span and fits better with other commitments. This is currently being piloted.
- With respect to recent issues with new Trainee interns, it was noted that all CDHB interns are registered and working.
- There is to be a re-set of clinical governance for the provider arm.
- The Clinical Board has been re-set with a whole of system focus. Some preliminary meetings have been held and is expected to be operating at full strength by February 2020.
- Infection Prevention and Control. New system and governance is going well. Looking for a new CD following the retirement of the previous one.
- A review of the Research Committee and its processes is complete. A CD of Research has been appointed in a leadership role across the DHB. There will be a focus on process improvement and looking at models from other DHBs.
- There has been significant involvement in IT projects. This has helped with clinical engagement.
- Service Continuity Service. There has been a lot of work over the last couple of years to develop this service, which is going from strength to strength. There is a designated Business Continuity Planner who is assisting services in developing their plans. Good progress is being made. Policies are being reviewed, including the Mass Casualty Plan, and electronic resources are being developed to assist.
- Ethics Committee: A preliminary meeting has been held, with a view that this will be fully established early 2020.

Dan Coward provided an update on Spinal Surgery, service configuration and responding to patient need.

There was discussion around Dermatology, recruitment issues and the future of the service.

7. 2019 WINTER PLAN OUTCOMES

Ms Clark presented the report, which was taken as read, noting that 2019 has been the busiest winter ever experienced. Teams have done a brilliant job and have been well supported by Primary Care colleagues, as well as various CDHB divisions. It has been a true team effort.

It was noted the official winter plan period has only just concluded. Once analysed, learnings will be taken to assist with 2020 planning.

The report was received.

The meeting adjourned for morning tea from 10.45 to 11.05am.

8. H&SS MONITORING REPORT

Mr Dickerson noted the recent resignation of Toni Gutschlag. He thanked her for her significant contribution to the DHB, often under challenging circumstances, and wished her well in her new position with the Ministry of Health (*MoH*).

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

General Managers spoke to their areas as follows:

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

- Whilst still experiencing demand pressures and workforce recruitment issues, things are going reasonably well. Staff engagement is good.
- The preliminary design phase for new services coming across from The Princess Margaret Hospital has been signed off.
- Hillmorton Masterplan is going to the Board for consideration in December. Happy with where this is sitting, noting there is coherence around arrangements for the different zones; retention of green space has been strongly advocated for; and the creation of a cultural and spiritual centre will be valued.
- There have been a number of incidents at SMHS over the past couple of weeks. There is a lot of support in place for both staff and patients, with significant support being provided by People & Capability.

In response to a query, Ms Gutschlag advised that the PODs are progressing and are on track for completion in September 2020.

Discussion took place on increased support for individuals identifying with issues below an express mental health condition. It was noted the MoH is developing an access and choice programme which will assist in this area. Also, making better use of existing tools and national resources needs to be encouraged.

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

- Rethinking rehabilitation: within the workstream the following focus areas continue to support outcomes:
  - Goal setting – the workgroup is focusing on finalising the process for goal setting and standardising where to incorporate into the patients notes.
  - Use of Volunteers – Ward B1 continues to trial the use of volunteers to have group sessions as part of rehabilitation activities within the ward and act as

companions with patients with mild cognitive difficulties. This will now be rolled out to Ward C2.
- Orientation to Burwood for patient expectations – the workgroup is proposing to replace the current pamphlets with flipcharts. This will be more sustainable and will provide a visual aid to activities and expectations towards rehabilitation while in Burwood.
- Ward D1 – is trialling no Interdisciplinary Team (*IDT*) meetings on a Monday, with more robust board rounds similar to the acute model. This has freed 24 hours of nursing and allied health time, which has gone back into patient activity and patient contact time. Another consequence is that Length of Stay (*LOS*) has reduced by another day.

Discussion took place around orthopaedic volumes. Presentations have been significantly higher, as has the level of complexity. Mr Coward provided an overview of how this is being managed, with a strong focus on maximising all resources available to ensure cancellation of sessions is minimised.

Hospital Laboratories – Kirsten Beynon, General Manger, Laboratories

- Teams continue to absorb increasing volumes.
- A number of complex procurements projects are underway.
- Ongoing industrial action is requiring constant planning and response, in order to minimise the impact on patients.

In response to a query, an update was provided on Lab facilities.

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

- Acute admissions into the two largest acute services: General Medicine and General Surgery, have increased at a rate faster than expected.
- The ongoing increase in the volume of acute surgery drives an increase in demand for theatre capacity. Requirements increased by more than 1,000 hours over the previous 12 months, and that period had already required 1,300 more hours than the year to October 2017. This is an increase in acute theatre requirements by 20-25 hours per week over each of the past two years.
- General medicine has 135 allocated beds. During the past 365 days there have been only 36 days where General Medical 10.00am occupancy has been less than 135. Average has been 169 and the maximum 232.
- Impact of the mosque attacks is ongoing. As at 18 November 2019:
  - 129 people have received hospital services as a result of the attacks;
  - 121 people have visited the Emergency Department;
  - 67 people have spent time as a hospital inpatient;
  - 38 people have required an operation in theatre; and
  - there have been a total of 1,588 outpatient visits.

  The results of this attack will impact individuals and their families for many years to come. Between July and November there have been 440 outpatient visits with nearly 100 of these in the last month alone.

There was discussion about understanding barriers to heath equity, in particular disparities in cancer outcomes between Maori and non-Maori. It was suggested there is a need for screening to start earlier for Maori and Ms Dallas-Katoa advised that the Maori Medical Practitioners Association has requested the Crown to look at this. It was also suggested that it would be beneficial to look at the 62-day pathway to see who had stepped off it and how these individuals could be better supported. A detailed analysis of how people progress through the pathway, and an analysis on people who opt off or diverge, would be useful.

The report was received.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (16/19)
(Moved: Ta Mark Solomon/Seconded: David Morrell – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 3 October 2019.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(If required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

INFORMATION ITEMS

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

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 12.05pm.

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: **17 December 2019**

Report Status – For: **Decision** ☑ **Noting** ☐ **Information** ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Chair & Chief Executive - Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
2.	Hillmorton Masterplan Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Urgency for New Cancer Centre Facility on St Asaph Street Campus	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Oncology Linear Accelerator Replacements – Delegation of Authority	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Parkside North-East External Concrete Wall Panels	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Carparking Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
10.	Advice to Board: • HAC Draft Minutes *5 December 2019* • QFARC Draft Minutes *3 December 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

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 21 November 2019 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Dr Anna Crighton.

ABSENT

Tracey Chambers.

EXECUTIVE SUPPORT

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

APOLOGIES

Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director, Maori & Pacific Health); Sue Nightingale (Chief Medical Officer); and Stella Ward (Chief Digital Officer).

Dr John Wood, Chair, commented that this was the last meeting for three of our most long-serving Board members – David Morrell (five terms), Chris Mene (three terms) and Dr Anna Crighton (four terms). Board members were invited to make any comments if they wished. Jo Kane and Chris Mene took advantage of this opportunity.

Chris Mene opened the meeting with a Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
Ta Mark Solomon advised that there were various items that could be a conflict with his role as Chair of Te Putahitanga o Te Waipounamu.

Andrew Dickerson advised of a conflict with Item 4 on the Public Excluded agenda, due to his position as a Trustee of the Maia Health Foundation.

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

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (64/19)
(Moved: Barry Bragg/seconded: Ta Mark Solomon – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace, Christchurch, on 17 October 2019 and the special meeting held on 29 October 2019 be approved and adopted as true and correct records."

3. CARRIED FORWARD/ACTION LIST ITEMS

It was noted that the carried forward item was on today's agenda.

4. PATIENT STORY

As it was Digital Health Week, a video clip regarding digital innovation at the Canterbury District Health Board was viewed.

5. CANTERBURY MATERNITY STRATEGY

Norma Campbell, Director of Midwifery, presented this strategy. Ms Campbell advised that the Board had previously supported a first draft of the strategy going to the community for consultation. Feedback was received that the draft strategy did not adequately meet principles and values of Tangata Whenua and as a result would not address sufficiently the equity issues facing the population of Canterbury.

Ms Campbell advised that three hui have been held with an increasing group of interested parties to bring different perspectives and contributions to the strategy and now that this process has been completed it was concluded that the draft framework presented today reflects the views of the wider community to the extent that they would want to be engaged in this work for their community.

It was noted that the framework will continue to re-align going forward and if signed off today the next challenge would be "how" the strategy is implemented.

Discussion took place regarding the location of the Primary Birthing Facilities. David Meates, Chief Executive, commented that the strategy does not determine any final locations and the exploration of different locations will continue.

Dr Wood requested that Ms Campbell and supporters provide an update to the Board within a year on progress with implementation of the strategy.

Resolution (65/19)
(Moved: Jo Kane/seconded: Chris Mene – carried)

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

i. approves the Canterbury Maternity System Strategic Framework, 2019-2024."

The community visitors present performed a Waiata.

6. MAORI AND PACIFIC HEALTH PROGRESS REPORT

Matthew Reid and Ngarie Button, Planning & Funding, presented this report on behalf of Hector Matthews. The report was taken as read.

It was noted that Canterbury have the 5th or 6th highest Maori population in the country and on our current projection we are 15 years away from achieving equity (nationally this is 47 years). We also have the fastest percentage population growth of Under 8 year olds in the country.

Discussion took place regarding the positive Oral Health trend over the last nine years and also the 105% achievement in B4School checks.

A query was made regarding the reduction in immunisation statistics. Mr Meates commented that whilst Canterbury still leads the country in this space, we still need to remain absolutely focussed in this area.

Resolution (66/19)
(Moved: Chris Mene/seconded: Ta Mark Solomon – carried)

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

i. notes the Māori and Pacific Health Progress Report."

7. CHAIR'S UPDATE

Dr Wood advised that he had attended the National Chair's & Chief Executive's meeting in Wellington last week.

The update was noted.

8. CHIEF EXECUTIVE'S UPDATE

Mr Meates took his report as read. He advised that overnight, Rebecca George, Canterbury DHB's Clinical lead for Allied Health Informatics was announced as the winner of the Clinical Informatics Leadership Award at HINZ last week. Rebecca was chosen by public vote and received her award at Digital Health Week NZ.

He highlighted the Maternity Strategy that the Board had just approved and congratulated Ms Campbell who orchestrated this process with the key driver being looking at how we improve the flow for maternity across the whole health system.

Mr Meates commented on ESPI compliance and the ongoing capacity issues as a result of: measles outbreak; terror attack; and Out Patients flooding. This also continues to affect the acute flow, particularly in Orthopaedics, where it is now pretty usual for us to be commencing Monday's with 50 – 70 acute Orthopaedic hours.

It was noted that the DHB is still using eight operating theatres per day outside of the DHB.

In regard to Mental Health, Mr Meates commented that it had been hoped that the CAF rates on page 12 would have plateaued, but since the mosque attack there has been a further increase in this area.

It was noted that a single party will look at developing an after-hours facility on the Rangiora site. This is subject to a number of final negotiations.

Mr Meates provided Board members with a copy of "Our Space" which shows just how much the DHB is intertwined in this process and is a continued example of Health in all Policies (*HIAP*).

Discussion took place regarding measles and it was noted that Community & Public Health have been clear that this good work has been due to the Integrated Primary Health Care response, however, measles is still a huge risk for us.

Resolution (67/19)
(Moved: Ta Mark Solomon/seconded: Aaron Keown – carried)

"That the Board:

i. notes the Chief Executive's Update".

9. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The consolidated Canterbury DHB financial result for the month of September 2019 was a net operating expense of $8.681M, which was $0.050M unfavourable against the draft annual plan net operating expense of $8.631M.

The report noted that the current draft annual plan is for a full year deficit result of $180.470M, however, it does not take into account recently announced adjustments to the capital charge regime (the mechanics of which have yet to filter through to DHBs) which will take effect upon transfer of the Hagley facility.

Ms White commented that although the result for the first three months of the financial year is on target, there are continued stress points within the DHB that we will need to keep very close control over, particularly with the new Hagley facility coming on stream in the near future, and the managed transition of outsourced surgery.

In regard to liquidity, Ms White commented that whilst this still remains a concern we have received advance funding of $60M which will assist in alleviating the problem until April 2020.

Resolution (68/19)
(Moved: Jo Kane /seconded: Barry Bragg - carried)

"That the Board:

i. notes the financial result and related matters for the period ended 30 September 2019."

10. ANNUAL PLAN PROGRESS REPORT – QUARTER 1

Greg Hamilton, Acting Executive Director, Planning & Funding, presented this report which was taken as read.

A query was made regarding Mana Ake and whether the impact of this would be measured. It was noted that this programme has the most complex analysis around it.

A query was also made regarding the 3 KPIs on page 17 Under Smokefree 2025 and measures for pregnant Maori women. The next update to the Board will include initiatives and plans around improving performance in this area.

Resolution (69/19)
(Moved: Chris Mene /seconded: Ta Mark Solomon - carried)

"That the Board:

i. notes the update on progress to the end of quarter one (July - September) 2019/20."

The meeting adjourned for morning tea between 10.30am and 10.50am.

11. HOSPITAL ADVISORY COMMITTEE MEMBERSHIP

Dr Wood presented this recommendation from the Remuneration & Appointments Committee regarding the Manawhenua ki Waitaha nomination for membership on the Hospital Advisory Committee.

Resolution (70/19)
(Moved: Ta Mark Solomon/Seconded: Sally Buck – carried)

"That the Board, as recommended by the Remuneration & Appointments Committee:

i. appoints Wendy Dallas-Katoa to the Hospital Advisory Committee as the Manawhenua ki Waitaha representative until 31 May 2020."

12. ADVICE TO BOARD

The minutes from the Community & Public Health and Disability Support Advisory Committee meeting held on 31 October were taken as read. Jo Kane provided the Board with an overview from the meeting.

Resolution (71/19)
(Moved: Jo Kane/Seconded: Sally Buck – carried)

"That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 31 October 2019."

13. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (72/19)
(Moved: Dr John Wood/Seconded: Ta Mark Solomon – carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 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 meetings on 17 and 29 October 2019	For the reasons set out in the previous Board agenda.	

2.	SMHS End of Preliminary Design Phase (Presentation)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Christchurch Hospital Development 2020	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	CAF Outpatients Project Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Investor Confidence Rating – Assessment 2019 Status	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Chair & Chief Executive - Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
7.	Effects of Hagley Delay on Elective Service Provision	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
10.	Advice to Board: • QFARC Draft Minutes *29 October 2019*	For the reasons set out in the previous Committee agendas.	
11.	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.

5 December 2019

Dr John Wood, Chairman — Date of approval

5 December 2019

David Meates, Chief Executive — Date of approval